Meeting Targets and Maintaining Epidemic Control (EpiC): Fact Sheet

EPIC'S CORE PARTNERS AND THEIR EXPERTISE

FHI 360: Prevention, care, and treatment; key populations; local civil society organization (CSO) capacity strengthening and transition awards; global health security; 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

Meeting Targets and Maintaining Epidemic Control (EpiC), an eight-year global project (2019–2027) 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 also leverages its infrastructure and partnerships to address other priority public health challenges, including global health security (GHS), COVID-19, and mpox.

EpiC provides USAID missions with a proven platform and deep technical bench to bring innovations to country programs and overcome performance challenges. EpiC has implemented global health programming in 69 countries since its inception in 2019. It has implemented HIV programming in 39 countries and works 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 strengthen global, regional, and local public health systems to effectively prevent, detect, and respond to infectious diseases, building on broad experience and existing capabilities. EpiC currently supports GHS programs in 12 countries and counting. Since the beginning of the COVID-19 pandemic, EpiC has implemented activities in 54 countries to help them prepare for, respond to, and bolster health systems to address COVID-19; see the EpiC project COVID-19 factsheet for more information about the COVID-19 portfolio. EpiC has also supported mpox response in seven countries.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

EpiC is led by FHI 360 with core partners Right to Care, Palladium, and Population Services International (PSI). 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 designed to accept funding from USAID missions interested in expanding or initiating programs that address their HIV epidemic control needs, improve health systems' capacity, and prepare and respond to a broad range of GHS issues. 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. 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 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

Approaches and Activities

ATTAIN AND MAINTAIN HIV EPIDEMIC CONTROL AMONG AT-RISK ADULT MEN, WOMEN, AND PRIORITY POPULATIONS

EpiC provides TA 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 risk of HIV. 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 social 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, and 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 human resources for health (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, including for children of key populations (KPs). Across all 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 the successful KP programming of the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project 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 social network testing, EpiC promotes a wide range of KP-competent health services. These include drop-in centers that improve links to and continuity 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. This is coupled with the support that EpiC provides to these local KP-led organizations to strengthen their organizational capacity.

IMPROVE PROGRAM MANAGEMENT, HEALTH INFORMATION SYSTEMS, HUMAN RESOURCES FOR HEALTH, AND HIV FINANCING SOLUTIONS TO ATTAIN AND MAINTAIN EPIDEMIC CONTROL

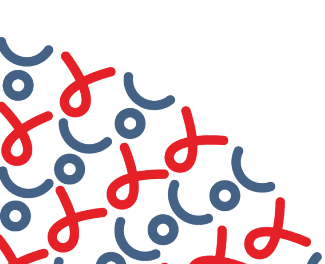
EpiC develops the capacity of national HIV programs to increase their use of domestic, sustainable funding sources and capitalize on local technical and management expertise to achieve and sustain epidemic control. Toward this objective, EpiC is working with in-country stakeholders to develop a process for government-led transition and a sustainability road map 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, including through the development of social enterprises; 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

In collaboration with USAID missions, EpiC identifies local partners that demonstrate a readiness to accept direct funding currently or with additional support. Partners targeted for transition 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. After a partner has transitioned to direct funding, EpiC may continue to provide mentorship and TA to enable the partner to successfully manage the funding, sustain performance, and continue growing. 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 has strengthened the organizational and technical capacity of local key-population-led organizations in 18 countries, effectively positioning them to lead the HIV response there.

GLOBAL HEALTH SECURITY AND PANDEMIC PREPAREDNESS AND RESPONSE

Building upon its extensive breadth and depth of technical experience in the 11 priority GHS technical areas and existing capabilities that align with GHS priorities, National Action Plans for Health Security (NAPHS), and United States Agency for International Development (USAID) goals, the EpiC consortium is implementing large scale GHS programming in several low- and middle-income countries. The project uses a One Health approach with a focus on strengthening policy frameworks, governance structures, implementation mechanisms, local capacity, systems, and networks in light of International Health Regulations (IHR). EpiC provides support to improve approaches to early warning surveillance, to strengthen laboratory network systems to deliver accurate and efficient diagnostic services, and to build capacity for human resource management of GHS risks. EpiC collaborates with key stakeholders to strengthen global, regional, and local public health systems to effectively prevent, detect, and respond to infectious diseases.



In FY23, 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 FY24.

HOT APPROACHES AT A GLANCE

Going Online

To promote inclusive, convenient, and client-centered health service delivery, EpiC provides services virtually as part of its Going Online portfolio. EpiC provides TA to countries to implement differentiated online outreach and marketing approaches, such as the introduction and use of the Online Reservation and Case Management App (ORA); integrating virtual consultations into routine care; transitioning case management services to virtual channels; and implementing LINK, a routine electronic client feedback system for HIV services. With more than 35 countries now implementing Going Online approaches, EpiC has successfully leveraged this infrastructure to maintain access to HIV services during the COVID-19 pandemic. EpiC's global Going Online experience was called upon to support the development of guidance for planning and budgeting virtual HIV interventions (for the Global Fund), and to contribute to the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) policy brief on virtual interventions for HIV, sexually transmitted infections (STIs), and viral hepatitis. These works summarized the impact of virtual interventions—including case studies showing increases in HIV case finding—and contributed to treatment retention and PrEP continuation. EpiC's Going Online approaches and solutions are being adapted beyond HIV to other health areas including broader sexual health, family planning, maternal health, mental health, COVID-19, and mpox.

Decentralized Drug Distribution

Decentralized distribution of ART, PrEP, and other commodities in the community outside of the health facility (including through the private sector) can make services more convenient for clients, increase options, reduce the burden on health systems, decongest health facilities, and produce 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 and direct implementation in 10 countries in sub-Saharan Africa to introduce and scale up out-of-facility models of ART distribution, including through **community pharmacies, health posts, automated lockers,** and **private clinics**. Prompted by COVID-19, EpiC supported scale-up of out-of-facility individual and small group ART access models, such as community ART refill groups and home delivery by health care workers and outreach workers and through courier services. To scale up these models, EpiC (1) engaged with ministries of health, associations of people living with HIV (PLHIV), and implementing partners to agree on the appropriate model and policies; (2) conducted client and provider assessments to obtain additional feedback; (3) used GIS data to map and determine underserved areas for placements of additional community pick-up locations; (4) developed a business case for ministries of health or donors through modeling costs; (5) trained and

prepared decentralized drug distribution (DDD) service providers; (6) created demand and delivered services; (7) set up data sharing and inventory management systems; and (8) set up monitoring and evaluation systems. EpiC developed an online and offline app (DDD App) that HIV programs can use to facilitate reporting and data sharing between the health facility and the decentralized ART pick-up locations, monitor stock levels, track commodities through different pick-up points using barcode scanning, and send clients reminders for appointments. These approaches to differentiated service delivery have been critical to maintaining access to ART and decongesting public health facilities during COVID-19. EpiC has shared lessons learned and best practices through a virtual learning collaborative and developed a suite of technical resources to promote broader implementation of DDD models. Some of the lessons learned from the initial rollout of DDD models have now been adapted by other countries and are now becoming part of routine programming.

Advanced HIV Disease

In low- and middle-income countries, more than one-third of PLHIV present to care with advanced HIV disease (AHD), and a growing number return to care with AHD following interruption in treatment. WHO has recommended a package of interventions to screen for, prevent, and manage AHD, but low package coverage contributes to a high risk of death from opportunistic infections among individuals with AHD—even after starting ART. To improve outcomes for clients with AHD, EpiC has developed simple tools to help both community and clinical service providers identify and prioritize WHO-recommended interventions. These resources include strategies to improve coverage of symptom-based screening and diagnostic testing as well as guidance for clinicians on the provision of differentiated, client-centered treatment according to client needs. EpiC can help adapt these materials to different country settings and provide TA on implementation.

Next Generation Social Network Testing

Social network testing expands HIV testing services to “new” networks of key populations at substantial ongoing risk of HIV acquisition and other individuals who would benefit from knowing their HIV serostatus. To reach these new networks, next generation social network testing focuses on targeted network selection based on risk characteristics. It moves beyond general KP networks to home in on networks of PLHIV within KP communities, PLHIV with unsuppressed viral load (VL), PrEP users, STI clients, and other individuals with specific behavioral and sociodemographic traits. Next Generation Social Network Testing is a *status neutral* testing approach as it supports referrals to PrEP, STI screening, and other HIV prevention needs for those that test negative and are at ongoing HIV risk, and it also supports linkage to treatment and care for those who test positive. Additionally, it takes advantage of multiple channels to reach networks, including reaching individuals through online social networks. Combining testing approaches, such as distribution of HIV self-test kits through social networks, can also support the expansion of HIV testing services. EpiC conducts data analysis to select the right networks and determine the best social network design, whether incentives or seed selection. EpiC also uses a specialized data management system with built-in visuals to analyze data on a weekly basis. The frequent analysis continuously assesses whether social network testing is meeting its objectives and target population and can be used to saturate higher risk and higher infectious networks.

Client Segmentation and Machine Learning

Client risk segmentation helps programs focus effort and differentiate services by taking a granular look at characteristics that distinguish individuals who meet certain HIV cascade criteria—such as being newly diagnosed, continuing HIV treatment, or achieving HIV viral suppression—from those who do not. Client risk segmentation can be used to optimize the focus and impact of outreach and testing, as well as to prioritize and differentiate client-centered case management support based on the characteristics of clients who are more likely to experience interruption in treatment or face challenges in achieving viral suppression. EpiC works with programs to implement a structured approach to client risk segmentation and facilitates rapid use of routine data to inform and target program efforts. Strategic information and program staff collaborate closely to generate analyses and dashboards that highlight key gaps in individual outcomes and program performance that speak to actionable priorities for improvement. EpiC aims to extend these analyses further by using machine learning to predict likely client outcomes based on individual characteristics and historical data. Machine-learning-generated predictions drive differentiated and prioritized client support through job aids, risk screening tools, and artificial intelligence solutions that supply providers with real-time cues to action.

Photo: EpiC

Mental Health Services

The mental health and well-being of both implementers and clients affects the ability of HIV programs to prevent and effectively treat HIV. During COVID-19, amplified stress has resulted in unprecedented burnout and mental health issues such as depression, anxiety, and insomnia among health care workers and others implementing HIV services. Addressing the mental health of providers can include offering them additional support to do their work (such as accident insurance for peer outreach staff or coverage of costs for nurses and doctors who are exposed to COVID-19), supportive supervision that includes checking in on providers' mental health and well-being, reducing stresses that are part of their responsibilities (including by assessing and strengthening security and working with health care administration to reduce the causes of burnout), doing more to acknowledge providers' contributions and leadership (such as staff awards and recognition), and providing training to identify and normalize mental health struggles and teach basic coping skills. Direct assistance can also be provided through support groups for providers experiencing stressful work environments and/or virtual or in-person mental health services with trained social workers or psychologists. EpiC increases access to mental health services among the clients of HIV

services through training case managers to identify and refer those with mental health issues, strengthening referral networks (possibly initially established to support survivors of violence) when higher level support is needed, providing education to normalize mental health struggles and teach basic coping skills, offering support groups, offering widespread screening and referral for mental health conditions, training peers to provide psychological first aid to those in crisis, and providing free access (virtually or in person) to mental health care providers for those who need these services.

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 to better understand the needs of clients, tailor effective packages of services, and optimize program outcomes. EpiC developed the HIV Tracker Package, which simplifies and standardizes DHIS2 configuration to support case management of individuals accessing services across the continuum of HIV outreach, testing, prevention, and treatment. The tracker facilitates case management by generating line lists of clients such as those with upcoming appointments, clients who tested HIV+ who haven't initiated on ART, and clients who are eligible for viral load. It facilitates automated reporting of more than 70 PEPFAR monitoring, evaluation, and reporting (MER) and custom indicators, while allowing flexibility to customize the model to meet local reporting requirements. While the tracker package was built to support key and priority populations, it can be broadly applied to generalized HIV programs. 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 package can be easily downloaded and rapidly deployed, saving programs time, money, and effort. This global good tool is open source and able to achieve interoperability across countries using DHIS2 at the national level.

EpiC is one of two 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 global cooperative agreements. A mission can choose to buy in to one or both awards.

Photo: Nancy Coste for FHI 360

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.	EpiC supports countries to scale up oral PrEP and prepare for the introduction of new prevention products such as injectable PrEP and dapivirine vaginal ring (DVR). Activities include research on PrEP product values and preferences; provider training and mentoring on PrEP delivery; PrEP demand generation, policy development, and market-based supply solutions based on local context; implementation of differentiated models of PrEP service delivery, including community-based PrEP provision; development of relevant tools and standard operating procedures (SOPs); support for PrEP continuation; and monitoring support and standardization.
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.	EpiC tailors demand creation and differentiated service delivery support; provides logistical support, training, and staff mentoring; and assists countries in strengthening national guidelines to improve prevention of adverse events, follow-up of clients, and integration of other services.
Condom supply and demand Despite substantial past donor investments, condoms remain underused, and many markets fall short of meeting the needs of priority and key populations.	The project builds local capacity to remove barriers to commercial entry, pushes social marketing toward sustainability, hones local partners' promotion skills, and supports development of "total market" plans.
Tuberculosis 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 underused.	EpiC is providing TA to scale up TB preventive therapy, including building the capacity of ART providers to integrate TB preventive therapy, such as the new TB preventative treatment (TPT) regimen, and planning for drug procurement and supply chain management.
CASE FINDING	
HIV index testing The impact and efficiency of HIV testing services can be accelerated by targeting testing in networks of PLHIV who are not yet virally suppressed.	In all 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.
Next generation social network testing Social network testing expands HIV testing services to "new" networks of high-risk KP and other individuals who would benefit from knowing their HIV serostatus. This testing focuses on targeted network selection based on risk characteristics and rigorous data analysis.	EpiC supports the data analysis to select the right networks and determine the best social network design, whether incentives or seed selection. EpiC also uses a specialized data management system with built-in visuals to analyze data on a weekly basis. The frequent analysis continuously assesses whether social network testing is meeting its objectives and target population and can be used to saturate higher risk and higher infectious networks.
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.	EpiC includes EPOA as a highly effective social network testing option for KP-focused programming, providing TA to local partners to implement the peer-led, coupon-based referral network approach to reach and test networks of KP individuals in ways that ensure their privacy. EpiC has also integrated EPOA into virtual or online interventions.
HIV self-testing HIV self-testing expands access to HIV testing services, particularly for those at high risk who may not otherwise get tested.	EpiC provides TA to all its 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 with reactive results to confirmation and subsequently to ART.
CARE AND TREATMENT	

Illustrative EpiC Technical Assistance Menu

TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
Antiretroviral therapy 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. Multimonth dispensing (MMD) is a form of facility- and community-based DSD in which individuals who are stable on ART receive three months of medication or more at each visit, enabling their appointments to be spaced at less frequent intervals. The COVID-19 pandemic underlines the importance of offering MMD to clients to reduce the number of unnecessary visits for ART refills.	EpiC has supported all its countries to develop a dolutegravir transition strategy and budget, update national guidelines, forecast commodities, and develop tools. In all countries where EpiC has treatment targets, the project also provides training and TA on facility-level implementation and monitoring. The support has translated into full adaption and scale-up of a DTG-based regimen for most individuals. EpiC has assisted several HIV programs in scaling up MMD (including six-month MMD [MMD-6]), particularly in the context of COVID-19 service delivery disruptions, helping to maintain client access to ART and allowing clients to stay at home. EpiC can help programs phase in MMD for clients while safeguarding ART stock, and set up systems and teams to support clients to manage their higher ART supply and schedule refill appointments, including in situations where drugs are delivered to clients at home.
Decentralized drug distribution Decentralized distribution of ART in the community, including through the private sector, can make services more convenient for clients while reducing the burden on health systems and producing cost savings.	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. EpiC is also supporting scale-up of non-facility-based individual and small group ART distribution models (e.g., home delivery) and using geographic information systems (GIS) data to identify underserved areas to inform placement of additional community ART pickup points. Efforts are ongoing to expand these models to include PrEP, HIV self-testing kits, and other relevant commodities.
Same-day antiretroviral treatment (SDART) SDART reduces the time to treatment initiation and viral suppression, thereby maximizing the health and prevention benefits of treatment.	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.
Viral load testing and suppression Access to clients' viral load is essential to optimize care and maximize the prevention benefits of treatment.	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 many countries, EpiC has achieved and maintained viral load coverage and suppression rates above 90 percent. EpiC also provides technical assistance to ensure clients with unsuppressed viral load receive enhanced adherence support until they are suppressed.
Advanced HIV disease In low- and middle-income countries, more than one-third of PLHIV present to care with AHD, and a growing number return to care with AHD following interruption in treatment.	To improve outcomes for clients with AHD, EpiC has developed simple tools to help both community and clinical service providers identify and prioritize WHO-recommended interventions. These resources include strategies to improve coverage of symptom-based screening and diagnostic testing as well as guidance for clinicians on the provision of differentiated, client-centered treatment according to client needs. EpiC can help adapt these materials to different country settings.
Improving tuberculosis service integration for PLHIV Prevention, early identification, and treatment of TB, including prompt initiation of ART, are essential interventions for reducing morbidity, mortality, and transmission risk among PLHIV.	EpiC currently supports country programs in the implementation and scale-up of these essential interventions. In addition to supporting massive scale-up of TPT, EpiC has robust experience with civil society engagement and community-based programming, making it the ideal platform to support services related to TB contact tracing, as well community sample collection, including leveraging existing systems for transporting viral load specimens. EpiC also brings experts on chest X-ray

Illustrative EpiC Technical Assistance Menu	
TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
	interpretation and on computer-aided digital (CAD) chest radiography in the context of TB-HIV coinfection.
Client segmentation and machine learning Client risk segmentation helps programs focus effort and differentiate services by taking a granular look at characteristics that distinguish individuals who meet certain HIV cascade criteria—such as being newly diagnosed, initiating HIV treatment, or achieving HIV viral suppression—from those who do not.	EpiC works with programs to implement a structured approach to client risk segmentation and facilitates rapid data use to inform and target program efforts. Strategic information and program staff collaborate closely to generate case-profiling dashboards that highlight key gaps in individual outcomes and program performance, and speak to actionable priorities for improvement.
CROSSCUTTING	
Differentiated service delivery Differentiation is critical to increase options for clients, simplify their care, and free up resources to address individuals with greater needs.	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 MMD 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.
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.	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 areas to prioritize for testing and case finding based on clustering of HIV-positive cases. EpiC is currently deploying this technology in seven countries.
Going Online Online and virtual platforms can accelerate progress toward epidemic control by reaching previously unreached individuals and re-engaging existing beneficiaries according to their preferences and by leveraging technology-related efficiencies.	EpiC's Going Online portfolio extends to more than 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. Going Online approaches and tools are also adaptable to other health areas such as COVID-19 services, mental health consultations, and violence services, among others.
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.	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.
Optimizing pediatric and adolescent HIV cascade Pediatric and adolescent HIV care, including services for children of KPs, requires urgent attention and action across many country programs.	Areas of focus for EpiC include early infant diagnosis, rapid initiation of ART, weight-based ART optimization, VL testing coverage and suppression, ART treatment continuity, age-appropriate disclosure, psychosocial support, and collaboration with OVC programs to improve programming along the entire HIV cascade.
Program approaches for men who purchase sex (MWPS) MWPS are considered a bridge for HIV transmission between higher-burden and lower-burden risk networks. They need access to HIV prevention and treatment services tailored to their specific needs.	EpiC leverages its existing KP-focused HIV program platform to design and implement programming for MWPS. The approaches include understanding the risk profiles of MWPS in a specific local context; mobilizing, hiring, and training MWPS to establish drop-in centers and safe spaces for these men; implementing differentiated testing and treatment models at MWPS-friendly community and facility service delivery points; and working with

Illustrative EpiC Technical Assistance Menu	
TECHNICAL AREA	ILLUSTRATIVE ASSISTANCE OPTIONS
	MWPS to understand sex worker rights and become allies in addressing violence against sex workers.
Mental health services The mental health and well-being of both providers and clients affects the ability of HIV programs to prevent and effectively treat HIV. During COVID-19, amplified stress has resulted in unprecedented burnout and mental health issues such as depression, anxiety, and insomnia among health care workers.	Addressing the mental health of providers can include offering them additional support to do their work (such as accident insurance for peer outreach staff or coverage of costs for nurses and doctors who are exposed to COVID-19), supportive supervision that includes checking in on providers' mental health and well-being, reducing stresses that are part of their responsibilities (including by assessing and strengthening security and working with health care administration to reduce the causes of burnout). Mental health services can be made more accessible to the clients of HIV services through training case managers to identify and refer those with mental health issues, strengthening referral networks, providing education to normalize mental health struggles and teach basic coping skills, offering support groups, offering widespread screening and referral for mental health conditions, training peers to provide psychological first aid to those in crisis, and providing free access (virtually, or in person) to mental health care providers for those who need these 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) against the increased cost of these additional interventions.	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, and reduced loss during links.
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.	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 Kyrgyzstan, EpiC is currently providing national-level TA to government partners on social procurement and contracting and sustainable HIV financing.
Social enterprises Continued financing for HIV programming implemented by CSOs outside of traditional, external donor funding is critical to sustaining the HIV response. Social enterprises—businesses with social goals—offer a way to expand access to services while simultaneously advancing sustainable, locally led responses to the epidemic.	EpiC helps local partners determine whether social enterprise is a viable business model to pursue and then provides TA on how to prepare, launch, implement, and monitor it. This may include costing analyses, preparation of go-to-market plans, support to process products through regulatory frameworks in country, mentoring on the management of the business, and organizational capacity development support to manage growth.
Motivational counseling 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.	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.
Stigma and discrimination Stigma and discrimination are among the greatest barriers to health-seeking behavior for priority and key populations.	EpiC conducts trainings to improve service providers' capacity to assess, prevent, and mitigate stigma and discrimination and their effects on the use of HIV services. EpiC uses the Health4All training curriculum, which was developed under LINKAGES and has been implemented in at least 15 countries.

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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.	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.
LGBTQ+ rights Promoting and protecting the rights of LGBTQ+ people, especially in rights-restricted environments (such as those where same-sex relationships are criminalized), addresses underlying causes of their vulnerability to HIV.	EpiC builds on its strong programmatic foundation for HIV service delivery and its relationships with local partners led by LGBTQ+ people to promote LGBTQ+ rights. EpiC conducts organizational capacity strengthening with those local partners, conducts rights education and supports documentation of rights violations, conducts advocacy for LGBTQ+ rights and legal reform, provides security training for LGBTQ+ organizations, and implements violence prevention and response training and LGBTQ+ stigma and discrimination reduction activities with law enforcement.
Undetectable = untransmittable 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.	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.
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.	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 Middle East/North Africa (MENA) region to improve their security.
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.	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 models for community-based delivery of ART and PrEP.
Community-led monitoring (CLM) CLM is a system that empowers program beneficiaries and CSOs and networks to routinely monitor the accessibility, quality, and client satisfaction of HIV services.	EpiC supports development of comprehensive CLM systems that obtain 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.
Total quality leadership and accountability (TQLA) TQLA is an innovative management approach that accelerates performance across the 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.	The TQLA approach has been effectively implemented by an EpiC consortium partner in Nigeria, Zambia, Burundi, Kenya, Ethiopia, and elsewhere. This adaptive 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.
GLOBAL HEALTH SECURITY	
National laboratory systems Strong laboratory network systems are essential to deliver accurate, efficient, safe, and replicable diagnostic services from the national level to last-mile settings.	EpiC supports USAID's desired outcomes for laboratory systems preparedness in supported countries while ensuring long-term sustainability for both human and animal health laboratories. Building on investments previously made in countries and

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	regions, our proposed efforts will continue to improve diagnostic systems with the goals to: (1) empower countries to establish and sustain high-performing laboratories and diagnostic service facilities at all levels of care, (2) support integration of human and animal laboratory networks, and (3) strengthen the regulatory environment for laboratory policy and governance. Approaches will be tailored to ensure efficient preparedness for emerging threats.
Surveillance Supporting public health institutions and governments to analyze, understand, and act on surveillance data is fundamental to GHS.	EpiC provides support to improve approaches to early warning community- and facility-based surveillance for human and animal health, collaborating closely with a range of health system actors and governments and promoting local ownership to improve surveillance outcomes. Our experience includes strengthening passive surveillance, active community-based surveillance systems, and genomic surveillance to increase the ability of countries to ensure diagnosis-based surveillance systems are in place to inform disease detection, understand transmission dynamics, and inform outbreak response interventions.
One Health workforce development and management The development of a skilled workforce—present in locations and in sufficient numbers to respond to public health needs—is critical to sustaining GHS investments.	EpiC provides capacity-building support for human resource management covering all disciplines under the Prevent–Detect–Respond Framework: infection prevention and control, surveillance, safe specimen collection, laboratory strengthening, risk communication, and others. For effective implementation of International Health Regulations (IHR), we will provide training and capacity building strategies for the range of multidisciplinary health professionals—clinicians, veterinarians and para-veterinarians, epidemiologists, laboratory specialists, administrators, policymakers, community health workers, private providers, and members of civil society—using state-of-the-art, competency-based, and participatory approaches.
Health emergency management Establishing national-level coordination mechanisms with subnational-level involvement is key in building multisectoral efforts and communication channels needed to combat emerging diseases.	EpiC supports national governments to ensure their legal frameworks, policies, and budgets are adequate “to prevent, protect against, control, and provide a public health response to the international spread of disease” (IHR). EpiC supports the management of public health emergency preparedness and response focusing on governance, coordination, risk communication, adoption of protective behaviors, strengthening coordination, and improvement of service-seeking behavior.
Infection prevention and control Comprehensive and robust infection prevention and control (IPC) systems are essential to keep health care workers safe and prevent the spread of infections in health facilities and in the community.	EpiC supports the development of national and subnational IPC systems and guidelines, trains health care and ancillary workers in IPC, and strengthens systems to monitor for the adequacy of IPC. EpiC carries out regular evaluations of IPC systems and guidelines at national and subnational levels to keep them up to date with evidence-based practices.
Risk communication and community engagement (RCCE) GHS Agenda (GHSA) RCCE uses multiple channels (mass media, digital media, community engagement, interpersonal communication, advocacy) to ensure messaging meets the needs of priority audiences and affected communities, including higher risk groups (essential workers, animal health workers, agricultural workers, populations living close to wilderness areas).	EpiC uses a socioecological lens to view the complex interplay among individual, interpersonal, community, and societal factors that affect behaviors. Building on a strong history of implementing USAID social and behavioral change (SBC) programming for the GHSA, EpiC advances GHSA-related priorities by identifying and increasing preventive practices, creating demand for products and services, countering misinformation, addressing vaccine hesitancy, creating an enabling environment, reducing stigma, strengthening community surveillance and reporting, generating individual and collective action, and supporting frontline responders.

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Antimicrobial resistance (AMR) There is an urgent need to address the growing threat of AMR and the need to regulate antimicrobial use (AMU) in the context of GHS.	EpiC works collaboratively across sectors to develop and implement effective strategies that promote appropriate AMU, reduce AMR, and preserve the effectiveness of existing antimicrobials. EpiC provides support to governments to build capacity of their laboratory professionals to conduct safe, quality detection and characterization of AMR in priority pathogens; develop surveillance networks with rapid, efficient reporting into national and global databases; and conduct well-documented active surveillance of AMR and AMU assessments in the human, animal, and environmental sectors.
Zoonotic diseases Addressing the growing threat of zoonotic diseases helps ensure a healthier future for people globally.	EpiC provides comprehensive support to key stakeholders, including consumer and market research, risk communication, and outbreak response. By leveraging our expertise and working closely with stakeholders and communities, we can effectively address the emergence and transmission of diseases such as Ebola virus, anthrax, Zika virus, H5N1 and H7N9 avian influenza, rabies, Nipah virus, Methicillin-resistant Staphylococcus aureus (MRSA), leptospirosis, Marburg, mpox, and COVID-19 as well as multiple foodborne (enteric) diseases.
Biosafety and biosecurity (BSS) Ensuring BSS measures are in place to prevent and mitigate the spread of infectious diseases is of critical importance.	EpiC's long-standing commitment to BSS has focused on advancing safety practices in laboratories, health care facilities, and other high-risk areas where infectious diseases can emerge. Our approach focuses on promoting implementation of a comprehensive, sustainable, and legally embedded national oversight program for BSS and providing technical assistance for implementation.
Public health response at points of entry Country and regional governments require the capacity to prevent, detect, and respond to public health emergencies of international concern in border areas and at points of entry (POE).	EpiC approaches POE in a holistic manner by ensuring involvement of all sectors in POE management. Health protocols are developed collaboratively with immigration, trade, agriculture, and animal health sectors to prevent any hindrance to the trade of essential commodities across borders and unnecessary cross-border movement limitation.

USAID Missions should contact 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.