

1. SINCE THE BEGINNING OF COVID-19 PANDEMIC, STATES HAVE ADOPTED NEW POLICIES, LAWS AND OTHER MEASURES IN RESPONSE TO THE CRISIS. PLEASE REFER TO THE RELEVANT MEASURES IN YOUR COUNTRY (OR COUNTRIES IN FOCUS) AND THEIR IMPACT ON THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH. PLEASE SHARE INFORMATION ON OPPORTUNITIES AND CHALLENGES.

The National Policy for Comprehensive Care for Women's Health (PNAISM) aims to encourage the implementation of a family planning policy for men and women, adults and adolescents, within the scope of comprehensive health care. This policy, which is implemented by the Ministry of Health in partnership with states, municipalities and organized civil society, emphasizes the importance of promoting sexual health through prevention of HIV/AIDS and other sexually transmitted infections.

The Ministry of Health also recommends that all women and men of reproductive age, adults and adolescents, must have guaranteed access to methods for regulating their fertility. The National List of Essential Medicines (RENAME) lists nine contraceptive methods.

During the COVID-19 pandemic, the Ministry of Health did not interrupt the supply of contraceptive methods, nor actions to promote the policy of Responsible Sexuality and Family Planning.

Under the National Policy for Comprehensive Attention to Men's Health (PNAISH), with the emergence of the COVID-19 pandemic, the following actions were taken:

- Webinar with Paraguay, Argentina, Brazil and Uruguay to exchange information on men's health, especially on responsible sexuality and family planning;
- Webinar for health professionals on men's health, with a special focus on health promotion, prevention, care and self-care;
- Virtual activities of the syphilis prevention working group for strategy planning;
- Webinar with state and municipal men's health coordinators to align actions related to PNAISH.

2. PLEASE ALSO SPECIFY LEGAL OR OTHER MEASURES INTRODUCED DURING THE PANDEMIC AIMING AT RECOGNIZING, OR RESTRICTING, BANNING OR CRIMINALIZING: A) ACCESS TO LEGAL ABORTION; B) CONSENSUAL SEX BETWEEN ADULTS; C) SAME SEX SEXUAL RELATIONS, D) CONSENSUAL SEX BETWEEN ADOLESCENTS OF SIMILAR AGES, E) SEX WORK, F) SAME SEX MARRIAGE, G) INFORMATION ON THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH; H) HIV TRANSMISSION AND I) AUTONOMY AND FREE DECISION MAKING ON ONE'S BODY AND SEXUAL AND REPRODUCTIVE HEALTH.

The COVID-19 pandemic did not paralyze the actions of the federal government on sexual and reproductive health, as exemplified by the publication of Ordinance ("Portaria") No. 2.561/2020/GM/MS, of September 23, 2020, which provides for the Justification and Authorization Procedure for the Interruption of Pregnancy in cases provided for by law, within the scope of the Unified Health System (SUS). The new standard sought to improve service protocols in cases of sexual violence, including communication to the police authority.

The Ministry of Health, through Technical Note No. 4/2020 COSAJ/CGCIVI/DAPES/SAPS/MS, released, in 2020, recommendations for health care for the adolescent and young population during and after the COVID-19 pandemic (available at: https://egestorab.saude.gov.br/image/?file=20200816_N_NOTATECNICAN4-2020-COSAJ-CGCIVI-DAPES-SAPS-MS_1852061682310168483.pdf).

An ordinance is under preparation establishing a technical chamber aimed at preventing teenage pregnancy, as well as a new technical note with guidance on the care of children under 14 years of age in Primary Health Care.

The Brazilian government reiterates its position that terminology such as "sexual and reproductive health and rights" should not be interpreted as promoting or supporting abortion - which, with exceptions provided for by law, is illegal in the country - as a method of family planning. Brazil implements comprehensive sexual health and

reproductive health policies based on national legislation, which clearly sets out the conditions and requirements for the provision of women's health services.

3. REGARDING SEXUAL AND REPRODUCTIVE HEALTH CARE, WHAT SERVICES, GOODS AND INFORMATION IS BEING PROVIDED IN YOUR COUNTRY (OR COUNTRIES IN FOCUS), DURING THE PANDEMIC?

3.1 ANY CHANGES COMPARED TO PRE-COVID 19? HAS ANY SERVICE, GOOD OR INFORMATION BEEN DEPRIORITIZED OR DEFUNDED? WHO IS THIS AFFECTING IN PARTICULAR?

3.2 PLEASE EXPLAIN IF THERE HAS BEEN ANY IMPACTS ON THE AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY OR QUALITY OF SEXUAL REPRODUCTIVE SERVICES DURING COVID -19.

3.3 PLEASE ALSO SHARE INFORMATION ON OTHER PRACTICAL OBSTACLES OR CHALLENGES TO ACCESS SEXUAL REPRODUCTIVE SERVICES DURING THE PANDEMIC, AND WHO WERE MOST AFFECTED. 3.4 PLEASE ALSO SHARE GOOD PRACTICES AND OPPORTUNITIES IN THE PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH CARE DURING THE PANDEMIC.

During the COVID-19 pandemic, the Ministry of Health did not discontinue actions to promote responsible sexuality and family planning offered to women. In primary health care services, educational activities are offered on responsible sexuality, health promotion, prevention of sexually transmitted infections and early pregnancy.

With regard to articulation with state and municipal coordinators for men's health, the Ministry of Health disseminated, either through e-mails or virtual meetings, guidelines on COVID-19. In addition, it has been possible to align internal planning with the participation of states and reinforce the partner's prenatal strategy.

Within the scope of Health Surveillance, the main measures adopted to minimize the impact of COVID-19 in the prevention, diagnosis and treatment of sexually transmitted infections and HIV/AIDS were:

HIV

- Increased validity of forms for dispensing antiretrovirals for treatment, which guaranteed more than one year of automatic expansion to prevent patients from returning to services just to renew their prescriptions, facilitating maintenance and adherence to treatment;
- Offering HIV tests for inpatients with respiratory syndrome;
- Implementation of the focused HIV testing strategy, focusing on the most vulnerable people, in addition to expanding the use of self-tests;
- Recommendation for people living with HIV (PLHIV) which are stable and with an undetectable viral load to reduce the frequency of consultations and follow-up exams to once a year (guaranteeing care in case of complications), in order to reduce the movement of people in the health services, and maintaining quality in the follow-up of PLHIV;
- Offering antiretroviral treatment to foreigners who have not been able to return to their countries of origin due to travel restrictions;
- Increased validity of active PrEP dispensing forms, which today totals more than one year of automatic extension;
- Close collaboration with all Brazilian states, aiming to customize the necessary aid and provide support for the maintenance of care for PLHIV and prophylaxis;
- Acceleration of national measures, already underway before the pandemic, to extend the deadline for dispensing drugs for the treatment of HIV;
- New routine for monthly monitoring of strategic indicators to measure the impact of the pandemic on the care of PLHIV (published at <http://www.aids.gov.br/pt-br/painelcovidHIV>);
- Inclusion of PLHIV aged 18 to 59 in the priority group for immunization against COVID-19.
- Official recommendation on the drug Raltegravir 100mg (RAL) granules for oral suspension in the treatment of children exposed to or living with HIV; on the diagnosis of HIV infection in children under 18 months of age; on treatment for children living with HIV; and guidelines for the management of preterm and/or underweight children exposed to HIV.
- Expansion of the age range of the HPV vaccine for women with immunosuppression up to 45 years old.

Other Sexually Transmitted Infections

- Training for health professionals and managers on the Clinical Protocol and Therapeutic Guidelines (PCDT) for Comprehensive Care for People with Sexually Transmitted Infections, held remotely in 2020;
- Conducting webinars in partnership with the Brazilian Society of Sexually Transmitted Diseases (SBDST), focusing on actions involving the primary health care network. Content is still available on the YouTube channel of the SBDST (<<https://www.youtube.com/channel/UC5zrGPQoOUVOsdlJDZz hJSQ>>);
- Analysis of the use of molecular biology tests to detect HPV infection with self collection of samples, aiming at early screening for cervical cancer within the SUS, in women living with HIV (MVHIV);
- Follow-up at the national level of surveillance and control of cases of Sexually Transmitted Infections;
- Preparation of the Certification Guide for Vertical Transmission of HIV and Syphilis for the implementation of projects on the "Seal of good practices for the elimination of congenital syphilis", a project to encourage states in actions to fight congenital syphilis.
- Incorporation of the etonogestrel subdermal implant, subject to the creation of a specific program for the prevention of unplanned pregnancy for women of childbearing age: on the streets; with HIV/AIDS taking dolutegravir; taking thalidomide; deprived of liberty; sex workers; and in the treatment of tuberculosis using aminoglycosides, within the scope of the Unified Health System - SUS (SCTIE/MS Ordinance No. 13, of April 19, 2021).

4. IN CONNECTION TO QUESTIONS 1 TO 3, PLEASE ALSO SHARE OTHER RELEVANT INFORMATION ON LEGAL, POLICY OR OTHER CHANGES AFFECTING THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH AND RELATED HEALTH CARE IN YOUR COUNTRY OR COUNTRIES IN FOCUS, UNRELATED TO COVID-19.

The Unified Health System has a role to play in reducing unwanted pregnancies. To this end, it expanded the coverage of services that address responsible sexuality and family planning, in particular, through specific programs for the health of women, pregnant women, adolescents and the availability of free contraceptive methods.

In order to link the male population to basic health units and expand this public's access to primary health care, the following regulations were launched, which cut across actions of responsible sexuality and family planning, whether in a COVID-19 scenario, or in a post-pandemic one:

- Publication of Ordinance No. 3,069, of November 11, 2020, which institutes a pilot project and federal financial incentive for the development of actions to promote comprehensive care for men's health and prevention of penile cancer within the scope of primary health care.

- Launching and dissemination of the truck driver's health card, on November 11, 2020. This card allows the truck driver, given his itinerant condition, to have adequate care at any health unit, even when in transit across the country.

5. PLEASE INDICATE IF YOUR COUNTRY, INSTITUTION OR ORGANIZATION HAS DECREASED FINANCIAL SUPPORT OR AID TO OTHER STATE, DONOR OR INSTITUTION OR PROGRAMME IN THE AREA OF SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING THROUGH INTERNATIONAL COOPERATION, COMPARED TO PRE-COVID TIME.

The Ministry of Health, in partnership with the Itaipu Saúde Working Group, which brings together Brazil, Argentina and Paraguay, has been organizing international seminars to discuss improving the quality of health of the male population in the triple border, cutting across themes such as responsible sexuality and family planning. However, due to the pandemic, initiatives that require face-to-face actions were interrupted, and thinking of new ways to implement such actions is required. Before the pandemic, the seminars held were as follows:

The 1st Seminar, with the participation of 200 professionals from the 3 countries, aimed to stimulate, formulate and improve actions, strategies, programs, policies and lines of cooperation aimed at strengthening and expanding the participation of the male population segment in the logic of the services offered by health systems, expanding and enhancing joint and individual actions in these countries. The seminar produced a report to guide actions in the three countries, Brazil, Paraguay and Argentina.

The 2nd Seminar had as its theme paternity, care, and strategy of the male partner's prenatal care. The event was attended by 150 professionals and translated the partner's prenatal guide for health professionals into Spanish, in addition to ordering the translation of the distance education course "Father Present: Care and Commitment" (in progress).

The 3rd Seminar addressed men as subjects of care and discussed issues of responsible sexuality and family planning. The event was attended by 120 professionals, who, together with representatives of the Itaipu Working Group, made a technical visit to the Carmela Dutra Maternity Hospital and the Santa Marta Clinic in the State of Rio de Janeiro, references in the male partner's prenatal strategy. Paraguay started to implement the partner's prenatal care, and Argentina launched the "Blue November" campaign, with actions aimed at men's health, through axes such as access and reception.

The 4th Seminar focused on training health professionals, with a view to developing health care actions for men, jointly by the three countries, which can contribute to achieving the goals established in the Sustainable Development Goals (SDGs), highlighting the goals 16.1 ("Significantly reduce all forms of violence and related death rates everywhere"), 17.18 ("By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing states, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts"), and 3.4 ("By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being").

To enable the exercise of the right to family planning, the Ministry of Health centralizes the planning of actions related to contraceptive methods, considering the needs identified by local levels of management. This planning also takes into account the average monthly consumption informed by the states, thus ensuring its offer in the scope of Primary Health Care.

6. PLEASE INDICATE IF YOUR COUNTRY, INSTITUTION OR ORGANIZATION HAS BEEN AFFECTED BY A DECREASED IN FINANCIAL SUPPORT OR AID, INCLUDING THROUGH INTERNATIONAL COOPERATION, COMPARED TO

PRE-COVID TIME, AND HOW THIS HAS AFFECTED SEXUAL AND REPRODUCTIVE HEALTH CARE.

The Ministry of Health of Brazil maintained its incentives for actions to promote responsible sexuality and family planning throughout the COVID-19 pandemic. The Ministry also continued efforts to ensure access by the population, especially key and priority populations, to all HIV combined prevention strategies. In 2020, the Ministry of Health distributed around 354 million male condoms, 15 million female condoms and 29 million packets of lubricating gel, in addition to the distribution of nearly 9 million rapid HIV tests, 8.5 million rapid tests of syphilis, 6.7 million hepatitis B tests, and 5.8 million hepatitis C tests.