

EpiC Spotlight on Human-Centered Design

Human-centered design (HCD) is a collaborative approach that puts the end-user at the heart of creating solutions. HCD provides creative methods for deeply understanding human behavior to develop innovative solutions directly for and with the intended users and beneficiaries. Drawing from a variety of fields including anthropology, economics, and engineering, HCD develops products, programs, services, and systems most appropriate for a given context to maximize outcomes and impact.

Why is human-centered design important for achieving and maintaining HIV epidemic control?

Using HCD and related patient-centered problem-solving and co-creation approaches are vital to achieving UNAIDS 95-95-95 global targets. While important gains toward these targets have been made, barriers and bottlenecks to more rapid progress remain. Resolving these intractable problem areas requires inclusive, iterative engagement with program beneficiaries, ranging from people living with and at risk for HIV to service providers and policymakers, to better understand the issues on the ground and design responsive, context-specific solutions.

Why HCD offers promise for addressing intractable problems to achieving the UNAIDS 95-95-95 targets:

- A core value of HCD is empathy for users or beneficiaries, which is well-aligned with the need to mitigate stigma and discrimination as barriers to service uptake.
- The process facilitates co-creation and grassroots engagement with health care providers, faith and traditional leaders, key population community members, and other priority populations, which helps surface client and community-centered approaches to removing barriers with these critical groups.
- Allows for the rapid generation of user-centered insights across the duration of a program or service to more efficiently solve problems in real time and inform necessary course corrections.

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group. For more information about EpiC, including the areas in which we offer technical assistance, click [here](#).

- Direct and iterative engagement with clients helps to design new models of differentiated care and improve existing service delivery strategies across the cascade.
- Inherent innovation and adaptive management are inherent components, which are necessary to deal with impediments to achieving and maintaining epidemic control, particularly where human behavior is at the root of the problem.

HCD has been used with success in USAID- and PEPFAR-supported HIV efforts. For example, a recent project by PSI Zimbabwe, in collaboration with ThinkPlace, IPSOS, and the Zimbabwean government, applied HCD to increase uptake and scale-up of voluntary medical male circumcision (VMMC) among at-risk men across the country. PSI Zimbabwe is currently using HCD to learn more about how best to transition VMMC services to the public sector.

PSI is also leading an HCD project in South Africa to drive uptake of HIV testing services (HTS) and antiretroviral therapy (ART) among at-risk men. Insights from this project are already informing USAID programs around the country, and the project is currently prototyping and piloting interventions in collaboration with USAID partners.

EpiC brings HCD expertise to accelerate progress toward epidemic control

Meeting Targets and Maintaining Epidemic Control (EpiC) consortium members FHI 360, PSI, and Gobe Group have strong capabilities in HCD. We have applied HCD principles and processes to a myriad of global health challenges, including HIV. Ways in which we can apply HCD to support the objectives of EpiC include:

How might we use HCD to...	Insights	Actions
Motivate data use by program managers and providers to improve performance?	Understand current data use motivations and pain points of program managers and providers to identify and co-create incentive mechanisms for motivating data use for performance improvement through a workshop with program managers and service providers.	Iteratively test two incentive mechanisms that come out of workshop. Feed results into operational processes.
Close the supply-side gaps to clients receiving their viral load (VL) results?	Map with service providers how viral load results are currently provided and help them understand where breakdowns exist and how to address bottlenecks as a start to creating new approaches for minimizing delays.	Prototype and iterate solutions that overcome bottlenecks and breakdowns and integrate successful interventions into VL protocols.

How might we use HCD to...	Insights	Actions
Accelerate demand for VL?	Through empathy mapping, understand users by working with PLHIV to determine what things they hear, see, do, and say that impact their ability and desire to seek care for their HIV, including VL testing.	Relay empathy mapping results to service providers and host a co-creation workshop to ideate and prototype solutions for increasing demand for VL.
Better monitor and support PrEP uptake?	Working PrEP users, understand their awareness of the importance of PrEP, how they learned about PrEP, what they hear about PrEP from their community and service providers; evaluate what motivation, misinformation, or other factors influence PrEP use. From these results, work with potential PrEP users and service providers to find solutions that address barriers to PrEP uptake.	Pilot three prototype solutions to support PrEP uptake and use the results to develop better targeted communication for priority populations.
Improve access to and monitoring of linkages to confirmatory HIV testing and HIV treatment among individuals screened reactive through HIV self-testing?	Working with high-risk populations and service providers, understand current communication practices about self-testing, review existing social marketing channels about self-testing, and evaluate with communities their comprehension of this information. Also, find those who self-tested but did not seek care for a significant amount of time after confirmatory HIV testing and gather stories to understand why. Identify patterns of effectiveness in current marketing as well as trends in why treatment initiation following a confirmatory result was delayed.	Use insights to co-create interventions with high-risk individuals that increase linkages between HIV self-testing and treatment.
Increase adoption of same-day HIV treatment initiation protocols?	Work with facilities, health care providers, and clients to identify barriers to same-day adoption of HIV treatment. Develop personas for clients who are likely to adopt HIV treatment on the same day and clients who are unlikely to adopt on the same day.	Using the developed personas, conduct a workshop with health care providers and clients to ideate potential solutions for increasing same-day HIV treatment initiation. Prototype three solutions in different settings to obtain comments on solution viability and feasibility for different communities.

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.