

Meeting Targets and Maintaining Epidemic Control (EpiC): Factsheet

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 (2019–2024) 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.

Currently working in 35 countries in programmatic and technical areas across the cascade, the project provides USAID Missions with a proven platform and deep technical bench to bring innovations to country programs and overcome performance challenges. EpiC is able to work through both 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 and treatment programming, and viral load suppression. EpiC also provides TA to help countries prevent, prepare for, respond to, and bolster health systems to address COVID-19. (See [here](#) for more information about EpiC's COVID-19 portfolio.)

EpiC is currently implementing HIV programming in the following countries: Cambodia, India, Indonesia, Central Asia (Kyrgyzstan, Kazakhstan, Tajikistan), Laos, Myanmar, Nepal, Philippines, Thailand, Vietnam, Botswana, Burkina Faso, Burundi, Cote d'Ivoire, DRC, Djibouti, Eswatini, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria, Senegal, South Africa, Tanzania, Togo Zimbabwe, Jamaica, Haiti.



EpiC is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe 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).

As one of USAID's Office of HIV/AIDS's central PEPFAR awards, EpiC 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, CSOs, other PEPFAR implementing partners, and the private sector to introduce innovations. 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.

EPIC'S FOUR MAIN OBJECTIVES

1. Attain and maintain HIV epidemic control among at-risk adult men, women, and priority populations
2. Attain and maintain HIV epidemic control among key populations (KPs)
3. Improve program management, health information systems, HRH, and financial systems to attain and maintain epidemic control
4. 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

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, women, and children 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 antiretroviral therapy (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 message that undetectable = untransmittable (U=U); (6) improving access to same-day initiation of ART and treatment adherence; (7) promoting transition to preferred first-line ART regimens and improving management of those with suspected treatment failure; (8) expanding access to differentiated ART service delivery, including by decentralizing drug distribution through the private sector and

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

community- and home-based delivery channels and implementing multimonth dispensing; (9) increasing demand for and provision and tracking of viral load testing; and (10) leveraging online platforms to provide safe, convenient, client-centered HIV services, including outreach, linkage to testing, and case management. EpiC also provides tailored solutions for improving pediatric and adolescent care and treatment outcomes. 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 use drugs, people in prisons and other closed settings, and their partners. 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, as well as in implementing community-led monitoring of HIV services.

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 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. Through the Key Populations Investment Fund (KPIF), EpiC is strengthening the organizational and technical capacity of local key-population-led organizations in 18 countries, effectively positioning them to lead the HIV response there.



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.

In FY20, EpiC advanced implementation of several priority technical approaches that are key to accelerating progress toward epidemic control. Many of these strategies helped insulate HIV programs from disruptions caused by the COVID-19 pandemic while optimizing performance across the HIV cascade. EpiC is available to help Missions reinforce and further scale these approaches in FY21.

HOT APPROACHES AT A GLANCE



Going Online

To promote more inclusive, convenient, and client-centered HIV services, FHI 360 has been providing HIV services virtually since 2017 as part of its [Going Online](#) portfolio. EpiC provides TA to countries to implement differentiated online outreach approaches, including [social network outreach](#) (online outreach workers), [social influencer outreach](#), and social profile outreach (online targeted advertising); introduce and use the [Online Reservation and Case Management App](#) (ORA); transition case management services to virtual channels; and implement [LINK](#), a routine electronic client feedback system for HIV services. With 35 countries now implementing Going Online approaches, EpiC has successfully leveraged this infrastructure to maintain access to HIV services during restrictions on movement and clinic attendance posed by the COVID-19 pandemic. As summarized here, these approaches have led to increases in HIV case finding and contributed to treatment retention and PrEP continuation during the pandemic. They will continue to be important features of HIV service delivery programs going forward.



Decentralized Drug Distribution

Decentralized distribution of ART, PrEP, and other commodities in the community, including through the private sector, can make services more convenient for patients while reducing the burden on health systems and producing cost savings for donors, national governments, and clients. In 2019, EpiC published the technical resource, [Decentralized Distribution of Antiretroviral Therapy through the Private Sector: A Strategic Guide for Scale-up](#). Since then, EpiC has provided TA to partners in 10 countries in sub-Saharan Africa to introduce or scale up three models for providing ART through the private sector: **community pharmacy**, **automated dispensing**, and **private hospital** models. Prompted by COVID-19, EpiC is also supporting scale-up of non-facility individual and small group ART access models—such as community access refill groups, home delivery of ART, and delivery through post—and using GIS and client interview data to identify underserved areas for placement of additional community ART pick-up points. These approaches to differentiated service delivery have been critical to maintaining access to ART and decongesting facilities during COVID-19.



HIV Self-Testing

EpiC is providing TA for the introduction and scale up of HIV self-testing in 16 countries. EpiC offers assisted and unassisted self-testing options and matches distribution channels (via peers, social networks, online platforms, pharmacies, index testing, facilities/health workers) with target populations. Likewise, EpiC offers options for follow-up and tracking that include follow-up by peers and health care workers. The project uses SMS and online reporting mechanisms with linkage to confirmatory testing and ART initiation for

those with reactive self-tests and referral for appropriate HIV prevention services, including PrEP, for those who test negative. In Thailand, case finding from self-testing was 17% among first-time testers and 11% among re-testers among all populations in Q3 FY20 compared to case finding of just 2% and 4% from community outreach and facilities, respectively. In DRC, case finding with self-testing was 23% among all populations in Q3 FY20 compared to 7% and 10% from community outreach and the enhanced peer outreach approach (EPOA), respectively.



Community-Led Monitoring

Community-led monitoring (CLM) platforms are critical aspects of HIV and KP programs. CLM is a technique by which CSOs and other community groups gather quantitative and qualitative data about HIV services that can be used to improve the quality and accessibility of those services. EpiC supported the rollout of CLM in eight countries in FY20, helping partners establish systems for obtaining client feedback from multiple sources. These include the electronic client feedback mechanism [LINK](#); Community Score Cards; and direct reporting of any adverse events to service providers, peers, or others.



Total Quality Leadership and Accountability

EpiC deploys a [TQLA](#) approach to close gaps toward achievement of targets across the HIV cascade. The TQLA approach—also called “surge TA”—has three core elements: adaptive leadership, situation room meetings, and performance improvement monitoring. Together, they strengthen the capacity of program managers and health care workers to use data for planning, adopting local solutions to program weaknesses, and requiring accountability. TQLA supports leaders to target resources to sites with greatest needs and enables attainment of results within reasonable timeframes. FHI 360 has used the TQLA approach to improve the performance of several HIV programs, including in Nigeria, Zambia, Burundi, Kenya, and Ethiopia. In Nigeria, the approach was recently deployed in six USAID-supported projects across 10 states, enabling the programs to surpass targets for client retention on ART and viral suppression.



DHIS2 Standard Tracker Metadata Package

KP clients served by HIV programs need continuous engagement throughout HIV prevention, care, and treatment services. As such, it is important to track individuals longitudinally across the continuum of care throughout the duration of program implementation in order to better understand the needs of clients, tailor effective packages of services, and optimize program outcomes. Based on EpiC’s experience independently developing DHIS2 trackers for KP programs in eight countries, we discovered that the majority of the data elements were similar, yet the structure of data systems across countries differed, which created challenges when analyzing results or mapping data to external databases. In response, EpiC developed and advocates for use of a standard tracker for KP programs, including metadata that define a minimum set of indicators for reporting, performance assessment, client management, and quality improvement. EpiC provides TA to help countries customize and configure the tracker to local country contexts while ensuring a certain level of uniformity and data quality assurance across programs. The metadata package can be easily downloaded and rapidly deployed, saving programs time, money, and effort.

Illustrative EpiC Technical Assistance Menu

TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
PREVENTION	
<p>Pre-exposure prophylaxis PrEP scale-up is critical to interrupt transmission in networks with individuals who are not yet virally suppressed.</p>	<p>EpiC is rolling out PrEP in 11 countries. Activities include PrEP provider training, values clarification, and mentoring; PrEP demand generation, policy development, and market-based supply solutions based on local context; and monitoring support and standardization.</p>
<p>Voluntary medical male circumcision VMMC is a highly effective and cost-efficient HIV prevention intervention, recommended in countries with high HIV prevalence and low levels of male circumcision.</p>	<p>EpiC tailors 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. In Zimbabwe, EpiC is implementing a demonstration of results-based incentives for VMMC services and will support the transition of VMMC services to the national government by 2022.</p>
<p>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.</p>	<p>The project builds local capacity to remove barriers to commercial entry; push social marketing toward sustainability; hone local partners' promotion skills; support development of "total market" plans.</p>
<p>Tuberculosis preventive therapy TB is the leading cause of death for people living with HIV (PLHIV). TB preventive therapy is an essential and cost-effective component of HIV care for PLHIV but remains widely underused.</p>	<p>EpiC is providing 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.</p>
CASE FINDING	
<p>HIV index 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.</p>	<p>In all 35 countries where EpiC is working, the project provides training, tools, and mentoring to implement index testing safely and ethically in community and clinical settings to optimize case finding.</p>
<p>Enhanced peer outreach approach (EPOA) The impact and efficiency of HIV testing services can be accelerated by focusing testing in the hard-to-reach networks of KPs.</p>	<p>EpiC includes EPOA as a core component of KP-focused programming, providing TA to local partners to implement the peer-led, coupon-based referral network approach to reach and test networks of KPs in ways that ensure their privacy.</p>
<p>HIV self-testing HIV self-testing expands access to HIV testing services, particularly for those at high risk who may not otherwise get tested.</p>	<p>EpiC provides TA to programs in 16 countries 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.</p>
CARE AND TREATMENT	
<p>ART optimization Dolutegravir is a key component of 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.</p>	<p>EpiC is supporting all countries in their efforts to develop a dolutegravir transition strategy and budget, update national guidelines, forecast commodities, and develop tools. In the 11 countries where EpiC has treatment targets, the project also provides training and TA on facility-level implementation and monitoring.</p>
<p>Decentralized drug distribution Decentralized distribution of ART in the community, including through the private sector, can make services more convenient for patients while reducing the burden on health systems and producing cost savings.</p>	<p>In 10 countries, EpiC is providing TA to introduce or scale up a range of models for providing ART through the private sector, including community pharmacy, automated dispensing, and private hospital models. EpiC is also supporting scale-up of non-facility-based individual and small group ART distribution models (e.g., home delivery) and using GIS data to identify underserved areas to inform placement of additional community ART pick-up points.</p>

Illustrative EpiC Technical Assistance Menu

TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
<p>Same-day antiretroviral treatment (SDART) SDART reduces the time to treatment initiation and viral suppression, thereby maximizing the health and prevention benefits of treatment.</p>	<p>In all countries where EpiC works, the project supports the collaborative development and implementation of protocols and training for localized SDART models, drawing upon global standards and best practices. In the 11 countries where EpiC has treatment targets, the project provides TA to local partners on direct implementation of SDART.</p>
<p>Viral load testing and suppression Access to patients' viral load is essential to optimize care and maximize the prevention benefits of treatment.</p>	<p>EpiC builds capacity of staff to promote and expand access to viral load testing; support the optimization of laboratory networks; and create demand for viral load testing. In South Africa, for example, EpiC achieved and maintained viral load coverage and suppression rates above 90% in FY20.</p>
CROSS-CUTTING	
<p>Differentiated service delivery Differentiation is critical to increase options for patients, simplify their care, and free up resources to address individuals with greater needs.</p>	<p>The project identifies, analyzes, costs, and supports opportunities to advance differentiated services, including differentiated prevention, multimonth scripting and dispensing for children and adults, and community and pharmacy dispensing. EpiC rapidly expanded coverage of multimonth dispensing in 11 countries and scaled up home- and community-based delivery of ART in five countries in response to COVID-19, maintaining uninterrupted access to treatment services despite restrictions posed by the pandemic.</p>
<p>Use of GIS and spatial modeling for effective differentiation and decentralization The latest GIS technology allows stakeholders to answer detailed questions about how and where HIV services should be differentiated and decentralized.</p>	<p>EpiC combines GIS mapping, program data, and open-source secondary data (i.e., roads, terrain, population estimates) through spatial models to determine the best sites to decentralize services based on location, reduced travel time, and available services. EpiC also uses GIS mapping to give community teams guidance on what areas of the community to prioritize for testing and case finding based on clustering of HIV positive cases. EpiC is currently deploying this technology in seven countries.</p>
<p>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.</p>	<p>EpiC's Going Online portfolio extends to 35 countries and includes technical support to implement differentiated online outreach approaches strategically and safely, connect people engaged online to physical services, provide virtual case management for clients on PrEP and ART, and securely assess results.</p>
<p>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.</p>	<p>In more than 30 countries, EpiC provides 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 help generate and use data to target KP members most in need of services.</p>
<p>"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) against the increased cost of these additional interventions.</p>	<p>EpiC analyzes cascade data by population group and provides 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.</p>
<p>Sustainable financing Sustained epidemic control for a national HIV program requires mobilizing additional domestic resources for HIV programming, improving efficiency of the HIV response, integrating HIV into broader health financing mechanisms and health sector reforms, and leveraging the private sector.</p>	<p>The project is supporting 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; and support development of HIV financing strategies and policies (e.g., user fee removal). For example, in the three Central Asian Republics of Kazakhstan, Tajikistan and the Kyrgyz Republic, EpiC is currently providing national-level technical assistance to government partners on social procurement and contracting and sustainable HIV financing.</p>

Illustrative EpiC Technical Assistance Menu

TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
<p>Motivational counseling</p> <p>A common concern of programs designed to reach, recruit, and retain clients in the HIV services continuum is their ability to help clients to overcome individual barriers to change.</p>	<p>EpiC is training frontline providers in advanced interpersonal communication skills to improve the quality and effectiveness of client counseling sessions related to HIV testing, PrEP, index testing, treatment adherence, and viral load testing. The project's motivational counseling training package has been rolled out in 15 countries.</p>
<p>Stigma and discrimination</p> <p>Stigma and discrimination are among the greatest barriers to health-seeking behavior for priority and key populations.</p>	<p>EpiC conducts trainings to improve service providers' capacity to assess, prevent, and mitigate stigma and discrimination and their effects on use of HIV services. EpiC uses the Health4All training curriculum, which was developed under LINKAGES and has been implemented in at least 15 countries.</p>
<p>Violence prevention and response</p> <p>Integrating HIV and violence prevention and response services is key to improving service access, as well as to protecting health and human rights.</p>	<p>EpiC builds capacity of providers and outreach workers to assess clients' risk of violence, including gender-based violence, and respond appropriately; develop referral networks, including law enforcement; provide monitoring support; and ensure programs meet PEPFAR requirements for detecting and responding to intimate partner violence and other adverse events in index testing and PrEP services. EpiC's violence prevention and response activities currently span 15 countries.</p>
<p>Undetectable = Untransmittable</p> <p>Promotion of U=U messaging 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.</p>	<p>The project is integrating correct information on viral suppression and onward transmission into communication (tools and training) at testing, treatment initiation, and through peer navigation support. We are also promoting U=U at both the individual and community levels to accelerate service demand.</p>
<p>Safety and security of implementers</p> <p>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.</p>	<p>In 10 countries, EpiC is operationalizing a safety and security toolkit developed by and used throughout the LINKAGES project; training HIV program implementers to assess their security risks, identifying priority security gaps, and implementing security plans. For example, EpiC staff are currently providing TA to CSOs implementing HIV programs in the MENA region to improve their security.</p>
<p>Human-centered design thinking</p> <p>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.</p>	<p>The project applies human-centered design approaches to accelerate the development and implementation of service and systems solutions to core challenges. For example, in Kyrgyzstan and Tajikistan, EpiC is using human-centered design to inform the design of models for community-based delivery of ART and PrEP.</p>
<p>Community-led monitoring</p> <p>Systematically gathering input on the quality of HIV services from recipients of those services can lead to changes that improve the client experience and client outcomes.</p>	<p>EpiC establishes systems for obtaining client feedback from multiple sources, including through the electronic client feedback mechanism LINK, Community Score Cards, and direct reporting of any adverse events to service providers, peers, or others. EpiC is currently rolling out these systems in eight countries.</p>
<p>Total Quality Leadership and Accountability (TQLA)</p> <p>TQLA is an innovative management approach that accelerates performance across the entire prevention, care, and treatment cascade by ensuring appropriate leadership and accountability for implementation fidelity. TQLA helps leaders target resources to places of greatest need and enables attainment of results within a reasonable time frame.</p>	<p>The TQLA approach has been effectively implemented by FHI 360 in Nigeria, Zambia, Burundi, Kenya, Ethiopia, and elsewhere. This adaptive management approach involves strategic site mapping and prioritization; differentiated management and resource deployment; daily site-level target setting, data collection, and reporting on key indicators; daily situation room meetings, granular level data review, and evidence-informed decision-making; targeted and data driven dosing of TA; and client behavior monitoring and client experience management for improved retention in care.</p>

USAID Missions should contact Kris Mills (kmills@usaid.gov) or Judy Chen (juchen@usaid.gov) for more information.

For all other enquiries, including requesting the full menu of EpiC's technical strategies for epidemic control, please contact Hally Mahler, EpiC Project Director: hmahler@fhi360.org.