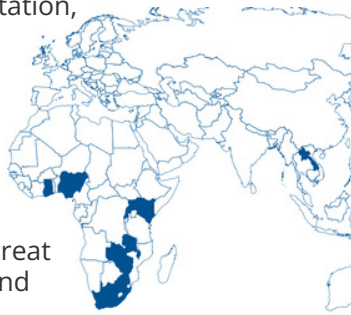


COVID-19 Test and Treat in Zambia

QuickStart Treatment Consortium
Policy Brief
December 2024

Summary

Zambia received 4,000 treatment courses of nirmatrelvir/ritonavir through a partnership with the COVID-19 QuickStart Treatment Consortium from December 2022 to September 2024, and 133 healthcare workers were trained on COVID-19 testing and treatment. During this period, 3,505 individuals tested positive for COVID-19, and 1,505 were prescribed treatment across 36 facilities. Therefore, showing the feasibility of implementing COVID-19 test and treat programs in resource-limited settings such as Zambia. To ensure smooth adoption and implementation, the Ministry of Health (MoH) must demonstrate strong leadership, collaboration among stakeholders, and establishment of robust systems in capacity building, patient care, monitoring and evaluation (M&E), and supply chain. This policy brief describes Zambia'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 Zambia to develop and roll out COVID-19 test and treat programs from 2022-2024.

Zambia's COVID-19 Case Numbers at a Glance¹

349,686 recorded cases nationally
as of June 2024

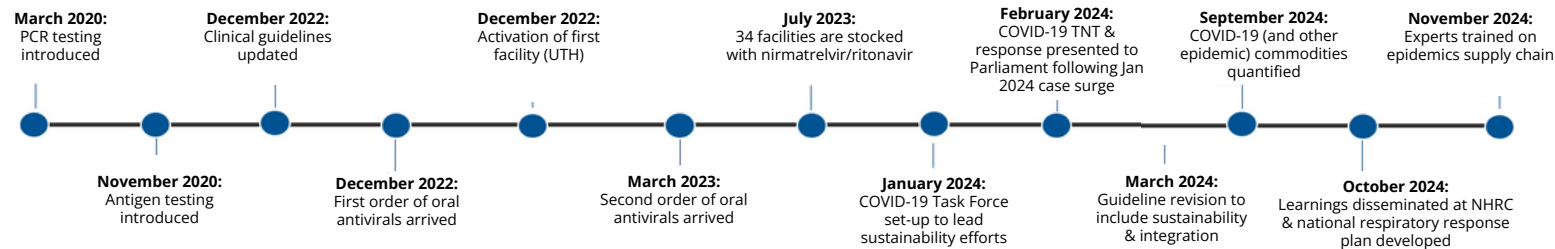
4,069 recorded deaths nationally
as of June 2024

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>.

Zambia Program- Test & Treat Timeline



Model of Care

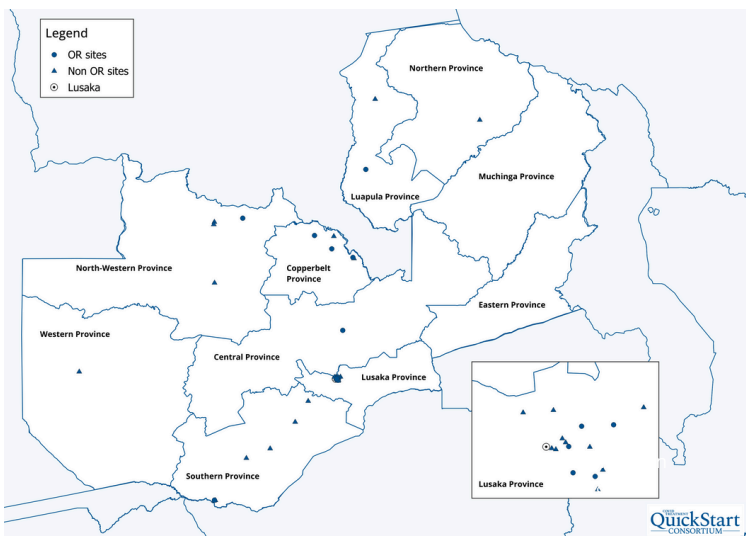
- Individuals are screened at entry points (emergency department, out-patient, TB and HIV clinics), symptomatic individuals are tested onsite, and positive cases are assessed and prescribed treatment if eligible.
- Patient flow varies by facility-type. Typically, higher-level facilities offer services at various points/departments, while lower-level facilities may offer multiple services at a single point/department.
- Bi-directional testing is offered to PHIV and TB patients at HIV/TB specialty clinics; eligible patients are directly linked to treatment.

QuickStart Program Rollout

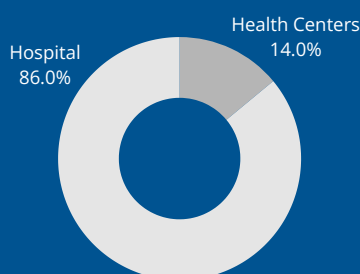
133 Providers trained through QuickStart

4,000 Treatment courses donated

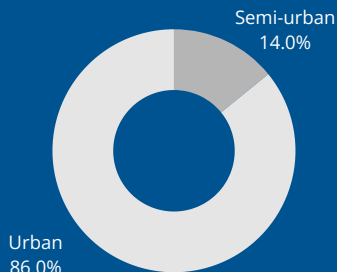
36 QuickStart facilities offering test and treat



Facility Type



Facility Location



QuickStart Program Results

Cascade of care December 2022 to September 2024:

41,283 COVID-19 tests conducted

3,505 Positive COVID-19 tests

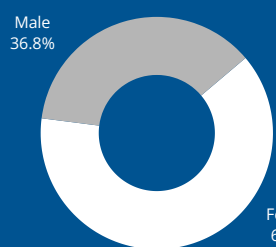
762 Individuals eligible for treatment*

1,505 Prescribed nirmatrelvir/ritonavir

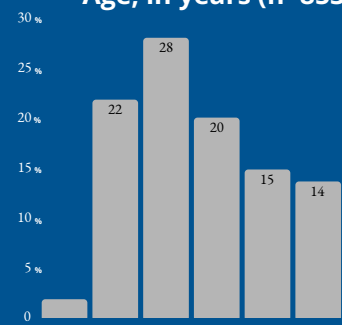
*In some facilities, more individuals were prescribed treatment than the number documented eligible. Only the number of confirmed eligible cases was documented meaning data to distinguish between missing eligibility and ineligible cases is unavailable. However, subsequent program reviews indicated that the majority of patients prescribed treatment were indeed eligible. Eligibility criteria for treatment in Zambia 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/CVD, TB, obesity, HIV, diabetes, smoker/lung disease, pregnancy, etc.).

Characteristics of People Diagnosed with COVID-19

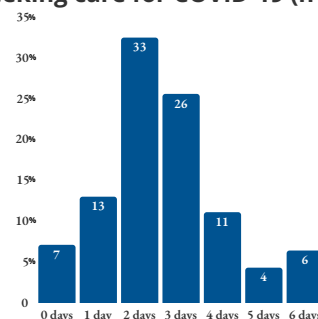
Gender (n=887)



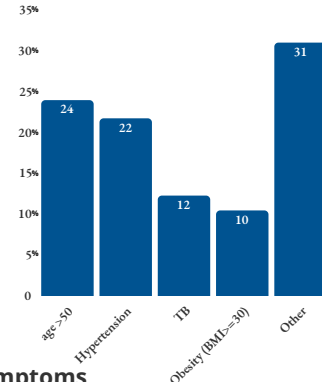
Age, in years (n=853)



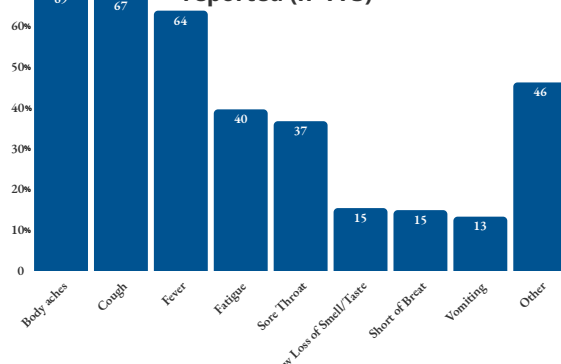
Time from symptom onset to first seeking care for COVID-19 (n=853)



Risk factors (n=992)



COVID-19 symptoms reported (n=773)



Program Outcomes and Recommendations

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

100% reported initiating treatment

60% reported experiencing at least one side effect

95% reported completing treatment

0 serious adverse event (SAE) was reported

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



For more information, please contact Sean Regan: sregan@clintonhealthaccess.org and Hilda Shakwelele: hshakwelele@clintonhealthaccess.org.