



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	192.8 million (mid-2010)
Estimated Population Living with HIV/AIDS**	730,000 [600,000-890,000] (2007)
Adult HIV Prevalence**	0.6% [0.5–0.8%] (2007)
HIV Prevalence in Most-at-Risk Populations***	Female Sex Workers: 34.5% (Praia Grande) (2000) MSM: 5.5% (Rio de Janeiro) (2004) Female Prisoners: 14% (São Paulo) (2007) Injecting Drug Users: Female: 2.4% (2008) Male: 6.3% (2008)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	80% (end 2007)

*Brazilian Institute of Geography and Statistics **UNAIDS *** Brazilian Ministry of Health, 2009 Epidemiological Bulletin ****WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Almost one-third of all persons living with HIV/AIDS in Latin America reside in populous Brazil, where the national adult prevalence rate has remained relatively stable at 0.61 percent since 2000 due to the Government's continuous, strong commitment to ensuring access to prevention and treatment services. The HIV/AIDS prevalence rate of women is 0.42 percent, while the rate of men is 0.82 percent. The rate is lowest in the country's northern and northeast regions and highest in the southeast and southern regions. Widespread access to antiretroviral therapy (ART) decreased AIDS mortality by half between 1996 and 2002. Mother-to-child transmission of HIV has decreased dramatically, from 16 percent in 1997 to less than 4 percent in 2004. In 2007, an estimated 730,000 people were living with HIV.

Brazil has a concentrated HIV/AIDS epidemic, with less than 1 percent of the general population infected. However, among vulnerable subgroups, such as men who have sex with men (MSM), commercial sex workers

(CSWs), injecting drug users (IDUs), and prisoners, the HIV prevalence rates are close to 5 percent or greater. MSM were most severely affected at the beginning of the epidemic. The AIDS incidence among MSM was 226.5 cases per 100,000 MSM in 2004 compared with 19.5 cases per 100,000 people in the general population. Brazil's epidemic spread from MSM to IDUs and eventually to the general population, with increasing numbers of women becoming infected. Women are primarily becoming infected due to their male partners having unprotected sex with an infected man or woman or using nonsterile injecting equipment. High prevalence rates found among female CSWs range from 4.8 percent in Porto Alegre (a southern coastal city) to 34.5 percent in Praia Grande (near São Paulo). HIV prevalence has decreased dramatically among IDUs, from 23.8 percent among male IDUs in 1996 to 6.3 percent in 2008, and from 12.6 percent among female IDUs to 2.4 percent in that same period. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), the main reasons for the decline are shifts from injecting to inhaling drugs, mortality among drug users, and the implementation of harm reduction programs. HIV prevalence is high among both male and female inmates. In São Paulo, recent studies demonstrated that 14 percent of women at a detention facility and 6 percent of male inmates were HIV positive. Although HIV knowledge is high, prevention services in prisons are inadequate.

Sexually transmitted infections (STIs) also contribute to HIV transmission in Brazil. According to the World Health Organization (WHO), between 10 million and 12 million new cases of STIs other than HIV occur in Brazil each year. In 2000, 18.5 percent of men aged 17 to 21 had symptoms associated with STIs, which are a risk factor for HIV transmission. In 2002, the risk of being HIV positive in Brazil was 2.79 times greater for people with one STI-related problem and 10 times greater among individuals with syphilis.

According to the WHO, Brazil is one of the world's 22 high-burden tuberculosis (TB) countries. In 2008, the TB incidence rate in Brazil was an estimated 46 cases per 100,000 population, representing 89,210 new cases per year. People living with HIV are particularly vulnerable to developing drug-resistant TB because of their compromised immune systems. Furthermore, TB is one of the main causes of death for persons living with HIV. According to the WHO, approximately 21 percent of adults with incident TB cases in Brazil were also HIV positive in 2008.



National Response

Brazil has been a regional and global leader in the fight against HIV/AIDS. Since 1986, there has been continuous support for prevention and treatment policies implemented by the National HIV/AIDS, STI and Viral Hepatitis Department (DN) of the Ministry of Health which used to be called the National HIV/AIDS Program. Intensive civil society participation has galvanized the public sector response. The result has been a strong multisectoral response to the epidemic. The national program initially focused on producing and disseminating information about HIV/AIDS (especially to vulnerable populations) and on preparing treatment guidelines for health professionals. Distribution of medicines for associated opportunistic infections began in 1988, and the antiretroviral drug (ARV) AZT was introduced in Brazil in 1991. In 1996, the Government formulated a policy to distribute ARVs at no charge to people living with HIV/AIDS (PLWHA). In 2007, the health care network for PLWHA included 2,211 services, including testing and counseling centers, specialized care services, medical dispensing units, day hospitals, conventional hospitals, and home

care. The absolute number of HIV services increased by 33.5 percent between 2005 and 2007. According to the 2008 WHO/UNAIDS/United Nations Children's Fund (UNICEF) *Towards Universal Access* report, an estimated 80 percent of the Brazilian population needing treatment received it in 2007, an extremely impressive achievement by worldwide standards. To date, the DN has issued the following directives:

- Promote universal access to commodities for STI-HIV/AIDS prevention, diagnosis, and treatment.
- Strengthen, implement, and scale up STI- and HIV/AIDS-related actions in the national health system network in a comprehensive and equitable manner.
- Reduce stigma and discrimination against PLWHA and vulnerable populations, as well as defend the human rights of these groups.
- Strengthen the governance of the response to STIs and HIV/AIDS at the federal, state, and municipal levels.

Public-private partnerships have played an important role in combating the HIV/AIDS epidemic in Brazil. In October 2008, the Brazilian Business Council on HIV/AIDS Prevention (CEN) convened the first regional workshop of the Business Coalitions from Latin America and the Caribbean to recognize the critical role the private sector can play in responding to the HIV epidemic. The workshop also enabled participants to exchange experiences and discuss opportunities and challenges to greater involvement of the private sector in the HIV response. The workshop was attended by coalitions from Barbados, Belize, Brazil, Guatemala, Guyana, Jamaica, Mexico, and Suriname, as well as the Trade Union Confederation of the Americas, the DN, and several company members from CEN. Participants discussed best practices and issues of funding and brainstormed on how to optimize integration of the private sector and the workplace into national HIV/AIDS plans. The Brazilian HIV/AIDS Business Council model has been acknowledged as an example of a best practice and has been replicated in other South American countries.

Brazil's success in providing ART is due in part to its ability to manufacture generic and low-cost versions of many ARVs. It has also been successful in negotiating the best possible prices with international pharmaceutical companies. However, a recent UNAIDS report suggests that there are concerns about the sustainability of the current policy of universal access to ART. The high numbers of people receiving second-line ART and recent difficulties in negotiating prices with pharmaceutical companies continue to present challenges; however, the national generic drug industry continues to gain strength and has shared technology for antiretroviral production with less developed countries.

USAID Support

Through the U.S. Agency for International Development (USAID), Brazil received \$800,000 in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Brazil are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the U.S. Government initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion

over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

With extremely limited resources, USAID/Brazil works strategically and very closely with Brazil's DN, the Global AIDS Program (GAP)/Brazil of the U.S. Centers for Disease Control and Prevention (CDC), and key civil society partners to support interventions that address the nature of the HIV/AIDS epidemic in Brazil. DN activities include piloting innovative new approaches to promote social integration for PLWHA and providing testing and counseling options for populations most affected by HIV/AIDS. Because the Brazilian Government provides universal access to ART, an increasing number of people infected with HIV are living long, healthy lives. As a result, new strategies are required to meet the needs of this growing population. In 2009, USAID began three pilot projects to facilitate social inclusion and promote healthy lifestyles for PLWHA. The projects have improved the quality of life for PLWHA through treatment adherence, income-generation activities, nutrition education, physical activity, and "prevention with positives" strategies. Taking advantage of the market niche created by the 2014 World Cup and the 2016 Olympic Games, new USAID activities will move away from traditional vocational training areas to explore the service sector in hotels, the food industry, and tourism. In addition, USAID activities will provide English and Spanish language training to beneficiaries to increase their chances of productive employment and to expand the provision of adequate services to an estimated 1.5 million tourists who will visit Brazil for the games. This new programmatic focus will involve a concentrated effort in partnership with DN and CEN to reduce stigma and discrimination. It will also include new public-private partnerships with major U.S. companies active in Brazil that integrate the +Unidos private sector coalition, which is fostered by USAID and the U.S. Embassy in Brasilia.

Despite Brazil's enormous strides toward controlling HIV transmission, HIV has a devastating and disproportionate effect on gay men, MSM, and transgenders. One of the main priorities of the DN's new National Plan to Combat STDs and the AIDS Epidemic among these high-risk populations is to expand the HIV counseling and testing services available to them. USAID/Brazil, in partnership with CDC's GAP/Brazil, is collaborating with the DN to encourage gay men, MSM, and transgenders to seek testing. Through this collaboration, they are scaling up and diversifying their strategies by offering alternative rapid testing and counseling options, including a wider variety of testing locations, such as nongovernmental organizations (NGOs) and mobile units, that increase outreach to most-at-risk populations (MARPs). In October 2009, the Recife mobile unit alone recorded an average of 90 tests per day. A second mobile unit was launched in Brazil's capital, Brasilia, in March 2010. In Rio de Janeiro, the NGO Arco-Iris has been providing counseling and rapid testing to MARPs since January 2010. A minimum of 4,500 gay men, MSM, and transgenders are expected to be tested in FY 2010. USAID and its partners have developed innovative approaches in reaching out to potential beneficiaries. Taking advantage of information and communication technologies, USAID's program uses relationship sites such as Facebook and Orkut, gay virtual meeting sites, and mobile phone messaging to disseminate prevention messages and provide information on availability of rapid testing and counseling services. People interested in knowing more about testing options are referred to a USAID-funded blog that provides HIV/AIDS information and directions to testing sites. On the day the mobile phone service was inaugurated, the blog had 800 visitors, a number equal to the average number of individuals accessing the site over a month's period.

Pending an assessment of the outcomes of this approach, the strategy may be refined and scaled up to reach the 12 capital cities that will host the 2014 World Cup games, with an increased focus on MARPs. These activities are implemented in close collaboration with the DN; state and municipal HIV programs; CDC GAP/Brazil; and key civil society organizations, especially those with strong representation from lesbian, gay, bisexual, and transgender communities, to ensure high levels of technical expertise, contextual relevance, and sustainability.

Another major component of USAID/Brazil's HIV/AIDS strategy is engaging in trilateral cooperation with the USG and the governments of selected Portuguese-speaking countries in Africa. Under the umbrella of a Memorandum of Understanding signed by the U.S. Secretary of State and the Brazilian Minister of Foreign Affairs in March 2010, Brazil and the United States will contribute financial resources and technical assistance to strengthen the Government of Mozambique's response to the HIV/AIDS epidemic. Activities, which will focus on capacity building of Mozambique's civil society organizations, will include clinical and community health worker training, ARV commodity logistics management, food and nutrition support and education at the community level, and the strengthening of monitoring and evaluation systems, in collaboration with the CDC.

Additional HIV/AIDS activities supported by USAID/Brazil include:

- building the advocacy and leadership skills of a cadre of young people living with HIV through internships with state and municipal HIV/AIDS programs, and through the participation in national and international conferences
- working closely with the national TB program to address TB-HIV co-infection through the implementation of DOTS (directly observed treatment, short course) at HIV treatment centers in São Paulo and Rio de Janeiro
- acquiring SYNOVATE® databases to monitor HIV/AIDS treatment trends with datasets from 2002 to 2008. This allowed the DN to aggregate information to the Ministry of Health's MONITORAIDS system, generating data on ART and helping to define public policies for HIV/AIDS treatment and care

Important Links and Contacts

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Web site: <http://brazil.usaid.gov/>

USAID's HIV/AIDS Web site for Brazil:

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/brazil.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids and the Latin American and Caribbean HIV/AIDS Initiative's Web site:

http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html .

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