

Meeting Targets and Maintaining Epidemic Control (EpiC) Project in Malawi

Background

Key populations (KPs) in Malawi are disproportionately affected by HIV compared to the general population. Prevalence of HIV among female sex workers (FSWs) is estimated at 67.5 percent, 17.5 percent among men who have sex with men (MSM), and 8.8 percent among the general population. KPs face challenges in accessing information and health services largely due to stigma, discrimination, and criminalization of their identity and sexual behavior. Meeting Targets and Maintaining Epidemic Control (EpiC) is a five-year FHI 360-led global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) that was awarded by the U.S. Agency for International Development (USAID). KP programming requires tailored programmatic approaches delivered by health care professionals and civil society organizations (CSOs) that not only meet the specific health needs of the KPs but also yield trust. At the global level, FHI 360 is partnering with Right to Care, Palladium International, Population Services International (PSI), and Gobe Group. In Malawi, FHI 360 is partnering with local CSOs MACRO and CEDEP to implement the program in collaboration with public health service delivery system. The program targets FSWs, MSM, and transgender people with a range of activities to reduce HIV transmission and improve their enrollment and retention in care.

Project Goals and Objective

EpiC is dedicated to achieving and maintaining HIV epidemic control through strategic technical assistance (TA) and direct service delivery (DSD) to break through barriers to 95-95-95 and self-reliant management of national HIV programs by improving HIV case finding, prevention, care, and treatment programming. The FHI 360-led consortium works in partnership with and strengthens the capacity of the government, CSOs, and the private sector to introduce innovations and expand evidence-based HIV services to unprecedented levels of scale, coverage, quality, effectiveness, and efficiency.

Overview of EpiC's Approach

EpiC's approach to TA is guided by four mutually reinforcing principles: 1) a focus on speed, scale, and standards; 2) customization according to local priorities, epidemiology, and the

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.



differentiated needs of target populations; 3) adaptive management based on results; and 4) capacity building to increasingly transition TA and DSD to local and regional partners. EpiC applies human-centered design thinking to resolve persistent challenges along the HIV service cascade.

SERVICE DELIVERY

EpiC has the following approaches by objective.

Attain and maintain HIV epidemic control among priority populations (PPs) and key populations (KPs)

EpiC provides TA to surge, scale, and sustain client-centered DSD models along the entire cascade from prevention through maintained viral load suppression, enhanced quality of life, and reduced infectivity. This end goal of suppressed viral load among people living with HIV is the hallmark of “treatment as prevention.” Priorities include rolling out and strengthening innovative approaches to programming such as HIV self-testing, index testing, and PrEP; deploying a total market approach to condom programming; scaling up treatment literacy for all, including the transformative news about undetectable=untransmissible (U=U); improving same-day antiretroviral therapy (ART) initiation and treatment adherence; and improving demand for and tracking of viral load testing.

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 MSM, sex workers (SWs), transgender people, and people in prison and other closed settings. EpiC promotes a wide range of KP-competent health services, including drop-in centers that improve linkages/retention for ART. EpiC empowers and supports KP members and service providers to address violence, stigma, and discrimination from police and in health settings. It also assists local KP-led organizations to expand their roles as advocates and service providers across the cascade.

Improve program management, health information systems, human resources for health (HRH) utilization, and financial systems to ensure attainment and maintenance of epidemic control

EpiC works to develop the capacity of national HIV programs in technical and management expertise to achieve and sustain epidemic control. Toward this objective, the project is supporting national data management for KP programs as well as development of national strategies, technical guidelines, and standards to guide program implementation. In Malawi, the project has placed staff at NAC for TA as part of the process.

Support the transition of prime funding and implementation to capable local partners in order to meet the PEPFAR goal of 70 percent of funding to local partners by 2020

In collaboration with USAID Missions, EpiC identified local partners that demonstrate a readiness for direct funding currently or with support. Those partners receive customized TA to help them meet organizational and technical performance goals necessary to prepare them to implement technically sound programming while managing U.S. Government funding. EpiC provides intensive, ongoing mentoring to instill a culture of data use and adaptive management.

PARTNERSHIP AND SUSTAINABILITY

To ensure accountability and sustainability, EpiC prioritizes ownership by the community and Government of Malawi. The project empowers health care workers, CSOs, and beneficiaries to participate at various stages of program implementation. Currently, EpiC is working with local partners MACRO and CEDEP in six districts: Lilongwe, Blantyre, Mangochi, Mzimba North in Mzuzu, Machinga and Zomba.

What does EpiC Mean for PP and KP communities?

- Better access to quality HIV prevention, care, and treatment services in friendly and confidential settings
- Information, education, and counselling support from trained peers to promote peer-led access to HIV care services, legal aid, psychosocial services, and economic opportunities
- Health care workers who understand and address their needs in a nonstigmatizing way
- Strong crisis prevention and response systems and reduced gender-based violence in all forms
- Meaningful beneficiary participation in service delivery, improvement, and evaluation
- Reduced HIV transmission among PPs and KPs
- Improved program management, health information systems, and human resources for health systems to attain and maintain epidemic control
- Empowerment of KP-led and other local organizations to manage KP programs

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