



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

BRAZIL

Brazil is the epicenter of the HIV/AIDS epidemic in South America and accounts for 57 percent of all AIDS cases in Latin America and the Caribbean. AIDS was first reported in Brazil in 1983; through mid-2002, the Ministry of Health had reported nearly 240,000 cumulative cases. The high number of AIDS cases in part reflects historically more accurate reporting in Brazil than in many other countries in the region. Nevertheless, HIV prevalence in Brazil is higher than in most other neighboring countries. At the end of 2001, an estimated 610,000 individuals were living with HIV/AIDS, resulting in an adult prevalence of 0.7 percent. Among populations at greatest risk, prevalence is considerably higher, at 42 percent.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	610,000
Total Population (2001)	172,559,000
Adult HIV Prevalence (end 2001)	0.7%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	42.0%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.6%

Sources: UNAIDS, U.S. Census Bureau

The HIV/AIDS epidemic in Brazil is concentrated; that is, HIV prevalence is under 1 percent in the general population, but higher than 5 percent among groups at greatest risk for infection, particularly men who have sex with men, commercial sex workers, and injecting drug users. Transmission occurs primarily through sexual contact, but injecting drug use represents a significant mode of transmission. Although 52 percent of new AIDS cases in 2001 resulted from heterosexual transmission, and nearly 20 percent from transmission among men who have sex with men, this latter statistic is believed to be an underestimate because of the high level of stigma associated with male-male sex.

According to the Brazil HIV/AIDS Strategic Plan 2003–2008, most new HIV infections appear to occur in those aged 20–35. Although the proportion of cases occurring among women appears to be increasing, HIV remains primarily a male-driven epidemic. The evidence indicates most women being infected are the partners of men who have engaged in high-risk behaviors.



Map of Brazil: PCL Map Collection, University of Texas

The majority of cases (85 percent) occur in the southeastern and southern urban areas, where transmission through injecting drug use is a significant factor. Because Brazil shares a border with ten other countries, the epidemic also poses the threat of international spread of HIV/AIDS. Tourism, immigration, a proliferation of commercial sex, and drug trafficking all heighten the risk of cross-border transmission.

National Response

Brazil has been a regional and global leader in the fight against HIV/AIDS. Despite political transition and economic turbulence,

1300 Pennsylvania
Avenue NW
Washington, DC
20523-3600

www.usaid.gov

response to the epidemic was fairly swift. Community activists prompted increased public response in Brazil's two largest states, São Paulo and Rio de Janeiro, in the early 1980s, and Brazil's National AIDS Program, *Coordenação Nacional*, was created in 1985. The national program initially focused on producing and disseminating information about HIV and AIDS (especially to vulnerable populations) and on preparing treatment guidelines for health professionals. Distribution of medicines for associated opportunistic infections began in 1988, and AZT began to be offered in 1991. In 1996, the Government of Brazil formulated a policy to distribute antiretroviral drugs at no charge to people living with HIV/AIDS, and in 2001, the government spent \$232 million on antiretrovirals to treat more than 100,000 patients. Approximately 80 percent of the country's HIV/AIDS budget is allocated to treatment; less than 10 percent is allocated to prevention.

Today the National AIDS Program and the various state and municipal AIDS programs are committed to the following principles:

- Guaranteeing the citizenship and human rights of people living with HIV/AIDS
- Guaranteeing access to prevention and care for the entire population
- Guaranteeing access to diagnosis of HIV and AIDS
- Guaranteeing universal and free access to HIV/AIDS treatment, including antiretrovirals
- Working in partnership with civil society

Brazil's success in providing antiretroviral therapy is due in part to its ability to manufacture generic and low-cost versions of many antiretroviral drugs. It has also been successful in negotiating the best possible prices with international pharmaceutical companies for other nations. These efforts, however, are being met by international property rights disputes. Another important aspect of the HIV/AIDS program's success is the participation of nongovernmental organizations, especially those involving people living with HIV/AIDS.

The World Bank has provided significant resources to Brazil in a series of multiyear projects since 1994. The AIDS and Sexually Transmitted Diseases Control III Project covers the period 2003–2006, and is valued at \$200 million.

USAID Support

The U.S. Agency for International Development (USAID) is the largest bilateral HIV/AIDS donor in Brazil. The USAID HIV/AIDS program in Brazil began in 1992. The present strategy covers the 2003–2008 period. In 2001, USAID designated Brazil as an “intensive focus” country under its expanded response to the global HIV/AIDS epidemic. Proposed funding obligations are expected to average approximately \$8.5 million per year, with an additional \$2.4 million per year for tuberculosis control efforts.

The past USAID strategy (1998–2003) aimed to prevent transmission among women, adolescents, low-income populations, commercial sex workers, and selected male populations in four key states: Bahia, Ceará, Rio de Janeiro, and São Paulo. USAID partners worked in collaboration with nongovernmental organizations on activities to prevent transmission of HIV and sexually transmitted infections, promote condom distribution and social marketing, and strengthen institutional capacity.

The 2003–2008 Strategy

As in all aspects of HIV/AIDS prevention and treatment, learning is ongoing, and the new USAID strategy for Brazil will build on past experiences. The new strategy, closely coordinated with Ministry of Health officials from the *Coordenação Nacional*, supports the Ministry's objectives and provides assistance that complements rather than duplicates other efforts. The strategy examines current and planned support of the *Coordenação Nacional*, the World Bank, other donors, and USAID itself. The resultant needs and opportunities are:

- Expanded coverage for high-prevalence groups by nongovernmental organizations
- Expanded replication of successful prevention models by nongovernmental organizations
- Expanded provision of voluntary counseling and testing services for high-prevalence groups
- Seroprevalence surveillance of high-prevalence groups
- Increased access to treatment for sexually transmitted infections for at-risk populations
- Condom social marketing
- Strengthened HIV/AIDS/tuberculosis coinfection detection and treatment

The strategy recognizes that changing risky sexual practices among high-risk populations is the most effective approach to reducing HIV prevalence. Because members of high-risk populations are less likely than others to use public health services, the USAID HIV/AIDS strategy focuses on expanding collaboration with nongovernmental organizations that work with or represent high-risk populations. The strategy targets such key issues as risky sexual behaviors, voluntary counseling and testing, and increased access to treatment for sexually transmitted infections. USAID will also help Brazil to develop a system of sentinel HIV surveillance among high-prevalence populations. This system, rather than the current system of relying on AIDS case reporting, will provide more accurate and current information about the status of the epidemic and emerging trends.

Selected Links and Contacts

USAID/Brazil
U.S. Embassy
SES Q 801 lote 03
70403-900 Brasilia – DF
e-mail: brasil@usaid.gov
Fax: 312-7648/312-7239
<http://www.usaidbrasil.org.br/>

USAID HIV/AIDS Website, Brazil: <http://www.usaid.gov/regions/lac/br/>

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For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.synergyaids.com>.

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