I have had the privilege to mentor and collaborate with Elize Massard da Fonseca since the very inception of her successful career. Initially, she joined our group as a young MPH candidate and dedicated her time and effort to the assessment and careful analysis of the socio-demographic profiles and behaviors of people who misuse different drugs, as well as their related harms and risks. She conducted detailed analyses and published relevant peer-reviewed articles on these themes.

Subsequently, in partnership with both domestic and international collaborators, she realized HIV/AIDS either associated with alcohol and other drug misuse or not, had become a global issue with key local dimensions and that Brazil had become a major player in this field. Over the years, both aspects of her original research have merged and fertilized each other in what is currently called the “treatment as prevention” strategy, which seeks a full understanding of the double impact of antiretroviral treatment in terms of both the substantial improvement of individual survival, as well as the quality of life, and its dramatic impact at the level of families, social networks and whole communities. The proper, sustained use of such antiretroviral medicines constitutes a key component of any concerted effort to prevent new infections and to curb the epidemic. In this sense, her work invested in a sound connection that was later documented by seminal protocols, such as the HPTN 052 Protocol, which demonstrated a reduction of more than 90% of new infections among serodiscordant couples receiving anti-retroviral treatment.

This finding, which provided broad insights in advance of fine-grained biological evidence, is proof that innovative social scientists can and should pave the way for their colleagues from other fields of knowledge to explore such issues with their own tools, thereby helping to set research agendas and guide policymaking in the long run.

However, Elize decided to move one step forward. Once again, in hindsight, it is now pretty clear that she had made another correct decision when she left Brazil after finishing her PhD in Public Health and moved to Europe, where she obtained a second post-graduate degree, this time in Social Policy. In this second postgraduate study, she examined old problems with new eyes and provided a much larger perspective by assessing generic medicines in a comprehensive sense. In this new initiative, she profited from her in-depth experience with AIDS medicines, but did
not restrict herself to the lessons and challenges of a given sub-area of medicine innovation, regulation and policymaking. Instead, she inserted them into a much broader framework of politics and health policy.

Once again, time proved she was right. Inserting our former questions and doubts into a much larger framework helped Brazilian and international experts to qualify the debate, to enlarge their own perspectives and to open their eyes for the questions to be addressed in the years to come.

People who can see things ahead of the pressing daily needs share with the visionaries of all ages the capacity to move one step forwards and guide us. I feel very happy to have supported her first initiatives and I anxiously wait for her new insights and for the scenarios that would emerge from such insights. Such issues will be debated not only by our present-day colleagues, but also by the generations to come.

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