

October 2020

Reaching Impact, Saturation and Epidemic Control (RISE)

Who We Are

Project Overview

RISE, 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), 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. RISE’s contributions to this work will lead to fewer new HIV infections, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV. RISE also supports COVID-19 response efforts in multiple countries, working with Ministries of Health and USAID to provide technical assistance and service delivery support for COVID-19 case management and health system response efforts.

RISE Goal and Objectives

RISE supports countries to achieve and maintain epidemic control by providing strategic technical assistance and direct service delivery to improve HIV prevention, case finding, treatment programming, and viral load suppression. The primary objectives of the RISE project are to:

1. Attain and maintain HIV epidemic control among at-risk adult men, women, and priority populations.
2. Attain and maintain HIV epidemic control among key populations.
3. Strengthen health systems including improved program management, health information systems, human resources for health, and financial systems to ensure attainment and maintenance of epidemic control.
4. Support the transition of direct funding and implementation to capable local partners to meet the PEPFAR goal of 70% of funding to local partners by 2020.

RISE is one of USAID’s global HIV awards initially announced as Meeting Targets and Maintaining Epidemic Control (TMEC):

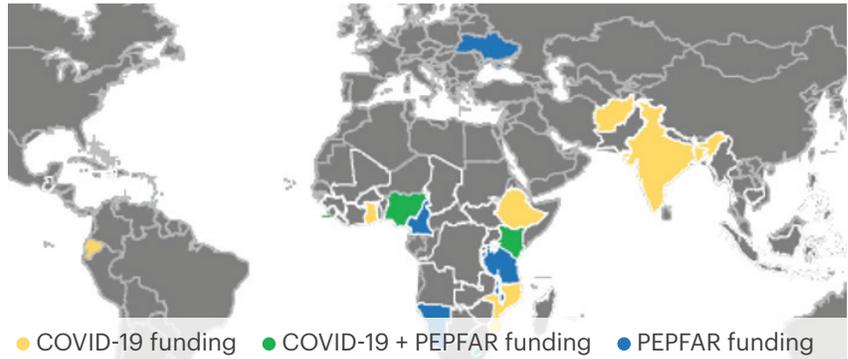
- RISE—led by Jhpiego, with ICAP at Columbia University (ICAP), Management Sciences for Health (MSH), ANOVA Health Institute (ANOVA), BAO Systems, JHU Center for Public Health and Human Rights (JHU), and Mann Global Health (MGH)
- EpiC—led by FHI 360, with Palladium, PSI, Right to Care, and Gobe Group

The two awards, both 5-year global cooperative agreements, have the same mandate and geographic focus and are available to accept USAID mission funding.



Where We Work

RISE is implementing PEPFAR and COVID-19 response programming across 16 countries including Afghanistan, Bangladesh, Burundi, Cameroon, Ecuador, Eswatini, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Tanzania, and Ukraine.



RISE Project Principles

- Break the cycle of HIV transmission and reach those at highest risk for HIV.
- Scale up proven and innovative approaches, using human-centered design thinking to inform the development and implementation of locally driven, adaptive solutions.
- Implement interventions that address structural drivers.
- Strengthen local partners and build networks for resilient systems.
- Impart a culture of quality, data use, and accountability.
- Rapidly mobilize to respond to immediate country needs and establish strong working platforms to achieve the bold vision of epidemic control by 2020.
- Work with local partners to tailor impactful, innovative, evidence-based services to targeted populations, particularly at-risk adult men and women, including key populations.

The RISE Consortium—Our Expertise and Focus

RISE brings unrivaled expertise in taking evidence-based programming to scale and transitioning local implementing partners (LIPs) 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 since 2003 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: Biomedical prevention including pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision (VMMC); HIV testing services (HTS) including self-testing, index testing, and recency testing; linkage case management; capacity-building for local transition awards; antiretroviral therapy (ART) adherence and retention; quality assurance/quality improvement (QA/QI); and strategic information. Technical assistance for COVID-19 response.

ICAP: HIV care and treatment across the clinical cascade, adherence and retention support, differentiated service delivery models, HIV/TB integration, QA/QI, prevention of mother-to-child transmission of HIV, and early infant diagnosis; Technical assistance for COVID-19 response.

MSH: Health systems strengthening for HIV service delivery, including governance and policy, health financing, commodities and supply chain management, human resources for health, health information systems, and LIP organizational capacity strengthening for local transition

ANOVA: HIV prevention, care, and treatment for key populations; technical capacity-building for local transition; HIV/TB integration; QA/QI

RESOURCE PARTNERS

BAO Systems: DHIS2 expertise and support for national, subnational, and site-level health information systems (HISs)

JHU Center for Public Health and Human Rights: Epidemiology and research centered on key populations, including mapping and population size estimates

MGH: Condom marketing, working with public and private supply chain systems, market development and marketing

How RISE Helps USAID Achieve PEPFAR Targets

RISE enables USAID missions to access direct service delivery and technical assistance to achieve their PEPFAR targets. RISE has demonstrated success in rapid startup to help USAID achieve country operational plan targets across the HIV prevention, care, and treatment cascade. Where sites or subnational units are not on track to achieve targets for one or more indicators, RISE will identify barriers, customize and intensify efforts, and institutionalize effective and efficient programming. RISE will decrease HIV transmission; reduce missed opportunities to identify adults with HIV who are not yet on treatment and rapidly initiate them on ART; and support patients on ART to stay in care, adhere to treatment, and achieve viral suppression. In multiple countries including Nigeria, Burundi, and Kenya RISE has experience providing HIV services or technical assistance in the context of COVID-19, supporting USAID missions and Ministries of Health to adapt HIV programming to allow for uninterrupted HIV/TB services for target populations.

Epidemic Control Priorities	Illustrative Menu of RISE Approaches and Services
Biomedical HIV prevention services	<ul style="list-style-type: none"> • Introduction and scale-up of PrEP for HIV prevention • VMMC services through public and private community clinics and hospitals, including mobile services that target hard-to-reach men
Condom supply and demand	<ul style="list-style-type: none"> • A total market approach to condom availability leveraging public and commercial sectors to deliver condoms at scale
Optimized HIV testing services	<ul style="list-style-type: none"> • Assisted partner notification and index testing in facilities and communities • Social and sexual network testing for key and priority populations • Optimized provider-initiated HIV testing and counseling (PITC) at facility level for increased efficiencies and yield • HIV self-testing to expand the reach of HIV testing services • Recency testing for case surveillance and hotspot identification
Linkage and same-day initiation of ART services	<ul style="list-style-type: none"> • Escorted linkage and rapid (including same-day) ART initiation using expert clients, peer navigators, linkage officers, and case managers • Improved client-monitoring systems to track and shorten time to ART initiation • Community ART initiation for key and priority populations • Intensified support for ART initiation and adherence in first 6 months after initiation, when risk of drop-out is high • Case management to support clients from diagnosis through viral suppression
Differentiated service delivery (DSD) models	<ul style="list-style-type: none"> • Scale-up of DSD models for stable patients, including fast-track ART refills, community ART groups, community pick-up points, and private pharmacies; ensure that all people living with HIV (PLHIV), including children, receive 3 to 6 multi-month dispensing (via 90- to 180-pill bottles where available) • Differentiated services for key populations, adolescents, patients with advanced disease, and unstable clients • Use of expert clients, peer navigators, and support groups to support adherence and retention in care • Expansion of pediatric and youth friendly services including Operation Triple Zero approach to optimize care for adolescents on ART
Drug optimization	<ul style="list-style-type: none"> • Policy and implementation support for transition to optimized ART regimens, including dolutegravir (DTG)-based regimens based on updated global clinical guidelines • Strengthened supply chain management for improved forecasting, quantification, and distribution of optimized ART regimens, including support of the transition of the majority of stable patients to tenofovir, lamivudine, dolutegravir (TLD)
Host government ownership	<ul style="list-style-type: none"> • Engagement with ministries of health, private sector, networks, and associations of people living with HIV, and national AIDS control bodies in planning, financing, and management of HIV services • Enhanced site monitoring, joint supportive supervision • Policy and systems-level support to eliminate user fees and ensure access to public sector HIV and related services (including antenatal care and TB services)



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Treatment and viral load literacy	<ul style="list-style-type: none"> • Development and dissemination of patient- and provider-focused messaging and materials, including job aids, to ensure that patients and providers truly understand optimized ART regimens and viral load monitoring • Incorporation of Undetectable = Untransmittable messaging on viral suppression as an empowering slogan to counter stigma and empower providers and clients for improved service uptake, adherence, and retention
Laboratory system optimization	<ul style="list-style-type: none"> • Laboratory network mapping to optimize placement and use of conventional and point-of-care lab equipment, referral networks, sample transport, and collaboration between labs and facilities • Improved access to viral load testing, reduced turnaround time, return of results to clients and prompt action by providers for clients with elevated viral load
Strategic information and data use	<ul style="list-style-type: none"> • Strengthened capacity for high-frequency reporting and data use, including interpretation, triangulation, visualization, and use for rapid course correction • Establishment and integration of national, subnational, and site-level information systems, including “situation rooms” for collaborative data review and use, featuring health management information systems, electronic medical records, and use of DHIS2 • Development, adaption, and implementation of custom indicators to respond to program monitoring needs • Scale up of biometrics to improve patient monitoring • Support for interoperability between health information subsystems
Health systems strengthening	<ul style="list-style-type: none"> • Support to improve resilience and self-reliance of health systems, enabling countries to achieve and maintain HIV epidemic control • Policy and systems support to optimize human resources for health • Domestic resource mobilization and health financing • Supply chain and commodity forecasting and management • Pharmaceutical system strengthening
Transition of awards to local partners	<ul style="list-style-type: none"> • Capacity assessments for local implementing partners and community-based organizations • Organizational capacity strengthening for financial, operational, and programmatic performance and sustainability • Technical and clinical capacity strengthening for optimized service delivery at facility and community levels • Subawards to local partners for implementation support and service delivery • Support throughout the process from identification of promising local partners through postaward technical assistance after the partner has received a prime award from USAID

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