CONSELHO MUNICIPAL DE MAPUTO
PELOURO DE SAÚDE E ACÇÃO SOCIAL

Strengthen the 95-95-95 Cascade
Focusing on Recently Released
Individuals: Program Description in
Maputo Municipality

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Introduction

• Maputo City has an estimated population of 1.2 million inhabitants and, like other Mozambican provinces, faces the challenge of the widespread HIV epidemic;

• The city has the third highest HIV prevalence (16.2%) among adults;

• As part of the commitment to achieve the 95-95-95 UNAIDS HIV targets by 2030, the city has prioritized key populations, including prisoners and recently released individuals, to eliminate the HIV epidemic.
Description

• To retain released KP in care, the city has developed a follow-up program for the post-release period – during their reintegration into the community – where ex-prisoners from the Preventive Penitentiary establishments in Maputo city and province are closely followed to ensure their adherence and retention in Care;

• To that end, all public health facilities (HF) in the city were eligible to receive former inmates, and healthcare providers were trained to better approach this group;

• We analyzed disaggregated data from Maputo’s Electronic Patient Tracking System in the HF from 2019 to 2022.
Lesson Learned

• There was an increase of more than 200% in ex-prisoners initiating ART from 2020 to 2022;

• Although stigma and discrimination are common among KP, data shows an increase in ex-prisoners adhering to treatment and care after introducing the strategy;

• Our target is to reach 95-95-95, in the third 95, in 2020, all patients under ART with viral load test came with viral load suppression
Treatment and Care

ART Initition

Patients under ART (Reclusos)

- 2019: 1
- 2020: 22
- 2021: 29
- 2022: 66

- 2019: -40
- 2020: -20
- 2021: 0
- 2022: 20

- 2019: 1
- 2020: 18
- 2021: 71
- 2022: 111

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Viral Load

Documented VL Results - Reclusos

Viral Load Suppression - Reclusos
Recommendations

(a) Building SRHR & HIV integration inside penitentiaries to better link recently released individuals to care with low costs;

(b) Promoting SRHR, including HIV should begin in prisons and continue after release; and

(c) Ensuring post-release support to former inmates so that they can connect with Health Facilities, given that stigma and discrimination continue to influence their retention in care negatively.
Thank You/ Obrigado/ To Tondele/ Kanimambo