

# COVID TREATMENT QuickStart — CONSORTIUM —

COVID-19 has remained a Public Health Emergency of International Concern since January 20, 2020. Over the past two and a half years, the COVID-19 pandemic has exposed significant global inequities in access to therapeutics, vaccines, testing, and other medical interventions that could limit the range and impact of the disease. Access to treatment has become an urgent need to tackle alongside persistently low primary vaccination and booster rates in many countries. In addition, scale-up of self-testing for COVID-19 in these settings will enable even more effective approaches.

These imperatives resounded throughout our [Inaugural Learning Network Meeting on 7 December 2022](#). Diverse speakers and participants collectively acknowledged the necessity of mechanisms to complement continued access to vaccines for long-term COVID management. Presenters shared their key lessons learned at both the country and regional levels. A few key insights included:

1. **Integration:** Test and treat programs cannot be standalone programs. They should be integrated into existing programs, facilities, and mechanisms.
2. **Capacity:** We should use this as an opportunity to continue to build capacity for COVID response, primary healthcare, and other needs.
3. **Engagement:** We must engage communities and individuals to establish appropriate health literacy and ensure that we are responsive to the needs and priorities of our own communities.
4. **Community Health Workers (CHW's):** CHW's are vital to implement and decentralize these efforts.

In the first session, panelists Dr. Edson Rwagasore, Division Manager of Rwanda's Biomedical Center's Surveillance Division, and Professor Lloyd B. Mulenga, Director of Infectious Diseases in the Zambia Ministry of Health, discussed the preparation Rwanda and Zambia are undergoing for the introduction of oral antiviral test-and-treat programs.

Dr. Cameron Wolfe, Research Lead for the COVID Treatment Quick Start Consortium and Associate Professor of Medicine at Duke University, and Dr. Tajudeen "Taj" Raji, Head of the Public Health Institutes and Research in the Africa CDC, led the second half of the meeting, discussing initial lessons learned in defining high-risk populations who should receive antiviral treatment.

The COVID Treatment Quick Start Learning Network will meet monthly and is open to all. Please [subscribe to our mailing list](#) and stay tuned for our next meeting date. We welcome [questions and suggestions](#) for future discussion topics. Our aim is to:

1. Provide a platform for learning and collaboration amongst a diverse set of stakeholders on COVID test-and-treat implementation
2. Share successes and lessons learned in development and implementation of COVID test-and-treat programs globally to enable rapid dissemination of good practices

3. Address shared challenges across test-and-treat programs to accelerate their implementation; and
4. Inform operational research priorities and provide pathways for dissemination of emerging evidence and insights.

The COVID Treatment Quick Start Consortium brings together [Duke University](#), [Americares](#), the [Clinton Health Access Initiative](#) (CHAI), and [COVID Collaborative](#) as implementing partners, with support from the [Open Society Foundations](#), [Pfizer](#), and the [Conrad N. Hilton Foundation](#). The consortium supports governments to introduce and scale up access to new and effective COVID-19 oral antiviral therapies in high-risk populations. Partner countries include Ghana, Kenya, Laos, Malawi, Nigeria, Rwanda, South Africa, Uganda, Zambia, and Zimbabwe.