



AIDS Accountability
International

BRAZIL

COUNTRY PROFILES

AIDS Accountability Country Profiles are initially provided for a selection of 17 countries in order to give further commentary on their performance according to the AIDS Accountability Country Scorecard and the context in which the response takes place. For further details about the data or the methodology, please see our website www.aidsaccountability.org

AIDS Accountability International (AAI) was established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. We do this by rating and comparing the degree to which public, private and civil society actors are fulfilling the formal agreements they have made to respond to the epidemic.

Facts Brazil

Region: Latin America

Population: 191.9 million

HIV prevalence: 0.6% 15-49 years (UNAIDS)

Gross National Income: US\$ 4710 per capita (2006)

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Country Profile: Brazil

Introduction

Brazil is the home of almost one third of all people living with HIV in Latin America. In 2005 there were an estimated 730,000 according to UNAIDS, in a country with 191.9 million people. Initially, mostly men who have sex with men (MSM) were infected, but HIV later spread to injecting drug users (IDUs) and eventually also reached the general population.

Brazil's response to HIV/AIDS is widely seen as a success story and is often suggested as a model for other developing countries to follow. Perhaps the most high profile feature of the response has been the local production of generic antiretroviral drugs and free provision of antiretroviral therapy (ART) to those who need it. Other features of the Brazilian response have included close collaboration between government and civil society and an open-minded approach to prevention.

What the scorecard reveals

Brazil scores relatively low on element 1 and 2, (E), mainly because reporting of essential surveillance data to UNGASS is weak. In 2008, Brazil only reported HIV prevalence among the general population (E). This was worse than in 2006 when the country reported on HIV prevalence among most-at-risk populations and knowledge and behaviour among the general population.

As noted before, Brazil's provision of ART is good. In 2007, 80% of people in need of treatment were reported to be receiving it (B). This figure had increased from 68% in 2004. The apparent decrease between the UNGASS reports of 2006 (A) and 2008 (B) reflects the reported 83% coverage in the 2006 report. Although Brazil reports high coverage of prevention of mother-to-child transmission (PMTCT) programs (49-95% in 2007), neither the 2006 or 2008 UNGASS reports contained coverage figures for prevention programs among most-at-risk populations, hence no score for prevention. In the narrative report submitted to UNAIDS, Brazil says this lack of reporting is due to a lack of national level data on prevention. It is of concern that only 1.2% of Brazil's reported expenditure on HIV prevention is focused on these populations (E).

Brazil's overall coordination (element 5) of the response is reported to be very good (A) with particularly high scores for the strategic action framework (A) and the National M&E System (A), although the score for the National Coordinating Authority is slightly lower (B).

Brazil's score for the operating environment for civil society is good (B) with similar scores (B) from both government and civil society itself. Limitations included limited inclusion of civil society funding in national budgets, limited involvement of civil society in M&E processes and no response on civil society access to technical support. Civil society reported that efforts to increase their participation are excellent and improved slightly from 2005 (8/10) to 2007 (9/10).

In 2006, Brazil reported spending US\$ 565.2 million on its response to HIV/AIDS. With an estimated 730,000 people living with HIV in the country, this equates to US\$ 774 per person with HIV per year (D). Of this spending, almost all (99.5%) comes from domestic resources and equates to 16% of the gross national income (GNI) per capita (C). However, these grades may be penalizing Brazil unfairly because of its low costs for ART. Brazil spent relatively little (6%) of its AIDS funding on prevention. For a population of 191.9 million, this equates to an annual spend on HIV prevention per person of just US\$ 0.18 (E).

Brazil scores very well on the human rights mainstreaming element of the scorecard (A), which captures the degree to which human rights have been mainstreamed into the AIDS response. The score is based on reporting to the UNGASS National Composite Policy Index (NCPI) and Brazil also performs well on other areas of universal human rights, including press freedom.

Brazil's Score

Elements	2006	2008
1: Data Collection	D	E
2: Focus on most-at-risk populations		E
3: Treatment	A	B
4: Prevention	No data	No data
5: Coordination		A
6: Civil Society		B
7: Financing		D
8: Human Rights Mainstreaming		A

Explanation of scores: A= 81-100%, B= 61-80%, C=41-60%, D=21-40%, E=0-20%

Reporting –How can Brazil improve?

Brazil scores a B on the **AIDS Reporting Index**, which reflects a fairly good level of reporting on the elements in the scorecard. Brazil provides data for indicators on biological surveillance under element 1, but fails to include data on behavioural surveillance including knowledge and condom use for the general and sub-populations. On the contrary, all data is provided for element 2, thus the low score is due to other factors rather than low reporting.

Element 4 lacks all data regarding coverage on most-at-risk populations, that is sex-workers, IDUs and MSM. For the additional elements almost all data was submitted.

Element	Reported indicators	Total indicators	% reporting
1	4	15	27%
2	3	3	100%
3	1	1	100%
4	0	3	0
5	62	64	97%
6	31	32	97%
7	3	3	100%
8	40	40	100%

Visit our website to make your own scorecard, access more information about the scorecard including indicators on country level and to give your feedback to us. Make your voice heard at www.aidsaccountability.org