

# Reaching Impact, Saturation, and Epidemic Control

# RISE

## HIV Epidemic Control



### Key Award Information:

- RISE is 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)
- Ceiling of \$216m over 5 years (April 2019 – April 2024)
- Provides technical assistance, service delivery, and research support to accelerate progress on HIV epidemic and COVID-19 pandemic response

### Project Overview – HIV Epidemic Control

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 HIV 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 HIV transmissions, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV. RISE also supports COVID-19 emergency response efforts in multiple countries, working with Ministries of Health and USAID to provide technical assistance and service delivery support for COVID-19, and helping to mitigate the effects of the COVID-19 pandemic on HIV services.

### RISE HIV Epidemic Control Goals 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.

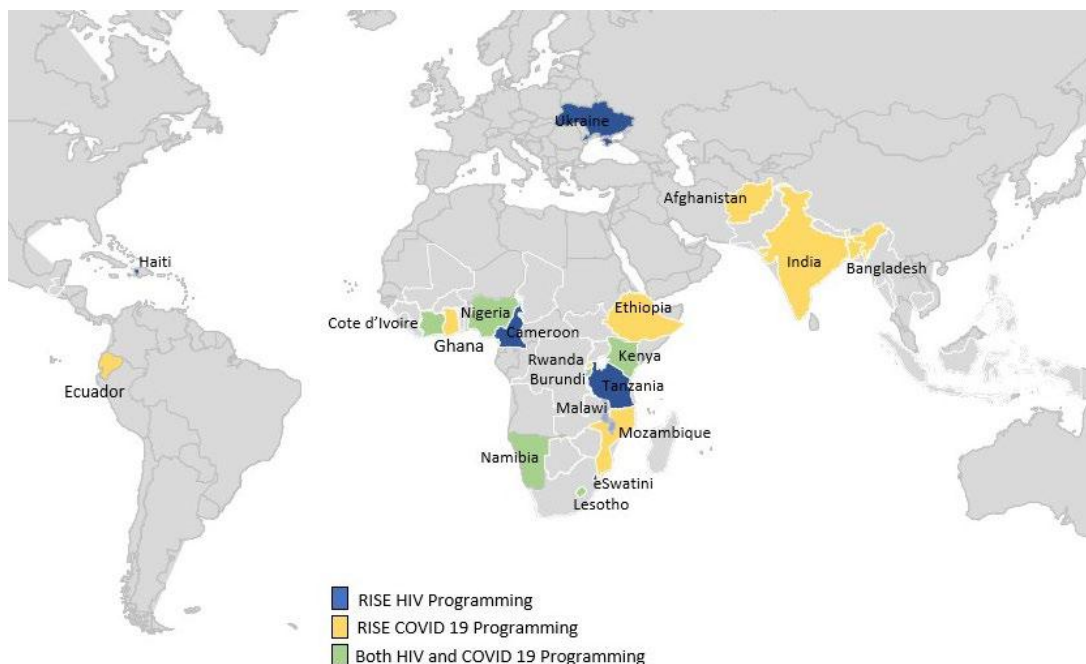
The primary HIV-related objectives of the RISE project are to:

1. Attain and maintain HIV epidemic control among affected adults, youth, 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.



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## Where We Work

RISE consortium partners are present across 46 countries, and the project has implemented PEPFAR and/or COVID-19 response programming across more than 20 countries. RISE has supported HIV programming in Burundi, Cameroon, Côte d'Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Namibia, Nigeria, Tanzania, and Ukraine.

## How RISE Helps USAID Achieve PEPFAR Targets

RISE enables USAID missions to access direct service delivery and technical assistance to achieve their PEPFAR targets, including support for HIV epidemic response in the context of the COVID-19 pandemic. RISE has demonstrated success in rapid startup to help USAID achieve country operational plan targets across the HIV prevention, care, and treatment cascade, and mitigating the effects of the COVID-19 pandemic on HIV programming. Where sites or subnational units are not on track to achieve targets, RISE supports countries to identify barriers, customize and intensify efforts, and institutionalize effective and efficient programming. RISE programs are helping to prevent new HIV infections through scale up of biomedical prevention, reducing missed opportunities to identify adults with HIV who are not yet on treatment and rapidly initiate them on ART, and supporting people on ART to stay in care, adhere to treatment, and achieve viral suppression. In multiple countries including Nigeria, Burundi, and Côte d'Ivoire, RISE has successfully maintained and even expanded quality HIV service delivery programs during the COVID-19 pandemic, supporting USAID missions and Ministries of Health to adapt HIV programming to allow for uninterrupted HIV/TB services for priority populations.

### RISE HIV Project Principles

- Break the cycle of HIV transmission and reach those most affected by 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 2030
- Work with local partners to tailor impactful, innovative, evidence-based services to priority populations, particularly adults and youth in affected communities and key populations

**HIV Epidemic  
Control Priorities**

**Illustrative Menu of RISE HIV Response Approaches and Services**

**Biomedical HIV  
prevention  
services**

- Introduction and scale-up of PrEP for HIV prevention, including support for introduction of new HIV prevention options
- VMMC services through public and private community clinics and hospitals, including mobile services that engage hard-to-reach men

**Condom supply  
and demand**

- A total market approach to condom availability leveraging public and commercial sectors to deliver condoms at scale

**Optimized HIV  
testing services**

- Safe and ethical 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**

- Escorted linkage and 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
- ART initiation at point of diagnosis in facility and community Intensified support for ART initiation and adherence in first six months after initiation, when risk of treatment interruption is high
- Case management to support people from diagnosis through viral suppression

**Differentiated  
service delivery  
(DSD) models**

- Scale-up of DSD models for people established in care, including fast-track ART refills, community ART groups, decentralized drug distribution, community pick-up points, and private pharmacies
- Multi-month dispensing of drugs to ensure all people living with HIV (PLHIV), including children > 2 years, have access to three to six-month supply
- Differentiated services for key populations, adolescents, clients with advanced disease, and people at high risk
- Use of expert clients, peer navigators, and support groups to support adherence and continuity on treatment
- Expansion of pediatric and youth friendly services including Operation Triple Zero approach to optimize care for adolescents and youth on ART

**Drug optimization**

- Policy and implementation support for transition to optimized ART regimens, including dolutegravir (DTG)-based regimens for all PLHIV
- Strengthened supply chain management for improved forecasting, quantification, and distribution of optimized ART regimens, including support of the transition of all adults and adolescents living with HIV to tenofovir, lamivudine, dolutegravir (TLD), and DTG based regimen for all pediatric clients

**Host government  
ownership**

- Engagement with ministries of health, private sector, networks, and associations of people living with HIV, and national HIV prevention bodies in planning, financing, and management of HIV services
- Enhanced site monitoring, joint supportive supervision, and community lead monitoring
- 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)

**Treatment and  
viral load literacy**

- Development and dissemination of client- and provider-focused messaging and materials, including job aids, to ensure that clients 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

<b>Laboratory system optimization</b>	<ul style="list-style-type: none"> <li>• Laboratory diagnostic 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</li> <li>• Improved access to viral load testing, reduced turnaround time, return of results to clients and prompt action by providers for clients with detectable viral load</li> </ul>
<b>Strategic information and data use</b>	<ul style="list-style-type: none"> <li>• Strengthened capacity for high-frequency reporting and data use, including interpretation, triangulation, visualization, and use for rapid course correction</li> <li>• 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</li> <li>• Development, adaption, and implementation of custom indicators to respond to program monitoring needs</li> <li>• Support and scale up of EMR and biometrics to improve client monitoring and data quality</li> <li>• Data quality assurance through data verification and assessments</li> <li>• Support for interoperability between health information subsystems</li> </ul>
<b>Health systems strengthening</b>	<ul style="list-style-type: none"> <li>• Support to improve resilience and self-reliance of health systems, enabling countries to achieve and maintain HIV epidemic control</li> <li>• Policy and systems support to optimize human resources for health</li> <li>• Domestic resource mobilization and health financing</li> <li>• Supply chain and commodity forecasting and management</li> <li>• Pharmaceutical system strengthening</li> </ul>
<b>Transition of awards to local partners</b>	<ul style="list-style-type: none"> <li>• Capacity assessments for local implementing partners and community-based organizations</li> <li>• Organizational capacity strengthening for financial, operational, and programmatic performance and sustainability</li> <li>• Technical and clinical capacity strengthening for optimized service delivery at facility and community levels</li> <li>• Subawards to local partners for implementation support and service delivery</li> <li>• Support throughout the process from identification of promising local partners through post-award technical assistance after the partner has received a prime award from USAID</li> </ul>

## The RISE Consortium - Our HIV 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 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.

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