



Access to Prevention: Brazil



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SET/2005

The “backbone” of the response to the AIDS epidemic: the Brazilian Public Health System

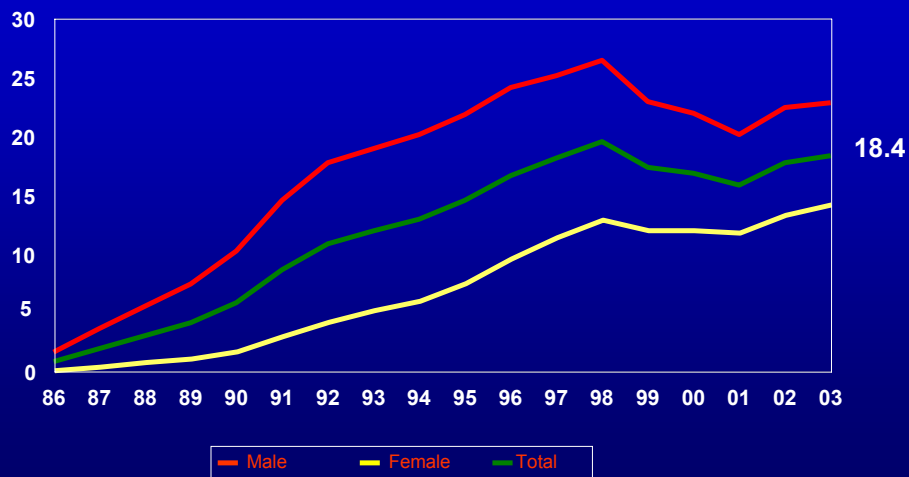
- ▶ An outcome of the Brazilian Constitution of 1988
- ▶ Main precepts :
 - comprehensive approach
 - universal access and equity
 - civil society participation
- ▶ Key feature: decentralization
- ▶ Strong catalytic element
- ▶ Virtuous circle (AIDS ↔ Public Health System)

Brazil: the epidemiological picture

- ▶ Estimated HIV Prevalence (2004): 0.61% (15-49 age group)
- ▶ Estimated number of PLWHA (2004): 597,443
- ▶ AIDS incidence rate (2003): 18.4 per 100,000
- ▶ Cumulative AIDS cases reported (2004): 362,364
- ▶ Cumulative AIDS-related deaths (1980-2003): 160,933
- ▶ AIDS mortality rate (2003): 6.4 per 100,000

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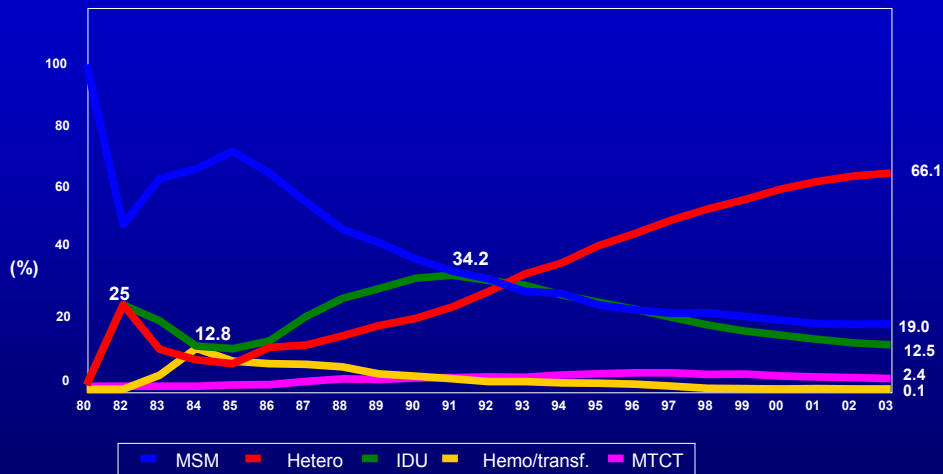
AIDS incidence rate (by 100,000 population), according to sex, by year of diagnosis. Brazil, 1986 - 2003



Source: PN DST-AIDS/SVS/MH; cases reported up to June 2004

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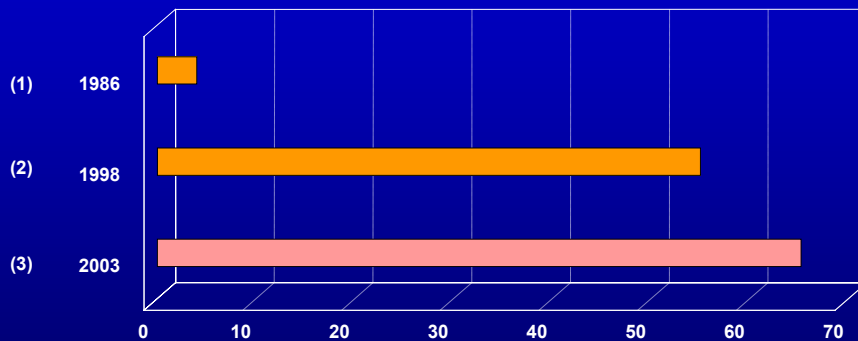
AIDS cases distribution (%) according to exposure category. Brazil, 1980-2003



* Cases reported up to December, 2003; Source: National STD and AIDS Program/MoH.



Percentage change in condom use among young people at first sexual intercourse. Brazil, 1986, 1998 and 2003



Sources: (1) BEMFAM

(2) CEBRAP/MH/PN-STD/AIDS/SVS

(3) MH/PN-STD/AIDS/SVS – (PCAP_BR_2003, IBOPE)



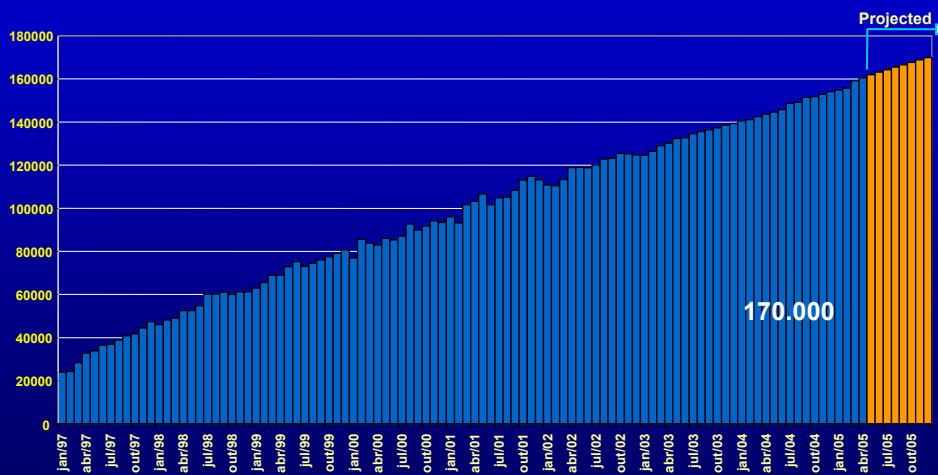
Percentage of condom use among sexually-active population according to age group. Brazil, 2004

Condom use	15-24	25-39	40-54	Total
Last sexual intercourse	57.3	36.6	22.3	38.4
Last sexual intercourse with casual partner	74.1	66.5	51.2	67.0
Regular use (any partners)	39.0	22.0	16.1	25.3
Fixed partner	38.8	21.9	16.2	24.9
Casual partner	58.4	48.7	41.5	51.5

Source: Survey on behavior, attitudes and practices related to STD/AIDS, 2004, PN-STD-AIDS/SVS/MH



Number of patients receiving ARV therapy. Brazil, 1997 – 2005



* Dados preliminares



Building partnerships with Civil Society

- ▶ Civil society participation
- ▶ Human rights advocacy for people living with HIV and AIDS
- ▶ Strengthening community-based projects and interventions

South-South Cooperation: Network for Technological Cooperation in HIV/AIDS

Launched in 2004, involving Argentina, Brazil, China, Cuba, Nigeria, Russia, Thailand and Ukraine

Key support provided by the Ford Foundation: US\$ 1 million

Objectives: technology transfer, R&D and production:

- anti retrovirals
- vaccines and microbicides
- female and male condoms
- logistics and procurement
- laboratory supplies

International Center for Technical Cooperation: a Joint Brazil/UNAIDS Initiative

Created in 2005, the ICTC aims to **create and strengthen national technical capabilities** for implementing comprehensive AIDS responses **through horizontal technical cooperation**;

Example of activities undertaken:

- ▶ Coordination of technical missions in Honduras, Nicaragua, Peru, Ecuador and Bolivia
- ▶ Identification of technical assistance needs of Latin American countries receiving financial support from the Global Fund

Total investments:

- ▶ Brazilian Government (US\$ 500,000), UNAIDS (US\$ 500,000), DFID (£ 250,000 - under negotiation), GTZ (€ 250,000 – under negotiation)



Female Condom: A Prevention Strategy Brazil - Survey on the Acceptability of the Female Condom - 1999

Design of the Survey:

A longitudinal survey to evaluate the acceptability of the female condom, initially among users of health services belonging to the public health service, in six Brazilian cities.

Acceptability rates were calculated for an initial period of use (15 days after receiving the female condom), at the end of the Survey (90 days later) and over the whole period of observation.

Criteria for inclusion of the women in the survey were:

- To have begun sex life
- To be a minimum of 18 years old
- To agree to participate in the various phases of the survey and be willing to return to the Unit at least once;
- Not to be pregnant and have no wish to become pregnant over the following six months.



Female Condom: A Prevention Strategy **Brazil** **- Cities Covered by Survey of Acceptability of Female Condom- 1999**



Nº of women : 2.453
% acceptability: 70.1%
Duration of survey: 90 days

Main advantages for women :
•Protection from STD - 47.0%
•Is comfortable - 39.3%
•Affords autonomy to women- 29.5%
•Is sturdy - 23.9%
•No diminution or little diminution of sensitivity - 20.2%
•Liked by partner -20.4%
•Increases pleasure - 12,9%

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Female Condom: A Prevention Strategy **Brazil - Female Condom Distribution Programme**

- **Programme commenced: October 1999**
- **Estimated quantity : 2 million per year**
- **Resources allocated: \$US 1.280.000 per year**
- **Estimated coverage: 20.830 women**

Criterion adopted:

Identification of groups of those women who are most vulnerable and at highest risk.

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Female Condom: A Prevention Strategy Brazil - Female Condom Distribution Programme

Women Sectors Prioritised:

- Sex workers
 - Seropositive Women
 - Women drug users
 - Women at risk from violence
 - Women users of Health Services
- (Women's Health and STD/Aids Programmes)

Female Condom: A Prevention Strategy Brazil - Female Condom Distribution Programme

Forms of access:

- Sex workers NGO projects supported by the National Aids Program;
- OG and NGO Harm Reduction projects supported by the National Aids Program;
- Specialised Care Services for STD/Aids;
- Specialised Services for victims of violence;
- Women's Health and STD/Aids services..

Female Condom: A Prevention Strategy Brazil - Female Condom Distribution Programme

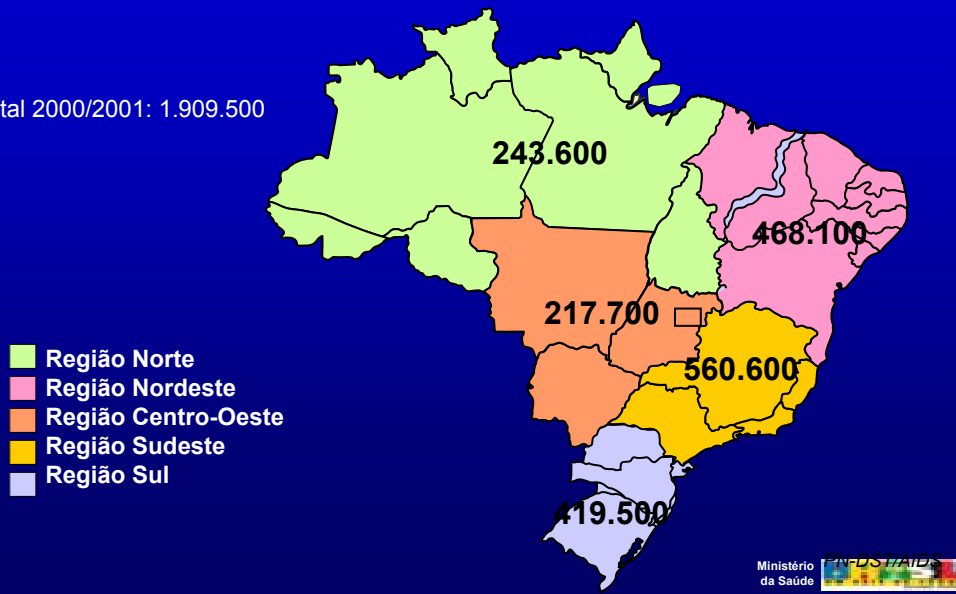
Setting up the process and the results:

- Selection of Services and Projects (293 Units);
- Selection of women participants;
- Training of the professional staff involved (3 per Unit);
- Selection and production of instructional and educational materials (videos, folders and posters);
- Awareness meeting with the women;
- Periodic assessment meeting;
- Improvement of the integration between the women health program and STD/aids program in all levels.

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Female Condom Distribution 2000 - 2001

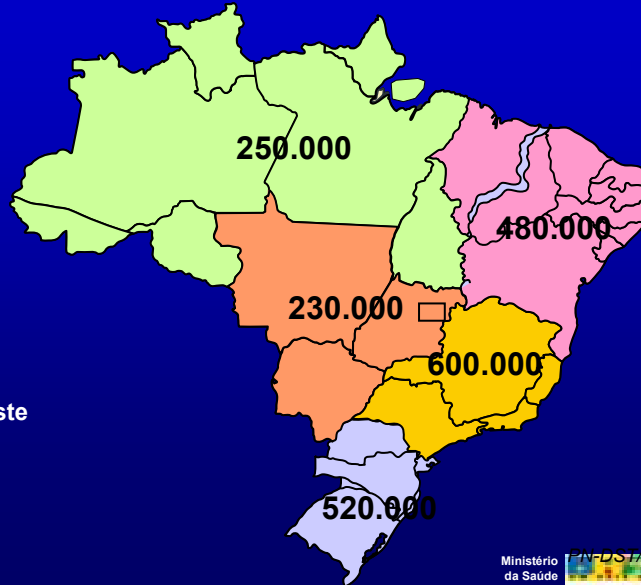
Total 2000/2001: 1.909.500



Female Condom Distribution 2003 and 2004

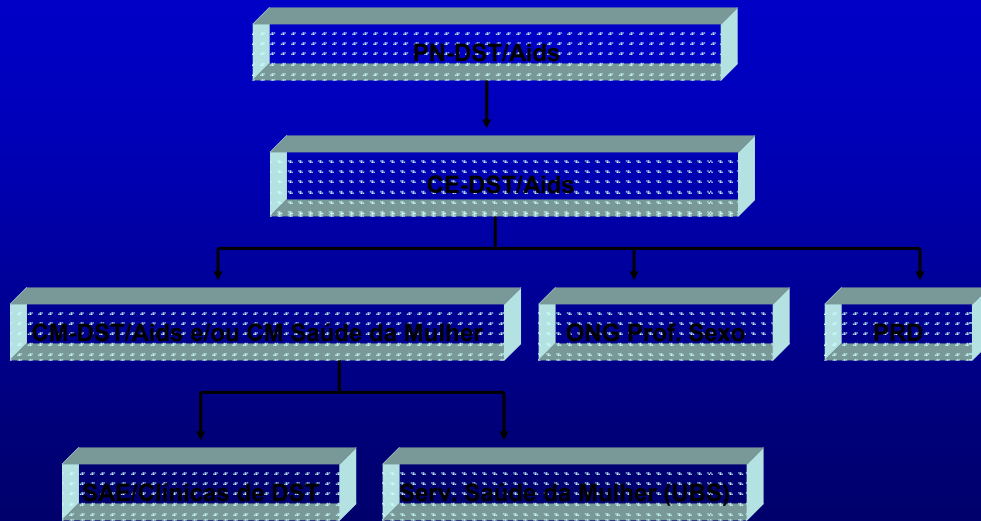
Total 2003 and 2004
4.000.000

- Região Norte
- Região Nordeste
- Região Centro-Oeste
- Região Sudeste
- Região Sul

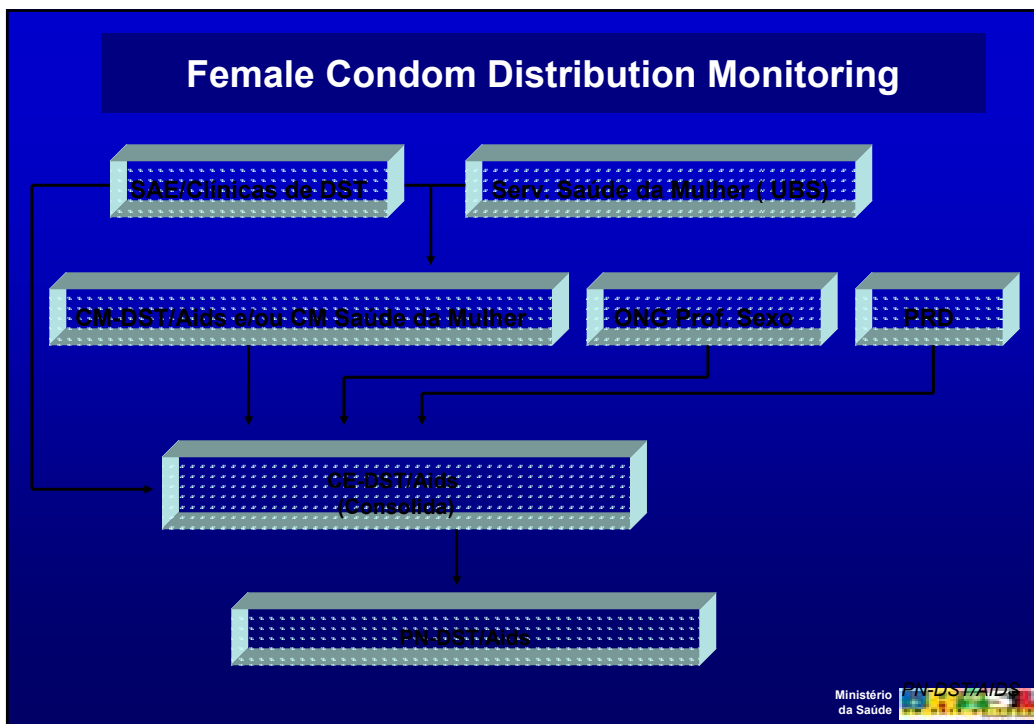


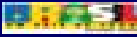
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Female Condom Distribution logistics



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- ## Points for discussion
1. Priority groups defined in the original policy guideline
 2. Inclusion of other specific groups in distribution (indigenous people, poor women)
 3. Distribution to the general public
- Ministério da Saúde 

Points for Discussion

1. Promote conceptual debate on Female Condom Distribution System

Objective: promote reflection on Program objectives and on future strategies for FCDS.

What is more important considering the current situation? The limited access to condoms should be distributed focalizing on specific groups or access should be broadened to the general public?

Possibilities for coverage of FCDS

Two examples for distribution of 4 million FC / year

First example: limit the focus

- quota = 8 FC per women/month
 - ⇒ 41.667 women covered / year =
17,9% of HIV positive women (15-49)
0,08% of the total number of women 15 – 49 years old in Brazil, in 2004.

Second example: amplify access to general public

- **quota** = 2 FC per woman for test acceptability
 - ⇒ 2 million women attended / year =
4,04 % of the Brazilian women (15 – 49 years) in 2004.

Recommendations

1. Define distribution network

- Identification of successful experiences
- Situation analyses to identify key partners (health services and NGO) to develop strategic action for FCDS
- Alliance building to strengthen network (sex workers)

Recommendations

2. Establish capacity building program for health workers and program managers

Redesign workshops to sensitize and mobilize health workers that accompanied the implantation phase.

Establish a permanent education and in-service training program

Include in the curricula of medical courses and training for health workers topics like: planning, management, monitoring, logistics and strategies to access specific groups and publics.

Recommendations

- 3. Integrate the FC in the general logistics system for the male condom and the other prevention supplies.**
- 4. Review information system and redefine monitoring instruments:**
 - Redesign the whole system, from demand assessment to monitoring of distribution

Conclusion

The distribution of FC is a widely accepted and supported prevention strategy in Brazil.

Implementation has started five years ago. General knowledge and acceptance are widely spread.

FC distribution has shown to be highly effective in specific groups, like sex workers.

Conclusion

Number of FC needs to increase from 4 million to 20 million /year.

FC distribution needs to be embedded into broader prevention strategies.

Introduction of new technologies and new production materials need to be promoted.

Technology transfer and local production in Brazil needs to be planned.

SUCCESS



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DISSEMINATE FEMALE
CONTROLLED PREVENTION
METHODS*

*CONTRIBUTE TO PREVENTION
AMONG VULNERABLE WOMEN
GROUPS AND WOMEN AT
RISK FOR DST/HIV
INFECTION*

