

Catalyzing Covid-19 Action in Kenya, Zimbabwe and Cameroon (CCA)

Fact Sheet

1. Overview

The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) is implementing the Catalyzing COVID-19 Action (CCA) project, a FIND and Unitaid-funded initiative responding to the global COVID-19 Pandemic. Critical gaps along the COVID-19 cascade concerning access and utilization of screening, testing, and effective therapeutics in the management of the disease remain, particularly in low- and middle-income countries (LMIC). Since October 1, 2021, EGPAF is working to accelerate end-to-end access to novel solutions in responding to the COVID-19 pandemic through testing, isolation, care, and treatment approaches adapted to meet the needs of LMICs such as Kenya, Cameroon, and Zimbabwe.

2. The Problem

Since the advent of COVID-19, there have been several variants of the virus occasioned by mutation. Each of these strains comes with varied challenges and poses more threats to the ongoing fight against the disease. The occurrence of new variants in the context of the ongoing COVID-19 pandemic requires health systems, implementing partners, governments, and donors to respond with rapid, adaptable public health measures for screening, testing, isolation, care, and treatment services.



Rahab Ndungú a community health volunteer keys patient data into the electronic medical records system at Ngoliba Health Center, one the project study sites in Kiambu County, Kenya. Photo by Charity Mureithi / EGPAF 2022.



Nurse Reananetse Masoeu administers COVID-19 vaccines. Photo by Makopano Letsatsi / EGPAF 2022.



Photo by Charity Mureithi / EGPAF 2022.

3. Project Goal and Objectives

The overarching aim of the CCA project is to reduce mortality and severe disease from COVID-19 through increased access to high-quality diagnostics and therapeutics. Figure 1 below illustrates the project goal and the corresponding five specific objectives across the five work areas.



Figure 1: CCA Project Goal and Objectives

4. Project Map

EGPAF implements the CCA project in the three focus countries—Cameroon, Kenya, and Zimbabwe as shown in figure 2 below.

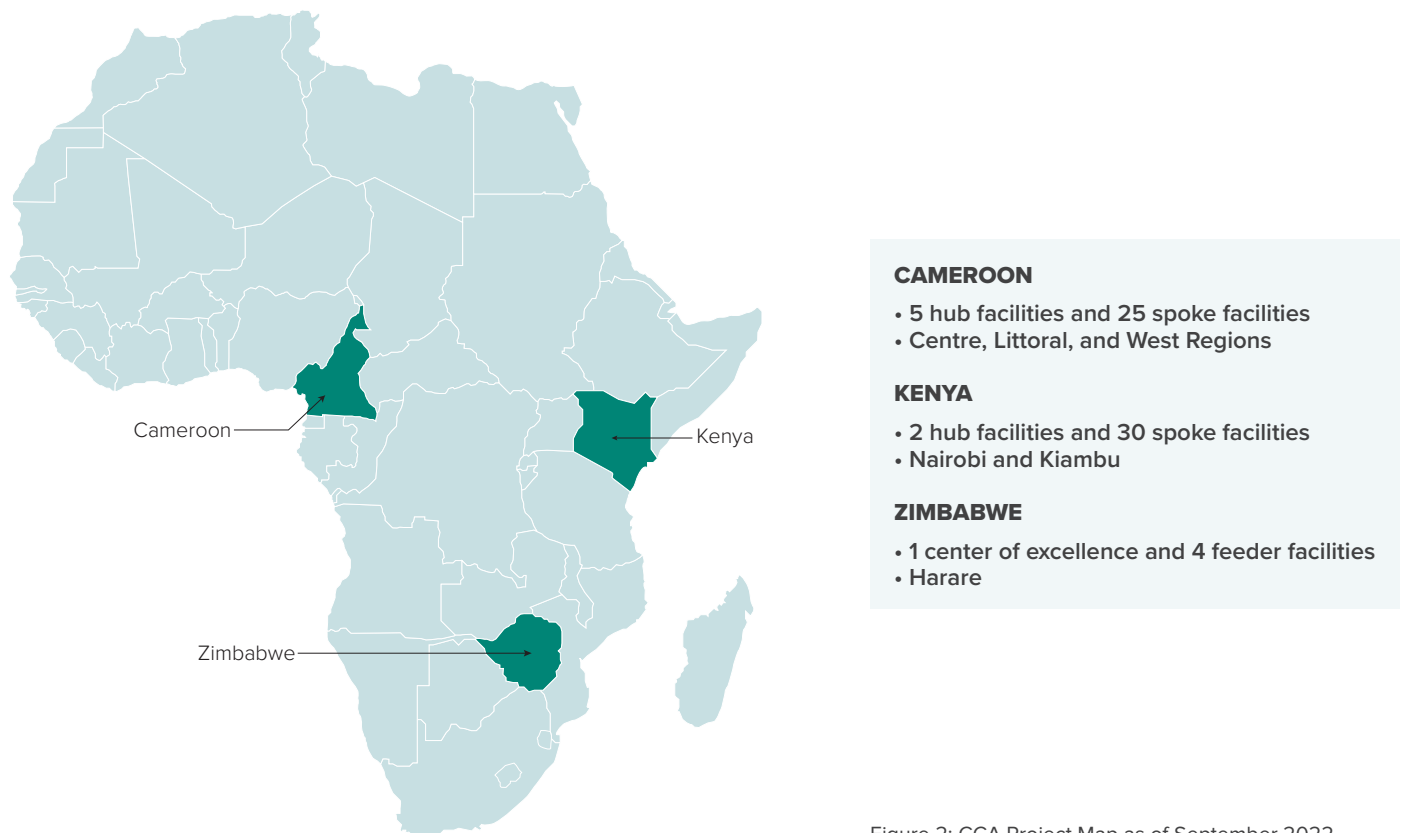


Figure 2: CCA Project Map as of September 2022

5. Opportunity

The CCA project holds the tremendous promise of success with several opportunities that can be harnessed in the future for even greater impact. Some of these opportunities include utilizing new technologies for COVID-19 vaccines such as the nasal spray COVID-19 vaccine¹ which is currently under research, incorporating available external resources such as additional funding and external expertise through consultancy and collaborations with like-minded organizations, governments, and institutions.

Several gaps still exist, which the project considers as opportunities to be leveraged, including low uptake of vaccination across the three countries of implementation and strengthening of COVID-19 policy and legislation. There is also potential for funding as more donors and global players in the health sector remain open to supporting COVID-19 action. Lastly, the project stands a chance to expand its geographical coverage beyond Kiambu County in Kenya, Harare City in Zimbabwe, and the Western region in Cameroon.

6. Key Outcomes Thus Far



Work Area 1: Evidence Generation

- The EFFECTIVENESS Study Protocol approved by the Cameroon National Ethics Committee for Research in Human Health (CNERSH) and the National Council for Science, Technology, and Innovation (NACOSTI) in Kenya.
- The INTEGRATE study protocol (v3.0) was reviewed and approved by the US ADVARRA on May 9, 2022 and was registered on www.clinicaltrials.gov on May 18, 2022 (Identifier: NCT05382130).
- The revised version of the TREAT study protocol (v2.0 – 13 Jun 2022) was submitted to the Medical Research Council of Zimbabwe (MRCZ) and WHO ERC for review on June 13, 2022 (pending approval). WHO has provided conditional approval.



Work Area 2: Catalytic Implementation and Supply Chain Strengthening

- The project has screened 267,489 (67%) patients
- Of those screened 44,881 (17%) people were eligible for testing
- Of those eligible, 40,832 (91%) people were tested for COVID-19 with Antigen-detecting rapid diagnostic test (AgRDT)
- 1,172 (3%) people tested COVID-19 positive

¹ How Nasal Spray Vaccines Could Change the Pandemic: <https://www.nature.com/articles/d41586-022-02824-3>



Work Area 3: Policy Advocacy for enabling environments for effective test-and-treat solutions

Cameroon:

- The CCA Project held strategic discussions with parliamentarians regarding an advocacy approach to build a common understanding of what is required to ensure an enabling environment for the implementation of COVID-19 testing and treatment services.
- The project team continues to attempt an audience with the Secretary General of the National Assembly to present the advocacy plan.
- The CCA Cameroon team also supported the MOH in revising the COVID-19 national guidelines for case management organized by the scientific committee.

Kenya:

- The CCA project collaborated with the Kiambu County Health Promotion Unit, charged with undertaking advocacy, communications, and social mobilization, to adopt IEC materials for COVID-19 testing and vaccination in use across different health facilities.
- The Kenya team collaborated with the MOH at the national level to revise the health promotion and demand generation strategy to include COVID-19 mitigation strategies.
- The CCA Kenya team is also an active member of the National Health Information System technical working group (TWG) and utilizes the TWG platform to update the group on the integration of COVID-19 data into the Kenya EMR.

Zimbabwe

- Following several high-level engagements, the CCA Zimbabwe team provided input into the COVID-19 self-testing guidelines and review of the second edition of the COVID-19 testing strategy.
- The team also engaged in discussions on the thematic areas of the COVID-19 self-testing guidelines.
- The project engaged the COVID-19 Task force Case Management Pillar to review and update the COVID-19 case management guidelines to include new WHO-approved therapeutics.

Work Area 4: Demand creation for increased access and uptake of COVID-19 services

Activities completed	Cameroon	Kenya	Zimbabwe
Training and Supportive supervision for Community health volunteers	140 community health workers were trained on COVID-19 screening, communication on COVID-19, and uptake of services at the community level	Two support supervision visits to CHVs were conducted focused on screening for COVID-19 290 CHVs support the Kenya CCA project and work with 120 CHVs to triage and screen for COVID-19 at the facility level, and 170 CHVs support community engagement activities	Four community dialogue facilitators were trained
Outreach/sensitization in schools and churches	Five religious leaders were engaged for outreach/ sensitization in three mosques and two churches Sensitization in many of the gathering points of these districts was offered during the campaign	Worked with the interfaith council Hosted one dialogue with religious leaders to address myths and mobilization for testing and vaccination Conducted three outreaches to tertiary institutions, offering health education and COVID-19 vaccination and testing	Obtained MOE clearance for vaccinations in schools and outreach sites Conducted inter-school quizzes to build awareness—183 primary schools and 28 secondary schools participated Identified one FBO leader (Pastor) as a brand influencer for COVID-19 messages
Develop/adapt Messages dispelling testing fears; selecting appropriate channels of communication	Adopted messages developed and validated by the MOH Used some flyers available in the districts for campaigns and outreach	Five demand creation messages were adapted from WHO, MOH	Messages were developed for dissemination
Develop/ adapt IEC Materials and messages for demand creation for testing and vaccination	Printed 120 flyers with critical messages to be shared during community sensitization and 25 posters (attached to the technical report)	13 IEC materials were developed/ adapted from MOH & WHO	11 IEC materials were designed: banner, fact sheet, T-shirts, and caps (photos below)
Disseminate COVID- 19 messaging using appropriate channels; promote access to testing, anti-stigma messaging,			Roadshow and community exhibitions for COVID-19 services
Training/ mentoring of community teams	Conducted two refresher training in Rapid Ag test of COVID-19 and vaccination and one in communication skills and critical information on COVID-19	Monthly meetings with sub-county team mentorship on EMR and tablet distribution (18 participants) The mentorship was done based on home-based follow- up and documentation—10 CHAs who supervise CHVs	COVID-19 testing support in facilities with shortages Conducted training in Rapid antigen test
Home-based care	113 patients on home isolation received phone calls as an alternative follow-up, and contacts were listed and invited for COVID-19 screening and testing at the health facility Clinicians received credit for facilitating patient follow-up during home isolation	35 patients were put in home isolation, and all received home visits and follow-up calls on alternative days CHVs and sub-county disease surveillance teams were supported with airtime for calling patients, lunch, and transport reimbursement for a home visit.	The health promoters in Harare City volunteered to follow up with clients on home-based care.
Conducting campaigns for testing & vaccinations	Two campaigns covering Seven communities in the Littoral region with 360 tested, three diagnosed positive and put on treatment, and 33 vaccinated Campaigns covering three communities in the Western region with 97 tested, no cases diagnosed, and none vaccinated	Six community dialogues in various counties at marketplaces and bus parks. Topics included preparing for community testing, addressing testing and vaccination hesitancy, and community literacy on COVID-19 Dialogue participants included sub-county health management teams, community members, CHVs, and the provincial administration.	Community dialogues in 21 communities—participants include pastors and church leaders leading by example in wearing masks and physical distancing in church. Health promoters to continue encouraging the community to mask up, sanitize, and social distance, and fostering the culture of frequent handwashing by ongoing campaigns as at the onset of COVID-19



Work Area 5: Transition and scale-up through linkages to national programs and other funding sources to ensure a sustained impact

The project teams across the three countries held meetings with relevant country authorities to discuss various transitions as well as scale up relevant issues, including the integration of project performance data into routine meetings among others.

7. Projected Outcomes

By the end of the implementation period, the CCA project aims to improve access to and uptake of effective COVID-19 test-and-treat solutions within healthcare systems in LMICs. The project intends to achieve this goal by realizing the following specific outcomes:

- Availability of rigorous evidence outlining the acceptability, feasibility and effectiveness of existing and upcoming tools.
- Utilization of this evidence from delivery models to inform global and national guidance.
- Strengthened national-level policies and guidance with strategies accessible at sub-national levels.
- Integrated COVID-19 tests, isolation, and treatment solutions within existing systems to support cost-effective delivery and funding for transition and scale-up.
- Better clarity and visibility on procurement, supply and demand forecast for COVID-19 tools.

This project is made possible thanks to Unitaid's funding and support. Unitaid accelerates access to innovation so that critical health products can reach the people who most need them.