COVID TREATMENT QuickStart CONSORTIUM

COVID-19 Test and Treat in Rwanda

QuickStart Treatment Consortium
Policy Brief
December 2024

Summary

Through a partnership with the COVID-19 QuickStart Treatment Consortium from March 2023 to September 2024, 1,000 treatment courses of nirmatrelvir/ritonavir were donated to Rwanda and 895 healthcare workers were trained on COVID-19 testing and treatment. During this time period, 1,502 people tested positive for COVID-19 and 763 were prescribed treatment.

This policy brief describes Rwanda'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 Rwanda to develop and roll out COVID-19 test and treat programs from 2022-2024.

Rwanda's COVID-19 Case Numbers at a Glance [1]
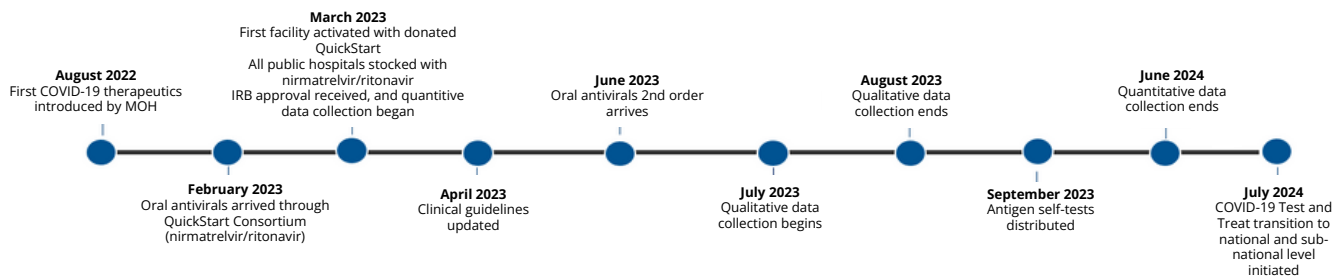
133,261 recorded cases nationally as of June 2024

1,468 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)

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 revising the existing electronic systems (DHIS2) to include patient management

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

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

Rwanda Program- Test & Treat Timeline

August 2022
First COVID-19 therapeutics introduced by MOH

March 2023
First facility activated with donated QuickStart
All public hospitals stocked with nirmatrelvir/ritonavir
IRB approval received, and quantitive data collection began

June 2023
Oral antivirals 2nd order arrives

August 2023
Qualitative data collection ends

June 2024
Quantitative data collection ends

February 2023
Oral antivirals arrived through QuickStart Consortium (nirmatrelvir/ritonavir)

April 2023
Clinical guidelines updated

July 2023
Qualitative data collection begins

September 2023
Antigen self-tests distributed

July 2024
COVID-19 Test and Treat transition to national and sub-national level initiated

Model of Care

▷ Individuals are screened at entry points (out-patient, in-patient, emergency department, TB, HIV, and NCD clinics), symptomatic individuals are offered tests at entry points. People diagnosed with COVID-19 are referred and assessed for risks and offered treatment.

▷ Government-led support utilizing pre-existing health system infrastructure and cascade training enabled a nationwide rollout, resulting in primary care facilities across all regions providing COVID-19 testing and treatment, ensuring widespread and equitable access to services.

QuickStart Program Rollout

895 Providers trained through QuickStart

1,000 Treatment courses donated

589 QuickStart facilities offering test and treat

Legend
⊙ Kigali
● QuickStart site location

Eastern Province
Northern Province
Kigali
Southern Province
Western Province

Facility Type

Hospitals 44.0%
Health Centers 56.0%

Facility Location

Urban 20.4%
Very remote 4.0%
Semi-urban 18.3%
Rural 57.0%

QuickStart Program Results

Cascade of care March 2023 to September 2024:

429,054 COVID-19 tests conducted

1,502 Positive COVID-19 tests

412 Individuals eligible for treatment*
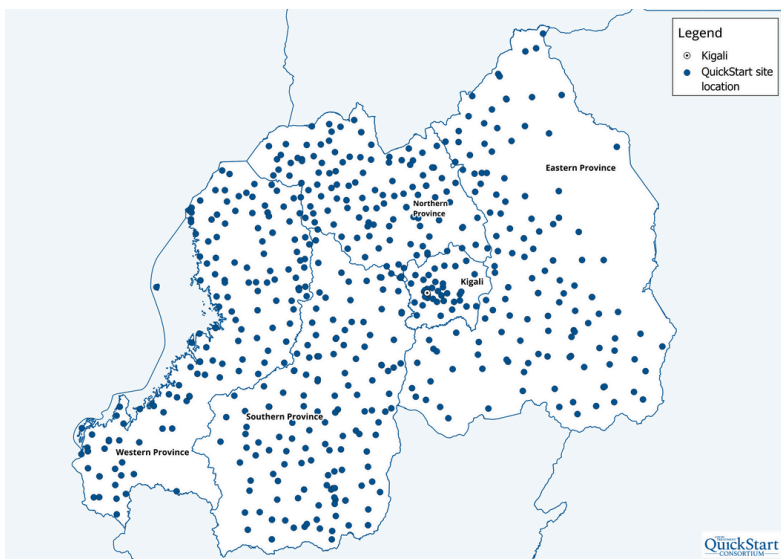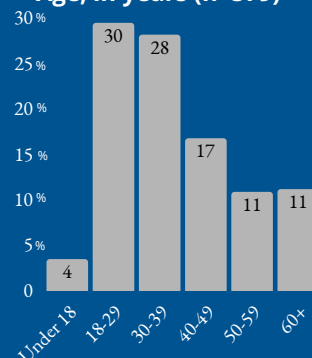
763 Prescribed nirmatrelvir/ritonavir

*In some facilities, eligibility documentation wasn't recorded. This total only represents those known to be eligible.

Characteristics of People Diagnosed with COVID-19

Gender (n=604)

Male 53.8%
Female 46.2%

Age, in years (n=579)

Under 18	18-29	30-39	40-49	50-59	60+
4	30	28	17	11	11
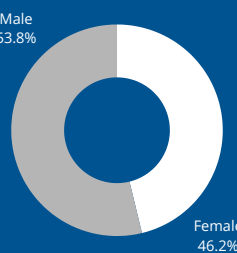
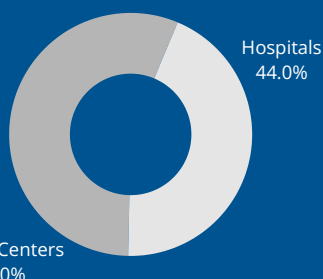### Time from symptom onset to first seeking care for COVID-19 (n=579)

0 days	1 day	2 days	3 days	4 days	5 days	6 days
19	17	34	20	4		5

Risk factors (n=232)

Age >50	Hypertension/CVD	Immunosuppression*	Other
55	15	7	22

*Including living with HIV
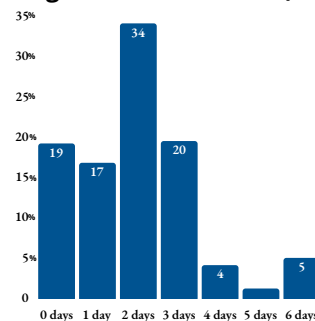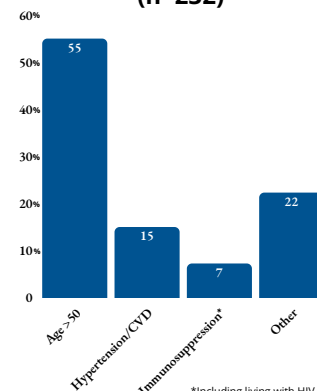
COVID-19 symptoms reported (n=420)

Fever	Cough	Fatigue	No Symp or Asymptomatic	Congestion	Sore Throat	Body Aches	Short of Breath	Other
76	75	57	44	32	20	19	16	18
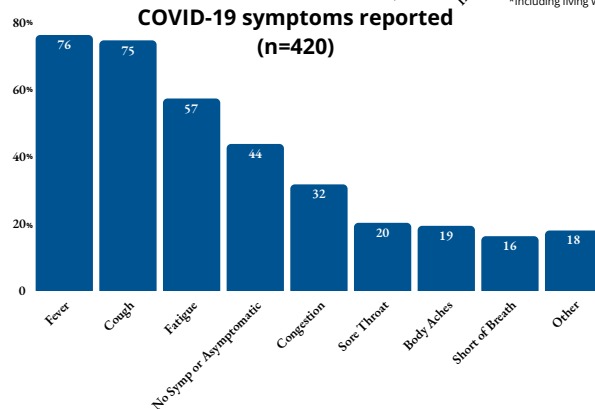
Program Outcomes and Recommendations

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

98% reported initiating treatment

19% reported experiencing at least one side effect

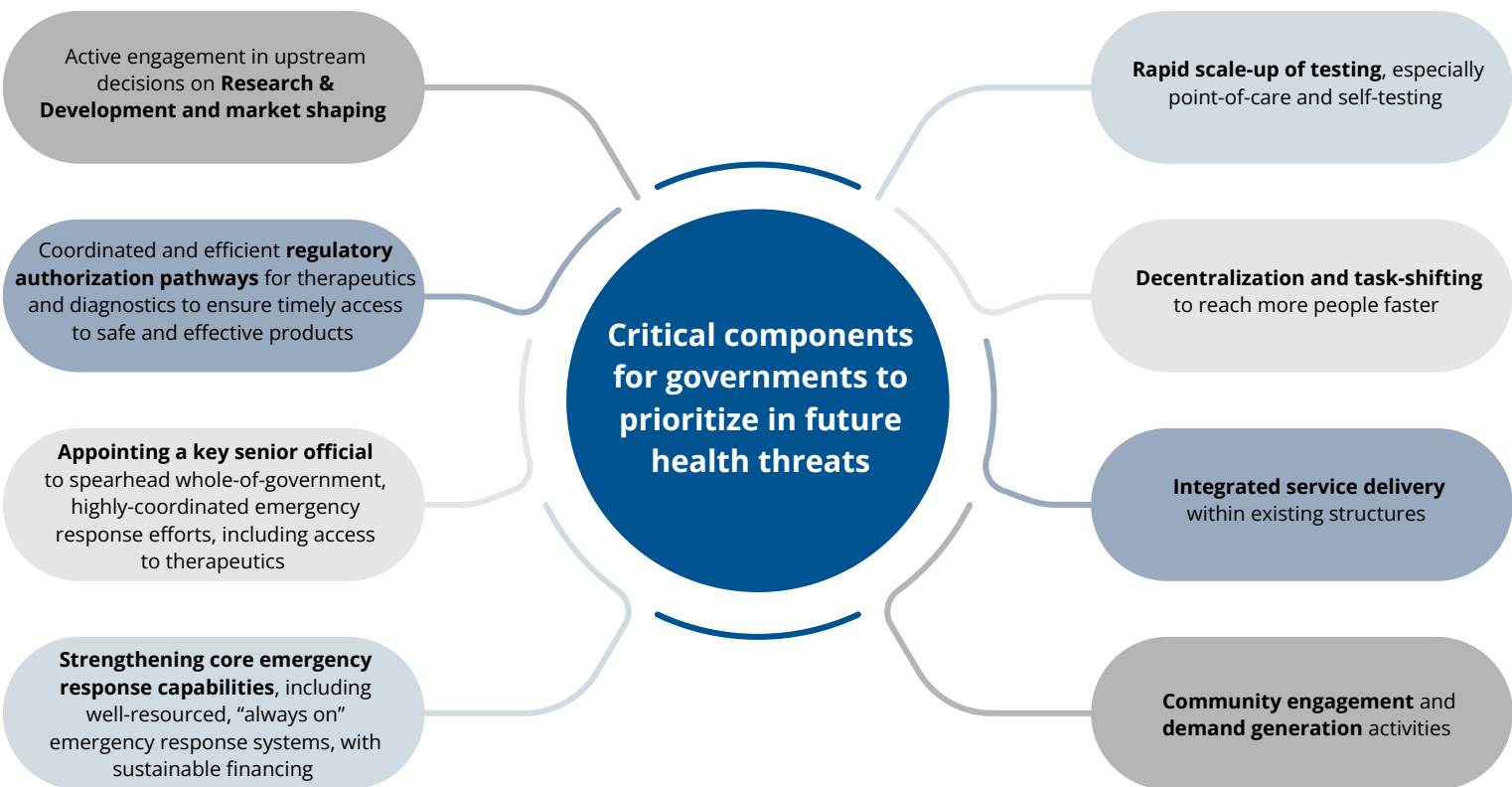**100%** reported completing treatment

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

Active engagement in upstream decisions on **Research & Development and market shaping**

Rapid scale-up of testing, especially point-of-care and self-testing

Coordinated and efficient **regulatory authorization pathways** for therapeutics and diagnostics to ensure timely access to safe and effective products

Decentralization and task-shifting to reach more people faster

Critical components for governments to prioritize in future health threats

Appointing a key senior official to spearhead whole-of-government, highly-coordinated emergency response efforts, including access to therapeutics

Integrated service delivery within existing structures

Strengthening core emergency response capabilities, including well-resourced, "always on" emergency response systems, with sustainable financing

Community engagement and **demand generation** activities

For more information, please contact Sean Regan: sregan@clintonhealthaccess.org and Brenda Kateera: bkateera@clintonhealthaccess.org

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