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Policy Responses to the COVID-19 Crisis in Ghana: Preliminary Assessment : 16-49

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Abstract

The World Health Organization (WHO) officially declared the Coronavirus Virus Disease 2019 (COVID-19) to be as a public health emergency of international concern on January 30. With inadequate knowledge about the nature of the problem (mechanisms of transmission), Ghana implemented one of the most comprehensive non-pharmaceutical and precautionary policy initiatives. The strategies have proved satisfactory in efforts to control and combat the virus. The success chalked by Ghana has been hailed by the international community and the stakeholders in the health sector with calls for the adoption and replication of these strategies by other countries. Using process tracing/ qualitative archival data and under the lens of John Kingdon's Multiple Streams Framework (MSF), this article examines the Ghanaian government policy responses from the first month of the outbreak of the COVID-19 pandemic to the end of the extraordinary situation on October 31, 2020 amidst polarization along partisan lines.

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The World Health Organization (WHO) officially declared the Coronavirus Virus Disease 2019 (COVID-19) to be as a public health emergency of international concern on January 30. With inadequate knowledge about the nature of the problem (mechanisms of transmission), Ghana implemented one of the most comprehensive non-pharmaceutical and precautionary policy initiatives. The strategies have proved satisfactory in efforts to control and combat the virus. The success chalked by Ghana has been hailed by the international community and the stakeholders in the health sector with calls for the adoption and replication of these strategies by other countries. Using process tracing/qualitative archival data and under the lens of John Kingdon's Multiple Streams Framework (MSF), this article examines the Ghanaian government policy responses from the first month of the outbreak of the COVID-19 pandemic to the end of the extraordinary situation on October 31, 2020 amidst polarization along partisan lines.

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1. Introduction

In December 2019, the novel Severe Acute Respiratory Syndrome Virus-2 (SARS-CoV-2), now referred to as Coronavirus Virus Disease 2019 (COVID-19) was first recognized in a location in Wuhan city, Hubei Province of China (Li et al. 2020). The World Health Organization (WHO) officially declared the virus to be a public health emergency of international concern on January 30. Since then, COVID-19 infection has reached horrific proportions and resulted in an unprecedented death toll the world over amid panic. Accordingly, national governments across the world have been challenged to address the arisen myriad of problems due to the pandemic. Especially for many developing countries, finding the appropriate strategies to contain and mitigate the spread of the disease and the economic and societal ramifications of dealing with the risks poses enormous challenges. A disease outbreak that travels fast and infect victims in a matter of hours in the Western industrialized countries with high mortality and morbidity effects and causes economic disruptions, the World Health Organization (WHO) and international experts predicted that Africa would be the epicenter of the disease due to poor and underfunded public health systems, environmental and socioeconomic conditions. Not an exception, Ghana was ill-prepared with the outbreak of the disease, ranking high on the Global Health Security Index. In fact, the Nuclear Threat Initiative and the Johns Hopkins GHI ranked Ghana 105 of 195 countries with a score of 35.5.

Notwithstanding these grim predictions, many cases of COVID-19 success exist in Africa. Governments have done many things rather well and Ghana stands out in policy responses to the COVID-19 pandemic in sub-Saharan Africa. With inadequate knowledge about the nature of the problem (mechanisms of transmission), Ghana implemented one of the most comprehensive non-pharmaceutical and precautionary policy initiatives. The strategies have proved satisfactory in efforts to control and combat the virus. The confirmed daily (active) cases are on a decline, with zero cases in five of the 16 administrative regions since September 2020 and the restrictions have been lifted. The success chalked by Ghana has been hailed by the international community and the stakeholders in the health sector with calls for the adoption and replication of these strategies by other countries. For instance, the WHO report in June, 2020 (virtual conference) widely praised Ghana for its fast, coherent policy interventions. It is of significance that despite the novelty of the Coronavirus and unpreparedness for the pandemic, Ghana had breakthroughs and achieved more successes in the containment and the fight against the disease, relative to better developed regions of North America and Europe. It is therefore imperative to understand the policy of Ghana's COVID-19 response, focusing on the question: What were the practical and strategic policies implemented and their implications? Furthermore,

given the debate about Ghana's response to the pandemic, and suggestion that a nation under siege enhances nationalist sentiments (Goode et al, 2020), the question remains: if government response strategies to cope with the crisis have been quite good, are there partisan interests? Were the public health emergence responses devoid of partisan politics? The article uses secondary data to review the Ghanaian national government policy responses from the first month of the outbreak of the pandemic to the end of the extraordinary situation on October 31, 2020. This paper is structured such that Section 2 discusses the theory that underpinned the study. Section 3 provides a brief overview of data and methods used and section 4 looks at the problem of the pandemic in Ghana. Policy solutions put in place to deal with the pandemic and their efficacy are explored in section 5. Section 6 looks at the politics of the COVID-19 pandemic and the last section, 7, briefly concludes.

2. The Multiple Streams Framework (MSF)

Public policy as intuitive concept is broadly considered as a response to the perceived societal problem (Birkland, 2011). In policy studies, the focus is on the production of knowledge to enable scholars and practitioners better understand and appreciate the dynamics of policy making, the diverse and multiple range of actors (bureaucrats, politicians, think tanks, interest groups, individuals), and the factors which play a role in its development. It also examines the different kind of ideas and discourses, interests and institutions that motivates and shapes the development of policy making and change (Dodds, 2013; Peters& Zittoun, 2016). Since the emergence of public policy as a field of study in the mid-1950s, scholars have proposed several theories to explain how public policy is developed, or parts thereof including the Advocacy Coalition Framework (Sabatier, 1986), the Punctuated Equilibrium Theory (Baumgartner & Jones, 1993), the, Policy Feedback Theory (Skocpol 1992), and Policy Cycle/Stages Heuristic Model (Brewer, 1974) among others. In *Agendas, Alternatives and Public Policies*, John Kingdon (1995; 2003) put forth a framework for analyzing the policy process, which involves three streams: problems, policies and politics. These streams examine how attention is brought to a specific issue.

The problem stream is the gravity of challenges confronting the society. Crucially, the problems are public issues that have captured visible social and political attention and demand some action from policy makers (Zahariadis, 2014). Due to technical complexity of the problem or difficulty in identifying a problem, systemic indicators, crises and symbols, focusing events, and feedbacks on existing programs serve as the vessels that catapult a specific issue to the forefront of policy makers (Kingdon, 2003). In this stream, the disposition and

perception of policy makers are taken into considerations as they may consider some issues to be relevant or not.

The policy stream depicts the evolution of policy proposals characterized as a "primeval soup" (Kingdon, 2003: 116) of policy ideas. It highlights the development of viable policy alternatives within the policy community/subsystem. Policy communities are the avenue in which alternative proposals are debated, developed, and changed. An important element that should be noted in the policy stream is policy experts, organized interest groups, governmental actors, the media ("the so-called hidden participants") involvement in the development of independent ideas to solve the myriad of problems at hand (Herweg, 2016: 132). The ideas, information and suggestions for policy change are based on real world conditions. In the policy community, the most political salient, rational problem-solving techniques prevails and makes it to the decision agenda while the weak ideas or considered less seriously sink to the bottom. Three criteria are important for the survival of a policy proposal namely technical feasibility, value acceptability and efficiency/financial viability (Kingdon, 2003; Herweg et al., 2018).

The politics stream encompasses the receptibility to policy proposal within the policy community or the situational context of policy making which revolve around several factors such as political ideology and beliefs, national mood, change in administration, interest group campaigns, and activities of political parties. The national mood which refers to the prevailing climate of opinion, that is how societal actors thinks about an issue (Kingdon 1995: 148). It also describes the composition of government institutions such as a political party control of the legislature or the executive and how interest should be balanced (Herweg, et al., 2015; Fowler, 2019). The variables in this stream shapes and constraints government ability and willingness to take action. That is to say that the range of political and civil societal actors serves as stimulus or roadblocks, as they might explain adoption and policy change.

These streams are independent activity and can be coupled with each other with the introduction of policy entrepreneurs when a window of opportunity is created. In other words, the two other structural components of the MS framework are the 'policy entrepreneurs' and 'policy window.'

The policy window provides the context within which policy is made. According to Kingdon (2003:165), the policy windows are opportunities "for advocates of proposals to push their pet solutions, or to push attention to their special problems." These windows are usually open for brief, fleeting moments, when advocates in the policy subsystem act swiftly to shape public policy before the opportunity is lost (Almog-Bar et al., 2015). The ill-defined solutions professed by policy makers are streamlined by policy entrepreneurs in the "policy window"

who are willing to invest resources (time, energy, reputation, money) by coupling the three streams (Kingdon, 2003). The policy actors (politicians, bureaucrats, analysts, journalists, policy think tanks) inside and outside government contribute ideas and actions to shape and influence public policies in the changing nature of the policy arena. Put differently, when policy entrepreneurs take advantage of these opportunities, either in the problem or politics stream, new policies are adopted.

The MS framework was chosen as the theoretical framework because of its historic and popularity in the field of policy analysis at different scales (Béland & Howlett, 2016), primarily in Western democracies. In the context of Africa and Asia, less than 10 percent of scholars have utilized the theory for policy making processes (Jones et al., 2016). It is transferred for the study of health policy setting in an emerging economy, Ghana. Moreover, and related to the first case, Kingdon's theory has been used frequently to explain health policy processes in many situations (Odom-Forren & Hahn, 2006). However, to our knowledge, it has never been applied, particularly its subcomponents to the complexity of Ghana's response to the COVID-19 pandemic. Further, the MS framework is well suited to studying novel policy issues with elements of ambiguity (Weible & Sabatier, 2018). Correspondingly, this framework is useful in explaining how problems appeared on the national policy agenda, discern the various ideas in the policy community and the political context of agenda setting process or broadly speaking policy change.

3. Data and Analysis

The Multiple Streams Framework was advanced as a tool to explore how the problem of COVID-19 was positioned on the policy agenda. The study primarily made use of qualitative analysis of archival data. This includes press releases by the government/Ministry of Health (MoH), Ghana Health Service (GHS), detailing Ghana's response strategies to the pandemic and public statements by interest groups. The documentary evidence also includes newspaper articles on the COVID-19 crisis published between March-October, 2020. In addition, articles were identified using academic databases such as Sage, JSTOR and Google Scholar which the authors identified using keyword searches (e.g., pandemics, COVID-19, Coronavirus). Most articles are peer-reviewed and published in the year 2020. Finally, non-peer-reviewed articles were found through sites such as John Hopkins University, World Health Organization and Worldometer.

The data was manually cleaned and categorized based on its characteristics such as the timelines of the COVID-19 and policy response from the government of Ghana. In terms of the analysis of data, content analysis was deployed which involves categorization of information based on the theoretical background.

According to Krippendorff (2004: xvii), content analysis is "an empirically grounded, exploratory in process, and predictive or inferential in intent." This method has been applied in policy studies in many policy fields and allowed for inferences to be made (Larjow et al., 2016). The set of text that emerged based on the study's objective were reduced into themes and sub-themes. The study was primarily interested in the government policy response and the efficacy of these policies and therefore restricted to the 'live' nature of the pandemic; the period between March 12, 2020 and October 30, 2020.

4. Ghana's COVID-19 Situation: A Problem with Global Origin

According to Kingdon (1995:16), one of the influences on agenda setting is the "inexorable march of problems pressing in on the system." With respect to the salient problem, the Ghanaian government knew nothing about the Coronavirus Disease (COVID-19). It was a disease no one had seen at all. The World Health Organization (WHO) brought it to the attention of the world in January 2020 by declaring a Public Health Emergency of International Concern. This was followed on 11 March, 2020 by the WHO's declaration that the SARS-CoV-2 constituted a pandemic. Autonomous public health professionals agreed that the problem existed at the global level, framing it as a national crisis. The COVID-19 pandemic was no longer a foreign condition but a problem; public health crisis of unprecedented proportions that demanded governmental attention. Consequently, Ghana's Ministry of Health (MoH) gave public assurance, emphasizing that government would not downplay the danger of the virus saying, "Working in collaboration with partners, we are doing everything possible to prevent and protect against the importation of the virus into the country and prevent spread." (MoH, 2020). In a press conference on March 12, the country's public health care system, the Ghana Health Service (GHS) announced the outbreak of the disease in Ghana when the first two patients were diagnosed with the novel Coronavirus in Accra with links to Europe.

The WHO, West African Health Organization, GHS, and other policy community advocates disseminated the data on the disease on daily basis and sought to determine the nature and magnitude of the problem at hand and how it should be addressed. The politics stream also directly influenced the problem through the President's commitment and other government officials in raising the problem and emphasized this in the media. The pandemic was a significant media activity. The media helped to define the problem to gain the attention of the Ghanaian public as indicators were not self-evident or explanatory (Kingdon, 2003:94). From policy feedback, the high level of incidence (morbidity), the alarming increase in the number of deaths from the pandemic, the long hospital

stays, and an increase in life-threatening complications were highlighted by both traditional and social media. Furthermore, as indicators alone could not determine the importance of an issue, and consistent with the MS framework, the perceived crisis, particularly the Ebola disease (2014-2016) prominently shaped COVID-19 policy making. The unprecedented death toll from the Ebola crisis influenced policy makers' perception of the national mood in the politics stream about the set of management strategies. In fact, the Ebola crisis was an effective focusing event for raising awareness of the problem of COVID-19 in Ghana.

The geographical data on incidence/prevalence increased the depth of the problem. By March 26, there were 132 reported cases of the virus, of which only two did not have links to overseas travel and Ghana had reached the grim condition of 10, 000 positive COVID-19 cases on June 9 (GHS, 2020; WHO, 2020). In early August, Ghana reached its peak of daily infections when the 7-day moving average of new infections per day reached almost 1,513 (Johns Hopkins University, 2020; WHO 2020; GHS, 2020) majority of which were in the three regions of Greater Accra, Ashanti and Western with the Accra and Kumasi cities badly hit. Figure 1 summarizes the monthly active cases.

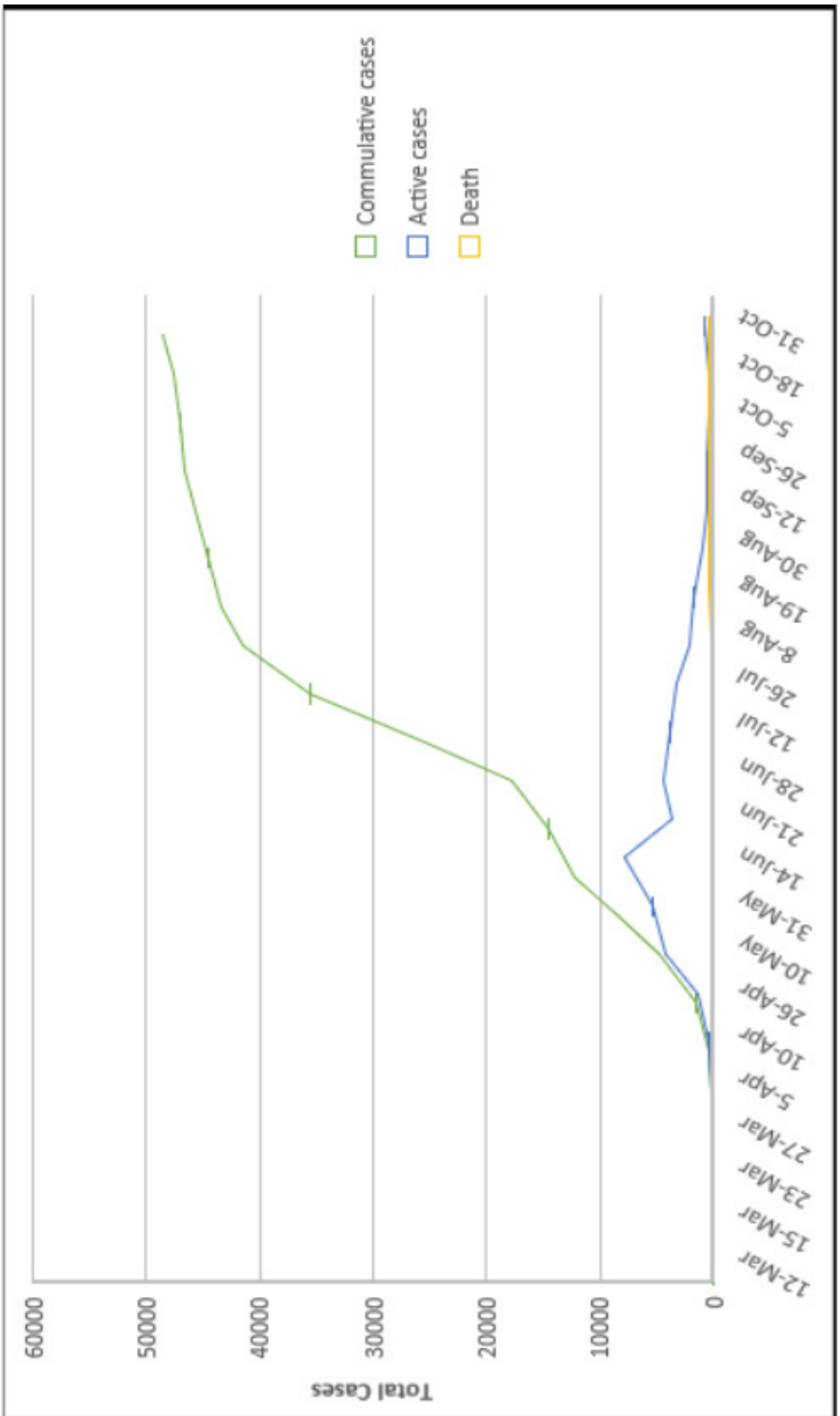

Figure 1. Cumulative cases, active cases and deaths in Ghana, March 12 – October 31, 2020

Source: Ghana Health Service, World Health Organization

Moreover, the deaths (statistics) were important indicators of the problem of COVID-19. Globally, fewer Africans had died of Coronavirus thus far, despite the horror predictions. The continent registered some 1.5 million confirmed cases with 32,538 deaths (2% of global cases of death) as of November 22, 2020, in comparison to the 375, 368 and 398,846 deaths in Europe and North America respectively (WHO, 2020b; Johns Hopkins, 2020). In Ghana, case fatalities from COVID-19 were low in comparison with other African albeit not uniformly distributed through the population. The fatality rate was 0.65% compared with 2.3% in Africa (WHO, 2020c), with the first known death from the virus in Ghana reported on March 22. By the end of October 2020, there were official confirmed COVID-19 cases of 48,511 of which 97.6% had recovered, and 320 deaths (GHS, 2020; WHO, 2020c). [See Figure 1]. While COVID-19 is perceived by the general public and the policy community as problematic, an important problem due to low awareness had to do with the high level of stigma and discrimination towards those with the virus. Thus, for cultural issues, the stigma of COVID-19 is high in Ghana.

In sum, the problem stream, focusing event being the Ebola crisis (2014-2016), other conditions in the form of policy feedback from the global outbreak paired with the changes in indicators from the prevalence and mortality reported in the media turned attention and focus to the pandemic of 2020.

5. Policy Solutions

The focusing event and data of COVID-19 infections and deaths in days, not months sparked an agenda of finding policy solutions to address the salient problem. A number of policy proposals were formed in the policy stream. The policy stream depicts building receptivity towards ideas in the policy community/ subsystem to address the identified problem (Kingdon, 2003). For example, the WHO called for the development and used of structural policy strategies that are aligned to national priorities. In other words, with the outbreak of the pandemic of 2020, the problem stream was ripe, but what policy options were generated by the policy community to address the COVID-19 crisis in Ghana?

Surveillance, Quarantine and Testing Policies

Consist with the MSF expectations, the devastating impacts of the pandemic across policy public helped to keep the issue on the decision agenda. Under incremental policy shifts, GHS emergency response plan for the disease was released on January 15, 2020 per WHO guidelines. Taking advantage of decentralized governance and administrative health structures, the GHS activated its COVID-19

response committees; the National Technical Coordination Committee (NTCC) and the Regional and District Public Health Emergency Management Committee (PHEMC) from the national to the 16 administrative regions. The NTCC and the PHEMC were tasked to review the country's resilience and preparedness to manage reported cases of the disease (Ghana Ministry of Health, 2020). On January 31, 2020, government announced that all non-essential travel to China were banned and unlike other African countries, China based Ghanaian students would not be evacuated, whiles protocols for fever scanning and quarantine were in place. On March 10, 2020, an emergency Cabinet meeting was convened and the result was the formation of the Inter-ministerial Committee on COVID-19 Preparedness and Response chaired by the President.

Moreover, the transition from problem stream to the policy stream in the case of COVID-19 was very swift. The pandemic was not framed as a localized Western and Asian health crisis. Ghana fully engaged the COVID-19 outbreak not only as a public health emergency but also security concern. To combat the pandemic, three stringent traditional methods namely Testing, Tracing, and Treatment (3Ts) for infectious diseases which involves early detection/ case finding, isolation and quarantine were deployed. Under this strategy, GHS aimed to control the infection and reduce mortality through isolation of cases and contact tracing. To contain imported cases, from March 22, Ghana closed its territorial borders to human traffic as well as domestic air travel for five months. GHS heightened its disease surveillance at all points of entry (including unapproved ones) with the neighbouring countries in collaboration with the Ghana Immigration Service. Ghanaians and permanent residents arriving from severely affected countries within 10 days of the first confirmed cases of SARS-CoV-2 virus were subjected to mandatory 14-day quarantine at the state's expense. This intervention was very effective, helping to identify 105 of the 1,030 persons entering the country as asymptomatic carriers (Akufo-Addo, 2020a).

According to Kingdon (2003), the confluence of the three streams, results in an open window of opportunity that promotes policy change. The pandemic and weak healthcare system in the country created a window of opportunity for reforming diagnostic regulations. Ghana had only two major public health laboratories; the University of Ghana's Noguchi Memorial Institute for Medical Research, Legon, and the Kwame Nkrumah University of Science and Technology Center for Cooperative Research, Kumasi, with complex testing capabilities when the first 150 confirmed cases of the COVID-19 disease. With changes in the problem (new problem indicators) and politics streams (market-oriented into the health systems), and to understand the epidemiology of the virus and inform case management, GHS rapidly scaled up testing procedure by decentralizing approved laboratory sites through refurbishment of 11 regional reference laboratories as

well as add on four fully accredited private clinical laboratories to test for the severe pneumonia. Consequentially, more than 2,500 tests a day are carried out in Ghana and the availability of regional laboratories, and in alliance with private hospitals with standardized Labs, the turnaround time reduced from 5 days to 24-hours.

Further, in accordance with Kingdon's framework, COVID-19 can be considered window of opportunity for reform of the health systems in Ghana due to a change in the problem stream. Contact tracing was done using community surveillance and phone calls to people who had come in contact with known COVID-19 patients by staff of the GHS with support from the Ghana Field Epidemiology and Laboratory Training Program. Patients with positive reverse transcription-polymerase chain reaction (RT-PCR) test results were admitted to designated COVID-19 care units in various hospitals and isolation treatment centres. To speed up mass testing, contact tracing and prevent the spread of the virus, drone technology (Zipline Health Care Logistics Company) shuttled medical supplies and samples of suspected COVID-19 cases, particularly from remote and deprived communities. To further an intensive community and cluster-based contact tracing, the government launched an upgraded GHCOVID-19 Tracker App in July. For the 8-month period of confirmed COVID-19 cases in Ghana, there had been 538, 972 PCR tests, and facilitated the allocation of healthcare supplies (GHS, 2020a). In fact, Ghana's community surveillance policies and the use of information technology infrastructure for contact tracing helped to identify a significant number of cases, of whom were asymptomatic carriers and instrumental to "flattening the curve" of patients seeking treatment. That is to say, the use of community healthcare policies to fight the pandemic was considered as responding to an emerging issue in both the policy and politics streams; reducing the level of transmission/infections and number of patients that require hospitalization.

Lockdown Policy

Ghana reported the first case of the Coronavirus disease in Accra on 12 March, 2020 in two individuals. The government response to this was a ban on mass gatherings like collective prayers (church and mosque), political rallies, conferences, sports and entertainment activities for four months (March-June). All basic, high schools, colleges and universities were also closed. The situational context did not change until March 22 when the first cases of death from the disease were recorded. In late March, the Ghana government responded by instituting a partial lockdown in local hotspots (areas of high population density – Metropolitan Accra, Kumasi, Kasoa, and Tema) for 21-days effective 30 March, pursuant to the

powers granted the President under the Imposition of Restrictions Act, 2020 (Act 1012). Framing the national mood in a politically expedient way, President Akufo-Addo remarked in an address to the nation on March 27 'the frontline of the fight against Coronavirus is your front door, if you cross it, you and your family will likely be infected. So please, stay at home.' (Akufo-Addo, 2020b). However, some essential social services like pharmaceutical and medical services, food retailers, and utility service (water and electricity) providers were excluded and working from home was encouraged.

Why lockdown plan with total diagnosed patients of only 137? Government aimed at delaying the spread of infection in order to limit pressure on the country's poor public health infrastructure. The virus pandemic was evolving and needed strategic planning to allow GHS address teething problems of health and medical supplies. Crisis preparedness and management are the responsibility of the 16 administrative regions and 260 municipalities run by appointed officials. Public health agencies and hospitals in the regions and municipalities raised alarms of lack of trained personnel, COVID-19 wards (ICU beds) and personal protective equipment (PPEs). The best response to the pandemic needed for decision makers to have enough time to procure and distribute protective suits in adequate quantity to health centres and personnel, particularly rural communities and scale up effective contact tracing. In effect, the partial lockdown and stay-at home orders were largely aimed at curbing sporadic COVID-19 community transmission. However, the restriction on human movement which had gone into effect on March 30 seem to have aided transmission from urban Accra and Kumasi to the countryside. The 48 hours opportunity before the lockdown caused the surge in infection. In anticipation of the strict enforcement, a considerable number of informal workers and homeless folks fled to their native villages in the various regions between 28 and 29 March, 2020, where they hoped for better, cheaper existence.

Table 1. Timeline of the COVID-19 strategy in Ghana

Date in 2020	**Major events**
March 11	WHO declares COVID–19 a pandemic.
March 12	First COVID–19 cases confirmed in Ghana.
March 15	Schools, places of worship, sporting events, entertainment centres, bars and restaurants ordered to close for initial 4 weeks.
March 17	Dashboard/Webpage set up to track data on COVID–19 Risks of imported cases deemed high. Government advices against non–nationals travelling to Ghana from countries with more than 200 confirmed cases.
March 19	First confirmed person–to–person (community) transmission of COVID–19 in Ghana.
March 22	First COVID–19 death confirmed in Ghana. Closure of national borders to human traffic. People entering the country must self–isolate for 14 days.
March 28	COVID–19 National Trust Fund established.
March 30	Greater Accra and Greater Kumasi partially locked down. Residents called on to stay home for three weeks. Essential workers excluded.
April 11	Scientists at Noguchi Memorial Institute for Medical Research, University of Ghana, Legon sequence genomes of COVID–19.
April 19	21–day partial lockdown plan lifted.
April 25	Directive for compulsory wearing of facemask in public space.
June 5	Some restrictions on public and social gatherings eased; placesof worship limited to 100 attendants
June 15	Final year elementary, high school, college and universities students return to take exit examinations. Restrictions on restaurant services, conferences, non–contact sports, political activities eased.
June 17	Ghana adopts WHO new recovery policy of positive patients; not exhibiting any symptoms after 14–days, leading to discharge of 5,927 patients.
July 24	First Infectious Diseases Centre commissioned in Ghana, Accra. September 1Air borders reopened to human traffic.

September 1	Air borders reopened to human traffic.

Source: Ghana Ministry of Health, Ghana Health Service, World Health Organization

Promotion of Public Health Behaviours

As Kingdon's framework suggests, some policy responses move to the top of the 'primeval soup', gain support and subsequently effective implementation when based on changes in the national mood. Scholars (Lezine & Reed, 2007; Viscusi, 2021) also argue that political commitment and bureaucratic leadership affect public health through the language used in communicating health related issues to the public. The government adopted a constructivist realist approach in the COVID-19 problem issue. Ghanaians were frequently briefed on traditional press outlets and social media by the President, public health experts, other government officials on personal protective behaviours alongside communications issued from GHS. To enable Ghanaians, make the appropriate judgment about the disease, the President provided information by staging national televised speeches known as 'Update' on the pandemic (26 updates since March 15, 2020). The President in his regular COVID-19 address to the state psychologically presented citizens (national mood) with the difficulties and government policies outlined to mitigate the effects of the crisis. Akufo-Addo used emotional, thought-provoking language to give Ghanaians hope and legitimize government's effort in dealing with the containment and spread of the virus. His March 27 address served as cardinal reference point of political leadership during the crisis. He said, "I assure that we know what to do to bring back our economy back to life. What we do not know how to do is to bring people back to life." (Akufo-Addo, 2020b). This message struck a chord of national solidarity among Ghanaians and increased trust of the government. The President also used his speeches to lead the country's response strategy and appeal to the citizens' sense of responsibility, reminding that healthy eating, the use of vitamin and mineral supplements as well as change in behaviour and compliance with guidelines from medical experts are the only remedies to suppress infection rate.

Whether COVID-19 is a problem within Ghana sparked debate, many Ghanaians believe that the pandemic was a hoax ("infodemic"). There were misconceptions and fake news that blacks and Africans were immune to the virus, a disease that affects the wealthy or ravaged big cities. To deal with these sociocultural limitations, national policy makers such as the Health and Information Ministers, medical and scientific experts provided information during the crisis phase (March – June). Crucially, to correct these erroneous belief systems, conspiracy theories and concerns over COVID-19 are overblown,

medical explanations were offered about the possible causes or potential to spread of the virus through the organized press conferences. In fact, survivors of the disease were allowed to share their horrific experiences.

As indicated, the mass media also promoted in Ghana what Kingdon (2003;17) referred to as "the process of gradual accumulation of knowledge" There were Public Service Announcement (PSA). Official messages to the public in various languages encouraged frequent hand washing under running water, sneezing into elbows or tissue papers, use of alcohol–based hand rub, social distancing, cleaning and disinfecting touched surfaces. This message was carried out in the print and electronic media, on small signboards, and on large billboards. GHS developed specific social campaigns across media platforms to increase the scope of the information on the correct procedures for "donning and doffing" of face masks. Extensive media report of the early European (Italy, Spain, United Kingdom) and the United States experiences of COVID–19 fueled compliance with the safety protocols. The measures to combat the disease in the context of public health emergency also included the declaration of 24/7 toll–free numbers (112/ 050–949–7700). These national emergency help lines comprised a team of medical doctors, psychologists, nurses, policy makers, social workers, among others who provided support, advice and guidance to suspected cases of COVID–19. Another policy action taken by government was the introduction of the digital platform https://www.ghanahealthservice.org/covid–19 to provide updated information about the disease including the number, place of infection, fatalities, speed of the disease, and ratio of tests to reported cases. The credible and timely information dissemination about transmission dynamics and individual centered self–protection techniques fostered trust in public health institutions and helped to reduce the risk for individual and the general society.

Production of Personal Protective Equipment

In the MS framework, crises throw open policy window and allow policy entrepreneurs to develop the issues that makes it to the decision agenda (Kingdon, 2003). With the outbreak of the pandemic, public health professionals, particularly frontline health workers raised issues about unavailability of personal protective equipment (PPEs). In Ghana, healthcare workers threatened strike over poor working conditions and lack of personal protective suits with the surge in the number of COVID–19 positive cases, particularly those requiring hospitalization. The government responded swiftly within 45 days of the incidence of positive cases, in creating access to protective clothing. In other words, to meet the increasing demand of standardized PPEs, the policy community proposed three main strategies to stabilize the PPE market.

The first policy initiative was the procurement and importation of testing kits and PPEs and donations from governments and organizations like the People's Republic of China, Jack Ma of Alibaba Foundation and the WHO. The few imported PPEs were mainly given to frontline health workers and medical personnel. The second policy intervention addressed the persistent demand and supply gap of face masks, medical scrubs, head covers and medical gowns. Looking at the technical feasibility, manufacturing companies in Ghana with private and government sector investments expanded production activities into PPEs. The Ministry of Health (MoH) collaborated with the Trade and Industry Ministry and the Food and Drugs Authority (FDA) to encourage four local firms to use java or wax cloths sewn in a triple-layered fashion conforming to standards to produce masks and other protective clothing. Without any productive equipment when the first cases of COVID-19 were recorded, domestic producers delivered over 3.6 million cutting-edge PPEs by July, and served as a catalyst for small private businesses to produce non-medical face masks, some designed to meet customer demand. The government announced the third and strongest policy proposal on April 25, 2020. MoH launched the campaign "*Mandatory face mask wearing in public spaces and at work*" in collaboration with the security agencies. This involved public service announcements and campaigns on the benefits and proper use of face mask by Ghanaians. But what was the outcome of these policy solutions?

The first policy initiative was less significant and efficient. Mass purchase of PPEs, particularly face masks at premium prices was quite impossible due to the global high demand. Governments, particularly the global North countries instituted export restrictions on COVID-19-related medical supplies, therefore not a viable option for the Ghana government. With the second policy initiative, the price of medical-grade mask dropped sharply to GH¢3.00 (USD 0.52) in the first week of May when locally produced face masks became available. When the first cases of the severe SARS-CoV-2 virus were reported in March, the price of face masks like the surgical mask soared to GH¢7 (USD1.20) from the pre pandemic price of GH¢1 (USD 0.14). Therefore, within Kingdon's framework, the availability of alternative high-quality masks some tailored with a more customized fit, and drop in the prices of anti-viral masks fits the definition of 'value acceptability' in the policy stream; a prerequisite for the survival of policy alternatives (Kingdon, 2003). The second policy initiative also helped to revitalize the manufacturing subsector. Although manufacturing firms were reporting a decline in sales, the garment and pharmaceutical businesses were strongly impacted positively by the crisis through PPE production, alcohol hand rubs and medical supplies. Local production of mass face masks and other protective equipment created jobs and saved the country over USD16.8million in foreign exchange, consequential effect of an improved trade deficit (Amedor, 2020). With the third PPE policy solution,

Ghanaians were less compliant towards the mandatory use of face masks in open spaces. Empirical analysis suggested that general usage of face masks in Ghana was 44.3% for the first 4–5 months of the community spread of SARS–CoV–2 infection (GHS, 2020). Reason for going against the national government recommendations for self–protection or use of masks includes altering of appearance, adverse skin reactions such as irritation and rashes on the face and difficulties in breathing. The other issue for flouting the masks mandate was the erroneous use of the plastic face shield as a substitute for the mask at social gatherings and political events.

Food Relief Distribution and Cash Transfer

According to Béland & Howlett, (2016), politics stream can also be identified by advocacy of interest groups. In Ghana, the space for partnership between government and collaborative groups, particularly faith–based groups have been in existence for decades. In the context of the pandemic, the partnership grew wider. Responding to adverse effect of movement restrictions, the Ghanaian government and some private organizations distributed food packages and hot meals to about a million needy and low–income households in restricted areas. Food distribution campaign was issued on March 25, 2020 with the homeless, head–porters and other deprived persons affected by the partial lockdown as targets. Though the activities of the collaborative groups provide justification for the existence of a political desire in addressing the problem, the aid, however, featured politicking. Majority of the urban poor or those that may be hardest hit were overlooked in the distribution. There was traditional and social media reportage of the partisanship in the food distribution. Beneficiaries were asked to prove party membership before receiving their package (Braimah, 2020). The parcels were labelled with political party colors and candidate images to facilitate voter turnout. In fact, some opposition Members of Parliament had to intervene for their starving constituents to get government's free meal, albeit common for Ghanaian politicians to garner support through sharing of food and cloths during election period. Moreover, the free lunch was criticized for insufficiency in quantity and required essential nutrients. Vulnerable households differ in size and sources of livelihood as does food requirements but was not factored in the distribution. The lack of clear guidelines on the quality and distribution seemingly played against food relief package and hunger prevention. The door–to–door delivery was not followed, causing overcrowding and people's inability to social distance, rendering public health prevention counterproductive.

Moreover, the WHO (2008) argues that mitigating the impact of public health crises, policy support must shift from individual level–intervention to societal–level

support. In this case, to mitigate the consequences of the pandemic, the Ministry of Gender, Children and Social Protection (MGCSP), partnering the Metropolitan, Municipal and District Assemblies (MMDAs) provided cash transfers for the vulnerable under the flagship program; Livelihood Empowerment Against Poverty (LEAP) program. Under the program, households get a monthly cash transfer of GH¢64–106 (USD11–18). In response to COVID–19–induced social problems, the aid was doubled for the 400, 000 poorest, most vulnerable households and individuals under the program (Korankye, 2020). Though the increase in the social grants did not have a wide coverage, the transfers had huge effects on consumer spending, reduce income inequalities (Dzigbede & Pathak, 2020) and adoption of beneficial health practices.

Free Water and Electricity Initiatives

Subsidies in response to disasters/crises in Ghana are not new. Under previous administration, the state has been subsidizing utility services. And with diminished incomes due to the pandemic and resulting government regulations, households and small businesses had difficulties paying utility bills (International Energy Agency, 2020). Consequently, on April 5, 2020 President Akufo–Addo announced a stimulus package to support water and electricity to relieve economic distress caused by the pandemic between April and June. With intention to ease the burden on Ghanaians, it was extended by additional six months up to December 31. Under the COVID–19 energy consumption subsidy program, the government covered the monthly bills of lifeline consumers (less than 50 KWh) with 50% discount for other end–users like businesses. What have been the outcomes? The free water supply reduced financial resource drain on households and played critical role in the eradication of inequality and poverty. However, Ghanaians did not have the comfort and convenience of abundant supply of filtered pipe water laid to their bathrooms and kitchens as few households have in–house pipe–borne water. Availability of water to many communities and households in Ghana has not been achieved due to lack of investments in technology, equipment, infrastructure network and other appropriate facilities. Many households, particularly urban residents patronize the services of informal water vendors where there are queues. This had potential violation of lockdown regulations and social distancing protocols, cardinal to curbing community transmission (Colbourn, 2020; Stoler et al, 2020). Low–income homes in urban and peri–urban areas without in–house pipe–borne water or access to public standpipes and cannot afford large storage containers can do little to engage in the required regular hand washing. Also, water pricing policy affected government's free water initiative. Majority of urban dwellers in Ghana depend on mobile water service operators or water tankers daily. These vendors supply water as an economic good, as such charge

high prices to cover operation and maintenance cost. Thus, individual and social interest are not considered in the pricing undermining the principle of equity and fairness in water services.

From a policy perspective, government reduction in tariff mitigated the hardship of energy consumers, stimulated economic growth and reduced poverty. However, relevant indicators suggest that the subsidy was a short–term measure that did not address specific issues in the power sector. For example, losses sustained in the value chain, particularly distribution challenges to meet growing demand and revenue generation were not highlighted in the policy directive. Before COVID–19 pandemic, the power sector was on the edge of crisis due to accumulated debt. Loss of power through leakages is one of the major factors contributing to the country huge power deficit. Though it was laudable to satisfy the electricity needs of households, targeting should have been done properly for the monthly bill reduction. The program should have focused on the poor and vulnerable and not end–users with high purchasing power. Moreover, the subsidy was a huge temporary opportunity for Ghanaians, yet, a number of households and businesses with access to electricity suffered frequent blackout or unreliable access.

Economic and Fiscal Policy

Important for the context of this analysis is Kingdon's (2003) assertion that, it is the community of experts that propose innovative ideas for leveraging the underlying societal conditions and select policy solutions. For the underlying societal conditions, that is the COVID–19 problem in Ghana, the policy strategists assessed the political context and predicted the opening of the politics stream, a new political context devoid of strong opposition from the National Democratic Congress (NDC). Policy makers linked this (Coronavirus Alleviation Program) with the problem stream and ensured that it was included in the supplementary budget presented in July, 2020. Under the Coronavirus Alleviation Program–Business Support Scheme (CAP–BuSS), government provided GH₵1 billion (USD170 million in bank lending) to Small and Medium–sized Enterprises (SMEs). Announced on May 19, 2020, CAP–BuSS is to help small enterprises which employs nearly 80% of the working population regain their confidence and safeguard household income. An estimated 200, 000 SMEs benefited from the package since its inception with majority being female–owned (GoG, 2021). It therefore, seems fair to say that a careful agenda setting and policy solutions can pave the way for successful legislative passage or perceived benefits of a policy diffuse of political opposition (Luetjens, et al., 2019).

Moreover, the idea of the central bank reviewing its monetary policy on

continuous basis has been floating in the policy discourse for a while, particularly when the banking crisis happened in 2017. However, the pandemic opened a policy window for professional/moral values (Maor, 2017). The Bank of Ghana (BoG) reduced liquidity requirements by 2%, decreased the interest rate by 150 basis point, and reduced capital conservation buffer from 3.0 to 1.5% (BoG, 2020a). Also, to mitigate the adverse effect of the pandemic on small enterprises, commercial and community banks on case specific basis, government restructured debt payment deadlines and provided a six-month moratorium on debt service. Other fiscal interventions included extension of date for filing income tax returns from four to six months, waiving of income taxes on Third-Tier pension withdrawals and penalty remission on principal debts to taxpayers who redeemed their debts up to June 30, 2020 and income tax exemptions for all health workers and medical insurance worth GH¢350, 000 (USD 60, 345) to every front-line health worker (doctors, nurses, physician assistants) involved in fighting COVID-19 (Ministry of Finance, 2020).

The economic merit of intervention may, of course provide relief for small-size enterprises and workers and reinforce the values of the government. However, the critical factor is, how effective is the financial intervention in reducing joblessness? Preliminary estimates by the Ghana Statistical Service (GSS) indicate job losses for the informal and formal sectors across the 16 administrative regions of the country due to the pandemic. There was 41, 952 job losses and substantial reduction in wages for 770, 124 workers as well as the use of non-standard working hours (shift systems and reduced working hours) by organizations (GSS, 2020). The immediate shocks from the 21-days lockdown during the disease included insolvencies, shut down of businesses, decrease in supply of goods (inputs), and low sales. Details of job retention schemes to avoid destruction of existing jobs, social insurance for formal workers, soft loans to support firms to pay severance package for employees laid-off due to the pandemic and the large informal sector employees were deprived attention in the stimulus package. Furthermore, the financial support for the small and medium size enterprises are flawed with challenges such as lack of awareness about the existence of the scheme, and delays with processing of documentations. The size of the stimulus packages has been criticized for being lower compared to business support grants and loans in other emerging economies. For example, the Association of Ghana Industries (AGI) called on government to provide a more robust stimulus package for enterprises in the hotel and hospitality, aviation, tourism and construction subsectors, which are key contributors to the economy.

Another policy alternative is the lessons provided by the problem of COVID-19 and fiscal sustainability. The implementation of health and socioeconomic policies to reduce the negative impact of the pandemic has implications for fiscal

balance and sustainability. Fiscal receipts fell by 3% and expenditures increased by 13.7% in the revised budget presented in July 2020. Consequently, government was compelled to increase its spending through domestic and external borrowing. For example, Ghanaian government obtained emergency credit of GH₵ 5.8 billion (USD 1 billion) from the International Monetary Fund (IMF, 2020), GH₵406 million (USD 69.8million) from the African Development Bank, and GH₵2 billion (USD 343.6 million) from the World Bank as budget support (Ministry of Finance, 2020). This situation translates into the specific question: does the excessive borrowing impact on the economy? Higher spending deficits do not stimulate growth, particularly developmental expenditure or social and economic services (Leao, 2013). In the revised economic policy, 21% of total revenue was spent on debt service and capital expenditures and transfers for the fiscal year remained at 2.4% of GDP (Ministry of Finance, 2020). The precarious debt accumulation has implications on growth and productivity, being a significant determinant of high inflation and exchange rates. High borrowing levels and available policy options are also tied to conditionalities and adjustments, pressuring government finances and squeezing fiscal capacity.

6. The Politics of Pandemic

It is argued that crisis tend to diminish partisan decision making and implementation. However, the body of politics shapes and influence the outcome of policy decisions as actors possess enormous power. This section discusses the national content in shaping the agenda setting of the pandemic of 2020 with the question: Is there a political support from all political parties for the problem of COVID-19 in Ghana?

Lifting of Lockdown Policy

The politics stream in the MS framework also resolves around public tolerance for change (Kingdon, 2003). Ghanaians accepted the problem of COVID-19 which was critical to the agenda setting and policy solutions. Imitating other countries and with 137 confirmed cases and 3 deaths as of March 27, President Akufo-Addo declared a partial lockdown in the epicenters of the Coronavirus in Ghana. However, on April 19, 2020, the government eased the lockdown regulations. In fact, Ghana was the first in Africa and the world to reverse a lockdown after 21-days. As underlined by Baker & O'Neal (2001), the problem of COVID-19 created "rally-around-the flag" effect where ruling government receive less criticism or praised for crisis management in the name of national unity. The national mood swung significantly in support of public safety as many Ghanaians seemed to agree, to the stringent government actions and extension of the lockdown. Organized interest groups such the Ghana Medical Association (GMA),

the Ghana Registered Nurses and Midwife Association (GRNWA) and other health professional groups reacted strongly against the timing and sequence of the lifting of the lockdown, issuing public statements urging a revision of estimate–based guidelines. The country had not met WHO's six criteria for lifting lockdown, particularly about controlled cases (i.e., indicator one). The position was contrary to the President's statements that science and data would be the basis for all COVID–19 policy decisions. The question remains: why the sudden turn when COVID–19 cases were spreading rapidly?

Elections influence how political actors frame problems as contained in the MS framework, and in this context deepened our understanding of the pandemic in Ghana. The government argued that COVID–19–induced economic lockdown could risk a large number of small enterprises (predominantly retail). Urban dwellers lived at near subsistence level, with no access to welfare schemes, and extended lockdown and closure of the informal economy which relied heavily on face–to–face exchanges would lead to low consumer spending as online shopping and delivery services were underutilized. Ordinary Ghanaians feared that extended restrictions on social movement and businesses would lead to starvation. Ghana would not mimic other countries in implementing restriction. Instead, consider the peculiar situation of the country in the fight against the disease. President Akufo–Addo in upfront and direct defense of the policy decision said:

> "I cannot ignore the impact that this lockdown is having on several constituencies of our nation, especially the informal workers, a very important part of our economy, who need to have a day out in the market or otherwise in order to provide for their families, who were having a lot of difficulty." (Akufo–Addo, 2020c).

The shift of the political priority from public health to the economy was unsurprising. From the MS framework, that is national mood prompts policy change and political economy perspective, incumbents modify policies depending on intention to run for additional term in office (Farraz & Finan, 2011; Herweg et al., 2015). National elections were scheduled for December 2020, the President being mindful of the potential effect of the pandemic and his reelection prospects, therefore has to respond to the changes in indicators. Simply put, government did not want to paralyze the Ghanaian economy and society from prolonged restrictions, but feared the political consequences of winning the next elections.

National leadership: One pandemic, 'two presidents'

According to Kingdon (2003), personal experiences allow entrepreneurs to pay

attention when similar threats arise. Herweg et al., (2015) also acknowledged that parties influence ideas through developing policy solutions outside the larger policy community. John Mahama, the former President and the NDC flag bearer in the 2020 election used his prior experience in the management handling of the Ebola crisis (2014–2016) as a catalyst for policy change. As a political entrepreneur (Roberts & King 1991), Mahama began to produce thematic analyses of the Ghanaian COVID-19 policies within the political debate. On March 22, the NDC inaugurated a 11-member COVID-19 response team. The 'team of experts' would foster a safe environment for superior health and economic outcome. Mahama said: "This virus is an enemy to all Ghanaians, and the call to duty in the fight against it rises above partisanship and politics." (Gyesi, 2020). A week on, the nationalist narratives changed dramatically as confirmed COVID-19 cases surged starting the public health race. Akin to the briefings and televised speeches by President Akufo-Addo, the GHS and other government officials, John Mahama communicated with the public about the evolving nature of the pandemic via social media (#JohnMahamaLIVE). He criticized and questioned the effectiveness and quality of government response strategies. Thus, the public discourse and the mobilization of public opinion by Mahama confirms the assertion that political parties cannot be ignored in the policy stream and contribute immensely in softening up ideas in a policy community, despite the likelihood of unattainable consensus (Kingdon, 2003).

Further, policy entrepreneurs use the open window for agenda setting, setting the flow of the national mood and catapulting the problem of COVID-19 to the forefront of the agenda table. On March 16, Mahama posted the 'required steps' to control the disease on Facebook, condemned government for lifting the three-week partial lockdown without considering the risk of severe infection and inadequate provision of protective gears for health personnel on 23 April. On October 19, he disapproved the stimulus package and other economic interventions to support local businesses and protect workers from income loss. On the economic consequences of COVID-19, he said, "Just one month of this government funding, some sections of the economy…. our economy has gone to the ICU and is in tatters now and needs critical health examination." (Mahama, 2020a). In the MS framework, policy entrepreneurial activity might be motivated by self-serving benefits (Kingdon, 2003). In this case, two weeks after April 23, President Akufo-Addo rebutted; "I know some political actors will want you to believe that our current numbers represent a failure on the part of government. Do not begrudge them. They need to make such comments for their political survival." (Akufo-Addo, 2020d). As mentioned earlier, the competition pushes the problem further to the agenda setting table as the two politicians "compete with one another to claim credit for some initiative they sense will be popular."

(Kingdon, 2003:157).

In addition, the policy stream encompasses agencies and individual actors that shape the emergence of problem on the political agenda. The failure of Ghana Health Service (GHS) to do proper mapping and inference of COVID-19 reported cases closed the "problem window" and impacted decisively on the policy proposals, amidst politics of blame. GHS held shared press conferences on 'flattening' the infection curve. On May 5, 2020, the graph was described by the Director of Public Health at GHS as being bell-shaped; "We realize that with a sharp rise and the cases that we have, we see that as a country we seem to be on top of the peak. We are at the stage to decline." (Lartey, 2020). Government circles pushed similar line that Ghana has reached its plateau phase. However, by 19 May, 3,016 people had tested positive for the virus and the official death toll had risen by 34% to 29 (WHO, 2020b). Matters became more muddled when government/GHS changed the recovery criteria of positive patients. Consequentially, the Ghanaian public started talking of manipulation and underreporting of daily infections and deaths of the COVID-19 disease. For example, the pressure group, Occupy-Ghana argued that the regional data on deaths are higher in relation to the national figures published by GHS (BBC, 2020). Thus, the surge in the number of confirmed (tested) infections and public debate around transparency about how COVID-19 data are interpreted deviates the national mood of the Ghanaian public demands for information necessary to make educated health care decision. According to Brändström & Kuipers (2003), political tension rises in crisis when policy elites violate public values and ethics of care. Commenting on the public mistakes and reliability of COVOD-19 data, John Mahama said.

> "You cannot do propaganda with a pandemic. Lining up Council of State members, chiefs and student groups to the seat of government to congratulate the President on his handling of the virus will not let the virus go away. The infections and deaths will always expose you" (Mahama, 2020b).

Public policy issues in Ghana since the return to constitutional rule in 1993 are characterized by political polarization and partisanship. While the COVID-19 problem fuels a decline in domestic politics as experienced in other countries like South Korea, Taiwan and New Zealand, the insufficient detection of positive patients became a challenge in Ghana, eroded public confidence and exposed public health officials to blame (Hood, 2011). From this study, it emerged that public agencies, particularly entrepreneurial actors have a key role to play at the implementation stages of policy making. GHS as institutional entrepreneur shaped

the policy dynamics. However, as it carried public mandate and encourage change in the problem stream, it scums to intense political battle or party cleavages and compromise its autonomy which had the tendency to 'frustrate' COVID-19 policy solutions.

Moreover, Kingdon (2003) explains that policy window closes when policy entrepreneurs anticipate that a problem no longer warrant attention to the problem and its political prominence evaporates. In the specific case of the pandemic in Ghana, government instructions created confusion and generated insecurity among Ghanaians which was intensified by message expressed by the Health Minister that "the Coronavirus had come to live with us. It will have nowhere to go and we'll have to learn to live with it" (Frimpong, 2020). The message prompted media condemnation, criticized severely by John Mahama and the NDC, doubting government's responsibility to protect local population and assuming a passive role in a fast-raging pandemic. In a Facebook live session and consistent with Kingdon's position that policy entrepreneurs are persistent, Mahama said: "The strategy of this government is to seek herd immunity. They lost the battle to contain the virus so it was like 'ok let's open up…. the virus will have nowhere else to go and it will disappear." (Mahama, 2020b). Politics shapes and influence citizens view of public health problems (Oliver, 2006) and the way policy elites choose to frame issues can largely affect world views (Chong & Druckman, 2007). The Health Minister's comment fed into the public attitude about trust in promoting compliance with preventive regulations on the COVID-19 pandemic. A section of the population trusted the opposition party for COVID-19 information than the public health officials and institutions.

Within the policy stream, an entrepreneur is occupied with the provision of policy proposals to solve a policy problem at hand. However, the policy advocate mighty be motivated by political considerations, where the policy may lack the logic of political acceptability (Mukhtarov & Gerlak, 2013) or pitch the feasibility and necessity of the policy solutions all-together (Brouwer & Huitema, 2018). The crisis here saw the provision of livelihood assistance programs yet largely partisan decisions. Solidarizing with health workers and the citizenry, John Mahama visited selected hospitals countrywide and locked down areas. The visits were to inform and reassure the public about the COVID-19 problem. He donated food items to vulnerable households in hotspots of the COVID-19 disease, rivaling government's seemingly partisan distribution of food and donations to the COVID-19 National Trust Fund (Act 1013) established to leverage other resources to fight the pandemic. The visits were also to interact with health professional associations such as GRNMA to acquire first-hand information and reassure them of his administration's support if successfully re-elected. He also highlighted improvement in healthcare during his administration (2013-2017) in

criticism of government's failure to recognize and appreciate these infrastructural developments. Therefore, although the politics influenced the problem stream, the visits and donations improved his public leadership, invoking the model of politician as a protector, the so-called "boss politics."

Another important component of the politics stream is elections as change in political administration are often associated with change in policy agenda or meaningful effects in prioritizing a given policy (Kingdon, 2003; Marchildon, 2016). The pandemic was a key issue in the 2020 general elections. Throughout the pandemic period, the government reiterated its stand for the problem and the mitigation structural strategies. It positioned the decisiveness that science and data would dictates all policy solutions. However, politics dictated the policy design; wholesale relaxation of restrictions announced on June 3. In other words, the ease of restriction reveals a government's preferences regarding the trade-off between partisan interest and public health crisis contrary to the position of GMA. The compilation of a new electoral register amidst public health risk pushed the problem back to the agenda table. Expressing worries about the EC's capacity to ensure good queue management systems and based on the assertion that entrepreneurial activity involves creating meaning for policy makers (Zahariadis, 2014:30), John Mahama suspended his tour of some registration sites, arguing that the EC was embarking on a COVID-19 'super-spreader' assignment. "I have to cut my unannounced visit to some voter registration centres in Accra and Tema this afternoon. This is because of the very low awareness of the #COVID-19 protocols including physical distancing and the wearing of masks." (Darko, 2020). Evidently, as of late August (see table 1), there had been a rise in daily cases and COVID-19 related deaths; a surge that could be partly down to the eased restrictions and poor sanitary precautions. In fact, President Akufo-Addo was deeply criticized for failing to make COVID-19 a priority in his re-election campaign. Several politicians contracted the virus after the NPP parliamentary primary elections and the President had to self-isolate for 14-days. While elections ostensibly cannot be the most critical factor in the politics stream, in the Ghanaian case, the COVID-19 pandemic had a direct effect on Ghana's general elections of December 7, 2020, particularly on government responsiveness and performance. The two major political parties sought to use the pandemic to increase their electability.

7. Conclusion

This paper summarized the enacted containment policy strategies by the Ghanaian government to deal with COVID-19 pandemic between March, when the first two cases were recorded to the end of October 2020. The Multiple Streams Framework was advanced as a tool to explore how the problem of COVID-19 was positioned on the agenda setting. A process trace and qualitative archival data revealed that the problem of COVID-19 was shaped by the international "policy" entrepreneur, the WHO, highlighting its deleterious effects, framed by the policy community in Ghana and wide dissemination by political leaders. Moreover, the media were instrumental in placing the policy on the government agenda and activating the policy stream. In addition, the feedback on monitoring of global cases showed the synergy between politics and policy, resulting in the design of several policy strategies by the state and collaborative interest groups. The analysis further indicates that there was a hierarchical and tight coordination between the central government and subnational units, producing state-level responses that likely saved lives. However, the implementation of the socioeconomic policy strategies was the subject of significant political debate and polarization. The COVID-19 pandemic, like all issues in Ghana since the return to constitutional rule in 1993, had politics. The differences between the governing New Patriotic Party (NPP) and the opposition National Democratic Congress (NDC), particularly leadership at the national level did not fade amidst the pandemic.

While theoretically it contributes to the field policy problems research, state capacity, and public health crisis management; in practical terms, we make the following recommendations for policy makers based on Ghana's experience. First, in line with the study outcome, there is a need for transparency and citizen participation in crises and emergencies management. Stakeholders'; public agencies, private firms, CSOs, NGOs, and individual volunteers involvement in arriving at decisions on the pandemic could allow social tensions to ease. Second, political considerations should not dominate policy choices regarding public health crises, but thoroughly enforced laws and regulations to achieve effective outcome. Third, with some interventions already been announced by the government, and enterprises/firms still temporarily or permanently closed including education, tourism, hotel and hospitality subsectors, they are expecting support from government. In this direction, fiscal and monetary policies and training programs can help firms to recover and increase productivity. Fourth and finally, the pandemic highlights existing flaws in the country's fragile public health systems. Therefore, there is need to create centres for disease control and prevention in all the administrative regions equipped with the requisite skills and resources. To close the funding gap, governments need not to work alone to improve the health care systems; it need to partner with the private sector to

expand existing medical capacities.

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