HIV/AIDS in Brazil and USAID Involvement

Home to approximately 52 percent of reported HIV/AIDS cases in Latin America and the Caribbean, Brazil continues to be a regional epicenter for the epidemic. Although the overall incidence of HIV has leveled off since 1997, transmission via sex between men and women, and among young people and indigenous groups, appears to be rising. Geographically, Brazil's epidemic poses a threat for further spread of HIV/AIDS because it shares borders with 10 South American countries. Factors heightening the risk of cross-border transmission include the flow of tourists and immigrants, a proliferation of commercial sex work, and drug trafficking routes in outlying areas where health services are weakest. According to estimates from the Brazilian Ministry of Health (MOH), by the end of 2000:

- Approximately 590,000 adults between the ages of 15-49 were estimated to be living with HIV/AIDS. (The MOH *officially* reports 212,786 AIDS cases between 1980 and December 2000);
- 74 percent of the 212,786 reported AIDS cases occurred in men;
- 7,088 children under the age of 13 (3.5 percent of the total AIDS cases) were reported;
- Approximately 30,000 children under the age of 15 lost their mother or both parents to AIDS; and
- 105,595 adults and children are reported to have died of AIDS since 1980.

The pattern of the epidemic in Brazil is similar to that of industrialized countries, concentrated in certain high-risk populations, then spreading to the general population, largely through sexual networking. Men who have sex with men (MSM) accounted for 40 percent of reported AIDS cases before 1994, but more recent trends show increasing transmission in the heterosexual population and among injecting drug users (IDUs). The number of people infected with AIDS through heterosexual contact increased to 44.3 percent in 2000, from only 9 percent in 1990. In 1986, only one in 17 AIDS cases occurred in women, but by 2000, the male-to-female ratio of new reported AIDS cases was 1.92:1. Data from the MOH indicate that through June 2001:

- 27.4 percent of cumulative AIDS cases were reported to be transmitted via sex between men and women;
- 26.7 percent of cases were reported to be transmitted via sex between men;

Map of Brazil: PCL Map Collection, University of Texas

- 18.1 percent were transmitted through injecting drug use; and
- 23.2 percent had no known exposure category.

The Brazilian epidemic is concentrated in urban areas; the states of Sao Paulo and Rio de Janeiro account for 61 percent of the nation's HIV/AIDS cases. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), less than 1 percent of antenatal women tested in five sites outside major urban areas in 1998 were HIV-positive. Among patients attending sexually transmitted disease clinics at the same five sites, 3 percent tested positive for HIV.

Recent studies indicate significant changes in sexual behavior among Brazilians. A 1999 survey of 3,500 adults suggested that about half of young men reported using a condom the first time they had sex – a steep increase from 1986, when only 5 percent of men reported condom use at sexual debut.

NATIONAL RESPONSE

Brazil has been a regional and global leader in the fight against HIV/AIDS. The country's first AIDS case was reported in 1980. Despite political transition and economic turbulence, initial community responses were swift. By 1984, following the lead of the states of Sao Paulo and Rio de Janeiro, community advocates prompted more than 10 states to develop AIDS programs. At the federal level, a ministerial decree created the National Coordination of STD and AIDS within the MOH in 1998. According to the Iniciativa Regional sobre SIDA para America Latina y el Caribe (SIDALAC), HIV/AIDS expenditures in Brazil totaled $911.2 million in 2000, 78 percent of which came from public sources.

Brazil supports an integrated approach to prevention and treatment, and is one of a handful of countries in Latin America to guarantee free access to antiretroviral (ARV) therapy and treatment for opportunistic infections to people living with HIV/AIDS. Since 1996 the Government of Brazil has allocated most of its AIDS-related financial resources to the purchase of ARVs and other medicines, benefiting approximately 100,000 people living with HIV/AIDS. Less than 20 percent of the country's HIV/AIDS budget is designated for prevention activities. According to the MOH, Brazil's strategy has paid off. The death rate due to AIDS has fallen by approximately 50 percent; hospitalizations have dropped by 75 percent; and opportunistic infections have substantially decreased

Brazil's success with universal ARV provision is due in part to the fact that the country produces eight generic versions of non-patented ARV drugs at low cost. Production is in full compliance with the World Trade Organization Trade Related Intellectual Property Rights Agreement.

Another important aspect of Brazil's response to HIV/AIDS is the continued involvement of non-governmental organizations (NGOs), especially

Key Population, Health, and Socioeconomic Indicators		
Population	174.5 million	U.S. Census Bureau 2001
Growth Rate	0.9%	U.S. Census Bureau 2000*
Life Expectancy	Male: 59 Female: 68	U.S. Census Bureau 2000*
Total Fertility Rate	2.1	U.S. Census Bureau 2000*
Infant Mortality Rate	38 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Ratio	161 per 100,000 live births	World Bank 1999
GNP per capita (US$)	$3590	World Bank 2000
Public health expenditure as % GDP	2.9%	World Bank 1999
Adult Literacy (% of people 15 and above)	Male: 85.5% Female: 85.8%	UNESCO 2001

** From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO*

those of people living with HIV/AIDS. Over the past seven years, 1,500 partnerships with NGOs have been implemented.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** is the largest HIV/AIDS donor in Brazil, allocating $4.4 million toward HIV/AIDS prevention and care programs in FY 2001. USAID/Brazil's HIV/AIDS program strives to prevent transmission of HIV among women, adolescents, and low-income populations through activities in condom social marketing; operations research to identify, disseminate, and promote the adoption of effective interventions; and capacity building to strengthen NGO management skills.

The Mission's strategy is closely linked to the programs of the Brazilian MOH and involves integration of HIV and STI prevention activities in four target areas: Sao Paulo, Rio de Janeiro, Bahia, and Ceara. USAID/Brazil is discussing with other Missions in the sub-region the possibility of collaborative activities to curb cross-border transmission of HIV.

Starting in 2002, USAID, with the collaboration of federal, state and municipal health officials, will begin the implementation of a two-year tuberculosis (TB) control strategy to address the leading opportunistic infection associated with HIV/AIDS.

USAID-SUPPORTED NGOS

USAID supports social marketing activities through **DKT do Brasil, Population Services International's (PSI)** branch in Brazil. DKT's social marketing activities aim to increase access and use of male and female condoms, making them available at low prices to the general public.

DKT increased its total sales of male condoms by 26 percent in FY2001, from 50.6 to 63.1 million, which contributed significantly to expanding accessibility and increasing the overall growth of the Brazilian commercial condom market. DKT also provided technical assistance to the National STI/AIDS Program in the design and development of a nationwide MOH condom social marketing activity, as well as leadership in reducing the national tax on condoms.

With FY2001 funding, USAID also supports condom social marketing activities through the Brazilian NGO **BEMFAM**, an affiliate of the **International Planned Parenthood Foundation** (IPPF). This initiative will expand BEMFAM's existing social marketing operations in three southern Brazilian states, which have shown a significant increase in the incidence of AIDS cases.

Through **Management Sciences for Health (MSH)**, USAID provides assistance to strengthen local institutional capacity to plan, implement, and evaluate STI/HIV programs. In 2001, MSH provided technical assistance in team building, strategic planning, and management to the AIDS programs of 10 state and municipal health secretariats. In addition, MSH provided technical assistance to the National STI/AIDS Program to adapt a UNAIDS methodology for strategic planning at the state level by training 100 facilitators from all 26 Brazilian states. MSH also developed a manual on strategic planning, which will be published by the MOH.

Through **Pathfinder International**, USAID is assisting two states (Bahia and Ceara), two municipal secretariats of health (in Salvador and Fortaleza), and 20 selected public health units to integrate quality HIV/STI services into their larger overall reproductive health programs. In Bahia and Ceara, 74 health professionals were trained in STI/HIV/reproductive health integration activities to expand these interventions to other health posts in the future.

In 2001, the **Population Council** conducted a strategic assessment to study factors related to HIV/AIDS transmission in six Brazilian border regions. The results of this research will serve as the basis for future prevention interventions by the MOH, with possible support from USAID.

OTHER U.S. SUPPORT

With support from the Pan-American Health Organization (PAHO), the **Centers for Disease**

Control and Prevention (CDC) is completing work on a pilot project in Niteroi (a suburb of Rio) and Sorocaba (a suburb of São Paulo) to improve care for HIV-infected persons in local hospitals, health centers and clinics. Other CDC HIV/AIDS activities in Brazil include:

- Collaboration with the Brazilian government to investigate the molecular epidemiology of HIV in Brazil;
- Technical assistance in evaluating rapid syphilis tests to determine their public health value;
- Evaluation of ARV use in three health facilities in Rio de Janeiro (with funding from PAHO);
- Technical assistance to support state-specific strategic planning processes; and
- Data analysis of an HIV-negative cohort of MSM in Rio de Janeiro to assess the interaction of drug use and sexual behavior.

Priorities for future action include monitoring and evaluation, surveillance of high-risk populations, and strengthening of HIV/AIDS and STI reporting mechanisms.

INTERNATIONAL FINANCIAL SUPPORT

A substantial part of Brazilian STD/AIDS Program funding arises from two loan agreements signed by the Brazilian Government and the **International Bank for Reconstruction and Development (World Bank)**. In 1998, the World Bank approved a $165 million loan for the AIDS II project, with additional counterpart funding of $135 million by the Government of Brazil. AIDS II is a continuation of the AIDS I project, designed to help reduce the incidence of HIV/STIs and expand and improve diagnosis, treatment, and care of persons with HIV/AIDS/STIs. AIDS II expands upon AIDS I prevention activities by strengthening capacity for evaluation, building sustainability of the program, and decentralizing some AIDS/STI prevention responsibilities to states and municipalities. The AIDS II loan ends on December 31, 2002, and the MOH is currently negotiating a third loan with the World Bank.

USAID, the largest bilateral donor, works closely with other international donors who support efforts to combat HIV/AIDS in Brazil. These donors include:

- **European Union (EU)** — $3 million between 1997 and 2000;
- **United Nations Population Fund (UNFPA)** — $2.6 million between 1999 and 2000;
- **United Nations Drug Control Program (UNDCP)** — $2.5 million for 1999 and 2002;
- **UNAIDS** — $374,000 for 1997-2000;
- **WHO/PAHO** — $66,072 for 1999 and 2000; and
- **The United Kingdom's** Department for International Development (DFID) and the German development agency **GTZ**, which are currently discussing future activities with the National STI/AIDS Program.

CHALLENGES

According to USAID/Brazil, the country faces the following challenges in containing its HIV/AIDS epidemic:

- A large flow of tourists and immigrants;
- Potential for cross-border spread of HIV/AIDS to and from 10 neighboring countries;
- Rising infection rates among youth, women, and injecting drug users;
- A proliferation of commercial sex work; and
- Drug trafficking routes in outlying areas where health services are weakest.

SELECTED LINKS AND CONTACTS

1. National AIDS Program: Programa Nacional de DST/AIDS, Ministerio de Saude, Av. W3 Norte – SEPN 511, BI. C, 1 andar – 70750-543, Brasilia, D.F., Brasil. Tel: (55-61) 448-8000, E-mail: aids@fins.ms.gov.br.

2. PAHO Country Office: Dr. Jacobo Finkelman, Representante da OPAS/OMS no Brasil, Setor de Embaixadas Norte, Lote 19, 70800-400 - Brasilia, D.F., Brasil. Tel: (55-61) 426-9595/9550/9500, Fax: (55-61) 321-1922. Website: www.opas.org.br/, E-mail: e-mail@bra.ops-oms.org.

3. UNAIDS Country Programme Adviser, Telva Barros. UNDCP Ministerio da Justica Anexo, 1-2o andar Esplanada dos Ministerios, 70.064-900, Brasilia-DF. Tel: (55-61) 321-1377, ext. 212, Fax: (55-61) 323-1381.

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