

BRAZIL
HIV/AIDS

Global Thematic Report HIV

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Abbreviations and Acronyms

Acronym	Definition
ARV	Antiretroviral
ART	Antiretroviral Therapy
CP	Country Programme
CSO	Civil Society Organization
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LB	Live Births
MoH	Ministry of Health
MSM	Men who have sex with Men
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
PCU	Platform of Urban Centers
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
SDG	Sustainable Development Goals
SSFA	Small Scale Fund Agreement
STI	Sexual Transmitted Infections
UBRAF	Unified Budget, Results and Accountability Framework
UNICEF	United Nations Children's Fund

Executive Summary

There is an estimation that, from 2007 to 2017, there were 230,547 new HIV cases notified in Brazil. Most of cases since 2007 were found among men a total 157,427. In 2017, 26 men for each 10 women were infected with HIV (sex ratio = 2,6 - disregarding HIV cases in pregnant women).

In the analysis by age group, those between 20 to 34 years old remained with the highest rates of new HIV cases (53.3% of cases in 2017, and 52.6%). However, in the last 10 years, the greatest increase in the number of new cases happened among those from 15 to 24 years old, going from 18.2% of total cases in 2007 to 25.1% in 2017. The rates of AIDS detection among this age group have also increased from 18.6% to 28.6% in the last ten years, while a decrease was observed in all other ages.

While this data shows that adolescents and young people are a priority target for strategies related to HIV/AIDS, there have been improvements in HIV/AIDS indicators for other age groups and overall in Brazil. The increase in HIV detection and treatment adherence was reflected in the rates of AIDS detection, which has decreased 9.4% in the last ten years. The median time between HIV detection and beginning of treatment has decreased from 371 in 2012 to 38 days in 2017, and the percentage of those in treatment with viral suppression was 84% at the end of 2017.

Brazil was one of the first countries in Latin America and the Caribbean to formally adopt the 90-90-90 strategy (targets proposed for 2020: 90% of HIV-positive people in the country diagnosed; 90% of HIV positive people diagnosed in treatment; and 90% of people in treatment with suppressed viral load. The

monitoring of the indicators related to the goals 90-90-90 made by the Ministry of Health can be accomplished by monitoring the losses between each step of the cascade of continuous care, called leakages.

UNICEF Brazil is engaged to open dialogues with local governments to establish partnerships, and implement strategies to revert the issues, and to strength the municipal plans on HIV/AIDS. The Youth Aware strategy is the most important UNICEF Brazil contribution to support the governments to achieve the 90/90/90 among the most vulnerable populations, and to ensure adolescents and youth participation in the development of public policies.



1. Strategic Context

1.1 HIV & AIDS Epidemic in Brazil

Since its creation, the Department of Surveillance, Prevention and Control of Sexually Transmissible Infections, HIV/AIDS and Viral Hepatitis (DIAHV) of the Ministry of Health, has been working to reduce the transmission of these diseases and to promote the quality of life of people who are infected or coexist with these diseases. DIAHV structures its interventions and policies based on innovation and scientific evidence, always prioritizing dialogue with all institutional actors and with civil society.

Brazil was the first developing country to adopt antiretroviral treatment (ART) for all people living with HIV (PLHIV), regardless of CD4 count offered free-of-charge through the public health system. It helps in dropping viral load or keeping it undetectable, improving the patient's life expectation and quality of life. It is also one of the most effective ways to prevent new infections, as the undetectable viral load reduces the chance of sexual transmission of HIV by up to 96%. (UNAIDS. The Gap Report. Geneva: UNAIDS, 2014).

Brazil has simplified the ART regimens, by distributing triple-combination ART in a single pill which is locally produced. Also, the health care was decentralized, post-exposure prophylaxis was scaled-up as part of the combination prevention strategy, structural barriers for the access of transgender people to health care were decreased, strategic information systems for data driven management were improved, and there were exponential increases in HIV testing among target populations with the support of civil society organizations (CSO).

1.2 Country trends

From 1980 to 2017, 911,271 AIDS cases were identified in Brazil. The country has annually registered an average of 40,000 new cases of AIDS in the last five years. The annual number of AIDS cases has been decreasing since 2013, going from 43,269 to 37,791 cases in 2017.

Despite all efforts and resources implemented, the HIV/AIDS epidemic in Brazil worsened among adolescent men aged 15 to 19. According to national data¹, from 2007 to 2017, the number of new AIDS diagnoses among this population increased 138%, the highest increase compared with other age groups. At the same time, an increasing trend in the AIDS-related mortality coefficient was observed among girls from 15-19 years old in 2017, while the trend among boys in the same age group was constant.

The number of notified HIV cases among men from 13 years old related to homosexual exposure increased from 1,144 in 2007 to 14,159 in 2017. Among women, in this same age group, 96.9% of the cases fell into the category of heterosexual exposure in 2017 and 1.2% in that of injection drug users (IDU).

When analyzing the cases of AIDS in the last ten years and the distribution of the individuals by race color, a 20.9% decrease in the proportion of cases among white people was observed, while among the self-reported brown people, this proportion increased by 33.5%, and among the black population (black and brown), it increased 23.5%.

As an additional information, the congenital syphilis epidemic is increasing consistently in the last years. According to the Syphilis Epidemiological Bulletin – MoH 2018, there was a 16.4% increase in the incidence of congenital syphilis in 2017 compared to the previous year. In the period from 2010 to

¹ HIV/AIDS Bulletin – MoH, 2018

2017, the incidence rate of congenital syphilis increased 3.6 times, from 2.4 to 8.6 cases per thousand live births.

The highest percentage of congenital syphilis cases in 2017 occurred in children whose mothers were between 20 and 29 years of age (53.4%), followed by the age groups of 15 to 19 (24.1%) and 30 to 39 years (17.6%), which means that the epidemic of congenital syphilis in Brazil is affecting mainly the babies of young mothers.

In 2017, the National Department of STI/HIV and Viral Hepatitis – MoH, instituted a national group to develop the Agenda for Strategic Actions to Reduce Syphilis in Brazil², which had the participation of specialists from the government, medical associations, Pan American Health Organization (PAHO) and UNICEF. The main bottlenecks that are constraining the control of the congenital syphilis epidemic in Brazil were identified and the strategic action plan developed.

1.3 Determinants and Bottlenecks

High levels of stigma, discrimination and violence against men who have sex with men and the gay community are among key factors that hinder an effective response to the HIV epidemic in Brazil. Adolescents and young gays, MSM and bisexual individuals face obstacles to access age-relevant, appropriate HIV prevention, treatment and services support, as most strategies are designed for the adult population. Young people lack identification with the health services, and the 90-90-90 cascade is being less successful among this group when compared with the adult population. Knowledge on the benefits of antiretroviral treatment (ART) is required, including the preventive benefits of being on ART for people with HIV and their sexual partners.

Retention to health care is influenced by the way health care services are structured and offered. Lack of identification to health care services is usually reported as one of the factors for lower retention in health care among adolescents and young people – this barrier is not reduced to HIV related services, but similar trends could be seen among youth affected by other chronic diseases.

2. Programme Description

The UNICEF Brazil Country Programme 2017 – 2021 (CP 2017-2021) establishes four components that define the activities in each programmatic area: (a) enhanced policies for excluded children; (b) quality social policies for vulnerable children; (c) prevention of and response to extreme forms of violence; and (d) engaged citizenry and participation. The activities carried out in 2018 by the HIV/AIDS area were focused on the targeted groups and reflected the intersectoral and regional strategy implemented in UNICEF Brazil. According to the CP, these activities are included in the:

Component 2: Quality social policies for vulnerable children.

Outcome 2: By 2021 boys and girls have increased access to quality and responsive health, education and social protection programmes, and actively participate in the design, implementation and monitoring of these services.

Indicator 2b: Percentage of HIV/AIDS cases in adolescents and youth aged 15-19 years in treatment

Output 2.1: Qualified health services

Families, communities and civil society have increased knowledge on health practices, and government agencies and health professionals provide culturally, and age and gender responsive health services.

² <http://www.aids.gov.br/pt-br/pub/2017/agenda-de-acoes-estrategicas-para-reducao-da-sifilis-no-brasil>

UNICEF Brazil focused its HIV/AIDS strategies on the importance of the rights of children, adolescents, young people and pregnant women to access sexual and reproductive health services, prevent new HIV/STI infections and receive adequate treatment.

Output indicators:

2.1d. Number of municipalities participating in the Urban Center Platform (PCU) implementing strategies to accelerate the response on HIV/AIDS among adolescents

2.1e. Municipalities prioritized in the ranking of composed index³ (MoH) implementing Youth Aware to ensure HIV/STI testing and treatment services.

As its main strategies to implement the CP at local level, aiming at reducing inequalities and reaching the most vulnerable, UNICEF Brazil launched the new four-year cycle of both strategies: The Platform of Urban Centers⁴ (PCU) and the UNICEF Municipal Seal of Approval⁵ (UNICEF Seal). The thematic areas related to HIV/AIDS/STI prevention among adolescents, and to the prevention of congenital syphilis were fully integrated in the agenda of the ten capitals and the 1,924 municipalities in the Amazon and Semi-arid regions.

The most important UNICEF Brazil strategy to accelerate the response to the HIV/AIDS epidemic among adolescents and youth, especially those in the most vulnerable situation in Brazil, is the Youth Aware. The strategy is in line with the 90/90/90 targets⁶, and the All In! Goals⁷, and it is implemented in partnership with the Brazilian government, CSOs, NGOs, adolescents and youth representatives. The main objectives are support municipal governments to perform HIV/AIDS and STI testing activities (preferably supported by a mobile unit) in hotspots⁸, and link the cases diagnosed positive to health services for treatment initiation. Additionally, support groups are instituted to strengthening the treatment retention. All actions are fully supported by adolescents and youth.

The specific objectives are: increase HIV testing and diagnosis; early ART initiation; ART retention; and combined prevention actions to reduce new HIV infections and other STIs.

In 2018, the strategy was implemented in Rio de Janeiro, Rio de Janeiro state, São Luís, Maranhão state, São Paulo, São Paulo state and Salvador, Bahia state. Due to the solid results presented in the eight capital cities, Brazil MoH declared that the *Youth Aware* strategy was consolidated as the most important initiative to fight against the HIV/AIDS epidemic among adolescents and youth in the country.

³ The Index was defined based on the composite index elaborated by the Ministry of Health (MoH). The index is a combination of three indicators (AIDS detection rate, AIDS-related mortality rate, and the average of the first CD4 test) which ranks the HIV/AIDS epidemic in the capital cities of Brazil.

⁴ The **PCU** is a UNICEF Brazil strategy that aims to bring together the diverse sectors of society to reduce the interurban inequalities affecting children and adolescents living in large Brazilian cities. Jointly with governments, NGOs, the private sector, and community leaders, it works to ensure that children, adolescents and their families have access to programmes and services in education, health, information, professional development, sports, leisure, culture, participation, and protection.

⁵ The **UNICEF Seal** is a social mobilization and capacity strengthening strategy spanning Brazil's Semi-arid and Amazon regions. It covers 1,902 municipalities in its current edition (2017-2020) where many dimensions of inequity overlap, and children are disproportionately vulnerable. The UNICEF Seal works with participating municipalities to put children and adolescents at the heart of their public policies. The Seal is a certification process that stimulates healthy competition among municipalities and rewards success with visibility for efforts and achievements aimed at ensuring the rights of children and adolescents.

⁶ 90% of the individuals living with HIV get to know their serological status; 90% of the persons diagnosed with HIV receive ART; 90% of the persons receiving ART reach undetectable viral load.

⁷ All In! is an initiative lead by UNICEF Brazil to end the adolescent AIDS epidemic.

⁸ A hotspot is a place with a high concentration of target groups.

3. Results

According to the HIV Clinical Monitoring Report (2018), by the end of 2017, there were approximately 866,000 PLHIV in the country, of which 731,000 (84%) were diagnosed; 79% (687,000) had been linked to some health service; and 601 thousand (69%) were retained in the services. Antiretroviral coverage of 63% (548,000) and viral suppression (CV less than 1,000 copies / mL) of 58% (503,000) among all HIV-infected individuals is observed.

The proportions related to treatment retention grow with increasing age in 2017. The highest proportions are found among individuals aged 50 and over. The lowest proportions are found in individuals between 18 and 24 years of age: of the 45 thousand young people involved, 81% were retained in the health service, 73% entered ART and 64% presented suppressed viral load.

Despite the Ministry of Health efforts towards HIV and AIDS, public policies are not reaching 15-19-year-old adolescents. This age group in metropolitan areas have had the worst indicators for HIV/AIDS, particularly among key populations, such as MSM, which responds for 73% of HIV cases notified in 2017 for this age group.

In 2018, aiming to expand HIV testing and linkage to treatment among youth and adolescents, UNICEF implemented the Youth Aware initiative in the municipalities of São Luis (Maranhão state), Rio de Janeiro (Rio de Janeiro state), São Paulo, (São Paulo state) and Salvador (Bahia state). A key element in the approach used by the Youth Aware strategy is the peer support and social mobilization with the involvement of adolescents and young people in the planned actions, as well as their training for acting as peer educators. For this end, all municipalities included the training of adolescents and young people to participate in the mobilization, ensuring that they were at the center of efforts. The activities performed during the year of 2018 resulted in:

- A total of 90 adolescents trained to act as peer educators about sexual and reproductive rights and prevention, test and treatment for HIV;
- More than 100 activities with a mobile unit in vulnerable areas providing information on HIV/AIDS, HIV testing, and support for treatment;
- 3,423 adolescents and young people tested for HIV (14 -29 years);
- A total of 83 people identified as HIV positive and linked to treatment services;
- A total of 959 school managers, teachers and parents, as well as 410 students mobilized and capacitated to work on HIV prevention and sexual and reproductive rights, and HIV; and
- More than 16,000 people receiving condoms and information about HIV prevention.

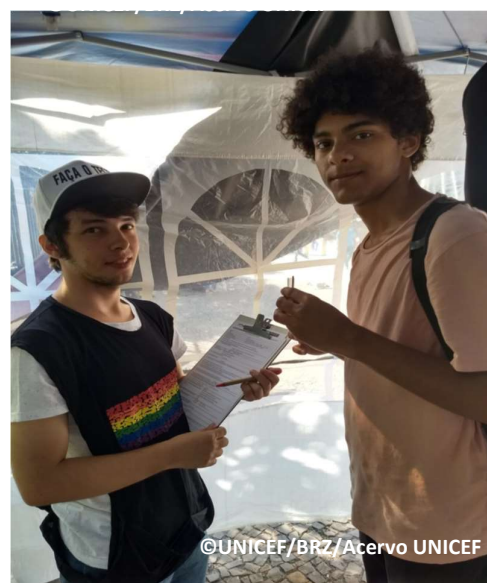


São Luis (northeast region)

In São Luís, 34 adolescents and young people were trained for peer education on sexual and reproductive rights, focusing on HIV/AIDS prevention. During the mobilization, 410 people from 15 to 29 years old were tested for HIV, and 16 were found to be HIV positive, while 32 were positive for other STIs. From those tested HIV positive, 15 (93%) started treatment and joined a support group. Moreover, mobilization and peer education on sexual and reproductive rights, focusing on HIV/AIDS prevention happened in 12 municipal and state schools, reaching 959 school managers, teachers and parents, as well as 410 students from these schools.

Rio de Janeiro (Southeast region)

The activities in Rio de Janeiro started in January 2018 and finished in October 2018. The strategy was implemented by the NGO VIVA VIDA. Throughout the year, training was offered to 39 adolescents and young people who compromised to act as peer educators. The mobilization happened throughout the year, adding up to 90 field activities on HIV testing. The testing was performed among 2,164 young people, from which 1,129 were in the age group of 14 to 24 years old. Most of the young people tested and mobilized by the strategy were from the LGBT+ from vulnerable areas in the city. Among those tested, 55 were found to be positive, and 50 were linked to HIV services for confirmation of results and start the treatment. Moreover, 15,000 male condoms and 1,000 female condoms were distributed, as well as 8,000 lubricant gel, and 10,000 flyers containing information about HIV. At least 7,000 people were reached by educative actions and social mobilization.



Salvador

In Salvador, the Youth Aware strategy was developed from September to December of 2018. This project was led by UNICEF, with support from UNAIDS, implemented by the NGO GAPA Bahia in



partnership with the Municipal Health Secretariat of Salvador. Training was provided for 14 adolescents and young people who supported 13 field activities using the “truck test”. The activities resulted in 608 HIV tests among those from 14 to 29 years old, from which 6 people were found to be HIV positive. During the activities, information on HIV test, services related to HIV and PeP were given, and 2 materials with information were disclosed.

São Paulo

In São Paulo, the Youth Aware project was developed from September to December of 2018. The project was administrated for the NGO Barong. Interpersonal communication workshops were held in which the youngsters had access to communication techniques, facilitating expression in extramural approaches, "talking" in eventual meetings of the social movement, congresses, forums and the like.

In partnership with the State Health Institute of São Paulo, training on sexual and reproductive rights were conducted with adolescents, preparing them to act as multipliers, discussing contents such as citizenship, human rights, selfcare, updates on HIV and syphilis, characteristics of psychoactive substances and drug prevention with their peers, as well as emphasizing combined prevention, risk management and other topics that promote empowerment. A total of 24 young people and adolescents were trained to work as peer to peer educators. The field activities resulted in 241 HIV tests among those from 14 to 29 years old, from which 6 people were found to be HIV positive, 5 syphilis reagents and 2 HCV reagents.



3.1 The importance of flexible funds for delivery

The flexible funding provided by the HIV/AIDS Thematic/OR granted the possibility of quickly adapting the annual work plan and related strategies to leverage the necessary investment on HIV/AIDS and STI to achieve foreseen results.

Funding shortfalls and the organization of local governments remain the main challenges that have the possibility of preventing the achievement of CPD targets. Notwithstanding the difficulties, the HIV/AIDS team remains committed to overcome challenges faced by strengthening the HIV/AIDS municipal responses, by implementing strategies to accelerate the achievement of results.

4. Financial Analysis

Table 1
Thematic Sector 2: HIV/AIDS
Brazil
Planned and Funded for the Country Programme 2018

Planned and Funded for the Country Programme 2018 (in US Dollars)		
Intermediate Results	Funding Type	Planned budget
21-07 HIV prevention	RR	–
	ORR	334,200.34
Total		334,200.34

Table 2
Thematic Pool 2: HIV/AIDS
Brazil
Thematic Contributions Received for Thematic Pool 2 by Unicef Brazil in 2018

2018 Thematic Contributions Received (in US dollars)			
Donors	Grant Number	Contribution Amount	Programmable Amount
Thematic MTSP 2018-2021 Outcome 2: HIV and AIDS	SC149902	180,000.00	126,000.00
Total		180,000.00	126,000.00

Table 3
Thematic Sector 2: HIV/AIDS
Brazil
Expenditures by Key-Results Areas in 2018 (in US Dollars)

2018 Expenditures by Key-Results Areas (in US Dollars)				
Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources – Regular	Regular Resources	All Programme Accounts
21-07 HIV prevention	1,907	254,237	14	256,158
Total	1,907	254,237	14	256,158

Table 4
Thematic Sector 2: HIV/AIDS
Brazil

2018 Expenditures of Thematic Contributions by Results Area

Fund Category	All Programme Accounts
Year	2018
Business Area	Brazil - 0540
Prorated Goal Area	(Multiple Items)
Donor Class Level2	Thematic

Row Labels	Expense
Other Resources - Emergency	30,037
21-03 Child Health	15,795
21-05 Treatment of severe acute malnutrition	462
21-09 Adolescent health and nutrition	13,780
Other Resources - Regular	271,113
21-07 HIV prevention	186,899
21-09 Adolescent health and nutrition	84,215
Grand Total	301,151

Table 5
Thematic Sector 2: HIV/AIDS
Brazil
2018 Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	Brazil - 0540
Prorated Goal Area	21 Survive and Thrive
Fund Sub-Category	(Multiple Items)

Row Labels	Expense
21-03-03 Child health policy advocacy, evidence generation, national/subnational capacity development	31,153
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	534,090
21-03-99 Technical assistance - Child health	31,204
21-05-99 Technical assistance - Treatment of severe acute malnutrition	20,760
21-07-06 HIV Prevention programs for adolescents including Key population such as condom programming, VMMC and PreP	42,206
21-07-12 HIV testing including self-testing and counselling in adolescents	146,350
21-08-05 ECD Policy and system strengthening	158,129

21-09-03 Prevention of overweight and obesity in middle childhood (5to 9 years)	293,821
26-02-06 Analysis of data	1,904
26-02-08 Programme monitoring	32
26-02-09 Field monitoring	485
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	7,742
26-06-04 Leading advocate	61,183
26-06-06 Supporter engagement	121,450
26-06-07 Leading brand	503
26-06-08 Emergency preparedness (cross-sectoral)	52,561
26-07-01 Operations support to programme delivery	198,664
27-01-06 HQ and RO technical support to multiple Goal Areas	63
27-01-16 CO advocacy and communication	13,612
28-03-02 Leading voice at HQ	3
28-07-04 Management and Operations support at CO	92
30-01-02 Pledge campaign houselist	
30-01-13 CO/RSC other non-staff indirect	
Grand Total	1,716,007

Table 6
Thematic Pool Area 2: HIV/AIDS
Brazil
Planned Budget and Available Resources for 2019

Planned and Funded for the Country Programme 2019 (in US Dollars)				
Intermediate Results	Funding Type	Planned Budget	Funded Budget	Shortfall
21-07 HIV prevention	RR	—	—	—
	ORR	309,902.05	308,605.75	1,296.30
Total		309,902.05	308,605.75	1,296.30

5. Future Work Plan

In 2019, Youth Aware strategy will be implemented or strengthened in 6 additional capital cities: Vitória, state of Espírito Santo, Maceió, state of Alagoas, Manaus, state of Amazonas, Recife, state of Pernambuco and Boa Vista, state of Roraima, and Salvador, state of Bahia.

The capital cities mentioned above are considered priority cities for improving indicators related to HIV/AIDS, and both are part of the Platform for Urban Centers initiative by UNICEF.

The three levels of Brazilian Government (federal, state and municipal) will be involved in the implementation of this strategy. They will provide the health system structure necessary to support the implementation of the Youth Aware strategy, including HIV/STI tests, ART and STI treatment.

UNICEF will be responsible for the development of youth and adolescent's capacity, for field interventions, distribution of materials, mobilizing local and national actors and advocate for special focus on adolescents and HIV as a key pillar towards eliminating the AIDS epidemic.

The Department of Surveillance of Prevention and Control of STIs, HIV / AIDS and Viral Hepatitis - DIAHV/MS, invited UNICEF to implement the Youth Aware strategy in Boa Vista, capital of Roraima state, to work youth and Venezuelans migrants. The DIAHV/MS wants to internalize the strategy of Youth Aware and, in partnership with UNICEF is organizing joint visits to Salvador, Vitória and São Paulo, in order to strengthen Youth Aware at the municipal levels.

5. Expression of Thanks



The contribution of Thematic Funds has been significant to develop special strategies to improve HIV testing and treatment retention among youth and adolescents from key populations. With the financial support provided, it was possible to increase the HIV diagnosis, the ART initiation and the treatment retention among adolescents and youths in the capital cities were UNICEF works.

The financial support of the Thematic Funds in 2018, enabled the expansion to another capital cities: São Luís, São Paulo, Salvador and Rio de Janeiro. The national expansion of the Youth Aware strategy is being crucial to support Brazil in the achievement of the 90/90/90 targets by 2020.

All these achievements were only possible due to the invaluable support provided by Thematic Funds. UNICEF Brazil, youth and adolescents, and partners are grateful for all the support received. It is directly contributing to change the HIV/AIDS reality among Brazilian boys and girls, and in the future, the boys and girls around the world.

Annex I: Donor feedback Form

Title of Report/Project:
UNICEF Office:

Donor:
Date:

Donor Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the Public Sector Alliances and Resource Mobilization Office (PARMO) who will share your input with relevant colleagues in the field and in headquarters. Thank you!

Please return the completed form back to UNICEF by email to:
Name:
Email:

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

UNICEF Brazil will continue the advocacy with local governments to ensure adolescents and youth participation in the development of public policies