Survey Response Details

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Response Details

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1) Country

Brazil (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Ângela Pires Pinto

3) Postal address:

SAF Sul Trecho 02, Bloco F, Torre I, Edifício Premium, Térreo, Sala 12 Zip code: 70.070-600 Brasília - DF Brazil

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The National Composite Policy Index (NCPI) was widely disseminated and debated. The various social actors involved (agents of state and municipal governments, civil society, international and bilateral bodies and agencies) buckled down to the work of filling out the NCPI form and answering

the set of questions it contained to evaluate the Brazilian response for the biennial period 2008/2009. A reading of the final text of that document clearly reveals the strong differences in emphasis there were in the assessments of the Brazilian response according to the different understandings of the three distinct groups of actors. Part A of the NCPI was discussed and filled in by STD/AIDS Actions Management Commission - COGE, which has representatives of the federal, state and municipal STD/AIDS programmes among its members. Part B was discussed in two spheres and the two versions of the result are presented here. During the course of constructing the present progress report the discussion participants agreed that it would be impossible to arrive at a common denominator that would integrate the visions of civil society and those of the international and bilateral bodies and agencies in a single document. Accordingly one of the forms was filled in by the UNAIDS Working Group and a second one was left in the charge of an expressive group of Brazilian civil society organisations mobilised by means of the articulation forums already referred to. The contributions made went far beyond those made to any previous report. In the form dedicated to civil society for example the number of institutions sending in completed forms jumped from 2 to 37. Representatives of civil society participating in the UNGASS Working Group consolidated the answers of civil society bodies and the final version of the form was validated by the National Commission for Articulation with Social Movements – CAMS. The list of forums, networks NGOs and Activists that collaborated to inform the document appears in the consolidated version of the form itself. The first version of this report was concluded at the end of January 2010 and made available on the Internet for public consultation from February 2–23. The contributions sent in by Internet users were then incorporated to the report and the present final version was analysed and approved by CNAIDS at a special session at the beginning of March and forwarded for translation and subsequent delivery to the United Nations.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

We have preserved the points of view of each sector and that is mirrored in the production of three completed forms (instead of the normal two: A and B) and they have been included unabridged in the country narrative report.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI part A has been registered in the UNGASS monitoring reports system. NCPI part B was done in two separate versions and could not be registered in the system. Instead it has been attached as an appendix to the descriptive report.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Departamento de STD, AIDS and Viral Hepatitis Department – Ministry of HealthDST/AIDS e Hepatites Virais – Ministério da Saúde	Eduardo Barbosa, Assistant Director	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	STD, AIDS and Viral Hepatitis Department – Ministry of Health	Ângela Pires Pinto / Technical Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 3	STD, AIDS and Viral Hepatitis Department – Ministry of Health	Sérgio D´Ávila / Head Planning Advisory	A.I, A.II, A.III, A.IV, A.V
Respondent 4	STD, AIDS and Viral Hepatitis Department – Ministry of Health	Ana Roberta Pati Pascom, Head Monitoring and Evaluation Advisory	A.I, A.II, A.III, A.IV, A.V
Respondent 5	STD, AIDS and Viral Hepatitis Department – Ministry of Health	Gerson Fernando Mendes Pereira / ead of Information and Surveillance Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Departamento de DST/AIDS e Hepatites Virais – Ministério da Saúde	Rogério Scapini / Head of Logistics Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Maria Clara Gianna, Executive Secretary of the Management Committee (COGE), DST/AIDS Prograsmme Coordinator for the State of São Paulo	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Jacqueline Voltolini de Oliveira (Boa Vista/RR)	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Maria Auxiliadora da Paixão Aire (Gurupi/TO)	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	José Eudes Barroso Vieira (Aracajú/SE)	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Marlene Lopes Plaster (Cuiabá/MT)	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Neusa Maria Pereira (Ponta Porã/MS)	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Mariuva Valentin Chaves (Rondonópolis/MT)	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Maria da Consolação Lavagnoli (Colatina/ES)	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department,	Zenaide Cadette dos Santos Dutra (Belford Roxo/RJ)	A.I, A.II, A.III, A.IV, A.V

	Ministry of Health		
Respondent 16	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Josana Aparecida Dranka Horvath (Cascavel/PR)	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Francisco Carlos dos Santos (Curitiba/PR)	A.I, A.II, A.III, A.IV, A.V
Respondent 18	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Maricélia Morais Macedo (Salvador/BA)	A.I, A.II, A.III, A.IV, A.V
Respondent 19	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Marta Evelyn (Maringá/PR)	A.I, A.II, A.III, A.IV, A.V
Respondent 20	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Vilma Cervantes (São Paulo/SP)	A.I, A.II, A.III, A.IV, A.V
Respondent 21	Management Committee (COGE), STD, AIDS and Viral Hepatitis Department, Ministry of Health	Sandra Catarina Rolim Gomes (Tramandaí/RS)	A.I, A.II, A.III, A.IV, A.V
Respondent 22	Epidemiological Surveillance Group of the Registro/SP region	Maria Cecília Rossi de Almeida	A.I, A.II, A.III, A.IV, A.V
Respondent 23	Epidemiological Surveillance Group of the Campinas/SP region	Márcia Regina Pácola	A.I, A.II, A.III, A.IV, A.V
Respondent 24	Epidemiological Surveillance Group of the Araraquara/SP region	Marco Antonio	A.I, A.II, A.III, A.IV, A.V
Respondent 25	Epidemiological Surveillance Group of the São José do Rio Preto/SP region	Zumira da Rocha Meireles	A.I, A.II, A.III, A.IV, A.V

13) If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.

Tania da Costa - Epidemiological Surveillance Group of the Diadema/SP region Iris Bandeira Roquim - Epidemiological Surveillance Group, Taboão da Serra/SP Lucille Mary Loureiro Soares - Epidemiological Surveillance Group, Itaquaquecetuba/SP Marta Possani - Epidemiological Surveillance Group, Cajamar/SP Maria Cristina Abbate - Epidemiological Surveillance Group, São Paulo/SP Aurélio Candido do Nascimento Filho -Epidemiological Surveillance Group, Caraguatatuba/SP Dorian Rojas - Epidemiological Surveillance Group, Praia Grande/SPAparecida Perin de Oliveira - Epidemiological Surveillance Group, Registro/SP Marisa De Carvalho Braga - Epidemiological Surveillance Group, Jacareí/SP Renata F. de Oliveira - Epidemiological Surveillance Group. Taubaté/SPMoisés Francisco Baldo Taglietta - Epidemiological Surveillance Group, Piracicaba/SP Maria Cristina Feijó Januzzi Ilário - Epidemiological Surveillance Group. Campinas/SP André Navarro - Epidemiological Surveillance Group, Itu/SP Rosani Aparecida de Pontes - Epidemiological Surveillance Group, Itapeva/SP Bárbara Fernanda de Freitas - Epidemiological Surveillance Group, Mogi-Mirim/SP Tânia Maria Guelpa Clemente - Epidemiological Surveillance Group Bragança/SP Renata Abduch - Epidemiological Surveillance Group, Sertaozinho/SP Márcia Valéria Coelho - Epidemiological Surveillance Group, São Joaquim da Barra/SP Marli Maria M. Belucci dos Santos - Epidemiological Surveillance Group, Olimpia/SP Sonia Maria Molan Gaban - Epidemiological Surveillance Group, Araraquara/SP Sonia Maria

Coppio Siqueira - Epidemiological Surveillance Group, Paraguaçu-Paulista Sandra Margareth Exaltação - Epidemiological Surveillance Group, Araçatuba/SP Léa Cristina Bagnola Macedo - Epidemiological Surveillance Group, Votuporanga/SP Helena Regina Guelpa Q. Schwitzky - Epidemiological Surveillance Group, Marilia/SP Eliane Regina Catalano Monteiro - Epidemiological Surveillance Group, Bauru/SP Joelma Alexandra R. de Medeiros - Epidemiological Surveillance Group Laranjal Paulista/SP Ana Cláudia Lisboa Campaneri - Epidemiological Surveillance Group, Jales/SP Claudia De Melo - Epidemiological Surveillance Group, Presidente Epitácio/SP

14)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNICEF	Marie-Pierre Poirier/ Representative	B.I, B.II, B.III

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNICEF	Daniela Ligiéro/ HIV/AIDS Programme Coordinator	B.I, B.II, B.III
Respondent 3	UNODC	Bo Mathiasen/ Regional Representative	B.I, B.II, B.III, B.IV
Respondent 4	UNODC	Nara Santos/ Technical Advisor on HIV/AIDS	B.I, B.II, B.III, B.IV
Respondent 5	UNAIDS	Pedro Chequer/ UNAIDS Country Coordinator Brazil	B.I, B.II, B.III, B.IV
Respondent 6	UNAIDS	Naiara Costa/ Programme Officer	B.I, B.II, B.III, B.IV
Respondent 7	UNAIDS	Jacqueline Côrtes/ Programmes and Projects Advisor	B.I, B.II, B.III, B.IV
Respondent 8	UNAIDS	Carsten Gissel/ Programme Advisor	B.I, B.II, B.III, B.IV
Respondent 9	OPAS/OMS	Diego Victoria/ Representative	B.I, B.II, B.III, B.IV
Respondent 10	OPAS/OMS	Luís Codina/ Family Health and Food Safety Area Manager	B.I, B.II, B.III, B.IV
Respondent 11	OPAS/OMS	Pamela Ximena Bermudez/ HIV/AIDS Focal Point	B.I, B.II, B.III, B.IV
Respondent 12	UNFPA	Ângela Donini/ HIV/AIDS Advisor	B.I, B.II, B.III, B.IV
Respondent 13	UNESCO	Maria Rebeca Gomes Otero/ HIV/AIDS Programme Officer	B.I, B.II, B.III, B.IV
Respondent 14	ACNUR	Eva Demant/ Representative A.I	B.I, B.II, B.III, B.IV
Respondent 15	ACNUR	Luiz Fernando Godinho/ Public Information Officer	B.I, B.II, B.III, B.IV
Respondent 16	ACNUR	Rafael Rodovalho/ Senior Programme Assistant	B.I, B.II, B.III, B.IV
Respondent	PNUD	Joaquim Roberto Fernandes/	B.I, B.II, B.III, B.IV

17	PNUD	Programme Officer	B.I, B.II, B.III, B.IV
Respondent 18	GAPA/RS	Patrícia Werlang / President	B.I, B.II, B.III, B.IV
Respondent 19	GAPA/RS	Carlos Duarte / Institutional Advisor	B.I, B.II, B.III, B.IV
Respondent 20	GAPA/RS	Carla Almeida / Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 21	Grupo Solidariedade é Vida	Wendel Alencar / Responsible for Activism and Social Control	B.I, B.II, B.III, B.IV
Respondent 22	RNP+ PI	Silvânio Mota	B.I, B.II, B.III, B.IV
Respondent 23	GAPA/PA	Francisco Rodrigues Santos / Executive Coordinator	B.I, B.II, B.III, B.IV
Respondent 24	ABGLT	Toni Reis / President	B.I, B.II, B.III, B.IV
Respondent 25	AGÁ e VIDA	Janete Alves da Silva / President	B.I, B.II, B.III, B.IV

16) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

Antonio Neto - NGO Juventude Nativa Lidia Barbosa - Associaçao de Women Madre Tereza de Calcuta da Amazonia Ocidental - AMATEC Leazar Haerdrich - AREDACRE Julio Daniel - Fórum de ONG/Aids das Alagoas Silva Faria - Fórum de ONG/Aids das Alagoas Sebastião Diniz - Fórum de ONG/Aids de Roraima Rubens Raffo - Fórum de ONG/Aids do Rio Grande do Sul José Carlos Veloso - GAPA/SP Gladys Almeida - GAPA/BA Daiane Dultra - GAPA/BA Oséias Cerqueira - GAPA/BA Gláucia Luz - GAPA/BA Rosa Gonçalves - GAPA/BA Jorge Beloqui - Grupo de Incentivo á Vida/GIV Antonio Ernandes M.da Costa - GRUPAJUS Marcio Villard - Grupo PelaVidda/RJ Luis Augusto de O. Veiga - Nova Vida Jaime Queiroga Berdias - RNP+/RS Jose Helio Costalunga - RNP+/RS Moysés Toniolo - RNP+/BA Adriano Caetano – GRAB/CE Fábrica de Imagens Movimento Novo Sol Fernando Nery Furtado - Associação Katiró Alessandra Nilo - Gestos Jair Brandão Filho - Gestos Josineide de Menezes - Gestos Kariana Guérios - Gestos Laurinha Brelaz - Rede de Amizade e Solidariedade ás Pessoas com HIV Aids do Amazonas Leonardo Scalcione - ONG Internacional IS- Serviço Internacional Elizabeth de Fátima Ferreira da Silva - Missão Nova Esperança Ilcélia Alves Soares - Espaço Vida: É Vida Roberto Brito - RNP+/PE Maria Bernadete - RNP+/PE Carlos Antonio Lins do Nascimento - Casa de Amparo Social e Promoção Humana Herbert de Souza Valéria Nepumaceno Teles Mendonça - CENDHEC Wladimir Cardoso Reis - GTP+ Josefa Severina da Conceição - GTP+ Diana Eugracia - GTP+ Sandra Cassiano Perez - GTP+ Ivaldo Sales da Silva - Visão Mundial Yesone Ferreira - SOS Corpo - Instituto Feminista para Democracia Miriam Fialho - Project and Research Consultant, Tutor for Specialisation Course Monographs Adriana Barcellos - Commission for Articulation with Social Movements -CAMS Antônio Pereira de Oliveira Neto - Commission for Articulation with Social Movements -CAMS José Hélio Costalunga de Freitas - Commission for Articulation with Social Movements -CAMS Julio Daniel e Silva Farias - Commission for Articulation with Social Movements -CAMS Kátia Maria Braga Edmundo - Commission for Articulation with Social Movements –CAMS Maiquel Fouchy - Commission for Articulation with Social Movements –CAMS Maria Noelci Teixeira Homero - Commission for Articulation with Social Movements –CAMS Rejane Ferreira Soares (Negra Linda) - Commission for Articulation with Social Movements -CAMS Antonio Ernandes Marques da Costa - Commission for Articulation with Social Movements -CAMS João Fabrício Nunes - Commission for Articulation with Social Movements –CAMS José Raimundo Carvalho (Rafael Carvalho) - Commission for Articulation with Social Movements -CAMS Liorcino Mendes Pereira Filho (Léo Mendes) - Commission for Articulation with Social Movements -CAMS Roseli Macedo Silva - Commission for Articulation with Social Movements –CAMS Thiago Aquino de Araújo (Tathiane Araújo) - Commission for Articulation with Social Movements –CAMS

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17)

Part A, Section I: STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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18) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

Desde a constituição oficial do Programa Nacional de DST e AIDS, ocorrida em 1986, o Brasil desenvolve estratégias multissetoriais voltadas ao enfrentamento da epidemia, incluindo planos estratégicos, planos operacionais, ações e metas anuais.

19)

1.1 How long has the country had a multisectoral strategy?

Number of Years

23

20)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	No
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	

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21) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Special Secretariat for Prison Administration, Special Human Rights Secretariat**, Special Secretariat for Social Assistance and Development** , Secretariats of the Justice System**, Science and Technology Secretariats**, Sport and Tourism Secretariats**, Special Secretatiat of Policies for Women**, Ministry of Health/ Drugs National Secretariat**

22)

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?

**Financial resources stemming from the Ministry of Health are not re-allocated to other Ministries. However, when there are joint intersectoral actions to be undertaken, there may be cases of integral financing of the actions using funds from that source alone. Furthermore, other areas of government may also use their own resources to finance such joint actions even if the funds were not originally specifically allotted for the purpose in question.

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23)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

24)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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25)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

1983

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26)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Women, young men and young women, injecting drug users, gays, other men who have sex with men, transvestites, sex workers, orphans and other vulnerable children, migrants, landless people, transsexual people, prisoners, people over 50, indigenous populations, Afro-descendant populations, persons with disabilities, people living with HIV/AIDS.

27)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

28)

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?	Yes
e. A monitoring and evaluation framework?	Yes

29)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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30)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil society organisations are the historic partners of the Brazilian Ministry of Health's STD, AIDS

and Viral Hepatitis Department and accordingly have ensured their full participation and involvement in combating the epidemic. In 1986 the Ministry of Health set up the National STD and AIDS Committee (CNAIDS) and it included representatives of civil society organisations, the academic world, and state and municipal health administrators. In October 2009, the CNAIDS held its 100th meeting. The purpose of those meetings has always been to contribute advice and suggestions to the process of elaborating and monitoring public policies to combat the epidemic. The participation of civil society in the elaboration of public policies contributes towards the exercise of citizenship and social ("watchdog") control. The expression social control has been adopted by the Brazilian National Health Service and is taken to mean the exercise of control over public authorities by the citizenry especially at the local level, in the definition of targets, goals and action plans. For that reason, in 2003, the National Health Council, a Ministry of Health body that guarantees the participation of representatives of health service users, health workers and health service providers, formed a sub-group specifically dedicated to the question of AIDS and entitled the 'STD/AIDS Actions Management Committee' (Comissão de Acompanhamento das Políticas de DST e AIDS - CAPDA). The committee meets four times a year and collaborates directly in the formulation and evaluation of strategies developed by the Ministry of Health. There is strong encouragement for the setting up of State and Municipal STD and AIDS committees in the 26 Brazilian states and the Federal District and in the 450 municipalities that receive financial resources from the Ministry of Health, specifically for the purpose of combating AIDS. 98% of all cases of AIDS in Brazil are found in those municipalities. In most of the government spaces where public policies are constructed like Committees, Forums, Working Groups, Technical Chambers and Technical Forums, Civil Society representation is formally or informally guaranteed. There is also strong stimulus for Civil Society to participate in the formulation, analysis, planning, and follow up of actions, strategies and plans constructed by means of meetings, seminars, working groups, committees and others. Since August 2000, the STD, AIDS and Viral Hepatitis Department has had a division specifically dedicated to fostering articulation with civil society and protecting and promoting the Human Rights of People Living with HIV and AIDS and the other most vulnerable groups. At state and municipal levels there are formally designated focal points charged with articulation with civil society. Supporting and reinforcing civil society actions is one of the STD, AIDS and Viral Hepatitis Department's top priorities and it involves providing technical support (consultancy and the holding of courses and seminars) and financing projects. There is also a specific line of systematic financing for those organisations guaranteed by the legislation in force. This structural model is a singularity of the Brazilian Department's and corresponds to the implementation of Article 19 of the Federal Constitution that establishes Health as the right of all and the duty of the State.

31)

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

Yes (0)

32)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

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33)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development

Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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34)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

35)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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36)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

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37)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

4 (4)

38)

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

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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40)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Testing is voluntary and provided free of charge by the National Health Service and it is possible to be tested anonymously in the Testing and Counselling Centres (CTA). There is legislation in force that specifically prohibits compulsory testing and makes professional confidentiality mandatory. In the case of provision for the uniformed services, efforts are being made to adapt the strategies for that specific target public to the directives of the Brazilian Policy for Combating the Epidemic so as to ensure the voluntary nature of testing, secrecy, and confidentiality.

41)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

43)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Bodies and entities of the three spheres of government (federal, state and municipal) are orientated to plan and implement public policies taking into consideration and respecting the needs of each population. Affirmative actions are also undertaken and implemented to promote and protect the rights of those populations that unfortunately are still the target of discrimination. The principles of universality and equality are established in the legal framework of the National Health System and they orientate actions that seek to ensure access to health for the entire population. To that end specific policies have been structured to promote the health of vulnerable populations and they are implemented at state and municipal levels (e.g National Health Policy for the Afro-descendant Population, National Health Policy for Women, National Health Policy for Lesbians, Gays, Transvestites and Transsexuals, National Health Policy for Persons with Disabilities, and others). Furthermore, the Brazilian Federal Constitution also foresees mechanisms to foster and protect the population's rights such as the right not to be discriminated. Such mechanisms are evident in the form of bodies like the Offices of the Public Prosecutor and the Public Defender. Reference Centres for Women, Reference Centres for Combating Homophobia, Women's Rights Councils, and Councils to Promote and Protect Human Rights have also been established based in the state capitals and in various municipalities. Those bodies receive and process denunciations from the victims of discrimination and offer them guidance. IN the fight against the AIDS epidemic, combating stigma and discrimination is one of the Ministry of Health's top priorities. To that end, the National STD, AIDS and Viral Hepatitis Department has a Human Rights Division that plans and implements actions and provides guidance and advice to states and municipalities on combating stigma and discrimination. In the case of those strategies, the partnerships with organised civil society have been fundamental. One example is the partnership between the National STD, AIDS and Viral Hepatitis Department and civil society organisations to provide legal assistance to combat the discrimination of people living with HIV and AIDS and other vulnerable populations.

44)

Briefly comment on the degree to which these laws are currently implemented:

Since 1988 when Brazil took up democracy once more and the new Federal Constitution was promulgated, the country has been actively affirming the principles of equality and rights and various laws and strategies have been implanted to enforce them. Government and civil society have made

strenuous efforts to inform the general public about the anti-discrimination laws and to effectively implement them. As a result there has been visible progress in combating racism, homophobia, 'macho' attitudes and other forms of discrimination. In regard to discrimination associated to HIV it can be seen that in spite of all the laws and mechanisms in place to combat discrimination, it continues to be a considerable obstacle in the lives of seropositive people. One example of that showed up in the results of a national survey where 8.000 people in all parts of Brazil were interviewed in September and November of 2008. 13% of the interviewees believed that a teacher living with the HIV virus should not be allowed to teach in any school at all; 22.5% stated that you should not buy fruits or vegetable at a store where there was a person with HIV working; and 19% believe that if a member comes gets sick with AIDS, he or she should not be looked after in the family home. In 2007 the Ministry of Health's STD, AIDS and Viral Hepatitis Department made a Denunciations of Human Rights Violations database available to register cases of discrimination around the country. 1,399 denunciations have been registered so far. Those figures show not only the persistence of cases of discrimination but also that nowadays the victims are more disposed to denounce the occurrences. There have also been campaigns fostering a broader discussion of the issue by society and stimulating changes in attitudes, behaviour and practices. However, in spite of the various strategies that have been unfolded over the years (campaigns, seminars, legal advisory services) and of the progress that can be identified, stigma and discrimination continue to be constant challenges to face in combating the epidemic.

Page 21

45)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

46)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

47)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

48)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

49)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

52)

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

Yes (0)

Page 27

53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Women, Young people, Injecting drug users, Men who have sex with men, Sex workers, prisoners, migrants/mobile populations.

54)

Briefly explain how this information is used:

Estimates are based on information respecting colour, age and exposure category available on the Epidemiological Investigation Cards.

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55) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

56)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

State and Municipal levels.

57)

Briefly explain how this information is used:

The information is used to analyse and control the flow of medicine demands for purchasing and dispensing purposes.

58)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

59)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

60)

Since 2007, what have been key achievements in this area:

Since 2007 Strategic Plans have been elaborated for combating the epidemic among women, gays, MSM, and transvestites, for eliminating congenital syphilis and for extending the coverage of early diagnosis. There was intense involvement of civil society in those processes and participation of the different health areas in the three spheres of government (federal, state and municipal). There was also serious commitment to establishing the necessary financial resources (Incentive resources) in the Municipal Actions and Targets Plans for the development of the respective activities. Other

notable achievements have been: the implementation of fast testing in a far greater number of municipalities corresponding to an expansion in the provision of diagnosis; the incorporation of Monitoring and Evaluation instruments in the work processes; the implementation of strategies for the Reduction of Mother-to-child Transmission; and the performance of national and state parliamentary fronts on HIV/AIDS related issues.

61)

What are remaining challenges in this area:

Bearing in mind the broader definition of Health and that the combating the epidemic must view the person living with HIV and AIDS in an integral perspective, there still some challenges outstanding in regard to ensuring that the implementation of actions does not only concern itself with integrating HIV/AIDS strategies with the various Health areas but also with their multisectoral integration. There is also the challenge of decentralizing actions within the sphere of the National Health System and guaranteeing the execution of actions in the three spheres of government (federal, state and municipal) as well as fulfilling the commitment to make full use of all financial resources allotted for the combat of the epidemic.

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62)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

No (0)

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64)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)
IF NO, briefly explain why not and how AIDS programmes are being managed:

The Brazilian Federal Constitution determines that health is the right of all and a duty of the State (Article 196). Accordingly national health policy in Brazil is led and coordinated by the Ministry of Health and it is up to the Ministry to put into effect multisectoral articulation of interest to the health area. Within the Ministry the STD,AIDS and Viral Hepatitis Department (formerly known as the National STD and AIDS Programme) coordinates the national policy for combating the epidemic. Because the National Health System has a policy of decentralizing its actions (distributing responsibilities among the three spheres of government) coordinating bodies for STD/AIDS policies

have been established in States and Municipalities attached to the respective Health Departments and coordinating policy at the local level. The STD,AIDS and Viral Hepatitis Department is responsible for defining national policy directives to combat AIDS, providing guidance to states and municipalities in planning and implementing their actions and providing direct financing for STD/AIDS related prevention, diagnosis and assistance actions. It is also responsible for fostering and articulating governmental intersectoral policies to promote and protect the human rights of people living with HIV and AIDS and the most vulnerable population groups. The Ministry of Health has the largest budget of all the Brazilian Ministries. The Ministry of health also maintains important social control spaces like the National Health Council which comprises the representations of various governmental and non governmental sectors of society who come together to deliberate on Health policies for the country and it in turn maintains a STD/AIDS Actions Management Commitee. The Ministry of Health's STD,AIDS and Viral Hepatitis Department is also counselled by the Brazilian National AIDS Committee, a consultative body which brings together representatives of civil society, universities, state and municipal health administrators and of other ministries like the Ministries of Education, Defence, and Labour and Social Welfare.

Page 34

65)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

66)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

The National STD and AIDS Committee (CNAIDS) is the main consultative body of the Ministry of Health for HIV/AIDS affairs and plurality is its most notable feature. It congregates representative of government bodies, civil society and the universities and was officially instituted by Ministerial Edict Nº 199 in 1986. The combination of the forces of government – responsible for policies and the CNAIDS, a consultative body with considerable political weight, is what has made Brazil a reference in terms of responding to the AIDS epidemic. Today the Committee is regulated by Ministerial Edict Nº 43 dated September 28, 2005. There are 41 seats altogether. 2 are for representatives of the Ministry of health, 10 for representatives of other ministries and Federal Government departments, seven are reserved for representatives of non governmental organizations and people living with HIV, three for state and municipal health department representatives. There are seven seats for universities and research institutes, nine for medical associations and three for churches and workers networks Among the polemical issues addressed by the committee is the question of the admission of seropositive persons to the Armed Forces and the fight against imposing restrictions on the entry of people with HIV infection in Brazil. In the committees view it is unacceptable to use a positive diagnosis for HIV as a criterion for excluding people from the labour market or forbidding them to enter the country. That stance against mandatory testing was further underscored by a motion of repudiation approved at the 77th meeting of the committee in 2005. Under the ages of CNAIDS, a sub-committee was set up in 2006 to prepare a document that would provide supporting elements for the discussion on "Active search" (Busca ativa). One and a half

years later the Ministry of Health formally regulated the procedures and conducts for a consensual approach to service users that underwent anti-HIV testing but failed to return to collect the results or users that failed to show up for treatment that was already in course. In 2007, CNAIDS also contributed towards the strategy for the compulsory licensing of Efaviren.

67)

Briefly describe the main challenges:

CNAIDS faces the ongoing challenge of conciliating the different visions and views to contribute to the construction of strategies for combating the epidemic.

68)

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

Please enter the rounded percentage (0-100)

1

69)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

70)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

71)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

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72)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

During the period 2007 to 2009 the Ministry of Health elaborated and launched several health policies that included actions designed to combat STD/AIDS. Examples are the Health Policies elaborated specifically for: 1) Afro-descendant populations, 2) Indigenous populations, 3) Men, 4) Women , 5) Persons with Disabilities. As a result of the joint efforts of the Federal Government and Civil Society, in 2009 the National Plan to Promote the Citizenship and Human Rights of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals was launched. Representatives of 18 Ministries composed the Technical Committee that actually elaborated the Plan. The Plan consists of 51 directives and 180 actions and is based on the proposals resulting from the 1st Brazilian National Conference of Lesbians, Gays, Bisexuals and Transgender persons. The Public Authorities will implement the Plan as a measure to ensure equal rights and the full enjoyment of citizenship for that segment of the Brazilian population and it also addresses the issue of combating STD/AIDS. In 2009 the third version of the Brazilian National Human Rights Programme was launched which contains commitments to promoting access to health and combating stigma and discrimination Efforts were also made in the ambit of the National Congress to impede the approval of Draft Bills that are inconsistent with current Brazilian policy on combating AIDS.

73)

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

There have been reports of the unintentional transmission of HIV being treated as a criminal offence in the courts but in fact, there is no specific law Brazilian law that legally penalises HIV. The Brazilian Judiciary has made use of several articles of the Brazilian Penal Code that cover ‘inflicting bodily harm’ and “attempted murder” when judging such cases. The Ministry of Health’s STD, AIDS and Viral Hepatitis Department has reacted to those attitudes on the part of the judiciary, by unfolding various actions including advocacy directed at the judiciary. In November 2009 the Ministry of Health’s STD, AIDS and Viral Hepatitis Department issued a Technical Note clarifying the various ways in which transmission can take place and stating that attempts to classify transmission as a crime merely makes actions to combat AIDS more difficult.

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74)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

75)

Since 2007, what have been key achievements in this area:

The elaboration of strategic plans directed at specific vulnerable populations and the plans for the elimination of Congenital Syphilis, 2) the creation of a Technical Chamber to handle the dispensing of exceptional medicines that are liable to legal intervention (warrants of stay), 3) the breaking of medicine patents.

76)

What are remaining challenges in this area:

Improving human resources policies and implementing prevention actions that guarantee access for the most vulnerable populations.

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77)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

78)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

79) In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:

Combat STDs

80)

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

Yes (0)

Page 41

81)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

82)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	No

83)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

84)

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

Yes (0)

85)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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86)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers,

Stigma and discrimination reduction	Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers, Other populations
Drug substitution therapy	
Needle & syringe exchange	Injecting drug user

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87) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Truck drivers, indigenous populations, street dwellers, persons with disabilities, migrant populations, people living with HIV/AIDS.

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88)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

89)

Since 2007, what have been key achievements in this area:

The construction of the Plans for implementing materials supplies is an important achievement.

90)

What are remaining challenges in this area:

The remaining challenges are: expanding harm reduction and ‘positive prevention’ actions in schools and prisons; employing new prevention technology; and promoting actions.

Page 45

91)

Part A, III. PREVENTION

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

Yes (0)

Page 46

92)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

They were based on analyses of epidemiological and socio-demographic data and on information collected in intervention work and from key actors.

93)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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94)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

95)

Since 2007, what have been key achievements in this area:

All Brazilian states now have their local strategic plans elaborated and being unfolded; b) network projects now in progress for vulnerable populations including sex workers, women living with HIV, men who have sex with men, drug users and transvestites; c) plans to combat feminisation implanted in all states and evaluation of them planned for 2010; d) studies carried out to estimate prevalence among drug users, men who have sex with men and sex workers; e) plans delineating prevention commodities demands (condoms, gel, female condoms) oriented towards local epidemiological characteristics and with an emphasis on vulnerable populations.

96)

What are remaining challenges in this area:

Outstanding challenges still to be faced are: a) improving local responses for more vulnerable groups; b) determining parameters for evaluating prevention actions; c) expanding the prevention commodities logistics chain in order to broaden access and establish new parameters; d) establishing mechanisms for integrating management with other government programmes to obtain wider outreach for prevention actions.

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

99)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

100)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

They were determined on the basis of epidemiological and operational indicators.

102)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	N/A
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

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103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

104)

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

and substitution drugs?

Yes (0)

Page 53

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

106)

Since 2007, what have been key achievements in this area:

1) the setting up of the technical chambers for medicines, 2) seminars on the theme of adverse events, 3) creation of the lipodystrophy/ lipoatrophy network, 4) strengthening the offer of examinations.

107)

What are remaining challenges in this area:

Remaining challenges are: 1) early diagnosis of HIV, 2) investigation of deaths and expansion of the number of beds available for hospital admission.

Page 54

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

110)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

111)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

112)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

113)

Since 2007, what have been key achievements in this area:

The elaboration of the Therapeutic Consensus for children and adolescents with the participation of young people living with HIV/AIDS.

114)

What are remaining challenges in this area:

Remaining challenges are: 1) the elaboration of strategies for the social re-insertion of HIV+ youngsters living in support houses, 2) the elaboration of methodology for disclosing positive diagnosis to children.

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115)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

116)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2003

117)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

118)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

119)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

No (0)

120)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

121)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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122)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

123)

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

Yes (0)

Page 62

124)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

1

125)

3.2 IF YES, has full funding been secured?

Yes (0)

126)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

127)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

128)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Monitoring indicators are brought up to date annually and gaps that call for new indicators to bridge them are identified. The analysis of the indicator results is used to identify which aspects need to be further evaluated.

129)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

130)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	

131) Number of permanent staff:

Please enter an integer greater than or equal to 0

4

132) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

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133)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Head of the Unit	Full time	2003
Permanent staff 2	Monitoraids system management	Full time	2006
Permanent staff 3	Statistician	Full time	2008
Permanent staff 4	M&E specialist	Full time	2009
Permanent staff 5		Full time	
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff			

15

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134)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

135) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

The central area is responsible for most of the M&E information contained in the country report. States and municipal authorities forward information automatically to the central area. Periodic meetings are held with the other partners for discussions and to obtain additional information.

136)

What are the major challenges?

1) Consolidate the currently decentralised M&E reports, 2) Harmonize the different interests surrounding the National Evaluation Plan especially those associated to process indicators and those concerning the impacts on target populations, 3) Make use of evaluation results as a management tool.

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137)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

138)

6.1 Does it include representation from civil society?

No (0)

Page 71

139)

7. Is there a central national database with HIV- related data?

Yes (0)

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140)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

MONITORAIDS – National STD and AIDS Programme Indicators System A set of 90 indicators makes up the current system grouped into those: a) that typify socio-economic situation making it possible to analyse inequalities that influence the dissemination of the disease and the effectiveness of the response; b) that are relevant for monitoring the evolution HIV/AIDS and other STDs and c) that are useful for accompanying the unfolding of programmatic actions and indicating what evaluations are most needed. The indicators are also classified into three broad areas, namely: Contextual indicators, programme indicators and action impact indicators. The indicators for the external context were established to represent the environment in which the epidemic takes place and are mainly linked to demographic and socio-economic aspects of the populations and National Health System indicators. The Programme-related indicators are those associated to programme products and results and are divided into sub-areas according to: the resources being spent; the incorporation of new knowledge and technology, individual vulnerability, prevention strategies, care provided, HIV/AIDS surveillance and STD prevention and control. Finally, the impact indicators make it possible to analyse the impacts on morbidity/mortality rates of the actions carried out to control AIDS and other STDs.

141)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

142)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

143)

Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

The following National systems are operated: Notifiable Diseases Information System (SINAN), Mortality Information System (SIM), System for Logistic Control of Drugs (SICLOM), Live Births Information System (SINASC) and others. There are also other systems in operation that make it possible to refine information by states and municipalities. Epidemiological surveillance of AIDS makes use of information on cases registered in the Notifiable Diseases Information System (SINAN) and the information on deaths registered by the Mortality Information System (SIM) but it also has two systems of its own: the Laboratory Test Control System (SISCEL) and the System for Logistic Control of Drugs (SICLOM) In the case of AIDS, the notification of cases to the SINAN obeys the criteria officially established in Brazil for defining cases of AIDS. The system also contains other relevant epidemiological information and has been used to delineate the dynamics of the epidemic and to provide supporting information to define actions for preventing and controlling the disease. The main purpose of the SIM is to provide information that can delineate the profile of mortality in Brazil. The system holds information on the basic causes of death, date and place of death, municipality of the occurrence and other personal information on the deceased such as age, sex, schooling level, occupation and municipality of habitual residence. The SISCEL has been developed to monitor laboratory procedures, particularly T CD4/CD8 counts and HIV viral load assays in order to assist the definition of antiretroviral treatment for patients and monitor those taking treatment.. The objective of the SICLOM is to facilitate the management of logistics involved in supplying antiretroviral medicines. The information helps to control stocks, distribute the medicines, and also to collect clinical/laboratorial information on AIDS patients using different therapeutic regimes. AIDS data is primarily based on cases notified to the SINAN with the assistance of additional information contained in the SISCEL and SIM and the technique of probabilistic relations id used to handle the data The system for logistic control of drugs (SICLOM) is used to validate the SISCEL information when confronted with the information in the SIM.

144)

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

Yes (0)

145)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

146)

Provide a specific example:

All policies are based on data. As an example, a plan designed to expand testing known as “Fique sabendo” (You gotta know) was based on a diagnosis of poor HIV testing coverage obtained by means of a behavioural surveillance survey.

147)

What are the main challenges, if any?

Use established indicators to evaluate programme performance.

Page 75

148) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

149)

Provide a specific example:

The data was used to stipulate values for a policy of incentives.

150)

What are the main challenges, if any?

Constructing forecasts for the procurement of prevention commodities based on usage estimates .

Page 76

151)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

152)

Provide a specific example:

The data was made use of tin the campaign ‘Be Aware’ designed to expand testing.

153)

What are the main challenges, if any?

Obtaining estimates of the more vulnerable populations.

Page 77

154) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

155)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

156) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

1200

157) **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

3000

158) **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

400

Page 80

159)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

160) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

Postgraduate courses in Evaluation of Endemic Process Control Programmes with an emphasis on STD/HIV/AIDS (Specialisation and Special Masters courses): courses developed and coordinated by ENSP/FIOCRUZ, in partnership with the STD, AIDS and Viral Hepatitis Department and the CDC/GAP. The specialisation courses are offered in modules one week a month for 12

months with an additional six months for those going on for a Masters. The aim is to qualify specialists for the work of evaluating programmes designed to control endemic processes, taking into account the social-historical and technical dimensions of assessment and supported by communication, ongoing education and knowledge reproduction processes associated to evaluation to contribute towards establishing management capable of implementing transformation.

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161) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

8 (8)

162)

Since 2007, what have been key achievements in this area:

1) Institutionalising monitoring as a management tool, 2) Establishing priority studies for accompanying the Brazilian response, 3) Carrying out capacity building in M&E for states and municipalities, 4) Monitoring key indicators.

163)

What are remaining challenges in this area:

1) Institutionalising evaluation as a management tool, 2) Standardising the systems, prioritising the indicators and assimilating M&E in the routines.

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164)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

165)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general

nondiscrimination provision:

The STD/AIDS and Viral Hepatitis Department's portal (http://www.AIDS.gov.br) provides an on-line electronic version of a publication in three volumes containing the following subjects regarding national and international legislation in relation to STD/HIV and AIDS: • The Brazilian Federal Constitution (1988); • International Human Rights Protection Mechanisms ratified by Brazil; • Art. 2 of the Universal Declaration of Human Rights; • International Covenant on Civil and Political Rights; • International Covenant on Economic, Social and Cultural Rights; • American Convention on Human Rights; • Legislative Decree No. 56 dated 19/04/95 (which approves the texts of the Protocol of San Salvador and the Protocol on the Abolition of the Death Penalty); • Decree No. 1,004 dated 13/05/96 (creating the National Human Rights Programme); • The Political and Administrative Organization of Health Services and Health Care; • Social Services; • Tax Benefits; • Penal Code and Prison Legislation; • Ethical Standards of the Federal Council of Medicine; • State-level Legislation; • Brazil. Ministry of Education. Ministry of Health. Interministerial Ordinance No. 796, dated May 29th 1992; • Inter-American Convention on the prevention, punishment and eradication of violence against women – Convention of Belém do Pará (1994); • Declaration of the fundamental rights of people living with the AIDS virus – National Meeting of Non-Governmental AIDS Service Organizations (ENONG - Encontro Nacional de ONG que trabalham com AIDS). Porto Alegre, 1989; • Programme to combat violence and discrimination against LGBT people and to promote homosexual citizenship; • The site of the Brazilian Gay, Lesbian, Bisexual and Trans Association – ABGLT (http://www.abglt.org.br), founded in 1995, also provides access to Brazilian legislation, the legislation of other countries and international legislation relating to homosexuals, HIV/AIDS, civil union, immigration, social security, sexual orientation, etc; • The site of the National Network of People Living With HIV/AIDS (RNP+) (http://www.rnpvha.org.br). This network, founded in 1995, brings together the efforts of people living with HIV/AIDS regarding the various forms of public policy "watchdog" activities, citizenship-building, human rights, combat of discrimination. It plays a leadership role in mobilization, the provision of technical resources, information and opportunities to improve the quality of life of people living with HIV/AIDS.

166)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

167)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

168)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

A good juridical platform is in place at all government levels. The principal problem is the observance of these laws and their enforcement in all circumstances. States and municipalities have laws prohibiting discrimination on the grounds of sexual orientation. In addition to national legislation and policies, there are also specific policies such as the Integrated Programme of Affirmative Actions for Afro-descendant People, the Integrated Plan to Combat the Feminization of AIDS and other STDs, and the Maria da Penha Law on protection of women against domestic violence; and the Operational Plan for the Reduction of the Mother-to-Child Transmission of HIV and Syphilis. There are also laws on Harm Reduction for drug users. The following are the most relevant mechanisms: LGBT In order for this programme to achieve its objectives, four main actions need to be implemented. 1. Support for the strengthening of governmental and non-governmental organizations that work to promote homosexual citizenship and/or to combat homophobia; 2. Building the capacity of professionals and homosexual movements working to defend Human Rights; 3. Dissemination of information about rights and the promotion of homosexual self-esteem; 4. Encouragement of the denouncement of Human Rights violations among the LGBT segment. Children and Adolescents Statute on the Rights of Children and Teenagers. Law No. 8.069, dated July 13th 1990, which provides for the integral protection of children and teenagers, including all forms of discrimination, negligence, exploitation, violence, cruelty or oppression. Drug users Law No. 11,343/06 creates the National System of Public Policies on Drugs with the aim of articulating, integrating, organizing and coordinating prevention, treatment and social reinsertion activities with drug users and dependents, as well as activities to repress trafficking, being aligned with the National Policy on Drugs. Prison Population Interministerial Ordinance No. 1,777/03 (Ministry of Health and Ministry of Justice) creates the National Health Plan for the Prison System, providing for the inclusion of the prison population in the National Health System (NHS), so as to ensure that the right to citizenship becomes effective within a human rights perspective. This population's access to health actions and services is legally defined by the 1988 Federal Constitution, by Law No. 8,080/90, which regulates the NHS, by Law No. 8,142/90 which provides for community participation in NHS management, and by the Law of Penal Execution No. 7,210/84. There are around 50 LGBT reference centres which make use of this legislation in cases of complaints of discrimination.

169)

Briefly describe the content of these laws:

LGBT The aim of this programme is to promote the citizenship of lesbians, gay men, bisexuals, transvestites and transsexuals, by ensuring equal rights and combating homophobic violence and discrimination, respecting the specificity of each of these groups of the population. Drug users The National Policy on Drugs includes among its general guidelines the promotion of harm reduction strategies and actions, within a perspective of public health and human rights, to be undertaken in an articulated inter and intra-sectoral manner, aiming to reduce the risks, adverse consequences and harm associated with alcohol and drug use on users, their families and society. Prison Population The National Health Plan for the Prison System was prepared based on a perspective of health care and the inclusion of imprisoned people as part of basic principles that ensure the effectiveness of integral health promotion, prevention and care actions. Included among the principles on which the Plan is based are the promotion of citizenship, from a perspective of civil, political and social rights, and the promotion of human rights, as a reference for a more humane life in common, with dignity, free from discrimination and violence. Men, women and children seeking refuge or recognized as refugees in Brazil have guaranteed access to health services, including HIV/AIDS prevention commodities, counselling and treatment. With regard to migrant populations, there is no specific legislation, but rather access is guaranteed to the services provided for by norms, regulations and legislation already in place.

170)

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

LGBT This programme is relatively new, dating from 2004, and is still at the implementation stage. Monitoring has been done by the President of the Republic's Special Human Rights Secretariat, the Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Culture, Ministry of Labour and Employment, among others. Drug users The harm reduction strategy has been adopted by the Ministry of Health's STD, AIDS and Viral Hepatitis Department since 1994. Harm reduction is considered to be a strategy of great relevance in changing the profile of the AIDS epidemic, as in the 1990s 25% of reported AIDS cases were directly or indirectly associated with injecting drug use, whereas currently this number has fallen to 9%. In 2009, the Ministry of Health, through its Mental Health Department, launched its Emergency Plan to Scale up Access to Alcohol and other Drug Treatment and Prevention in the National Health System (Plano Emergencial de Ampliação do Acesso ao Tratamento e Prevenção em Álcool e Outras Drogas no Sistema Único de Saúde - PEAD). The main objective of the Plan is to intensify, scale up and diversify the actions of prevention, health promotion and treatment of the risks and harm associated with the harmful use of psychoactive substances. Among its guidelines the PEAD proposes the respect for and promotion of human rights and social inclusion. The lines of action of the PEAD include support for actions to combat stigma and the promotion of social inclusion through sensitizing service managers, professionals and the general population about the rights of people who use alcohol and other drugs. Prison Population 18 states have are currently qualified under the National Health Plan for the Prison System: Acre, Amazonas, Bahia, Ceará, Distrito Federal, Espírito Santo, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Paraíba, Paraná, Pernambuco, Rio de Janeiro, Rio Grande do Sul, Rondônia, São Paulo and Tocantins. These states have around 200 health teams working in 160 prison units. All the population under UNHCR's mandate in Brazil is benefitted by this guarantee.

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171)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

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172) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

173)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Human rights are clearly mentioned and incorporated in all the policies, strategies and programmes that support the Brazilian response to HIV/AIDS. It is the country's understanding that the response to HIV is based on the perspective of the indivisibility of prevention and care with human rights as a central theme. Civil society and specific population groups vulnerable to HIV/AIDS have widespread participation in the programmes developed by the three levels of government (federal, state and municipal), principally through activities of the Ministry of Health's HIV, AIDS and Viral Hepatitis Department, the state and municipal STD/AIDS departments and the projects implemented by the international organizations.

174)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

175)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

The Department of STD, AIDS and Viral Hepatitis has a database for denouncements, known as the HIV/AIDS Human Rights Violations Monitoring and Evaluation System (Sistema de Monitoramento e Avaliação de Violações de Direitos Humanos em HIV/ AIDS – MS/DST/AIDS) available at www.aids.gov.br. There are also juridical and legal mechanisms such as the public attorney's offices, the Brazilian Law Society, small claims courts and NGO legal aid services, which provide free services and support to the population. Law No. 11,340 (Maria da Penha Law) Article 9. "Assistance to women in situations of domestic and family violence will be provided in an articulated manner and in accordance with the principles and guidelines provided for in the Fundamental Laws on Social Services, the National Health System, the National Public Security System, among other norms and public policies on protection, as well as on an emergency basis when necessary. Paragraph 1. The judge will determine, for a defined period of time, the inclusion of women in situations of domestic and family violence on the databases of the federal, state and municipal governments' social services programmes. Assistance to women in situations of domestic and family violence shall include access to scientific and technological development, including emergency contraception services, Sexually Transmitted Diseases (STD) and Acquired Immune Deficiency Syndrome (AIDS) prophylaxis and other medical procedures necessary and appropriate in cases of sexual violence."

176)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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177)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

Through participation in national, state and municipal councils. The country has a National Plan for the Combat of the AIDS and STD Epidemic among gay men, other men who have sex with men and transvestites, launched in June 2007 and made available for public consultation. The plan defines HIV/AIDS prevention and care strategies for these segments, and also for the promotion of human rights and the respect for differences.

178)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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179)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Difficulties exist with regard to prevention: • access to condoms relating to local distribution logistics problems; • counselling, given that the greater part of national resources are invested in antiretroviral treatment. Access to diagnosis has been late. In addition, children and teenagers living with HIV have limited access to psychosocial support beyond the strictly medical aspect. Finally, difficulties exist in access to the treatment of opportunistic diseases.

180)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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181)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

182)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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183)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

As mentioned above, Brazil has a platform of policies and programmes specifically directed towards more vulnerable populations. Access to the public health system is universal and non-discriminatory.

184)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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185)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

There are legal instruments called PLANS to Combat the epidemic, such as: • Women • MSM and Transvestites • Prison population • Afro-descendants • Indigenous population

186)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

187)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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188)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

189)

IF YES, describe the approach and effectiveness of this review committee:

Brazil has a National Commission on Ethics in Research (Comissão Nacional de Ética em Pesquisa - CONEP) involving human beings, regulated, among others, by Resolution 196/96. This structure is reproduced at state and municipal level in the form of research ethics committees (comitês de ética em pesquisa - CEP). The National Commission on Ethics in Research is a commission of the National Health Council (Conselho Nacional de Saúde – CNS). The CONEP/CNS is a national regulatory body and as such all research projects have to be approved by it. Further details in the Table below: YEAR RESOLUTION SUBJECT MATTER 2007 CNS Resolution 370/07 Registration and accreditation or renewal of registration and accreditation of CEPs 2005 CNS Resolution 347/05 Approves the guidelines for the ethical analysis of research projects involving the storage of materials or use of materials stored in previous research 2005 CNS Resolution 346/05 Multicentre projects 2004 CNS Resolution 340/04 Approves the Guidelines for the Ethical Analysis and Processing of Research in the Special Thematic Area of Human Genetics 2002 Regulation of CNS Resolution 292/99 Regulation of CNS Resolution 292/99 on research involving foreign cooperation (approved by the CNS on 08/08/2002) 2000 CNS Resolution 304/00 Provides a complementary norm for Research among Indigenous People 2000 CNS Resolution 303/00 Provides a complementary norm for the area of Human Reproduction, establishing sub-areas that must be analysed by the Conep, and delegating to the CEPs the analysis of other projects in the thematic area. 2000 CNS Resolution 301/00 Deals with the CNS and CONEP position contrary to the modifications of the Declaration of Helsinki. 1999 CNS Resolution 292/99 - Portuguese - English Establishes specific norms for the approval of research protocols involving foreign cooperation, maintaining the requirement of final approval by the CONEP, following approval by the CEPs 1997 CNS Resolution 251/97 - Portuguese - English Provides a complementary norm for the special thematic area of new pharmaceutical products, vaccines and diagnostic tests and delegates to the CEPs the final analysis of projects in this area, which ceases to be a special area 1997 CNS Resolution 240/97 Defines the representation of health service users on the CEPs and provides guidelines on their choice. 1996 CNS Resolution 196/96 - Portuguese - English After one year's work, Resolution 196/96 was published containing the Regulatory Guidelines and Standards for Research Involving Human Beings, repealing the preceding Resolution 01/88 108 1995 CNS Resolution 170/95 Defines the creation of an Executive Working Group to revise the CNS Resolution 01/88 (the group was comprised of: researchers, representatives of the Ministries of Health and Science and Technology, Federal Council of Medicine, Brazilian Law Society, National Council of Brazilian Bishops, representative of NHS users, NGOs etc.) 1995 CNS Resolution 173/95 Defines the work plan for the revision of CNS Resolution 01/88, including the standardization of the special thematic areas 1988 CNS Resolution 01/88 Regulates the accreditation of Research Centres in Brazil and recommends the creation of a Research Ethics Committee (CEP) at each centre – Repealed

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190)

– 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 (0)

191)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

192)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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193)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

1. National Council for the Combat of Discrimination; 2. National AIDS Commission; 3. Commission for Articulation with Social Movement (National STD/AIDS Programme); 4. Technical Committee for the Health of Gay Men, Lesbians, Bisexual and Transgender persons (Ministry of Health); 5. Human Rights Commission of the National Congress; 6. President of the Republic's Office Department of Justice, Citizenship and Human Rights; 7. Parliamentary Front on HIV/AIDS – National Congress; 8. Parliamentary Front for LGBT Citizenship – National Congress.

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194)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

195)

– Legal aid systems for HIV casework

Yes (0)

196)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

197)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

198)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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199)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: 1. Specific Carnival and December 1st campaigns	**Yes**

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200)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

8 (8)

201)

Since 2007, what have been key achievements in this area:

• The strengthening of the joint programme between the Ministry of Health, the Ministry of

Education, UNICEF, UNESCO and UNFPA (Health and Prevention in Schools Programme) to work on HIV prevention and discrimination against those living with HIV in schools; • Intense progress with intersectoral actions such as, for example, the presidential decree that created in 2007 the Health in Schools Programme; • The creation in 2007 of a national network of adolescents and young adults living with HIV is giving greater visibility to this issue; • The development of integrated plans to combat the feminization of the AIDS epidemic and other STDs and to combat the AIDS epidemic and other STDs among gay men, other MSM and transvestites; • The 1st National Lesbian, Gay, Bisexual, Transvestite and Transsexual Conference (LGBT) on June 5-8 2008; • Leadership in the Regional Consultation on HIV and Sex Work and the holding of the National Consultation on HIV, Prostitution and Human Rights in 2008; • Leadership in the Regional Consultation for Latin America and the Caribbean on HIV in the Prison System, held in São Paulo in May 2008, followed by the holding of the National Consultation on HIV in the Prison System in 2009; • Increase in universal access to services, improvement in the collection and analysis of epidemiological data, new strategies for access by more vulnerable populations.

202)

What are remaining challenges in this area:

• People living with HIV continue to suffer discrimination and stigma. More attention needs to be paid to children and adolescents living with HIV, in particular those living in institutions. • Increase the presence of the National STD/AIDS Programme in frontier areas, with greater distribution of relevant information (regarding prevention, counselling and about treatment) at border and migration control checkpoints.

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203)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

8 (8)

204)

Since 2007, what have been key achievements in this area:

The ever increasing participation of Civil Society in the implementation of HIV/AIDS-related programmes in Brazil has allowed better accompaniment of the results and, consequently, greater Social “Watchdog” activities on this issue – thus ensuring that the policies, laws and regulations are complied with.

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205)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

206)

Comments and examples:

Civil Society has guaranteed representativity on social “watchdog” bodies established by law in Brazil, such as health councils (national, state and municipal) and other participatory mechanisms, such as: UNAIDS Working Group, National AIDS Commission, Commission for Articulation with Social Movements, among others. Brazilian Civil Society, through different organizations, has played a significant Social Watch role over HIV/AIDS prevention, counselling and treatment programmes and projects

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207)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (3)

208)

Comments and examples:

Brazilian Civil Society, through different organizations, has exercised due Social Watch over HIV/AIDS prevention, counselling and treatment. Its participation is constant within the Department of STD/AIDS and Viral Hepatitis, as well as in other fora of consultation, discussion and accompaniment, such as the UNAIDS working group. Nevertheless, such participation is very differentiated and unequal in the diverse states and municipalities that go to make up Brazil.

Page 105

209)

a. the national AIDS strategy?

3 (3)

210)

b. the national AIDS budget?

3 (3)

211)

c. national AIDS reports?

3 (3)

212)

Comments and examples:

Note: The topics above only represent actions in the area of prevention. Care services in Brazil are the responsibility of the State. Civil Society supports these services, complementing them, such as through sheltered housing for people living with HIV/AIDS, for example.

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213)

a. developing the national M&E plan?

2 (2)

214)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

2 (2)

215)

c. M&E efforts at local level?

2 (2)

216)

Comments and examples:

Generally speaking, Civil Society participates through the Social Watch bodies. Specifically, we can mention the UNGASS progress reports in which civil society has broad and effective participation.

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217) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

218)

Comments and examples:

Diversity is ensured through Civil Society representation in the country's various deliberative and consultative bodies dealing with the issue of HIV/AIDS.

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219)

a. adequate financial support to implement its HIV activities?

3 (3)

220)

b. adequate technical support to implement its HIV activities?

4 (4)

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221) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	
Home-based care	
Programmes for OVC**	<25%

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222)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

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223)

Part B, Section III: PREVENTION

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

Yes (0)

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224)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Through recommendations of the national, state and municipal councils; behaviour studies; prevalence studies; the establishment of National Plans. Other measures include scientific and technological development in the area of prevention commodities and the enhancement of strategies for the social marketing of condoms and increased actions by partners outside the health sector such as, for example, education, labour, policies for women, social action, youth, among others. This enables better data collection and analysis and the identification with greater precision of the evolution of the epidemic and social groups more vulnerable to HIV/AIDS.

225)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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226)

Since 2007, what have been key achievements in this area:

• Health and Prevention in Schools programme; • Pilot STD/HIV prevention project with street kids; • Expansion of rapid testing for pregnant women; • Expansion of testing for young adults and adolescents; • Integrated plan to combat the feminization of the AIDS epidemic and other STDs; • National Plan to combat the AIDS epidemic and STDs among gay men, other MSM and transvestites.

227)

What are remaining challenges in this area:

• Access to testing is still not universal for pregnant women; • Many adolescents and young adults still do not have access to condoms; • Out-of-school young people continue to be

marginalized in relation to prevention and treatment services; • Large regional differences (North and North East) in relation to access to prevention services; • The policy on combating HIV feminization has not yet been successfully incorporated at state level; • There has been no progress in legislation with regard to the rights of LGBT in the country.

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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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229)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Through studies and research on adherence and diagnosis; by the scientific committees on medication protocols; through the country's health information systems.

230)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems	N/A

through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

232)

What are remaining challenges in this area:

Achieve complete universal access: regional inequalities and structural problems with health services and local political scenarios are factors that hinder the achievement of universal access.

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233)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

No (0)