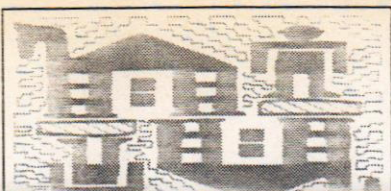
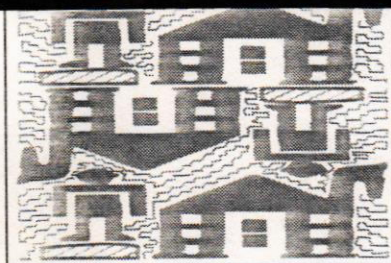


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AIDSCAP



Brazil

AIDS Strategic Plan

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This document is the final working version of the Brazil Strategic plan, drafted by the site visit team in April 1992 and finalized in May 1992. The format of the document has been finalized to be consistent with other AIDSCAP planning documents; however, no technical or budgetary changes have been made since earlier versions.

Brazil AIDS Strategic Plan

Table of Contents:

<u>Section</u>	<u>Page</u>
List of Abbreviations Used	2
Executive Summary	3
I. Situation Analysis	4
A. Epidemiology	4
B. Responses to Date	5
1. Government of Brazil	5
2. USAID	5
3. Other Donors and NGOs	6
C. Current Constraints on Prevention	7
1. Historical and Social Constraints	7
2. Policy Constraints	8
D. Future Needs and Program Directions	8
I. Agency AIDS Prevention and Control Program	9
III. USAID/Brasília Country AIDS Program	10
A. Program Management	10
B. Program Financial Support	10
IV. Brazil AIDS Strategic Plan	10
A. Goal	10
B. Objectives	10
C. Strategy	11
D. Major Program Components	12
1. Targeting men in the workplace and other settings.	12
2. Targeting persons with STDs and their partners ...	16
3. Targeting commercial sex workers and men who have sex with other men	19
E. Secondary Program Components	22
1. HIV/AIDS Prevention in Brazilian Schools	22
2. Improving Media Reporting on AIDS	22
3. The Church and Social Issues in AIDS Prevention ..	23
F. Behavioral Research	23
G. NGO Small Grants and Rapid Response Fund	24
H. LogFRAME	

Appendices:

1. Draft Illustrative Budget(s)
2. USAID Global Program Indicators
3. Persons Contacted
4. Map of Brazil

List of abbreviations

ABIA	Associação Brasileira Interdisciplinar de AIDS
AIDSCAP	AIDS Control and Prevention Project
BEMFAM	Sociedade Civil Bem-Estar Familiar
CSM	Condom Social Marketing
CSW	Commercial Sex Worker
DKT	D.K. Tyagi (PSI Affiliate)
DOH	Department of Health
FHI	Family Health International
FIESP	Federação das Industrias do Estado de São Paulo
FP	Family Planning
GAPA	Grupo de Apoio a Prevenção a AIDS
GPA	Global Programme on AIDS/World Health Organization
GOB	Government of Brazil
IADB	Inter American Development Bank
IVDU	Intravenous Drug User
MCH	Maternal and Child Health
MOH	Ministry of Health
MWM	Men who have sex with other men
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PVO	Private Voluntary Organization
PSI	Population Services International
STD	Sexually Transmitted Disease
UNESCO	United Nations Education, Scientific, and Cultural Org.
WHO	World Health Organization

Executive Summary

The AIDS epidemic in Brazil continues to have high rates of both Pattern I (transmission via male-male sexual contact and intravenous drug use) and Pattern II (male-female sexual contact) HIV transmission, with heterosexual transmission rising rapidly (8% in 1987; 20% in 1991). Given this epidemiological situation, the Brazil AIDS Strategic Plan describes an overall, comprehensive, geographically focused program to target specific populations and transmission patterns and slow the spread of HIV. This Plan builds upon the earlier work of USAID-supported AIDS activities in Brazil and complements the work of a range of other international and local organizations.

The key element of this Plan is its multi-disciplinary, multifaceted approach to all aspects of AIDS prevention. The plan identifies some key areas for intervention, and within each major program component incorporates programming to address the crucial issues of communication, condoms, and STD control. Thus, all program components work to reduce risky behaviors, increase condom use, and control the spread of STDs among specific target populations.

The major program components identified in the AIDS Strategic Plan are:

- o Targeting men, particularly those away from home, through programs in the workplace and other settings.
- o Targeting commercial sex workers and men who have sex with men, with multifaceted prevention programs.
- o Targeting persons with STDs and their partners in health care settings and through outreach programs.

In addition to the three major components, the AIDS Strategic Plan will include several smaller, pilot activities to serve as possible future interventions in Brazil:

- o HIV/AIDS Prevention in Brazilian Schools.
- o Improving Media Reporting on AIDS.
- o Involving the Catholic Church and other religious organizations in addressing partner-reduction and AIDS-related social issues.

Given limited resources and the overwhelming size of Brazil, these activities (both major program components and pilot projects) will be developed as geographically focused programs in two to three areas (e.g., states/cities) of Brazil -- to serve as models for further replication in other regions of the country.

I. Situation Analysis

A. Epidemiology

The Federal Republic of Brazil is the fifth largest country in the world and the sixth most populous nation (153,000,000). Its size has tended to mask the extent and seriousness of HIV/AIDS infection. Brazil is currently ranked as having the fourth highest reported incidence of AIDS in the world, with over 21,000 reported cases as of October, 1991. This figure represents a four-fold increase over that reported two years ago, but reflects only a limited dimension of Brazil's AIDS epidemic.

It is currently estimated that as many as 700,000 Brazilians are infected with HIV and, if the current trend continues, that there will be 70,000 new AIDS cases by 1995. Under-reporting, however, is thought to be at least 15%, and the actual number of those infected may be two to three times greater. In the states of São Paulo and Rio de Janeiro, which currently report 62% of all known cases, seroprevalence may be 40%-60% higher.

Still in the early stages of the epidemic, Brazil continues to have high rates of HIV transmission through intravenous drug use (29% of reported cases in 1991) and blood transfusions (12% in 1991). Nevertheless, sexual transmission has accounted for approximately 60% of reported cases since 1987, although there has been significant change in the pattern of infection over the last five years.

In 1987, the distribution of HIV transmitted by sexual contact was estimated as 38% homosexual, 16% bisexual and 8% heterosexual. Figures released in 1991 estimated that homosexual and bisexual transmission had dropped to 27% and 12% respectively, while heterosexual transmission had risen to 20%. At the same time, male to female infection ratios shifted from 10:1 (1987) to 6:1 (1991).

In addition, the epidemic appears to have undergone a demographic transition. Reversing an early pattern of highest prevalence in the upper economic brackets, at present the largest number of cases are found in Brazil's lower socioeconomic levels, with highest figures reported among the urban poor.

These data indicate that while HIV transmission rates continue to be high among groups which traditionally engage in high risk behavior (e.g. IVDUs, commercial sex workers, men who have sex with men), heterosexual transmission is becoming more common and women are at greater risk than in the past. They also suggest that the epidemic is spreading from high risk/high prevalence populations to those which presently have low prevalence but are at high risk. Incidence of perinatal transmission and pediatric AIDS is also believed to be increasing, although currently there is no accurate information available on the scope of this problem. Brazilian health professionals generally recognize the role of sexually transmitted diseases (STDs) in HIV transmission, but information on incidence or prevalence of STDs is not systematically collected.

B. Responses to Date

1. Brazilian Government

The Brazilian Government has responded to the AIDS epidemic through a series of national-level programs aimed at both treatment and prevention. In 1985, the Ministry of Health established a National AIDS division within its STD department and created a network of public AIDS reference centers in major cities. These centers, which are attached to both hospitals and university medical centers, currently provide free diagnosis and treatment of HIV infected individuals, including limited provision of the drug AZT. Other major government initiatives include formation of a National AIDS Commission, initiation of a national-level surveillance system, and designation of a national laboratory network to do blood screening and testing.

The centerpiece of the GOB's AIDS prevention efforts has been public education. Semiannual mass media campaigns have been conducted throughout Brazil, and government-sponsored educational materials have been developed for high-risk groups. The Brazilian soccer star Pele has been appointed to the National AIDS Commission and is a national spokesperson for AIDS prevention. Government-mandated AIDS education is also provided in the workplace and recently, efforts have been made to introduce AIDS education in Brazilian public schools.

Brazilian state and municipal governments are also very active in AIDS prevention; some of the most comprehensive programs are found at these levels. These programs vary by available resources and needs, but commonly include STD diagnosis and treatment, condom distribution and HIV counseling and testing. High-risk groups have generally been the focus of these efforts, but programs are being expanded to reach a broader audience.

2. USAID

The Agency for International Development has supported programs for HIV/AIDS prevention in Brazil since 1987. Consistent with the country's status as an Advanced Developing Country (ADC), this programming has been done with limited funds. Many activities have been developed with the assistance of centrally-funded contracting agencies, particularly AIDSTECH and AIDSCOM.

The AIDSTECH Project, implemented by Family Health International (FHI), has worked in Brazil since 1988. Activities have focused on: (1) intervention strategies for populations at high risk of HIV infection and (2) HIV/AIDS prevention training programs for health care providers and outreach workers. AIDSTECH-supported activities in Brazil will total approximately \$600,000 in FY92 and include programs in the cities of Rio de Janeiro, São Paulo, Campinas, Fortaleza, and São Luís.

AIDSCOM, a public health communication support program implemented by the Academy for Educational Development (AED), also began work in Brazil in 1988. The primary target populations for their projects have been male and female commercial sex workers, their clients, street children, IV drug users, and health workers. Funding for these projects will total approximately \$225,000 in FY92. All have been developed in the city of Rio de Janeiro.

3. Other Donors and NGOs

A large number of other international donors and non-governmental organizations (NGOs) also support AIDS-related work in Brazil. Larger donors have tended to direct their efforts to improving national-level systems and policies, while smaller ones and NGOs have largely focused their efforts on pilot projects in distinct geographic regions.

The major donors and their activities include:

The World Health Organization (WHO):

WHO supports activities in Brazil through both the Pan American Health Organization (PAHO) and the Global Programme on AIDS (GPA). PAHO's activities are in two major areas:

1. Strengthening the administrative and technical capacity of the National AIDS Division particularly in information, education and communications (IEC) programming.
2. Research to strengthen the HIV surveillance systems and promote further epidemiological cohort studies.

PAHO also plans to procure some condoms for the Ministry of Health. WHO/GPA funds evaluations of interventions targeted to male and female commercial sex workers (CSWs) in a slum area of Rio de Janeiro, and may support the extension of these programs to other areas. In addition, WHO will fund vaccine trials in Brazil if the Brazilian government decides to participate in the proposed four-country vaccine trials program.

United Nations Education, Scientific, and Cultural Organization (UNESCO):

UNESCO supports development of educational materials and curricula for school-based AIDS prevention through the Ministry of Health, and works with community health programs on health education materials for adults and adolescents.

French Government:

The Embassy of France supports two major AIDS-related programs in Brazil -- training Brazilian physicians in France in pediatric AIDS and clinical management of opportunistic infections, and epidemiological research on HIV-2. The Embassy has also collaborated on a USAID-funded CSW intervention in Fortaleza through IMPACT/Interaide and has expressed interest in funding educational activities.

World Bank:

The World Bank is currently considering a major intervention focusing on HIV/AIDS prevention and treatment in Brazil; however, there currently is no date for implementation. This effort is still in the design phase, but will probably focus on AIDS/HIV treatment and prevention programs at the federal level, as well as improved condom availability.

In addition to these international donors, There are a number of internationally-based NGOs working in Brazil, and several national foundations which receive external assistance. The majority have worked with high-risk populations and are active at the community level. Many are heavily involved with care and treatment, as well as prevention; a few are involved in the development of public policy. The most important include the Ford Foundation, the Red Cross, BEMFAM, the Fundação Oswaldo Cruz, the Kellogg Foundation, and the Carlos Chagas Foundation.

C. Current Constraints On Prevention

HIV/AIDS programming in Brazil faces a number of constraints which limit the current effectiveness of prevention activities and could affect future interventions. Some are related to the historical development and focus of AIDS programs; others are more specifically related to public policy or, in some cases, the lack of it.

1. Historical and Social Constraints

Public Awareness: Public awareness of AIDS in Brazil is quite high. Studies conducted with various target populations have found a high level of knowledge about modes of HIV transmission and means of protection. As in most other parts of the world, however, this knowledge has not led to significant reductions in risk behaviors. Future information efforts must consider this saturation and target communications to specific groups and actions.

Heterosexual Transmission and STD Control: In general, there has been little planning to prepare for the spread of HIV to broader segments of Brazilian society through heterosexual transmission. Current prevention programs have not focused on sexually transmitted disease (STD) prevention or treatment, although their importance in transmitting HIV is recognized. There is a similar lack of attention to partner reduction as a prevention strategy.

Donor Coordination: Despite the diverse AIDS prevention activities currently being implemented in Brazil, there has been little effort to coordinate donor assistance. This failure has been exacerbated by the lack of an approved Medium Term Plan for AIDS Prevention.

Focus on Treatment and Care: Many of the governmental and non-governmental organizations involved in AIDS prevention express strong concerns about care and treatment for people with HIV and AIDS. The growing need for care is compelling and, in some instances, threatens to overshadow the importance of prevention efforts.

2. Policy Constraints

Public Policy and Commitment to the Health Sector: Economic, social and political uncertainties have had a severe negative effect on GOB health planning. In 1988, only 4% of the GNP was invested in the health system, and in 1991 that figure fell to 2.3%. This faltering commitment has hindered the adoption of a comprehensive national AIDS plan and crippled activities which must be implemented at the national level to be effective (e.g. surveillance and blood screening).

Condom Availability and Cost: Supplies of condoms in Brazil are irregular, inadequate and, for all but a small segment of Brazilian society, prohibitively expensive. This is due, in part, to high import tariffs and other taxes. While there are efforts already underway to reduce import tariffs, it is a slow process which is not likely to affect pricing and availability for several years. Almost every organization involved in direct prevention activities acknowledges erratic condom supply and distribution as an impediment to their ability to promote condom use successfully.

Blood Screening and Use of Intravenous Drugs: At both the national and state levels, contamination of the blood supply is still an important concern. Numerous media reports and AIDS activist groups continue to question the safety of the blood supply, particularly in poor and rural areas of the North and Northeast. Likewise, the use of intravenous drugs is still an important factor in HIV transmission.

D. Future Needs and Program Directions

The broad range of AIDS programs and interventions which have been tried in Brazil provides some clear directions for future activities and target populations. Public information/behavior change programs must be increasingly targeted and linked to both STD treatment services and condom distribution. Men are an important target for all behavior change programs, particularly those programs which can increase condom acceptability and use. Programs for individuals practicing high risk behaviors must be continued and institutionalized. People with STDs are crucial to slowing the spread of HIV, particularly among those populations at high risk but currently demonstrating low HIV prevalence. Health service programs must look to and plan for the increasing spread of the infection in heterosexual populations. Policy initiatives must be developed which will reduce fear and discrimination directed to those already infected with HIV.

The USAID/Brasília strategy is designed to respond directly to these needs by concentrating resources on specific interventions to reach diverse populations. It builds upon prior work and complements assistance activities of other international donors. For example, WHO/GPA/PAHO and the French Government have expressed interest in strengthening the national surveillance systems and improving epidemiological data collection and service delivery systems.

Policy activities in this Plan have not been isolated for discrete activities, but can be incorporated instead within the major program components when appropriate. Each component addresses specific aspects of the AIDS epidemic in Brazil and provides unique opportunities to improve policies that facilitate AIDS prevention programs. The media training activities, in addition, provide an effective venue for stimulating policy dialogue and reform when appropriate.

II. Agency AIDS Prevention and Control Program

The Agency AIDS Technical Support Project (No. 936-5972) was originally approved in 1987 with a budget ceiling of \$69 million and authorized through 9-30-95. In April 1991, the length of the project was extended to 9-30-97; the funding level was increased and the project was redesigned based on lessons learned from three years of implementation. The current AIDS Technical Support Project is an umbrella project under which a wide variety of activities and subprojects are undertaken to prevent and control HIV infection worldwide.

To strengthen impact, the new, amended project strategy involves:

1. Concentration of resources and the development of a targeted "AIDS Strategic Plan" in 10-15 priority countries based on proven interventions.
2. Availability of short-term technical assistance in other "Associate" countries.

The new strategy aims to create full-scale programs in the priority countries and effective support activities in the Associate countries. A major objective is to have a measurable impact on HIV incidence in the priority countries. Accordingly, AIDS strategic plans will be developed in close coordination and collaboration with AID missions to ensure consistency with overall mission strategies.

The goal of the Agency AIDS program is to prevent and control the spread of HIV in developing countries. The purpose is to expand access to HIV prevention and control programs in developing countries. The Agency AIDS program has four elements as follows:

1. Improved design, implementation and evaluation of HIV prevention and control programs. Major interventions will include:
 - Reducing numbers of sexual partners.
 - Improving diagnosis and treatment of STDs.
 - Increasing access to and use of condoms.
2. Improved knowledge of sexual behavior and application of this knowledge to communication strategies for behavior change.
3. Establishment of an international NGO/PVO federation.

4. Policy reform.

In order to implement elements 1,2, and 4 outlined above, a new \$168 million Cooperative Agreement (called AIDSCAP: the AIDS Control and Prevention Project) with assistance and program support was signed with Family Health International (FHI) in September, 1991.

III. USAID/Brasília Country AIDS Program

Brazil has been designated a priority country by the Latin American and Caribbean Bureau and will be included as a priority country under the AIDSCAP Project. Following the approval of this AIDS Strategic Plan, it will be eligible for the full range of technical services and assistance necessary for successful program implementation. This assistance will be coordinated by the AIDSCAP Project under its cooperative agreement with AID.

A. Program Management

To support HIV/AIDS prevention activities, Brazil will have a Country Office and a long-term Resident Advisor. This office, located in São Paulo and/or Rio de Janeiro, will also have a small technical and management staff of Brazilian experts. The oversight and technical support for this office will be provided by AIDSCAP's Latin America Regional Office in Arlington, Virginia.

USAID/Brasília will manage the project through a Foreign Service National (FSN) AIDS project officer who will report to the chief of the Family Planning/Health Division, USAID/Brasília.

B. Program Financial Support

[See attached]

IV. Brazil AIDS Strategic Plan

A. Goal

The goal of this Strategic Plan is to reduce the rate of sexually transmitted HIV infection by expanding access to AIDS prevention and control programs among targeted populations in two to three geographic areas of Brazil.

B. Objectives

The objectives of the USAID-supported AIDS prevention program are:

- o To reduce high risk behaviors among target populations.
- o To control the spread of STDs through improved diagnosis and treatment.

- o To strengthen the capacity of Brazilian institutions to mount effective and sustainable AIDS prevention programs.
- o To promote and stimulate private sector financial support for AIDS prevention programs.
- o To improve media reporting on AIDS-related issues.
- o To promote partner reduction among target groups when appropriate.
- o To increase societal support for people with AIDS and reduce AIDS-related stigma in Brazilian society.

C. Strategy

The AIDS Strategic Plan expands upon the key areas of USAID/Brasília's earlier activities in AIDS prevention. It supports and complements the work of the Government of Brazil and other donors to advance a comprehensive program that will significantly reduce the impact of AIDS on the country's health and economy.

The Plan's multifaceted prevention strategy will:

- Build on prior efforts supported by AID for a consolidated, scale-up of successful programming.
- Emphasize changes in behavior rather than just knowledge among specific target populations.
- Focus on the interventions (condom use, STD control, partner reduction, and policy reform) emphasized in the Agency for International Development's AIDS Strategy.
- Improve linkages between program components throughout the length of the project to have a measurable impact on the AIDS epidemic.
- Develop interventions that can be applied in other areas of Brazil.
- Use the same interventions (condom use, STD control, partner reduction, and policy reform) across the individual program components to reinforce an integrated approach.
- Use limited USAID financial and technical support as a catalyst for Brazilian and other donor resources to extend the scope of activities, increase project coverage and encourage institutionalization of intervention programs.
- Establish linkages with other health (e.g., family planning) and communication infrastructures when feasible.
- Complement work being done by other donors and agencies.

D. Major Program Components

This Plan highlights three major areas of emphasis in AIDS prevention in Brazil. These areas, which build upon much of USAID/Brasília's successful work to date, are:

- o Targeting men, particularly those away from home, through programs in the workplace and other settings.
- o Targeting commercial sex workers and men who have sex with men, with multifaceted prevention programs.
- o Targeting persons with STDs and their partners in health care settings and through outreach programs.

These emphasis areas and populations are the key to slowing the already rapid growth of Brazil's HIV epidemic. Within each emphasis area (major program component), behavior change communication, condoms, and STD control will be addressed as cross-cutting issues. In addition to the three emphasis areas, the AIDS Strategic Plan will include several smaller, pilot activities to support the primary components and serve as possible future interventions in Brazil:

- o HIV/AIDS Prevention in Brazilian Schools.
- o Improving Media Reporting on AIDS.
- o Involving the Catholic Church and other religious organizations in addressing partner reduction and AIDS-related social issues.

These activities are strategic horizontal interventions which have the potential for implementation across Brazilian society. They will be developed, however, as geographically focused programs to serve as models for further replication in other regions of the country. The effectiveness and impact of this entire program will be evaluated using the seven Global Program Indicators developed by the AID/FHI/AED/CDC working group (see Appendix 1).

1. Targeting men, particularly through programs in the workplace and other settings

a. Background

Given the current HIV prevalence in Brazil and the rapid spread of the virus beyond those populations at highest risk (e.g., CSWs, men who have sex with other men, and IVDUs), this program targets men who are at risk because of their connections to primary high risk groups. Men in Brazilian culture are the primary sexual decision-makers, therefore this component is designed to change men's condom use and multiple partner behaviors -- by targeting them through programming in workplaces and other social settings. This workplace focus is important because of the significant impact that AIDS will have on Brazil's labor force and economy.

This project will assist companies to introduce prevention activities through their existing health-related benefits package or on-the-job health units. It will target workers in Brazil's industrial sector using multiple prevention strategies, and will place particular emphasis on men away from their normal social structures (e.g., migrant factory workers, military personnel, long-distance truck drivers). The workplace is defined as an established institution or structural channel for the transmission of communication programs and the provision of preventive services/commodities. The project will also incorporate prevention programming for women employees as appropriate, but the primary focus will be on changing the behavior of men.

USAID/Brasília has already begun some work with the Brazil's industrial sector, including FIESP, a state-wide industrial syndicate in São Paulo (which includes _____ firms employing _____ workers) and several national banks. These "AIDS in the Workplace" programs have provided the initial entree for further activities targeting men through their place of employment and other, related settings. Companies included in follow-up workplace efforts promoted under this program will be expected to provide both significant support and resources for these activities, preparing for their long-term sustainability.

b. Target Audience(s)

The male industrial workers will be the major focus of this prevention program, particularly men who are removed from their usual social "environment" due to employment. Research has shown that these men tend to engage in high risk sexual behavior, either with CSWs or other men, and are therefore at increased risk of HIV infection, increasing the chances of spread to their spouses or regular sexual partners.

c. Intervention(s)

The prevention activities of this program will be multifaceted, addressing the various factors involved in sexual transmission of HIV. They include:

- Education and peer support in the workplace for behavior change.
- Training for employers to support on-going prevention efforts.
- Educational activities in other places where the target audience gathers, such as bars, social centers, and sporting events.
- Targeted communication programming (including both print and audio-visual materials) for use within all educational sites.
- Focused use of media (such as billboards and radio in the communities where the men live) to begin the process of changing ideas about perceived "conflicts" between "machismo" and risk-reduction behaviors and establish a context for further support for behavior change.
- Provision of STD diagnosis and treatment services, ideally through health infrastructures already present in workplaces.
- Communication programming to promote STD services and recognition of STD symptoms.
- Condom distribution in all project sites funded principally by the institutions participating in the program.

d. Communication Programming

The communication strategy for this audience will address deeply held cultural beliefs about masculinity and "machismo" in Brazil. Rather than direct appeals for reducing risk or making "informed decisions," this communication programming will attempt to identify low-risk behaviors (such as condom use, improved communication with partners, or reduction in numbers of sexual partners) with currently approved "lifestyles." The communication program, thus, will link risk-reduction with the popular image of what it means to be a man (in much the same way that commercial advertising strategies attempt to link beer, cars, clothing, and cigarettes with the "ideal" man).

The communication strategy will be multi-channeled and continuously reinforcing. It will include both targeted "small" media (brochures, posters, videos, audio cassettes, etc.) and narrowly targeted larger communication tools, including billboards and radio for this clearly defined audience.

The program will also develop a system of peer leaders, who will be identified from within the community, to act as sources of information and provide support for behavior change. The use of natural leaders is part an overall strategy specifically designed to change the existing social norms which lead to high risk behavior. The print and media programming will support and reinforce this goal. Finally, the project's communication programming will examine policy-related issues. The use of simple forms of mathematical modeling to explore the economic impact of AIDS as part of employer training/education programs and enhancing employer support for on-going prevention programming is one possibility.

e. Condom Programming

Consistent condom supply is crucial for this program's success. As demand for condoms increases, the program will incorporate the involvement of the nascent condom social marketing program in Brazil, implemented by DKT do Brasil, an affiliate of Population Services International. Through the AIDSTECH Project, USAID/Brasília has already funded DKT's CSM activities targeting commercial sex workers and their clients in the cities of São Paulo, Fortaleza, and São Luis. This project will build upon DKT's expertise in getting socially marketed condoms to specific target audiences with intensive promotional and sales strategies. In addition to its regular distribution sites, the CSM condom ("Prudence") will be made available in work sites and social centers where the target audience gathers. Funding for condoms will be provided by collaborating institutions.

f. STD Control

The project will link diagnosis and treatment of STDs with a broader prevention program targeting men in the workplace. The ultimate goal is to ensure that quality services and commodities are available through both the employer's health program and in the larger community.

Ideally, the project will provide training to improve STD service provision, with the employers themselves providing the STD drugs and services necessary for controlling STDs among the target population. The Plan will also work with community health clinics to ensure quality care and provide referrals for those unable to receive treatment through the workplace. The communication programming for these worksites, then, will include messages promoting the use of these off-site clinical services.

g. Research Issues

This project will incorporate operations research strategies to improve overall prevention programming for this audience. Research themes include:

- Assessing impact of various communication strategies/messages, specifically as they apply to men.
- Identifying barriers to effective service provision.
- Examining different models of condom distribution to determine systems of greatest impact.
- Exploring issues related to the effective use of peers in prevention programs.

h. Evaluation

Indicators for this project will include:

- Reported Condom Use:
 - o Frequencies of reported condom use classified as always, sometimes, never in target population.
 - o Percentage of target population reporting condom use during recent act of sexual intercourse.
 - o Proportion of times a condom was used during sexual intercourse with each partner over the past month.
- Condom sales and distribution totals (by month) and percentage of sampled distribution sites which report an uninterrupted supply of condoms over the last month.
- Percentage of businesses approached that set up AIDS prevention programs.
- Percentage of health care facilities which practice correct clinical management of STDs. ("Correct" is defined as diagnosis, treatment, counseling, and condom distribution in accordance with approved guidelines).
- Decrease in mean reported number of sexual partners during last month.
- Percent of target population surveyed who believe that a majority of their friends and peers use condoms or engage in other risk-reduction activities.
- Percent of population surveyed who have discussed using a condom with their sexual partners.

2. Targeting commercial sex workers and men who have sex with other men with multifaceted prevention programs

a. Background

Despite the fact that Brazil has the fourth largest number of reported cases of AIDS in the world, reported overall HIV prevalence is still relatively low. The vast majority of cases of AIDS in Brazil are concentrated among several primary populations at high risk: men who have sex with other men (MWM), commercial sex workers (CSWs), and intravenous drug users (IVDUs). To date, reported prevalence among CSWs in Brazil hovers around 10-20%. It is believed, however, that the seroprevalence is increasing rapidly and dramatically among CSWs, especially in the major urban areas of the country. Given this, the Plan will continue and expand targeting high risk populations through integrated prevention programs.

USAID/Brasília has, through the AIDSTECH and AIDSCOM programs, developed significant expertise in the implementation and management of activities targeted to specific high risk populations. This program will build on these efforts, combining elements of pilot activities which have been successful in other areas of Brazil into a comprehensive intervention strategy for these groups. Implementation will be done by organizations or institutions with specific links to these populations. Continued targeting of high risk groups is an important aspect in the control of HIV infection, particularly in light of the decreased national attention to their situation and needs due to the "heterosexualization" of AIDS in Brazil. In combination with other program components, this project will attempt to continue to prevent the further spread of HIV among groups already experiencing a tremendous increase in rates of HIV infection.

This program component of the AIDS Strategic Plan represents a significant "scale-up," building upon initial efforts supported by USAID/Brasília. It differs from the initial pilot projects in two important ways: (1) it is designed to reach a much larger segment of the specific target audiences in the selected geographic areas than the earlier activities, and (2) even more importantly, it represents the synthesis of communication, condom, and STD programming in the implementation of comprehensive programs for these populations at risk. Unlike the earlier activities, this program component will ensure that all target audiences are part of a multifaceted intervention program to prevent HIV transmission.

b. Target Audience(s)

The project will focus on two specific target audiences with their own unique experiences with the HIV/AIDS epidemic in Brazil:

- Commercial sex workers (female and male).
- Men who have sex with other men (MWM).

c. Intervention(s)

The interventions will combine components from other current interventions, creating more comprehensive prevention efforts.

For CSWs, these activities will include:

- Peer education for "diffusion of innovation" programs for the various target groups implemented by organizations with established relationships with CSWs.
- Targeted communication programming (materials, training, etc.) to maintain continued support for behavior change. This will include print and audio-visual materials and the use of community radio programming -- encouraging the use of well-designed materials already developed for these populations in Brazil.
- Training of health care providers and other "gatekeepers" (e.g., bartenders, brothel managers) who work with CSWs to improve education and services.
- Expanding access to condoms and STD services and improving quality of current service provision.

Because of differences within the target audience of MWM, the program for this target audience will be divided into two (sometimes overlapping) areas:

- Programming for men with a gay/homosexual identity who move within the social milieu of the gay community.
- Programming for men who have sex with other men but do not identify as gay or socialize with other MWM.

The intervention for gay-identified men will include:

- Identification and training of natural community leaders to generate community support for consistent risk-reduction.
- Design of targeted communication programming to be used in two different educational contexts: (1) programming for men who seek AIDS education activities promoted within the community, and (2) targeting those men who do not actively seek out educational services -- bringing the services to them through gay bars, saunas, and other gay-oriented establishments.
- Identifying where and how gay men receive STD services and expanding/improving access and quality of those services to ensure more comprehensive STD treatment.
- Condom social marketing targeting gay community establishments to increase condom sales and use.

The intervention aspects specifically targeting other MWM will address the difficult question of how to reach and, more importantly, change the behavior of men who may not perceive themselves at risk. It may be appropriate to have the same organization implementing both the

bisexual subpopulation project, and the project aspect targeting gay-identified men. On the other hand, it is also feasible to involve a separate organization to target men who do not identify themselves as gay. Project components will include:

- Intensive outreach to areas where men go to find or have sex with other men.
- Research on sexual identity and risk-perception issues to improve prevention programming for an often hidden subpopulation.
- Condom distribution specifically location-based to reach this diverse group.
- Promotion of STD services to increase treatment-seeking behaviors from already established clinical centers.

d. Communication Programming

The communication aspects of these interventions for diverse populations at high risk will focus principally on promoting better self-care and self-esteem to enhance confidence and skills in preventive behaviors. For the CSWs, the communication strategy will: (1) address issues of group support for self-protection, (2) enhance skills in negotiation with clients, (3) continue to promote support for low risk activities in commercial sex establishments, and (4) promote treatment-seeking behaviors. Both subsets of MWM will include strategies described above as appropriate and will also incorporate a broad range of sexuality issues to increase compliance with behavior change.

The emphasis in these programs will not be on changes in knowledge. Current information clearly indicates that these populations are exceptionally well-educated about AIDS/HIV. The focus will be on the attitudinal and behavioral factors associated with adoption of low-risk behaviors, particularly addressing changes in social norms which support behavior change.

e. Condom Programming

Building on its initial work with DKT do Brasil in its high risk group project in Fortaleza, the AIDS Strategic Plan will incorporate targeted CSM programming for the diverse groups involved. DKT will work with the implementing organizations to target sales/distribution for CSWs and MWM.

f. STD Programming

To ensure that STD services are made available for all intervention target populations, the project will establish relationships with currently available STD services to strengthen service provision and facilitate the acceptance of high risk populations in those services. As in the USAID-funded CSW intervention in Fortaleza, the project will work directly with government health posts and other clinical sites, providing training in two major areas: (1) correct diagnosis and treatment, and (2) responsiveness to CSWs and MWMs, whom they have been unwilling to treat in the past. In Fortaleza, for example, the CSW

project found that although the state health posts are supposed to treat all who come to the clinic, staff in some sites were refusing to treat the CSWs there. To resolve this situation and improve care for CSWs, the project has implemented training for state health post staff. This expanded high risk group project will build upon that initial work to address the special needs of both CSWs and MWM.

g. Research Issues

The research issues for this program component will be very similar to those identified for the component targeting men through the workplace and other settings.

h. Evaluation

Indicators for this project will include the same ones identified for the program component targeting men through the workplace and other settings, with possibly less focus on reported changes in mean number of partners.

3. Targeting persons with STDs and their partners in health care settings and through outreach programs

a. Background

Given the strong link between the presence of STDs such as syphilis and gonorrhea and the transmission of HIV, the Brazil AIDS Strategic Plan emphasizes building local capacity in controlling the spread of STDs through prevention and treatment programs. The rapid increase in heterosexual transmission of HIV in Brazil since 1987 indicates the clear need to slow the current spread of other STDs among populations not currently receiving appropriate STD treatment services. The presence of STDs simply facilitate the spread of HIV from current high risk/high prevalence populations to populations that are also at high risk but are currently low prevalence. In Brazil, STD control is not currently emphasized as a major strategy in controlling the spread of HIV.

Epidemiological data on rates of STDs in different populations are generally not available. Reports from gynecology clinics at university hospitals indicate that a considerable proportion of patients (e.g., 55-60%) have STDs. From a review of pharmacy medication sales records, it was estimated that over 1 million cases of gonorrhea occur in Brazil each year. Hospital records in São Paulo, for example, indicated that 42.2% of the women hospitalized in the gynecology wards are there due to pelvic inflammatory disease. There is virtually no information about the STD-status of the male sexual partners of these women.

Self-medication plays an important role in the treatment of STDs in Brazil. Many people cannot afford an appointment in the private sector health care facilities, and may wait one to two months to get an appointment in a public health facility. Therefore, many go to a drugstore where a pharmacy clerk prescribes the medication. As a

result, resistance to antimicrobial agents is becoming a serious problem in the treatment of gonorrhea and chancroid. Most of the adequate treatment of STDs occurs in limited outpatient services related to medical schools and selected public health STD clinics.

STD services for both prevention and treatment in this component of the Plan will include improved diagnosis and treatment, prevention counseling and education, and active outreach to increase STD treatment-seeking behaviors among select populations.

b. Target Audiences

Target audiences for this project include:

- People with STDs.
- Sexual partners of people with STDs.

c. Interventions

Given the magnitude of the problem and the at-risk population, this intervention strategy will:

- Promote health-seeking behaviors among the target audience and improve awareness of symptoms and where to seek treatment.
- Develop systems for identifying women and men at risk of HIV in health care settings.
- Design and implement targeted educational programs to change behaviors of those identified at risk.
- Develop a distribution system to ensure condom availability for those identified at risk.
- Provide training for clinic personnel, pharmacists, and others in appropriate STD diagnosis and treatment, education, counseling, and condom promotion.
- Upgrade clinical and laboratory facilities, when appropriate.
- Institute cost-recovery for STD treatment.
- Promote contact tracing for partners of persons with STDs.

d. Communication Programming

The communication aspects of this STD control activity will be two-fold: (1) on-site prevention education and counseling for those receiving STD treatment from clinics and other sites, and (2) outreach programming to increase the treatment-seeking behaviors of specific target populations. The project will identify the key communication issues relevant to STDs within the culture(s) of the target audiences and design programs -- used in clinical facilities, in sites where other health-related services are provided, and for community outreach -- that specifically work to change STD-related behaviors.

e. Condom Programming

Condom availability, accessibility and acceptability will be emphasized as a major protective strategy within clinical settings. Although current condom supplies are not adequate for sharply accelerated demands throughout the country, the program will be structured to ensure that condoms are available in target areas. As part of this, the condom social marketing program of DKT/PSI will be involved in assessing needs of clinical sites and distribution potential. The CSM program, in conjunction with other condom distribution sources (e.g., BEMFAM and/or state governments) will be responsible for ensuring that adequate condom supplies are available to the target audiences within the project's geographic area. Clinical sites and pharmacies will be monitored to ensure on-going supply and to improve logistics systems when appropriate. In addition, all providers involved in the program will receive training to improve overall condom promotion skills.

In the longer run, AIDSCAP will work with the federal and state governments and with donors to increase condom availability. This is one of the policy areas anticipated for development in Brazil.

f. STD Issues

An important aspect of this project is exploring the possibility of fee-for-service STD treatment through a variety of clinical settings. In BEMFAM clinics, for example, some family planning services already are run on a fee-for-service basis (although contraceptives are provided at no charge) and the possibility exists for charging for STD treatment services also. Under the USAID-funded Enterprise Program implemented by JSI, BEMFAM set up a laboratory facility in Northeastern Brazil capable of doing STD-related lab work. This facility is also on the road to financial self-sustainability. The AIDS Strategic Plan will work to create financially sustainable STD treatment services, complementing the ongoing work of the BEMFAM lab facility and others like it.

BEMFAM has already expressed an interest in beginning work in this area, by adding STD services to its family planning clinics in various parts of Brazil. In addition, the Plan will also implement this activity with the state-run health care facilities. Several universities in the country, most notably the University of São Paulo, have developed the technical resources to train and support other organizations to improve overall diagnostic and clinical capabilities.

The project will need to seek financial support, possibly from groups such as the World Bank or the Inter-American Development Bank (IADB), to purchase the drugs necessary for STD treatment -- in addition to fee-for-service programs. AIDSCAP may be able to provide technical assistance in helping establish drug supply and logistics systems.

g. Research Issues

Several possibilities should be considered for research activities:

- Studying changes in knowledge and perceptions of STDs and the effect of these changes on behavior with respect to condom use, partner selection, and treatment seeking behaviors.
- Feasibility of use of treatment algorithms for distinct population groups and geographic areas to streamline diagnosis and treatment.
- Studying why and how people seek STD treatment.

h. Evaluation

Indicators for this project will include:

- Collection of overall service statistics from health care sites.
- Reductions in numbers of "repeat" STD patients.
- Increase in number of facilities providing appropriate biomedical and behavioral STD services.
- Improvement in provision of appropriate biomedical and behavioral STD services in facilities operating prior to program implementation.

E. Secondary Program Components

Discussions with a wide range of representatives from the Brazilian public and private sectors point out three other areas where there is substantial interest and unmet needs in HIV/AIDS prevention. These activities are not currently included in the USAID/Brasília AIDS program, but can be considered as pilot projects for future development. If successful, they could lead to larger scale programs which would directly reinforce the main components of this Strategic Plan.

1. HIV/AIDS Prevention in Brazilian Schools

Interest in extending AIDS Prevention education in Brazilian schools is widespread. Only a few programs have actually begun activities for teachers or adolescents but there appears to be a fairly high level of acceptance for discussions in the school, of AIDS, sexuality, and condom use. AIDS education programs for schools can also provide linkage with family planning and other sexuality education programming. Two major Brazilian foundations which currently support activities related to teacher and student education on a wide range of topics have expressed interest in working more directly with AIDS education in schools. The Fundação Victor Civitas, the public service arm of Editora Abril, a major Brazilian publishing house, is interested in incorporating information on AIDS prevention in its widely disseminated publication for teachers ("Nove Escola"). The Globo Television Network's public service foundation, Fundação Roberto Marinho, which in the past has supported public service campaigns on health issues including AIDS, is also interested in supporting targeted AIDS

campaigns for adolescents. Strategy development, technical assistance, and small amounts of seed money from the project could have substantial pay-offs in student/teacher education on AIDS prevention in Brazil -- particularly if linked with provision of condoms and STD services.

2. Improving Media Reporting on AIDS

As AIDS in Brazil has become an increasingly important health and social issue, it has drawn greater attention from the print and broadcast media. The powerful role which journalists, reporters, and their editors could play in promoting changes in health behavior as well as overall changes in policy (and among policymakers), however, has not been fully realized because the majority of these professionals lack the specialized background to adequately understand and communicate complex health issues. This lack of understanding frequently limits their interest in the subject, as well as their ability to select and present relevant information.

Brazil supports a large and well-developed media industry, which includes over 30 major daily newspapers, 500 publishers, and 2800 independent radio stations. Many are well funded and could support technical training for their professional staff. Limited project assistance to promote this activity would include technical assistance for baseline assessment, strategy development, and curriculum design. Such an activity would support USAID/Brasília's policy of supporting low-cost interventions which maximize resources in the Brazilian private sector. Training for media professionals in basic epidemiology and strategies related to HIV prevention would have the long-term benefit of improving national and state support among policymakers for further AIDS prevention activities. It would also reduce sensationalism which currently colors much AIDS reporting, reduce discrimination against HIV-positive individuals, and work in partnership with other behavior change activities supported for this project. It is likely that the United States Information Service (USIS) will play a role in providing assistance for this aspect of the AIDS Strategic Plan.

3. Involving the Catholic Church and other religious organizations in addressing partner-reduction and AIDS-related social issues

Given the strong role of religion, and particularly the Catholic Church in many facets of Brazilian life, the Plan will examine opportunities for working with this network and infrastructure, to support AIDS prevention programming. The Catholic Church and other religious groups could play a direct role by exploring the issue of partner reduction from a religious perspective, particularly for young people. In addition, studies conducted among different segments of Brazilian society reveal a high level of negative and discriminatory attitudes toward people with AIDS and HIV. Because religious groups are support structures for some of the most marginalized sectors of society, they could be powerful vehicles for changing attitudes and reducing the stigma and discrimination experienced by those infected

with HIV. By encouraging the full acceptance in society of HIV-positive individuals, religious groups could help to create a context in which people are more comfortable seeking treatment, information, and support for behavior change.

F. Behavioral Research

There are number of key research issues, opportunities, and resources for studying behavioral aspects of AIDS prevention in Brazil. AIDSCAP will focus its behavioral research on two major types of activities:

- One or more large-scale research studies which would examine the major behavioral underpinnings of AIDS-related issues. Examples of this type of research include examining values associated with condoms and their use, beliefs about families and children, negotiation skills for both women and men, and basic sexuality beliefs and behaviors.
- Program-related research to answer behavioral questions specific to successful program implementation. Some sample issues addressed could include examining adolescent risk-taking behaviors, response to various communication/message strategies, male identity and its relationship to risky behaviors, and activities specifically designed to reduce numbers of sexual partners.

Brazil hosts a number of institutions and individuals with strong skills in behavioral research that could be excellent collaborating centers for work with the AIDSCAP Project. These include the University of São Paulo, the University of the State of Rio de Janeiro (where Dr. Richard Parker is affiliated), and Fundação Oswaldo Cruz (FIOCRUZ).

G. NGO Small Grants and Rapid Response Fund

To enhance the work of the major and pilot program components of the AIDS Strategic Plan, this project will also provide limited support for a range of Brazilian NGOs involved in AIDS prevention. This support will take two forms: (1) an NGO Small Grants Program, and (2) a Rapid Response Fund for short-term activities.

The NGO Small Grants Program will provide grants of up to US\$25,000 to indigenous NGOs involved in AIDS prevention that parallels the work of the major program components of the AIDS Strategic Plan. To encourage the Plan's objective of helping to stimulate the use of Brazilian and other donor resources, the NGO Small Grants Program will require that all recipients provide matching funds or "in-kind" contributions to enhance project sustainability.

The Rapid Response Fund will build upon AIDSTECH's successful introduction of this funding mechanism to provide small-scale support for organizations with whom AIDSCAP is not currently working. This mechanism will provide grants of up to US\$3,000 for individual AIDS prevention activities based on submission of a short project proposal.

Under the AIDSTECH project, this fund has already provided support for several activities, including a national conference on AIDS-related legal issues and dissemination of a video targeting women with AIDS prevention messages.

Project name : Brazil ATSP AIDS LogFRAME
 Est. Completion : 1996
 Date of Revision: 27-1-92
 Design Team : FHI/ATSP, USAID, AID/W

Narrative Summary (NS)	Measurable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
Goal: 1 To reduce the rate of sexually transmitted HIV infection among targeted populations in select areas of Brazil.	1.1 Stabilization or decrease in gender and age-specific HIV prevalence.	1.1 HIV sentinel surveillance.	(Goal to Supergoal) 1.1 Sexual contact is the primary mode of HIV transmission in Brazil.
Purpose: 1 To develop programs in key areas which strengthen the capacity of Brazilian institutions in 2-3 areas of the country to reduce high risk behaviors among targeted populations and control the spread of STDs.	1.1 Increase in consistent condom use to 70% of high risk situations among targeted populations. 1.2 Decrease in gender and age-specific syphilis prevalences. 1.3 Overall reduction in numbers of sexual partners among specific target populations.	1.1 Targeted and sentinel population surveys. 1.2 Syphilis sentinel surveillance. 1.3 Sentinel population survey.	(Purpose to Goal) 1.1 Adequate donor funding and political and financial commitment within Brazil will be available throughout the project. 1.2 Reduction of high risk behaviors among targeted populations and control of the spread of STDs will have an impact on HIV transmission.
Outputs: 1 Intervention program for men away from home and other men and women in workplace and social centers designed, implemented, and evaluated. 2 Interventions for commercial sex workers and men who have sex with other men designed, implemented, and evaluated. 3 Improved Tx and Dx of STDs through clinics established. 4 Programming for adolescents in schools established.	1.1 Communication/Education programming reaches men and women in workplace and social settings by end of year 2. 1.2 Condoms consistently accessible to target audiences at all sites by end of year 2. 1.3 STD services accessible for all members of target audiences by end of year 3. 1.4 Project evaluation mechanisms in place by year 2. 2.1 Same as above for populations at high risk. 3.1 STD clinical and laboratory services established or strengthened and quality control system in place by end of year 3. 3.2 Condoms and treatment drugs consistently available through clinics by end of year 3. 4.1 Education/Communication program targeting adolescents in schools in place by end of year 2. 4.2 Teacher training programming in place by end of year 2.	1.1 Surveys/qualitative assessments. 1.2 Process data/logistics reports/surveys. 1.3 Provider assessments/surveys. 1.4 MIS and progress reports. 2.1 Same as above. 3.1 Provider assessments/surveys. 3.2 Process data/logistics reports/surveys. 4.1 Surveys/qualitative assessments. 4.2 Surveys/qualitative assessments.	(Output to Purpose) 1.1 Intervention programs will significantly reduce high risk behaviors among selected target audiences. 2.1 Same as above. 3.1 Improving the Tx and Dx of STDs through clinic settings will lead to the control of STDs. 4.1 Adolescents are an important population to target to have an impact on HIV transmission.

3.2 Ensure that providers are prepared to diagnose and treat local STD patterns.			
3.3 Establish supply system for STD drugs and condoms.			
3.4 Develop counseling and education programs for clinic patients and outreach.			
3.5 Establish evaluation program.			
4.1 Identify implementing organizations to reach school.	4.1		4.1 Schools and parents will permit AIDS education for adolescents.
4.2 Design and implement targeted communication programming for adolescents, teachers, and parents.			
4.3 Evaluation plan established.			
5.1 Identify organization(s) to implement media training.	5.1		5.1 Training for media will result in improved reporting on AIDS-related issues.
5.2 Design targeted skills-based training program.			5.2 Media are interested in improving AIDS-related coverage.
5.3 Enlist support of publishing and broadcasting agencies for media attendance.			
5.4 Conduct workshop series for print and broadcast media.			
5.5 Evaluate training program.			
6.1 Identify research organizations and individuals for collaboration.	6.1		6.1
6.2 Identify major research topic areas.			
6.3 Design and implement behavioral research activities.			
6.4 Disseminate research results.			
7.1 Hire key program staff.	7.1		7.1
7.2 Develop management system including reporting mechanisms.			
7.3 Establish linkages with ATSP Management Information System.			

DRAFT ILLUSTRATIVE BUDGET*
Option A

DRAFT -- Brazil AIDS Strategic Plan Budget

	Draft Breakdown (IN THOUSANDS USD)					TOTAL
	YR1	YR2	YR3	YR4	YR5	
Country Office/Personnel:						
Personnel	175	250	300	250	250	1225
Office	75	150	200	150	150	725
STAFFING SUBTOTAL	250	400	500	400	400	1950
Major Program Components:						
Targeting Men	175	675	625	525	400	2400
Targeting People with STDs	175	650	600	475	375	2275
Targeting CSWs and MWM	175	625	575	475	375	2225
Small Grants & Rapid Response \$	75	150	150	150	150	675
MAJOR PROGRAM SUBTOTALS	600	2100	1950	1625	1300	7575
Pilot Activities:						
School-based programming	50	200	150	100	100	600
Media Training	75	250	175	125	125	750
Involving the Church	50	175	125	100	100	550
PILOT ACTIVITIES SUBTOTAL	175	625	450	325	325	1900
Overall Brazil Program Evaluation	75	175	100	125	200	675
Costs of any external evaluation are not included						
GRAND TOTAL	1100	3300	3000	2475	2225	12100

*This sample budget is for discussion only and is subject to modification pending final definition of program content and geographical location.

DRAFT ILLUSTRATIVE BUDGET*
Option B

DRAFT -- Brazil AIDS Strategic Plan Budget

	YR1	Draft Breakdown (IN THOUSANDS USD)					TOTAL
		YR2	YR3	YR4	YR5		
Country Office/Personnel:							
Personnel	175	250	300	250	250		1225
Office	75	150	200	150	150		725
STAFFING SUBTOTAL	250	400	500	400	400		1950
Major Program Components:							
Targeting Men	175	675	625	525	400		2400
Targeting People with STDs	175	650	600	475	375		2275
Targeting CSWs and MWM	175	625	575	475	375		2225
Small Grants & Rapid Response \$	75	150	150	150	150		675
MAJOR PROGRAM SUBTOTALS	600	2100	1950	1625	1300		7575
Overall Brazil Program Evaluation	75	175	100	125	200		675
Costs of any external evaluation are not included							
GRAND TOTAL	925	2675	2550	2150	1900		10200

*This sample budget is for discussion only and is subject to modification pending final definition of program content and geographical location.

USAID PRIORITY INDICATORS

A. HIV prevalence (USE RECENT WHO/GPA DATA IF AVAILABLE)

HIV prevalence among women aged 15-24 years attending antenatal clinics.

Numerator = number of women aged 15-24 years seropositive for HIV
Denominator = total women aged 15-24 years from whom blood was obtained

Method of collection: Sentinel serosurveillance (unlinked anonymous screening of blood from women aged 15-24 years attending antenatal clinics)

B. STD Clinic Management

Percentage of health care facilities which practice correct clinical management of sexually transmitted diseases. ("Correct" is defined as diagnosis, treatment and counseling in accordance with national guidelines.)

Numerator = number of health facilities practicing correct STD clinic management.
Denominator = total health facilities (public and private) surveyed.
Method of collection: Facilities survey

This sample of health facilities should also be stratified by type of health facilities :

- STD Clinic
- Hospital
- Pharmacy
- Health Center
- Traditional Healer
- etc.

C. STD Incidence and/or prevalence (or history of STD)

1. Males

History of incidence of burning and penile discharge and/or prevalence among men aged 15-24 years.

Numerator = number of men ages 15-24 years with confirmed or reported penile discharge.
Denominator = Total men aged 15-24 years surveyed

Method of Collection: Targeted population group survey

2. Females (or both sexes)

Prevalence of positive serology for syphilis among women (or both sexes) 15-24 years of age.

Numerator = number of women (or both sexes) aged 15-24 years with confirmed serology for Syphilis.

Denominator = total population surveyed

Method of collection: Blood testing at antenatal clinic or sentinel survey.

Measure both the history of and the current incidence of syphilis by testing with RPR and TPHA or MHAT.

D. Reported Condom Use

1. Frequency of reported condom use classified as always, sometimes, never in population at risk (e.g. young adults, sex workers)

Numerator = number of people reporting having always, sometimes, or never used a condom during sexual intercourse in the past six months

Denominator = total population surveyed

2. Percentage of population at risk reporting condom use during recent act of sexual intercourse.

Numerator = number of people reporting use of a condom during most recent act of sexual intercourse

Denominator = number of times the respondent reported having sexual intercourse over the past month by partner

3. Proportion of times a condom was used during sexual intercourse with each partner over the past month

Numerator = number of times the respondent reported having sexual intercourse with a condom over the past month by partner

Denominator = number of times the respondent reported having sexual intercourse over the past month by partner

Method of collection: Targeted population group survey

E. Condom Availability

Condom sales (1) and distribution (2) totals (by month) during the preceding 12 months and (3) percentage of sampled distribution sites which reported an uninterrupted supply of condoms over the last month.

1. Reported condom sales during the preceding month

Method of collection: Sales data

2. Reported number of points of purchase (retail outlets, health facilities, street vendors, etc.)

Method of collection: Sales data.

3. Numerator = Number of distribution sites which report an uninterrupted supply of condoms over the last month

Denominator = Total number of distribution sites surveyed

Method of Collection: Facility survey

COLLECT CONDOM DISTRIBUTION DATA FOR ALL AIDS PREVENTION PROGRAMS

F. Knowledge of Preventive Practices

Percentage of population at risk who can cite at least two acceptable ways of protecting themselves from HIV infection

Numerator = number of people citing two or more ways

Denominator : total population surveyed

Method of Collection: Targeted population group survey

Comment: Examples of acceptable preventive practices would include at least the following:

- using condoms
- choosing low-risk partners
- limiting the number of sexual partners (including monogamy and abstinence)
- avoiding penetrative sexual acts
- choosing safer penetrative sexual acts (i.e. oral vs vaginal vs. anal)
- avoiding contaminated injection equipment

Communication of preventative practices:

- percent of population surveyed who have discussed using a condom with their sexual partners
- percent of population surveyed who believe that a majority of their friends and peers use condoms

Health-seeking behavior:

- percent of population surveyed who report seeking the following:
 - more information on HIV/STD
 - HIV related services (counseling, testing, etc.)
 - STD treatment

G. Sexual Behavior

Mean number of sexual partners during last month for men and women aged 15-24.

Numerator = total number of sexual partners reported
by targeted population

Denominator = total population surveyed.

Method of collection: Targeted population group survey.

Persons contacted:

Brasília

USAID/Brasília

Mr. John Pielemeier

Mr. Miguel Fontes

Ministry of Health

Dr. Eduardo Cortes, Director, AIDS/STD Division

French Embassy

Ms. Michele Goldstein, Technical Cooperation Affairs Office

PanAmerican Health Organization (PAHO)

Dr. Fernando Del Castillo, AIDS/STD Advisor for Brazil

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Dr. Daisy Kinzo

Bank of Brazil

Mr. Daltono Umberto de Souza

Caixa Economica

Mr. Weber Valério Alves Marra

Institute of Sexology/CESEX

Dr. Ricardo Cavalcanti

São Paulo

PSI/DKT do Brasil

Mr. Robert Perez

Federação das Industrias do Estado de Sao Paulo (FIESP)

Mr. Mario Amato, President of FIESP, and other representatives

Fundação Victor Civita

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Ms. Ana Gloria
Ms. Marcia Piedade, Researcher
Mrs. Rosa Mendonca, Training/IEC Manager

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BRAZIL



