HIV and AIDS in Brazil

**Brazil (2019)**
- **920,000** people living with HIV
- **0.5%** adult HIV prevalence (ages 15-49)
- **48,000** new HIV infections
- **14,000** AIDS-related deaths
- **69%** people living with HIV on ART
- **n/a** children living with HIV on ART

Source: UNAIDS Data 2020

**KEY POINTS**

- The HIV epidemic in Brazil is classified as stable at the national level but prevalence and rates of new infection vary significantly across the country.
- The country’s National Health Service has made HIV treatment and self-testing kits freely available to all. Brazil was one of the first 40 countries to provide self-testing.
- Many of the leading manufacturers of ARVs are based in Brazil, which has helped the country to ensure that drug responses are cost effective and efficient.
- Despite Brazil’s human rights approach to tackling the HIV epidemic, the response is undermined by violence and stigma which still act as major barriers to HIV prevention.

Explore this page to find out more about the populations most affected by HIV in Brazil, testing and counselling, prevention programmes, antiretroviral treatment availability, civil society’s role, HIV and TB coinfection, barriers to the response, funding and the future of HIV in Brazil.

The HIV and AIDS epidemic in Brazil is classified as stable at the national level, with prevalence in the general population of 0.5%. However, prevalence varies geographically, with higher levels in the south and southeast of the country.

Brazil has long been recognised for its strong response to the HIV epidemic. It challenged pharmaceutical companies in the 1990s by producing generic versions of costly antiretroviral drugs, which lowered prices globally. Brazil’s government buys and distributes more condoms than any other country, and in 2013 it started providing antiretroviral treatment free to all HIV positive adults seeking care, regardless of the stage of HIV they were facing.

In 2019, 920,000 people were living with HIV compared to 640,000 in 2010. In the same year there
were 48,000 new infections and 14,000 people died due to AIDS-related illnesses. 4

Access to high-quality HIV services continues to expand in the country. As a result, Brazil has seen an increase from 83% (in 2015) to 85% (in 2017) diagnosis of all Brazilians living with HIV. The proportion of people living with HIV on treatment stood at 69% in 2019, 65% of whom were virally suppressed. 5

Brazil’s HIV epidemic is concentrated among key populations, with men particularly affected. In 2017, 33,000 men were newly infected with HIV, compared to 15,000 women. 6

While the highest rates of infection are reported among people aged 30 to 49, new HIV infections have grown substantially among young men, especially young men who have sex with men. In the past decade, new infections have almost tripled among people aged 15 to 19 and more than doubled among those aged 20 to 24. 7

Brazil represents the largest number of people living with HIV in Latin America and accounts for 49% of all new infections in the region. This is in part due to its large population in comparison to other Latin American countries. 8 Worldwide, it is one of 15 countries which represent 75% of the global number of people living with HIV. 9

Key affected populations in Brazil

Men who have sex with men (MSM)

HIV transmission among men who have sex with men (sometimes referred to as MSM) in Brazil remains common, with official figures from 2013 putting prevalence at 10.5%. 10

However, results from a 2016 survey of more than 2,000 men who have sex with men in 12 Brazilian cities found prevalence to be much higher at 18.4%. 11
Geography and other factors such as age and socio-economic realities affect prevalence rates. For example, a 2012 survey conducted in São Paulo found an HIV prevalence of 15.4% among men who have sex with men who were over the age of 18 years. Among those aged 18 to 24 years, HIV prevalence was already 6.4%.12

Despite some gains on prevention among men who have sex with men in the past 20 years, in 2017 it was estimated that 36% of men who have sex with men in Brazil did not use a condom.13

Men who have sex with men have many legal rights in Brazil, including the right to marry (since 2013). However, same sex behaviour is still stigmatised and many men who have sex with men face discrimination and abuse. For example, a 2015 survey of just under 4,000 men who have sex with men in Brazil found 16% had experienced some form of sexual violence.14

Sex workers

In 2017, prevalence of HIV among female sex workers in Brazil was 5.3%.15 Sex work is legal in Brazil, although owning a brothel or engaging in any business associated with sex work is criminalised.16 The government has implemented HIV prevention interventions through its Ministry of Health which involve a rights-based approach. These include campaigns that promote the self-esteem and rights of sex workers and emphasise consistent condom use.

Despite the legality of sex work, sex workers constantly experience human rights violations such as physical and sexual violence, usually perpetrated by partners, family members, and clients. This violence reflects the stigma and discrimination suffered by sex workers, factors that are strongly associated with adverse health outcomes, including increased risk of HIV.17

A 2015 evidence review found 21.4% of female sex workers regularly used condoms with steady partners during vaginal sex and 29.4% during anal sex. With clients, 69.7% regularly used condoms during vaginal sex and 64% during anal sex.18

Only 17.5% of sex workers in Brazil were tested for HIV in 2015.19 As a result, only 52.3% of sex workers living with HIV in Brazil were aware of their status.20

As a result of lobbying by sex worker organisations, sex work has been included as a profession in Brazil, thereby entitling sex workers to social security and other work benefits.21

However, in recent years sex worker rights interventions have become more restricted due to declining national political and financial support that is linked to an expansion in religious conservatism. In 2013, the Brazilian Minister of Health vetoed and then replaced a rights-based, anti-stigma HIV prevention campaign that had been created in partnership between sex workers and the STD/AIDS department of the Ministry of Health. The restructured campaign focused exclusively on condom use without any reference to human rights or citizenship, which is indicative of the ongoing challenges for the Brazilian sex worker community.22

People who inject drugs (PWID)

HIV prevalence among people who inject drugs in Brazil has remained relatively unchanged, ranging between 5% and 5.9% between 2008 and 2017.23 24 Although a 2015 study of people who use drugs in eight Brazilian cities found HIV prevalence to be at 9.9%.25
More recently, trends are showing increasing dependence on non-injecting drug use, including crack and other stimulants. Varied strategies and diversified approaches are required to address these practices.

Condom use among people who use drugs is low. In 2017, it was estimated that 40.8% of people who inject drugs did not consistently use condoms.

**Prisoners**

HIV prevalence among people who inject drugs who are also part of the prison population in Brazil continues to be higher than that of the general population. New HIV infections among prisoners is accelerated by issues of overcrowding and violence, and is exacerbated by other social and welfare vulnerabilities and legal and policy constraints.

In January 2014, the Ministry of Health launched the National Policy on Comprehensive Health Care for Prison Populations in order to ensure access to the Unified Health System for this population. Under the new policy, access was to be provided to HIV testing, treatment and prevention, including free condoms and needle and syringe programmes (NSPs). However, as of 2016, no NSPs were available in Brazilian prisons.

Freedom to Look project in Brazilian prisons

In 2013, the United Nations Office on Drugs and Crime (UNODC) launched the Freedom to Look Project in the country, in collaboration with the Brazilian government. The project works with prison system workers on prisoners’ human rights, focusing on gender, violence and health issues, specifically the prevention of HIV, viral hepatitis and tuberculosis.

As of 2015, the Freedom to Look Project was operating in four Brazilian prisons.

**Transgender people**

A 2017 study found HIV prevalence to be 5.4% among transgender women and 1.1% among transgender men in Brazil. However, data is limited because, as with many countries, transgender people are often included in reporting on men who have sex with men. Sex work has been consistently associated with high risk of HIV acquisition among transgender people in Brazil.

Brazil also has the highest number of murders of transgender and gender-diverse people in the world, accounting for 800 of the 2000 murders that occurred globally in 2015. The vast majority of killings go unpunished.

**HIV testing and counselling (HTC) in Brazil**

In 2017, 84% of people living with HIV in Brazil were aware of their status.

The country’s continuing success with testing is down to a number of factors. Over the past four years, the Brazilian Department of STD/AIDS and Viral Hepatitis (DDAHV) has been decentralising its HIV testing services, including increasing the use of rapid tests (finger-prick) in primary care services.
throughout the country.

In 2015, Brazil began providing self-testing kits to the general population. These kits were made available free of charge from pharmacies, medication distribution centres, health services and government health programmes, as well as through the mail. By March 2016, more than 72,000 people had accessed the online platform for self-testing and around 2,900 self-testing kits had been distributed.35

However HIV testing among key populations remains low. For example, only 19% of men who have sex with men surveyed by Brazil’s Ministry of Health in 2013 reported being tested for HIV in the last 12 months and knowing their results.36 Factors that prevent people from key population groups from testing include fear of discriminatory treatment from health care workers and fear of discrimination if they test positive for HIV.37

Strategies to increase testing among key populations have been introduced. In 2013, 40 NGOs were trained in rapid testing for HIV, with a focus on people most at risk. This has expanded access to key populations by providing access at times and locations that better suit their needs.38

Official figures for HIV testing rates relate to 2013 data, which reports that 37%, of sexually active adults had been tested at least once for HIV.39 Awareness of testing services varied, with 51% of individuals aged 15–64 being able to identify locations where HIV testing was available. A similar percentage of men who have sex with men (50%) had this knowledge, while 57% of female sex workers were aware.40

Community-based HIV testing

In 2015, the Brazilian Ministry of Health developed a strategy called Viva Melhor Sabendo (‘live better knowing’) to increase HIV testing among key populations. In partnership with non-governmental organisations (NGOs), people from key populations were trained to administer rapid oral fluid HIV testing, which they offered to their peers in social settings at convenient times. This approach was found to increase early diagnoses of HIV among key populations, in part because people were able to avoid traditional health services.41

The Department of STD/AIDS and Viral Hepatitis has also partnered with the NGO EPAH to implement the project Quero Fazer (“I want to be tested”). This targets men who have sex with men and transgender people with the use of a mobile testing unit in cities including Recife, Rio de Janeiro, Brasília and São Paulo.42

HIV prevention programmes in Brazil

In 2017, 48,000 people in Brazil were newly infected with HIV. Men were more than twice as likely to acquire HIV as women (33,000 new infections among men compared to 15,000 among women). There were less than 1,000 new infections among children (aged 0-14).43 New infections have increased by 3% since 2010.44

Brazil’s national HIV and AIDS response is situated within its Ministry of Health and is integrated into the country’s Health Strategic Plan. The country’s multi-pronged approach to HIV prevention involves promoting and improving access to HIV testing, immediate treatment for those testing positive regardless of CD4 count (known as ‘test and treat’), and the provision of pre-and post-exposure
Condom availability and use

Brazil’s Ministry of Health reports that 96% of Brazilians identify condoms as a barrier that can prevent the spread of sexually-transmitted infections (STIs) and HIV. The knowledge of where to get tested for HIV and access free condoms is considered by the Brazilian Ministry of Health as an indicator of access to prevention programmes.

However, condom use varies widely, with only 25% of the population reporting condom use in all sexual relations, and 63% reporting use during sex with a casual partner. Official reported data on condom use in key populations is higher than that observed in the general population. However, a 2015 review of more than 50 condom use studies in Brazil found, overall, 47% of men who have sex with men reported unprotected anal sex. Among people who use drugs the review found 40% reported never using condoms, which increased to 60% when under influence of psychoactive substances.

Free condoms and lubricant are widely available, with at least one-third of the general population accessing commodities at public health services, NGOs or other institutions. Among key populations, access is significantly higher – 70% among men who have sex with men and 77% among female sex workers.

HIV awareness and approach to sex education

A 2010 study named Brazil as one of a handful of countries in Latin America that has come close to delivering comprehensive sex education, that goes beyond teaching about contraception and pregnancy, to include education about STIs, including HIV, sexuality, gender identities and sexual and reproductive rights.

Outside the school environment various innovative approaches to raise awareness about HIV, especially among young people, have been taken in Brazil. In 2014, the Ministry of Health launched #PartiuTeste, a behaviour change communication campaign developed in partnership with young people that utilises traditional media and social media, especially dating apps such as Tinder and Hornet. The campaign focuses on the importance of using condoms, HIV testing, and starting treatment early. As part of this work, young leaders from key populations have been identified and mentored.

In 2016, the Close Certo initiative used Hornet to reach more than 1 million gay men and men who have sex with men with HIV awareness messages during the 2016 Olympic and Paralympic Games in Brazil.

Preventing mother-to-child transmission (PMTCT)

Brazil has healthcare policies that guarantee free access to HIV tests, ART and substitutes for maternal milk for pregnant and breastfeeding women. In 2012, Brazil adopted the recommended Option B+, in which pregnant women living with HIV are offered treatment regardless of CD4 count and continue on treatment after childbirth. By 2017, 85% of pregnant women living with HIV were receiving ART. In 2017, less than 1000 children (aged 0-14) were newly infected with HIV.

The number of children being born with HIV in Brazil has decreased steadily in the past decade with
fewer than 1,000 children infected with HIV in 2016. However, a 2018 study identified missed opportunities to prevent mother to child transmission of HIV in at least one-third of cases, particularly among women who live in the country’s poorer, less developed regions.

Harm reduction

Brazil implements a harm reduction strategy to address the needs of people who inject drugs (sometimes referred to as PWID). Free NSPs are a key component of this strategy. However there has been a reduction in the number of NSPs since 2014 and opioid substitution therapy (OST) remains unavailable, despite OST being a proven HIV prevention intervention. In 2016, 54% of people who inject drugs were estimated to do so through safe injecting practices.

Pre-exposure prophylaxis (PrEP)

As part of its efforts to implement combination prevention, Brazil conducted the region’s first ever pilot programme for pre-exposure prophylaxis (PrEP) among men who have sex with men and transgender women. PrEP refers to antiretrovirals that are given to someone who is at risk of HIV transmission before potential exposure, which has been found to greatly reduce their likelihood of acquiring HIV.

The pilot programme showed a 51% uptake of PrEP among all those who were potentially eligible to receive it, including 67% uptake among eligible transgender women and 78% uptake among those who had self-referred. Rates of uptake were increased when those eligible had a steady partner (58%), assessed themselves as being at high risk of acquiring HIV (61%), and had an HIV test in the previous year (58%). This suggests that the higher an individual’s perceived risk of HIV, the more likely they are to seek and use PrEP.

On World AIDS Day 2017 (1 December), free PrEP for key, high-risk population groups was made available at 35 sites in the country. In 2018, 9,000 men who have sex with men, sex workers and transgender people are being offered PrEP free of change through Sistema Único de Saúde, Brazil’s national health service. Within five years, the programme hopes to reach 54,000 people from key
Antiretroviral treatment availability (ART) in Brazil

ART coverage (among adults aged 15 years and older) for Brazil was an estimated 60% in 2016. This is a 19% increase from 41% in 2013. Among those living with HIV (860,000), around 552,000 people have started ART. This equates to 65% of women and 64% of men living with HIV on ART. In 2017, around 45% of children living with HIV were receiving ART.

In 1996, the Brazilian government took the decision to make antiretroviral treatment universally available. At this time, eligibility was based on CD4 count, which indicates the level of HIV in someone’s body, in line with global treatment guidelines. However, since 2013, free treatment has been available to all Brazilians living with HIV, regardless of their CD4 count. HIV treatment and care is co-ordinated by a decentralised network of specialists, tasked to provide quality care and services to people living with HIV. Known as the Specialised Care Services (SAE), there are more than 700 of these teams located across all Brazilian states.

In 2017, Brazil began providing dolutegravir (DTG), the generic name for an ARV that is more effective than other ARVs with fewer side effects, to 100,000 people. The Brazilian Ministry of Health successfully purchased DTG at a discount of 70%, bringing down the price per pill to US $1.50 from US $5.10. As a result, this new medicine will be made universally available when the country’s US$ 1.1 billion treatment budget is approved.

In 2017, 82% of adults and 79% of children were known to be on ART 12 months after starting it, and 59% of people all people living with HIV in Brazil had been virally suppressed. This is significant because, when HIV levels in someone’s body are low they are less likely to pass HIV on (if a person is virally suppressed they cannot pass HIV on).

A study conducted in five Brazilian health centres found poor adherence among HIV positive children and adolescents (0 to 18 years) to be associated with lower life quality among caregivers, excessive alcohol and drug use among caregivers, poorer mental health among children and adolescents in the form of high anxiety levels, and the context and timing of HIV diagnosis, with better adherence found among those diagnosed by family screening.

A recent analysis of the presence of pre-treatment drug resistance among more than 1,500 people recently diagnosed with HIV found a moderate rate across the country, although some cities presented higher drug resistance prevalence rates, reaching 14% in São Paulo.

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Civil society’s role in Brazil

The role civil society has played in Brazil’s HIV response is often cited as one of the key drivers of its success. The AIDS movement that took shape in the 1980s brought together the progressive Catholic Church, the sanitary reform movement, and the gay rights movement.

Over the course of the 1990s, this coalition succeeded in reaching out to other social movements such as the feminist and women’s health movements, ethnic minority movements, and people living with other health conditions such as diabetes and mental health conditions. This broad support base of support was a key factor in the ground-breaking decision, made by the government in 1996, to offer universal access to ART.

In some arenas, the interaction between civil society and the government remains strong. For instance, Brazil’s National Council for Human Rights consists of 11 members from various government agencies and 11 from civil society. Other councils using this mixed government and civil society model include the National LGBT Council, National Council for Religious Freedom, National Council for Racial Equality Policies, National Council for Rights of Children and Adolescents, and National Council for Refugees.

However, Brazilians also experience grave human rights violations that reflect poorly on the country’s respect for civil society actors.

HIV and tuberculosis (TB) in Brazil

Brazil is one of the 20 worst affected countries for both TB and TB/HIV co-infection, according to the World Health Organization (WHO). It was the first high-burden country to offer ART to all HIV-positive people with TB.

In 2016, 87,000 people were diagnosed with TB in Brazil, 13% of whom were living with HIV, although new infections of TB and TB/HIV are declining. In 2015, less than 50% of TB patients living with HIV had access to ART. As a result, 1,900 of the AIDS-related deaths in 2016 were the result of TB.

Barriers to the HIV response in Brazil

Legal, cultural and socio-economic barriers

A major asset of Brazil’s HIV response has been its inclusion of a human rights perspective, which focuses on promoting the visibility of health as a right and addressing stigma and discrimination. Despite this, violence and social discrimination against women and girls, and key populations remains a challenge. The impact of this on HIV prevention cannot be underestimated. For instance, in 2016 12% of sex workers said they avoided healthcare due to stigma and discrimination.

People who are lesbian, gay, bisexual, transgender, and intersex (LGBTI) are particularly likely to...
experience stigma, discrimination and violence in Brazil.78

We live off this image as an open and tolerant place [yet] homophobic violence has hit crisis levels, and it’s getting worse.

- Jandira Queiroz, mobilisation coordinator at Amnesty International Brazil79

HIV stigma and discrimination still represents an important obstacle for accessing services for HIV prevention, treatment and care in the country, especially in the context of increasingly conservative political views.80

Funding for HIV in Brazil

Brazil is an upper-middle-income country with one of the 10 largest economies in the world. It funds its HIV response entirely through public domestic expenditure.81

Brazil has incorporated the funding requirements of its HIV response into its total federal budget, thereby promoting financial sustainability.82 However, in 2015 only 6% of its HIV response budget was allocated to effective prevention. This amount is insufficient to make the significant gains in HIV prevention Brazil hopes to achieve. 83

A worsening economy in Brazil has led to some cutbacks in the country’s HIV response. By 2017, the number of HIV specialist doctors, some HIV prevention outreach programmes, and HIV policy civil society oversight committees had all been reduced.84

The future of HIV in Brazil

The Brazilian HIV response has received international acclaim for its comprehensive public health approach, which has yielded dramatic results over almost 30 years of implementation.85

However, HIV and AIDS remain a significant challenge for the country. This is particularly evident in the number of new infections and the scale of the epidemic among key affected populations. Of concern is emerging evidence that the political will to deal with the HIV epidemic is meeting tough opposition in the form of a socially conservative evangelical movement.

In 2014, 74 conservative evangelical representatives were elected to the 513-seat lower house of Congress, double the number elected in 2006. By 2017, evangelical representatives made up a third of that body. These representatives and other socially conservative forces have been effective in blocking progressive agendas, including legislation aimed at penalising anti-LGBTI discrimination and hate crimes.86 Should this move towards regressive policies continue, Brazil’s hard fought gains on HIV could be reversed.

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