BACKGROUND
In Mexico City approximately 30,000 men are imprisoned, distributed throughout 8 centers. Prison inmates diagnosed with HIV infection are transferred to Santa Martha Penitentiary, where they are offered specialized medical care and antiretroviral treatment (ART).

OBSERVATION
To construct and describe the cascade of care in patients deprived of their liberty living with HIV (PDLLHIV), and to estimate the annual mortality rates during 5 years (2014-2018).

MATERIAL AND METHODS
Dynamic retrospective and descriptive cohort study. Data from 2014 to 2018 of the ARV Administration and Logistics System (SALVAR) was used, obtaining the annual total number and percentage of PDLLHIV and each component of the cascade of care: diagnosed, linked, retained in ART and virological control (VL<40). Mortality rates were calculated for each year, using the annual record of death certificates of PDLLHIV from all Mexico City prisons. Inclusion criteria: male PDLLHIV over 18 years old in Mexico City, during 2014-2018.

RESULTS
The PDLLHIV care cascade was built annually for 5 years, from an estimated prevalence of 1% [1], with a sample size (N) of between 300 and 350 patients for each year. An increase in the percentage of patients diagnosed throughout the 5 years was observed, from 58.8% in 2014 to 71.3% in 2018. The highest increase was observed in patients in virological control, from 37.1% to 59.7% in said period of time (Graph 1).

CONCLUSIONS
- Our results suggest that the Mexico City HIV Prison Programme has a positive effect on each one of the components of the care cascade, including the consequent virological control in most PDLLHIV, in addition to decreasing mortality due to ART initiation and maintenance.
- Further strengthen in diagnosis and adherence to ART is necessary to achieve the UNAIDS 90-90-90 target.
- This programme has proven to be effective and can be replicated in different prison systems in other states and countries, but not in the general population.