



ที่ กต 1103/ว944

กระทรวงการต่างประเทศ

ถนนศรีอยุธยา กทม. ๑๐๕๐๐

2 กันยายน 2569

เรื่อง ข้อเสนอความร่วมมือด้านสาธารณสุขระหว่างไทยกับบราซิล

เรียน ปลัดกระทรวงการอุดมศึกษา วิทยาศาสตร์ วิจัยและนวัตกรรม

สิ่งที่ส่งมาด้วย ข้อเสนอ “Brazil-Thailand Health Cooperation Initiative on HIV and Climate Resilience”

ด้วยกระทรวงการต่างประเทศได้รับแจ้งจากสถานเอกอัครราชทูต ณ กรุงบราซิลเสีย ว่า นาย Daniel Canavese de Oliveira ตำแหน่ง Associate Professor สังกัด Federal University of Rio Grande do Sul ได้แสดงความประสงค์จะริเริ่มความร่วมมือด้านสาธารณสุขระหว่างไทยกับบราซิล โดยได้ส่ง ข้อเสนอ “Brazil-Thailand Health Cooperation Initiative on HIV and Climate Resilience” ซึ่งครอบคลุมความร่วมมือเบื้องต้น 4 สาขา ได้แก่

- (1) Climate vulnerability, mobility, and health equity
 - (2) Continuity of HIV services and resilient primary healthcare
 - (3) Digital health, telehealth, and educational innovation and responsible artificial intelligence และ
 - (4) Stigma, discrimination, community leadership and transnational implementation
- เพื่อให้ฝ่ายไทยพิจารณา ดังปรากฏตามสิ่งที่ส่งมาด้วย

ในการนี้ กระทรวงการต่างประเทศขอความอนุเคราะห์ กระทรวงการอุดมศึกษา วิทยาศาสตร์ วิจัยและนวัตกรรม พิจารณาข้อเสนอดังกล่าว ซึ่งจะเป็นประโยชน์ต่อการพัฒนาความร่วมมือด้านสาธารณสุขระหว่างไทยกับบราซิล โดยเฉพาะในกรอบความร่วมมือใต้-ใต้ ที่ทั้งสองประเทศสามารถแลกเปลี่ยนองค์ความรู้ ประสบการณ์ และความเชี่ยวชาญในสาขาที่มีศักยภาพร่วมกัน ทั้งนี้ สามารถประสานงานกับนาย Daniel Canavese de Oliveira ได้โดยตรงทางไปรษณีย์อิเล็กทรอนิกส์ daniel.canavese@ufrgs.br และ daniel.canavese@gmail.com

จึงเรียนมาเพื่อโปรดพิจารณา

ขอแสดงความนับถือ

(นางหทัยา คู้สกุล)

อธิบดีกรมอเมริกาและแปซิฟิกใต้ ปฏิบัติราชการแทน

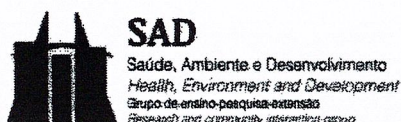
กรมอเมริกาและแปซิฟิกใต้

ปลัดกระทรวงการต่างประเทศ

กองลาตินอเมริกา

โทรศัพท์ 0 2203 5000 ต่อ 13044

โทรสาร 0 2643 5114



Brazil–Thailand Health Cooperation Initiative on HIV and Climate Resilience

Brazil and Thailand have longstanding national HIV responses, extensive public health-service networks and internationally recognized experiences in universal health coverage. According to UNAIDS 2024 estimates, approximately 1.1 million people are living with HIV in Brazil and 570,000 in Thailand. Both countries also face increasing exposure to floods, extreme heat, climate-sensitive infectious diseases, environmental disruption and population displacement.

HIV has been selected not only because of its epidemiological importance, but also because it can serve as a sensitive tracer of health-system resilience. Effective HIV prevention and care require uninterrupted access to testing, PrEP and PEP, antiretroviral treatment, laboratory monitoring, confidential information systems, mental health support, referral networks and community-based services. Disruptions in this continuum may reveal broader weaknesses in primary health care, medicine supply chains, digital infrastructure, social protection and emergency preparedness.

Climate-related emergencies do not affect all populations equally. Their impacts may be intensified by poverty, geographic isolation, forced displacement, cross-border mobility, housing insecurity, digital exclusion, stigma and discrimination. This initiative therefore proposes a comparative and translational research agenda that combines clinical, epidemiological, environmental, territorial and community-generated evidence to develop equitable and practical solutions for health systems.

Proposed areas of cooperation

1. Climate vulnerability, mobility and health equity

Assess how climate-related emergencies affect HIV prevention, treatment and outcomes across territories and population groups. Particular attention will be given to forced displacement, temporary and cross-border mobility, migrants, key populations, LGBTQIA+, ethnic and rural communities, people experiencing homelessness and residents of informal settlements.

2. Continuity of HIV services and resilient primary health care

Examine the capacity of primary health care and universal coverage arrangements to sustain testing, prevention, medicine delivery, laboratory services, clinical follow-up, mental health care and community support before, during and after emergencies. The research may identify critical service dependencies and support decentralised, mobile and community-led contingency strategies.

3. Digital health, telehealth, educational innovation and responsible artificial intelligence

Explore telehealth, mobile health, interoperable records, geospatial intelligence and responsible AI for remote care, clinical and public-health decision support, medicine distribution, early warning and identification of territories at risk of service disruption. The initiative will also develop educational strategies to strengthen climate and health literacy and address misinformation related to HIV, emergencies and medical treatment. Data protection, digital inclusion, algorithmic bias and human oversight will be central principles.

4. Stigma, discrimination, community leadership and translational implementation

Investigate how emergencies may intensify HIV-related stigma, discrimination, confidentiality breaches and exclusion from health and social-protection services. People living with HIV and community organisations will participate meaningfully in the design, implementation and evaluation of the initiative. Translational and implementation research will convert findings into preparedness protocols, professional education, risk and equity indicators, digital tools and policy recommendations.

Initial pathway proposal

The cooperation could begin with exploratory meetings among academic, clinical, public-health and community partners, followed by a Brazil–Thailand virtual seminar, joint mapping of expertise and available data, and the co-design of a comparative pilot study. These activities could support future researcher exchanges, joint publications and applications for international research funding.

At a time of growing constraints on multilateral cooperation and global health financing, South–South cooperation can strengthen country-led innovation, mutual learning and more sustainable responses. The initiative is aligned particularly with SDGs 3, 10, 13 and 17, including the commitments to end AIDS, advance universal health coverage, reduce inequalities, strengthen climate resilience and expand international partnerships.

Data sources: UNAIDS 2024 country estimates; WHO Universal Health Coverage Service Coverage Index; United Nations 2030 Agenda for Sustainable Development.

Partners in Brazil

Daniel Canavese de Oliveira, PhD

daniel.canavese@ufrgs.br; daniel.canavese@gmail.com

Federal University of Rio Grande do Sul (UFRGS), Brazil

Associate Professor of Public Health at the Federal University of Rio Grande do Sul (UFRGS), Brazil. His research focuses on primary health care, health systems, implementation science, health equity and digital health. He has extensive experience in HIV implementation research, including projects on HIV self-testing, stigma and discrimination, health education, digital learning and HIV prevention among vulnerable populations. He coordinated the MOOC HIV/AIDS and Zero Discrimination, developed educational resources on HIV and human rights, and leads research translating scientific evidence into public policies and professional education. He has also held leadership positions within Brazil's Ministry of Health and Ministry of Indigenous Peoples, contributing to national policies on primary health care, Indigenous health, monitoring and evaluation, and climate-related health initiatives. In this project, he will lead implementation science, health-systems research and digital innovation to strengthen equitable and climate-resilient HIV care.

Mauricio Polidoro, PhD

mauricio.polidoro@poa.ifrs.edu.br; mauricio.polidoro@gmail.com

Federal Institute of Rio Grande do Sul (IFRS), Brazil

Associate Professor at the Federal Institute of Rio Grande do Sul (IFRS) and a researcher in environmental and public health. His expertise includes climate change, spatial epidemiology, geographic information systems, environmental surveillance and territorial health inequalities. Over the past years, he has integrated environmental health with HIV implementation initiatives, including projects on HIV self-testing, HIV education, stigma reduction and the MOOC HIV/AIDS and Zero Discrimination. His work combines geospatial intelligence, digital technologies and community-based approaches to understand how territory, vulnerability and environmental change shape health outcomes. Within this initiative, he will lead climate vulnerability assessment, spatial analysis and territorial intelligence to support resilient primary health care and equitable HIV service delivery during climate-related emergencies.

Selected publications:

Canavese D, Polidoro M, Ferreira AR, Velasquez C, Perry GT. *Confronting the Infodemic and Fake News to End Stigma and Discrimination in HIV/AIDS: Promoting Zero Discrimination Practices in Brazil With Massive Open Online Course*. Health Education & Behavior. 2023;50(1):24–28. doi.org/10.1177/10901981221135508

Canavese D, Polidoro M (Coordinators). MOOC HIV/AIDS and Zero Discrimination. Developed in partnership with UNAIDS Brazil, UFRGS and IFRS. <https://lumina.ufrgs.br/course/view.php?id=572>

Canavese D, Polidoro M (Eds.). Zero Discrimination: Stories of Life and the HIV Epidemic. IFRS Press; 2021. <https://repositorio.ifrs.edu.br/bitstream/handle/123456789/435/123456789435.pdf?sequence=3&isAllowed=y>