Reaching Impact, Saturation and Epidemic Control (RISE)

## COVID-19 Preparedness and Response Capabilities

May 2021

RISE 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. The RISE consortium is led by Jhpiego in partnership with ICAP at Columbia University (ICAP), Management Sciences for Health (MSH), ANOVA Health Institute (ANOVA), BAO Systems, Johns Hopkins University Center for Public Health and Human Rights (JHU), and Mann Global Health (MGH).

Key Award Information - RISE

- RISE is positioned to provide service delivery, technical assistance (TA), and health system support to respond to the COVID-19 epidemic (through both PEPFAR and non-PEPFAR funded support)
- RISE partners are present in 46 countries
- RISE has directly supported COVID-19 emergency response programs in **Afghanistan**, **Bangladesh**, **Ecuador**, **Ethiopia**, **Ghana**, **India**, **Kenya**, **Lesotho**, **Mozambique**, and **Nigeria**
- RISE has integrated Infection Prevention and Control (IPC), COVID prevention and mitigation guidance, risk communication materials for clients and providers, and other aspects of COVID-19 response within ongoing PEPFAR-funded programs in Burundi and Nigeria
- RISE has leveraged its partnership with JHU experts and built collaborative networks with academic institutions worldwide to deliver high-quality case management training
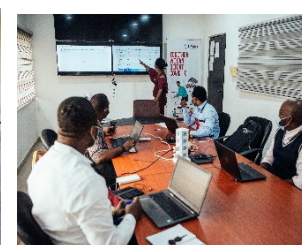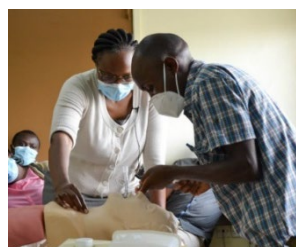
COVID-19 Response Highlights

In collaboration with Ministries of Health and informed by needs assessments, RISE provides contextually appropriate critical care management technical assistance across the globe, strengthening provider capacity to care for the mild to critically ill COVID-19 patient. Adapting nimbly to identified needs, the local context and travel restrictions during the pandemic; RISE delivered clinical case management training, focused on building knowledge and skills for a broad cadre of the healthcare workers managing critically ill COVID-19 patients. Training was delivered using a combination of remote classroom (i.e., virtual), in-person and asynchronous learning activities. The RISE time identified best fit learning activities, and provided TeleHealth information technology (IT) equipment to support access to learning, web-based guidelines, and clinical updates.

Within RISE's PEPFAR-supported programs, the consortium has adjusted implementation approaches to continue service delivery and technical assistance for Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) services, despite restrictions on travel and in person activity due to COVID-19. Successful strategies have included: shifting provider trainings, demand generation and other activities online; offering differentiated service delivery approaches including home and community-based HIV viral load testing and antiretroviral treatment (ART) refills; re-deploying voluntary medical male circumcision (VMMC) providers and mobilizers to support COVID-19 and HIV treatment services during VMMC suspensions; providing infection and prevention control communications materials and COVID-19 mitigation messaging to HIV service delivery clients.

Clinical Technical Assistance

The RISE project has supported critical care capacitation, and the United States Government (USG) donation of medical equipment to eight (8) countries (**Afghanistan**, **Bangladesh, Ecuador, Ethiopia, Ghana**, **India**, **Kenya**, and **Mozambique**). RISE engaged in-country staff, in collaboration with MOH and academic partners, to conduct rapid facility level assessments to determine infrastructure and case management capacity. In response to the facility assessment recommendations, RISE teams have adapted training modalities to local contexts and provided critical care management training in the form of

webinars, workshops, e-Grand Rounds, communities of practice, consultations, and asynchronous learning. The total number of health workers trained in COVID-19 case management, including paramedical workers to date is: (646) Afghanistan, (285) Bangladesh, (1377) Ecuador, (739) Ethiopia, (86) Ghana, (4475) India, (321) in Kenya, and (225) Mozambique. Recognizing the rapidly evolving needs of the current pandemic and oxygen ecosystem, RISE successfully expanded the clinical TA to include assistance with forecasting and supply chain needs, infrastructure development including preparation of facilities for oxygen equipment installation, training to biomedical engineers on the use and maintenance of medical equipment, and linkages with local suppliers. RISE has built local regional networks using a hub and spokes model, and strengthen coordination across stakeholders and health facilities. To date, the total number of health facilities engaged is (18) Afghanistan, (45) Bangladesh, (300) Ecuador, (93) Ethiopia, (26) Ghana, (168) India, (34) Kenya, and (12) Mozambique. In **Lesotho**, RISE provides TA and critical care support for direct COVID-19 case management at two Treatment Centers in Lesotho, and training on COVID-19 clinical care guidelines at more than 17 hospitals. Additionally, the project developed COVID-19 risk communication materials, including posters and job aides on IPC, COVID-diagnosis, hypoxia management, and use of oxygen delivery devices that targeted health care workers (HCW). Seventeen hospitals country-wide have been supported with TeleHealth IT equipment, in order to promote virtual learning, tele-mentoring and dissemination of clinical updates. In **Nigeria**, the RISE team provided intensive support to establish eight new Public Health Emergency Operations Centers (EOCs) to support the government of Nigeria's efforts to mitigate and contain the spread of COVID-19. The EOCs enable centralized, real-time monitoring and predictive modelling for enhanced coordination of activities and informed decision-making. In addition, RISE provided training in IPC to more than 160 EOC staff and implemented IPC quality improvement strategies.

Illustrative COVID-19 Case Management and O2 Ecosystem Strengthening 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 as described below.

Priorities	Illustrative COVID-19 Response Intervention
Emergency Health Response	
COVID-19 Testing and Contact Tracing	- Work with Ministries of Health (MoHs) and health facilities to establish and maintain COVID-19 testing sites, according to national strategy - In coordination with COVID-19 testing, implement robust contact-tracing approaches to ensure rapid and complete contact identification and communication - Support training on data collection, reporting, and use for case investigation for contact tracing - Ensure community engagement and accurate public health messaging

Triage, Stabilization and referrals	- Work with MoHs and health facilities to develop clinical protocols for triage and stabilization - Increase health care provider capacity to triage and refer non-symptomatic and symptomatic patients, ensuring that intensive care resources are used efficiently and effectively - Leverage new and existing data to predict health facility "hotspots"; identify locations for COVID-19 centres so that health resources, commodities, and IPC can be targeted to support those facilities - Build referral networks to support patient flow across the health system
Oxygen Conservation, Rationalization and Respiratory Care	- Provide technical assistance on the management of hypoxia in low-resource health facilities, including strategies to assess readiness for respiratory support weaning, implementing safe weaning protocols, and optimal utilization of oxygen as a potentially scarce resource - Train healthcare workers (HCWs) in appropriate and safe titration of oxygen therapy to conserve oxygen supplies and avoid oxygen toxicity - Build HCW capacity to provide non-invasive respiratory care (BiPAP, CPAP and HFNC) - Draw from USAID UCSF STAR resources to orient HCWs to various oxygen delivery and conversion devices (e.g., NC, HFNC, BiPAP, CPAP); conduct in-service training on patient selection, device set-up and safe use/titration, and device troubleshooting - With MoHs and facilities, develop and disseminate procedures and job aids for respiratory care
Basic Emergency Care (BEC)	- Support roll out of the World Health Organization (WHO) BEC course to train frontline healthcare providers without formal emergency care training, in the initial assessment, triage and management of acute life threats in low resource settings - Build networks of local master trainers to build BEC capacity and support the rapidly scalable cascade training model - Expand BEC to pre-hospital and outpatient settings
Home-based care	- Training of community health workers and e-mentoring in the monitoring of stable COVID patients - Dissemination of home-based care guidelines to families - Dissemination of IPC guidelines and resources for the safe management of COVID-19 patients at home
Operations support – COVID-19 treatment centers	- Support the development of dashboards and referral platforms to meet local needs - Provide operational support for set up of treatment centers, intensive care units (ICUs), implementing IPC guidelines and optimizing patient flow - Develop context appropriate standard operating procedures (SOPs), job aides and clinical algorithms to assist in the management of COVID-19 patients
Building Workforce Resiliency	- Introduce 'caring for the carer' approaches to support HCWs in managing high stress levels due to COVID, and help mitigate staff burnout - Build psychosocial support and mental health promotion programs at health facilities - Provide resources and tools to cultivate HCW communication skills for death and the dying patient
HIV Programming	In the context of HIV programming, provide support for differentiated service delivery for stable patients to reduce the burden on health facilities, including expanded [6-multi-month dispensing (MMD) or 3-MMD, depending on country], and fast-track ART refills
Commodities Forecasting	Support MoHs and facility in-charges to forecast supply chain needs and procure essential minor equipment (to support ventilator and oxygen use capacity) and infection prevention and control consumables (gloves, shields, masks)
Oxygen infrastructure	- Facilitate the building of health facility infrastructure (namely concrete slab, electrical capacity, oxygen piping) to receive oxygen generating equipment, e.g., pressure swing adsorption (PSA) plants - Participate in pre-installation facility assessments with bio-medical engineers and local stakeholders - Implement and report on quality improvement (QI)/quality assurance (QA) standards congruent with international standards of medical grade oxygen delivery - Partner with local engineers and experts to build infrastructure and connection to equipment - Provide training to bio-medical engineers on the maintenance of medical equipment

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