For decades, URC has worked with national programs to advance efforts to combat infectious diseases, including tuberculosis (TB), HIV/AIDS, Zika, Ebola, and other emerging and reemerging diseases.

URC has implemented programs supporting the Global Health Security Strategy adopted by USAID, the Department of Defense (DOD), and the Centers for Disease Control and Prevention (CDC). URC works in all priority countries for USAID, DOD, and the CDC. We have more than 54 years of experience improving the quality of health care, social services, and health education worldwide.

URC-led programs have strengthened health systems by developing polices, standards, guidelines, and the capacity of facility and community health workers to detect, prevent, and respond to infectious disease. And with the emergence of COVID-19, certain URC activities and projects are adjusting their objectives to respond to this pandemic.

PREVENTING THE SPREAD OF DISEASE

USAID, health authorities from the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) in the Philippines, and URC’s USAID-funded BARMMHealth Project began collaborating to address COVID-19 in early 2020. BARMMHealth is working with the BARMM Ministry of Health (MOH) to achieve a self-reliant health system by building commitment and strengthening the capacity of the government, civil society, and communities to develop, implement, and finance solutions to improve health in the region.

BARMMHealth is working with the Philippine Department of Health (DOH) to capitalize on existing partnerships and communication channels to include messages about COVID-19 prevention. The teams have used messaging platforms such as Viber, WhatsApp, Facebook chats, and virtual meetings to disseminate information about
the outbreak and reduce the spread of COVID-19 in the region. The project is using *Usapan* sessions – facilitated group discussions – to provide instruction to community members about family planning, adolescent youth reproductive health, and now COVID-19 precautions. Staff from BARMMHealth also met with 65 municipal health officers and public health nurses to share the DOH’s updated clinical decision tool addressing how to triage patients with possible COVID-19 infection at ports of entry to the province.

**Strengthening Health Systems’ TB Capabilities**

URC also leads and has led a number of TB projects across the globe that have helped countries improve their health systems’ ability to detect and respond to infectious disease generally. For example, the global TB CARE II Project, which has worked in 15 countries since 2010, is focused on ensuring the development of sustainable health systems and emphasizes strengthening the clinical and programmatic capacity of in-country partners. The project is committed to the application of innovative, evidence-based, and contextualized solutions to meet country-specific critical TB challenges. Through project such as TB CARE II, URC’s demonstrated experience in TB and drug-resistant (DR) TB care and management includes:

- Supporting governments to develop and implement new TB care guideline, strategies, policies, standard operating procedures, and training packages in line with the End TB and national TB strategies;
- Strengthening community-based multi-drug-resistant (MDR) TB case detection and treatment through implementation of the community-based programmatic management of DR-TB and introduction of community-based DR-TB guidelines;
- Developing and rolling out innovative technologies, including mHealth tools to promote MDR-TB treatment compliance, support supervision at TB and lab facilities, improving information and referrals between service sites, and monitoring the delivery of health commodities;
- Partnering with ministries of health, national TB programs, national reference laboratories, academic institutions, the private sector, and community-based/civil society organizations to build public and private sector capacity to deliver quality TB services; and,
- Implementing innovative infection prevention and control approaches to improve early detection, treatment, and diagnosis of TB and MDR-TB in congregate settings in South Africa, Malawi, Swaziland, Bangladesh, India, and Vietnam.

**Improving Ebola Preparedness in Ghana and Benin**

The Ebola outbreak from 2014-2016 was so deadly – the disease killed more than 11,000 people – partly because, for the first time, it reached large urban areas with weak disease surveillance and public health systems that provided late and inadequate responses. More recent Ebola outbreaks have pushed the disease back into the news, notably in the Democratic Republic of the Congo.

Two projects led by URC in Ghana and Benin helped identify and implement best practices to ensure that outbreaks of Ebola – and other infectious diseases – are prevented and contained.

The USAID Systems for Health Project in Ghana helped advance infection prevention and control (IPC), building on work the project had already started as part of its health systems strengthening mandate. The project collaborated with the Ghana Health Service and the Maternal Child Survival Program to update the IPC policy and guidelines and the skills-based training package. Systems for Health then rolled out the IPC training for clinical and support staff in hospitals in five regions. They trained approximately 20,500 health workers and conducted follow-up visits to all 106 hospitals at which staff were trained. The World Health Organization’s 11-point Ebola preparation checklist recommends a range of actions to prevent and contain outbreaks. URC – through the USAID-funded Advancing Newborn Child and Reproductive Health (ANCRE) Project in Benin – achieved six of those goals: IPC, public awareness, case management, surveillance, contact tracing, and coordination.

ANCRE, for example, trained 56 community-based organizations and nearly 2,000 community health workers in Benin on prevention, surveillance, and behavior change communication techniques, who in turn reached more than 40,000 people across ANCRE’s 10 health zones. ANCRE worked with the MOH to design and implement the readiness assessment in all 10 zones. Readiness assessment scores improved
from an average of 50 percent in October 2017 to 79 percent by December 2017, exceeding the World Health Organization Goal of 75 percent.

**STRENGTHENING DISEASE DETECTION AND RESPONSES**

URC supported implementation of the Defense Threat Reduction Agency’s (DTRA) Cooperative Biological Engagement Program (CBEP) in Vietnam from 2017-2019 as a sub to CH2M HILL. CBEP, part of DTRA’s Biological Threat Reduction Program, focused on addressing the danger posed by infectious disease outbreaks. URC provided in-country support – through engagement with Vietnam’s public health sector – to improve disease surveillance, detection, and response. CBEP focused on biological agents and the enhancement of clinical, laboratory, and epidemiological safety and security by providing training, expertise, laboratory design support, security assessments, collaborative scientific research, and equipment provisions to meet the project objectives.

URC partnered with CH2M HILL from 2013-2016 to strengthen Iraq and Afghanistan’s biosecurity capacity to identify and respond to biological and chemical threats under DTRA’s CBEP. URC worked with local project teams to assess and enhance their capacity to increase detection and diagnosis and report on infectious disease outbreaks. The project assisted public health labs to: secure and consolidate collections of select agents; enhance biosecurity and biosafety standards and procedures; and strengthen the ability to detect, diagnose, and report outbreaks of infectious disease, especially those associated with select agents and dangerous pathogens in accordance with International Health Regulations from the World Health Organization and guidelines from the World Organization for Animal Health guidelines. URC led training activities for the Ministries of Health, Agriculture, Environment, and Higher Education in Iraq and Afghanistan to build capacity in the above areas.

Under USAID’s Human Resources for Health (HRH) 2030 Project, URC developed and piloted an Excel-based tool that captures site-level HRH data to help maximize the available human resources. The tool – initially developed for differentiated care for antiretroviral therapy for (ART) and adapted for family planning and primary health care – helps site managers estimate HRH needs, identify cadre-specific imbalances in their workforce, and identify potential solutions through the reallocation of existing staff resources.

**Zika Support in Latin America and the Caribbean**

In response to the emergence of Zika, URC, through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, applied quality improvement methods to health systems strengthening efforts in these Zika-affected countries: Antigua and Barbuda, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, Peru, Saint Kitts and Nevis, and Saint Vincent and the Grenadines.

ASSIST-supported activities in the 13 countries included: conducting a baseline assessment of the quality of Zika-related care, revising Zika-related clinical guidelines, training health care providers on counseling skills, improving Zika-related clinical processes, conducting face-to-face and virtual courses on Zika-related health care, implementing a Zika quality improvement program, and cultivating a Zika community of practice to rapidly scale up learning across all affected countries. This included the creation of a virtual Zika course which was delivered to over 600 health care professionals in five Latin American countries.
The ASSIST systems strengthening approach enabled countries to deliver high-quality Zika-related health services in more than 800 health facilities across 13 countries. As a result, more than 11,000 health professionals were trained in Zika management, over 70,000 women were counselled on Zika prevention and transmission pathways, 60,000 pregnant women were screened for signs and symptoms of Zika infection, 29,000 newborns were evaluated appropriately for microcephaly and congenital Zika syndrome (CZS), and more than 700 children identified with CZS and linked to health services.

Under the Global Health Supply Chain – Procurement and Supply Management Project, URC has contributed to USAID’s objectives for availing antenatal clinics of Zika commodities in Ecuador, Dominican Republic, Peru, and Paraguay, including mosquito repellent and condoms. This work involved liaising closely with the MOH and Central Medical Stores to ensure compliance with importation requirements, coordinate central-level storage of commodities, and track their physical location and distribution status.

**Detecting and Treating TB in Difficult Circumstances**

URC’s USAID Defeat TB Project in Uganda provides support to all MDR-TB treatment facilities in Uganda through direct service delivery and technical support to implement a comprehensive package for MDR-TB management, including contact investigation. Recently, Defeat TB initiated patient-led contact tracing. KI, a young man from the slum of Kisenyi, which typically does not welcome outsiders – even health workers – was diagnosed with rifampicin-resistant (RR) TB. He had been cared for well at the Mulago National Referral Hospital, and offered to lead health workers to his friends and family, who might otherwise have never been screened for TB.

Of the 40 people initially screened for TB, six tested positive for TB, which is approximately five times the typical positive rate for tests. But KI went further, allaying the fears and suspicions of other residents by explaining how the health workers had helped him get diagnosed and treated. The team succeeded in screening another 413 people in the community, of which 152 were presumed to have TB. Five of the 152 were diagnosed with TB using the GeneXpert machine.