

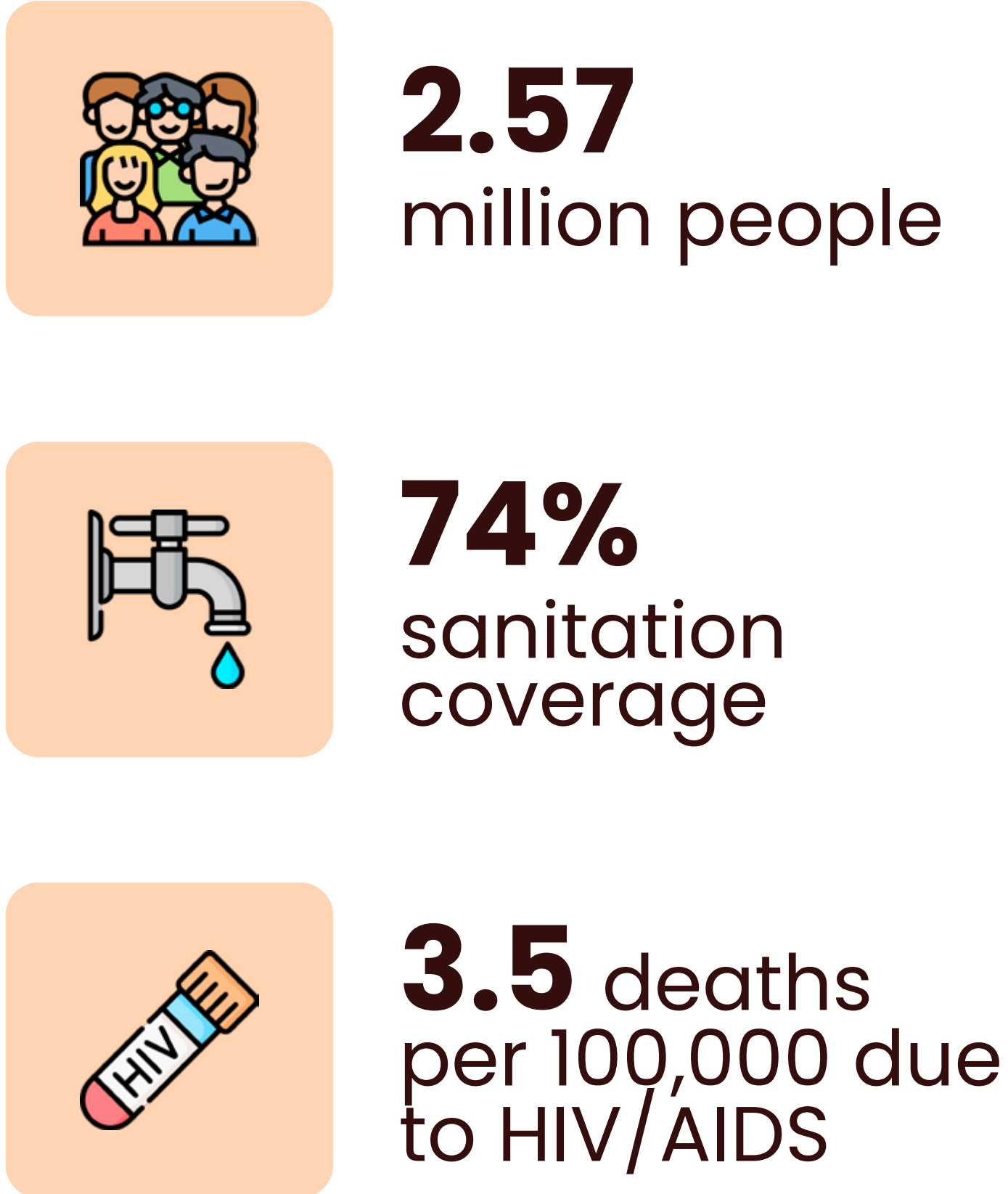
Expansion of HIV prevention, diagnosis, and treatment in Fortaleza, Ceará, through the project The Time is Now/ A Hora é Agora (AHA)

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BACKGROUND

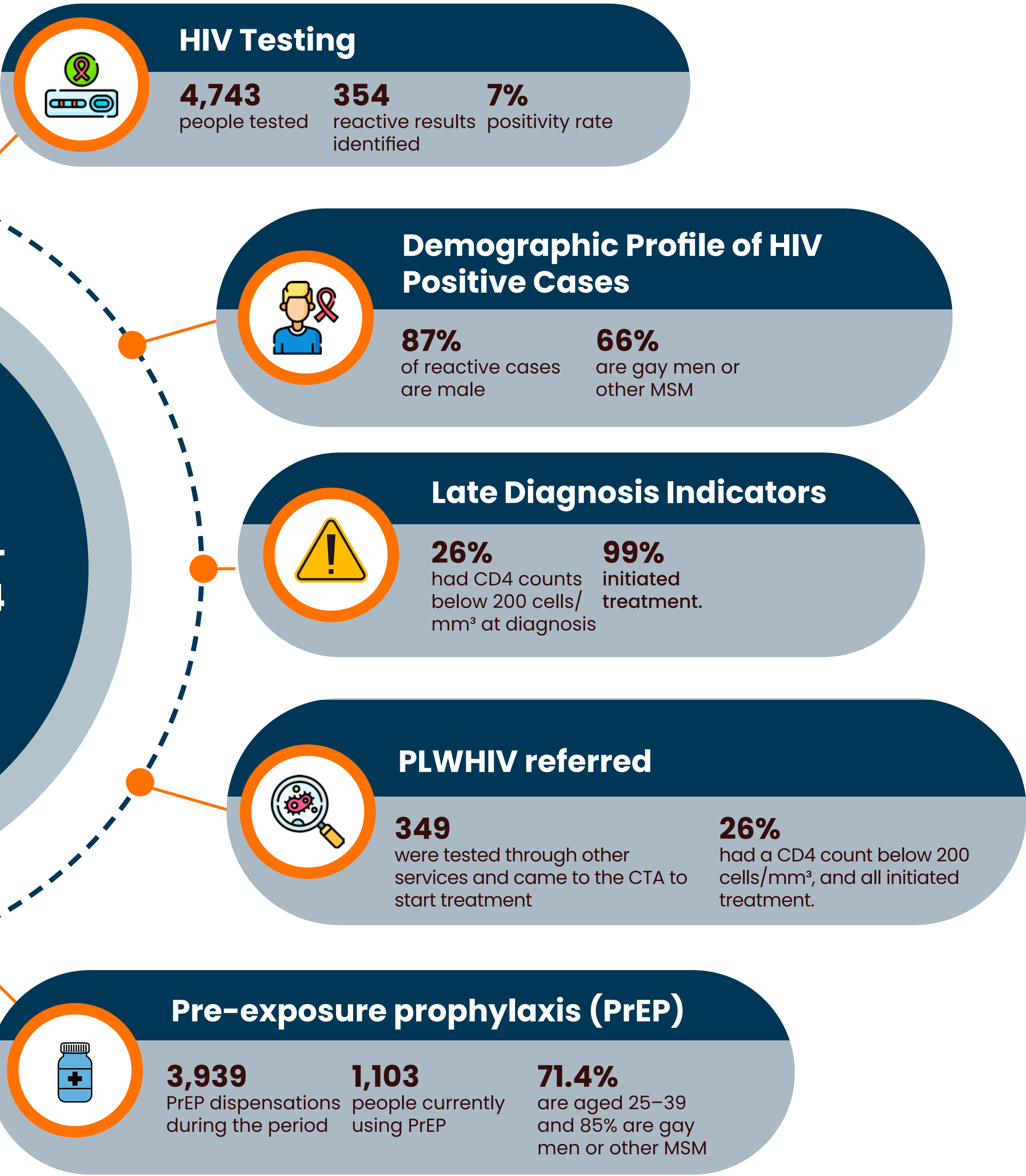
Fortaleza, Ceará's capital with about 2.57 million people, faces health challenges. It has a high HIV/AIDS mortality rate of 3.5 per 100,000 and a detection rate of 34.2 per 100,000 in 2024. The AHA Project, led by ENSP/Fiocruz and funded by PEPFAR³ since October 2022 at the Emanuel Gomes Pinto HIV health service (CTA), supports outreach, home testing, and HIV care. The data underscore the need for targeted HIV/AIDS strategies and policies in Fortaleza.



DESCRIPTION

Before activities began, renovations were completed at the CTA and on the outreach bus. A digital locker was installed outside the turnstiles at a subway station **HIV self-test collection**. We provided **home delivery of self-tests and medications via mail**. To meet CTA demand, we hired **nursing, psychology, medical, and pharmacy staff, enabling PrEP implementation and immediate treatment supported by rapid CD4 and viral load testing**.

CTA HIV service – Oct 2024 to Sept 2025



LESSONS LEARNED

From October 2024 to September 2025, 4,743 people were tested at the CTA, of whom 354 had reactive results (7%). Among those with reactive results, 87% were male and 66% were gay men or other men who have sex with men (MSM). At diagnosis, 26% had a CD4 count below 200 cells/mm³. Overall, 99% of diagnosed individuals are receiving treatment.

In addition to those diagnosed at the CTA, 349 people were tested through other municipal services and came to the CTA to start treatment; 26% of them also had a CD4 count below 200 cells/mm³, and all initiated treatment.

During the same period, the CTA dispensed pre-exposure prophylaxis (PrEP) 3,939 times, and currently 1,103 people are on PrEP, with 71.4% in the 25–39 age group and 85% gay men or other MSM.

CONCLUSIONS/NEXT STEPS

Fortaleza presents a complex epidemiological context and **requires strategic interventions and effective public policies**. AHA's support has enabled the implementation of crucial services, **such as PrEP**, which was previously unavailable, and has **expanded diagnosis and immediate treatment initiation**. However, the challenge of late diagnosis persists, with **26% of patients still starting treatment with a low CD4 count**.

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