Meeting Targets and Maintaining Epidemic Control (EpiC)

EPIC'S CORE PARTNERS AND THEIR EXPERTISE

FHI 360: Prevention, care, and treatment; key populations; local CSO capacity strengthening and transition awards; and strategic information

Right to Care: Regional organization based in South Africa with expertise in prevention, care, and treatment; scale-up of viral load testing; and lab optimization

Palladium: Systems strengthening, including policy, sustainable financing, governance, and human resources for health (HRH)

PSI: HIV self-testing, voluntary medical male circumcision (VMMC), condom programming, social and behavior change communication (SBCC), and private sector engagement

Gobee Group: Human-centered design

Meeting Targets and Maintaining Epidemic Control (EpiC), a five-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is dedicated to achieving and maintaining HIV epidemic control.

The project provides strategic technical assistance (TA) and direct service delivery (DSD) to break through barriers to 95-95-95 and promote self-reliant management of national HIV programs by improving HIV case-finding, prevention, treatment programming and viral load suppression. EpiC is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group. The project also draws upon regional resource partners (Africa Capacity Alliance, Enda Santé, Thai Red Cross AIDS Research Center, University of the West Indies, VHS-YRG Care) to provide TA, as well as global resource partners who bring unique capacities (Aurum Institute, Dimagi, JSI Research and Training Institute, Inc, Johns Hopkins University Key Populations Program, MTV, World Vision International).

EpiC is one of USAID's Office of HIV/AIDS central PEPFAR awards and is designed to accept funding from USAID missions interested in expanding or initiating programs that address their epidemic control needs. The EpiC consortium works in partnership with and strengthens the capacity of governments, civil society organizations (CSOs), other PEPFAR implementing partners, and the private sector to introduce innovations and expand evidence-based HIV services to unprecedented levels of scale, coverage, quality, effectiveness, and efficiency.

The EpiC team's approach to TA is guided by four mutually reinforcing principles: (1) a focus on speed, scale, standards, and sustainability; (2) customization according to local priorities, financing, epidemiology, and the differentiated needs of target populations; (3) adaptive management based on results; and (4) transition of TA and DSD to local and regional partners to enable them to receive direct awards. In addition, EpiC applies human-centered design thinking to resolve persistent challenges along the HIV service cascade.

APPROACHES AND ACTIVITIES BY OBJECTIVE

Attain and maintain HIV epidemic control among at-risk adult men, women, and priority populations

EpiC provides TA and DSD to surge, scale, and sustain client-centered DSD models along the entire cascade from prevention through maintained viral suppression to meet the needs of men and women living with HIV or at high HIV risk. Priorities include (1) rolling out HIV self-testing and pre-exposure prophylaxis (PrEP) in a way that decentralizes access, promotes self-care, and focuses demand efforts without creating additional stigma; (2) supporting the sustainable transition of VMMC services to government and private sector providers; (3) deploying a total market approach to condom programming and ART services; (4) scaling up index and network testing approaches to close gaps in case-detection; (5) scaling up treatment literacy for all, including the transformative news about undetectable = untransmittable (U=U); (6) improving access to same-day initiation of antiretroviral therapy (ART) and treatment adherence; (7) promoting transition to preferred first-line ART regimens; (8) expanding access to differentiated ART service delivery and community ART; (9) increasing demand for and provision and tracking of viral load testing; and (10) improving management for those with suspected treatment failure. Across all of these areas, we use financing, costing, and epidemic modeling tools to improve efficiency and effectiveness of service delivery.

Attain and maintain HIV epidemic control among key populations

EpiC builds on LINKAGES' successful KP programming and invests in new strategies to address the complex and dynamic challenges that have kept epidemic control out of reach among men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings. In addition to improving KPs' access to new technologies such as HIV self-testing and PrEP and scaling up proven case detection strategies such as index and network testing, EpiC promotes a wide range of KP-competent health services. These include drop-in centers that improve links to and retention on ART, and approaches for reaching KP members in virtual spaces and linking them to offline services. EpiC also empowers and supports KPs and providers to address violence, stigma, and discrimination from police and in health settings. Finally, EpiC assists local KP-led organizations in expanding their roles as advocates and service providers across the cascade.

Improve program management, health information systems, HRH, and HIV financing solutions to attain and maintain epidemic control

EpiC develops the capacity of national HIV programs to increase their use of domestic, sustainable funding sources and capitalize on local technical and management

EPIC'S RESOURCE PARTNERS AND THEIR EXPERTISE

Regional resource partners

- **Africa Capacity Alliance:** Human and institutional capacity development in East and Southern Africa

- **Enda Santé:** Key population programming and CSO capacity development in Francophone African countries

- **Thai Red Cross AIDS Research Center:** Clinical services, implementation research, transgender health programming in Asia

- **University of the West Indies**: CSO capacity development and sustainable financing in the Caribbean

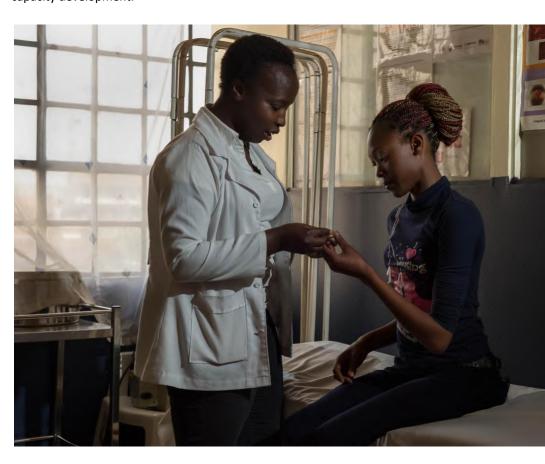- **VHS-YRG Care:** HIV programming and CSO capacity development in India and Africa

Global resource partners

- **Aurum Institute:** TB/HIV integration and viral load testing and suppression

- **Dimagi:** Mobile data collection platforms

- **JSI Research and Training Institute, Inc:** Supply chain management and HRH

- **Johns Hopkins University Key Populations Program**: Analyses of routinely collected data to answer critical research questions

- **MTV:** Demand creation and behavior change communication through global media

- **World Vision International:** Community mobilization and service provision through collaborations with faith-based organizations

expertise to achieve and sustain epidemic control. Toward this objective, EpiC is working with in-country stakeholders to develop a process for government-led transition and a sustainability roadmap that highlights clear interventions to improve programmatic and financial sustainability; strengthening unified leadership and management at all levels to control local epidemics; integrating and leveraging CSO and private sector capabilities as part of the national HIV program; integrating HIV services into national and local government budgets and purchasing HIV services through sustainable mechanisms such as health insurance and social contracting; and institutionalizing HRH, health information systems, and supply chain innovations needed for maintaining epidemic control.

Support the transition of direct funding and implementation to capable local partners in order to meet PEPFAR's goal of providing 70 percent of its funding to local partners by 2020

In collaboration with USAID missions, EpiC identifies local partners that demonstrate a readiness to accept direct funding currently or with additional support. Transition partners receive customized TA to help them meet organizational and technical performance goals necessary to implement technically sound programming while managing U.S. government funding. EpiC assigns a capacity-building coach to each transition award partner to provide intensive, ongoing mentoring and to instill a culture of data use and adaptive management. Over time, EpiC will develop a local marketplace for TA provision and rely increasingly on regional TA providers for capacity development.

EpiC is one of two new global HIV awards issued by USAID in response to the NOFO initially announced as TMEC (Meeting Targets and Maintaining Epidemic Control). The other award, called RISE, is led by Jhpiego with ICAP at Columbia University (ICAP), Management Sciences for Health (MSH), ANOVA Health Institute (ANOVA), BAO Systems, JHU Center for Public Health and Human Rights (JHU), and Mann Global Health (MGH). EpiC and RISE have the same mandate and geographic focus, and they are both 5-year global cooperative agreements. A mission can choose to buy in to one or both awards.

Illustrative EpiC Technical Assistance Menu	
TECHNICAL AREA	**ILLUSTRATIVE ASSISTANCE OPTIONS**

PREVENTION

▶ **Pre-exposure prophylaxis** PrEP scale-up is critical to interrupt transmission in networks with individuals who are not yet virally suppressed.	Offer PrEP provider training, values clarification, and mentoring; support PrEP demand generation, supportive policies, and market-based supply solutions based on local context; provide monitoring support and standardization.
▶ **Voluntary medical male circumcision** VMMC is a highly effective and cost-effective HIV prevention intervention, recommended in countries with high HIV prevalence and low levels of male circumcision.	Tailor demand creation and differentiated service delivery support; provide logistical support, training, and staff mentoring; and assist countries in strengthening national guidelines to improve prevention of adverse events, follow-up of clients, and integration of other services.
▶ **Condom supply and demand** In spite of substantial past donor investments, condoms remain underused, and many markets fall short of meeting the needs of priority and key populations.	Build local capacity to remove barriers to commercial entry; push social marketing toward sustainability; hone local partners' promotion skills; support development of "total market" plans.
▶ **Tuberculosis (TB) preventive therapy** TB is the leading cause of death for PLHIV. TB preventive therapy is an essential and cost-effective component of HIV care for PLHIV, but remains widely underutilized.	Provide TA to scale up TB preventive therapy, including building the capacity of ART providers to integrate TB preventive therapy and planning for drug procurement and supply chain management.

CASE DETECTION

▶ **HIV index and network testing** The impact and efficiency of HIV testing services can be accelerated by targeting testing in networks of people living with HIV who are not yet virally suppressed.	Provide training, tools, and mentoring to implement index testing protocols in community and clinical settings; enhanced outreach; HIV self-testing; and online and other referral and tracking strategies.
▶ **HIV self-testing** HIV self-testing expands access to HIV testing services, particularly for those at high risk who may not otherwise get tested.	Provide TA to programs to integrate assisted or unassisted HIV self-testing, including determining self-test kit delivery options; designing HIV self-testing advertising strategies; training peer outreach workers and others to provide support to self-testers; and establishing mechanisms for linking those with reactive tests to confirmatory testing and care and treatment.

CARE AND TREATMENT

▶ **ART optimization** Dolutegravir is the preferred first-line ART regimen in the 2018 WHO Interim Guidelines because of its superior efficacy, improved tolerability, and higher threshold for resistance as compared to efavirenz-containing regimens.	Support countries in efforts to develop a dolutegravir transition strategy budget, update national guidelines, and forecast commodities; develop tools and provide training and TA on facility-level implementation and monitoring.
▶ **Same-day antiretroviral treatment (SDART)** SDART reduces the time to treatment initiation and viral suppression, thereby maximizing the health and prevention benefits of treatment.	Support the collaborative development and implementation of protocols and training for localized SDART models, drawing upon global standards and best practices.
▶ **Viral load** Access to patients' viral load is essential to optimize care and maximize the prevention benefits of treatment.	Build capacity of staff to promote and expand access to viral load testing; support the optimization of laboratory networks; support demand generation for viral load testing.

CROSS-CUTTING

▶ **Differentiated service delivery** Differentiation is critical to increase options for patients, simplify their care, and free up resources to address individuals with greater needs.	Identify, analyze, cost, and support opportunities to advance differentiated services, including differentiated prevention, multi- month scripting, and community and pharmacy dispensing.
▶ **Key population-specific program approaches** Addressing the differentiated preferences and needs of those most at risk and most underserved, including young and hidden KPs, transgender women and older men who have sex with men, is critical to achieving epidemic control.	Provide TA on the design and implementation of state-of-the- art KP program approaches, as well as monitoring and evaluation systems using custom indicators to facilitate generation and use of data to target KPs most in need of services.
▶ **"Smart" care and prevention cascades** Increasing achievement along the prevention, care, and treatment cascade requires weighing the value of improvements (in terms of reducing leaks in the cascade and improving adherence/follow-up) vs. the increased cost of these additional interventions.	Analyze cascade data by population group and provide cost– benefit analysis of different interventions that can improve cascade outcomes, especially considering uncertain factors such as potential improvements to testing yield, reduced loss to follow-up, reduced loss during links, etc.
▶ **Sustainable financing** Sustained epidemic control for a national HIV program requires mobilizing additional domestic resources for HIV, improving efficiency of the HIV response, integrating HIV into broader health financing mechanisms and health sector reforms, and leveraging the private sector.	Support countries to generate evidence for budget advocacy and resource allocation decisions; conduct analyses to identify cost-efficient solutions; work with CSOs to conduct advocacy, hold government accountable, and access government funding through social contracting; support development of HIV financing strategies and policies (e.g., user fee removal).
▶ **"Going Online"** Online platforms can accelerate progress toward epidemic control by engaging previously unreached individuals according to their preferences, and by leveraging technology-related efficiencies.	Build capacity of local partners to strategically and safely engage key and priority populations online and support the establishment of sustainable local and regional platforms to connect people engaged online to physical services and securely assess results.
▶ **Undetectable = Untransmittable** Promotion of U=U can provide a pivotal platform to overcome barriers to HIV testing, adherence, viral load testing, and participation in index testing, while mitigating stigma and discrimination.	Integrate correct information on viral suppression and onward transmission into communication (tools and training) at testing, treatment initiation, and through peer navigation support. Promote U=U at both the individual and community levels to accelerate service demand.
▶ **Stigma and discrimination** Stigma and discrimination are among the greatest barriers to health-seeking behavior for priority and key populations.	Use existing toolkits to institutionalize and improve service providers' capacity to assess, prevent, and mitigate stigma and discrimination and their effects on use of HIV services.
▶ **Violence prevention and response** Integrating HIV and violence prevention and response services is key to improving service access, as well as to protecting health and human rights.	Build capacity of providers and outreach workers to assess clients' risk of violence, including gender-based violence, and respond appropriately; support referral network development, including law enforcement; provide monitoring support.
▶ **Safety and security of implementers** Threats to the safety of HIV program implementers—often due to stigma, discrimination, and violence against PLHIV and KP members—negatively affect all aspects of the HIV program cycle and limit opportunities for epidemic control.	Operationalize a safety and security toolkit developed by and used throughout the LINKAGES project; train HIV program implementers to assess their security risks, identify priority security gaps, and implement security plans.
▶ **Human-centered design thinking** Persistent gaps in access reflect limited capacity to address the differentiated preferences and needs of priority and key populations. Human-centered design thinking can accelerate solutions to close these gaps.	Establish local and regional communities of practice to advance and diffuse human-centered design approaches to accelerate the development and implementation of service and systems solutions and to support localized application of human-centered design to core challenges.

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