Project STELLAR

Supporting the COVID-19 Response

Date Published: 4 March 2022

Background and Problem Statement

Diagnostics form one of the 12 central pillars of the COVID-19 response frameworks, and play an essential role in effective patient management, infection prevention and control (IPC) and disease surveillance. Reliable testing is crucial to monitor transmission levels, inform public health decision-making, track variants of concern and support studies on vaccine efficacy.

COVID-19 testing rates remain low in most countries of Sub-Saharan Africa when evaluated against WHO and ACT-A targets. In these countries, laboratory investments have been sub-optimal and programmatic targets for HIV, TB and malaria have been hard to achieve due to persistent challenges.

Many countries have not yet been able to effectively decentralize testing to community level, despite the availability of antigen rapid diagnostic tests (Ag-RDTs). Data from ongoing monitoring and evaluation efforts such as Pulse Checks, Spot Checks, and public data sources on testing status, reveal persistent challenges and barriers to ramping up testing.

C19RM Support to Diagnostics

To support implementers in addressing these challenges, C19RM 2021 has awarded above US$800 million to 100 countries for procurement of COVID-19 diagnostics and commodities, representing 27% of C19RM 2021 investments. In addition, the Global Fund has introduced Project STELLAR, to provide additional targeted support in this area.

About Project STELLAR

Project STELLAR has been created[1] to support selected African countries maximize the impact of C19RM resources, to rapidly scale up COVID-19 testing and galvanize longer term strengthening of laboratory systems. These supplemental investments in technical assistance support the efficient use of diagnostic commodities to increase access and coverage in the areas where they are most needed.

The Global Fund/Karin Schermbrucker

STELLAR looks to strengthen the architecture of COVID-19 response efforts, by providing much-needed technical assistance in key aspects of: (i) governance such as planning,

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[1] Extensive consultations with external and internal stakeholders informed the creation of Project STELLAR.

resource mobilization, policy/advocacy, coordination, diagnostics strategy and algorithm development; (ii) scaling up testing including training and community outreach; and (iii) data management such as information and surveillance systems. The project will run from February 2022 until December 2023.

Criteria for Country Selection

Countries in scope include those that have received significant allocations from C19RM, on grants exceeding US$8 million, resulting in 20 countries that represent around 70% of total of C19RM disbursements in diagnostics and laboratory systems. The criteria for country selection was based on quantitative analysis of countries' COVID-19 testing status and C19RM allocation level.

The Global Fund/Ricci Shryock

Proposed Interventions

The Global Fund has approved an investment of US$9.86 million for Project STELLAR, proposing the following interventions[2]:

1. **Improve national diagnostic governance** through targeted national advocacy and advisory efforts, to ensure diagnostics policies are formulated as an enabler to expanded access and coverage. The initiative will allow development of robust integrated diagnostics policies and improve regulatory approvals of Ag-RDTs at country level.

2. **Scale up and increase coverage for COVID-19 testing and surveillance** to decentralize testing, mitigate resource constrains, carry out trainings and advocate for wastewater-based surveillance and epidemiological monitoring.

3. **Strengthen data management** for data visibility. Aiming at strengthening data infrastructure, reporting, and integrating of diagnostic solutions across regions and integration of COVID-19 testing data into the national LIS/HMIS.

Implementation Approach

Project STELLAR will collaborate with in-country stakeholders, service providers, NGOs, and external partners.

Phase 1 involves solicitation and contracting of service providers, and a detailed country work plan to be developed with CTs, PRs and CCM.

Phase 2 focuses on deployment of technical assistance and work plan execution.

Phase 3 includes continuous monitoring and independent evaluations to track progress.

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[2] Intervention design was informed by a detailed analysis conducted by Africa CDC.

Expected Outcomes

Support National Advocacy Efforts

Strengthened diagnostic governance and leadership at the national level, with policies supportive of integrated diagnostics developed.

Indicators: # of countries with a COVID-19 national testing strategy; # of countries with Ag-RDT as approved Dx device; # of countries with approved algorithms for multi-disease testing; # countries with policies for testing by non-lab personnel.

Priority countries: Chad, Congo, Cote d'Ivoire, Madagascar.

Service provider: Clinton Health Access Initiative (CHAI) led consortium of partners.

Increase Testing Coverage

Increased activation of testing sites and significant growth in tests per capita through community-based testing.

Indicators: # of countries meeting minimum WHO COVID-19 testing targets of ≥1 / 1,000 persons per week; # of health facilities per country activated to implement COVID-19 testing; # of health facilities per country certified as per national standards to conduct COVID-19 testing.

Priority countries: Botswana, Ethiopia, Lesotho, Malawi, Mozambique, Togo, Uganda and Zambia.

Service provider: African Society for Laboratory Medicine (ASLM) led consortium of partners.

Scale-up Testing in Countries/Areas Without Community Testing

Increased activation of testing sites and significant growth in tests per capita through community-based testing.

Indicators: # of countries meeting minimum WHO COVID-19 testing targets of ≥1 / 1,000 persons per week; # of health facilities implementing COVID-19 testing; # of health facilities certified as per national standards to conduct COVID-19 testing.

Priority countries: Burkina Faso, Chad, Congo, Cote d'Ivoire, DR Congo, Gambia, Ghana, Guinea, Madagascar, Mali, Nigeria, South Sudan, and Tanzania.

Service provider: CHAI led consortium of partners.

Strengthen Data Management Systems

Integrated Lab Information System (LIMS) established.

Indicators: # of countries reporting disaggregated COVID-19 test results; # of countries with integrated sample referral networks for COVID 19/HIV/TB.

Priority countries: Ghana, Kenya, Nigeria, Sierra Leone, Tanzania and Uganda.

Service provider: ASLM led consortium of partners.

Advocate for and Pilot Wastewater Based Surveillance (WWBS)

Policies and pilots for Wastewater-based surveillance implemented.

Indicators: # of pilot WWBS surveys conducted per country; # of countries using WBBS as a tool to inform the COVID-19 public health response.

Priority countries: Ethiopia, Kenya, Mozambique, Uganda.

Service provider: Association of Public Health Laboratory (APHL) consortium.