Brazil Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
NCPI part A data gathering was coordinated by the Department of STI/Aids and Viral Hepatitis collecting contributions from STI/Aids and Viral Hepatitis State Coordinators, who are responsible for the coordination of the HIV/Aids response at State level in Brazil. Part B was devided in 2 parts: B1, coordinated by UNAIDS and with contributions from UN Agencies in Brazil; and B2, coordinated by the national Commission of Articulation with Civil Society (CAMS). Finally, the descriptive report was elaborated with contribution from all areas of the STI/Aids Department.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
Results from NCPI part B1 (UN Agencies) and B2 (Civil Society) are included as separate. NCPI results from part B1 and B2 for the following questions are reported in the Narrative Report (Annex III): Civil Society Involvment - question 7 Human Rights - question 7.1 Prevention - question 1.1 Treatment care and support - question 1.1
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Department of STD, AIDS and Viral Hepatitis, Ministry of Health	Dirceu Greco, Director; Eduardo Barbosa, Deputy Director; Ruy Burgos, Directorate Aide; Ângela Pires Pinto, Consultant for International Cooperation; Gerson Fernando, Consultant for Surveillance, Information and Research	Yes	Yes	Yes	Yes	Yes	Yes
Department of STD, AIDS and Viral Hepatitis, Ministry of Health	Ivo Brito, Consultant for Human Rights, Risk Reduction and Vulnerability; Gilvane Casimiro, Consultant for Human Rights, Risk Reduction and Vulnerability; Lucas Seara, Consultant for Human Rights, Risk Reduction and Vulnerability; Rubens Duda, Consultant for Human Rights, Risk Reduction and Vulnerability	Yes	Yes	Yes	Yes	Yes	No
Department of STD, AIDS and Viral Hepatitis, Ministry of Health	Ronaldo Hallal, Consultant for Care and Quality of Life	No	No	No	No	Yes	No
Department of STD, AIDS and Viral Hepatitis, Ministry of Health	Ana Roberta Pascom, Consultant for Monitoring and Evaluation	No	No	No	No	No	Yes
Department of STD, AIDS and Viral Hepatitis, Ministry of Health	Renato Girade, General Coordinator of Sustainability, Management and Cooperation; Maria Alice Lipparelli Tironi, Consultant for Sustainability, Management and Cooperation; Cynthia Batista, Management of the Process of Universal Access to Medication, Condoms and other Commodities	Yes	Yes	No	No	No	No

Federal District STD, AIDS and Viral Hepatitis Management Division	Luiz Fernando Marques, Manager	Yes	Yes	Yes	Yes	Yes	Yes
São Paulo State STD/AIDS Department, Planning Division	Vilma Cervantes, Technical Adviser	Yes	Yes	Yes	Yes	Yes	Yes
São Paulo State STD/AIDS Department	Maria Clara Gianna Garcia Ribeiro	Yes	Yes	Yes	Yes	Yes	Yes
Amazonas State STD, AIDS and Viral Hepatitis Management Division	Noaldo Oliveira de Lucena	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNICEF	Carla Perdiz, HIV/AIDS Programme Coordinator	Yes	Yes	Yes	Yes	Yes
UNODC	Bo Mathiasen, Regional Representative	Yes	Yes	Yes	Yes	Yes
UNAIDS	Pedro Chequer, UNAIDS Coordinator Brazil; Jacqueline Côrtes, Programme and Project Advisor	Yes	Yes	Yes	Yes	Yes
OPAS/OMS	Pamela Ximena Bermudez, HIV/AIDS Focal Point	Yes	Yes	Yes	Yes	Yes
UNFPA	Ângela Donini, HIV/AIDS Advisor	Yes	Yes	Yes	Yes	Yes
UNESCO	Maria Rebeca Gomes Otero, HIV/AIDS Programme Officer;	Yes	Yes	Yes	Yes	Yes
UNDOC	Nara Santos, Technical Advisor on HIV/AIDS	Yes	Yes	Yes	Yes	Yes
UNAIDS	Jacqueline Côrtes, Programme and Project Advisor	Yes	Yes	Yes	Yes	Yes
UNESCO	Mariana Braga Alves de Souza	Yes	Yes	Yes	Yes	Yes
ACNUR	Luiz Fernando Godinho, Public Information Officer	Yes	Yes	Yes	Yes	Yes
ACNUR	Cintia Sampaio, HIV Focal Point	Yes	Yes	Yes	Yes	Yes
PNUD	Joaquim Roberto Fernandes, Programme Official	Yes	Yes	Yes	Yes	Yes
Movimento de Promoção da Mulher (Women's Promotion Movement)	Maria Luiza Barroso Magno/President	Yes	Yes	Yes	Yes	Yes
Rede Nacional de PVHA núcleo Belém (National Network of PLWHA – Belém branch)	Maria Elias Sarmento Silva/ Executive Coordinator	Yes	Yes	Yes	Yes	Yes
Colegiado Regional de Cidadãs Positivas do Norte (Positive Women Citizens – North Brazil Regional Collegiate)	Alzemira Santarém Guerreiro	Yes	Yes	Yes	Yes	Yes
Movimento dos Atingidos por Barragens (Movement of People Affected by Dams)	Judith da Rocha/National Management	Yes	Yes	Yes	Yes	Yes
AMAR-Associação de Mulheres do Acre Revolucionárias (State of Acre Association of Revolutionary Women)	Anagila Bomfim/President	Yes	Yes	Yes	Yes	Yes
AREDRAC-Associação de Redução de Danos do Acre (State of Acre Harm Reduction	Leazar Haerdrich /Director	Yes	Yes	Yes	Yes	Yes

Association)						
ATRAC-Associação das Travestis do Acre (State of Acre Transvestite Association)	Raissa Rios/President	Yes	Yes	Yes	Yes	Yes
AVIVER-PR	Amauri Ferreira Lopes/President	Yes	Yes	Yes	Yes	Yes
Grupo União Pela Vida	Edna Soares da Silva/Secretary	Yes	Yes	Yes	Yes	Yes
PROJETO AMMOR – FÓRUM MINAS	Rose Souza	Yes	Yes	Yes	Yes	Yes

A - 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
IF YES, what was the period covered:
With effect from 1986
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
Since 1986 Brazil has developed multi-sectoral strategies aimed at responding to the epidemic, including strategic plans, operational plans, annual actions and goals.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
Prison Administration Departments (YES/YES); Human Rights Secretariat – Office of the President of the Republic (YES/NO**); Welfare and Social Development Departments (YES/NO**); Justice Departments (YES/NO**); Science and Technology Departments (YES/YES); Sport and Tourism Departments (YES/NO**);Women's Policy Secretariat – Office of the President of the Republic (YES/NO**); Ministry of Justice/National Drugs Secretariat (SENAD) (YES/NO**); Ministry of Culture (YES/NO**)
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
** Ministry of Health budget resources are not reallocated to other ministries. However, when joint intersectoral actions are to take place, full financing of these actions may occur through resources from this source. An example is the implementation of plan to fight the feminization of the epidemic which is budgeted in the 2012-2015 Pluriannual Plan. Moreover, resources from other government areas are also allocated to jointly developed activities, even if they do not have a specific budget line.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes

People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
Other specific populations: population deprived of liberty, the over 50s, indigenous population, Black population, people living with HIV/AIDS, truck drivers, industrial workers, psychoactive substance abusers.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
The key populations are: women, young people (of both sexes), injecting drug users, gay men, other men who have sex with men, transvestites, sex workers, orphans and other vulnerable children, migrants, the landless, transsexuals, population deprived of liberty, people aged over 50, indigenous population, Black population, people with disabilities, people living with HIV/AIDS. Ever since the beginning of the epidemic, the individual epidemiological records have provided information on gender, place of residence, age, level of education and exposure categories. In the year 2000, information on race/colour was also included. Prior to the year 2000 information relating to the indigenous population was reported in the epidemiological bulletin classified by ethnic group and indigenous territory. Following the creation of the indigenous health subsystem in 1989, the development of a specific information system for indigenous health (SIASI) and the changes proposed to the Communicable Diseases Information System (Sistema de Informação de Agravos de Notificação - SINAN), the data on the epidemic in this segment have been obtained by collating the information from the two systems. The analysis of this data has shown the principal trends and has informed the definition of actions. Management forums and forums of intersectoral articulation and articulation with civil society, in addition to population-based studies and surveys, are additional needs assessment mechanisms. Studies have also been conducted since the 1990s. At that time, given the lack of population-based studies, Demography and Health Study information was used instead. The first of them was conducted in 1986, followed by others in 1989, 1992 and 1996. The information enables comparison with other countries. The last compared analysis was regarding the context of women's health and was published in 2006, taking the previous studies as a reference. The following studies are currently considered as references for preparing strategies: BRASIL. Ministério da Saúde. Departamento de DST, Aids e Hepatites Virais. PCAP - Pesquisa de Conhecimento, Atitudes e Práticas na População Brasileira. Brasília, 2009. (Study of Knowledge, Attitudes and Practices in the Brazilian Population). BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Programa Nacional de DST e Aids. Pesquisa entre Conscritos do Exército Brasileiro, 1996-2002: Retratos do comportamento de risco do jovem brasileiro à infecção pelo HIV. Brasília, 2006. 128 p. Série Estudos, Pesquisas e Avaliação, n. 2. (Brazilian Army Conscripts Study, 1996-2002: Portraits of HIV infection risk behaviour in young Brazilians). BRASIL. Ministério da Saúde. Programa de DST/Aids. Bela Vista e Horizonte: estudos comportamentais e epidemiológicos entre homens que fazem sexo com homens. Brasília, 2000. Série Avaliação, n. 5. (Bela Vista and Horizonte: behavioural and epidemiological studies with men who have sex with men). BRASIL. Ministério da Saúde. Programa de DST/Aids. A contribuição dos Estudos Multicêntricos frente à epidemia de HIV/Aids entre UDI no Brasil: 10 anos de pesquisa e redução de danos. Brasília, 2003. Série Avaliação, n. 8. (The contribution of the Multicentre Studies in the face of the HIV/AIDS epidemic among IDU in Brazil: 10 years of research and harm reduction). BRASIL. Ministério da Saúde. Coordenação Nacional de DST e Aids. Comportamento sexual da população brasileira e percepções do HIV/aids. Brasília, 2000. Série Avaliação, n. 4. (Sexual behaviour of the Brazilian population and perceptions of HIV/AIDS). BRASIL. Ministério da Saúde. Coordenação Nacional de DST e Aids. Comportamento sexual da população brasileira e percepções do HIV/aids. Brasília, 2005. Vários artigos de autoria derivados do estudo e publicados na Rev. Saúde Pública, São Paulo, vol. 42, suppl. 1, jun. 2008. (Sexual behaviour of the Brazilian population and perceptions of HIV/AIDS). BRASIL. Ministério da Saúde. Programa Nacional de DST e Aids. Avaliação da efetividade das ações de prevenção dirigidas às profissionais do

sexo, em três regiões brasileiras. Brasília, 2003. 104 p., Il. cor. Série Estudos, Pesquisas e Avaliação. (Evaluation of the effectiveness of prevention actions aimed at sex workers in three Brazilian regions). FRANÇA JR., I; CALAZANS, G.; ZUCCHI, E. M. Mudanças no acesso e uso de testes anti-HIV no Brasil entre 1998 e 2005. Artigo não publicado, submetido à Revista de Saúde Pública. (Changes in access and use of HIV testing in Brazil between 1998 and 2005). SZWARCWALD, C. L.; SOUZA JR., P. R. B. Estimativa da prevalência de HIV na população brasileira de 15 a 49 anos, 2004. Boletim Epidemiológico AIDS/DST, Brasília, Ano III, n. 1, p. 11-15, 2006. (Estimated HIV prevalence in the Brazilian Population aged 15 to 49, 2004). SZWARCWALD, C. L.; CARVALHO, M. F. Estimativa do número de indivíduos de 15 a 49 anos infectados pelo HIV, Brasil, 2000. Boletim Epidemiológico AIDS/DST, Brasília, Ano XIV, n. 1, 2001. (Estimated number of individuals aged 15 to 49 infected with HIV, Brazil, 2000). SZWARCWALD, C. L.; CASTILHO, E. A. Estimativa do número de pessoas de 15 a 49 anos infectadas pelo HIV, Brasil, 1998. Cadernos de Saúde Pública, Rio de Janeiro, v. 16, Supl. 1, p. 135-141, 2000. (Estimated number of individuals aged 15 to 49 infected with HIV, Brazil, 1998). SOUZA JR., P. R. B de; SZWARCWALD, C. L.; BARBOSA JR., A. et al. Infecção pelo HIV durante a gestação: Estudo Sentinela Parturiente, Brasil, 2002. Revista de Saúde Pública, São Paulo, v. 38, n. 6, p. 764-772, 2004. (HIV infection during pregnancy: Parturient Sentinel Study, Brazil, 2002).

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
The Civil Society Organizations are longstanding partners of the Ministry of Health's Department of STD, AIDS and Viral Hepatitis, which accordingly has ensured their full participation and involvement in fighting the epidemic. In 1986, the Ministry of Health set up a National STD and AIDS Commission (CNAIDS), representing civil society organizations, universities, state and municipal health service managers. By October 2009, CNAIDS had held 100 meetings, all of them with the aim of assisting in the formulation and monitoring public policies in response to the epidemic. Civil society participation in formulating public policies contributes to the exercising of citizenship and social watch (controle social). This latter expression, originating in the National Health System (NHS), indicates the need for control over government by society, especially at local level, in the definition of targets, goals and action plans. It is for this reason that in 2003 the National Health Council, a Ministry of Health body which guarantees the participation of representatives of health service users, workers and service providers, created a specific subgroup on AIDS, namely the STD and AIDS Policy Accompaniment Commission. The Commission meets four times a year and collaborates directly with the formulation and evaluation of strategies developed by the Ministry of Health. The formation of state and municipal STD and AIDS Commissions is strongly encouraged in the 26 states, the Federal District and the 450 municipalities that receive Ministry of Health resources to respond to AIDS and which together account for 98% of the country's AIDS cases. Civil Society Organization representation is ensured, formally or informally, in the majority of governmental Public Policy building spaces, such as Commissions, Working Groups, Technical Boards and Forums. Participation is also encouraged in spaces of formulation, analysis, planning and monitoring of actions, strategies and plans built through meetings, gatherings, seminars, working groups, formation of commissions, etc. Since August 2000 there has existed within the structure of the Ministry of Health's Department of STD, AIDS and Viral Hepatitis a specific division for developing articulation with civil society and promoting the human rights of people living with HIV/AIDS and more vulnerable groups. At state and municipal level there are also focal points for articulation with civil society. The strengthening of Civil Society Organization actions is one of the priorities of the Department of STD, AIDS and Viral Hepatitis and in addition to technical support (provision of advice and the holding of courses/seminars) includes the funding of projects. Moreover, at state and municipal level there is a systematic and specific line of funding for actions developed by these organizations which is guaranteed by law. This model is singular to the Department and has guaranteed the implementation of article 196 of the Federal Constitution, which establishes that health is a right of all people and a duty of the State. In addition to CNAIDS, civil society also has direct participation on the National Health Council, an NHS decision making and social watch body, as well as on the Commission for Articulation with Social Movements, a Department of STD, AIDS and Viral Hepatitis consultative body.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

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
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
Yes
3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:
4
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
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. 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
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
Women, young people, injecting drug users, men who have sex with men, sex workers, people deprived of liberty, migrant/mobile populations.
Briefly explain how this information is used:
The estimates are made based on the information on colour, age, sex and exposure category, obtained from the individual epidemiological records, or are obtained from specific population-based studies.
(c) Is coverage monitored by geographical area:

Yes
IF YES, at which geographical levels (provincial, district, other)?:
State and municipal levels.
Briefly explain how this information is used:
The information provides knowledge as to adherence to treatment, adverse effects and clinical monitoring by cross-referencing the available databases, as well as enabling the calculation of the amount of medication needed to be purchased and dispensed.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
-
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
With effect from 2007 Strategic Plans have been developed to respond to the epidemic among women, gay men, MSM and transvestites, the control of mother-to-child transmission, the elimination of congenital syphilis and the scaling up of early diagnosis. In this process the Department has been able to count on the direct collaboration of local programme coordinators and the involvement of civil society, as well as the participation of other health sector programmatic areas and other social areas covered by the government at all three levels (federal, state and municipal). There has also been a significant commitment to establishing financial resources (Incentive Resources) in the Municipal Actions and Goals Plans for the development of activities. Also noteworthy are: the activities undertaken in fighting stigma and discrimination; the implementation of rapid testing in a larger number of municipalities thus enabling the availability of diagnosis to be scaled up; the incorporation of Monitoring and Evaluation instruments in the work processes; the implementation of the strategies to Reduce Mother-to-Child Transmission; the work of the National and State-level Parliamentary Fronts on HIV/AIDS.
What challenges remain in this area:
Considering the broader concept of health and the importance of the response to the epidemic involving the integrality of people living with HIV, a challenge that remains is implementing actions that take into consideration not only the integration of HIV/AIDS strategies with other areas of health but also multisectorality. Another challenge that remains is the orientation and alignment of strategies to respond to the epidemic among more vulnerable populations, which requires the scaling up of access to diagnosis and increased coverage of actions.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
The Minister of Health has emphasized the Brazilian response to the epidemic as part of the agenda of priorities and during 2011 there was a series of media reports and advertising campaigns directly related to the issue of AIDS prevention or care. In addition to expressing his opinions in the press and other media, the Minister of Health has raised issues of interest to people living with HIV/AIDS with the Parliamentary Front on AIDS and the Council of Magistrates.
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
No
IF NO, briefly explain why not and how HIV programmes are being managed:
The Brazilian Federal Constitution establishes that health is a right of all people and a duty of the State (article 196). For this reason the entire national health policy in Brazil is lead and coordinated by the Ministry of Health, which is responsible for making effective the multisectoral articulations of interest to the area. Within the Ministry of Health it is the Department of STD, AIDS and Viral Hepatitis (formerly called the National STD and AIDS Programme) which coordinates the national policy in response to the epidemic. Given that one of the characteristics of the National Health System is the decentralization of actions (distribution of responsibilities between the three levels of government), at state and municipal levels there are STD and AIDS Sectors within the Health Departments which coordinate the STD/AIDS policy at the local level. The Department of STD, AIDS

and Viral Hepatitis is responsible for establishing the guidelines of the national policy in response to AIDS, guiding states and municipalities on action planning and implementation, directly funding actions related to STD/AIDS prevention, diagnosis and care, as well as promoting and articulating intersectoral government policies to defend the human rights of people living with HIV/AIDS and more vulnerable groups. Of all the ministries, the Ministry of Health has the largest budget within the federal government. The Ministry of Health maintains important spaces of participation (social watch) such as the National Health Council, which involves the representation of diverse sectors of society, both governmental and non-governmental, which appraise and discuss the country's health policy, as well as maintaining a Commission to Accompany STD and AIDS Policies. The Ministry of Health's Department of STD, AIDS and Viral Hepatitis also receives advice from the National AIDS Commission which, as a consultative body, brings together representatives of civil society organizations, universities, state and municipal health service managers and other ministries, such as the Education, Defence, Labour and Social Security.

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

-

Have active government leadership and participation?:

-

Have an official chair person?:

-

Have a defined membership?:

-

Include civil society representatives?:

-

Include people living with HIV?:

-

Include the private sector?:

-

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

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

IF YES, briefly describe the main achievements:

The National STD and AIDS Commission (CNAIDS) is the Ministry of Health's consultative body on HIV/AIDS, the principal characteristic of which is plurality – in that it brings together representatives of the government, civil society and universities. It was officially created on April 25th 1986, by means of Ministerial Ordinance No. 199. The joining of forces – the government responsible for public policies and CNAIDS as a consultative and political body – is one of the reasons why Brazil is a reference in the response to the epidemic. The composition of the Commission is currently defined by Ministerial Ordinance No. 43, dated September 28th 2005. The Commission has 41 seats, divided between two Ministry of Health representatives, ten from other federal government ministries and secretariats, seven from non-governmental organizations and networks of people ling with HIV, as well as three Municipal and State Health Departments. There are also seven seats for representatives of universities and research institutes, nine for medical associations and three for worker networks and religious institutions. Included among the important issues that have been on the Commission's agenda are the admission of HIV positive people to the Armed Forces and the fight against restrictions on people with HIV entering the country. For the Commission it was inadmissible that a positive diagnosis could be used as a criterion for excluding people from the job market or from entering Brazil. The stance taken against compulsory testing was registered in a motion of repudiation approved in its 77th meeting in 2005. In 2006 CNAIDS set up a subcommission to prepare a document as a basis for the discussions on "Active tracing". A year and a half later the Ministry of Health produced regulations on the procedures for the consented tracing of people who use health services to test for HIV but do not return to get the result or fail to attend medical appointments when in treatment. In 2007 CNAIDS also contributed to the strategy for the compulsory licensing of Efavirenz. The Ministry of Health's Department of STD, AIDS and Viral Hepatitis also has other consultative bodies. Standing out among them is the Commission for Articulation with Social Movements comprised of 20 representatives of diverse social movements and NGOs from the country's five regions; the Service Managers' Commission, comprised of representatives of state and municipal STD/AIDS service managers; and the National Business Council on STD/AIDS, currently comprised of eighteen companies from various areas of industry and commerce.

What challenges remain in this area:

CNAIDS faces the constant challenge of reconciling its members' different viewpoints so as to contribute to the construction of strategies to fight the epidemic.

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

1.5%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
Yes
IF YES, name and describe how the policies / laws were amended:
The National Plan to Promote Lesbian, Gay, Bisexual, Transvestite and Transsexual Citizenship and Human Rights was launched in 2009. The Plan is the result of joint Federal Government and Civil Society efforts and was prepared by a Technical Interministerial Commission comprised of representatives of 18 Ministries. The Plan contains 51 guidelines and 180 actions based on proposals approved by the I National LGBT Conference. These will be implemented by the Government to guarantee the equal rights and full citizenship of the LGBT segment of the Brazilian population, including the response to the STD/AIDS epidemic. The third version of the National Human Rights Programme was also launched in 2009. The Programme includes commitments on promoting access to health services and combating stigma and discrimination. With regard to education, the launch of the Federal Government's "Pró-Jovem" (Pro-Youth) Programme has enabled greater capacity-building and more information for teenagers and young adults, as well as their increased access to the School Health Programme and the Health and Prevention in Schools Programme. In addition, efforts have been made in the National Congress to prevent the approval of bills inconsistent with the national policy on combating AIDS, including measures that aimed to criminalize HIV transmission or restrictions relating to sexual orientation and sexual education. The following regulations also stand out: Decree No. 6860, dated May 28th 2009, which institutionalized the Department of STD and AIDS; Ordinance No. 2561, dated October 28th 2009, which approved the Clinical Protocol and Treatment Guidelines for Chronic Viral Hepatitis B and Co-infections; Decree No. 7135, dated March 29th 2010, establishing that the Department of STD and AIDS will also coordinate the National Viral Hepatitis Programme. This lead to the institution of the Department of STD, AIDS and Viral Hepatitis.
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
Some cases of criminalization because of HIV transmission, without the intention to transmit, have been reported. Nevertheless, there is no specific law in Brazil that criminalizes HIV transmission. As a result, the Brazilian Judiciary has used various articles of the Brazilian Criminal Code, ranging from the crime of bodily injury to attempted murder. In response to this, the Ministry of Health's Department of STD, AIDS and Viral Hepatitis and civil society organizations have undertaken a variety of actions, including advocacy, with the Judiciary. In November 2009, the Department of STD, AIDS and Viral Hepatitis released a technical note explaining the transmission routes and stating that criminalization is an obstacle to the actions to combat AIDS. In addition, a considerable growth in conservative movements can be observed and this is making difficult or even preventing the development of HIV/AIDS actions in the country. This is a phenomenon that hinders the promotion of universal access by people particularly vulnerable to the epidemic, especially psychoactive substance abusers and the LGBT population (Lesbians, Gay men, Bisexuals, Transvestites and Transsexuals).
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
7
Since 2009, what have been key achievements in this area:
The elaboration of strategic plans for more vulnerable populations and to eliminate congenital syphilis; the creation of a Technical Board for dispensing medication susceptible to intervention by the Judiciary (writs of mandamus); the use of TRIPS flexibilities to ensure access to medication.
What challenges remain in this area:
Improving the human resources policy and implementing prevention actions that ensure access by more vulnerable populations.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
Yes

People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
The Federal Constitution guarantees full rights of diversity and expressly condemns all forms of discrimination, whether it be racial, ethnical or religious and, therefore, confers full rights to all citizens, whether these be political, social or individual rights. The Organic Law of the National Health System ratifies these principles and defines health as a right of citizenship, it being the State's duty to provide the means for individual and collective well-being. Access to public health services is universal and free to all Brazilian citizens. Examples of specific legislation include: State Law (State of São Paulo) No. 11,199, dated July 12th 2002: prohibits discrimination against people with HIV or AIDS, in addition to other provisions. State Law (State of São Paulo) No. 10,948, dated November 5th 2001: provides penalties to be applied to the practice of discrimination on the grounds of sexual orientation, in addition to other provisions.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
The areas and bodies of the government, at all three levels (federal, state and municipal), are oriented to plan and implement public policies that respect the needs of each population. Affirmative actions are also implemented to promote the rights of populations which, unfortunately, are still targets of discrimination. Within the National Health System the principles of universality and equity, established by law and which orient its actions, seek to promote access to health by the entire population. As such, health promotion policies for vulnerable populations have been formulated and are implemented in the states and municipalities (e.g.: the National Policy on the Health of the Black Population, the National Policy on Women's Health, the National Policy on the Health of Lesbians, Gay men, Transvestites and Transsexuals, the National Policy on the Health of People with Disabilities, among others). Moreover, the Brazilian Federal Constitution provides for mechanisms to ensure that the population's rights are guaranteed, such as the right to not be discriminated against, by means of bodies such as the Public Prosecution Service and the Office of the Public Defender. Other mechanisms include the creation of Reference Centres for Women, Reference Centres to Combat Homophobia, Women's Rights Councils and Human Rights Promotion and Defence Councils based in the state capitals and several of the country's municipalities. These bodies receive and refer complaints, as well as counselling and guiding victims of discrimination. Combating stigma and discrimination is one of the Ministry of Health's priorities in response to the HIV/AIDS epidemic. To this end, the Department of STD, AIDS and Viral Hepatitis has a Human Rights Division which plans and implements actions and provides guidance for the states and municipalities on combating stigma and discrimination. The participation of civil society organizations has been fundamental for these strategies. An example of this is the partnership between the Department of STD, AIDS and Viral Hepatitis and civil society organizations in providing legal aid to combat discrimination against people living with HIV/AIDS and other vulnerable populations.
Briefly comment on the degree to which they are currently implemented:
With effect from 1988, following the return of democracy to Brazil and the new Federal Constitution, the country has sought to ensure equal rights for all, and several laws and strategies have been implemented in this respect. The government and civil society have made strong efforts to inform the population about anti-discrimination laws and to implement them. As a result of these efforts, important progress can be seen in the fight against racism, homophobia, machismo and other types of discrimination. With regard to HIV-based discrimination, it can be seen that despite the existence of laws and mechanisms to combat discrimination, it continues to be a significant obstacle in the lives of HIV positive people. An example of this are the results of a national survey with 8,000 people from all over the country undertaken between September and November 2008, according to which 13% of those interviewed believe that a teacher with HIV cannot teach in any school; 22.5% stated that vegetables cannot be bought in a place where a HIV positive person works; and 19% believed that if a family member becomes ill with AIDS they should not be cared for in the family home. In 2007, the Ministry of Health's Department of STD, AIDS and Viral Hepatitis implanted its Human Rights Violations Complaints Database on which cases of discrimination throughout Brazil can be recorded. To date 1,871 complaints have been recorded. These figures indicate the constant presence of cases of discrimination and also that victims are more inclined to formalize complaints. Furthermore, the campaigns have provoked an in-depth discussion in society, driving changes in attitudes, behaviours and practices. Despite the diverse strategies developed over the years (campaigns, seminars, legal aid) and the progress identified, HIV-related stigma and discrimination continue to be constant challenges in the fight against the epidemic.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
No

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
-
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
-
Briefly comment on how they pose barriers:
-

A - IV. PREVENTION

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

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
No
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
No
Be sexually abstinent:
No
Delay sexual debut:
No
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes

Reduce the number of sexual partners:
No
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
Fighting STDs

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
No
Secondary schools?:
Yes
Teacher training?:
No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
The policy considers key populations to be key stakeholders in the national response to HIV and therefore, with the active participation of these populations, develops strategies aimed at them. The IEC policies also take into consideration the various regional and specific realities of the key populations.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.
Yes	Yes	Yes	No	Yes	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.
Yes	Yes	Yes	No	Yes	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.
No	No	Yes	No	No	* Truck drivers, indigenous population, street population, people with disabilities, young people, migrant populations, people living with HIV/AIDS, psychoactive substance abusers.

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
7

Since 2009, what have been key achievements in this area:
Key achievements include: the formulation of the Plan to Fight the Feminization of the Epidemic and the Plan to Fight the Epidemic among Gay Men, Transvestites and MSM; the scaling-up of strategic commodities purchases (condoms and rapid tests for diagnosing HIV and syphilis); the integration of the actions of the Health and Prevention in Schools project into the Government programme aimed at country's school children and other young people; programmatic articulation with the Tuberculosis programme and the promotion of measures that ensure the access of people living with HIV/AIDS to assisted reproduction; the implantation of the protocol for HIV post-exposure prophylaxis.
What challenges remain in this area:
The remaining challenges are: scaling up the coverage of actions for vulnerable populations; restructuring the network of counselling and testing centres so that they can meet the needs of the vulnerable populations; the implementation and use of new prevention technologies to address concentrated epidemics.
4. Has the country identifed specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
They were determined based on the analysis of the epidemiological and sociodemographic data, in addition to information from key stakeholders and intervention activities.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
-
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
-
Risk reduction for men who have sex with men:
Strongly Disagree
Risk reduction for sex workers:
Strongly Disagree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
The federal law on universal access to treatment was enacted in 1996, guaranteeing access to all those with medical indication to be on treatment. Some 20 ARV drugs are available for 215,000 people living with HIV. There is a network comprised of Counselling and Testing Centres, more than 700 Specialized HIV and AIDS Outpatient Clinics and more than 700 ARV Medication Dispensing Units, in addition to laboratories that perform viral load counts, LT-CD4 and genotyping tests,

as part of universal access to treatment. The national clinical guidelines on treatment are reviewed annually. The Specialized Clinics are located in large and medium-sized urban centres and are comprised of complete health teams, including social workers and psychologists. The Medication Dispensing Units are comprised of middle-level teams and pharmacists. The country's most vigorous action occurs in the service network: due in particular to the impact of the policy on universal access to treatment the need for injected treatment is reducing, resulting in a decrease in the use of day hospital services for this purpose, whilst the demand remains for palliative care and treatment adherence. Some home care services still exist. Brazil uses the strategy of "Consented Tracing" to reduce treatment abandonment. Priorities: a) establishment of up to date guidelines aimed at the rational and simplified use of ARV regimens; b) earlier indication for starting treatment; c) monitoring of the information systems with the aim of treatment being started in patients with LT-CD4 levels that indicate the need to start treatment; d) incorporation and control of the use of 3rd-line ARVs; e) timely management of TB-HIV co-infection, using AIDS services for reference purposes; f) making available fixed-dose combination formulations; g) guidance on lifestyles to reduce adverse cardiovascular effects, including encouraging the use of alternative strategies such as fitness academies; h) prioritization of vulnerable populations' access to diagnosis. Currently the priority of the Brazilian response consists of scaling up access to diagnosis, promoting prevention actions for more vulnerable populations and the organization of care schemes focused on people living with HIV (reduction of infectiousness) and vulnerable populations, identifying health needs and linking them with the health services.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

More than 700 HIV services have already been implanted. A call for proposals was published in 2004 to fund new HIV services. Large and medium-sized municipalities implement services in accordance with increases in demand, using incentive policy funds. As a result of the change in the epidemic's profile, the demand for home care and day hospitals is also changing, and new care situations are emerging. A network has been formed for performing surgical procedures to treat lipodystrophy. Since 2009, 10 hospital services have been accredited and offer both facial filling and reparative surgery. A further 13 outpatient services perform only facial filling. The network is therefore comprised of 23 accredited services.

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

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
-
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Agree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
-
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Agree
Post-exposure prophylaxis for occupational exposures to HIV:
-
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
-
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Social and economic support occurs based on the country's current social protection system. Low-income people living with HIV/AIDS have the right to the Continuing Payment Benefit (under the social security organic law) which ensures per capita income of one minimum wage. However, in order to access this benefit, people living with HIV/AIDS have either to prove that their income is less than ¼ of the minimum wage or prove disability. Examples of other benefits ensured include the right to withdraw contributions made to the Government Severance Indemnity Fund for Employees (FGTS), sick pay and retirement pension if the person is formally employed. In addition, with effect from 2004, under the terms of Ministerial Ordinance (GM No. 1,824/2004), 12 million Real are transferred to states, the Federal District and municipalities qualified to receive incentive for funding actions undertaken by Support Homes for Adults Living with HIV/AIDS; with effect from 2011 Ministerial Ordinance GM No. 2,555/2010 also enables Support Homes for Children and Teenagers to receive this funding.

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

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

When necessary the Brazilian Government purchases medication and commodities for HIV/AIDS treatment and prevention via PAHO and UNICEF. This form of purchasing occurs for a variety of reasons, such as: price, products not produced by national laboratories and lack of registration with the National Health Surveillance Agency (ANVISA). Only Brazilian Government financial resources are used to make purchases in this way.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1) The creation of technical boards on medication, 2) the holding of seminars and studies on adverse events, 3) the creation of the lipodystrophy/lipoatrophy network, and 4) strengthening the availability of tests.

What challenges remain in this area:

The following continue to be challenges: 1) early HIV diagnosis, 2) death investigation, and 3) increasing the number of hospital beds available for inpatient care.

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

Yes

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

Yes

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

Yes

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

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Since 2009, what have been key achievements in this area:

Since 2011 Ministerial Ordinance GM 2,555/2010 has enabled Support Houses for Children and Teenagers to receive federal financial resources, thus increasing support in this area.

What challenges remain in this area:

The de-institutionalization of children and teenagers, by returning to their families of origin or being adopted by replacement families.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

The principal challenges include: a) in a results-based management environment, linking planning with M&E, as well as the emphasis on accompanying results, has reduced the concern with planning; b) the creation of permanent mechanisms for the timely use of information generated by the M&E systems.

1.1 IF YES, years covered:

Since 2003

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

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
-
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
Although in recent years M&E has increasingly become necessary for maintaining the activities of all programmes, a lack can still be perceived of a national M&E culture that really establishes it as a reflexive management tool, rather than considering it as a means of scrutinizing work processes and the meeting of targets. Note to 3.1: Note: This is not applicable since the budget for the evaluation area is not specific, but rather diluted among the Department's activities, such as expenditure on human resources and research, for example.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
No

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Statistician	x	-	2003
Statistician	x	-	2008
Statistician	x	-	2010
Psychologist, with postgraduate qualifications in M&E	x	-	2010
Dentist, with postgraduate qualifications in epidemiology and experience in M&E	x	-	2011
Nurse, with postgraduate qualifications in epidemiology and experience in M&E	x	-	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
A timetable exists for submitting the information necessary for completing the reports.

What are the major challenges in this area:
1) Consolidating decentralized M&E reports; 2) harmonizing the different interests in relation to the National Evaluation Plan, especially with regard to process indicators and indicators of effects on the target population; and 3) use of evaluation results as a management tool.

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

6. Is there a central national database with HIV- related data?:
Yes

IF YES, briefly describe the national database and who manages it.:
MONITORAIDS – The Department of STD, AIDS and Viral Hepatitis' Indicator System. The System is currently comprised of a set of 90 indicators. The indicators selected are those that: a) characterize socioeconomic status, making it possible to analyse the inequalities that influence the dissemination of the disease and the effectiveness of the response; b) are relevant for monitoring the evolution of HIV/AIDS and other STDs; and c) are useful for accompanying programmatic actions and for indicating evaluations that need to be undertaken. The indicators have been divided into three areas: External Context Indicators, Programme-Related Indicators and Impact Indicators. The External Context indicators have been established based on the context in which the AIDS epidemic occurs in the country. They are represented by demographic and socioeconomic characteristics of the population, as well as by national health system indicators. Department-Related indicators are output and outcome indicators and are divided into sub-areas established according to: expenditure; the incorporation of new knowledge and technologies; individual vulnerability; prevention strategies; care provided; HIV/AIDS surveillance; STD prevention and control. Finally the Impact indicators enable the analysis of the impact on morbidity and mortality owing to the actions undertaken to control AIDS and other STDs.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
Yes

At subnational level:
Yes

IF YES, at what level(s)?:
National Communicable Diseases Information System (Sistema de Informação de Agravos de Notificação - SINAN): Subnational and national Mortality Information System (Sistema de Informação sobre Mortalidade - SIM): Subnational and national Medication Logistics Control System (Sistema de Controle Logístico de Medicamentos - SICLOM): Subnational and national Laboratory Tests Control System (Sistema de Controle de Exames Laboratoriais - SISCEL): Subnational and national Live Births Information System (Sistema de Informações sobre Nascidos Vivos - SINASC): Subnational and national Note: All these systems provide information for Brazil as a whole and also for the states and municipalities.

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

8. How are M&E data used?

For programme improvement?:
Yes

In developing / revising the national HIV response?:
Yes

For resource allocation?:
Yes

Other [write in]:
The Department of STD, AIDS and Viral Hepatitis' policies on controlling the HIV/AIDS epidemic are based on evidence obtained through M&E. To give an example, the data is used in the definition of epidemic prevention and control strategies. With regard to care, the data obtained on clinical monitoring helps in the definition of the treatment consensus for people living with HIV/AIDS. Currently the main challenge is that of establishing a monitoring system which, in addition to monitoring the epidemic based on epidemiological indicators, also integrates the monitoring of the Department's performance using outcome and process indicators.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
-

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

At national level?:
Yes

IF YES, what was the number trained:
10

At subnational level?:
Yes

IF YES, what was the number trained:
approximately 200 technical staff trained

At service delivery level including civil society?:
Yes
IF YES, how many?:
approximately 50 technical staff trained

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
Postgraduate Courses (Postgraduate Specialization and Professional Master's Degree) in the Evaluation of Endemic Process Control Programmes, with emphasis one STD/HIV/AIDS Postgraduate Specialization Course in Health Evaluation (distance course) - The courses are conducted and coordinated by the National School of Public Health /FIOCRUZ, in partnership with the Department of STD, AIDS and Viral Hepatitis.
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
-
Since 2009, what have been key achievements in this area:
1) Institutionalization of monitoring as a management tool 2) Establishment of priority studies for accompanying the Brazilian response 3) Monitoring of key indicators 4) Implantation of a performance evaluation model
What challenges remain in this area:
1) Mismatch between M&E and planning 2) Strengthening the institutionalization of monitoring as a management tool 3) Standardization of the information systems used in monitoring 4) Prioritization of monitoring indicators 5) Assimilation of M&E in work routines

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
-
Comments and examples:
B1 - 4 Civil Society representation is guaranteed in social watch ("controle social") bodies provided for under Brazilian legislation, such as Health Councils (national, state and municipal) and other participation mechanisms, such as the UNAIDS Working Group, the National AIDS Commission and the Commission for Articulation with Social Movements, among others. Brazilian Civil Society, through a variety of organizations, has exercised considerable social watch over HIV-related prevention, counselling and treatment programmes and projects. B2- 3 Yes, although some organizations consider themselves to be excluded from the process in the states and municipalities, whilst others think they have little participation and others consider very positive civil society's participation – as members of State-level AIDS Service NGO Forums, Advisory Committees, Networks of PLWHA, the Network of Positive Women Citizens etc. – in spaces of social watch (Health Councils), the Commission for Articulation with Social Movements, the National AIDS Commission when their representatives are elected in a fair manner. In relation to HIV/AIDS, the target population is involved in public policies on prevention, through partnerships, in the development of prevention projects. Nevertheless, more involvement of some segments is lacking, activists have low educational qualifications and financial dependence often prevents these activists from being more active. Criticism exists as to the differentiated treatment the Government has dispensed to religious segments in the National Congress which has been prejudicial to the movement and has disqualified it. Another complaint is the fact of the Department hearing suggestions but implementing few of them, given the limitation of the social movement that has a consultative role in these spaces. Civil society needs more support for the greater development of knowledge and greater dedication of its activists.
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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)?:
-
Comments and examples:
B1 - 2 Brazilian Civil Society, through a variety of organizations, has exercised due social watch over HIV-related prevention, counselling and treatment programmes and projects. Its participation is constant in the Ministry of Health's Department of STD, AIDS and Viral Hepatitis and in other consultation, discussion and monitoring forums, such as the UNAIDS Working Group. Nevertheless, this participation is very differentiated and unequal in the various states and municipalities that go to make up the country. With regard to the issue of funding and budget, participation is much less effective. N.B.: The most recent National Strategic Plan was written in 2004. B2-3 Social organizations took part in the planning processes, in the construction of the Plans to fight epidemic among MSM and women and the plan to eliminate syphilis in 2009 and 2010. At state and municipal level (some state capitals) and other municipalities including capitals in the northern region have still not adopted a democratic way of working, either in building the plans or executing them. Generally this depends on the stance of the health service manager both in the states and the municipalities (capital). In relation to more effective planning, such as the Pluriannual Plan and the Law of Budgetary Guidelines, civil society is not called on to discuss this, although it has raised this demand in some states and municipalities and with the Federal Government. A minority of the organizations think that they take part in the planning process in an indirect manner.

3.

a. The national HIV strategy?:

-

b. The national HIV budget?:

-

c. The national HIV reports?:

-

Comments and examples:

B1 - a-3, b-2, c-3 Brazilian Civil Society, through a variety of organizations, has exercised due social watch over HIV-related prevention, counselling and treatment programmes and projects. Its participation is constant in the Ministry of Health's Department of STD, AIDS and Viral Hepatitis and in other consultation, discussion and monitoring forums, such as the UNAIDS Working Group. On the other hand, this participation is very differentiated and unequal in the various states and municipalities that go to make up the country. B2 - a-3, b-2, c-2 As part of the national strategy, the proposal of decentralization promoted by the Ministry of Health/Department is very positive with regard to resource management and medication with the aim of facilitating the agility of the actions. However, in practice it has not worked. The Social Organizations have undertaken their activities with great difficulty, many of them out of their commitment to the segments to which they belong and in which they are militants, given that the resources for projects have reduced considerably and, as a result, so have the actions undertaken by the NGOs. Resources have reduced considerably. The documentation required in order to receive funding and the onus of social security and other contributions have been a barrier for the NGOs and have generated a certain discomfort and resulted in discontinued actions. The low commitment of private companies to support the actions of the movement in this area is also an obstacle.

4.

a. Developing the national M&E plan?:

-

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

-

c. Participate in using data for decision-making?:

-

Comments and examples:

B1 - a-2, b-3, c-2 Overall, Civil Society participates through the Social Watch ("Controle Social") bodies. Specifically, we can cite the country progress reports on AIDS, in which civil society has had broader and more effective participation. B2 a-2, b-4, c-3 At national level some Monitoring and Evaluation actions take place at the Macro-Regional meetings that take place every year in all the regions and in which civil society takes part. At state and local level, Monitoring and Evaluation should be more effective but does not happen because of the lack of political and democratic commitment of the health service managers who in the majority of cases consider the social movement as an enemy, given that the application of resources (health fund) does not happen in a harmonious manner, and only with considerable effort does the elaboration of the Actions and Goals Plans take place. In relation to the statistical data, it is very difficult to monitor given the low level of execution of intersectoral policies and the huge difficulty in implementing articulated information systems that guarantee the quality of the monitoring and evaluation of the health services and policies. This difficulty occurs at federal level. At state and municipal level it is even worse as the system is not fed with information in a systematic manner as the Ministry/Department recommends. Apart from this, we need to create M&E mechanisms so that all planning, all actions, all funded projects are monitored and evaluated. However, the government does not perform this monitoring and civil society does not have access to the data, thus making social watch more difficult, social watch being to a certain extent an instrument that contributes to the improvement of services and public policy.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

-

Comments and examples:

B1 - 3 Diversity is present through Civil Society representation on the country's various deliberative and consultative bodies on the issue of HIV/AIDS. B2 - 4 Yes, at the federal level all the segments: women, Black women, MSM, LGBT, prostitutes, young people and other segments are represented on the various Committees where strategies to fight the epidemic are discussed, such as the Commission for Articulation with Social Movements, the National AIDS Commission and other Committees such as the vaccine advisory committee. At state level the same practice does not happen, or when it does it is nothing more than a few meetings held as a result of civil society pressure. In the municipalities it is much more difficult, because the health service managers do not understand the policy, do not execute the policy and do not accept civil society participation

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

-

b. Adequate technical support to implement its HIV activities?:

-

Comments and examples:

B1 - a-2, b-4 B2 - a-2, b-2

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

People living with HIV:
-
Men who have sex with men:
-
People who inject drugs:
-
Sex workers:
-
Transgendered people:
-
Testing and Counselling:
-
Reduction of Stigma and Discrimination:
-
Clinical services (ART/OI)*:
-
Home-based care:
-
Programmes for OVC:**
-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
-
Since 2009, what have been key achievements in this area:
B1-4 Increased support to the National Network of Teenagers and Young Adults Living with HIV can be seen. B2-5 • For some organizations there has been no progress. For others there has been progress with greater participation of society in spaces of social watch and in working groups, public consultations, discussion and construction of Plans to fight the epidemic among MSM, women and other vulnerable populations; • Creation of branches of the National Network of People Living with HIV/Aids (NRN+); • Civil society participation in the Actions and Goals Plan workshops; • Greater participation of the movements in the State AIDS Service NGO Forums; • Support with the holding of Local, Regional and National Articulation and Qualification Events.
What challenges remain in this area:
More vulnerable populations, such as MSM (especially young MSM), young women, indigenous populations, isolated Black communities (quilombolas) and riparian communities have not yet reached the necessary and desired degree of participation. Low level of financial support for these populations at grassroots level. B2- • Better qualified leaders; • Support for knowledge production; • The difficulty in identifying and training new leaders committed to the movement; • Little structure for implementing actions and activities; • Little respect on the part of some government authorities for the execution of what has been planned in the Actions and Goals Plans; • More support from the government and private companies in the development of prevention and treatment actions; • Respect on the part of society and the governments; • Correct application of the Actions and Goals Plans; • Civil society is a partner, but the responsibility for executing public policies is the Government's. • More strictness on the part of the Federal Government in inspecting and monitoring the application of federal resources by the state and municipal governments.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
B1 - YES • Social Watch (Controle Social) Bodies (Councils, Commissions, Committees, etc.) • Consultations • Working Groups B2- The majority answered yes. The Federal Government has hired as civil servants technical staff and leaders from all segments of organized civil society: LGBT, homosexuals, PLWHA, and has supported events promoted by PLWHA and other segments of organized civil society and this has contributed greatly to progress with policies, because of the understanding, experience and knowledge of the cause of those involved. State governments have not implemented the same practice, and if they do it is for other motives. The Government has provided financial support to projects, although this support has been insufficient; Support to the National Network of Young People Living with HIV/AIDS; Support for local, state and national events; Support with drawing up the Actions and Goals Plans; Support with the Macro-Regional Meetings. On the other hand, the population that uses drugs indicates that it needs this involvement and feels excluded.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
-

Men who have sex with men:
-
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs:
-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in]:
B1- Y, N, N, N, N, Y, Y, N, N, Y, Y. N.B.: Laws providing protection cover the general population. A more in-depth assessment of the contents in relation to previous years revealed the absence of specific protection legislation for specific populations.
B2- Y, Y, Y, Y, Y, N, N, N, N, Y, Y, Y (Elderly, Indigenous, Black men and women, Gypsies)

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
B-1 Good legal mechanisms are in place at all levels of government. The main challenge is the enforcement and fulfilment of these laws in all circumstances. Some states and municipalities have laws that prohibit 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 Black People, the Integrated Plan to Fight the Feminization of AIDS and other STDs, and Maria da Penha Law on domestic violence against women and their protection, as well as the Operational Plan to Reduce Mother-to-Child Transmission of HIV and Syphilis. Laws also exist on Harm Reduction for people who use drugs. Below are the most relevant mechanisms: LGBT The objective of this programme is to promote the citizenship of gay men, lesbians, transvestites, transsexuals and bisexuals, based on equal rights and combating homophobic violence and discrimination, respecting the specificities of each of these population groups. In order for the programme to achieve its objective, four main actions must be implemented. 1. Support for projects to strengthen public and non-governmental institutions that work to promote LGBT citizenship and/or to fight homophobia; 2. Building the capacity of professionals and representatives of LGBT movements involved in defending human rights; 3. Dissemination of information on rights and promotion of LGBT self-esteem; 4. Encouraging the reporting of the violation of the human rights of the LGBT segment. There are around 50 LGBT Reference Centres providing legal support in cases of reported discrimination. Children and teenagers The Statute on Child and Teenage Rights (Law No. 8,069, dated July 13th 1990) provides for the integral protection of children and teenagers, including against all forms of discrimination, negligence, exploitation, violence, cruelty or oppression. Drug users Law No. 11,343/06 created the National System of Public Policies on Drugs, with the purpose of articulating, integrating, organizing and coordinating prevention, treatment and social reintegration activities for drug users and those dependent on drugs, as well as fighting drug trafficking, in line with the National Policy on Drugs. Among its general guidelines, the National Policy on Drugs promotes harm reduction strategies and actions directed towards public health and human rights, to be undertaken in an articulated inter and intra-sectoral manner, with the aim of reducing the risks, adverse consequences and harm associated with the use of alcohol and other drugs for individuals, family and society. Prison population Interministerial Ordinance No. 1,777/03 (Ministry of Health and Ministry of Justice) created the National Health Plan for the Prison System and provides for the inclusion of the prison population within the National Health System (NHS), ensuring that the right to citizenship effectively happens within the perspective of human rights. This population's access to health actions and services is legally defined by the 1988 Federal Constitution; as well as by Law No. 8,080/90, which regulates the NHS; Law No. 8,142/90, that provides for community participation in the management of the NHS; and the Law of Criminal Code Enforcement (Law No. 7,210/84). The National Health Plan for the Prison System was prepared based on a perspective of care and inclusion of people deprived of liberty and on basic principles that guarantee the effectiveness of health promotion, prevention and integral care actions. The principles on which the Plan is based include the promotion of citizenship, from the perspective of civil, political and social rights as well as the promotion of human rights as a benchmark for a more humane shared existence, with dignity, without discrimination and without violence. Refugees/migrants: With regard to men, women and children seeking refuge or recognized as refugees in Brazil, this population has guaranteed access to the country's health services, including HIV/AIDS prevention commodities, counselling and treatment. Specific legislation does not exist for migrant/mobile populations, but their access to services is guaranteed by existing norms, regulations and legislation. B2- The sanctioning of the "Maria da Penha" Law in 2006 has contributed a great deal to encouraging women to report domestic and family violence, sexual violence and harassment. In many cases and places these practices have been repressed, however women are facing a big battle with the National Congress which is attempting to alter clauses of this law. Nevertheless, women have organized themselves and have sought mechanisms that guarantee the defence of sexual rights and reproductive rights that truly meet women's integral health needs. As to the right to abortion, this has been a hard and unequal struggle with the Brazilian

Congress, marked by huge prejudice, principally on the part of evangelical members of parliament. The Youth Statute has been being analysed by the Constitution, Justice and Citizenship Commission since 15/01/2012 The Statute of the Child and Adolescent is another instrument, as is the Statute of the Elderly, the Statute of Racial Equality, the law which criminalizes racism. In the majority of the Brazilian states, trans people have the right to use their “social name” (preferred name instead of registered name). In the state of Pará an ordinance of the Penitentiary System Superintendent’s Office allows “intimate visits” between inmates and their same sex long-term partners.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

B1- LGBT The programme is relatively recent, having been created in 2004, and is still in the implementation phase. It has been monitored by the Human Rights Secretariat of the Office of the President of the Republic, the Ministry of Health, the Ministry of Education, the Ministry of Justice, the Ministry of Culture, the Ministry of Labour and Employment, among others. Drug users The harm reduction strategy has been adopted by the Ministry of Health’s Department of STD, AIDS and Viral Hepatitis since 1994. Harm reduction is considered to be a highly relevant strategy in changing the profile of the AIDS epidemic. In the 1990s there was a point when 25% of reported AIDS cases were associated directly or indirectly with injecting drug use, whereas currently they have fallen to 9%. In 2009, the Ministry of Health, through its Mental Health Coordination, launched its Emergency Plan to Scale Up Access to Alcohol and Other Drug Treatment and Prevention on the National Health Service. The main objective of the Plan is to intensify, scale up and diversify health prevention and promotion actions and actions for the treatment of the risks and harm associated with the prejudicial consumption of psychoactive substances. Among its guidelines, the Plan proposes respect for and promotion of human rights and social inclusion. The Plan’s actions include support for actions to combat stigma and promote social inclusion by raising the awareness of public service managers, professionals and the general population about the rights of people who use alcohol and other drugs. Prison population 23 of Brazil’s 27 states are currently qualified under the National Health Plan for the Prison System. All populations under the UNHCR mandate (the Office of the United Nations High Commissioner for Refugees in Brazil) are benefitted by this guarantee. B2- Support from the Brazilian Law Society, Public Prosecution Service, mobilization and denouncements by the social movement itself.

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

B1- The proposed law to criminalize homophobia (Bill No. 122/2006) has still not been approved by the National Congress. B2- In Brazil there is a very large number of Laws, Norms and Acts. What is difficult is their enforcement. As such, the enforcement of the laws for these populations is no different to the rest. Much progress needs to be made. The Judiciary branch tends to operate to the contrary. Another impediment is political will: the Brazilian Government submits to pressure brought principally by religious groups or those linked to them. As a result Brazil has made successive retrograde steps in policies which today should already have been consolidated, including from a Human Rights perspective.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

B2- Precious metal prospecting populations, former landless in settlements, dam workers, indigenous populations in native villages or not.

Briefly describe the content of these laws, regulations or policies:

B2- Although it is boasted that there is no prejudice in Brazil, that we are a democracy and we do not have legislation that does not allow prevention or which prohibits HIV and other STD treatment and support, some facts can be identified, such as: homosexuals are prohibited to donate blood, there is no policy for people deprived of liberty, the same applies to people living in the streets and who are extremely vulnerable both to STDs and to drugs, without access to health and welfare services and other public policies.

Briefly comment on how they pose barriers:
B2- The Ministry/Department has attempted to implement some policies in a cross-cutting manner in partnership with other Ministries, such as: Human Rights, Women, Education. It can be perceived that this has not worked very well, as is the case of the following plans: Plan to fight the feminization of the AIDS epidemic and other STDs, Plan to fight the epidemic among MSM, Plan to eliminate syphilis, the Health and Prevention in Schools programme, the National plan to fight sexual violence against children and teenagers, this latter plan involving several Parliamentary Committees of Inquiry in several states. However, few of these plans have been put into practice and some states have not so much as written the Plans, never mind execute them. In this sense there is a lack of political will on the part of the public service managers.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes

Briefly describe the content of the policy, law or regulation and the populations included:
B1- Law No. 11,340 (Maria da Penha Law) dated August 7th 2006 This law creates mechanisms to curb domestic and family violence against women, in accordance with the Federal Constitution (paragraph 8, article 226), the Convention on the Elimination of All Forms of Violence Against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women. The law provides for the creation of Courts to judge domestic and family violence against women; it alters the Code of Criminal Procedure, the Criminal Code and the Law of Criminal Code Enforcement; and makes other provisions. Article 9. “Assistance to women in situations of domestic and family violence shall be provided in an articulated manner and in accordance with the guidelines contained in the Organic Law of Social Welfare, the National Health System, the Public Security System, among other protection norms and public policies, as well as on an emergency basis when necessary. Paragraph 1. The judge shall determine, for a defined period of time, the inclusion of women in situations of domestic and family violence on federal, state and municipal welfare programmes. Paragraph 3. Assistance to women in situations of domestic and family violence shall include access to the benefits arising from scientific and technological development, including emergency contraception services, prophylaxis for sexually transmitted diseases (STD) and the Acquired Immune Deficiency Syndrome (AIDS) and other medical procedures necessary and appropriate in cases of sexual violence.”

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
B1- Human rights are clearly mentioned and incorporated in all the policies, strategies and programmes that sustain the Brazilian response to HIV/AIDS. It is the country’s understanding that the response to HIV is based on the indissociability of prevention and care, having human rights as its mainstay. Civil society and specific groups of populations vulnerable to HIV/AIDS have ample participation in the programmes developed by the three levels of government (federal, state and municipal), principally through activities of the Ministry of Health’s Department of STD, AIDS and Viral Hepatitis, the State and Municipal STD/AIDS Departments and projects implemented by international agencies. Although human rights are reflected in HIV policies and strategies, the National LGBT Council is concerned that there should be a stronger link between media campaigns against violence against the LGBT population or which deal with this group’s human rights, as a factor of vulnerability and increased risk of HIV infection. B2- Furthermore, Brazil has a Ministry of Human Rights.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly describe this mechanism:
The Department of STD, AIDS and Viral Hepatitis has a complaints database – the HIV/AIDS Human Rights Violations Monitoring and Evaluation System (www.aids.gov.br, in the item “Leis e Normas”). There are also juridical and legal mechanisms such as the public prosecution services, the Brazilian Law Society, the small claims courts and legal aid provided by NGOs. These services and support are free of charge. Nevertheless, these mechanisms need to be enhanced, given that the various government systems like the Health Line, Dial 100 and Dial 180 are not linked to the records of discriminatory violence controlled by the Ministry of Justice and its police stations. The need exists to interconnect the various information systems. B2 - There used to be a project funded by the Department using Actions and Goals Plan resources that ensured the provision of legal aid services by some NGOs, some of which referred cases to the Public Prosecution Service, the Brazilian Law Society, the Human Rights Society (SDDH). However, these services are no longer available. Other services are provided by the Special Police Stations for Women.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care

and support for women outside the context of pregnancy and childbirth?:

-

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

B1- As mentioned above, the country has a range of policies and programmes aimed specifically at more vulnerable populations. Access to the public health system is universal and non-discriminatory. B2 - The Brazilian Government attempts to guarantee these services at the three levels of government (federal, state, municipal) through financial support, for care and support both for men and for women. In the specific case of prevention for women, there is care for some specific groups such as prostitutes and positive women citizens and for other women organized in other segments. The policy on services for the general population is deficient. Not all women are contemplated in the way mentioned above and furthermore this is contrary to the regulations of the National Health System. In truth, low performance and inefficiency in state and municipal management are prejudicial to the federal strategy. As for treatment, it is made available to everyone who needs it, although in the last two years we have noticed the systematic shortage of some medications. According to UNAIDS, coverage of HIV treatment in the country varies between 60% and 79%.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

B1- There are legal instruments referred to as Plans to Fight the Epidemic, aimed at, for example: • Women • MSM and Transvestites • Prison population • Indigenous population B2 - Brazil has the world's best health plan – the Federal Constitution and the National Health System guarantee access. The Ministry of Health's strategy, involving large-scale civil society participation, in creating the Department of STD and AIDS has resulted in it making a tremendous effort to ensure universal and equal access by women, MSM, PLWHA, by all people. However, at grassroots level access is not universal. In other cases, policies need to be scaled up to include other populations such as those living in frontier regions and precious metal prospectors. Testing campaigns and mobile testing units are directed towards the general population, but need to be aimed at vulnerable populations and need to occur more in interior regions of the country. The high rate of late diagnosis is a reality.

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

Yes

IF YES, briefly describe the content of the policy or law:

B1- Ministry of Labour and Employment Ordinance No. 1,246, dated May 28th 2010, prohibits companies from submitting workers to HIV tests, directly or indirectly, for admission, change of position, periodic assessment, return to work, dismissal/resignation or any other procedure related to the employment relationship. The Ordinance is based on Law No. 9,029, dated April 13th 1995, which prohibits all discriminatory and restrictive practices regarding admission to or permanence in employment. The text is also based on Interministerial Ordinance No. 869, dated August 12th 1992, which prohibits the requirement to test for HIV as part of pre-employment or periodical examinations in the federal civil service. Nevertheless, the Ordinance is not contrary to the encouragement of testing through health prevention campaigns or programmes, as long as workers voluntarily agree to it. MINISTRY OF LABOUR AND EMPLOYMENT ORDINANCE No. 1,246, DATED MAY 28th 2010 – PUBLISHED IN THE OFFICIAL GAZETTE ON MAY 30th 2010 THE MINISTER OF LABOUR AND EMPLOYMENT, in the use of the attributions conferred upon him by article 87, paragraph 1, subsection II of the Federal Constitution; Whereas International Labour Organization Convention 111, enacted through Decree No. 62,150, dated January 19th 1968, prohibits all forms of discrimination in respect of employment and occupation; Whereas Law No. 9,029, dated April 13th 1995, prohibits all discriminatory and restrictive practices regarding admission to or permanence in employment; Whereas, in consideration of the provisions of programmatic action contained in item j, Strategic Objective VI. Guideline III, of the National Human Rights Programme, approved by Decree No. 7,037, dated December 22nd 2009; Whereas Interministerial Ordinance No 869, dated August 12th 1992, prohibits the requirement to test for the Human Immunodeficiency Virus – HIV in the Federal Civil Service, both as part of pre-employment or periodical health examinations; Whereas Federal Council of Medicine Resolution No. 1,665, dated May 7th 2003, prohibits compulsory HIV testing, Hereby determines: Article 1 – The provision of guidelines for companies and workers with regard to human immunodeficiency virus – HIV testing. Article 2 – The testing of workers for HIV shall not be allowed, directly or indirectly, as part of medical examinations for admission, change of position, periodic assessment, return to work, dismissal/resignation or other examinations relating to the employment relationship. Paragraph 1. The provisions of this article do not prevent health prevention campaigns or programmes from encouraging workers to find out their HIV status through counselling and testing proven to be voluntary, unrelated to their employment relationship, whereby the results are always confidential. Article 3 – This Ordinance comes into effect on the date of its publicat B2- Owing to its response to the epidemic based on the respect for human rights, among many other considerations, the Brazilian programme has been recognized as an example for the world. The concept of human rights in the fight against the AIDS epidemic is far-reaching, ranging from the promotion of the citizenship of historically marginalized populations to guaranteeing the human rights of people living with HIV and/or AIDS. One of these rights is the right not to be submitted to compulsory HIV testing, this being a fundamental guarantee provided for in the Federal Constitution (Article 5, item X): "people's… intimacy, private life are inviolable". Based on this understanding, Interministerial Ordinance No. 869, dated August 11th 1992 (attached), prohibits testing to detect HIV as part of employment admission examinations and periodical health checks for federal civil servants. Federal Council of Medicine Report No. 05, dated

February 18th 1989 (attached), on the obligation to test for HIV as part of employment admission, concluded that “performing serological tests for AIDS on workers under these circumstances is a violation of their rights, it is also in contravention of the Consolidated Labour Laws and, in the case of a positive result, contributes to their marginalization as citizens.” Similarly, Federal Council of Medicine Report No. 15, dated April 9th de 1997 (attached), refers to the performance of serological tests for HIV without the prior consent of candidates in civil and military entrance examinations, as well as referring to such candidates being disqualified in the event of a positive result, and determines that “the obligatory serological tests required by Army Ministry regulations are a violation of Human Rights, are in contravention of the Federal Constitution and are unethical”. Unfortunately there are still some Brazilian states and municipal governments that attempt to include in their Public Service Entrance Examinations the requirement to test for HIV, in the same way as the Armed Forces, as is currently the case of the entrance examination for military police officers and soldiers in the State of Minas Gerais, as can be seen in the following link in the item “Exames Complementares de Saúde”, http://www.dsconto.com/768650-concurso-pmmg-2012-soldado-cfo-feminino-interior-e-mais/ “blood: immunofluorescence for Trypanosoma Cruzi, complete blood count, blood sugar level, anti-HIV, HBS Ag, anti-HCV, glutamic pyruvate transaminase, gamma-glutamyl transferase and creatinine”.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
Yes
IF YES on any of the above questions, describe some examples:
B1- 1. The National Council to Combat Discrimination; 2. The National AIDS Commission; 3. The Commission for Articulation with Social Movements (Department of STD, AIDS and Viral Hepatitis); 4. The Technical Committee on Gay, Lesbian, Bisexual, Transvestite and Transsexual Health (Ministry of Health); 5. The Human Rights Commission of the National Congress; 6. The Human Rights Secretariat of the Office of the President of the Republic; 7. The Parliamentary Front on HIV/AIDS – National Congress; 8. The Parliamentary Front for LGBT Citizenship – National Congress. B2 - Brazil has high Social Capital and, therefore, has many organizations, Networks of PLWHA, Youth Network, Network of Positive Women Citizens, State AIDS Service NGO Forums, National AIDS Articulation, Brazilian Network of Prostitutes, Trans Network, Transvestite Association, Gay Association, Brazilian Harm Reduction Network. With regard to item b, the Brazilian Law Society provides support through its Human Rights Commission, and the Public Prosecution Service provides support through its Human Rights Division.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
Yes
Other [write in]:
B1- • Frequent pronouncements by people in prominent positions • Specific Carnival and December 1st Campaigns • Programme to fight violence and discrimination against LGBT and to promote homosexual citizenship B2- Advocacy action.

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

-

Since 2009, what have been key achievements in this area:

B1- 6 • Intense progress with intersectoral actions, e.g. the presidential decree that created the School Health Programme in 2007; • The creation of a national network of teenagers and young adults living with HIV in 2008 is giving greater visibility to the issue; • The development of integrated plans to fight the feminization of the AIDS epidemic and other STDs and to fight the AIDS epidemic and other STDs among gay men, other MSM and transvestites; • The holding of the 1st National Lesbian, Gay, Bisexual, Transvestite and Transsexual Conference (LGBT) on May 5th 2008; • Leadership in the Regional Consultation on HIV and Sex Work and the National Consultation on HIV, Prostitution and Human Rights in 2008; • Leadership in the Latin American and Caribbean Regional Consultation on HIV in the Prison System, held in São Paulo in May 2008, followed in 2009 by the National Consultation on HIV in the Prison System; • Increase in universal health care, improvement in the collection/analysis of epidemiological data and new strategies for access by more vulnerable populations. B2- 7 The most significant achievement was the integration of the HIV/AIDS and Viral Hepatitis policies into one single policy; Co-infection care, principally TB; In the last two years little progress has been made with free public transport for PLWHA and part of this population still does not have access to it. In the northern region, these policies are still lacking implementation because of the lack of commitment of certain public service managers who are not even capable of applying the Fund-to-Fund Incentive resources (Actions and Goals Plans).

What challenges remain in this area:

B1- • People with HIV continue to suffer discrimination and stigma. Greater attention needs to be paid to children and teenagers living with HIV, in particular those living in institutions. • Greater presence of the Department of STD, AIDS and Viral Hepatitis in frontier areas, with greater distribution of relevant information (on prevention, counselling and treatment) in frontier and migration control posts. • Need to strengthen the School Health Programme and increase the participation of adolescents in the Programme as peer educators. • Need to increase the participation of girls living with HIV in existing forums • Need for greater articulation between the Department of STD, AIDS and Viral Hepatitis and the Human Rights Secretariat of the Office of the President of the Republic in joint actions. B2- The biggest challenge is to make agreements on HIV/AIDS/STD policies between state and municipal governments a priority once more, to ensure that the resources of the Actions and Goals Plans are used correctly. The Ministry having the courage to apply the penalties provided for and to monitor efficiently and efficaciously the application of the resources. Women are not having their rights guaranteed, neither their Human Rights nor the right to be able to use free of charge female condoms as previously publicized. Brazil has been remiss in purchasing and promoting the use of female condoms. The Ministry of Health has been systematically reducing the purchase of these condoms since 2008. Lack of availability of these condoms in public health services and in organizations that work specifically with women.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-

Since 2009, what have been key achievements in this area:

B1-6 B2-4 No progress has been made. 2011 was a very negative year and this continues to apply. The policies are not being implemented, so much so that AIDS cases are increasing in the Northern region and globally women and girls are still the most affected by the epidemic. The ability of women and girls to protect themselves from HIV continues to be hindered by several factors such as gender inequalities, including unequal legal, economic and social conditions, difficult access to health services, including with regard to sexual and reproductive health, as well as all forms of discrimination and violence, including sexual violence and exploitation. How can the fulfilment of the policies be ensured if the funding to guarantee actions in response to HIV/AIDS is insufficient. A further aggravating circumstance is the cut in health resources, for the first time international aid resources for the development of these policies have not increased and we continue with the same level of resources as in 2008 and 2009.

What challenges remain in this area:

B1- The implementation of laws providing protection and the systematic refusal of the federal legislative branch in the National Congress to support specific laws to protect certain more vulnerable populations. B2- Little political will on the part of state and municipal-level public service managers to implement these policies. Effective monitoring actions by the Ministry/Department.

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

B1-YES Through recommendations made by the national, state and municipal councils; behaviour studies; prevalence studies; establishment of National Plans. Other measures include scientific and technological development in the area of prevention commodities, the enhancement of strategies for the social marketing of condoms and the scaling up of actions by partners outside the health sector such as, for example: education, labour, women's policies, social action, youth, among others. Such measures enable improved data collection/analysis and more precise identification of the evolution of the epidemic and the social groups more vulnerable to HIV/AIDS. B2- They have been indicated by civil society in events, seminars, meetings of the Commission for Articulation with Social Movements and the National AIDS Commission. We must state that although they are identified, these actions are not implemented.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

-

Condom promotion:

-
Harm reduction for people who inject drugs:
-
HIV prevention for out-of-school young people:
-
HIV prevention in the workplace:
-
HIV testing and counseling:
-
IEC on risk reduction:
-
IEC on stigma and discrimination reduction:
-
Prevention of mother-to-child transmission of HIV:
-
Prevention for people living with HIV:
-
Reproductive health services including sexually transmitted infections prevention and treatment:
-
Risk reduction for intimate partners of key populations:
-
Risk reduction for men who have sex with men:
-
Risk reduction for sex workers:
-
School-based HIV education for young people:
-
Universal precautions in health care settings:
-
Other [write in]:
See Narrative Report for separate B1 and B2 scores.

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
5
Since 2009, what have been key achievements in this area:
B1-5 • Scaling up of rapid testing for pregnant women; • Scaling up of testing for young adults and teenagers; • National Plan to Fight the AIDS and STD Epidemic among Gay Men, Other MSM and Transvestites. B2-5 PEP – Post Exposure Prophylaxis, greater availability of rapid testing, although some movements do not agree with the way it is being applied; Policies for Youth, support, guarantee of the participation of young people in spaces of social watch and in some spaces where the policy is formulated; The unification of the HIV and Viral Hepatitis policies.
What challenges remain in this area:
• Universal access to testing by pregnant women has not yet been achieved; • Many teenagers and young adults still do not have access to condoms; • Out-of-school teenagers continue to be excluded in relation to prevention and treatment services; • Large regional differences (North and North-East Regions) in relation to prevention services; • The policy to fight the feminization of HIV has not yet been successfully incorporated in the Brazilian states; • There has been no progress in the Legislative Branch with regard to the rights of LGBT people in Brazil. Expressive political presence of fundamentalist parliamentarians in the National Congress has caused notorious backtracking of the traditional evidence-based Brazilian policy. B2- Agreements between society and Government need to be respected. The Department needs to move forward, retrogression can be seen in the current Brazilian context, respect for society's decisions regarding AIDS campaigns, correct application of Fund-to-Fund Incentive resources; ensure access to female condoms; the interface between women, violence and AIDS; increase support to the Brazilian NGOs, ensure the systematic supply of medications, guarantee treatment for lipodystrophy and liposuction for PLWHA. Guarantee the implementation of the Plans to Fight the Feminization of the Epidemic by the Federal Government and by the Brazilian states, as women are suffering sexual violence right from their teenage years and the Ministry has not created a mechanism that identifies the types of violence that these women with HIV have suffered.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
B1-YES The elements have been defined through studies and research on adherence, diagnosis; by scientific medication protocol committees; and by health information systems in the country. B2-YES Even though the answer is yes, there are some restrictions. The size of the country implies a series of differences, both in terms of commitment and in terms of management.

Good standards of service need to be guaranteed in Specialized Care Services, Testing and Counselling Centres, Alcohol and Drugs Psychosocial Care Centres. Services for women need to improve. The Care and Treatment Units need to be scaled up.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

B2 - The lipodystrophy services need to be scaled up. Data collection needs to be standardized, especially with regard to women and the monitoring of HIV and violence against women.

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

Antiretroviral therapy:

-

ART for TB patients:

-

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-

Post-delivery ART provision to women:

-

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

-

Post-exposure prophylaxis for occupational exposures to HIV:

-

Psychosocial support for people living with HIV and their families:

-

Sexually transmitted infection management:

-

TB infection control in HIV treatment and care facilities:

-

TB preventive therapy for people living with HIV:

-

TB screening for people living with HIV:

-

Treatment of common HIV-related infections:

-

Other [write in]:

See Narrative Report (Annex III) for separate B1 and B2 results.

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

-

Since 2009, what have been key achievements in this area:

B1-7 B2-5 There has been little progress, on the contrary there have been setbacks in some aspects such as the guarantee

What challenges remain in this area:

B1- True universal access: regional iniquities and structural problems in health services and local political scenarios are factors that hinder the achievement of universal access. B2- The commitment of public service managers to implementing the policies, to fulfilling the agreement made with society, respect for the Fund-to-Fund Incentive resources, the correct application of these resources, respect of the planning of the Actions and Goals Plans. Greater technical capacity of health workers in relation to the management of the treatment of PLWHA, ensuring an adequate number of hospital beds, principally for women.

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

No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

B1-2 The national plan to ensure the right to family and community life makes some mention of children living with HIV.

What challenges remain in this area:

B1- Several challenges remain: • Lack of information at state and national level on the number of children affected by HIV; • Lack of information on the types of violence suffered by these children and teenagers; • Lack of a national strategy effectively implemented to ensure that children and teenagers with HIV and living in institutions have the right to family and community life; • Lack of psychosocial support for children and teenagers living with HIV – focus only on medical aspects; • Lack of a specific policy with options for teenagers in care once they are 18. B2 - Commitment of the Governments to the people's lives, identify, monitor AIDS orphans; Guarantee specific policies for children and adolescents living with HIV/AIDS that ensure their placement on the formal and informal labour market. Support and strengthen families responsible for looking after orphaned children.
