COVID-19: A Global Pandemic

Project HOPE’s Response

Global Strategy and Country Plans

March 2020
Project HOPE operates around the world wherever the need is greatest, working side-by-side with healthcare workers and their communities, addressing the greatest public health challenges to enable people to live their best lives. We respond to disasters and health crises and stay on in communities long after disaster strikes to help find solutions to epidemics and any other neglected health needs. Throughout our history, with the support of our partners, HOPE has responded to more than 45 natural disasters, outbreaks, and humanitarian crises around the world.

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A Global Pandemic

Outbreak in China

The novel coronavirus disease (2019 (COVID-19) originated in Wuhan, the largest city in central China and home to 11 million people. With an office in Wuhan focused on healthcare worker training through the HOPE School of Nursing at Wuhan University, Project HOPE began response efforts as soon as the scope of the epidemic became clear to the global health community.

At the virus’s peak in Wuhan, doctors described a “flooding” of patients in hospitals, with people waiting hours to seek treatment. Screening the disease was difficult, and with large crowds gathering inside hospitals, healthcare workers faced high-risk of exposure. More than 3,400 of the COVID-19 cases in China were among healthcare workers.

Timeline of a Pandemic

- A new virus was first identified by Chinese doctors in early December. On December 31, 2019, Chinese authorities alerted the World Health Organization (WHO) of pneumonia cases in Wuhan with an unknown cause.

- The virus became known to the global community in mid-January. As of January 27, 2020 it was predicted that the virus could potentially double every six days.

- On January 30, the WHO declared the outbreak a Public Health Emergency of International Concern.

- As of February 10, 2020, the worldwide demand for personal protective equipment (PPE) was 100 times higher than normal, with prices 20 times higher than normal.

- On February 25, 2020, the number of new cases reported outside of China exceeded the number of new cases reported inside of China for the first time.

- On March 6, 2020, the number of confirmed cases surpassed the 100,000 mark, with more than 70 countries reporting cases.

- On March 11, 2020, the WHO declared COVID-19 a global pandemic. At that time, there were confirmed cases in 116 countries.

- As of March 18, there are 227,310 reported cases in 159 countries and regions. There have been 9,311 fatalities.
Response in China

Project HOPE is one of the only international relief organizations in China, with more than 35 years of experience implementing global health and health systems strengthening programs. As the COVID-19 outbreak escalated in Hubei Province, HOPE activated its staff in Wuhan, Shanghai, and Beijing to provide rapid support to healthcare workers at the frontlines of the outbreak.

HOPE worked in close coordination with the Hubei Provincial Centers for Disease Control and Prevention, the National Health Commission, and hospital partners to facilitate the shipment and distribution of medical supplies including PPE and specific medical equipment critical for the treatment of patients severely ill with the virus.

HOPE’s effort to procure and ship PPE, medical supplies, and equipment was supported by more than 22 public/private partnerships, including the United States Department of State. To date, we have distributed supplies to more than 27 hospitals in the Hubei, Yunnan, Jiangsu, Anhui, and Sichuan provinces and Shanghai, including:

- 4.7M+ face masks
- 87K isolation gowns
- 20K+ protective coveralls
- 273K pairs of exam gloves
- 20 defibrillators and 20 patient monitors
- 15 ventilators
- 12 medical air compressors
- 10 disinfectant fogging machines

China has made significant progress in reducing COVID-19 transmission over the last few months. At the peak of the outbreak, China was seeing approximately 2,500 new cases per day. On March 18, China’s National Health Commission reported just 13 new cases across the country and only one confirmed case in Wuhan.
An Expanding Global Response

As COVID-19 spreads rapidly, Project HOPE has been working with our program staff around the world to pivot to preparedness and response plans.

Our global preparedness measures focus on two key objectives:

1. **Strengthen the COVID-19 knowledge and preparedness capacity of the global healthcare workforce**

   HOPE has partnered with Brown University’s Center for Human Rights and Humanitarian Studies to develop and implement a healthcare worker training program designed to rapidly and sustainably scale-up local capacity for COVID-19 preparedness and response.

   Brown University faculty and staff with expertise in infectious diseases, emergency care, medical education, and instructional design have developed a training with key modules designed to meet WHO standards, best practices, and guidelines, including:

   - Infection Prevention and Control
   - Surveillance and Screening
   - Triage and Stabilization
   - Diagnosis and Management
   - Health Facility Operations and Surge Capacity
   - Risk Communication and Public Health Messaging

   The training incorporates case studies and simulations for skills practice, and utilizes quizzes, exams, and practicums to measure core competencies. It is designed using a Training-of-Trainers (TOT) methodology, which will allow the maximum potential reach within a specific country as master trainers are able to deliver cascade trainings in the local language. HOPE will ensure all training materials are culturally and linguistically appropriate for frontline healthcare workers and approved by national health authorities in each country where the training is delivered.

   As HOPE’s country leadership is reaching out to Ministries of Health to implement the training, it will also be available to healthcare workers around the world. While in-person master trainings are not possible due to travel restrictions, **trainings will be delivered through live remote sessions, and through eLearning platforms**. HOPE is coordinating with two key online learning partners, Project ECHO and the Cornerstone Foundation’s Disaster Ready platform, to reach the broader healthcare and humanitarian aid communities.

   Project ECHO is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time. The platform has reached over 90,000+ learners worldwide. DisasterReady has curated the largest free online learning library targeted to the humanitarian and development professional community. More than 150,000 professionals trust the platform as a primary source of continuing learning and development.

2. **Provide supply chain support through the procurement and distribution of medical supplies and equipment based on country needs and product availability**

   HOPE worked closely with the Chinese health authorities, INGO partners and corporate
partners to source and distribute medical supplies and equipment to hospitals in need. Our initial focus was to source PPE for frontline healthcare workers. For healthcare workers experiencing repeated COVID-19 exposure, PPE is essential to keeping them safe and healthy. As global supply chains stretched and PPE became harder to procure, we expanded our efforts to include critically needed medical equipment, such as ventilators, air compressors, defibrillators, patient monitors, disinfection equipment, etc. For critically ill patients, equipment like this can be lifesaving.

As the virus spreads, hospitals and health facilities around the world are finding themselves ill-equipped to deal with the influx of patients. Over 60 percent of the world’s PPE supply is produced in China. However, the significant manufacturing reduction in China (due to stringent and widespread quarantines), combined with the unprecedented PPE consumption rates in China at the peak of their COVID-19 battle, has resulted in a dangerously low supply of PPE globally. Countries around the world are desperately trying to prepare for their own outbreaks and are struggling to stock up on N95 masks, patient gowns, goggles, gloves, ear loop masks, and other PPEs that they will need. At the same time, many countries have begun to nationalize their stock and block export of critically needed PPE supplies.

With China lifting restrictions on the sale of medical supplies and once again becoming a net exporter of PPE, HOPE’s in-country team is working with local manufacturers to secure newly produced PPE that meets internationally recognized standards direct from the source. **HOPE will establish a PPE supply chain from China to countries which are particularly at risk or are experiencing stock outs due to spiking COVID-19 caseloads.** Beyond PPE, critically needed medical supplies and equipment will also be sources for distribution to those facilities and healthcare workers most in need as resources allow.

HOPE’s supply chain will benefit from a strong network of partners and freight forwarders, including in-kind cargo space donors, to improve efficiencies and mitigate the impact of unpredictable travel and import/export restrictions, price fluctuations, flight cancellations and other threats to global supply chains.

**A No Regrets Response**

With the rapid spread of COVID-19, the scale of required response is unprecedented. **Project HOPE has anticipated an initial budget of $5 million to roll out the strategies outlined in this proposal over the next two months. At HOPE, we take a “no regrets” approach to responding to health emergencies—we get there fast, we start working quickly, and we stay as long as we have the resources to meet the needs.** We plan to scale our response to the maximum extent possible based on available funding.

Additionally, we are asking all funders to consider designating a portion of their response contribution to provide core mission support for Project HOPE. Like practically all business across the globe, we are having to pause our day-to-day programs, many of which are grant-funded. **As we pivot our health programs, our staff on the ground are essential to our efforts to efficiently and effectively localize our response to this outbreak and future health emergencies. They are collaborating with Ministries of Health, sharing information with local partners and health systems, training and supporting frontline healthcare workers, and working with the community to keep them safe.** Core mission support allows HOPE to support the most urgent needs of the organization, which is critical in times of crisis.
Country-Specific Responses

As Project HOPE rolls out training and supply chain initiatives at the global level, our country leadership is working with the local health authorities to provide customized solutions to meet local needs. In many cases, we are being forced to temporarily halt existing programs to support response efforts to the fullest extent possible.

The Americas

Colombia

HOPE’s impact in Colombia dates back to 1967, when the S.S. HOPE first provided health services. In the late 1990s, HOPE helped establish the country’s emergency medical services system. In 2018, we re-established operations along the northern border with Venezuela to support the health system as it is strained under the influx of migrants and refugees escaping the ongoing crisis within Venezuela.

HOPE is working with PAHO, and Ministry of Health, and two partner hospitals to provide temporary facilities to triage patients outside of the emergency room, and isolate those that are suspected positive for COVID-19. This allows patients with injuries and other illness to seek care and avoid exposure to the virus. HOPE will also be providing medical care and supporting infection prevention and control measures at homes for the high-risk elderly population in Cúcuta.

Dominican Republic

HOPE has worked in the Dominican Republic for 25 years, partnering to establish maternal and child health clinics. More recently, we have worked with select hospitals to rehabilitate their maternity wards and established a national advisory committee to oversee the development of a neonatal and obstetrics nursing curriculum.

HOPE has received a letter of invitation from the National Health Service to support training of frontline healthcare workers on COVID-19. The training will cover needs like infection prevention control (IPC), hospital surge operations, and patient treatment protocols.

Haiti

HOPE has provided a variety of programming in Haiti starting with the development of a lab at the University Hospital in 1987. Since then we’ve run child survival and HIV/AIDS prevention programming. Most recently, we responded to Hurricane Matthew in 2016.

While HOPE does not have active programming in Haiti, we keep in close contact with our former staff, and have been particularly concerned with the recent political unrest within the country. We are actively communicating with local partners to best determine how we can support their preparedness and response to a COVID-19 outbreak.

United States

In the wake of Hurricane Maria, HOPE deployed our emergency response team to Puerto Rico and stayed to address the high rates of diabetes on the island. In addition to our noncommunicable disease work, our team has been implementing emergency response programming since the January 7 earthquake and subsequent aftershocks.
The government has announced an initiative to train all healthcare workers to respond to the virus by the end of May. HOPE has pledged to support these efforts and is in active conversations with the Primary Healthcare Association about how to support initiatives to prepare, train, and equip their members.

Beyond Puerto Rico, we are currently preparing response efforts across other parts of the U.S. and are assessing the best ways that we can support doctors and nurses on the frontlines, especially as they already face shortages of vital PPE.

**Africa**

**Ethiopia**

HOPE has been providing humanitarian assistance in Ethiopia since 1987. In 2017, we began new programs to provide comprehensive HIV prevention, care and treatment services and improve reproductive, material, newborn and child health.

Ethiopia is among the WHO’s top 13 priority countries in Africa for COVID-19 preparedness due to direct links and/or high volume of travel to China. HOPE is collaborating with the Ministry of Health to assist with outbreak prevention and control by developing a robust case finding, contact tracing and surveillance data system. HOPE already does contact tracing and surveillance data for HIV in country, and by pivoting this system, we will strengthen the capacity of healthcare workers and managers to monitor COVID-19 occurrence and trends while providing timeline data and reports to the national health authorities to attempt to limit the impacts of the epidemic.

**Additional Countries in Africa**

HOPE also runs programs in Sierra Leone, Namibia, Nigeria, and Malawi. We are currently working with country leadership in each to determine the needs on the ground and individual responses.

**Asia**

**China**

HOPE is continuing to support response efforts in China, with two remaining shipments of medical equipment. As the country returns to normalcy, HOPE staff are working with academic institutes in Wuhan and Shanghai to develop programming to support future health emergencies.

Additionally, our in-country team is now working closely with our global emergency response team to reverse the HOPE supply chain. Where HOPE globally sourced and imported PPEs and essential supplies into China during the peak of the outbreak, our team is now procuring those same items in China and distributing them globally.

**Indonesia**

HOPE first served Indonesia with the S.S. HOPE in 1960. Since then, we have run programs focused on child survival and provided emergency response for the tsunami in 2004 and the earthquake/tsunami in 2018. Our current programs focus on improving maternal and child health.
HOPE is working with health authorities at the provincial level to provide preparedness and response training. We are working with the authorities in West Kalimantan, on the island of Borneo (future home of Indonesia’s capital), to determine how to best to support their needs through training and tabletop exercises. Future trainings will target the most vulnerable provinces for preparedness and response capacity building.

Europe

North Macedonia & Kosovo

HOPE has worked in North Macedonia since 1991 and Kosovo since 1999. We have run infectious disease and health system strengthening programs, and provided humanitarian and medical assistance to refugees of the Kosovo war and Syria. We support both governments with the Strategic Medical Resupply Program, an initiative to leverage HOPE’s gift-in-kind program to fill gaps resulting from limited budgets and shore up the medical supply chain.

With close proximity to Italy, there has been rapid transmission of COVID-19 and both governments have made formal requests from assistance from HOPE. We are working with the Ministries of Health to roll-out the Brown University training as soon as possible to support the healthcare community. Additionally, we are continuing to source and deliver critically needed medicines to support the already fragile health systems.