



Reaching Impact, Saturation, and Epidemic Control (RISE) COVID-19 Preparedness and Response Capabilities

RISE Project Overview

Reaching Impact, Saturation, and Epidemic Control (RISE) is a 5-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) that works with countries to achieve a shared vision of attaining and maintaining epidemic control, with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2024.

Key Award Information—RISE

- RISE is positioned to provide service delivery, technical assistance, and health system support to respond to the COVID-19 epidemic.
- RISE partners are present in 46 countries.
- RISE has current programs in Burundi, Cameroon, Kenya, Malawi, Namibia, Nigeria, and Tanzania.
- Other RISE consortium member bilateral PEPFAR programs: Angola, Botswana (Department of Defense [DOD]), Côte d'Ivoire, Democratic Republic of the Congo (DRC), Eswatini (Centers for Disease Control and Prevention [CDC]), Ethiopia, Haiti (CDC), Kazakhstan (CDC), Lesotho, Mozambique, Myanmar (CDC), Rwanda, Sierra Leone, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, Zambia, Zimbabwe. Additionally, RISE partners have non-PEPFAR footprints that may be leveraged in the COVID-19 response (e.g., Afghanistan, Bangladesh, Burkina Faso, Chad, Ghana, India, Indonesia, Kenya, Liberia, Madagascar, Nepal, Pakistan, Philippines).
- The RISE award has the ability to receive more than \$118,000,000 in additional obligated funds (with a 5-year ceiling of \$135,000,000).

RISE's Global Reach

- RISE consortium partners operate in more than 46 countries across Africa, Asia, the Middle East, and the LAC region.
- RISE consortium partners are well positioned to leverage their extensive operational footprint to rapidly mobilize and support the global COVID-19 response effort.



The RISE Consortium— Our Expertise and Focus

RISE brings unrivaled expertise in taking evidence-based programming to scale for sustainable, self-reliant, and resilient health systems. Our team includes experienced and high-performing PEPFAR partners who have been implementing large, complex HIV projects with an unparalleled track record of delivering high-quality direct services and technical assistance at scale and building health system capacity in more than 90 countries.



RISE Partner Expertise

CORE PARTNERS

Jhpiego, a Johns Hopkins University affiliate, has strengthened public health programming for almost five decades in more than 155 countries. With a current presence in over 41 countries, Jhpiego has remained responsive to emerging challenges, from Ebola virus disease in West Africa to plague outbreak in Madagascar to the Zika global epidemic. As a Johns Hopkins University affiliate, Jhpiego connects and collaborates with recognized experts from other affiliated entities, such as the Johns Hopkins School of Public Health, as part of our response strategy. Throughout our portfolio, we protect and support frontline health care workers, who are disproportionately affected by local epidemics and pandemics, so that they can remain healthy, provide uninterrupted services, and reduce the spread of disease. Jhpiego is recognized for its global leadership in health workforce development in infection prevention and control (IPC) using both in-service training and pre-service education approaches.

Since its inception in 2003, **ICAP** at Columbia University has delivered transformative solutions to strengthen health systems in more than 30 countries, with a mission to ensure the wellness of families and communities. ICAP works at every level of health systems to address challenges in health governance, human resources, health financing, infrastructure, laboratory services, supply chain, and pharmacy services, clinical and community services, and health information.

MSH works to save lives by closing the gap between knowledge and action in public health. Since 1971, we have worked with policymakers, health professionals, and communities in more than 150 countries to improve the quality, availability, and affordability of health services. MSH's staff of more than 1,100 works closely with national and local governments, communities, and other stakeholders in more than 25 countries around the world.

Anova, a South African nongovernmental organization, has a stellar track record of providing large-scale key populations with HIV care and treatment services. Anova provides HIV prevention, care, and treatment for key populations; technical capacity-building for local transition; HIV/TB integration; and quality assurance/quality improvement.

RESOURCE PARTNERS

BAO Systems offers DHIS2 expertise and support for national, subnational, and site-level health information systems (HISs). BAO is able to provide remote technical assistance to any country, globally.

Johns Hopkins University Center for Public Health and Human Rights provides epidemiology and research centered on key populations, including mapping and population size estimates.

MGH offers condom marketing, working with public and private supply chain systems, market development, and marketing. MGH is able to provide remote support to countries in sub-Saharan Africa.

Illustrative COVID-19 Response Interventions

RISE is able to rapidly mobilize in-country, regional, and global teams to initiate COVID-19 response technical assistance, service delivery support, and health system response interventions.

COVID-19 response priority	Illustrative COVID-19 response intervention
Emergency Health Response	
Strengthening laboratory diagnostics	<ul style="list-style-type: none"> • Provide technical assistance to integrate COVID-19 testing into existing labs (PCR and GeneXpert). • Establish COVID-19 sample transportation system to labs for testing (leveraging existing HIV sample transportation systems where relevant). • Convene virtual lab community of practice to support COVID-19 lab capacity-building based on ICAP's ASLM viral load community of practice. • Adapt guidance/standard operating procedure in accordance with World Health Organization (WHO) guidance for COVID-19 for collecting and handling laboratory specimens, including training, rollout, and assessing and monitoring compliance. • Support quality control, supply chain maintenance, and equipment maintenance. • Support quality assurance/quality improvement to existing labs to ensure quality of COVID-19 testing and appropriate prioritization of testing (in settings where lab services are also needed for ongoing HIV viral load testing, etc.). • Train health care workers (HCWs) and community health workers (CHWs) on sample collection for COVID-19 testing, sample transportation, and returning results to clients. • Support implementation of COVID-19 drop-in testing at the community level.
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Promoting risk communications and engagement with communities	<ul style="list-style-type: none"> • Leverage existing community service delivery and communication platforms to mobilize a COVID-19 health brigade to provide information on COVID-19 (hand hygiene, social distancing, etc.). • Support (to national programs leading response) development of communication strategy supporting critical individual, societal, and environmental behaviors. • Develop or adapt information, education, and communication materials on hand hygiene, social distancing, and respiratory etiquette (in line with WHO and national guidelines). • Train CHWs on contact tracing and management of COVID-19 at home with appropriate IPC measures (for mild cases). • Develop job aids for HCWs on use and disposal of personal protective equipment. • In the context of HIV programming, leverage clubs/community action groups to teach HIV-positive clients about COVID-19 related IPC (hand hygiene, social distancing, etc.). • In the context of reaching HIV-positive individuals with tailored COVID-19 information, design a communications campaign leveraging the salient threat of the coronavirus to catalyze immediate treatment initiation, testing for people who may be HIV-positive, and immediate return to antiretroviral therapy (ART) treatment for those lost to follow-up. Would include: TV spots, radio spots, radio program scripts, social media

posts, messaging updates for mobilizers, press releases that could be adapted or aired as is. Opportunity to reframe ART-takers as heroes and destigmatize HIV.

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Preventing and controlling infections in health facilities (IPC)

- Support development of guidelines for establishing COVID-19 triage centers (fever units) to reduce burden on health facilities.
- Support IPC program management at the national level, including strengthening health facility COVID-19 IPC response coordination mechanism/task forces.
- Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on respective WHO guidance and best practices globally.
- Roll out IPC training to subnational levels and HCWs (leveraging remote technologies such as the ECHO platform where needed) and monitor compliance.
- In the context of HIV programming, support development of differentiated service delivery guidelines focusing on multimonth dispensing (MMD 3 and 6), and clinical advisory groups, remote training, job aids, monitoring and evaluation tools, etc.
- Strengthen IPC through pre-event preparedness activities (e.g., establishing administrative controls, screening and triage protocols) and outbreak monitoring, control, and management activities when the facility has already identified a case (e.g., refresher trainings, daily tracking and management of commodities, identification and implementation of surge capacity).

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Supporting surveillance, rapid response, and emergency operations

- Trace contacts to help identify COVID-19 cases and contacts with symptoms.
- Deploy support staff (case managers, peer navigators, CHWs, etc.) at health facilities to provide contact tracing for COVID-19.
- Support use of online platforms (e.g., WhatsApp, Skype, telemedicine) to assess suspected cases of COVID, enable online follow-up and remote contact tracing.
- Deploy new or leverage existing online and/or mobile data collection platforms to assess suspected cases of COVID-19, confirm test results, document contacts, and enable remote (mobile) online follow-up and remote contact tracing. Digital tools may include DHIS2, Dharma Platform, CommCare, etc.
- Link contact tracing system to overall COVID-19 surveillance systems to facilitate streamlined reporting.
- Create and execute a risk communication plan and implement provider task sharing approaches to increase client access without compromising quality.

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Improving the management of cases of COVID-19

- Provide technical assistance and service delivery support to help HCWs and facilities identify, isolate, and care for COVID-19-positive individuals.
- Adapt and quickly roll out clinical protocols in collaboration with key stakeholders.
- Establish televisits at supported health facilities to provide ongoing clinical care for people living with HIV (PLHIV) and other nonemergent and non-COVID-19 services.
- Assist ministries of health (MoHs) and facility in-charges to reorganize flow of clients: triage and isolation for suspected/confirmed cases, waiting area spaces.
- Proactively manage the schedules of health staff in anticipation of an increased workload.
- Introduce “caring for the carer” approaches to help mitigate staff burnout associated with increased workload and broader implications of the COVID-19 pandemic.
- In the context of HIV programming, support differentiated service delivery for stable patients to reduce the burden on health facilities, including expanded (MMD 3 or 6 depending on country) and fast track.
- Leverage existing data (e.g., HIV prevalence, HIV-positive cases, cardiovascular disease prevalence) combined with population density data, to predict health facility “hotspots” that are at risk for experiencing high COVID-19 case volume, and identify ideal locations for COVID-19 triage centers so that health resources, commodities, and IPC can be targeted at those facilities.

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Planning for the availability and delivery of future vaccines, point-of-care diagnostics, and treatments

- Support protocol development and approval, development of training materials and job aids, training in novel therapeutics, point-of-care diagnostics, and vaccine acceptability testing.
- Support implementation and data collection and reporting on therapeutics, vaccines, or point-of-care diagnostics (implementation research on introduction and scaleup).

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Accelerating innovative and market-based approaches

- Leverage service delivery and technical assistance platforms to introduce and scale up innovative products, approaches, technologies, financing, and platforms to expand access to COVID-19 prevention, care, and treatment interventions (once approved by relevant global and national regulatory bodies).
- Engage with stakeholders on use of GeneXpert for COVID-19 testing.
- Support MoHs to convene technical working groups and stakeholder consultations as needed to gather inputs on demand generation, implementation, and monitoring and evaluation of new or innovative products and approaches.

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Strengthening Health Security in Affected Countries

- Strengthen multisectoral (One Health) coordination for antimicrobial resistance (AMR) containment.
- Mobilize stakeholders and build coalitions around IPC and antimicrobial stewardship (AMS) activities.
- Reform pre-service and in-service curricula with a focus on One Health workforce core competencies.
- Educate patients and the public through customized materials/messages and the media.
- Build the capacity of journalists for informed reporting on IPC and AMS.
- Promote community-based activities (e.g., through CHWs).
- Help develop national and hospital-level policies, guidelines, and SOPs.
- Build capacity through tools, job aids, supportive supervision, and continuous quality improvement methods.
- Monitor country adherence to recommended policies, guidelines, and practices.
- Generate support to group antibiotics into AWARe (access, watch, and reserve) categories in national essential medicines lists following WHO guidance.

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Supporting Health Institutions

Strengthening health-related supply chains

- Support selection, procurement, logistics, and distribution of emergency supply of IPC commodities for national COVID-19 responses.
- Support commodity forecasting, determining anticipated need for IPC and other needed commodities; developing a costing and supply plan, and establishing monitoring mechanisms.

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Addressing health worker shortages

- Support rapid development/adjustment of task shifting strategies and plans to align with pandemic emergency needs.
- Support rapid human resources for health recruitment, re-allocation, and retention strategies in the context of COVID-19 response.
- Provide in-service training and skills updates for existing providers; and pre-service education for incoming and new HCWs to ensure knowledge and skills for COVID-19 management.

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Supporting the removal of restrictive health-sector policies

- Provide technical assistance to MoHs and other regulatory bodies or professional associations (through engagement in technical working groups, secondment of staff, policy drafting, and review) to adapt relevant policies (on CHWs, task sharing, accreditation, and other policies) to ensure that health systems are poised to respond effectively to the evolving crisis.

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Strengthening information systems to integrate, share, and cross-reference data

- Promote use of new and/or existing data collection tools and systems to support COVID-19 surveillance.
- Support integration of COVID-19 surveillance data with existing HISs (e.g. health management information, supply chain, human resources information, etc.) and other available data to improve identification of high-risk communities and health facilities, commodity forecasting and distribution, and redistribution of the health workforce.
- Strengthen integrated disease surveillance and response for acute respiratory illness, clusters of or an increase in number of severe acute respiratory infections (SARI), strengthening early warning systems, including community and event-based surveillance for clusters of acute severe respiratory diseases; strengthening hospital-based sentinel surveillance for influenza, SARI, or pneumonia. (MSH)
- Develop or expand information systems and platforms that support community-based and integrated disease surveillance; outbreak management; data visualization; interoperability and integration with national HISs to promote real-time notification; faster, data-informed decision-making; and information exchange.
- Add COVID-19 surveillance activities to existing HIV-focused TRACE and surveillance activities and platforms in supported countries.
- Extend surveillance and IPC measures to PLHIV clients in communities (health monitoring, early recognition, management of contacts, home care, triggers for additional resources, etc.) and establish interoperability between HISs.
- Provide rapid implementation support with digital tools based on the DHIS 2 COVID-19 metadata package and the Dharma platform (www.dharmaplatform.com) to facilitate data collection for the following workflows: 1) HCW risk self-assessment, 2) case-based surveillance, 3) contact tracing, and 4) high-level case reporting.

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Helping governments understand how health care functions and how MoHs can shift resources in response to the evolving crisis

- Align financing strategies with overall health system objectives.
- Strengthen country systems for efficient resource allocation and use.
- Improve the availability and use of evidence-based medicines and services financing strategies and pharmacy and health service benefits programs.
- Adopt viable approaches to reduce financial barriers to access to medicines and services.
- Strengthen in-country capacity to mobilize additional and sustainable resources.
- Develop and integrate human resources strategies and interventions, such as addressing female workforce needs, creating new workforce cadres, outsourcing and evaluating pharmacy workforce, and providing supervision and continuing education.
- Enhance government capacity to manage pharmaceutical operations and ensure access to safe, effective, quality-assured medicines and effective pharmaceutical services.
- Modify contracting policies, procedures, and processes and increase capacity to manage or issue contracts for pharmaceutical management operations.
- Enhance government efforts to lead collaborative activities among donors, cooperating agencies, and other stakeholders and to manage and prioritize appropriate pharmaceutical systems strengthening interventions.

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