

COVID-19 Test and Treat in Malawi

QuickStart Treatment Consortium
Policy Brief
December 2024

Summary

Through a partnership with the COVID-19 QuickStart Treatment Consortium from June 2023 to September 2024, 700 treatment courses of nirmatrelvir/ritonavir were donated to Malawi and 935 healthcare workers were trained on COVID-19 testing and treatment. During this time period, 745 people tested positive for COVID-19 and 307 were prescribed treatment. It is therefore possible to implement covid-19 test and treat projects in resource limited settings like Malawi.

This policy brief describes Malawi's QuickStart COVID-19 test and treat program and summarizes key insights and recommendations.



Background

As future health threats including mpox, H5N1, and others loom, it is critical to learn from experiences of COVID-19 program rollout across the health system.

COVID-19 has caused 9+ million deaths globally.¹ Effective vaccines and treatments have helped to prevent further deaths, but low- and middle-income countries (LMIC) have experienced equity gaps in access. Limited data is available in LMIC contexts on real-world COVID-19 test and treat program implementation and utilization of nirmatrelvir/ritonavir.

The COVID-19 Treatment QuickStart Consortium, a partnership between Duke University, AmeriCares, the Clinton Health Access Initiative, and the COVID Collaborative, worked with governments in eight LMIC including Malawi to develop and roll out COVID-19 test and treat programs from 2022-2024.

Malawi's COVID-19 Case Numbers at a Glance¹

89,168 recorded cases nationally
as of June 2024

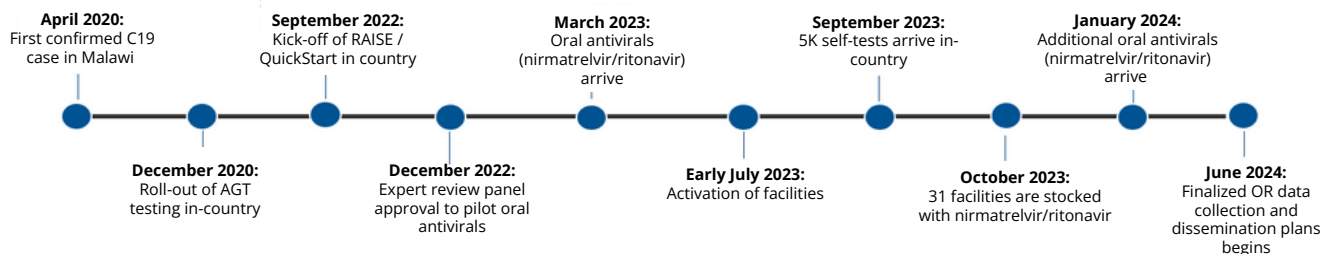
2,686 recorded deaths nationally
as of June 2024

Approach

- Collaboration on guidelines development and implementation planning** including development of national policies, clinical guidelines, program rollout strategies, and national training programs
- Supply and distribution planning for decentralized testing** with point-of-care Antigen (POC-Ag) tests
- Donation of antiviral treatment (nirmatrelvir/ritonavir)** and in some countries, **self-tests** facilitated through rapid regulatory approvals and in-country importation
- Training of healthcare workers on COVID-19 diagnostics and clinical care** through training of trainers, cascade training, and ongoing site mentorship
- Strengthen national COVID-19 monitoring and evaluation systems** including introduction of new facility registers
- Program advocacy at the community level** to educate community members on availability of T&T at local facilities and eligibility criteria for treatment
- Operational research and post market surveillance** in a subset of five countries (Ghana, Malawi, Nigeria, Rwanda and Zambia) to assess program feasibility, impact and challenges

¹ WHO COVID-19 dashboard 2024 [cited 2024 June 18]. Available from: <https://data.who.int/dashboards/covid19/deaths?n=o>.

Malawi Program- Test & Treat Timeline



Model of Care

- Individuals are screened at entry points (emergency department, out-patient, TB and HIV clinics), symptomatic individuals are offered tests at entry points.
- People diagnosed with COVID-19 are referred and assessed for risks and offered treatment at the TB clinic.
- People living with HIV and/or TB are offered bi-directional COVID-19 testing and treated within specialty clinics (e.g., HIV clinics, TB clinics). All individuals with TB symptoms are offered COVID-19 tests and all people diagnosed with COVID-19 are screened for TB.

QuickStart Program Results

Cascade of care July 2023 to September 2024:

17,536 COVID-19 tests conducted

745 Positive COVID-19 tests

320 Individuals eligible for treatment*

307 Prescribed nirmatrelvir/ritonavir

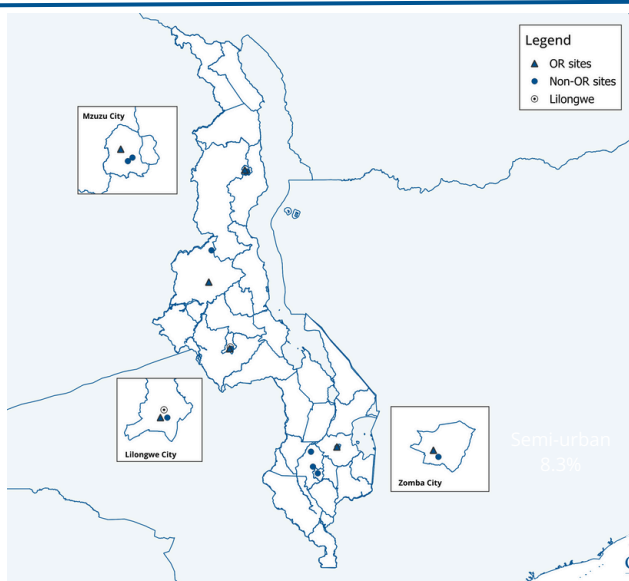
In some facilities, more individuals were prescribed treatment than the number documented eligible for various reasons. Eligibility criteria for treatment in Malawi is determined based on patients presenting with mild or moderate disease, within 5 days of symptom onset, and at least one moderate or high-risk factor for disease progression (e.g., age >50, hypertension, obesity, HIV+, etc.).

QuickStart Program Rollout

1,554 Providers trained through QuickStart

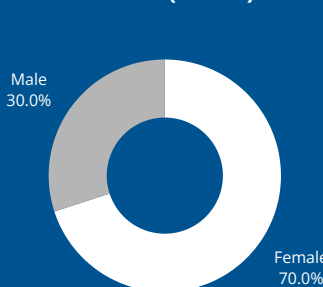
700 Treatment courses donated

12 QuickStart facilities offering test and treat

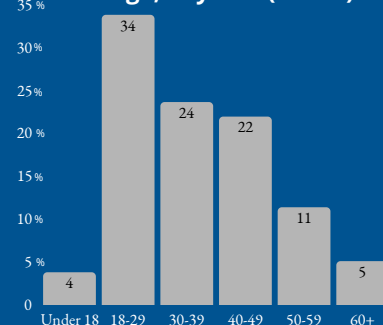


Characteristics of People Diagnosed with COVID-19

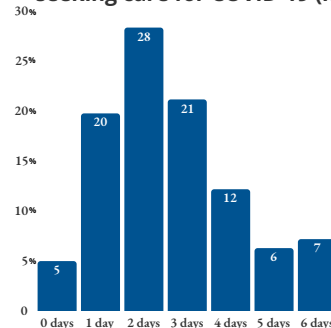
Gender (n=238)



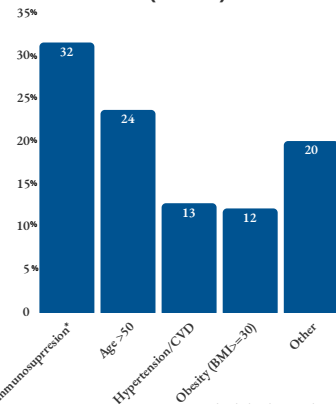
Age, in years (n=238)



Time from symptom onset to first seeking care for COVID-19 (n=222)

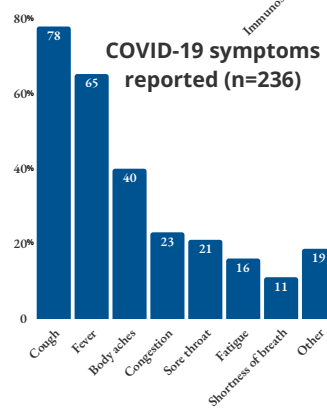


Risk factors (n=165)

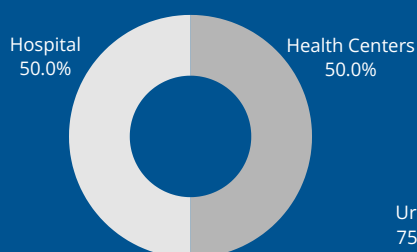


*Including living with HIV

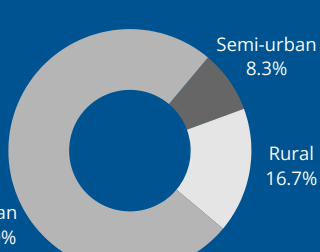
COVID-19 symptoms reported (n=236)



Facility Type



Facility Location



Program Outcomes and Recommendations

Among individuals prescribed nirmatrelvir/ritonavir with follow-up data available:

96% reported initiating treatment

54% reported experiencing at least one side effect

98% reported completing treatment

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serious adverse event (SAE) was reported

*SAE was determined not to be related to COVID-19 treatment

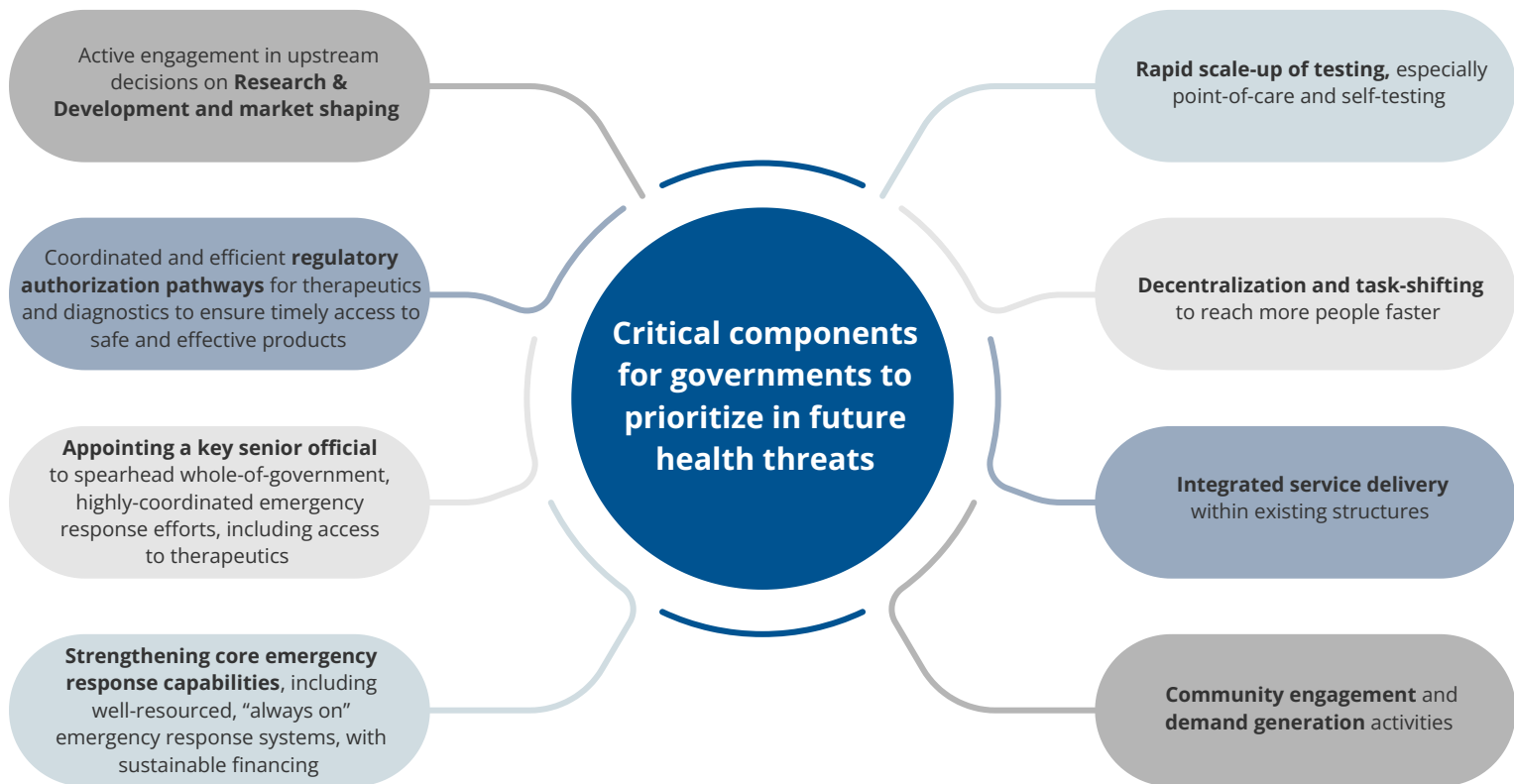
Learning from experiences rapidly rolling out COVID-19 test and treat programs will be critical to sustain the existing program and prepare for future disease threats.

Sustaining and Strengthening COVID-19 Programs

Core elements include:

- Strengthening surveillance systems
- Developing surge preparedness plans
- Developing mechanisms for increased medical countermeasures as needed
- Identifying updated and integrated governance structures for continued program oversight

Preparing for the Next Health Threat



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