Context
Health Needs & Challenges

Health needs:
• Infection & ventilation inadequate
• Diseases prone to spread quickly
• Water & food born diseases occur (low standard of hygiene/food)
• Overcrowding makes susceptible to communicable diseases – scabies, cholera, diarrhoea
• Top 5 conditions treated: malaria, urinary tract infections, diarrhoea, STIs and skin conditions – including scabies.

Challenges:
• Treatment access – delays in referrals migrants/remandees
• Human Resources for Health gaps (blurring lines security)
• Legal environment doesn’t favour HIV prevention (condoms)
• Mental health needs overlooked
• Chronically sick and disabled (inadequate care)
• No linking to district health services
• Prison service underfunded (90% drug stock out)
How prison conditions/systems impact on prisoner’s health

- Severe overcrowding
- Inadequate food
- Inadequate water & sanitation
# Project aim and objectives

**Project aim:** To reduce prison related HIV/TB morbidity, mortality and transmission

<table>
<thead>
<tr>
<th>The 1st 90</th>
<th>The 2nd 90</th>
<th>The 3rd 90</th>
<th>TB</th>
<th>Primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive counselling &amp; testing program is available for prisoners</td>
<td>Prisoners in need of ART are initiated and retained on ART</td>
<td>Prisoners on ART receive quality care and maintain virological suppression</td>
<td>Prisoners are screened and treated for TB using Xpert as first test</td>
<td>Provide extended health services within the prison - OPD services, mental health, nutrition support and water &amp; sanitation</td>
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</tbody>
</table>

ENTRY  

STAY  

EXIT
# HIV and TB in Prisons

**Q2 2016**

<table>
<thead>
<tr>
<th></th>
<th>MAULA PRISON</th>
<th>CHICHIRI PRISON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prison population</td>
<td>2698</td>
<td>1978</td>
</tr>
<tr>
<td>HIV positive inmates</td>
<td>366 (13.6%)</td>
<td>465 (23.5%)</td>
</tr>
<tr>
<td>HIV positive on ART</td>
<td>314</td>
<td>429</td>
</tr>
<tr>
<td>Prisoners with active TB disease</td>
<td>36 (1.3%)</td>
<td>32 (1.6%)</td>
</tr>
<tr>
<td>Death due to HIV and/or TB</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Central Prisons

CASCADE OF CARE, MAULA PRISON, Q2 2016
Population: 2694 inmates

- 97% tested for HIV during stay
- 1642/1699 of those in prison for >6m to 24m
- 300 on ART & RIC, 366 total HIV+ cohort
- 86% of HIV+ were on treatment
- 218 out 253 on ART >=6 mo
- 210/218 VL <1000
- 96% with undetectable viral load

CASCADE OF CARE, CHICHIRI PRISON, Q2 2016
Population 1978 inmates

- 90% tested for HIV during stay
- 1252/1388 of those in prison for >6m to 24m
- 357 on ART & RIC, 465 total HIV+ cohort
- 77% of HIV+ were on treatment
- 72% of eligible had VL
- 252 out 348 on ART >=6 mo
- 234/252 VL <1000
- 93% with undetectable viral load
Request for medical parole – chronically sick or disabled

- **Transfer – mentally ill.** 53 year old male incarcerated in Chichiri prison. He has a longstanding mental health problem (schizophrenia). Behaviour in prison has been disorganised (unkempt, talking to self, aggressive) and he has psychotic features including disturbances in perception (hallucinations), delusions, needs extra care which he cannot receive in prison. He was convicted of a minor offence (breaking windows and causing disruption in his family’s and neighbour’s houses, most likely due to his schizophrenia and disorganised behaviour).

- **Release – terminally ill:** 39 year old male incarcerated in Chichiri prison. In addition to being on antiretroviral therapy, patient suffers from irreversible liver failure. The liver failure has resulted in him having massively swollen abdomen filled with fluid, and difficulty leaving bed. The condition requires liver transplant which is not available in Malawi, so he will be unlikely to be receive any further medical care for this condition.

- **Release – disabled.** 48 year old male in Chichiri prison. In addition to being on antiretroviral therapy, patient suffers from peripheral vascular disease. This has resulted in dry gangrene in both legs, requiring amputation of his right leg above the knee and left foot. He is unable to walk unaided, and spends most of his time restricted to his bed. The prison does not provide facilities for disabled prisoners.

- **Transfer – mentally ill.** 26 year old male in Maula prison. Diagnosed with malnutrition & pellagra (vitamin deficiency) in May 2016 and then psychosis in December. Progressive dementia may be a consequence of malnutrition & pellagra. Severely malnourished, large bedsores, incontinent, bed ridden. Requires full time carer. MSF says to keep him in prison would be cruel and inhumane.
NUTRITION ASSESSMENT

• 11 prisons screened (north, central and southern regions)
• Found global malnutrition rates of 20% in worst affected prisons in the south
• 9.2% HIV point prevalence in prisoners who were screened for malnutrition
• Only one prison (Chitipa) provides therapeutic food
Malnutrition among adults (≥19 yrs old) by prison site. Defined based on meeting BMI or MUAC criteria of severe/moderate malnutrition (the National Guidelines on NCST for Adolescents and Adults (2nd Edition, 2014))
ACHIEVEMENTS

• WatSan in Chichiri Prison
• Ethiopians Repatriation
• Cascade of Care
• Established minimum sustainable model of care
• Outreach in cells
• Policy change leverage
• Nutrition crisis, alert to donors and government
CHALLENGES

• Overcrowding
• Referral
• Food and Nutrition
• Migrants (repatriation)
• HRH (Health staff = security staff)
• Drug supply
• District Health Offices integration
• Condom use
Opportunities

- Decongestion - legal push
- District Health Management responsibility
- Implementation of screening in all prisons
- Increasing number of trained HCWs in prison
- Improving referral
- Increased funding for prison health
- Advocacy to Donors (GF & PEPFAR)