

COVID-19 Test and Treat in Ghana

QuickStart Treatment Consortium
Policy Brief
December 2024

Summary

Through a partnership with the COVID-19 QuickStart Treatment Consortium, 1,000 treatment courses of nirmatrelvir/ritonavir were donated to Ghana and 154 healthcare workers were trained on COVID-19 testing and treatment. From June 2023 to September 2024, 300 people tested positive for COVID-19 and 202 were prescribed treatment.

This policy brief describes Ghana's QuickStart COVID-19 test and treat program and summarizes key insights and recommendations. This work demonstrates the feasibility of implementing COVID-19 test and treat projects in resource limited settings like Ghana.



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 Ghana to develop and roll out COVID-19 test and treat programs from 2022-2024.

Ghana's COVID-19 Case Numbers at a Glance¹

172,075 recorded cases nationally
as of April 2024

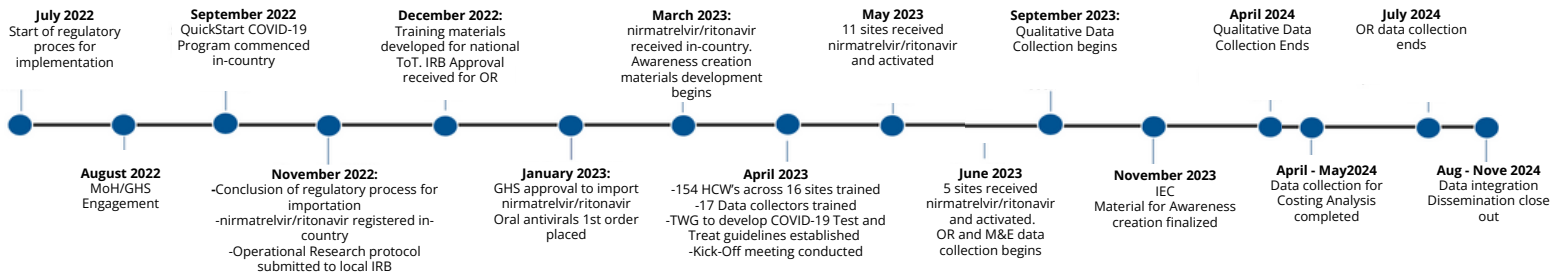
1,462 recorded deaths nationally
as of April 2024

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 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>.

Ghana Program- Test & Treat Timeline



Model of Care

Individuals were screened at different entry points (emergency department, out-patient, ANC, wards, and diabetic, hypertensive, TB and HIV clinics). People diagnosed with COVID-19 were assessed for eligibility and offered treatment.

Bi-directional testing policy was in operation at the ART Clinic (COVID-19 and HIV tests) and the TB Clinic (COVID-19 and TB tests). People diagnosed with COVID-19 were offered treatment.

QuickStart Program Results

Cascade of care June 2023 to September 2024:

6,789 COVID-19 tests conducted

300 Positive COVID-19 tests

218 Individuals eligible for treatment*

202 Prescribed nirmatrelvir/ritonavir

In some facilities, more individuals were prescribed treatment than the number documented eligible for various reasons. Eligibility criteria for treatment in Ghana 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

154 Providers trained through QuickStart

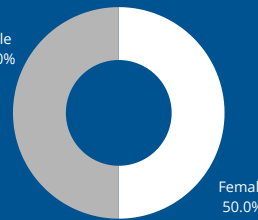
1,000 Treatment courses donated

16 QuickStart facilities offering test and treat

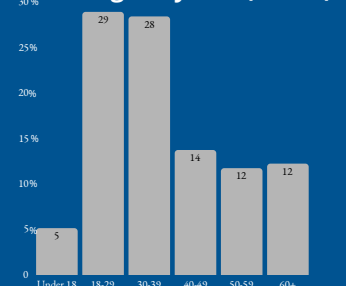


Characteristics of People Diagnosed with COVID-19

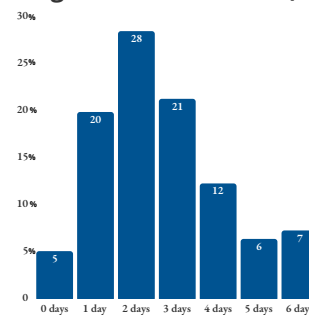
Sex (n=200)



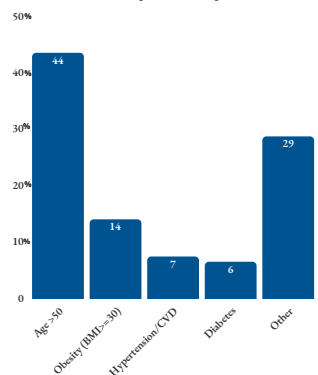
Age in years (n=197)



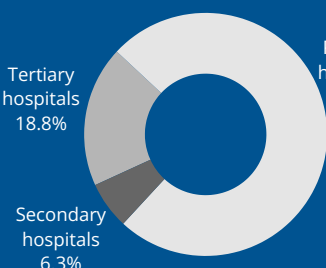
Time from symptom onset to first seeking care for COVID-19 (n=222)



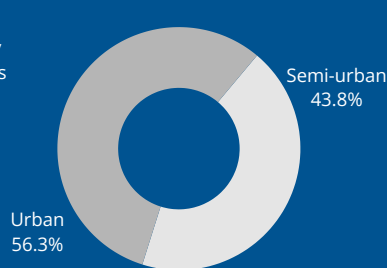
Risk factors (n=108)



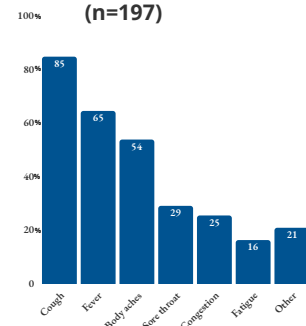
Facility Type



Urban vs. Rural Facility



COVID-19 symptoms reported (n=197)



Program Outcomes

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

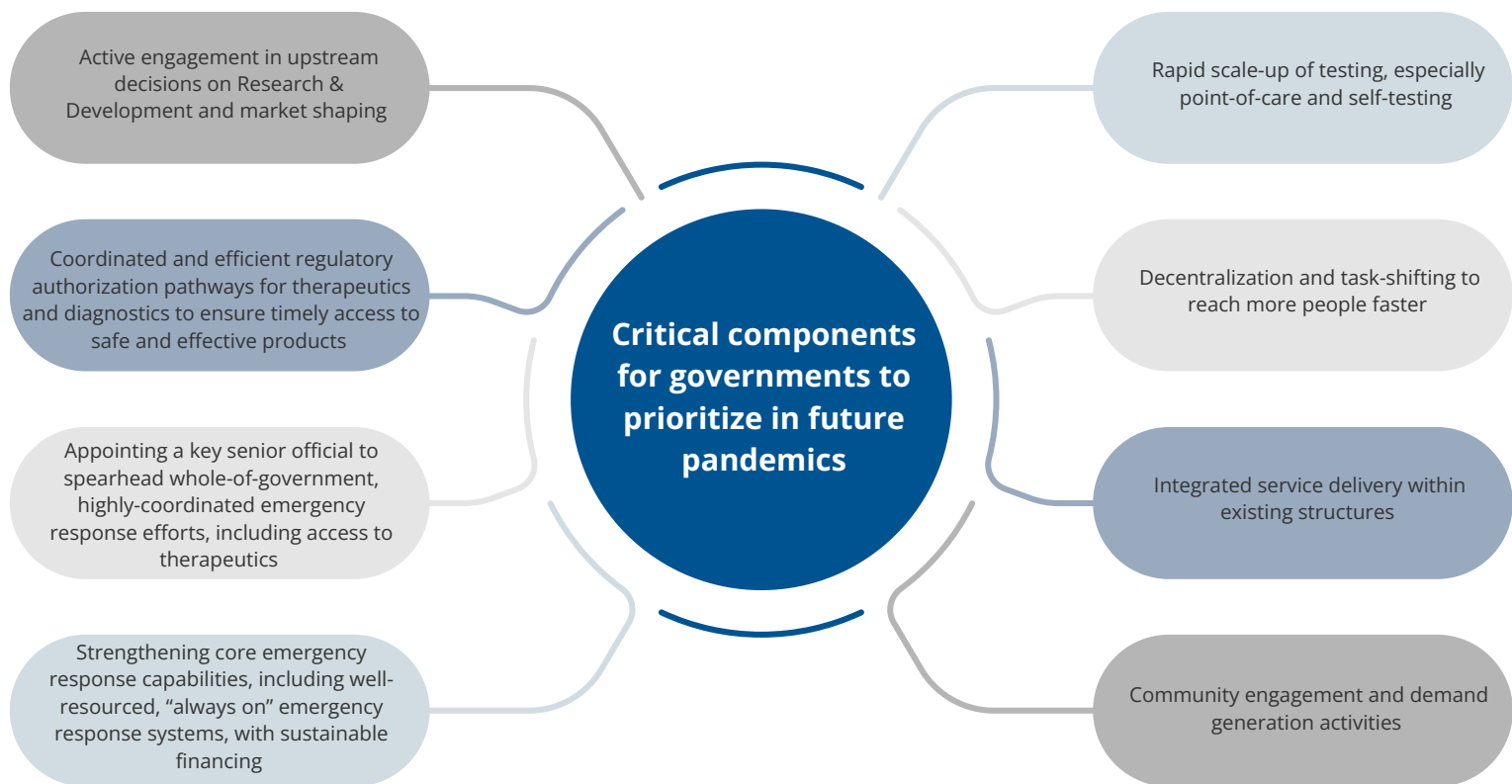
Program Learnings and Recommendations

Learning from experiences in rapidly rolling out COVID-19 test and treat programs will be critical to prepare for the next pandemic.

Recommendations for COVID-19 program sustainability planning. Core elements may 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 Pandemic



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