



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Latin America

Brazil

COUNTRY:

Brazil

Name of the National AIDS Committee Officer in charge:

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:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Mariângela Simão/Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	PN DST/AIDS (NAP) – MS
:	Name/Position	Eduardo Barbosa/Assistant Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	PN DST/AIDS (NAP) – MS
:	Name/Position	Jacqueline Rocha Côrtes/Technical Assistant for International Cooperation
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV
:	Organisation	PN DST/AIDS (NAP) – MS
:	Name/Position	Sérgio D’Ávila/Technical Assistant for Planning

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Ivo Brito/Technical Assistant for Prevention
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.III
:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Ana Roberta Pati/Technical Assistant for M&E; Karim Sakita, M&E; and Elizabeth Moreira dos Santos/Honorary Professor – National School of Public Health
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Cleidy Eliana; Rogério Scapini; Orival Silveira; Cristine Ferreira; Rosângela Ribeiro; Ivana Cordeiro; Eduardo Campos; Denis Ribeiro/ Technical Assistants for Health Care, Laboratories and STD
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Mauritânia Pereira; Ana Paula Prado; Rubens Duda; Ângela Pires; Adailton da Silva; Karen Bruck/ Technical Assistants for Civil Society Articulation and Human Rights
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	PN DST/AIDS (NAP) - MS
:	Name/Position	Gerson Fernando Pereira; Fernanda Sardella Alvim; Erika Rezende/ Technical Assistants for Epidemiological Surveillance
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	PAHO/WHO, Brazil
:	Name/Position	Diego Victoria, Representative in Brazil
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS, Brazil

:	Name/Position	Pedro Chequer, Representative in Brazil
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO Gestos
:	Name/Position	Alessandra Nilo, president
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO Brazilian Association of Gays, Lesbians, Bisexuals, Transvestites and Transexuals – ABGLT
:	Name/Position	Toni Reis, president
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		4 permanent technical assistants in the M&E Unit
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:		8 focal points who integrate the other technical units
Position:	Full time/Part time	Part time
Position:	Since when?	2003
Position:		1 specialist in Evaluation
Position:	Full time/Part time	Part time
Position:		1 specialist in M&E
Position:	Full time/Part time	Part time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

Since the National STD/AIDS Programme was officially created, in 1986, Brazil has developed multi-sectorial strategies aimed at combating the epidemic, including strategic plans and annual operational /actions and goals plans

1.1 How long has the country had a multisectoral strategy/action framework?

21

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	No
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	No
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	No
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	No
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	No
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	No
Human Resources:	Earmarked budget	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	No
Planning:	Earmarked budget	No
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No

IF NO earmarked budget, how is the money allocated?

Ministry of Health (MoH) budget resources are not reallocated to other ministries, but if inter-sectorial joint actions are planned full financing of these actions may take place using MoH resources. Furthermore, the resources of other government departments are also allocated to jointly undertaken activities, even though they do not appear in the budget with a specific budget-line.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

1990

1.5 What are the target populations in the country?

Principal populations: Commercial sex workers, drug users, men who have sex with men, transvestites, transsexuals, and other priority groups such as women, the young and the general population.

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

1. Setting up of the National STD/AIDS Commission in 1986, comprised of Civil Society Organization (CSO) representatives, academics, state and municipal health service managers, having regular meetings every two months.
2. Encouragement of the setting up of state and municipal STD/AIDS Commissions in the 26 states and the federal district and the 450 municipalities that receive specific resources from the Ministry of Health to combat AIDS, covering 98% of AIDS cases in the country.
3. Strengthening of CSO actions as one of the NAP's priorities, including the funding of local, state and national level projects.
4. Encouragement of participation in forums in which actions, strategies and plans are formulated, analysed, planned and monitored, through meetings, seminars, working groups, commissions, among others.
5. Maintenance within the National Programme's structure of a specific unit to promote liaison with civil society and the human rights of people living with HIV/AIDS and more vulnerable groups.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

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

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- e) Other::

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / e)
Treatment for opportunistic infections:	Development Plans	a)
Antiretroviral therapy:	Development Plans	a) / e)
Care and support (including social security or other schemes):	Development Plans	a)
AIDS impact alleviation:	Development Plans	a) / e)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / e)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / e)
Reduction of stigma and discrimination:	Development Plans	a) / e)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

4

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes
Other::	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

Testing is voluntary and free within the National Health System, and anonymous testing is available at the Testing and Counselling Centres. Specific legislation exists prohibiting compulsory testing and also provides for professional confidentiality.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

Yes

IF YES, which population sub-groups?

General population; MSM; IDU/DU; Commercial Sex Workers; indigenous population; school children; young adults; pregnant women; confined populations; truck drivers; transvestites and transsexuals; among others

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

National, Regional, State and Municipality levels

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made in strategy planning efforts since 2005:

Enhancements have been made to the federal level Actions and Goals Plans which provide a basis and guide the preparation of the state and municipal Actions and Goals Plans;

Enhancements have been made to the agreement processes between the three levels of government, within the formal structure of the National Health System, thus enabling improvements in achieving the results expected for the period.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government :	Yes
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1986

2.2 IF YES, who is the Chair?

Name:	Dr. Mariângela Batista Galvão Simão
Title/Function:	Director

2.3 IF YES, does it:

have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	No
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	No

(* If it does include civil society representatives, what percentage?

22%

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

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	No
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

bimonthly

IF YES, What are the main achievements?

Discusses, accompanies and monitors the implementation of the National Policy. It is comprised of the various national partners.

IF YES, What are the main challenges for the work of this body?

Harmonization of different perspectives on the AIDS epidemic agenda

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

2.43% (federal resources transferred to state governments, by means of the incentive policy and, resources transferred directly from the MoH to civil society)

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes
Other::	Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Ordinance No. 5
:	Year	February 22nd 2006
:	Policy/Law	Ordinance No. 34
:	Year	July 29th 2005
:	Policy/Law	Ministerial Ordinance GM-MS 569
:	Year	June 1st 2000
:	Policy/Law	Universal Access to Antiretroviral Drugs – Law no. 9113/96
:	Year	1996
:	Policy/Law	The Brazil Without Homophobia programme
:	Year	2004

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	8
2005:	8

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Use condoms consistently:

Engage in safe(r) sex:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Other::

Other::

Other::

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 promoting HIV-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

teacher training? : Yes

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

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 (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)
Needle & syringe exchange:	IDU

(*)If Other sub-populations, indicate which sub-populations

Indigenous people, truck drivers, rural and mobile populations, borderers, women, PLHA, youth

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	8
2005:	8

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	most districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	most districts* in need
Harm reduction for injecting drug users:	The activity is available in	some districts* in need
Risk reduction for men who have sex with men:	The activity is available in	most districts* in need
Risk reduction for sex workers:	The activity is available in	most districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	most districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	most districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	8
2005:	7
2007:	9
2005:	8

Comments on progress made in the implementation of HIV prevention programmes since 2005:

In 2007 the strategies for combating the epidemic among some vulnerable groups were reformulated on a joint basis involving organizations representative of social movements as well the commitment of state level health service managers and municipal level health service managers, so as to establish objectives and goals in order to achieve the desired results

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	most districts* in need
Sexually transmitted infection management:	The service is available in	most districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	some districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	most districts* in need
HIV testing and counselling for TB patients:	The service is available in	some districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	most districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need
Other services::	The service is available in	most districts* in need
Other services::	The service is available in	all districts* in need
Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	N/A
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	some districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
Home-based care:	The service is available in	some districts* in need

Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	some districts* in need
TB screening for HIV-infected people:	The service is available in	some districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	some districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	some districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	some districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	some districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

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

Yes

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

Yes

4.1 IF YES, for which commodities?:

Antiretrovirals - ARV

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	9
2005:	7

Comments on progress made since 2005:

In 2007 Brazil made use of the TRIPS flexibilities and issued a compulsory license for Efavirenz, thus enabling the generic version of the drug to be purchased, initially. Enhancement of the methodology for defining the protocol for healthcare for PWHA, based on a perspective of integral care; aspects relating to positive prevention, adherence and quality of life were included in the protocol.

The country invested in the national production of condoms, including the implantation of a state-owned factory in the Amazon region, involving the sustainable management of the raw material (latex). It also increased government buying of condoms to 1 billion units.

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

No

5.1 IF YES, is there an operational definition for OVC in the country?

No

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

Yes

IF YES, Years covered:

2004;2008

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

No

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

Yes, all partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a 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 M&E plan?

Yes

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? : Yes

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

12

Number of temporary staff:

2

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

The mechanism works. Challenges:

1 – to extend and consolidate the decentralized M&E network;

2 – to harmonize the plurality of interests with regard to the description of the NAP's operational indicators of the indicators of effects on the population.

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

3

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

December 2007

5.1 Does it include representation from civil society, including people living with HIV?

No

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

MONITORAIDS–www.aids.gov.br/monitoraids (Online system that makes available the M&E National Plan indicators)

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level :

Yes

Sub-national level (*):

Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?

State (2) and Municipal (3)

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

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

Rapid Testing (strategy implemented based on evidence); baseline and behavioural research informing strategies for combating the epidemic in vulnerable groups; incorporation of new drugs, among others.

What are the main challenges to data use?

A systematic evaluation of the influence of the M&E findings on the NAP's institutional practices.

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

At national level? :	Yes
At national level? :	IF YES, Number of individuals trained: 1000
At sub-national level? :	Yes
At sub-national level? :	IF YES, Number of individuals trained: 470
Including civil society? :	Yes
Including civil society? :	IF YES, Number of individuals trained: 300

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	8
2005:	8

Comments on progress made in M&E since 2005:

Large-scale training of technical staff from state and municipal health departments and CSO. Production and validation of widely distributed M&E educational support material

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

Yes

1.1 IF YES, specify:

The National STD/AIDS Programme’s portal (<http://www.aids.gov.br>) provides an on-line electronic version of a publication in three volumes containing the following subjects regarding national and international legislation in relation to STD/HIV and Aids:

- International Human Rights Protection Mechanisms ratified by Brazil;
- Universal Declaration of Human Rights;
- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- American Convention on Human Rights;
- Legislative Decree No. 56 dated 19/04/95 (which approves the texts of the Protocol of San Salvador and the Protocol on the Abolition of the Death Penalty);
- Decree No. 1,004 dated 13/05/96 (creating the National Human Rights Programme);
- The Political and Administrative Organization of Health Services and Health Care;
- Social Services;
- Tax Benefits;
- Penal Code and Prison Legislation;
- Ethical Standards of the Federal Council of Medicine;
- State-level Legislation.
- The site of the Brazilian Gay, Lesbian, Bisexual and Trans Association – ABGLT (<http://www.abglt.org.br>), founded in 1995, also provides access to Brazilian legislation, the legislation of other countries and international legislation relating to homosexuals, HIV/AIDS, civil union, immigration, social security, sexual orientation, etc.
- The site of the National Network of People Living With HIV/AIDS (RNP+) (<http://www.rnpvha.org.br>). This network, founded in 1995, brings together the efforts of people living with HIV/AIDS regarding the various forms of public policy “watchdog” activities, citizenship-building, human rights, combat of discrimination. It plays a leadership role in mobilization, the provision of technical resources, information and opportunities to improve the quality of life of people living with HIV/AIDS.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	Yes
Migrants/mobile populations :	No

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

A good juridical platform is in place. The principal problem is the observance of these laws and their enforcement in all circumstances.

8 states and 109 municipalities have laws prohibiting discrimination on the grounds of sexual orientation.

Statute on the Rights of Children and Teenagers. Law No. 8.069, dated July 13th 1990, which provides for the integral protection of children and teenagers, including all forms of discrimination, negligence, exploitation, violence, cruelty or oppression.

Government comments:

Rights protection services, such as the Federal and State level Public Attorney’s Offices, Rights Protection Services and reference centres are in place throughout the country;

In addition to federal legislation, 08 states and 109 municipalities have laws prohibiting discrimination on the grounds of sexual orientation

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

There are 47 GLBT reference centres which make use of this legislation in cases of complaints of discrimination. 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 Combat the Feminization of AIDS and other STDs and the Operational Plan for the Reduction of the Mother-to-Child Transmission of HIV and Syphilis. There are also laws on Harm Reduction for drug users.

Government Comments:

The country has a Special Department for Human Rights, which reports directly to the President of the Republic’s office. Similar departments exist in all the country’s states. There are also human rights observatories linked to CSO (Civil Service Organizations) in several different areas, and supported with federal resources.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	No
IDU:	Yes
MSM:	No
Sex Workers:	No
Prison inmates :	No
Migrants/mobile populations :	No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

There are "Harm Reduction" laws relating to injecting drug users and which permit the provision of syringes. A difficulty faced is the allegation that this is an incentive to drug use. Such laws exist in five of the country's states, thereby providing norms for harm reduction actions.

Government Comments:

Five states have laws that regulate "Harm Reduction" in relation to injecting drug users and which permit the provision of disposable syringes. The Ministry of Health's national policy with regard to Mental Health and STD/Aids, as well as that of the National Anti-Drugs Department of the President of the Republic's Office, recommend harm reduction strategies as being effective in reducing HIV transmission among injecting drug users. However, conservative sectors of society and of some local governments see harm reduction programmes as an incentive to drug use, and this makes the effective implementation of this kind of programme in some states difficult. Moreover, national legislation on drug trafficking also makes access to users difficult in some of the country's regions.

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

State funding of NGO projects to provide legal aid.

Recording of complaints of discrimination and/or stigma on the National STD/AIDS Programme's Monitoring System, at www.aids.gov.br.

Government Comments:

There are 47 federal funded legal aid services to protect provide guidance to people living with HIV/AIDS and vulnerable populations in all the country's states. Some state governments also fund CSO projects to provide legal aid. Furthermore, the National STD/AIDS Programme has a database to recording complaints in this area.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

The country has a National Plan for the Combat of the AIDS and STD Epidemic among gay men, other men who have sex with men and transvestites, launched in June 2007 and made available for public consultation. The plan defines HIV/AIDS prevention and care strategies for these segments, and also for the promotion of human rights and the respecting of differences.

Government Comments:

The federal government funds projects aimed at strengthening the capacities of PWHA activists, organizations and networks and vulnerable populations. There is effective CSO participation in the specific plans to combat the epidemic among gay men, other men who have sex with men, transvestites, women, prostitutes and drug users.

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

The National Health System guarantees universal access to health services, including HIV/AIDS related services. Therefore resources are budgeted at state and municipal levels. The Federal Government also transfers “incentive” funds to the states and larger municipalities, specifically for HIV/AIDS.

Federal Law No. 9313/1996 guarantees free access to antiretroviral drugs and the government has implanted as system of AIDS case notification and drug dispensing which enables the quantity needed to be estimated and the corresponding budget provision.

Government Comments:

The National Health System guarantees universal access to health services, including HIV/AIDS related services and prevention programmes. Resources are budgeted at federal, state and municipal government levels. In addition, the ministry of Health decentralizes 10% of the DST/AIDS budget to all the country’s state governments and 450 municipal governments specifically in the form of incentives for HIV/AIDS Actions and Goals Plans, involving prevention, treatment, care and support for PWHA. The federal government funds health care services for PWHA, including follow-up examinations, outpatient appointments and inpatient care.

The federal purchase of drugs for opportunist infections and condoms is determined in accordance with agreements reached between the federal, state-level and municipal-level governments, as well as purchases made by the state and municipal governments. Difficulties are evident in the fulfillment of the agreements.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

Plan to Combat the Feminization of the Aids Epidemic and Other STDs
Plan to Combat the AIDS and other STD Epidemic among Gay Men, MSM and Transvestites

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

Yes

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

Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

Yes

IF YES, describe the effectiveness of this review committee

National Committee for Ethics in Research on Human Beings, being an organ of the National Health Council. According to the powers given to the Committee by means of Resolution 196, it creates the norms and defines the directives that regulate research involving human beings. It carries out functions of a consultative, deliberative, normative and educational nature, and works together with a network of Research Ethics Committees based in the institutions where research is undertaken.

The National and Local Ethics Committees have multi-disciplinary membership, involving the participation of researchers, bioethics scholars, lawyers, health professionals, social sciences, humanities and exact sciences academics, as well as representatives of health service users.

The local Committees analyse the protocols of research involving human beings, and have overall responsibility for the decisions regarding the ethics of the research to be undertaken in the institution, so as to ensure and protect the rights of research volunteers. The Resolution is governed by the guarantee of the principles of autonomy, justice, beneficence and nonmaleficence.

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

- 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

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: Yes

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

IF YES, on any of the above questions, describe some examples:

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13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

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

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

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

Yes

IF YES, what types of programmes?

Media : Yes

School education : Yes

Personalities regularly speaking out : Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 8

2005: 6

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

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List the types of organizations representing civil society in HIV and AIDS efforts:

Civil society organizations are represented systematically in the following forums:

National Health Council

State Health Councils

Municipal Health Councils

National AIDS Commission

National Commission for Articulation with Social Movements (National STD/AIDS Programme)

Participation in working groups to design programmes, strategies and activities that are not part of the normal routine, such as UNGASS and others.

Government Comments:

* in local level CSO

* in AIDS Service NGO specific Forums

* in National Networks of vulnerable populations

* in the National Network and groups of PWHA

* in Academic circles.

6. To what extent is civil society able to access

a. adequate financial support to
implement its HIV activities?: 3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007: 9

2005: 8

Comments on progress made in increasing civil society participation since 2005:

In original word document, the rating for 2007 is 9 & 10. The rating here shows only 9 - as conservative estimate.

Government Comments:

Increased mediation of local conflicts, with technical support for the evaluation of resource transfer instruments and mechanisms, promotion of joint priority actions and the increasing of technical capacity by means of training in several different areas.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	most districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	some districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	some districts* in need
Risk reduction for men who have sex with men:	The service is available in	most districts* in need
Risk reduction for sex workers:	The service is available in	most districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	most districts* in need
School-based AIDS education for young people:	The service is available in	all districts* in need
Programmes for out-of-school young people:	The service is available in	some districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	7
2005:	6

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

The original word document has the ratings as 6&8 in 2007, 5&7 in 2005. The ratings here are average.

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

Prevention for IDU :	>75%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	>75%

3. Does the 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 OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

No

Comments on progress made since 2005:

Estimates differ according to the methodologies used and the areas covered by the studies. There is little information on this issue, although there is State financing for sheltered housing services for this segment.

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