

Understanding Current Normative Guidance for Comprehensive HIV and STI Prevention and Treatment for Key Populations



TECHNICAL BRIEF



Southeast Asia Regional Training of Trainers for the use of MSMIT. 2017, Hanoi, Vietnam.

This technical brief is intended for key population advocates, community-based organizations, service providers, local and international program implementers, and national-level public health stakeholders. It seeks to demystify normative guidance, share current implementation tools, and highlight recommendations on using normative guidance to design and implement effective HIV and STI services and advocacy. It also provides examples of the successful use of normative guidance by key population communities from different regions.

Introduction

Key populations – people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men (MSM) – are disproportionately affected by HIV in all countries as a result of legal and social barriers that exacerbate their vulnerabilities and stymie HIV responses.¹ These four key populations account for about half of reported HIV transmissions around the world each year. In some parts of Asia and Europe, they account for almost two-thirds of reported transmissions. In some sub-Saharan countries, key populations comprise a disproportionately high share of annual HIV transmissions, for instance 34% in Kenya and 37% in Nigeria.²

Mainstream health service delivery models are limited in their capacity to link key populations to the HIV services they need. Further, criminalizing laws, gender-based violence, and stigma by healthcare providers accelerate drop-off in service retention at multiple points along the continuum of care. Normative guidance on the delivery of HIV and STI services addresses the challenges these populations face. Such guidance establishes global standards that can guide the design and implementation of effective services that are tailored to the needs of key populations.

Operationalizing normative guidance at the country level is not always a straightforward process and it can encounter a variety of obstacles. These can include political resistance, lack of political will, or a lack of alignment between global normative guidance and national needs and priorities. Other challenges include lack of awareness about such guidance among stakeholders, resource scarcity, lack of technical capacity, lack of data, and lack of accountability standards.

What is normative guidance

Normative guidance on HIV and STI prevention and treatment for people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men define a set of evidence-based interventions and establish standards for the design and implementation of those interventions. It is targeted at national health bureaucracies, program implementers, service providers, and community-based organizations. Normative guidance is typically issued by entities such as the [World Health Organization \(WHO\)](#) and other United Nations agencies. The availability of normative guidance issued by such global bodies allows governments to adopt some of these evidence-based interventions, sometimes without the need for local pilot testing.

When national HIV/AIDS programs and service providers adopt and use global normative guidance, key populations are less likely to experience stigma, discrimination, and structural barriers that can impede their access to healthcare. They are also more likely to be able to fully enjoy their human rights. Normative guidance can therefore help achieve optimal epidemic control by informing more effective, rights-based HIV and STI services.³ As a result, normative guidance developed using iterative processes and in consultation with a variety of stakeholders at the national, regional, and global levels, including representatives of key populations, has a greater likelihood of being adopted and implemented.⁴

Normative guidance can also present limitations even though they are intended to shape national guidelines. Some of the limitations include:

- Key populations and stakeholders are not always consulted at every step of the process when developing normative guidance or when adapting them to national contexts;
- Governments may sometimes formally adopt normative guidance but may fail to fully operationalize it due to a lack of political will, lack of technical capacity, or due to resource scarcity;
- The full benefits of normative guidance do not always reach the intended beneficiaries when it is not consistently used by policymakers when formulating national HIV and STI strategies and targets; and
- As normative guidance is only updated on an occasional basis, it may not include the latest innovations, evidence, and proven approaches for optimal key population program implementation and monitoring.

It is crucial that key population advocates, service providers, and national health bureaucracies familiarize themselves with current normative guidance on HIV and STI services and use them effectively to create change on the ground.

Examples of normative guidance for key populations

The WHO's 'Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations' (originally issued in 2014 and updated in 2016)⁵ is the most salient example of clinical guidance available for key populations. These guidelines strive to:

- Provide comprehensive standards for a minimum package of services of evidence-grounded interventions to achieve optimal epidemic control among key populations;
- Raise awareness about critical issues facing people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men;
- Improve access to and uptake of essential HIV services;
- Catalyze greater national and global commitment to adequate funding and services; and
- Identify barriers that hinder meaningful HIV response and help key populations leverage critical enablers to overcome these barriers and access HIV and STI services.⁶

A salient example of operational guidance for designing and implementing services for key populations is the series of toolkits developed by the United Nations Population Fund (UNFPA). Developed in consultation with global key population networks, the four seminal implementation toolkits focus on program implementation with gay, bisexual and other men who have sex with men (MSMIT), people who inject drugs (IDUIT), sex workers (SWIT), and transgender people (TRANSIT).

The toolkits complement existing normative guidance and describe:

- How HIV and STI services should be operationalized using a rights-based approach that empowers key population communities; and
- The role of critical enablers such as supportive or harmful laws, socioeconomic factors, and political environments.



MENA/West Africa workshop on gay community engagement in the Global Fund through the use of MSMIT. October 2019, Istanbul, Turkey.

Where to access clinical guidance

See Table 1 for a list of key normative guidance on HIV and STI prevention and treatment among people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men. We have included a short description and a links for easy access.

Table 1

Key Normative Guidance	Description	Produced By	Publication Date	Link
Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations	Provides a comprehensive package of evidence-based HIV-related recommendations for all key populations. The recommended interventions include clinical advice and a discussion of critical enablers for successful programming.	WHO	July 2014 July 2014 July 2016 September 2017	Guidelines Policy Brief Guidelines 2016 update Policy Brief 2016 update
Brief sexuality-related communication: Recommendations for a public health approach	Recommendations for health policymakers and professionals on the use of counseling skills to address sexual health concerns in a primary healthcare setting.	WHO	May 2015	Brief
Sexually transmitted diseases treatment guidelines, 2015	Guidelines for the treatment of people who have STIs or are at risk of acquiring them. Includes recommendations and counseling advice on STIs for physicians and other healthcare providers.	CDC	June 2015	Guidelines
Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV	Recommendations for national HIV program managers and others on starting ART for people living with HIV. Recommendations are targeted for adults, pregnant women, adolescents, children, and infants.	WHO	September 2015 December 2018 July 2019	Guidelines Guidelines 2018 Update Guidelines 2019 Update
Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach, Second edition	Recommendations on providing ART to all people living with HIV with no limitations, delivering HIV services closer to people's homes, expediting test reporting, and integrating HIV treatment with TB and other medical services.	WHO	June 2016 November 2015	Guidelines Policy Brief
Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people	Guidelines that aim to address disparities in healthcare faced by transgender people by providing providers and health systems with tools and information on a variety of issues.	UCSF	June 2016	Guidelines
Key considerations for differentiated antiretroviral therapy delivery for specific populations: children, adolescents, pregnant and breastfeeding women and key populations	Guidelines to adapt HIV services to address the unique needs of different groups of people living with HIV while reducing burdens on healthcare systems. Guidance on meeting the needs of key populations including those who are marginalized, stigmatized, and criminalized.	WHO, CDC, PEPFAR, USAID, IAS	July 2017	Guidelines
Preexposure prophylaxis for the prevention of HIV infection in the United States - 2017 update: A clinical practice guideline	Comprehensive information for the use of PrEP to reduce risk of HIV transmission in adults. PrEP is presented as one prevention option for those at high risk.	CDC	March 2018	Guidelines
What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP	Summarizes the current evidence on the safety and efficacy of event-driven PrEP (ED-PrEP) and discusses how gay, bisexual and other men who have sex with men can switch from daily dosing to ED-PrEP and vice-versa.	WHO	July 2019	Guidelines

Where to access operational guidance

Guidance to operationalize normative guidance can be accessed on a variety of websites, publications, and listservs of key population community organizations/networks, U.N. agencies, and others. Here are a few resources where such guidance can be accessed:

- WHO – HIV publications website: <https://www.who.int/hiv/pub/en/>
- UNAIDS – Key populations publications website: <https://www.unaids.org/en/topic/key-populations/publications>
- A Global Network of Trans Women and HIV (IRGT): <https://transglobalactivism.org>
- GATE: <https://gate.ngo>
- Global Network of Sex Work Projects (NSWP): <https://www.nswp.org>
- International Network of People who Use Drugs (INPUD): <https://www.inpud.net>
- Global Network of People Living with HIV (GNP+): <https://www.gnpplus.net/>
- MPact Global Action: <https://mpactglobal.org>
- FHI 360 – HIV and AIDS website: <https://www.fhi360.org/expertise/hiv-and-aids>

The IDUIT, SWIT, TRANSIT, and MSMIT are community-centered toolkits that include information on community empowerment, critical enablers, barriers to accessing services, condom and lubricant programming, healthcare services, service delivery, and program management. They offer strategies for managing programs and building the capacity of organizations representing and serving key populations. They also provide examples of best practices from around the world (Please see table 2).

Table 2

Toolkits to Operationalize Normative Guidance	Produced By	Publication Date	Link
Implementing comprehensive HIV/STI programs with sex workers: Practical approaches from collaborative interventions (SWIT) – in English, French, Spanish,	NSWP, UNDP, WHO, UNAIDS, UNFPA, World Bank	October 2013	SWIT
Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations: Supplement to the 2014 consolidated guidelines – in English	WHO	July 2015	Tool
Implementing comprehensive HIV and STI programs with men who have sex with men: Practical guidance for collaborative interventions (MSMIT) – in English, French, Portuguese, Spanish, Russian	MPACT, WHO, UNAIDS, UNDP, UNFPA, PEPFAR, USAID, World Bank	September 2015	MSMIT
Implementing comprehensive HIV and STI programs with transgender people: Practical guidance for collaborative interventions (TRANSIT) – in English	IRGT, UNDP, WHO, UNAIDS, UNFPA, PEPFAR, USAID	April 2016	TRANSIT
Implementing comprehensive HIV and HCV programs with people who inject drugs: Practical guidance for collaborative interventions (IDUIT) – in English, French, Russian	INPUD, UNDP, WHO, UNAIDS, UNFPA, UNODC, PEPFAR, USAID	April 2017	IDUIT
Biobehavioral survey guidelines for populations at risk for HIV– in English, French, Spanish	WHO	September 2017	Guidelines

How to use normative guidance

The consolidated guidelines on HIV and STI prevention, diagnosis, treatment, and care for people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men are meant to be used to develop national strategies, policies and programs in line with global health best practices. Once guidelines are adopted by countries, they become official policies that are likely to have dedicated resources allocated for implementation.

Key populations and HIV program managers can use normative guidance and the accompanying implementation toolkits for advocacy, program design, program implementation, and monitoring and evaluation. Key population communities can use HIV and STI normative guidance in these concrete ways:

- Designing and implementing evidence-based programs for key populations;
- Informing contributions during the development of national strategic plans, Global Fund concept notes, and PEPFAR country operational plans;
- Developing advocacy tools and resources;
- Designing training programs that leverage critical enablers (For example, the [Community Partnership Resources - Online Learning Platform](#) by MPact);
- Forming technical working groups to operationalize normative guidance (more on this below);
- Hosting regional and national forums, workshops, and events to promote community empowerment, skills building, and disseminate best practices;
- Monitoring the quality and effectiveness of programming and services provided by governments and/or international donors.

When developing normative guidance, the WHO recommends⁷ the formation of a working group of technical experts, key population representatives, people living with HIV, government officials, and other stakeholders (such as United Nations officials and academics). Some principles to follow when developing guidelines are: Not disrupting existing care or creating barriers, prioritizing equitable and quality care, using existing resources, planning for the long-term and for sustainability, and promoting evidence-based best practices. A primary task of the technical working group (TWG) is to make recommendations for a national HIV and STI strategy. The strength of a recommendation depends on the quality of evidence (low to high) and the acceptability and affordability of the intervention from the community's perspective.

The TWG should conduct a rigorous situation analysis to examine the extent and drivers of the epidemic. It should also conduct a feasibility assessment that accounts for affordability, acceptability, and factors that may promote or constrain implementation of recommendations. [This article](#) provides a good general overview of the kinds of things that planners should consider and evaluate when conducting a feasibility assessment. The recommendations should be costed so the resource needs for implementation are identified. In addition to clinical recommendations, the TWG should identify critical enablers such as protective laws or obstacles (such as laws



MENA/West Africa workshop on gay community engagement in the Global Fund through the use of MSMIT. October 2019, Istanbul, Turkey.

criminalizing same-sex activity or laws outlawing sex work) that need to be overcome in order to maximize the impact of the normative guidelines.

As intended beneficiaries of normative guidance on HIV and STI, key populations are stakeholders who *must* be consulted at every step of the process when developing guidance and operationalizing them at the country level. Community involvement increases the quality and relevance of the guidance,⁸ makes them more effective, and will ensure that the unique needs of people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men are addressed. Governments are sometimes unwilling or unable to adopt normative guidance that can benefit key populations. In such circumstances, activists and key population stakeholders can use the implementation toolkits – which are evidence-based and technically sound – as advocacy tools.

Examples of utilization of normative guidance

The examples below illustrate how four key population communities have successfully used their respective implementation toolkits to advocate, design, and implement effective HIV and STI programs. The benefits of using the toolkits range from improved programming and M&E processes to increased funding for HIV and STI programs for people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men. The toolkits are especially relevant because key populations communities and advocates were central to their development. Each toolkit was designed to translate normative guidance on HIV and STI into effective and relevant programming to benefit the four key populations. The toolkits all use a rights-based approach that empower communities and leverage critical enablers.

Gay, bisexual, and other men who have sex with men

In March 2017, MPact Global Action and Lighthouse Social Enterprise, a gay-led community organization in Vietnam, organized a consultation of gay and bisexual activists and government health policymakers in Hanoi. The consultation sought to address the lack of HIV programs targeting gay, bisexual and other men who have sex with men by making the case to include MSMIT Implementation Toolkit (MSMIT) recommendations and best practices into the Global Fund concept note for Vietnam.

During the consultation, participants discussed progress, challenges, and opportunities related to Global Fund HIV programs for gay, bisexual and other men who have sex with men. They used the MSMIT to frame the discussion and elaborate the components of a high-quality, comprehensive HIV service delivery program and developed a clear, time-bound advocacy plan for including a list of programmatic recommendations in the funding request to the Global Fund.⁹ After engaging with government health policymakers and international partners, the activists submitted the following recommendations to the Global Fund Country Coordinating Mechanism:

- Create an enabling environment in which gay, bisexual and other men who have sex with men feel supported when they seek to access HIV and STI services;
- Facilitate community empowerment;
- Enhance the quality and increasing the quantity/availability of condoms and lubricant;
- Strengthen HIV prevention, clinical/treatment, and support services;
- Increase the use of information technology to reach gay, bisexual and other men who have sex with men.

The overarching recommendation for the drafters of the Vietnam Concept Note for the Global Fund was to review the MSMIT against each proposed activity to ensure that gay, bisexual and other men who have sex with men were included in HIV programming. The recommendations eventually were formally included in Vietnam's Global Fund concept note submission. For example, the recommendation to create an enabling environment for gay, bisexual and other men who have sex with men was operationalized when the Global Fund provided funding for the network meeting of gay organizations and funded World AIDS Day events organized by Lighthouse Social Enterprise in 2017 and 2018. The events served a crucial community-building function by allowing gay men working in HIV issues and/or affected by HIV to gather, share best practices, build networks, and move their work forward more effectively. Similarly, the recommendation to improve condom quality was realized in practice



when the Global Fund provided better quality condoms following consultations with gay, bisexual and other men who have sex with men to learn about their condom needs and preferences.

Sex workers

Sex workers have often been excluded from national HIV prevention and treatment plans due to barriers such as the criminalization of sex work; criminalization of same-sex activity; discrimination in healthcare settings; exclusion of transgender sex workers, sex workers who use drugs, and migrant sex workers from programming; forced or mandatory HIV testing; and “rescue and rehabilitation” and anti-trafficking initiatives that cause harm.

Sex worker advocates have recognized the value of the Sex Worker Implementation Tool (SWIT) in overcoming these barriers and have used it to lobby for policies that protect, rather than harm, sex workers. For instance, advocates used the SWIT in the 2016 PEPFAR COP consultations to call for the removal of the U.S. government’s harmful pledge that requires PEPFAR grantees to disavow support for sex workers. While this effort was ultimately unsuccessful, it demonstrated how the SWIT could be used by advocates.

In 2015 a staff member from SWAN, the Eastern Europe and Central Asia regional sex worker-led network, who attended the Sex Work Academy Africa was able to use the learning gained to strengthen SWAN’s SWIT trainings and build the capacity of 23 sex workers from member organizations in the region.

In 2019, SUCOS, a sex worker-led organisation in Suriname, used the SWIT to successfully advocate for the inclusion of sex workers in the Suriname National HIV/AIDS strategy and the Country Coordinating Mechanism (CCM). They were able to do so following SWIT workshops run by the Caribbean Sex Worker Coalition and after receiving technical assistance from the Global Network of Sex Work Projects (NSWP).

In another example of the successful use of the SWIT, in 2018 Legalife Ukraine, a sex worker-led organization, strengthened its relationships with other organizations and institutions during an evaluation consultation on the roll out of the SWIT. By advocating for the implementation of the SWIT, sex workers were able to strengthen their relationship with the CCM Secretariat and ensure that funding for sex worker-led programs was included in the Ukrainian transition plan for the Global Fund. These efforts also led to the meaningful involvement of sex workers in policy formulation and program development and implementation.



People who use drugs

People who inject drugs can encounter stigma and fear from societies and healthcare providers. Policymakers have also often marginalized them by treating drug use as a pathology and a crime. People who use drugs have recognized the value of the toolkit for the design and implementation of services with people who inject drugs (IDUIT) in overcoming these challenges and reducing the risk of HIV and STI.

The IDUIT was used by the community as a guide to advocate for health and human rights in South Africa. The South African Network of People who Use Drugs (SANPUD) engaged with policymakers and other stakeholders and played a key role in the inclusion of harm reduction policies in the National Drug Master Plan 2019-2021. The inclusion of such policies in the national plan constituted official government endorsement of harm reduction. It also allowed for the meaningful involvement of people who use drugs in formulating policies that affected them. Following a training and follow-up technical assistance provided by the global network of people who use drugs (INPUD), SANPUD is now receiving support from the Global Fund to continue its life-saving work.

People who use drugs in Central Asia and Eastern Europe also benefited from IDUIT when INPUD organized a training on the toolkit. As a result of the training, people who use drugs were able to become more engaged in national mechanisms to protect their own health and human rights. They were also able to engage more meaningfully in the development, provision, and monitoring of services for their communities. Finally, they learned the skills necessary to systematically gather and use available data on human rights violations. In Belarus, the use of the IDUIT empowered peer advocates and enabled them in advocating for the diversification of drug treatment. As a result of this advocacy, buprenorphine was funded under Global Fund grants for the first time in 2019.

In Nepal, an IDUIT training for women was held. Following this training, a network of women who use drugs was formed. Amongst their advocacy priorities is articulating the need for gender-sensitive harm reduction services. Each of these three interventions cost less than \$20,000 each.



Transgender people

In Paraguay, the transgender community was disproportionately affected by HIV and 27% of transgender Paraguayans were living with HIV. The community was also poorly organized to conduct advocacy and insufficiently engaged with Global Fund processes in the country. In response to these realities, the Global Action for Trans* Equality partnered with a Paraguayan transgender organization, PANAMBI, and the Global Network of Trans Women and HIV in August 2017 to organize a two-day workshop to increase the knowledge and skills of transgender people. Fifteen Paraguayan transgender activists gathered to discuss ways by which their community could better engage with and contribute to Global Fund processes.¹⁰ Using the Transgender Implementation Toolkit (TRANSIT) to guide discussions, the activists discussed challenges and opportunities for scaling up HIV services for transgender people.



These discussions helped the community members increase their understanding of the HIV epidemic and how it affected them. It also enabled them to draft a list of priority HIV programmatic interventions for transgender people in the next round of Paraguay's funding request from the Global Fund. Some of the recommendations were:

- Support a transitional shelter to facilitate reintegration into society of transgender people who are expelled from their homes;
- Job training programs;
- Strengthening community organizations and supporting networking events;
- Supporting counseling facilities at the voluntary testing centers;
- Sensitize healthcare personnel on issues facing transgender people;
- Harm reduction training;
- Supporting advocacy for a bill on protecting against human rights violations and a bill recognizing gender identity.

Main takeaways

Normative guidance can play a crucial role in shaping national HIV and STI interventions that effectively address the needs of people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men. To summarize, here are the key functions of normative guidance:

- Identify and articulate global norms and standards which national HIV and STI programs can adapt for use in their contexts and in consultation with key populations;
- Be used by key population community advocates to monitor national and international donor programs and services to ensure that programming and services are aligned with global standards and best practices;
- Be used by key population community advocates to lobby for the inclusion and funding of normative guidance recommendations in national guidelines and programs, Global Fund strategic plans, and PEPFAR Country Operational Plans.

Key population groups have resources such as the four implementation toolkits discussed in this brief to help them operationalize normative guidance.

Additionally, key population groups can tap into a variety of technical expertise mechanisms and funding streams to help them operationalize normative guidance and enact concrete and beneficial policy changes. The Community, Rights, and Gender Technical Assistance mechanism (CRG) of the Global Fund is one such entity providing financial and technical assistance. The CRG supports community organizations engage meaningfully with the Global Fund by assisting with planning, facilitating participation in country dialogues, helping with program design, providing M&E support, and helping develop sustainability strategies.

In conclusion, key populations advocates and organizations should familiarize themselves with normative guidance on HIV and STI and use the tools and funding/technical assistance mechanisms available to ensure that their programming is shaped by such guidance. This can ensure optimal health outcomes for key populations living with and affected by HIV and STIs.

Endnotes

- 1 Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update. WHO, 2017: 2
- 2 Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update. WHO, 2017: 1
- 3 Implementing comprehensive HIV and STI programs with men who have sex with men: Practical guidance for collaborative interventions (MSMIT). UNFPA, MPact and others, 2015: XV-XVI
- 4 Evaluation of WHO's normative function: 20-22, 44
- 5 Guidelines: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update. WHO, 2016.
- 6 Policy brief. WHO, 2017.
- 7 Evaluation of WHO's normative function: 8-22
- 8 Ibid: 6
- 9 Consultation to Promote Uptake of MSMIT in Global Fund Concept Note Development in Vietnam. MPact and Lighthouse Social Enterprise. 2017.
- 10 Strengthening the participation and capacity of trans organizations in Paraguay to input in the Global Fund concept note using the TRANSIT. MPact, PANAMBI, GATE, IRGT, CLAC. 2017.



About MPact

MPact Global Action for Gay Men's Health and Rights was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by men who have sex with men. MPact works at the intersection of sexual health and human rights, and is linked to more than 120 community-based organizations in 62 countries who are leading innovative solutions to the challenges faced by gay and bisexual men around the world.

Authors:

Saurav Jung Thapa
Omar Banos
Mohan Sundararaj

Contributors:

Johnny Tohme
Nadia Rafif
Greg Tartaglione
George Ayala

Design by:

Design Action Collective

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