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## **COVID-19 and the Borderlands in Africa: Some Reflections on Ghana's Approach : 69-91**

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### **ABSTRACT**

The outbreak of the COVID-19 pandemic has brought disruption to economic and social lives of nations and people across the globe. In Africa, the pandemic has exposed the weak capacity of the African state to respond to emergencies of such magnitude and nature. In the attempt to contain the spread of the virus, many African governments closed their external borders and locked town cities or centres of larger population concentration, which were having high levels of infection. Governments have also taken measures to address the social and economic impacts of the pandemic on their populations. Using Ghana as a case study and a qualitative research approach, this paper argues that the policies adopted to mitigate the socioeconomic impact of covid-19 in Ghana has rather reinforced the vulnerabilities and marginalisation of borderland populations. It is argued that the closure of the land borders has disrupted the border economy, which sustains border populations. The disruption of the border economy has contributed to aggravating the deprivation and marginalisation of borderland populations. Securitization of border security under covid-19 and failure to engage with border people have resulted in the pursuit of policies that are befuddled with contradictions in terms of intent and results in border areas. Thus, while attempting to mitigate the socioeconomic impact on poor and marginalised people, Covid-19 policies have contributed to penetrating the evil they sort to cure in border areas.

**Keywords:** Covid-19, securitisation, borderlands, critical security, pandemic

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### ABSTRACT

The outbreak of the COVID-19 pandemic has brought disruption to economic and social lives of nations and people across the globe. In Africa, the pandemic has exposed the weak capacity of the African state to respond to emergencies of such magnitude and nature. In the attempt to contain the spread of the virus, many African governments closed their external borders and locked town cities or centres of larger population concentration, which were having high levels of infection. Governments have also taken measures to address the social and economic impacts of the pandemic on their populations. Using Ghana as a case study and a qualitative research approach, this paper argues that the policies adopted to mitigate the socioeconomic impact of covid-19 in Ghana has rather reinforced the vulnerabilities and marginalisation of borderland populations. It is argued that the closure of the land borders has disrupted the border economy, which sustains border populations. The disruption of the border economy has contributed to aggravating the deprivation and marginalisation of borderland populations. Securitization of border security under covid-19 and failure to engage with border people have resulted in the pursuit of policies that are befuddled with contradictions in terms of intent and results in border areas. Thus, while attempting to mitigate the socioeconomic impact on poor and marginalised people, Covid-19 policies have contributed to penetrating the evil they sort to cure in border areas.

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## Introduction

The outbreak of the COVID-19 pandemic has brought disruption to economic and social lives of nations and people across the globe (Amoah, 2020; UNICEF, 2020; Ali, Ahmed, & Hassan, 2020; Asante & Mills, 2020). In Africa, the pandemic has exposed the weak capacity of the African state to respond to emergencies of the magnitude and nature of Covid-19. In the attempt to contain the spread of the virus, many African governments closed their external borders and locked down towns, cities or centres of larger population concentration, which were having high levels of infection.

Notwithstanding the increasing number of cases in the second wave, Africa has largely been spared the devastation of the pandemic in comparison to Europe, America and other parts of the world in terms of the number of cases and deaths. As at 11:30 am of 9th February, 2021, the total number of Covid-19 cases globally was above 107 million with over 2.3 million deaths (Worldometers, 2021). The number of cases reported by African states was about 3.7 million. In comparison, Europe (31.4 million), North America (31.7 million) and Asia (23.7 million) have higher levels of infections (Worldometers, 2021). In Ghana, as at 9th February, 2021, the total number of reported cases was 73,003 with some 482 deaths (Ghana Health Service, 2021).

The general low numbers of Covid-19 cases and deaths being recorded in Africa are contrary to the initial fears that the continent's weak healthcare system would be quickly overrun by the pandemic. Indeed, the initial fears for the continent were grounded on the realities of the Africa's socioeconomic woes. Africa hosts some of the world's poorest nations and people (Bicaba, Brixiová, & Ncube, 2017; Beegle, Christiaensen, Dabalén, & Gaddis, 2016). Poverty and underdevelopment meant that healthcare infrastructure to address the health burdens of the pandemic are non-existent in many parts of the continent. In addition, production capacity to cope with the provision of essential services needed at home due to the disruption of global supply chains are unavailable in many African states due to years of lack of investment (OECD, 2020; Evans, et al., 2020; Dzinamarira, Dzobo, & Chitungo, 2020). Hosting a large number of people with poor nutrition, poor housing conditions (particularly in urban slums), poor sanitary conditions and the prevalence of other disease burdens compounded the pessimism of Africa's early assessment (Evans, et al., 2020; Dzinamarira, Dzobo, & Chitungo, 2020). The reasons for the low number of cases are yet to be fully understood with possible explanation pointing to climatic factors, low detection rate, late introduction, development of resistance due to endemic diseases, a youthful population and effective early government responses (Evans, et al., 2020; Musa, et al., 2021).

However, unlike the continent's ability to contain the spread of the virus, it may be more difficult to contain the socioeconomic impacts of the virus. The outbreak of the pandemic would undo many years of development progress in Africa (Cilliers, et al., 2020). It is estimated that "in a best-case scenario, GDP per capita will recover to 2019 levels in 2024. In the worst case, Africa will only return to 2019 levels in 2030" (Cilliers, et al., 2020, p. 2). More so, with the majority of the continent's working class engaged in the informal sector where they subsist on daily returns and hardly having any social safety net (Asante & Mills, 2020), the socioeconomic impact on Africa's population is considerably high. The informal sector accounts for between 70 and 89 percent of employment in Sub-Saharan Africa with variations among countries (United Nations Commission for Africa (ECA), 2015; Medina, Jonelis, & Cangul, 2016; International Labour Organization, 2018). Non agriculture employment in Sub-Saharan Africa in the informal sector amounts to some 76.8 percent of the total employment in the region. In comparison to other regions, the informal sector in Africa is relatively large and the major driver of growth and employment. Evidence from the developed world suggests that the socioeconomic impacts of Covid-19 have mostly affected the unemployed and informal sector workers (Narula, 2020). Thus, Africa's large informal sector and high poverty levels implies a considerable higher socioeconomic impact of the virus.

In view of the socioeconomic vulnerabilities of Africans to the impact of the virus, African governments have been forced to take measures to address the social and economic impacts of the pandemic and its restrictions. It has, therefore, become necessary to reflect on the socioeconomic policy responses of African states to the Covid-19 outbreak. Are these policies addressing the needs of the marginalised, poor and vulnerable groups as intended by policy makers? Or could these policies contribute to deepening marginalisation and poverty among vulnerable groups? Providing answers to these questions is important to highlighting and addressing the contradiction in state policy responses in Africa in order to avoid policies that may reinforce and aggravate vulnerabilities and marginalisation rather than address the effect of covid-19 in an equitable manner.

The importance of understanding how covid-19 policies impact poor, vulnerable and marginalised groups cannot be understated. Available literature shows that the spread of covid-19 and the restrictions imposed on socioeconomic life would deepen poverty and inequalities (Akiwumi & Valensisi, 2020; Bowle, 2020; Patel, et al., 2020). In this regard, it is important that policies aiming at addressing the socioeconomic impacts of covid-19, take into account pre-existing vulnerabilities and inequalities in order to have any meaningful impact on the people most in need. Participation in decision making is important to engineering socioeconomic policies that best address the needs of poor and

vulnerable people. However, Covid-19 policy making have been highly centralised and restricted to policy elites in government with limited involvement of people at the grassroots whose lives are directly affected by the policies and the pandemic. This situation is due to the fact that Covid-19 policy responses in many parts of the world including Africa have been undertaken under the rubric of national security. Securitisation of the pandemic has moved it beyond the ambits of normal politics, thereby closing any door to local participation. In the absence of avenues for political engagement with marginalised groups in the making of Covid-19 policies, it is doubtful if the current Covid-19 socioeconomic mitigating policies are addressing the issues facing poor and marginalised groups.

In this paper, we explore how Covid-19 and the policy responses of the African state have reinforced the marginalisation and impoverishment of African borderland populations. It is argued that the border closures necessitated by the pandemic has brought the border economy to a standstill while the policies aiming at mitigating socioeconomic impacts of the virus have only reinforced marginalisation and deprivation of border populations compared to their counterparts in major cities. This situation is a reflection of the African states' lack of capacity and excessive statism in the governance of borderlands across the continent prior to the pandemic. For many decades, the focus on the state as the referent object of border governance and security has worked to the exclusion of African border residents from participation in decisions and policies that affect them (Hlovor, 2020). Policies pursued in the name of national security and territorial sovereignty have functioned to marginalised and impoverish borderlands and the population. The challenges of containing Covid-19 have only reinforced and exacerbated the situation. Without critical reflections on current state practices to unearth the abuses in prevailing policies in border areas, African borderlands may suffer disproportionately from the socioeconomic effects of the pandemic not only because of their vulnerabilities and marginalisation, but also because the policy responses are failing to take into account their vulnerabilities.

To make the case, we focus on Ghana and the Ghanaian state's efforts at containing COVID-19 and how these efforts neglect and further contributed to the marginalisation of border areas. The eastern border with Togo provides some empirical demonstrations of the arguments advanced in this paper. The rest of the paper is in six main sections. The next section discusses the theoretical framework of the study. This is followed by a discussion of the methodology. We then proceed to discuss Ghana's policy response during the outbreak. This is followed by a discussion of the vulnerabilities of borderlands and the challenges the pandemic presents to border areas. We then turn our attention to the contradictions in the state policy responses in relation to borderlands and how it has reinforced the vulnerabilities and marginalisation of border areas. The

Ghanaian case is typical of the African borderland situations in many other parts of Africa.

### **Theoretical framework: Securitisation and Emancipatory Theories**

This paper draws on the practice-based approach to Securitisation advocated by the Paris School and Security as Emancipation approach of the Welsh School (Taureck, 2006; Buzan, Wæver, & Wilde, 1998; Wæver, 1995). The Paris school of securitisation focuses on the techniques of government (Balzacq, Léonard, & Ruzicka, 2016). Although, this approach builds on the security as a speech act theory of the Copenhagen school, it differs by insisting that securitisation can be done through various physical modalities or governance structures. This approach is built on the thinking of both Bourdieu and Foucault. Thus, Bourdieu's concepts of 'fields of practice and habitus', and Foucault concept of 'governmentality and dispositif' are central to the School.

According to the practice-oriented approach to securitisation, every field of practice is characterised by agents who are identified by their nature, relative position to one another and the amount of capital they possess (Balzacq, Léonard, & Ruzicka, 2016). In a given field, members develop common and distinctive features in relation to interests, processes of generating knowledge and strategies of addressing problems. As a result, each field is characterised by regimes of practices, hence, securitising practices within any field derive from the power relations among agents within the field.

Each field of practice also provides a context for habitus, which is seen as the enduring behaviour and discourse of the agents in the field. In addition, a field of practice has a collection of administrative rules, discourses, institutions, scientific statements, and laws amongst others that establish and regulate relationships, among the elements of the field.

The field of global public health has agents who are in relative power positions and having different forms of power. The agents within the field of global public health therefore share common practices, acceptable processes of generating knowledge and how to solve global health issues including global pandemics like Covid-19. The field is also populated by global health institutions like the World Health Organisation (WHO), European Medicine Agency, and African Centre for Disease Control and Prevention, which operates by laws and policies within the field. The International Health Regulations represents one key legal and policy instruments within the field of global public health.

It is within the established regimes of practices within the global public health field that Covid-19 was initially securitised. In line with the operating guidelines of

global public health, the World Health Organisation declared Covid-19 as ‘Public Health Emergency of Global Concern’ or ‘a pandemic’ on the 30th January, 2020. This declaration was in accordance with the accepted practices, knowledge and discourse within the field. In declaring Covid-19 as public health emergency, WHO invoked a sense of exceptional situation and urgency in adopting measures to address it. This provides the context for states acting in line with prevailing knowledge and practices to adopt urgent measures to protect their populations and prevent the virus from spreading to other regions of the world in line with the demands of the International Health Regulations. Subsequently, Covid-19 became characterised as a threat to public health and in need of urgent and exceptional actions. As noted by proponents of the practice-based approach to securitisation, fields of insecurity have a colonising effect and are able to subsume other fields under their own logic (Balzacq, Léonard, & Ruzicka, 2016). It is within this context that border closures and lockdowns became normalised and accepted across the globe as the fight against the pandemic became an issue of national security. In many countries including Ghana, new legislations granting sweeping powers to the executive (president) were passed in an attempt to address the spread of the virus. The security apparatus of the state became subsumed under the logic of the field of public health while deploying its own practices to advance the course of the former.

By applying the practised-based approach to securitisation, this paper highlights how the pandemic led to the adoption of exceptional measures including border closures and lockdowns. However, the heart of the paper is to understand how the various policies affected borderlands in Africa through the lens of Ghana. In this respect, we adopt the emancipatory theory of Ken Booth to interrogate how the security and social policies adopted during this pandemic have contributed to deepening the marginalisation of borderlands.

The emancipatory framework builds on the argument that the referent object of security is real people and communities. According to Booth it is the “the real live in real places...” who are threatened and in need of protection (Booth, 1995, p. 123). The state is not the referent object according to this view. The state which traditionally has been the referent object of security is rather a mean to the security of the individual and community (Booth, 1991). The state and its practices can equally become a threat to the individual and community. Security studies must therefore take into account how the policies adopted by the state in the name of security constitute a threat to the security of real people in real places.

The goal of emancipatory security studies is to open up the possibility of emancipation through immanent critique of prevailing security policies. As Booth

noted, “emancipation seeks the securing of people from those oppressions that stop them from carrying out what they would freely choose to do, compatible with freedom of others” (Booth, 2007, p. 112). Security threats may take the form of direct bodily violence, which may arise from violent conflicts or wars, structural political and economic domination from poverty and conditions of slavery, and more existential threats of identity from cultural imperialism (Booth, 1999). Emancipation involves removal of structural constraints or barriers that prevent or obstruct some groups from total political participation and/or poses threat to the security of the individual.

Two views of emancipation can be deduced from the Welsh school’s approach. The first is foundational or material emancipation which relates to the material condition of people as individuals or communities. The second is procedural which relates to opening up space for political participation, deliberation and dialogue (Linklater, 2005; Jones, 1999). The paper focuses on the material dimension of emancipation. We are interested in understanding how the policies adopted in border areas during the pandemic contributed to improving or undermining the material conditions of the residents. This choice is informed by the fact that securitisation of the policy responses has led to little political participation in the decision-making processes, hence we seek to understand the implications of the decisions of the central government for the livelihood of border residents. As argued by Hlovor “adopting an emancipatory framework to the issues of border security in Africa implies a critical engagement with existing border security policies in Africa” (Hlovor, 2020, p. 48). He further pointed out that studying border issues in Africa within this framework would bring to light the vulnerabilities of African borderlands and the reality that borders are economic resources and not just lines of defence. Thus, this paper builds on the argument advanced by Hlovor (2020) that Africa borderlands are better understood within a broad framework of security. Here, we highlight how Covid-19 policies in Ghana have worked against the interest of border people because the policies have been informed by a traditional narrow conception of security.

## **Methodology**

This paper adopts the qualitative research approach. The qualitative research approach uses non-numeric data by focusing on the lived experiences of people in their natural settings (Punch, 2013). The approach is rooted in constructivist ontology and interpretivist epistemology. It therefore holds that knowledge and the process of acquiring knowledge are socially embedded and constructed. The researcher is inseparable from the research processes and ‘objective knowledge or truth’, is implausible. Thus, it is inductive in nature with emphasis on the



exploration of the meanings and insights derived from a given situation and context forming the basis for generalizations (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017).

This study therefore relied on data collected from official policy documents, legislations, comments or statements by state officials including the president, ministers, health authorities in Ghana and interviews with some border residents in Aflao and Akanu. The various policies, statements and comments were carefully analyzed within the context of the vulnerabilities of borderlands established by existing literature and the interviews. Thus, the paper first traced the evolution of the Covid-19 and its policy response in Ghana highlighting the socioeconomic policies adopted, particularly those policies with major implications for borderlands population and alleviation of poverty. These policies, legislations and statements were then scrutinized in line with the six-step content analysis protocol proposed by O' Leary (2017). These six steps include: reading through the data; organizing and coding the data; searching for patterns and interconnections; mapping and building themes; building thematic data; and, drawing relevant conclusions from the data.

The study then uses the themes identified from the analysis of the policies, legislations and statements to analyze the implications of these policies for socioeconomic processes and livelihoods in borderlands in the context of what established literature has identified as socioeconomic vulnerabilities of borderlands in Africa.

The responses of interviewees have been coded as follows: AR1, Aflao Resident 1; AR2, Aflao Resident 2; AR3, Aflao Resident 3; RA4, Resident No. 4 of Akanu; RA5, Resident No. 5 of Akanu; RA6, Resident No. 6 of Akanu.

### **Responding to COVID-19: The Ghanaian Approach**

The outbreak of COVID-19, which started in the Chinese city of Wuhan in the twilight of 2019 quickly spread to other parts of the world resulting in the WHO officially declaring the disease as a pandemic on 11th March, 2020. Even before the first confirmed cases of Covid-19 in Ghana, the country had taken steps in preparing to address the outbreak. In a series of televised addresses, the president constantly outlined and updated the citizens on the various measures the country was pursuing to address the pandemic. On the first address on 11 March 2020, the president banned foreign travel for government officials except for crucial reasons. He also advised the public to consider travelling only if it was critical. He also announced setting up of the Inter-Ministerial Committee on corona virus response and the Cedi equivalent of US \$ 100 million to enhance preparations for any eventual breakout.

The first officially recorded cases of Covid-19 in Ghana were reported on March 12, 2020 (Amoah, 2020; Asante & Mills, 2020). The country subsequently stepped-up the measures to address the pandemic. Through the televised addresses by the president, the government outlined its main strategies in dealing with the virus. The presidents outlined a five-pronged strategy to addressing Ghana's Covid-19 challenge. These includes: limiting and stopping the importation of new cases; preventing community spread; isolating, treating and taking care of the sick; ensuring self-reliance and expanding the domestic capability to produce essential items including Personal Protective Equipment (PPE) which are needed during period and beyond, and; mitigating the impact of the virus on social and economic life (Sibiri, Prah, & Zankawahc, 2020; Amoah, 2020).

To enable the president take swift actions in containing the spread of the virus, the Parliament of Ghana passed the Imposition of Restrictions Act, 2020 (Act 1012) under a certificate of urgency (Addadzi-Koom, 2020). The law grants emergency powers to the president to address the spread of the virus by imposing restrictions when considered to be appropriate (Botchway & Hlovor, 2021). Subsequently, the president on 15th of March, 2020, imposed a number of restrictions on social activities considered to be a conduit through which the virus could be spread. Bans were imposed on all public gatherings (i.e., conferences, workshops, festivals, political rallies, sporting events and religious activities) and the number of people allowed to attend private burials were limited to twenty-five (25). All schools from the basic schools to the universities (both private and public) were closed. In addition, bars, restaurants, beaches and night clubs were also closed. The general public was also entreated to observe all Covid-19 hygiene and safety protocols including wearing of nose mask, regular hand washing, and the maintenance of appropriate social distancing, among others (Asante & Mills, 2020; Ministry of Health, 2020).

In line with the strategy to limit and stop the importation of cases into Ghana, the president on the 15th March, 2020, also announced a partial restriction on entry into Ghana for all persons originating from countries which have recorded more than 200 cases of Covid-19. The restriction however does not apply to Ghanaians and persons holding valid Ghanaian residence permit returning to the country. On Saturday, 21st March, 2020, the President announced the closure of all borders (land, sea and air) of Ghana to human traffic from Sunday, 22nd March, 2020 in view of the rising number of cases in the country.

As the spread of the virus escalates, the President imposed a partial lockdown on Greater Accra Metropolitan Area (GAMA), Tema, Kasoa and the Greater Kumasi Metropolitan Area and contiguous districts, which were considered hotspots of the spread of the virus from 1: 00 am on Monday, 30th March, 2020.

The initial ban was to last for two weeks but was extended for an additional week to 19th April, 2020. People within the affected areas were only allowed to go out for critical issues such as buying of food and medicine, accessing public toilets, and attending to hospital. Members of the executive, legislature, judiciary, security services, health workers, those involved in production and distribution of food and essential supplies were exempted from the ban.

During the lockdown, the government through the Ministry of Gender and Social Protection directly delivered cooked meals to the most vulnerable and poor in the affected areas. In addition, the government announced free supply of water for three months, which was subsequently extended to the end of 2020. The government also absorbed the full electricity bills of life-line consumers of electricity and part for other users. These measures were to help mitigate the economic impact of the restrictions. In addition, the government established the COVID-19 fund. The Fund was to be managed by an independent board of trustees and to receive contributions and donations from the public, to assist in the welfare of the needy and the vulnerable. Under the Coronavirus Alleviation Programme (CAP) GH¢ 323 million as relief package which includes provisions of PPEs, tax waiver, allowances, transportation and COVID insurance was provided for frontline health workers. In addition, GH¢600 million was disbursed to Micro, Small and Medium-Sized Enterprises (MSMEs) through the Coronavirus Alleviation Programme – Business Support Scheme (CAP-BuSS).

The partial lockdown was lifted on 19th April, 2020. However, the border closure and restrictions on social gatherings remained in force until May 2020. On the 31st of May, 2020, the president announced the gradual lifting of restrictions with partial opening of churches and mosques, schools for final year students, and bars and restaurants, among others. By September 2020, Ghana reopened her airport to international flights with enhanced Covid-19 protocols including testing of passengers on arrival and before departure. Life has gradually returned to normal as schools at all levels have been reopened since mid-January 2021. However, the economic and social impact of the virus are still having serious effect on the lives of the poor and vulnerable groups, particularly those along the country's land borders as they remained closed.

### **Borderlands and Covid-19: Between People and Livelihoods**

Africa has some of the world's most porous and poorly governed borders. Hardly is any African state able to project power to effectively govern the full stretch of its borders. In the absence of effective state control in the border regions, state presence in the periphery is restricted to areas of resources extraction, that is towns with significant natural resource endowment or important trade routes for

taxation and revenue generation. Unfortunately, for most African borderlands, provision of social infrastructure is lacking resulting in border regions in Africa being poorest and marginalised communities on the continent. In the Sahel regions, these marginalisation and poverty has partly created the atmosphere for terrorist groups to thrive and challenge the authority of the state.

Socioeconomic life in African borderlands depends on the operations of the border. In other words, the border is the main determinant in the organisation and the functioning of social and economic processes in border regions (Nugent & Asiwaju, 1996; Flynn, 1997; Nugent, 2011; Hlovor, 2018). Economic life essentially revolves around cross-border trade and control of cross-border mobility. Both activities are more often a complex combination of both legal and illegal activities, which often draw the state into conflict and cooperation with border residents (Hlovor, 2020; Hlovor, 2018). Conflict is normally engendered by legal prohibitions of activities border residents consider as central to their existence such as goods and people smuggling (Nugent, 2011; Hlovor, 2018). Along the full stretch of Ghana's borders are some of the most deprived communities although some major border towns such as Aflao and Elubo have become sites of booming trade.

The outbreak of the Covid-19 pandemic presents residents in these areas and policy makers with a dilemma of balancing the economic survival of border residents and their protection and that of the general public against a health crisis. In view of the fact that border areas are centres of cross-border mobility, they are prone to high imported Covid-19 cases, which may expose the inhabitants. In addition, being among poor and marginalised regions, high imported cases and higher rate of exposure of inhabitants would result in higher community spread of the virus. This would outstretch the local and often limited health infrastructure. Indeed, most of these communities are without health centres and even where health centres exist, they are ill-equipped. Thus, in the absence of cooperating and coordinating with the country's neighbours for the establishment of well-equipped healthcare facilities along the borders, as argued by Botchway and Hlovor (2021), the protection of the community depends on the closure of the borders in order to limit importation of cases and reduce the exposure of the communities. On the other hand, closing the border comes with a high economic cost for residents in terms of loss of income sources and livelihoods. The closure of the borders, therefore represents a choice to protect people over livelihoods.

Although, this may appear as a rational choice given the nature of the current pandemic, a careful observation of how socioeconomic mitigation policies have been implemented, particularly in major cities during lockdown would reveal that the Ghanaian state is merely replicating an old template that has kept border regions marginalised and impoverished. There was no careful policy engineering

to cater for the specific situation of border residents.

### **An Old Solution to a New Problem: Leaving the Problem Half-Solved**

Ghana's initial policy response to Covid-19 has been applauded by many experts. The country has managed to contain the first wave of the virus and provided much socioeconomic relief to the population to mitigate the impact of the virus and the restrictions it necessitated. Unfortunately, the social and economic interventions have not been to the benefit of all groups. The government has operated in a framework that has not worked for segments of the population since independence. In the processes, while some groups received attention and action taken to mitigate their economic challenges, others were simply neglected.

The closure of the border brought economic hardship to border communities. Economic hubs of cross-border trading like Aflao, Akanu and Elubo became mere ghost towns as the traffic generated by the border disappeared. Petty traders, hawkers, head potters and motorbike operators, among others whose livelihood depend on cross-border mobility were driven out of job and left without alternative means of livelihood. In some communities, the border post or check point is located a distance from the border line. However, the enforcement of the border closure denied Ghanaians at the other side of the border post access to basic service in Ghana (Ghana News Agency, 2020). It also denied Ghanaians in Ghana who access basic services in Togo the opportunity to access such basic services. As pointed out by a resident of Aflao, "We depend on Togo for our daily bread. The closure of the border has affected our livelihoods. Economic activities have slowed down because people cannot bring commodities from Togo" (AR1, 2021).

Similarly, farming and other livelihood activities could not be undertaken across the border. Some residents who work with establishments at the other side of the border and therefore cross the border daily were out of work. The enforcement of the border closures brought all these cross-border activities to a halt. As a result, residents of some of the border areas noted that prices of consumables, mostly brought from across the border, have increased. In the words of a resident of Aflao, "Technically, Aflao and Lome are just like a big city that is partitioned by our colonial masters, the economy of the two halves depend on each other" (AR2, 2021). As another resident of Aflao pointed out, "our lives depend more on activities in Lome (Togo) than events in Ghana. When we wake up we look east to Togo" (AR3, 2021). Thus, the dependency of border residents on cross-border trade and movement makes it difficult for economic life with the closure of the border.

At the initial stages of the border closure when soldiers were deployed, even illegal activities such as goods smuggle and human smuggling, which are an

integral part of the border economy were halted. It was pointed out by a resident of Akanu that “those who normally assist people to cross the border for money were not able to operate when soldiers were deployed” (RA4, 2021). She further noted that “no cross-border movement was allowed so those who engaged in ‘crossing’ were not operating” (RA4, 2021). (‘Crossing’ is a local term used to describe the activity of aiding to carry smuggled goods across the border for smugglers). Thus, both legitimate and illegitimate activities that characterise the border economy were brought to a halt due to the border closure, particularly at the initial stages of the border closure.

The reality of life in the border areas is that the closure of the border to a large extent amount to a lockdown of the border economy and by extension an economic lockdown of the communities along the border. This is because large parts of the economic exchanges that generate incomes in border areas are cross-border in nature. Thus, without an avenue for cross-border exchanges, the ability to generate income in the border region is undermined. The economic survival of most communities along the borders depends on cross border trade and control of cross-border mobility.

Residents were compelled to depend on few people who were government and other formal sector workers whose salaries did not seize at the time. As pointed out by a single mother of three, “I have to depend on my sister who works as a teacher during the period as her salary was being paid at the time, since I could not cross the border to undertake my trade” (RA5, 2021). Similarly, others depended on family members who were in other towns for money transfers for their upkeep. Women who operated small shops and other economic ventures became the bread winners as their husbands who worked across the border or whose activities depended on the border were halted and unable to provide for the family. In the words of a resident of Akanu, “most of the men who worked across the border were staying with their wives in the stores” (RA6, 2021). Thus, while these women had their businesses adversely affected by the reduced traffic at the border, they were further compelled to depend on their reduced earnings to support their families. Some resorted to buying on credits and borrowing money from others who were in a better economic situation.

The effect of the border closure on the lives of border residents was however not acknowledged by the central government. Residents of some of the border towns pointed out that in outlining some of the groups and areas to be impacted by the border closures and lockdowns, residents of border areas were not considered and mentioned as part of the people to be adversely impacted. This lack of recognition of the plight of border residents as a result of the closure of the border is also reflected in the form of support extended to these areas

by the government. In Aflao, for instance, the Municipal Assembly caused to be registered some residents, especially the elderly for support. However, this promise of support never materialised. The only forms of support provided to residents came from churches and some NGOs who provided items to people with disabilities and the elderly.

In contrast to the informal lockdown of the border economy and community, the formal lockdown of major cities including Tema, Accra and Kumasi received official recognition of the plight citizens of these areas would go through during the lockdown. Subsequently, provisions were made to address the needs of the vulnerable in these cities. There was distribution of food to poor households in Accra and the other major cities. Other Covid-19 socioeconomic mitigation measures such as free water and electricity were announced once the lockdown of the cities was declared. The critical question is why did border areas (considering their dependency on the border) not receive similar attention and intervention as the major cities under lockdown?

The answer partly lies in the opposing understanding of borders and its functions by policy elites on one hand and border residents on the other hand. To policy elites and governments, the borders represent the territorial end of the state and the wall that protects from external forces. This elite view is rooted in a classic realist discourse of ‘national security’, which holds the state as unified actor in need of protection from external threats. The contrary view of borders as a resource upon which daily survival and livelihoods of border residents depend is hardly understood in policy circles. In closing the border and deploying the military to border towns, while not adopting mitigating economic measures as in the large cities, the Ghanaian state was operating within the template of realist conception of security with the state as the referent object of security.

A second explanation lies in the fact that the post-colonial state in Africa has engaged in selective retreat from the frontier to the capital cities (Clapham, 1999; Hlovor, 2020). The state is completely absent in deprived border areas and only present in border areas endowed with important natural resources as well as areas of important border post for tax extraction. In the provision of social infrastructure, borders normally located far from the capital are left behind. The limited provision of social services in border regions across the continent is partly due to poorly demarcated borders, government suspicion of the loyalty of border populations and lack of cooperation among states. In addition, cutbacks on public expenditure during the era of structural adjustment has also undermined the general ability of the state to provide social services in deprived areas including border regions (Amoah, 2020). In relation to the pandemic, the state’s presence is to enforce the border but not to address the needs of the population just as

it has been engaged in resources extraction and not provision of social services. Thus, while the Ghanaian state deployed the army to enforce the border closure, it made no provision on how to alleviate the sufferings to be brought by the closure of the border.

In Ghana, most government offices and activities are centred in Accra and few major cities. Accra and these major cities have therefore been the centre of attention for governments and policy elites. Thus, there is considerable understanding of the reality of socioeconomic life in Accra, for instance, among policy elites who are mostly based in Accra than of remote border regions. Besides, unlike the marginalised border areas, cities like Accra, Kumasi, and Tema host huge population concentration of concern to politicians for political reasons. The vibrant media houses which are mainly concentrated in the large cities also work to keep policy makers conscious of the need of cities' dwellers.

Further, response to the virus has been centralised in line with the narrative of national emergency or national security. The Ministry of Gender and Social Protection was at the forefront of the food delivery during the lockdown. This centralisation of the response implies that the central government at the capital predetermines areas that needed interventions and not the local government authorities. In this case, local government authorities in border regions could not direct reliefs to their populations.

## Conclusion

The border closure has half-solved the challenges of the pandemic in border areas. It limited the importation of the virus and protected the population from exposure to the virus. Unfortunately, government has not adopted adequate mitigating policies tailored to the specific circumstances of border communities. The lockdown in Accra and other major cities have been long lifted and life has returned largely to normalcy. However, in the borderlands, the informal lockdown of the economy continues as long as the border closures remain in place. This has only opened the door to human smuggling along the border.

In view of the inability of the state to effectively govern the land borders and the many unapproved routes as well as the surge in the new wave, the borders may remain closed for a longer period. What is needed is to recognise the particular vulnerability of border residents and provide interventions that are suited to their situation. While they may be benefiting from the various interventions the government is currently making, these interventions are unlikely to work for them since they are based on the premise of lifting of lockdown, easing of restrictions and gradual return of society to normalcy. This is because for borderlands, economic and social life revolve around the border. Without



the border functioning as a point of transnational mobility of goods and people, economic life in terms of generating income and livelihoods is basically difficult. There can be no easing of restrictions for borderlands with their most valuable asset under lock.

Beyond Covid-19, African governments have to rethink the understanding of borders and border security. Moving away from the realist paradigm of thinking of borders as walls of defence and the state as a referent of object of security offers a starting point. State practices in border regions in the name of national security have to be reviewed. Adopting critical approach to security may offer a better understanding of the issues of border security and help birth policies that cater for the border populations better.

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