

# BRAZIL

## STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) in Brazil aims to contribute to the achievement of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) overall goal to reach HIV epidemic control. CDC- Brazil’s program focuses on key populations that report the newest infections and the highest HIV prevalence rates in Brazil’s concentrated HIV/AIDS epidemic. Health systems strengthening, pre-exposure prophylaxis (PrEP), early diagnosis of HIV infection, linkage to care, rapid engagement in treatment, prevention of treatment interruption, and advanced disease package are the pillars of CDC and PEPFAR activities in Brazil.

CDC-Brazil provides technical leadership and direct assistance to Brazil’s Ministry of Health (MOH), State and Municipal Health Departments to enhance HIV programming, monitoring, and evaluation (M&E), and epidemiological surveillance. It leads and supports research and trainings, knowledge exchanges, and decentralization of HIV services to the primary care network through human resources capacity building, health systems strengthening, and direct service delivery in Campo Grande/MS, Curitiba/PR, Florianópolis/SC, Fortaleza/CE and Porto Alegre/RS.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

- CDC-Brazil collaborates with municipal health departments to expand key populations’ (KP) access to HIV self-testing through a request-and-delivery web platform and mobile app. Users may choose to receive HIV test kits by mail or pick them up in a health facility or in digital dispensing lockers strategically placed to ensure privacy and confidentiality.
- CDC-Brazil supports health facilities, which fully adopts the PEPFAR concept of differentiated health service delivery models, including extended hours, sexually transmitted disease diagnosis, rapid antiretroviral therapy (ART) initiation, PrEP, and post-exposure prophylaxis (PEP), and the HIV navigators to reduce discontinuity of treatment in the country. HIV navigators have high experience in the public health system and are responsible for outreach to patients with HIV with the objective of re-engaging them in ART.
- CDC-Brazil established community-led monitoring, whereby beneficiaries, through independent Civil Society Organizations (CSO), can monitor the quality and accessibility of HIV treatment services. CDC works in collaboration with local CSO to promote peer education and capacity building activities.
- CDC-Brazil continues to develop HIV diagnosis in the country by index testing and recency testing. The first strategy involves identifying partners of people living with HIV (PLHIV) to increase outreach to sexual contacts. The second strategy aims to have a more accurate understanding of the dynamics of the new infections to drive the prevention and testing efforts in the country.
- CDC-Brazil introduced home delivery of ART for PLHIV as a strategy to overcome COVID-19 mobility restrictions, providing an alternative to sustain continuous access to ART.
- CDC-Brazil provides technical assistance to the MOH in supporting the Brazilian National AIDS program to reduce HIV prevalence and incidence estimations among KP through knowledge, attitudes, practices, and behavior surveys in addition to HIV incidence studies in the country.
- CDC-Brazil started new partnerships with The Pan American Health Organization (PAHO) and UNAIDS. CDC collaborates with PAHO to alleviate the effects of Venezuelan migrants and refugees in the Brazilian border region. The joint effort includes capacity building for PrEP and HIV self-test in the Amazon region. CDC is also working with UNAIDS to introduce “zero-discrimination” strategy in the Brazilian health services at local level.

## Key Country Leadership

President:  
Luiz Inacio da Silva (Lula)

Minister of Health:  
Nisia Trindade Lima

U.S. Ambassador:  
Elizabeth Frawley Bagley

CDC/DGHT Director:  
Ana Carolina F. S. Santelli

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$8,140 (2022)

Population (millions):  
215.31 (2022)

Under 5 Mortality:  
14.1/1,000 live births (2021)

Life Expectancy:  
72.8 years (2021)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 0.6% (2022)

AIDS-related Deaths  
(All ages): N/A

Estimated Orphans Due to  
AIDS: N/A

Reported Number Receiving  
Antiretroviral Therapy (ART)  
(Age ≥15): N/A

**Global Tuberculosis  
(TB) Epidemic**  
([who.int/tb/country/data/profiles/en](http://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
48/100,000 population (2021)

TB Patients with Known HIV-  
Status who are HIV-Positive:  
11% (2021)

TB Treatment Success Rate:  
67% (2020)

**DGHT Country Staff: 5**  
Locally Employed Staff: 5  
Direct Hires: 0  
Fellows & Contractors: 0

**Our success is built on the backbone of science and strong partnerships.**

