

EXO 4245 .

→ P. De Lay, EVA  
 M. Sidibe, CRD  
 J. Jones, EVA  
 R. Chelid - Graf, GDU



MINISTÉRIO DA SAÚDE  
 SECRETARIA EXECUTIVA  
 COORDENAÇÃO NACIONAL DE DST E AIDS

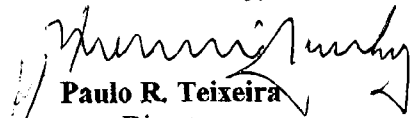
Brasilia, May 30<sup>th</sup> 2003

Ofício 4354 – GAB (COOPEX)/CN-DST E AIDS/SPS/MS

Dear Dr. Piot,

In reference to the letter dated May 13<sup>th</sup> (see attachment) concerning the suitability of some data submitted by the Brazilian AIDS Program under the follow-up work on the UNGASS indicators, I have the satisfaction to send you a revised version to your perusal and update. This version has been substantively modified, and does not contain the Excel charts from annex III. They have been incorporated under part I "Status at a Glance", given the difficulty one found in filling it out and possible distortions it might cause in the process of data consolidation. In light of the above, we hope to send you until Wednesday, June the 4th, an analytical evaluation of the indicators proposed by UNAIDS. We are certain that this revised data reflects with appropriate accuracy the status of the AIDS epidemic in Brazil and can be safely put into the public domain.

Yours sincerely,

  
 Paulo R. Teixeira  
 Director

TO:

Mr. Peter Piot  
 Director General  
 UNAIDS  
 Fax: +41-22-791 4179

With copy to: Paul De Lay  
 Director of Monitoring and Evaluation  
 Fax: (4122) 791 4768

**RECEIVED UNAIDS/EXO**

02 JUN 2003

Action requested: P. De Lay

(Please copy reply to EXO)  
 CRD-EVA-EXO-GDU-PDC-PSG-RMB-SMI

## I. STATUS AT A GLANCE

### NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index
2. Government funds disbursed on HIV/AIDS: **US\$ 601,1 millions**  
*This amount refers to the three levels of government in the year of 2000.*

### NATIONAL PROGRAMME & BEHAVIOUR

#### Prevention

3. **41.4%** of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year  
*Telephone survey and school census (2000).*
4. % of large enterprises/companies that have HIV/AIDS workplace policies and programmes  
*Data not available.*
5. **33.6%** of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT  
*17,836 women infected with the HIV were estimated pregnant in 2002 and of those, 6,000 received ARV prophylaxes to reduce the risk of MTCT.  
The estimated prevalence of HIV infection in pregnant women is 0.47%.  
Source: ARV distribution for the year 2002 and Estimates of Infected Parturient for the year 2002.*

#### Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled  
*Data not available.*
7. **100%** of people with advanced HIV infection receiving ARV combination therapy.  
*In Brazil 600,000 persons aged 15 to 49 are estimated to be infected with HIV. Using the parameters proposed in the "Guidelines on Construction of Core Indicators" there would be 90,000 people at advanced stage of infection. Using the Brazilian consensus for the prescription of ARV, which recommends the early initiation of treatment, in 2002 there were 119,500 people under ARV.*

#### Knowledge/Behaviour

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention.  
(Target: 90% by 2005; 95% by 2010)  
*97% of the sexually active population, aged 15 to 24, correctly identified the use of condom as way of preventing the sexual transmission of HIV.  
Source: Public Opinion Survey on STD /Aids undertaken in January of 2003. The population surveyed was a representative sample of the Brazilian sexually active population (1,000 interviews) with a 95% confidence interval and bilateral error of 3.1%.  
There is no available information on those who reject major misconceptions about HIV transmission or prevention.*

9. **64.3%** of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.  
*Source: Public Opinion Survey on STD /Aids undertaken in January of 2003. The population surveyed was a representative sample of the Brazilian sexually active population (1,000 interviews) with a 95% confidence interval and bilateral error of 3.1%.*
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (where applicable)  
*In 1999, 49.1% of IDU under harm reduction intervention reported consistent use of condoms and 70% reported to share injecting equipment. In 2001, these percentages were 62.9% and 59.4% respectively. Currently, 10.5% of the estimated IDU population is reached through the 166 outreach sites for harm reduction (83,797 out of 795,657).  
 Source: AJUDE I and II Studies, conducted by the Federal University of Minas Gerais supported by the Ministry of Health.*

#### Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age currently attending school  
*Data not available.*

#### IMPACT

12. % young people aged 15-24 years of age who are HIV infected  
 (Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)  
**0.65% people aged 15-49 years of age who are HIV infected.**  
*Source: Estimate based on survey of HIV prevalence among pregnant women during labor - National Sample, 2000.*
13. 8.6% of infants born to HIV infected mothers who are infected  
 (Target: 20% reduction by 2005; 50% reduction by 2010)  
*Source: Data from a cohort study of 1,800 vertically exposed children in 18 states. This research was conducted by the Department of Infectious Diseases of Brazilian Pediatric Society supported by the National Coordination of STD/Aids.*



**MINISTRY OF HEALTH  
EXECUTIVE SECRETARIAT  
NACIONAL AIDS PROGRAM**

Dear Dr. Piot,

I would like to congratulate UNAIDS for the efforts being made to follow up on the implementation of the Declaration of Commitment on HIV/AIDS unanimously agreed at the General Assembly Special Session of June 2001. This is one of the most important initiatives currently underway by the international community to make those pledges made in New York come true.

Brazil fully supports this process and is engaged in incorporating the Declaration into the design and implementation of its national response against the AIDS epidemic. Nevertheless, we have identified that the report submitted by Brazil last March contains important inaccuracies that can lead to inappropriate conclusions regarding the Brazilian HIV/AIDS Program.

As an example, information provided under indicator number 10 reflects the percentage of injecting drug users who are reached by harm reduction interventions, and it would be a methodological mistake to assume that all of these in fact adopt safer behavior.

Therefore, we would like to consult you regarding the possibility of revising some of the data submitted in order to more precisely describe and reflect the Brazilian experience on AIDS. In case this is possible, we would be pleased to provided the rectified data by May 23<sup>rd</sup>.

Yours sincerely,

Paulo R. Teixeira  
Director