

Data Sheet

USAID Mission:	Brazil
Program Title:	Communicable Diseases Program
Pillar:	Global Health
Strategic Objective:	512-007
Proposed FY 2004 Obligation:	\$9,050,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$6,660,000 CSH
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	FY 2008

Summary: USAID's six-year health strategy aims at reducing the transmission of selected communicable diseases in target areas, with an emphasis on enhanced HIV/AIDS prevention activities and the expansion of tuberculosis (TB) control programs to selected geographic areas in Brazil. In consultation with the Ministry of Health (MOH), USAID will focus on four main areas: 1) expanding condom social marketing, including behavior change communications; 2) strengthening non-governmental organizations (NGOs) that provide services to high-risk populations and youth; 3) improving epidemiological surveillance and research; and 4) strengthening and expanding TB control through Directly Observed Therapy Short Course (DOTS), the World Health Organization recommended strategy for TB identification and treatment.

Inputs, Outputs, Activities:

FY 2004 Program:

Expand condom social marketing (\$2,000,000 CSH). The USAID-funded program increases awareness and access to information on safer sex practices by developing and distributing targeted educational materials and conducting peer education workshops. It emphasizes behavior change for high risk populations, media campaigns for the general population, and outreach to vulnerable populations. The implementers are DKT, a local social marketing firm and BEMFAM, a Brazilian NGO.

Strengthen NGO capacity and performance in providing prevention services to high risk populations and youth (\$3,000,000 CSH). USAID will support activities that provide peer education and training of NGO staff members and volunteers to focus on the promotion of safer sex practices; partner reduction; peer information, education, and communications; voluntary counseling and testing, and referral services; sexually transmitted infection (STI) detection and treatment; HIV/AIDS/TB co-infection detection and treatment; and referrals to public social services and primary care providers. USAID also provides training in the identification of best practices for targeting vulnerable/high prevalence populations. Funding will also be available for prevention activities appropriate for young adults. The establishment of a demand-driven grant mechanism will be agreed upon and coordinated between USAID and the Ministry of Health. Private Agencies Cooperating together is the implementing NGO.

Improve epidemiological surveillance and research (\$1,300,000 CSH). USAID funded activities emphasize reporting of HIV prevalence by supporting the Ministry of Health and other stakeholders in the development of appropriate HIV testing methodologies, national guidelines, and training strategies to be used in developing a national network of sentinel surveillance sites. USAID supports operations research that will develop protocols to address critical program implementation issues such as different prevention interventions and their cost-effectiveness, and the appropriateness of prevention and care strategies. The Centers for Disease Control and Prevention (CDC) is the implementer.

Expand Directly Observed Therapy Short Course (DOTS) coverage (\$2,750,000 CSH). Building upon the successful implementation of USAID's pilot TB control program in the state of Rio de Janeiro, USAID will increase TB activities in Rio and expand to the state of Sao Paulo, which also has a high TB rate. A

USAID-funded Brazilian NGO will begin DOTS expansion in Recife, another high burden city in the Northeast. USAID's support of a pharmaceutical management project will strengthen DOTS expansion by ensuring a continuous flow of quality anti-TB drugs and decentralizing the management of multi-drug resistant TB cases (MDR-TB). USAID will support information, education and communications activities to inform the population about TB and the availability of free treatment under DOTS. USAID will provide technical assistance, fund operations research, provide training to medical personnel and community health workers, and help to strengthen the political commitment to improve and expand DOTS programming at the federal, state and municipal levels. The TB Coalition for Technical Assistance and Johns Hopkins University are the implementing partners for this program component.

FY 2005 Program:

Expand condom social marketing (\$2,000,000 CSH). USAID will fund behavior change communications with tailored messages to high prevalence groups; support media campaigns promoting safe sex practices among the general population; expand condom social marketing activities to other geographic areas; and increase the access of vulnerable populations to condoms and safer sex information. Funds will also support operations of a national STI/HIV/AIDS information and referral hotline. Implementers will be the same as in FY 2004.

Strengthen NGO capacity and performance in providing services to high-risk populations and youth (\$4,000,000 CSH). Targeting high-risk groups, USAID-funded NGOs will continue activities including peer education and training of staff members and volunteers that emphasize the promotion of safer sex practices; partner reduction; peer information; education and communication outreach; voluntary counseling and testing services; STI treatment and services; HIV/AIDS/TB co-infection treatment; and referrals to public social services and primary care providers. Appropriate prevention messages will be provided to targeted young adults. Implementer will be the same as in FY 2004.

Improve epidemiological surveillance and research (\$300,000 CSH). USAID will emphasize program and indicator reporting by supporting the implementation of HIV sentinel surveillance sites to be selected in consultation with the Ministry of Health. Operations research may include the development of protocols to answer questions critical for successful program implementation, such as different prevention interventions and their cost-effectiveness, and the appropriateness of prevention and care strategies. Implementer will be the same as in FY 2004.

Expand Directly Observed Therapy Short Course (DOTS) coverage (\$360,000 CSH). USAID will continue to build on success from previous years by expanding DOTS to other high prevalence areas in the southeastern and northeastern regions of Brazil. USAID will continue to emphasize operations research and training of medical personnel and community health workers in the implementation of DOTS services. In addition, USAID will continue the policy dialogue with federal, state and municipal governments in order to reinforce the political commitment to DOTS programming. Implementers will be the same as in FY 2004.

Performance and Results: Through the above program, USAID will help reduce HIV/AIDS infection rates among selected high prevalence groups and promote sexual behavior change. In addition, an increased number of people will be tested and referred for sexually transmitted infection (STI) and HIV/AIDS treatment. Anticipated results include a 20% reduction in HIV prevalence among target groups; a 20% increase in referral for STI, and a 15% reduction in HIV prevalence among injecting drug users in target areas.

In combating TB, USAID expects to obtain results in targeted high prevalence areas in cooperation with the Ministry of Health, and state and municipal TB control programs. USAID and its partners will measure DOTS completion rates and the identification of new cases within the selected target areas to provide information on DOTS-based control activities. Anticipated results include 75% DOTS coverage; 85% cure rate; and a 70% case detection rate in USAID target areas. In addition, DOTS completion rates are expected to increase from 40% to 85%.

US Financing in Thousands of Dollars

Brazil

512-007 Communicable Diseases Program	CSH
Through September 30, 2002	
Obligations	0
Expenditures	0
Unliquidated	0
Fiscal Year 2003	
Obligations	9,520
Expenditures	4
Through September 30, 2003	
Obligations	9,520
Expenditures	4
Unliquidated	9,516
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2004 NOA	
Obligations	9,050
Total Planned Fiscal Year 2004	
Obligations	9,050
Proposed Fiscal Year 2005 NOA	
Obligations	6,660
Future Obligations	30,480
Est. Total Cost	55,710