

# Brazil Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 12/01/2012

**To date:** 12/01/2013

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Mr. Fabio Caldas Mesquita

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**Describe the process used for NCPI data gathering and validation:** The Department of STD, Aids and Viral Hepatitis team had weekly meetings in order to prepare the whole GARP response. Specific parts of the report were assigned to the heads of units in order to make them accountable for responses according to each area. In addition a public consultation was carried out, putting together representatives from both civil society and all governmental levels to discuss data quality and sources. A consultant was responsible for analysing data collected, which was presented to the group during the consultation meeting. All the validation process was conducted under the democratic participation and transparency principles.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** The consultation meeting was a privileged forum for discussions related to the NCPI questionnaire, where participants brought their doubts and had the opportunity to contribute and, when needed, reach a consensus. Where consensus was not reached deviations were documented in the narrative report.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):** After data collection and analysis the team identified a gap on responses related to Management and Monitoring and Evaluation. This gap reassures the need to pay more attention on these matters at local level. This is a continuing challenge considering that managers have to deal with decentralization issues within the context of the Brazilian Unified Health System (SUS).

## NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Coordination of Treatment and Care, Department of STD, Aids and Viral Hepatitis	Marcelo Araujo de Freitas, Coordinator	A1,A4,A5
Coordination of Prevention and Social Articulation, Department of STD, Aids and Viral Hepatitis	Denise Serafim, Coordinator	A3
Coordination of Strategic Information, Department of STD, Aids and Viral Hepatitis	Gerson Fernando Mendes Pereira, Coordinator	A1
Strategic Action Advisory, Department of STD, Aids and Viral Hepatitis	Ivo Brito, Director	A1
International Cooperation Advisory, Department of STD, Aids and Viral Hepatitis	Cristina Raposo, Advisor	A1
Monitoring and Evaluation Advisory, Department of STD, Aids and Viral Hepatitis	Ana Roberta Patti Pascom, Advisor	A6
Department of STD, Aids and Viral Hepatitis	Fabio Caldas Mesquita, Director	A2,A6
Secretariat for Human Rights	Simmy Larat, Representative	A1,A2,A3,A4,A5,A6
Secretary of Health, Porto Alegre city	Gerson Winckler, Coordinator	A1,A2,A3,A4,A5
Secretary of Health, Pará State	Andrea Carolina Chagas de Miranda	A1,A2,A3,A4,A5,A6
Secretary of Health, Curitiba city	Moacir Pires Ramos	A1,A2,A3,A4,A5,A6
Secretary of Health, Rio Grande do Sul State	Ricardo Charão	A1,A2,A3,A4,A5,A6
		A1,A2,A3,A4,A5,A6

## NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Reduc - Rede Brasileira de Redução de Danos e Direitos Humanos	Daniela Piconez e Trigueiros, Representative	B1,B2,B3,B4,B5
RNP - Rede Nacional de Pessoas Vivendo com Aids	Elifrank Ferreira Moris, Representative	B1,B2,B3,B4,B5
ABIA - Associação Brasileira Interdisciplinar de Aids	Felipe de Carvalho Borges da Fonseca, Representative	B1,B2,B3,B4,B5
MNCP - Movimento Nacional de Cidadãs Positivas	Jucimara de Almeida Moreira, Representative	B1,B2,B3,B4,B5
ANTRA - Articulação Nacional de Travestis e Transexuais do Brasil	Keila Simpson, Representative	B1,B2,B3,B4,B5
Rede Brasileira de Prostitutas	Leila Barreto, Representative	B1,B2,B3,B4,B5
Artgay	Liorcino Mendes Pereira Filho, Representative	B1,B2,B3,B4,B5
RedTrans	Liza Mineli, Representative	B1,B2,B3,B4,B5
CDC - Centers for Disease Control and Prevention	Maeve Mello, Representative	B1,B2,B3,B4,B5
UNODC - United Nations on Drugs and Crime	Nara Santos, Representative	B1,B2,B3,B4,B5
ABGLT - Associação Brasileira de Lésbicas, Gays, Bissexuais, Travestir e Transexuais-ABGLT	Carlos Magno, President	B1,B2,B3,B4,B5
Gapa Bahia	Julia Silva, Representative	B1,B2,B3,B4,B5

### A.I Strategic plan

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** A four-years period (2011-2015) corresponding to the multisectoral actions from the Multiyear Plan (PPA) of the Federal Government and the National Health Plan.

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** The main change observed within both plans is the current introduction of Treatment as Prevention Strategy. In addition biomedical prevention (PREP and PEP) was also introduced as piloting interventions within the care services network.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** The Ministry of Health

**1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** No

**Earmarked Budget:** No

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Transportation:**

**Included in Strategy:** No

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Other:** Secretariat of Human Rights; Special Secretariat for Promotion of Racial Equality; Ministry of Justice (prison population)

**Included in Strategy:** Yes

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** Resources are provided by the Multiyear Plan (PPA) of the Federal Government and the Ministry of Health. All funds are managed by the National Health Fund and transferred to states and municipalities (decentralized funds).

**1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Indigenous and black population

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:** Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** Yes

**d) An indication of funding sources to support programme implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:** Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** The multisectoral programming (Multiyear Plan - PPA) is an initiative from the executive level and is not marked by the active involvement of civil society. However, the Health Plan and its annual programming are approved by the health social control arena, comprised by civil society members.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:** Yes

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** No

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:** The Multiyear Plan is comprised by governmental areas (multisectoral approach). However these areas do not necessarily participate on the national strategy to combat the HIV/Aids epidemic, such as the Ministry of Environment.

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:**

: N/A

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

: N/A

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** N/A

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:**

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** The National Health Plan (NHP) has specific indicators with national coverage. These indicators measure the impact of surveillance actions in the national health system, including HIV/AIDS. On Human Resources, capacity and logistical systems the national trend is to include 100 thousand additional patients in ARV, what will demand a better organization of the response from the primary care attention services and the logistical services that works under the decentralization principle.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Many

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Many

**g) ART and chronic Non-Communicable Diseases:** Many

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration: :**

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:** 9

**Since 2011, what have been key achievements in this area:** 1. Increase the number of people on treatment (through TasP) aiming at reaching 100 thousand new patients by the end of 2014. 2. Adoption of combination prevention strategy, including PEP and PrEP in key populations. 3. Expanding access to HIV diagnosis through the participation of Civil Society Organizations. 4. Changes in the resources transferring modalities to states and municipalities. The new approach is based on a methodology that incorporates the disease burden of the following diseases: syphilis, HIV and hepatitis B and C. This change will provide greater autonomy to local managers. 5. Review of Clinical Protocols (Adults and children).

**What challenges remain in this area:** 1. Sustainability of universal access to treatment due to the incorporation of new patients. 2. Increased access to diagnosis to key populations. 3. Reduction of mortality as a consequence of regional inequalities (access and quality of services).

## **A.II Political support and leadership**

**1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

**A. Government ministers:** Yes

**B. Other high officials at sub-national level:** Yes

**1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:** No

**IF NO, briefly explain why not and how HIV programmes are being managed::** The STD, Aids and Viral Hepatitis Department is part of the Ministry of Health

**2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** No

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Dr. Fabio Caldas de Mesquita - Director

**Have a defined membership?:** Yes

**IF YES, how many members?:**

**Include civil society representatives?:** Yes

**IF YES, how many?:**

**Include people living with HIV?:** Yes

**IF YES, how many?:**

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** No

**3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** Through the National Aids Commission, the National Health Commission and Social Mobilization Commission. All these three mechanisms have representatives from CSO - including key populations,



Academia and private sector institutions.

**What challenges remain in this area::**

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**Capacity-building:** No

**Coordination with other implementing partners:** Yes

**Information on priority needs:** No

**Procurement and distribution of medications or other supplies:** No

**Technical guidance:** No

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** No

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** No

**IF YES, name and describe how the policies / laws were amended:**

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::**

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 8

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** The Federal Constitution reassures the full political, social and individual rights to the citizen. The Organic Law of the National Health System (Law 8.080/1990 ) - ratifies the health as a right. It is a state obligation to provide the means for individual and collective welfare. The right of health is universal and free of charge to all Brazilian citizens, within the Unified Health System (SUS). Some examples of specific legislation regarding non-discrimination - Law 12.288/2010 (Statute of Racial Equality, black population, right to equal opportunities, protection of individual, collective and diffuse rights, and combating ethnic discrimination/other forms of ethnic intolerance) - Law 7.853/1989 (anti- discrimination; provides support to people with disabilities and their social integration, equal treatment and social justice) - Law 9.029/1995 (anti - discrimination against origin, race, color, marital status, family status, age and sex - It prohibits the requirement of proof of pregnancy, sterilization and other discriminatory practices) - Law 7.716/1989 (Anti- discrimination, punishes crimes of discrimination and prejudice based on race, color, ethnicity , religion, or national origin) - Law 11.340/ 2006 (named as "Maria da Penha" - Prevents domestic and family violence against women).

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** - Governmental Areas and Agencies (federal, state and municipal) - Plan and implement public policies, respecting the needs of each population. - Affirmative actions - Promote the rights of people who are discriminated. - National Health System - based on the principles of universality and equity; established by law; guides actions and promotes the access to health care - Health promotion policies - it was build up targeting key populations and implemented in states and municipalities (National Health Policy for black population, Women's Health Policy , Lesbian, Gay and Transgender Policy, Policy for People with Disabilities) The Federal Constitution of Brazil - ensures the safeguarding of the rights of the population (the right of not being discriminated) Reference Centers for Human Rights - acts like a defense mechanism promoting access to justice and stimulating the debate on citizenship. Department of STD , AIDS and Viral Hepatitis - has a Prevention and Social Mobilization Coordination responsible for planning and implementing actions to fight stigma and discrimination in states and municipalities.

**Briefly comment on the degree to which they are currently implemented::** Despite the existence of laws, to combating discrimination is still a major obstacle to be overcome by people with HIV. Results from the National survey (Sep/Nov 2008) pointed that of the 8000 respondents across the country 13% believe that a teacher living with AIDS cannot teach in any school; 22.5 % affirmed vegetables shouldn't be bought at a site where people living with HIV work. Discrimination campaigns have caused a broad discussion in society, promoting changes in attitudes, behaviors and practices. However, stigma and discrimination related to HIV remain a challenge.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** No

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

**Briefly describe the content of these laws, regulations or policies::**

**Briefly comment on how they pose barriers::**

## **A.IV Prevention**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** No

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** No

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]:**

: No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** No

**Secondary schools?:** Yes

**Teacher training?:** No

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:** Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy::** HIV testing, condom promotion, TasP, stigma and discrimination

**3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?**

**People who inject drugs:** Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction

and HIV education, Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:** indigenous people, drive truckers, people on the streets, young people, people living with HIV / AIDS

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 9

**Since 2011, what have been key achievements in this area?:** - Breakthrough - State and Local Plans (Feminization of the Epidemic), Plan for Combating the epidemic among gay men, transvestites and other MSM - Expanding the acquisition of strategic materials (condoms and rapid tests for HIV and syphilis) - Programmatic articulation with the tuberculosis program; - Promoting access to assisted reproduction for people living with HIV / AIDS - Implementation of the protocol of the HIV post-exposure prophylaxis - Special Indigenous Health (partnership) - a plan for prevention, surveillance and treatment of STDs / AIDS and viral hepatitis

**What challenges remain in this area?:** - increasing coverage to key populations - restructuring of the network of testing centers to enabling to meeting the health needs of key populations - the use of new prevention technologies in concentrated epidemics

**4. Has the country identified specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** Through epidemiological data analysis the concentrated epidemic was observed in specific key populations (MSM, sex workers, drug users and transvestites/transsexuals).

**IF YES, what are these specific needs? :** - implementation of oral fluid testing (partnership with NGOs) - implementation of extramural activities related to post-exposure prophylaxis

**4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Strongly agree

**Risk reduction for intimate partners of key populations:** Agree

**Risk reduction for men who have sex with men:** Strongly agree

**Risk reduction for sex workers:** Strongly agree

**Reduction of gender based violence:** Strongly agree

**School-based HIV education for young people:** Strongly agree

**Treatment as prevention:** Agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 9

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**If YES, Briefly identify the elements and what has been prioritized::** - Simplification of treatment (First and Second lines treatment and fixed-dose combination) - Management in Primary Care - Treatment as Prevention (TasP) - Implementation of the B+ treatment recommendation

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** - Expansion of the treatment / management for Primary Care - Providing TARV to all (regardless of CD4)

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Agree

**Economic support:** Strongly disagree

**Family based care and support:** Strongly agree

**HIV care and support in the workplace (including alternative working arrangements):** Strongly disagree

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Strongly disagree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults Palliative care for children and adults:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Strongly agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** Strongly agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]::**

:

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** No

**Please clarify which social and economic support is provided:**

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** Yes

**IF YES, for which commodities?:** - ARV - Condoms - Gel

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area?:** - Simplification of treatment - B+ - Decrease Mother to Child Transmission - Clinical Surveillance

**What challenges remain in this area?:** - Coordination between the 3 levels - Implementation of new Treatment Protocol and its monitoring

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** No

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 0

**Since 2011, what have been key achievements in this area?:**

**What challenges remain in this area?:**

## **A.VI Monitoring and evaluation**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:** Yes

**Briefly describe any challenges in development or implementation::** Despite the efforts and the advance reached in the past years, the M&E culture is not yet completely implemented in all levels of government. Therefore, the M&E does not receive its due importance.

**1.1. IF YES, years covered:** Annually.

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, some partners

**Briefly describe what the issues are::** Lack of integration between the different information systems.

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes



**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** Yes

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 1%.

**4. Is there a functional national M&E Unit?:** Yes

**Briefly describe any obstacles::** Shortage of human resources.

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** Yes

**Elsewhere?:** No

**If elsewhere, please specify:**

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Ana Roberta Pati Pascom	Full-time	2003
Juliana Machado Givisiez	Full-time	2011
Larissa De Faro Valverde	Full-time	2013
Clarissa Habckost Dutra de Barros	Full-time	2013
Maíra Taques dos Santos Christ	Full-time	2013
	Temps plein	

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
	Temps plein	

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:** No

**Briefly describe the data-sharing mechanisms::**

**What are the major challenges in this area::** To establish a method that takes into account diversity of the partners involved in the response.

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:** No

**6. Is there a central national database with HIV- related data?:** Yes

**IF YES, briefly describe the national database and who manages it.:** The M&E Monitoring System contains the most relevant objectives related to the epidemic response. The health information systems used to monitor the majority of the epidemic indicators are: Laboratory Tests Control System (SISCEL) and the Medication Logistics Control System (SICLOM), both developed by the Brazil Ministry of Health National AIDS Program. These two systems estimate the VL suppression proportions and also offer a great control under the number of people on antiretroviral therapy (ART) in the country, respectively. The M&E and surveillance team monitor both of them, and also, the Notifiable Diseases Information System (SINAN) and the Mortality Information System (SIM). Moreover, the epidemic is also monitored by using specific studies such as behavioural surveillance surveys,

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:** Yes, all of the above

**IF YES, but only some of the above, which aspects does it include?:**

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s):** national, state level and municipality level

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current and Future Needs

**7.2. Is HIV programme coverage being monitored?:** Yes

**(a) IF YES, is coverage monitored by sex (male, female):** Yes

**(b) IF YES, is coverage monitored by population groups?:** Yes

**IF YES, for which population groups?:** General population, pregnant women and their HIV exposed babies, gays and other MSM, female commercial sex workers, people who use drugs, transgenders.

**Briefly explain how this information is used.:** The information collected in the studies carried out with specific populations is used to guide the policies that aim at tackling the HIV/AIDS epidemic. A good example of it is the mapping of the hotspots, that provides useful information to better allocate funds.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other):** State, municipal and federal levels.

**Briefly explain how this information is used.:** To update the main indicators and to identify local needs and to guide public policies in order to meet the diversity of the HIV epidemic in the country.

**8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:** Yes

**9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** To monitor strategic indicators; to perform evaluations as a management tool for result-oriented policies implementation; to disseminate information. The main challenge is to institutionalize the M&E as a routine in the Brazilian AIDS Program.

## **10. In the last year, was training in M&E conducted**

**At national level?:** No

**IF YES, what was the number trained::**

**At subnational level?:** No

**IF YES, what was the number trained:**

**At service delivery level including civil society?:** No

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:** Training in M&E to build an integrated performance evaluation model for the Brazilian AIDS Program and to implement a method of M&E Performance for the Brazilian AIDS Program.

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 8

**Since 2011, what have been key achievements in this area::** To generate and disseminate a large volume of information; to perform clinical, epidemiological and behavioural researches in the country; and to demonstrate that the Brazilian AIDS Program performance is not merely understood as objectives achievement and to show that performance is a balance between the different functions of a complex system.

**What challenges remain in this area::** Institutionalizing M&E as a routine in the Brazilian AIDS Program.

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 4

**Comments and examples::** The Department it is always open to the civil society participation. As an example it has been involving different organizations in the regional consultations.

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:** 3

**Comments and examples::** Civil society participates actively on the monitoring of national policies. At the local level CSO have some participation within the process of planning and budgeting of activities.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?: 3**

**b. The national HIV budget?: 3**

**c. The national HIV reports?: 3**

**Comments and examples::**

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?: 2**

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2**

**c. Participate in using data for decision-making?: 2**

**Comments and examples::**

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples::**

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 4**

**b. Adequate technical support to implement its HIV activities?: 3**

**Comments and examples::**

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**Prevention for key-populations:**

**People living with HIV: 51-75%**

**Men who have sex with men: 51-75%**

**People who inject drugs: 51-75%**

**Sex workers: 51-75%**

**Transgender people:** 51-75%

**Palliative care :** <25%

**Testing and Counselling:** <25%

**Know your Rights/ Legal services:** 51-75%

**Reduction of Stigma and Discrimination:** 51-75%

**Clinical services (ART/OI):** <25%

**Home-based care:** <25%

**Programmes for OVC:** <25%

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?:** 5

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::** Meet the regional specificities; Stablish Indicators for evaluation activities Think about new financial mechanisms Increase opportunities for OSC participation in the decision making process of the Department

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**  
Yes

**IF YES, describe some examples of when and how this has happened::** Through the participation in the National Aids Comission, National Health Council and Social Mobilization Comission, which has representatives from different key populations, universities and CSO.

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]::**

: Yes

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::**

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::**

**Briefly comment on the degree to which they are currently implemented::**

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies:**

**Briefly comment on how they pose barriers:**

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:**

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:** No

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** No

**IF YES, briefly describe this mechanism:**

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

If applicable, which populations have been identified as priority, and for which services?:

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::**

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** No

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::**

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** Yes

**IF YES, briefly describe the content of the policy or law::**

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** No

**IF YES on any of the above questions, describe some examples::**

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** No

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** No

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** Yes

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**



**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]::**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 6

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 6

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

## **B.IV Prevention**

**1. Has the country identified the specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:**

**IF YES, what are these specific needs? :**

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Agree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**School-based HIV education for young people:** Agree

**Universal precautions in health care settings:** Agree

**Other [write in]::**

: N/A

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized::**

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Disagree

**HIV care and support in the workplace (including alternative working arrangements):** Disagree

**HIV testing and counselling for people with TB:** Disagree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Disagree

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Agree

**Post-delivery ART provision to women:** Disagree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:** Disagree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Disagree

**TB infection control in HIV treatment and care facilities:** Disagree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Disagree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** No

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area::** - The Child and Adolescent Statue (1990) - Decree 6,286 (compulsory health program in schools) (2007)

**What challenges remain in this area::**