

EPIC OVERVIEW

Meeting Targets and Maintaining Epidemic Control (EpiC) is a five-year, global project funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), with a period of performance from April 15, 2019 to April 14, 2024. This factsheet covers EpiC activities in Liberia for the period of fiscal year 2021 (FY2021) from October 1, 2020 to September 30, 2021.

HIV IN LIBERIA

Liberia has committed to the UNAIDS 95-95-95 goals to achieve epidemic control and established key priorities in the national ART Guidelines, HIV Testing Guidelines, and the National Strategic Plan (2021 – 2025). Liberia has a mixed HIV epidemic, with HIV prevalence at 1.3% in 2018 (Spectrum), and an estimated 39,484 people living with HIV (PLHIV). In 2018, an integrated biobehavioral surveillance study (IBBS) reported that HIV prevalence was higher among women compared to men. Data also indicates that Key Populations (KP) are more at risk for and bear the greatest burden of HIV in the country. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund (GF) support for KP programming began in 2019, focusing on Men Who Have Sex with Men (MSM), Female Sex Workers (FSW)s, transgender people (TG), and sexual partners of KPs. Individuals that do not identify as KP but are at high risk for HIV or are living with HIV are also a priority for Liberia's HIV programming. Groups of people who are particularly high risk in the Liberian contexts would comprise miners or mine workers, transport workers, uniformed service personnel, and mobile traders. These populations are not affected by HIV uniformly with varied prevalence rates – Transport Workers (TW) at 9.6%, Persons who Inject Drugs (PWID) at 14.4%, Inmates at 5.6%, Mobile Traders 3.8% and Miners 3.0%. (IBBS 2018).

From January 2019 to September 2020, LINKAGES worked closely with Ministry of Health (MOH)/National HIV and AIDS Control Program (NACP); the Montserrado County Health Team (MCHT); other government ministries, departments and agencies; 13 health facilities; and 9 Civil Society Organizations (CSO) to jointly plan, implement, and evaluate interventions along the HIV cascade. HIV interventions were focused on improving and extending the lives of those living with HIV through timely antiretroviral therapy (ART) initiation, viral load (VL) monitoring, and adherence for viral suppression, as well as finding new HIV cases through index testing, sexual network testing, and multimodality facility testing.

Building upon the successful investments in KP programming from the USAID-funded, FHI 360-led Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project (2014 – 2020), EpiC is designed to break through remaining, persistent barriers to the 95-95-95 goals and promote self-reliant management of national HIV programs. In response to USAID Mission and country needs, EpiC will deliver efficient, affordable, results-based technical assistance (TA) and direct service delivery tailored to context and epidemiology that is effective in surging, scaling, and sustaining HIV services and systems for long-term epidemic control.

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



EPIC LIBERIA

In FY 2021, EpiC and its local partners have an opportunity to scale up successful programming, respond to challenges, and enhance services. Local sub-partners will transition from LINKAGES to EpiC and continue services for KPs including Men who have Sex with Men (MSM), Transgender (TG) people, and Female Sex Workers (FSWs) in seven health districts - Commonwealth, Bushrod, Central Monrovia, Todee, Careysburg, St Paul River and Somalia Drive.

EpiC Liberia's priorities include: (1) retention, adherence, and viral load suppression of everyone currently on treatment at all PEPFAR supported facilities and timely tracking of loss to follow-up (LTFU) for all patients who have missed clinical visits for more than 28 days; (2) scale-up of index testing to all PLHIV at PEPFAR-supported facilities, active tracking index testing contacts, and 100% treatment initiation for everyone who tests positive; (3) expanded HIV testing, including KP and facility-based multi-modal testing i.e. screening and testing among facility walk-ins at all PEPFAR-supported health facilities (TB, STI); (4) policy work; and (5) other support to community, facility and government partners.

EpiC will expand both community and facility services to all populations, beyond the current focus on KP members and their sexual partners, in 17 PEPFAR-supported sites and expand to two additional counties.

GOAL AND OBJECTIVES

EpiC aims to achieve and maintain epidemic control through strategic technical assistance (TA) to improve HIV prevention, case finding, care, and treatment programming in countries supported by the PEPFAR. The four global EpiC objectives, which focus on filling existing HIV prevention, case finding, and treatment gaps, and on building long-term sustainability in order to attain and maintain epidemic control are:

- Attain and maintain HIV epidemic control among at-risk adult men, women, and priority populations
- Attain and maintain HIV epidemic control among KPs
- Improve program management and financial systems to ensure attainment and maintenance of epidemic control
- Support the transition of prime funding and implementation to capable local partners to meet the PEPFAR goal of 70% of funding to local partners by 2020

KEY ACTIVITIES

1. Improve case findings
 - Strengthen provider-initiated testing and counseling (PITC) – improved risk screening
 - Enhance and expand index testing and risk network referral.
2. Intensify strategies for optimizing HIV treatment
 - Support implementation of same-day ART (SDART)
 - Support the expansion of differentiated models of care (DMOC) including decentralized drug distribution (DDD)

- Provide TA for multi-month dispensing for 6 months (6-MMD), including ensuring adequate ART stocks
3. Develop and implement strategies for retention of people on treatment, following up missed appointments, and People Living with HIV (PLHIV) monitoring with viral load testing
 - Strengthen treatment adherence
 - Track loss to follow up
 - Scale up viral load testing
 4. Implement strategies to support provision of integrated services
 - Intensify TB screening for PLHIV
 5. Support provision of integrated services and the availability of the prevention package for KP
 6. Creating an enabling environment to improve the quality of, and KP access to services for strengthening peer education and navigation.
 7. Implement capacity-building activities with CSO partners that focus on increased organizational development, to strengthen the financial systems and compliance with donor rules and regulations.
 8. Facilitate regular multi-stakeholder coordination meetings, coordinate communication systems and facility quarterly partner review meetings to facilitate knowledge and learning on project implementation.
 9. Develop strategies to provide TA to NACP on policy, planning, coordination & management including adaptation and use of globally recommended policies and guidance.
 10. Strengthen health facilities technical implementation and management capacity

EpiC Liberia annual targets, FY2020 and FY2021

Indicator	FY20	FY2021
HTS_TST	13, 871	47,253
HTS_TST_POS	2,193	5,016
TX_NEW	2,045	4,720
TX_CURR	3,502	14,622

HTS TST: Number of individuals who received HIV testing services and received their test results (PEPFAR)

HTS_TST_POS: Number of individuals who received HIV testing services and received a positive test result (PEPFAR)

TX_NEW: Number of adults and children newly enrolled on antiretroviral therapy (ART) (PEPFAR)

TX_CURR: Number of adults and children currently receiving antiretroviral therapy (ART) (PEPFAR)