**Access to HIV prevention and care in prisons of Côte d’Ivoire**

**ESTHER Initiative in MACA prison**

**Background**

HIV and TB prevalence are usually high among prisoners. In 1995, a survey found a 28% HIV prevalence among prisoners in CI (2008 national prevalence 3.9%). In 2008, the National HIV/AIDS Program (PNPEC) and Bordeaux Hospitals (CHU/UCSA), under the ESTHER training program, started a prevention and care program at the main civilian prison in Abidjan (Maison d’Arrêt et de Correction d’Abidjan).

The main objectives were to provide HIV and TB prevention and care to prisoners, guards and their families to promote health policy changes for prisons.

**MACA presentation**

- **Location:** Yopougon, Abidjan
- **Population:**
  - 5400 prisoners for 1 500 places (+300%)
  - around 50% of total prisoner population of Côte d’Ivoire (12 135 on the 31/12/09)
- 97% males, 2% females and 1% minors
- Monthly flow: 600 prisoners (in/out)
- 150 guards and penitentiary personnel

**MACA Medical centers:**

- Medical care services in and out of the walls: around 10 000 persons (prisoners, guards and their family members, and local population from the CI)
- Medical facilities: 120 beds with 60 dedicated to TB Centre, specific nursing center for females, mortuary, basic laboratory, pharmacy,
- Personnel: 3 doctors, 4 nurses, 1 midwife, 4 medical assistants, 2 pharmacist assistants, 1 laboratory technician, and ... 50 prisoner volunteers
- Organizational issues: Open 5 days/week + on-call duty for emergencies, + free + medical care, 1 880 in out-patients clinics/month

**Main results in 16 months** (November 2008 – March 2009)

<table>
<thead>
<tr>
<th>HIV Testing results</th>
<th>from nov.08 to march 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prisoners Guards</strong></td>
<td><strong>Female Male</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>New arrivals</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Wall &amp; Day</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>HIV+</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>HIV-</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
</tr>
</tbody>
</table>

**HIV Care and treatment for PLWHIV**

- 21 225 **Blood tests** (CD4) done recently
- **3 TC** 35.6% (male)
- **TDF-FTC-NVP** 45% (female)
- **NB: Viral Load testing in process**

**Health staff training**

- **Medical training on ART for doctors:** August 2008
- Training for IFP treatment adherence: October 2009
- Hospital hygiene: December 2009

**How the Health Policy has changed**

Adoption of a « National policy for health in prisons » (June 10)

**Conclusion**

- HIV infection and TB are both public health priorities among prisoners in Africa.
- Prevention and care programs in prisons are still few.
- We show that such programs are feasible if accompanied by national mobilization and political will in order to make it sustainable
- HIV/AIDS and TB/MDR Epidemiological surveys are essential for adjusting modalities of interventions
- HIV/AIDS and TB prevention and care programs are urgent and need to be scaled-up rapidly in prison settings

**Intervention Modalities**

- **At MACA level:**
  - Poor health among prisoners, including promiscuity, water access, sanitation, poor state...
  - Poor health among prisoners, including promiscuity, water access, sanitation, poor state...
  - Insufficient daily food ration: once a day (1000 Cal/meal), poor quality and poor quantity, family support if any, …

- **Institutional level:**
  - **ESTHER** supported Ministry of Health and Ministry of Justice with:
    - A situation analysis in 9 prisons
    - Integration of prisoners among beneficiaries of Global Fund (Round 9)

**Health situation analysis**

- Common pathologies: respiratory infectious diseases (TB)/malaria/diarrhea/skin infections, …
- Poor sanitary conditions (water access, sanitation, …)
- High mortality rate (350 deaths in 16 months)
- Lost to follow-up (n=15)
- HIV/AIDS and TB prevention and care programs are urgent and need to be scaled-up rapidly in prison settings

- **Conclusion**

- HIV infection and TB are both public health priorities among prisoners in Africa.
- Prevention and care programs in prisons are still few.
- We show that such programs are feasible if accompanied by national mobilization and political will in order to make it sustainable
- HIV/AIDS and TB/MDR Epidemiological surveys are essential for adjusting modalities of interventions
- HIV/AIDS and TB prevention and care programs are urgent and need to be scaled-up rapidly in prison settings

**MACA Medical centers:**

- Medical care services in and out of the walls: around 10 000 persons (prisoners, guards and their family members, and local population from the CI)
- Medical facilities: 120 beds with 60 dedicated to TB Centre, specific nursing center for females, mortuary, basic laboratory, pharmacy...
- Personnel: 3 doctors, 4 nurses, 1 midwife, 4 medical assistants, 2 pharmacist assistants, 1 laboratory technician, and... 50 prisoner volunteers
- Organizational issues: Open 5 days/week + on-call duty for emergencies, + free + medical care, 1 880 in out-patients clinics/month