

**Monitoring the Declaration of
Commitment on HIV/AIDS**

UNGASS

Brazil, 2005

NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index

I. Strategic plan

1. Has your country developed a national multi-sectoral strategy/action framework to combat HIV/AIDS?

(Multisectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below.)

Yes.

Period covered: 2003-2005

1.1 *IF YES*, which sectors are included?

Sectors included	Strategy/Action framework	Focal point/Responsible
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	
Military	Yes	Yes
Women	Yes	
Youth	Yes	Yes
Others to specify	Foreign Affairs; Justice; Culture	

Comments:

1.2 *IF YES*, does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (*Yes/ No*)

Programme

- a. Voluntary counselling and testing? **Yes**
- b. Condom promotion and distribution? **Yes**
- c. Sexually transmitted infection prevention and treatment? **Yes**
- d. Blood safety? **Yes**
- e. Prevention of mother-to-child transmission? **Yes**
- f. Breastfeeding? **Yes**
- g. Care and treatment? **Yes**
- h. Migration? **No**

Target populations

- i. Women and girls? **Yes**
- j. Youth? **Yes**
- k. Most-at-risk populations? **Yes**
- l. Orphans and other vulnerable children? **Yes**

Cross-cutting issues

- m. HIV/AIDS and poverty? **Yes**
- n. Human rights? **Yes**
- o. PLHA involvement? **Yes**

1.3 *IF YES*, does it include an operational plan? **Yes**

1.4 *IF YES*, does the strategy/operational plan include: **Yes**

a. formal programme goals? **Yes**

b. detailed budget of costs? **Yes**

c. indications of funding sources? **Yes**

1.5 Has your country ensured “full involvement and participation” of civil society in the planning phase? **Yes**

1.6 Has the national strategy/action framework been endorsed by key stakeholders? **Yes**

Comments:

2. Has your country integrated HIV/AIDS into its general development plans (such as: a) National Development Plans, b) United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, and d) Common Country Assessments)? **Yes**

2.1 *IF YES*, in which development plan? a) **X** b) _____ c) **X** other

Covering which of the following aspects? (*Yes/ No*)

	a)	b)	c)
HIV Prevention	Yes		Yes
Care and support	Yes		Yes
HIV/AIDS impact alleviation	Yes		Yes
Reduction of gender inequalities as relates to HIV/AIDS prevention/care	Yes		Yes
Reduction of income inequalities as relates to HIV prevention/care	Yes		Yes
Others:			

3. Has your country evaluated the impact of HIV and AIDS on its economic development for planning purposes? **Yes**

3.1 *IF YES*, how much has it informed resource allocation decisions? (*Low to High*) **Value=8**

Comments:

4. Does your country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services, military, peacekeepers and police? **Yes**

4.1 *IF YES*, which of the following have been implemented?

HIV Prevention	Yes
Care and support	Yes
Voluntary HIV testing and counseling	Yes
Mandatory HIV testing and counselling	
Others to specify:	

Comments:

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes?

2005 => **Value=8**

2003 => **Value=8**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

II. Political support

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?

Head of government: **Yes**

Other high officials: **Yes**

2. Does your country have a national multisectoral HIV and AIDS management/coordination body recognized in law? (National AIDS Council or Commission)* **Yes**

2.1 *IF YES*, when was it created? Year: **April/1986**

2.2 Does it include?

Terms of reference	Yes
Defined membership	
Including civil society	Yes
People living with HIV	Yes
Private sector	Yes
Action plan	Yes
Functional Secretariat	Yes
Date of last meeting of the Secretariat	Date: Dec/2005

Comments:

3. Does your country have a national HIV and AIDS body that promotes interaction between government, people living with HIV, the private sector and civil society for implementing HIV and AIDS strategies/programmes?

Yes

3.1 *IF YES*, does it include?

Terms of reference	Yes
Defined membership	Yes
Action plan	Yes
Functional Secretariat	Yes
Date of last meeting of the Secretariat	Date: Nov/2005

Comments:

4. Does your country have a national HIV and AIDS body that is supporting coordination of HIV-related service delivery by civil-society organizations? **Yes**

4.1 IF YES, does it include?

Terms of reference	
Defined membership	
Action plan	
Functional Secretariat	
Date of last meeting of the Secretariat	Date: 1997

Comments: **AS A UNIT WITHIN BRAZILIAN NATIONAL AIDS PROGRAM.**

Overall, how would you rate the political support for the HIV/AIDS programme?

2005 => **Value=8**

2003 => **Value=9**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

III. Prevention

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

1.1 In the last year, did you implement an active programme to promote accurate HIV and AIDS reporting by the media? **Yes**

Comments:

2. Does your country have a policy or strategy promoting HIV and AIDS related reproductive and sexual health education for young people? Yes

2.1 Is HIV education part of the curriculum in:

primary schools? **Yes**

secondary schools? **Yes**

Comments: **Transverse Theme in the Curriculum.**

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women? **Yes**

Comments:

3. Does your country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk populations? Yes

3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including: - Risk reduction information, education and counselling? - Needle and syringe programmes? - Treatment services? - If yes, drug substitution treatment?	Yes
Men who have sex with men?	Yes
Sex workers?	Yes
Prison inmates?	Yes
Cross-border migrants, mobile populations	Yes

Refugees and/or displaced populations?	Yes
Other most-at-risk populations? <i>Please specify</i> Boys and Girls living on the streets Miners and Prospectors Indigenous people	Yes

Comments:

4. Does your country have a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to confidential voluntary counselling and testing, condoms, sterile needles and drugs to treat sexually transmitted infections.) **Yes**

4.1 Do you have programmes in support of the policy or strategy?

A social-marketing programme for condoms?	Yes
A blood-safety programme?	Yes
A programme to ensure safe injections in health care settings?	Yes
A programme on antenatal syphilis screening	Yes
Other programmes? <i>Please specify</i>	

Comments:

Overall, how would you rate policy efforts in support of prevention?

2005 => **Value=8**

2003 => **Value=8**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion in both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV and AIDS reporting by the media.	Yes	Yes
b. A social-marketing programme for condoms	Yes	Yes
c. School-based AIDS education for youth	Yes	Yes
d. Behaviour-change communications	Yes	Yes
e. Voluntary counselling and testing	Yes	Yes
f. Programmes for sex workers	Yes	Yes
g. Programmes for men who have sex with men	Yes	Yes
h. Programmes for injecting drug users, if applicable	Yes	Yes
i. Programmes for other most-at-risk populations	Yes	Yes
j. Blood safety	Yes	Yes
k. Programmes to prevent mother-to-child transmission of HIV	Yes	Yes
l. Programmes to ensure universal precautions in health care settings	Yes	Yes
m. Other: <i>(please specify)</i>		

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?

2005 => **Value=8**

2003 => **Value=8**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

IV. Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV and AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, confidential voluntary counselling and testing, psychosocial care, access to medicines, and home and community-based care.) **Yes**

2. Which of the following activities have been implemented under the care and treatment of HIV and AIDS programmes?

	2003	2005
a. HIV screening of blood transfusion	Yes	Yes
b. Universal precautions	Yes	Yes
c. Treatment of opportunistic infections (OI)	Yes	Yes
d. Antiretroviral therapy (ART)	Yes	Yes
e. Nutritional care		Yes
f. Sexually transmitted infection care	Yes	Yes
g. Family planning services		Yes
h. Psychosocial support for people living with HIV and their families	Yes	Yes
i. Home-based care	Yes	Yes
j. Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	Yes	Yes
k. Cotrimoxazole prophylaxis among HIV-infected people	Yes	Yes
l. Post exposure prophylaxis (e.g., occupational exposures to HIV, rape)	Yes	Yes
m. Other: <i>(please specify)</i>		

Comments:

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?

2005 => **Value=9**

2003 => **Value=9**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

3. Does your country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)? **Yes**

3.1 *IF YES*, Is there an operational definition for orphans and other vulnerable children in the country? **No**

IF YES, please provide definition: _____

3.2 Which of the following activities have been implemented under orphan and vulnerable children programmes?

	2003	2005
School fees for orphans and vulnerable children	No	No
Community programmes	Yes	Yes
Other: <i>(please specify)</i>		

Comments:

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2005 => **Value=7**

2003 => **Value=6**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: **The beginning of the financing of support Houses.**

V. Monitoring and Evaluation

1. Does your country have one national Monitoring and Evaluation (M & E) plan? Yes Years covered: **From 2003.**

1.1 *IF YES*, was it endorsed by key partners in evaluation? **Yes**

Comments:

1.2 Was the Monitoring and Evaluation plan developed in consultation with civil society, people living with HIV? **No**

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy	Yes
well defined standardized set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing quality and accuracy of data	Yes
a data dissemination and use strategy	Yes

3. Is there a budget for the Monitoring and Evaluation plan? Yes

Years covered:

3.1 *IF YES*, has funding been secured? **Yes**

4. Is there a Monitoring and Evaluation functional Unit or Department? Yes

IF YES,

Based in NAC or equivalent?	Yes
Based in Ministry of Health?	Yes
Elsewhere? <i>Please specify</i>	

4.1 If yes, are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department? **No**

Comments:

4.2 Is there a full-time officer responsible for monitoring and evaluation activities of the national programme? **Yes full time**

4.3 *IF YES*, since when? : Year **2003**

5. Is there a committee or working group that meets regularly coordinating Monitoring and Evaluation activities? Yes regular
Date last meeting: **Dec/2005**

5.1 Does it include representation from civil society, people living with HIV? **No**

6. Have individual agency programmes been reviewed to harmonize Monitoring and Evaluation indicators with those of your country? Yes

7. To what degree (Low to High) are UN, bi-laterals, other institutions sharing Monitoring and Evaluation results? Value=7

Comments:

8. Does the Monitoring and Evaluation Unit manage a central national database? Yes

8.1 IF YES, what type is it? **Indicators**

9. Is there a functional* Health Information System?

National level **Yes**

Subnational* **Yes**

(*reporting regularly data from health facilities aggregated at district level and sent to national level, analysed, and used at different levels)

Comments:

10. Is there a functional Education Information System?

National level **Yes**

Subnational* **No**

* If yes, please specify the level, i.e., district

11. Does your country publish at least once a year an evaluation report on HIV and AIDS, including HIV surveillance reports? Yes

12. To what extent strategic information is used in planning and implementation? Used for strategic planning

Comments:

13. In the last year, was training in Monitoring and Evaluation conducted

At national level?	Yes
At subnational level?	Yes
Including civil society?	Yes

Overall, how would you rate the monitoring and evaluation efforts of the HIV and AIDS programme?

2005 => **Value=10**

2003 => **Value=3**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

Part B:

The beginning of part B was filled out by technical staff from the National Programme. The part referring to civil society has been substituted by a document that was prepared by various segments of civil society in relation to the evaluation of the Brazilian response to the commitments made at the UNGASS.

I. Human rights

1. Does your country have laws and regulations that protect people living with HIV and AIDS against discrimination (such as general non-discrimination provisions or those that specifically mention HIV, that focus on schooling, housing, employment, etc.)? Yes

Comments:

There are several laws that protect PVA against discrimination, laws in the field of Labour legislation prohibiting discriminatory dismissal, the prohibition of tests for detecting HIV in admission or demission exams or for determining a change of work post; in regard to the SCHOOLS, there is an inter-ministerial edict that prohibits the carrying out of such tests for determining admission into the school environment; RECOMMENDATIONS and provisions in the Children and Adolescents Statute prohibit such testing as a criterion for adoption; Laws that determine the free and universal supplying of medicines; Laws that liberate the use of Social Labour Benefits PIS and PASEP for people living with HIV to treat their health; Laws that cancel liability for the payment of ICM tax on goods for handicapped people living with HIV/AIDS; Laws that liberate unemployment benefit funds (FGTS) for treating the disease of the worker or of his or her dependent; However, we feel that there is a lack of awareness especially on the part of employers in regard to their social responsibility and respecting the rights of employees.

2. Does your country have non-discrimination laws or regulations which specify protections for certain groups of people identified as being especially vulnerable to HIV and AIDS discrimination (i.e., groups such as injecting drug users, men who have sex with men, sex workers, youth, mobile populations, and prison inmates)? Yes

IF YES, please list groups:

3. Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations? Yes

IF YES, please list groups:

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

Comments:

The policy that has been developed by Brazil, seeks to guarantee people's rights especially the rights of the most needy, like those infected with the HIV/AIDS virus, not only through the Federal Constitution but also in ordinary laws. There is however, a need for greater surveillance to ensure that such laws are effectively applied and that people have their rights secured, by means of actions promoted by the legal advisory bodies of NGOs, of the Public Prosecution and all other class entities (unions etc.)

5. Has the Government, through political and financial support, involved vulnerable populations in governmental HIV-policy design and programme implementation? Yes

Comments:

The Government has been helping by means of implanting programmes that seek to recover the citizenship of various segments of the population as for example: A Brazil without Homophobia – a project directed at homosexuals; and by implanting legal advisory bodies for persons living with HIV/AIDS and vulnerable populations including MSM, women, children and the old. Projects in the field of Childhood and Youth, projects for support houses. There is distribution of medicines free of charge and for all. It must be pointed out that such programmes do not reach out to the entire population given the immense size of Brazil.

IF YES, please list groups:

6. Does your country have a policy to ensure equal access, between men and women, to prevention and care? Yes

Comments:

The Constitution and the ordinary Legislation encompass men and women equally. However a certain deficiency in prevention for women can be detected in that there have been fewer surveys dedicated to them than to men. The supply of services to the woman as individuals are not ideal and do not come up the desired minimum of 50%. Women are still thought about more in terms of mothers. During pregnancy there is a certain amount of outpatient and doctor/hospital accompaniment but it does not go beyond a level of 50%.

7. Does your country have a policy to ensure equal access to prevention and care for most-at-risk populations? Yes

Comments:

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)? Yes

9. Does your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee? Yes

9.1 *IF YES, does the ethical review committee include civil society and people living with HIV?*

Yes

Comments:

The Ethics committees are made up of various members of civil society however we Brazilians do not have the habit of community participation. Thus active representation is not what could be wished for, although it does exist and is active.

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

Collection of information on human rights and HIV and AIDS issues and use of this information in policy and programme development reform	Yes
Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons which consider HIV- and AIDS-related issues within their work	Yes
Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses	Yes
Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV and AIDS efforts	No

11. Have members of the judiciary been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work? Yes

There are various members of the judiciary that are capable, trained and sensitive in dealing with questions concerning HIV/AIDS. However, it must be pointed out that the number of persons duly trained and aware is very small in view of the vast extension of the land. Thus a large slice of society is not benefited.

There is a need to monitor these numbers of members of the judiciary and for them to be encouraged to become multipliers within their fields of activity.

An updating and revision are also necessary as we can perceive that lately there has been a backsliding especially in the Judiciary on the question of Rights and Medicines and the question of budgeting has begun to take precedence over human considerations.

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

Legal aid systems for HIV and AIDS casework	Yes
State support to private sector laws firms or university based centers to provide free pro bono legal services to people living with HIV and AIDS in areas such as discrimination	Yes
Programmes to educate, raise awareness among people living with HIV and AIDS concerning their rights	Yes

13. Are there programmes designed to change societal attitudes of discrimination and stigmatization associated with HIV and AIDS to understanding and acceptance?

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS?

2005 => **Value=9**

2003 => **Value=7**

The Revival of the National Parliamentary Movement; the setting up of State Parliamentary movements; the approval of State and Municipal Legislation.

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

Overall, how would you rate the effort to enforce the existing policies, laws and regulations?

2005 => **Value=9**

2003 => **Value=7**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

II. Civil society participation

1. To what extent civil society has made a significant contribution to strengthening the political commitment of top leaders and national policy formulation? Value=8

2. To what extent civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV and AIDS or for the current activity plan (attending planning meetings and reviewing drafts)? Value=7

3. To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports? Value=6

4. Has your country conducted a National Periodic review of the Strategic Plan with the participation of civil society in: Yes

Month: **March** Year: **2005**

5. To what extent your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee *in which people living with HIV and caregivers participate?* Value=5

Overall, how would you rate the efforts to increase civil-society participation?

2005 => **Value=8**

2003 => **Value=7**

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

2. Government funds disbursed on HIV/AIDS

Budgetary expenditure in 2005 by the Brazilian National STD/Aids Program amounted to \$US 330.4 million.

Not included in this amount are hospitalization costs, clinical monitoring tests, blood screening, out-patient consultations and costs met by other federal sources. The values were inflation-adjusted by the Broad Consumer Prices Index (IPCA) and converted at the 2005 average dollar/real exchange rate (2.434).

Source: Brazilian National STD/Aids Program

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year

In 2005, 25.8% of schools had teachers who had been trained in life-skills-based education and who had taught it during the last academic year.

Source: 2005 School Census – Survey of Health Promotion Activities and Preventive Education.

The School Census is a survey of educational-statistical information carried out annually, nationwide. It takes in Basic Education in its three levels – Infant Education, Compulsory Basic Education and Secondary Education and in the various teaching modes –Regular Education, Special Education and Education for Youths and Adults. In the year 2005 an enclosure was included with specific questions on: preventive activities in STD/AIDS, sexual health and reproductive health activities, prevention of injecting drug use and adolescent pregnancy.

4. % of large enterprises/companies that have HIV/AIDS workplace policies and programmes

Data not available.

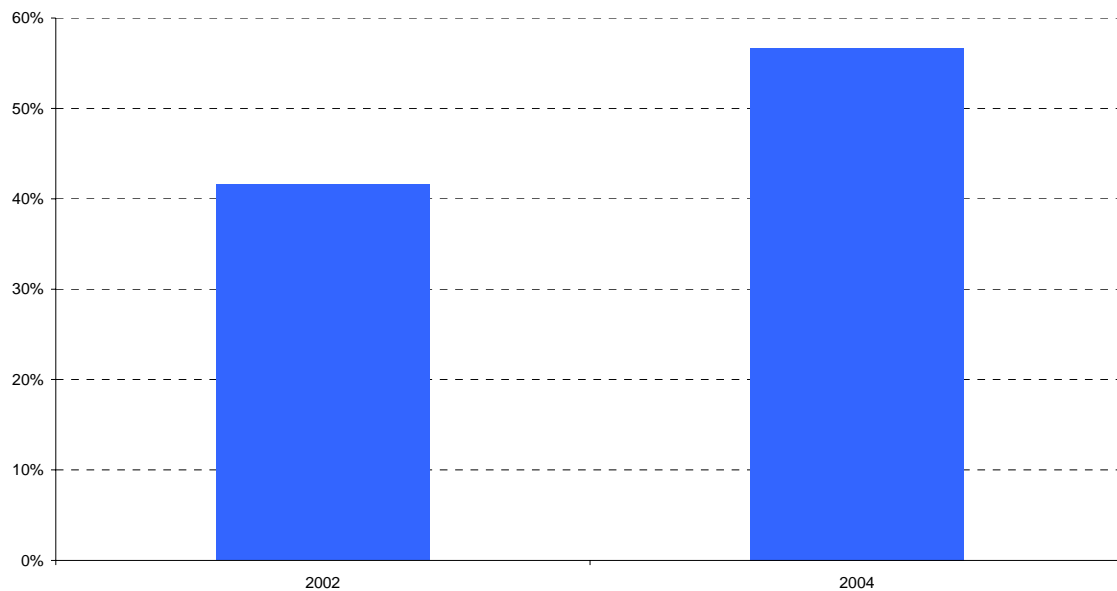
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT

It is estimated that in 2004 the coverage of prophylactic treatment during birth for pregnant women infected with HIV is 57.6%.

The estimate has been made taking into account that:

- ✘ 7,223 women received prophylactic treatment during the birth
- ✘ estimated HIV prevalence for 2004 was 0.41%
- ✘ the number of live-born children in 2004 was 3,059,402

PROPORTION (%) OF HIV+ PREGNANT WOMEN RECEIVING A COMPLETE COURSE OF ARV PROPHYLAXIS TO REDUCE THE RISK OF MTCT. BRAZIL, 2002 AND 2004.



Source: MoH/SINASC; MoH/Brazilian National AIDS Program.

Source: Live-born children = SINASC; other information = National STD/Aids Programme.

Link: <http://157.86.8.37/abrir.asp?valor=226>

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled

Data not available.

7. % of people with advanced HIV infection receiving ARV combination therapy.

Using the UNAIDS parameters proposed in the "Guidelines on Construction of Core Indicators 2003", 185% of people with advanced HIV infection were receiving ARV combination therapy in 2005.

In Brazil, in 2004, it was estimated that 593,787 persons aged 15 to 49 were infected with HIV. Using the parameters proposed in the "Guidelines on Construction of Core Indicators", i.e., 15% of the number of estimated infected persons, 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 October of 2005 there were 166,500 people under ARV, which corresponds to 28% of infected persons in Brazil.

Source: Brazilian National AIDS Program.

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)

In 2004, 58,4% of respondents 15-24 years of age who both correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission or prevention.

Fonte: Survey of Knowledge, Attitudes and Practices of the Brazilian Population aged between 15 and 54 years, 2004. It is a Population-based survey carried out in Brazil in year 2004. The survey was based on household enquiries, with only one member of any household entitled to respond to the questionnaire. In Brazil, 6000 individuals were selected and the sample was stratified according to Geographic Region ('macro-region'): 900 interviews were conducted in the North, South and Center-West regions, 1100 in the Northeast Region and 2200 in the Southeast. In each of the major regions, the sample was carried out in multiple stages: States; census sectors; and households. The sectors within each of the States were selected by systematic sampling, with probability proportional to size. Within the sectors, the sampling was done by quotas reflecting the following: conjugal status (stable or non-stable union); age range (15-24; 25-39; 40-54); sex; and educational level (high-school not concluded; high-school concluded).

9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.

In 2004, 74,1% of people aged 15-24 reported the use of a condom during the last sexual intercourse with a non-regular sexual partner.

Source: Survey of Knowledge, Attitudes and Practices of the Brazilian Population aged between 15 and 54 years, 2004. It is a Population-based survey carried out in Brazil in year 2004. The survey was based on household enquiries, with only one member of any household entitled to respond to the questionnaire. In Brazil, 6000 individuals were selected and the sample was stratified according to Geographic Region ('macro-region'): 900 interviews were conducted in the North, South and Center-West regions, 1100 in the Northeast Region and 2200 in the Southeast. In each of the major regions, the sample was carried out in multiple stages: States; census sectors; and households. The sectors within each of the States were selected by systematic sampling, with probability proportional to size. Within the sectors, the sampling was done by quotas reflecting the following: conjugal status (stable or non-stable union); age range (15-24; 25-39; 40-54); sex; and educational level (high-school not concluded; high-school concluded).

Link: <http://157.86.8.200/abrir.asp?valor=30>

10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (where applicable)

Data not available for 2005.

Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age currently attending school

Data not available.

IMPACT

12. % of young people aged 15–24 who are HIV-infected

(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)

In 2004, 0.28% of women aged 15-24 years were infected with HIV. In 2002, 0.09% of men aged 17-21 years were infected with HIV.

In 2004, 0.61% of people aged 15-49 years are infected with HIV. The estimated prevalence among men was 0.84% and among women was 0.47%.

Sources:

1) Parturient Sentinel Study 2000 and 2004.

The prevalence rate in the population aged between 15 and 49 has been estimated since 1998, through the projection of the estimate found in parturient women and from the sex ratio of notified AIDS cases. In 1998, data of the Parturient Sentinel Study were used, from 50 sentinel sites, aggregated in 11 homogeneous clusters, on the basis of socioeconomic and demographic conditions and taking into account the AIDS situation. The estimate of the prevalence rate for Brazil was arrived at by the weighted average of the estimates of the clusters, weighted by the size of the cluster in the population. The sex ratio equal to 2 was used. In 2000, the Parturient Sentinel Study was carried out by sampling in multiple stages: municipalities, maternity clinics (500+ deliveries a year) and pregnant women at delivery. The estimate of the prevalence rate for Brazil was arrived at by taking the sampling process into account. The sex ratio used was equal to 1.9. In 2004, a multiple stage sampling was used. In the first one, 200 hospitals were selected with probability proportional to size. In each one of the hospitals, 100 parturient women were randomly selected. Municipality size and geographic region stratified the primary units. For the HIV prevalence rate estimation in the general female population, the prevalence rate found

among parturient women was standardized by age. A sex ratio of 1.9 was used.

Link: <http://157.86.8.200/abrir.asp?valor=79>

2) Studies on Brazilian Army Conscripts

This technical cooperation project, undertaken jointly by the Ministry of Health and the Brazilian Army, commenced in Brazil in 1996. It consisted of integrated activities designed to make military personnel and the conscript population of the Brazilian Army aware of - and to prevent - HIV infection and other sexually transmissible infections. This partnership resulted in a number of different activities related to the control of sexually transmissible infections and AIDS in a number of behavioral surveys of conscripts carried out when they presented themselves to the Military Boards (Comissões Militares). Bearing in mind that young men generally presented themselves for service at 18 years of age, the conscript surveys aimed to monitor, among adolescent males, risk behavior that could lead to HIV infection. The surveys, conducted annually between 1996-2000, focused on different objectives from year to year, with the overall purpose of enhancing knowledge about the practices of young Brazilian males. Furthermore, part of the questionnaire was repeated periodically in order to determine any relevant behavioral changes and to monitor interventions and preventive activities in this population group. In the years 1998 and 2002, blood samples were collected for estimating the prevalence of HIV and thereby making it possible to establish the main HIV infection risk factors among young Brazilian males. The report containing the key results of the research for 2002 is available for consultation in the National STD/AIDS Program.

The rate of prevalence of HIV infection among the male population aged between 17 and 20 years was estimated in 2002, using data obtained in surveys on Brazilian Army conscripts. In 2002, the sample was representative of Brazil and HIV prevalence was estimated for the whole of the country taking into consideration the design of the sample.

Link: <http://157.86.8.200/abrir.asp?valor=101>

13. % of infants born to HIV infected mothers who are infected
(Target: 20% reduction by 2005; 50% reduction by 2010)

In 2004, 8,5% of infants born to HIV infected mothers were infected with HIV.

Source: Brazilian multi-centered collaborative protocol for evaluating rates of mother-to-child transmission of HIV – This project, under the aegis of the Brazilian Pediatric Society and supported by the National STD/AIDS Program, aimed at evaluating the rates of mother-to-child HIV transmission in the offspring of women who had been diagnosed with HIV infection before, during and up to three months following delivery. The data has not yet been published, but the main results are available for consultation in the National STD/AIDS Program.