

## Overview of Impact/Brazil

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## OVERVIEW OF IMPACT/BRAZIL (October 30, 2000)

### I. Introduction

#### A. The AIDS/HIV Epidemic in Brazil

Acquired Immune Deficiency Syndrome (AIDS) was first discovered in Brazil in 1980. As of March 2000, 6,750 children, 139,502 men and 44,697 women have been registered as infected with HIV in the country. The trends of the disease have followed a distinct pattern over the past years, moving to the Brazilian interior, affecting more heterosexual, younger, and lower income groups, and, infecting more Brazilian women.

These trends have been described as "africanized", by reflecting a pattern of the disease seeping into the very roots of social and economic lack of empowerment. Brazil is the fastest growing economy in Latin America in per capita terms and represents a stronghold of democratic change for the Americas, and the world in general. Brazil has borders with ten other countries, has the largest economy in the developing world next to China, and is the fifth largest country, in territory, in the world. AIDS therefore represents a formidable threat with both national and international dimensions.

The incidence rate in Brazil increased from 8.0 per 100,000 inhabitants to 13.7 per 100,000 between 1991 and 1998 respectively.<sup>1</sup> In the 1990s the disease spread from its original concentration in large cities in the South and Southeast, to the North, Northeast, and Central East areas of the country. HIV/AIDS cases are increasing due to Intravenous Drug Use (IDU) in the South and Central Western regions of the country due to cross border migration and trends of the narcotics trade.

Prevalence studies in 1997/1998 have projected that some 530,000 individuals between the age of 15 and 49 years are infected in Brazil.

The following highlights the epidemiological trends in the country:

- The rate of the infection in Brazil is slowing: there was a 36% increase in reported cases between 1987/89 and 1990/92, and a 12% increase between 1990/92 and 1993/96. But the geographical spread of the disease is widening: 59% of the 5,507 municipalities in the country now have at least one case of HIV/AIDS;
- The male to female ratio of HIV incidence has shifted from 24:1 in 1985, to an estimated 2:1 at present.
- Mother to Child Transmission (MTCT) is increasing and not adequately addressed. It is estimated that 0.4% of total pregnant women in the country - or 12,898 women are infected. According to studies, only 19.5% of infected women are given injectable prophylactic at the time of birth. As of

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<sup>1</sup> The rate seemingly has reduced in 1998/1999, but the MOH attributes an uncertain proportion of this to under-reporting. See: A AIDS NO BRASIL. Situacao atual e tendencias. Dhalia, C. et al. CN-DST/AIDS, SPS-MS. On Internet.

March 2000, there were 5,409 reported cases of vertical transmission reported. There are nearly 30,000 AIDS orphans in the country.

- Less educated and lower income groups are increasingly affected. Some 74% of present HIV/AIDS cases are illiterate or with less than eight years of schooling.

A highly mobile Brazilian population complicates prevention of the disease. "What dominates the epidemic today is the presence of "sub-epidemics" in micro-regions of the country in permanent interaction with high migration movements, commercial transport flows, displacement of the job force, tourism, and generally the high mobility of the population".<sup>2</sup>

The highest increase of AIDS cases now are in municipalities with less than 50,000 inhabitants, that are in the initial phases of the epidemic.

## B. Institutional Issues

The Brazilian National Health Care System (SUS) has undergone rapid change in structure, finance and management over the past decade. The central principle of this change has been *decentralization* to the municipal and state levels in the country, and ensuring *universal access* to quality health care. National efforts in AIDS prevention/assistance have reflected this process.<sup>3</sup>

The National Coordination of the STD/AIDS Program, ("*Coordenação Nacional de DST e Aids*" - NACP), of the Ministry of Health, obtained two large World Bank loans US \$100 million in 1994 (AIDS I), and US \$135 million in 1997 (AIDS II).<sup>4</sup> The second loan period will be completed in December 2002, and no additional World Bank funding for AIDS in Brazil is anticipated at that time.

The evaluation results of AIDS I, which ended in June 1998, found that good prevention models had been developed but identified the need to reinforce the management and technical capacity of programs at State and Municipal levels. With rare exceptions – the evaluation found that the majority of programs included in the project indicated:

- Institutional fragility at various levels;
- Over-centralization of administration and decision-making;
- Weak planning/evaluation leading to rigid use of resources; and,
- Lack of technical capacity in essential areas.

The United States Agency for International Development (USAID) began its support to STD/AIDS prevention in Brazil in the early 1990s. The AIDSCAP program, under FHI management, operated from 1992 to 1997 in Brazil, and achieved the successful development of grass-roots prevention models and bolstered national non-governmental organizations in STI/AIDS prevention. In 1998, the MOH/NACP requested USAID to refocus its support to national public health entities to reinforce the technical and managerial capacities in planning and evaluation of public sector counterparts in target areas.

<sup>2</sup> BRASIL. MINISTÉRIO DA SAÚDE. SZWARCOWALD CL. A Disseminação da Epidemia de Aids no Brasil no Período de 1987-1996: Uma Análise Espacial. *Sobre a epidemia da aids no Brasil: distintas abordagens* 55-60. Brasília, 1999.

<sup>3</sup> Brazil is the only country in the world at present that provides HIV/AIDS drugs at no cost, with impact on the national counterpart funds available for prevention activities.

<sup>4</sup> The counterpart funding, representing federal, state and municipal contributions were US\$ 65 million in 1994, and US\$ 165 million in 1997.

Under the "Implementing AIDS Prevention and Care Project" (IMPACT), USAID has supported actions to address their Strategic Objective (SO3.) to *"increase sustainability of effective programs to prevent sexual transmission of HIV among major target groups."* Family Health International, (FHI), together with IMPACT partner, Management Sciences for Health, (MSH), is supporting the strengthening of skills in management, evaluation and planning of HIV/AIDS prevention activities among staff working in national, state and local HIV/AIDS/STD prevention programs.

## **II. IMPACT**

### **A. Description**

After extensive discussion between USAID/Brazil, FHI and the Ministry of Health in mid-1998, strategies were developed to strengthen the IMPACT/Brazil project by making it more "participatory", and with greater integration of in-country public sector expertise in AIDS/HIV. In addition to specific technical assistance at the federal level, a series of dynamic participatory workshops were held in nine target states and municipalities over the past two years, where standard tools to assess management and technical capacity were adapted to the particularities of state and local HIV/AIDS/STD programs.

USAID provided approximately US\$ 1.2 million in field support funding to IMPACT/Brazil through FY 1999. An additional US\$855,000 was provided for fiscal year 2000.

To date, IMPACT has undertaken:

- Assessments of the technical and management capacity of STD/AIDS programs in three of four target states (Ceara, Bahia, Sao Paulo), and in target municipalities (Fortaleza, Salvador, Rio de Janeiro, Sao Paulo, Santos and Campinas). The State of Rio de Janeiro will be included in fiscal year 2001;
- Provision of training and technical assistance to the target programs in key technical and management areas, based on the above assessments;
- Monitoring and annual re-assessment of technical and management capacity of the nine target programs;
- Provision of technical assistance to the Ministry of Health National HIV/AIDS/STD Program (MOH/NACP) in reviewing distance-learning curriculum on HIV/AIDS monitoring and evaluation;
- Participation in adapting the UNAIDS strategic planning methodology for use by Brazilian states and municipalities;
- Provision of technical assistance for definition of indicators for the MOH/NACP evaluation plan, and for national efforts in STD detection and treatment;
- Undertaking of a study on the sustainability of non-governmental organizations (NGOs).

### **B. The Methodology**

IMPACT/Brazil has progressively become more demand driven and more responsive to the expressed needs of the national, state and municipal programs. At the heart of this "institutional strengthening" process has been the modification of standard generic assessment tools and evaluation instruments.

These have been modified, in part, using "MOST" (*Management and Organizational Sustainability Tool*) as a basis, adapting it to the Brazilian context, and ensuring that the methodology leads to concrete forms of technical and management development planning within the framework of institutional action plans.

### **i. APROGE**



MSH adapted its "MOST-Management and Organizational Sustainability Tool" for use in Brazilian public sector HIV/AIDS programs. The new instrument, called (APROGE), provides a framework for a program (or organization) to conduct its own management assessment and develop a concrete action plan to make program-wide improvements. Specifically, APROGE allows an HIV/AIDS/STD program to:

- Assess its current status in relation to its management capabilities and practices;
- Identify changes that can be made to manage the program more effectively;
- Make specific plans to implement these changes; and
- Monitor the resulting improvements.

The "APROGE" methodology, endorsed by the MOH/NACP, allows a representative group of a program; managers, program coordinators, and service providers, to express their ideas on the management development strategies of the program. These individual assessments are compared, and then consolidated collectively to create a general and agreed upon management development plan for the program.

The method and its instruments identify and establish a consensus of management areas that require improvement, and allow for the preparation of an "action plan" to specifically address the desired changes. The process continues after the initial assessment/planning workshop to include periodic reassessments and adjustments of the action plan to reflect situational changes over and hence, is sustainable.

### **ii. FACT?**

The "Self-Evaluation in Technical Capacity Tool" (*Ferramenta de Auto-avaliação de Capacidade Técnica*, FACT), supports the participatory process of evaluation of technical capacity and needs in STD/AIDS control, prevention and care.

This methodology allows:

- Identification of the strengths and weaknesses in each technical area and the action plans required to capture existing organizational potential;
- Orientation of participants to "results-based planning"; and,
- Supporting of the definition of strategies to improve technical capacity of the organization/program leading to identified objectives and achievements.

This is done, consistent with a process of self-evaluation, by validating the competencies, and technical and knowledge existing in the organization and/or program. The methodology reinforces collective representation of the various members and segments of an institution, to agree on required results, establishing benchmarks based on assessment of the actual situation.

A common methodology to obtain results is defined, identifying criteria with which to measure progress, plan activities, implement and evaluate. The focus of the process is to strengthen technical capacity of individuals within an organization, with elements that contribute to sustainability.

From June 1998 to September 2000, MSH conducted management needs assessments ("APROGE I") of nine state and municipal HIV/AIDS/STD programs in USAID target states in Brazil, provided management consultant services in priority areas, tailored by the management development plans. MSH then monitored the implementation of these plans and conducted APROGE II workshops, in order to re-elaborate the plans in eight state and municipal HIV/AIDS/STD programs.

From July 1999 to September 2000, FHI conducted technical needs-assessments in the same target locations, building on management development plans, and supporting a dynamic process in technical self-evaluation incorporated into state and municipal annual work-plans. Recognizing the need for improving technical skills in key areas, and in response to requests from the MOH/NACP, FHI conducted and/or organized technical courses in: (1) approaches to HIV/AIDS prevention among IDU, (2) social marketing of condoms, (3) counseling and testing, (4) evaluation of HIV/AIDS prevention programs/projects, and (5) monitoring and supervision. Additional courses were requested and are planned for FY01 in: (6) project design and management, (7) evaluation of HIV/AIDS prevention activities for the general population (through information, education and communication-IEC/BCC), and (8) evaluation of AIDS prevention activities for most vulnerable populations, (through behavior-change interventions-BCI).

APROGE and FACT have therefore institutionalized an assessment, planning and evaluation methodology adapted to local realities. The two tools complement each other. Both have been integrated into the strategic planning methodology for nationwide use on behalf of the MOH/NACP. The two tools are further integrated by:

- Tailoring technical operational plans on the foundation of managerial institutional development plans; and,
- Ensuring cross over of personnel, participating in both assessments.<sup>5</sup>

### **III. Future Plans**

#### **A. Short Term**

During Fiscal Years 2000/2001, MSH and FHI will build on previous achievements and initiate follow-up and consolidation activities while remaining flexible to MOH/NACP requests for technical assistance. Training will also be provided in key areas. The following activities are planned:

- Consolidate and expand management and technical capacity assessments, and dissemination of tools and instruments through developing and/or updating program-specific institutional development and operational plans:
  - ✓ Initial assessment for the Rio de Janeiro State HIV/AIDS/STD Program;

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<sup>5</sup> In the MSH/APROGE workshops, while the bulk of staff represented administrative areas, select technical personnel attended. In the FHI/FACT sessions, select administrative and managerial staff accompanied technical personnel.

- ✓ Mid-term management/technical assessments of (APROGE II and FACT II);
  - ✓ End-Term management/technical assessments for Bahia, Ceará and São Paulo and target municipalities of Salvador, Fortaleza, Rio de Janeiro, São Paulo and Campinas, (APROGE III, and FACT III).
- Provide technical and management assistance to ten target state and municipal HIV/AIDS/STD programs, tailored to the needs of each program and based on development plans, focusing primarily on strategic planning and sustainability;
  - Provide technical assistance in strategic planning to the NACP/MOH;
  - Conduct training in financial sustainability and managing the integration of STD and Reproductive Health services.
  - Conduct training in selected technical and epidemiological areas tailored to local parameters;
  - Produce and disseminate, to the other 23 remaining states, the self-evaluation instruments APROGE/FACT through an electronic toolkit, which will be available at the NACP's webpage - ([www.aids.gov.br/usaid](http://www.aids.gov.br/usaid));
  - Track and monitor the results of the interventions in the target states and municipalities.

## **B. Long Term**

The IMPACT/Brazil project will continue to provide technical assistance to target state and municipal programs and to the MOH/NACP, in accordance with the steps of the methodology: needs assessment, identifying risks and opportunities, planning and strategy development, and monitoring and evaluation. The longer-term strategy is aimed at creating sustainability elements throughout its phases, in anticipation of both political and resource changes that will affect national HIV/AIDS prevention efforts. These will be applied to additional HIV/AIDS programs in expanded geographical areas once existing locals have reached "high" levels of effectiveness.

In addition, especially in technical areas, emphasis will be given to addressing emerging trends of the epidemic. These trends lead to the conclusion that migration is a formidable factor in the disease spread and that Intravenous Drug Use (IDU) - against the backdrop of cross border regional narcotics trade - requires concerted attention in efforts in behavior change. This would introduce the APROGE and FACT methodology to the South, South-East and Central-East areas of the country.

Likewise, the trend of greater numbers of heterosexual women affected by the disease requires integration of Mother-to-Child-Transmission (MTCT) prevention measures, in a manner that will allow effective models and standard protocol to be applied nationwide.

Finally, as illustrated in the numerous requests for technical assistance from the MOH/NACP, the program has developed a reputation for prompt and flexible response in support of policy standardization and formulation. IMPACT/Brazil, representing technical competency in AIDS prevention strategies and models, will continue to avail itself of such requests in the future. Hence, IMPACT/Brazil anticipates implementing a phased program, in a manner that meets and expands the existing USAID Strategic Objectives. Annex I describes these strategic phases, assuming funding availability, and Annex II provides an overview of the implemented and proposed strategic cycles.

#### IV. Summary

The trends of the HIV/AIDS epidemic in Brazil are predictable to health scientists both within and without the country. Brazil is at the crest of control of the epidemic, but faces a serious challenge, as the disease progressively invades more remote and economically isolated groups. Achievements in curbing the epidemic have been made, but with great fiscal investments. The majority of these investments will be phased out in the next two to three years. Maintaining and expanding achievements to date will be contingent, in part, on political will, and on properly tracking the disease and defining targeted responses. However, of the greatest importance in sustaining results, will be the effective institutionalization of proven HIV/AIDS prevention strategies.

The USAID investments in HIV/AIDS in Brazil in the 1990's allowed for the adaptation of prevention models within the development of effective tools and methodologies relative to target institutions. It is important to note that USAID target state or municipal HIV/AIDS prevention programs, represent only some 7% of the national HIV/AIDS prevention programs existing in the country, although in population coverage terms, and "risk" of HIV/AIDS, this percentage is much greater.<sup>6</sup>

However, as IMPACT/Brazil's tools are replicated through integration with national strategic plans, and disseminated in electronic and distance-learning modes, as well as through expanded partnerships in wider training efforts, much higher population coverage is foreseen. The monitoring stages of APROGE and FACT are therefore of extreme importance, by consolidating their practical use, and ensuring replication in national AIDS prevention programs at large. Subsequent USAID investments in applying and replicating such models in a manner integrated to local realities may be as relevant as, and certainly will be sustainable to, previous high investments of international development banking institutions in the country.

FHI/MSH Brazil  
30 October, 2000

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<sup>6</sup> Perhaps some 30-40% of the Brazilian population as an extrapolated gross estimate for populations in Sao Paulo, Rio de Janeiro, Bahia and Ceara, and numbers of HIV/AIDS cases reported.

## Annex I.

## LONG TERM STRATEGY – IMPACT/BRAZIL

PHASE (Period)	FOCUS (Steps)	ACTIVITIES		
		Target Areas	Target Groups	Comments
PHASE ONE (FY98/99/00)	CREATING THE METHODS/TOOLS. Adapting and developing the "Aproge" and "Fact" Methods and Tools	Ten target locations*	State and municipal public sector AIDS programs	APROGE evaluation management tool complete
PHASE TWO (FY99/00/01)	EXPANDING USE OF THE METHODS/TOOLS. Conducting Workshops, Constructing Development Plans, streamlining with MOH policy tools.	(as above)	(as above)	FACT evaluation technical tool complete
PHASE THREE (FY01/02/03)	CONSOLIDATING USE. Follow up on trained staff, use of plans, adapting tools to new epidemiological and institutional situations.	(as above) Plus: Pernambuco (PE), Minas Gerais (MG).	(as above)  -- plus, potentially, staff working in IDU.	Depending on "graduation" of targets (high effectiveness) and funding - the program may include IDU focus in new States **.
PHASE FOUR (FY03/04)	SUSTAINABILITY AND PHASE OUT ACTIONS.	(as above)	(as above)	Sustainability is built through out all phases, but emphasized here.

\* Ten targets include: State: Ceara, Bahia, Sao Paulo, Rio de Janeiro. Municipal: Fortaleza, Salvador, Sao Paulo, Rio de Janeiro, Santos, Campinas.

\*\* IDU focus states include: Rio Grande de Sul (RS), Mato Grosso de Sul (MS), Santa Catarina (SC), and Parana (PR).

## Annex II.

### STRATEGIC CYCLES

(note: view in page layout format)

