

A Rapid Assessment of HIV/AIDS at the Brazilian Borders: Adapting the WHO Strategic Approach Methodology to HIV/AIDS Research

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Summary

Information about the HIV/AIDS epidemic along Brazil's national borders is scarce. Our objective was to document the current status of the epidemic, to assess the quality of and access to HIV/AIDS services, and to recommend appropriate, effective prevention strategies by conducting a Strategic Assessment of HIV/AIDS, adapted from Stage I of the WHO *Strategic Approach to Contraceptive Introduction*. Research in six frontier municipalities revealed marked deficiencies in prevention, with somewhat better but still inadequate measures in diagnosis and treatment. The areas studied warrant distinct prevention strategies, tailored to the vulnerable populations in each area. Overall, the methodology was successfully adapted to HIV/AIDS research, and is strongly recommended for future rapid assessments in the field.

Introduction

In recent years the Brazilian government has demonstrated an unprecedented commitment to HIV/AIDS prevention and care, serving as a global example in the implementation of comprehensive AIDS programs. Despite the government's investment in HIV/AIDS, the advances made thus far have fallen short in many of the national border communities, where epidemiological patterns indicated a spread of HIV towards the frontiers. The extensive frontier region of Brazil is a complex environment with social, cultural, economic and political conditions that affect the

transmission of HIV. Most frontiers are open, with intense legal and illegal trade and commercial sex. Access to health care can be limited for a significant percentage of people, especially mobile populations. Moreover, intense mobility in the borders may contribute to the dissemination of HIV throughout the country.

Because information detailing the proliferation of the epidemic and mechanisms in place to mitigate its spread were undocumented at the borders, the Ministry of Health (MOH) proposed a collaborative project with the Population Council and USAID to perform an assessment of HIV/AIDS in the border regions. The main objectives of this HIV/AIDS assessment included the documentation of the epidemiological profile of HIV/AIDS at the borders; an in-depth examination of the conditions of health services related to HIV/AIDS, including access and quality in the border municipalities; the definition of the social, cultural, economic and political variables influencing vulnerability to HIV transmission at the borders; and identification of appropriate programmatic and political responses, as well as topics requiring further research.

Methods

The research was implemented using an adaptation of the first phase (the Strategic Assessment) in a three-stage methodology known as *Strategic Approach to Contraceptive Introduction*, originally developed by the WHO for broadening contraceptive choice and improving quality of care in family planning.(1) This methodology has been implemented in 18 countries worldwide and has been adapted to other reproductive health (RH) themes, including safe motherhood, reproductive tract infections and cervical cancer.(2) In Brazil the approach has been applied previously to assess contraceptive needs nationally and STI in the northeast region.

This methodology was chosen due to its participatory and multidisciplinary approach, and because it can be applied quickly at low cost. Its flexibility allows the adaptation to several topics and local needs. To meet the objectives for this study, a methodology was needed which would take into account the complex contextual factors at the borders. A unique feature of the *Strategic Approach* is the *Systems Framework* (1, 2) that directs attention to the relationships of services, users and technologies in a social, cultural, political and economic context. Clarification and in-depth examination of the relationships between the services, the users of services, and the available technologies, and the factors influencing those relationships is a major contribution of the fieldwork. In the case of HIV/AIDS, the systems framework was adapted, expanding previous consideration of users of services to include the community as a whole. In addition, new issues were incorporated within the social and political context, such as human rights and discrimination.

Prior to fieldwork secondary data is gathered in a document, called the

background paper, which is used to identify gaps in knowledge and to inform the objectives of the research. Following review of the background paper, the fieldwork is further guided by strategic questions, which are defined by stakeholders prior to implementation of the research. In this study, the strategic questions (listed below) were adapted from the contraceptive field to HIV/AIDS.

- Is there a need to improve the quality of or implement new actions in the areas of prevention, diagnosis, and treatment of STI/HIV/AIDS at the borders?
- Is there a need to create or implement specific programs to combat STI/HIV/AIDS for mobile or vulnerable populations at the borders?
- Is it necessary to improve collaborative efforts in the area of STI/HIV/AIDS with neighboring countries?

The strategic questions were answered in the field, at each site, in the light of findings that were generated by working with the Systems Framework.

Experts in implementation of the methodology conducted training of research staff. This was an essential phase of this study given that the quality of the data in a Strategic Assessment depends to a great extent on the fieldwork teams' understanding of the methodology. The collaboration of the MOH was also very important in the preparations for fieldwork, to ensure that the researchers, partners, and interviewers clearly understood the official MOH norms about HIV/AIDS.

The fieldwork was undertaken in six municipalities: Foz do Iguaçu, Uruguiana, Corumbá, Guajará-Mirim, Tabatinga, and Oiapoque, covering six national borders (some being tri-country borders). A multidisciplinary team of 6-8 professionals spent at least 5 days in each municipality, applying field-based qualitative data collection techniques, including observation of service delivery points and interviews with local leaders, providers, and the community. Specifically, researchers visited health and social service locations, areas where vulnerable and mobile populations congregate (including gas stations and border crossings), institutionalized populations, local NGOs, and community centers. During the visits, fieldworkers took extensive notes.

Each research team concluded field visit with a draft of the answers to the strategic questions and a summary of main findings entered into a matrix of analysis variables, including quality of care, access to HIV/AIDS services, availability of other reproductive health services, health resources, including human and materials resources, and international collaboration. The socio-political and economic context was detailed in a supporting document. A Population Council representative used the matrix and the supporting documents to draft a municipal report, which was circulated to all fieldworkers before dissemination to the municipal stakeholders. In addition, the Population Council elaborated a final project report in collaboration with the MOH. The final report was discussed during a dissemination workshop, where a *Consensus Statement docu-*

ment(3) was drafted by participants, including recommendations for HIV/AIDS programs, policies and additional research in the border region.

Results

The adaptation of the *Strategic Approach* to HIV/AIDS met the goal of collecting relevant qualitative findings as well as interpretation of quantitative local and national data about HIV/AIDS. Overall, the study documented severe deficiencies in prevention efforts in all municipalities studied. Explicitly including the community in the conceptualization of the systems framework made the lack of prevention activities with vulnerable populations (mobile populations and those with limited access to services) more evident. Also, programmatic limitations were more obvious in the north, where HIV/AIDS programs are incipient and providers are scarce.

The deficiencies found during the assessment are magnified by the social and economic context that increase residents' vulnerability to disease, such as legal barriers, discrimination, involvement with and proximity to drug traffic, contraband, and intense commercial sex trade. In addition, the assessment detected that a national political position or systematic course of action to deal with HIV/AIDS at the borders is yet undefined. Recognition of the current need for action by the MOH and discussion with donors and key stakeholders has facilitated the immediate implementation of follow-up activities at the borders. Partnership with both the MOH and donors during all study phases was key to bridge the gap between research and action.

Conclusions

Overall, the methodology was successfully adapted from contraception to HIV/AIDS research. The assessment succeeded in identifying the major problems related to the quality of and the access to prevention services, diagnosis and treatment for HIV/AIDS, and in prioritizing programmatic, policy, and research recommendations. We strongly recommend its use for future assessments of HIV/AIDS.

The participatory methodology ensured municipal ownership and facilitated the implementation of some recommendations even during the research process. The continued discussion by key stakeholders and use of the recommendations drafted in the *Consensus Statement (3)* will be essential to give continuity to the work, through the implementation of Stages II and III of the *Strategic Approach*, which include action research and scaling up of model programs(1).

References

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