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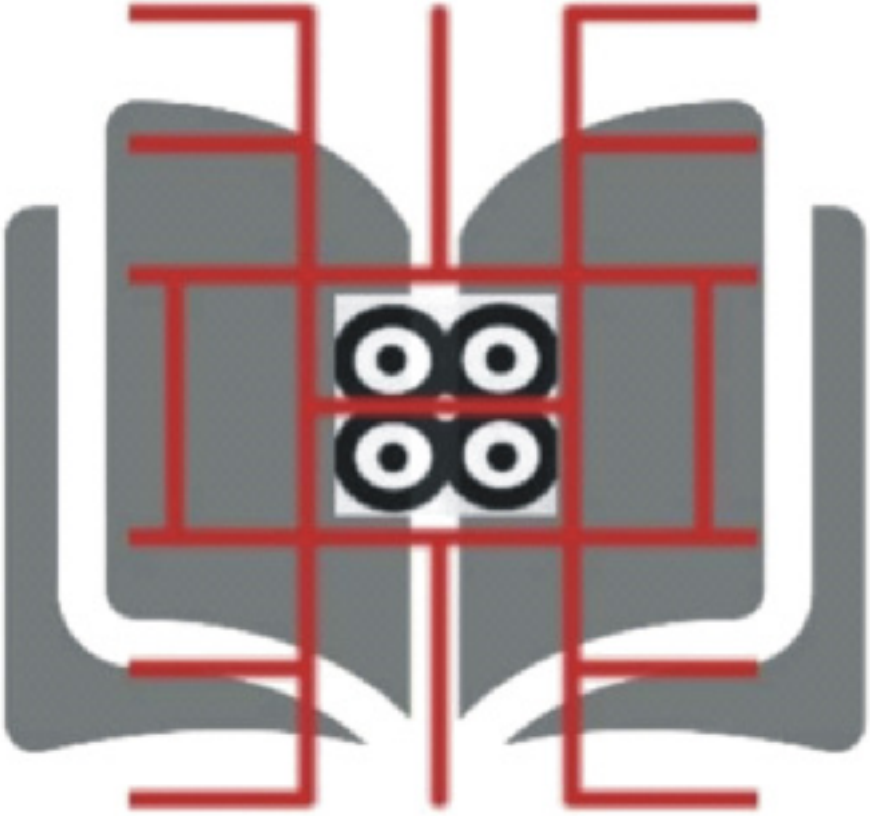

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African Journal of Social Sciences Education

African Journal of Social Sciences Education (AJSSE) is a multi and transdisciplinary journal that provides a forum for examining, discussing, exploring and publicising cutting-edge and innovative research in the social sciences that can inform social science pedagogy. AJSSE, thus, provides a platform that bridges content knowledge and pedagogical issues in the social sciences. To that extent, AJSSE welcomes innovative articles that focus on pedagogical issues in the social sciences as well as contributions that explore any theme or topic in the social sciences other than pedagogy. We also accept book reviews and research notes. The Journal covers research in the fields of:

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Abbreviated words should be written out in full the first time it is used, followed by the abbreviation in brackets. Thereafter, the abbreviation could be used.

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EDITORS' NOTE

We are happy to publish the first issue of the Journal of Social Sciences Education (AJSSE). We hope that the articles in this special issue will further stimulate debate and scholarly discussions on the Covid-19 menace and what it portends for Ghana's political and socio-economic future. All the five articles in this issue are based on original research. They were first presented in a colloquium that was organised and hosted by the Department of Political Science Education, University of Education, Winneba on 21 January 2021.

AJSSE is a semi-annual open access journal that publishes original articles on topics related to both pedagogy and content areas in the social sciences. It is hosted by the Department of Political Science Education, University of Education, Winneba. AJSSE aims to publish cutting-edge and innovative research that bridges content knowledge and pedagogical issues in the social sciences. The journal adheres strictly to a double-blind peer-review policy. For more on the journal visit http://journals.uew.edu.gh/index.php/ajsse.

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INTRODUCTORY NOTE TO SPECIAL ISSUE

Akwasi K. Amoako-Gyampah

Media reports on unpublished Chinese government documents claim that the earliest detected case of Covid-19 occurred on November 17, 2019.[1] This happened several weeks before the Chinese Government officially announced the emergence of the Novel Corona Virus in December 2019. Caused by SARS – CoV2, COVID -19 is the first disease by a Coronavirus that has been declared a pandemic by the World Health Organisation. Presently, Covid-19 is prevalent in 221 countries and territories in the world. The rapid spread of the disease to different regions of the world has produced lethal consequences. As at September 18, 2020, the European Centre for Disease Prevention Control (ECDPC) reported that the total global case count of Covid-19 (based on accepted case definitions and testing strategies of affected countries) stood at 30,214,496 including some 946,665 deaths.[2] A year on, the global case count has increased significantly to 243,262,880 out of which some 495,205 have perished.[3]

Ghana has not escaped the ravages of this marauding pandemic as the country is still battling some 2,338 suspected active cases, out of which 129, 592 are confirmed. Again, the country has lost some 1,169 people to Covid-19.[4] The report of Ghana's first case on March 12, 2020, was received with mixed reactions. Many panicked and raised concerns about the capacity of existing health facilities and the ability of health professionals to contain the spread of the virus. Many more became alarmed at initial challenges with procuring test kits among other required gadgets essential for the management of the disease. The government itself did not seem very prepared to counter the spread of the disease. In the midst of the fear and confusion that the disease begot, many Ghanaians, including the President of the Republic, Nana Addo Danquah Akufo Addo resorted to spiritual warfare against the disease. Indeed, the government organised a breakfast prayer session on March 19, 2020 which brought together leading pastors and prophets in the country to pray for God's intervention and the prayer session was aptly titled, "Heal our Land."[5]

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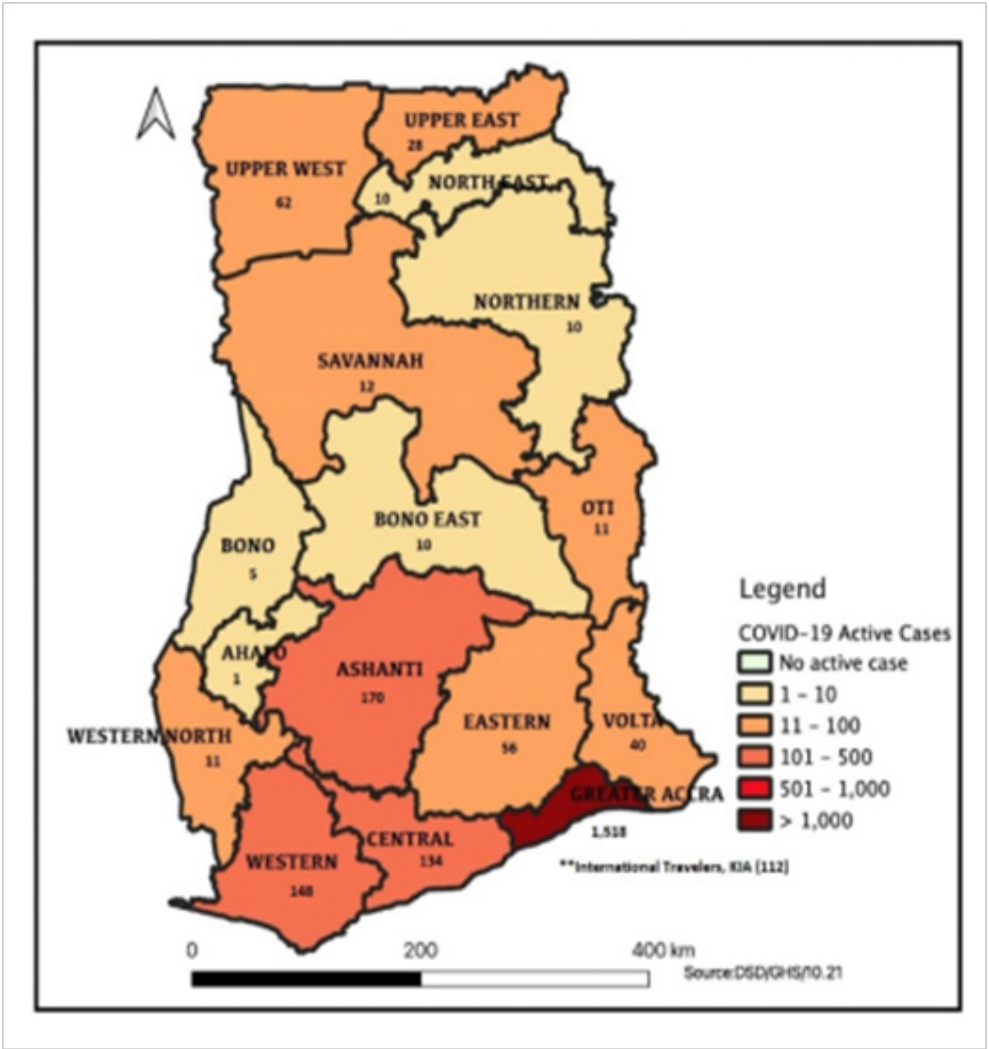
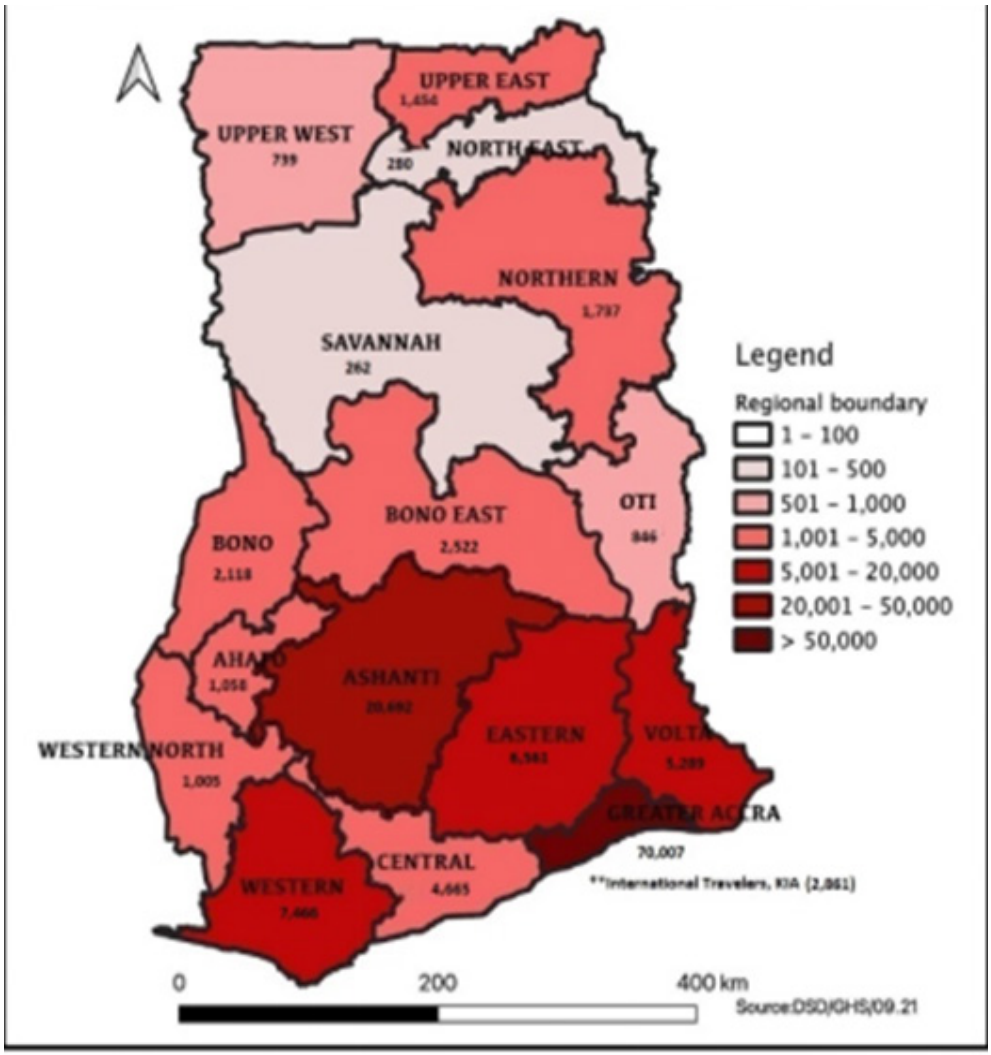
[1]The Guardian, "First Covid-19 case happened in November, China government records show – report." 13 March 2020, https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report, Retrieved on 19/09/2020.
[2]ECPDC, https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases.
[3]https://worldometers.info/coronavirus. Retrieved on 21/10/2021.
[4]see https://www.ghanahealthservice.org/covid19/. Retrieved on 19/09/2020
[5]ACIAFRICA, "Ghana seeks divine intervention amid Covid-19, President host Breakfast Prayer Meeting." https://www.aciafrica.org/news/998/ghana-seeks-divine-intervention-amid-covid-19-president-hosts-breakfastprayer-meeting. Retrieved on 21/10/2021.

Figure 1: Active Covid 19 Cases by Region as at October 15 2021



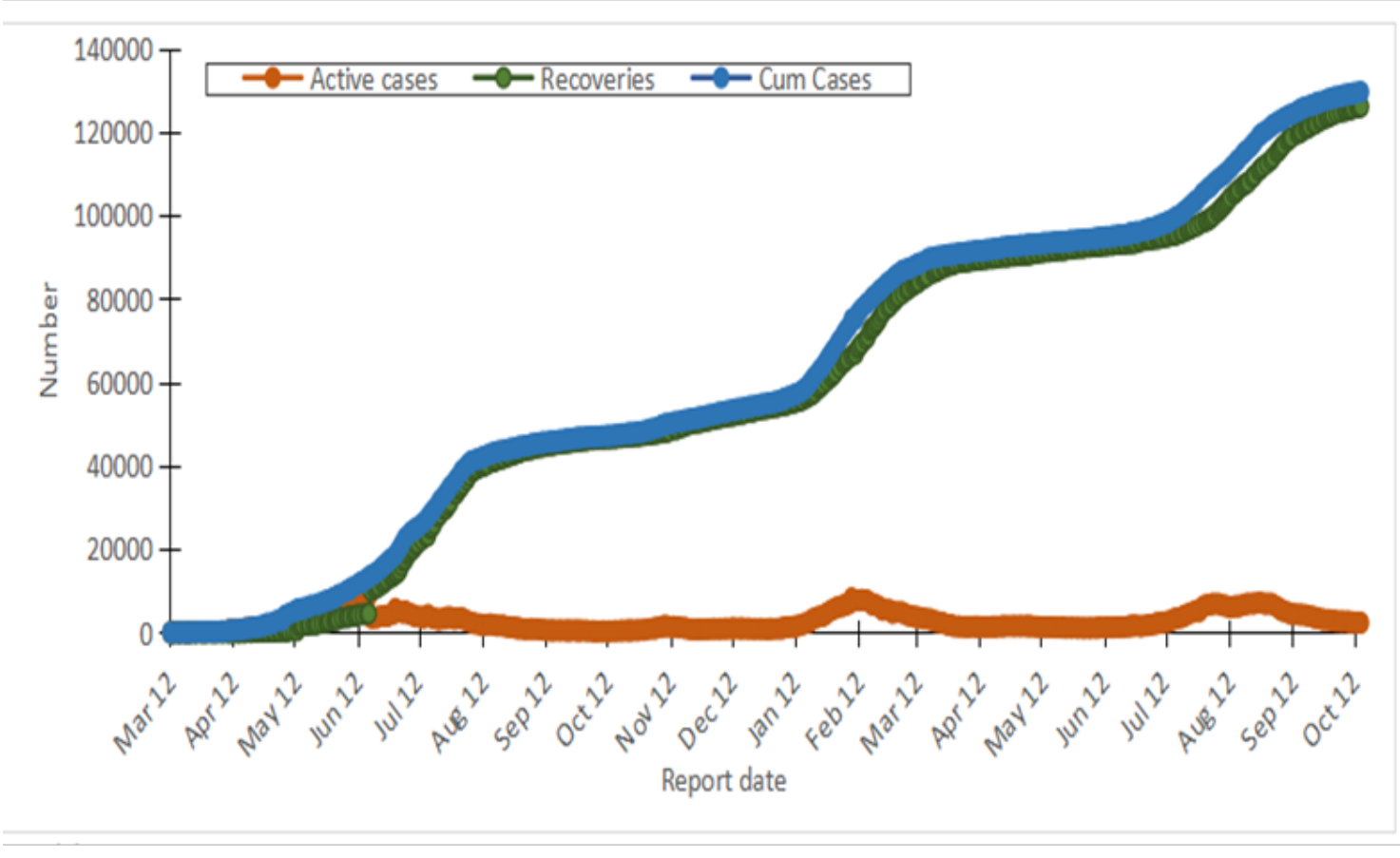
Source: Ghana Health Service, https://www.ghs.gov.gh/covid19/latest.php , Retrieved on 22 Oct. 21

Figure 2: Cumulative Cases of Covid-19 in Ghana by Region as at October 15 2021



Source: Ghana Health Service, https://www.ghs.gov.gh/covid19/latest.php , Retrieved on 22 Oct. 21.

Figure 3: Active Covid-19 Cases and Recoveries in Ghana, March 2020 - October 2021



Source: Ghana Health Service, https://www.ghs.gov.gh/covid19/latest.php , Retrieved, 22 Oct. 21.

Nonetheless, like many other countries plagued by Covid-19, the government of Ghana took some pragmatic, albeit, stringent measures to halt the spread of the disease. These measures ranged from initial quarantine and isolation of suspected cases, partial lockdown of Greater Accra and Greater Kumasi Metropolitan and contiguous areas, a ban on social gathering – including religious services, funerals, conferences etc, and closure of schools and universities and what the government described as aggressive contact tracing and testing. To mitigate the consequent hardships that these measures portended, the government implemented several palliative measures including absorbing 50% of electricity tariffs, waving water tariffs, supplying hot meals in communities that were identified as vulnerable, and the lunching of a Covid-19 contingency fund, among others. While these measures were applauded by sections of the Ghanaian society, others expressed misgivings and there was indeed, at some point, raging debates over the closure of churches, the manner in which food was distributed to vulnerable communities, the pace of testing for cases, the reliability of data from such tests and the difficulties of border communities who until the outbreak and the subsequent border closures survived on cross-border trade. Furthermore, others questioned whether government could sustain the huge budgetary implications involved in absorbing water and electricity tariffs. Again, debates over whether it was prudent to compile a new voters' register at a time when Covid-19 was spreading menacingly became heated between the opposition National Democratic Congress and some CSOs on one hand, and the ruling New Patriotic Party on the other. Irrespective of these debates, the register was compiled and subsequently, both political parties engaged in extensive and vigorous campaigning throughout the country to solicit for votes. Yet, without a doubt, the outbreak of the disease has threatened not only public health, but has also adversely impacted the economy, disrupted social events, derailed the educational system, and has in many ways heightened the vulnerability of the aged, the poor and homeless people. Arguably, the socio-political and politico-economic ruptures caused by Covid-19 and the ways in which government has responded have serious implications for future political, economic, social and public health developments.

In the wake of the extreme difficulties occasioned by the Covid-19 outbreak, and the raging debates over measures to contain it, the Department of Political Science Education at the University of Education, Winneba organised a colloquium, which brought together scholars of diverse disciplinary backgrounds to reflect and speak to aspects of the Covid-19 pandemic in Ghana, especially, the varying socio-political and politico-economic responses it has elicited from different sections of the society. The theme of the colloquium was "Politics amidst a Pandemic: Ghana's Responses to the Outbreak of Covid-19" and it was held on January 21, 2021. Nine scholars from different universities in Ghana

and abroad presented papers on the theme from different lenses. The five papers contained in this publication, which happens to be the first volume of this journal are representative of the diversifying scholarship and the on-going reflections and debates on Covid–19 and its political, economic and social ramifications for Ghana.

Gabriel Botcwey's contribution examines the government of Ghana's responses to Covid–19 to highlight the state of social policy and emergency preparedness in Ghana. From a much larger perspective, Augustine Arko Blay and George Asekere, examine the broader government policy responses to Covid–19 to reveal its perceived effectiveness, but also, the partisan political undertones that characterised contestations over aspects of government policy responses. Focusing on education delivery and outcomes in the wake of Covid–19, Maliha Abubakari analysed the ways in which the outbreak of Covid–19 impacted access to online education at the basic school level in Ghana, paying particular attention to differential access to online education because of the digital divide stemming from income disparities. Shifting the gaze to borderlands, and drawing empirical evidence from Ghana's eastern border communities, Thomas Prehi Botchway and Ishmael K. Hlovor, analyse the impact of Covid–19 on border communities to illustrate the ways in which some of the socio–economic measures that were adopted by the government of Ghana to mitigate the effects of the outbreak rather exacerbated vulnerabilities and marginalisation of border communities. The implications of Covid–19 on mental health and the politics it portends is the focus of the contribution by George Asekere and Augustine Arko Blay who argue that Covid–19 induced mental health challenges could further derail the well–being of the Ghanaian population and therefore call for concerted efforts to resource mental health facilities and personnel to be able to address such looming challenges.

Taken together, these five papers speak to the rich diversity of the emerging scholarship on covid–19 and offer a deeper understanding of the raging issues on the political, economic and social ramifications of the outbreak of Covid–19. More importantly, the papers open up new debates and add rich empirical data to on-going scholarly rumination on the Covid–19 pandemic.

We are grateful to the Department of Political Science Education, UEW which hosted the colloquium from which these papers were assembled. We are also thankful to the Management of the University of Education, Winneba for their support for the colloquium, especially, to Professor Andy Ofori–Birikorang, who was the Ag. Pro-VC at the time of the colloquium, for accepting our invitation to give the keynote address. We are equally grateful to Prof. Lucy Efe Attom, the Dean of the Faculty of Social Sciences Education, UEW, who chaired the

colloquium. We further express our profound gratitude to all the participants and the reviewers of this journal whose very helpful and riveting comments greatly improved the articles contained in this volume. Finally, we are grateful to Miss Ophelia Klu for her meticulous copy-editing and type-setting services.

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Which Way Forward? Covid-19, Social Policy and Emergency Preparedness in Ghana

Gabriel Botchwey

Abstract

The Covid-19 pandemic has provided a stern test of preparedness of states to respond to the unexpected, and has forced a rethink of emergency and welfare systems previously thought unassailable. Ironically, nations that consider themselves to have the most robust systems have seen the most devastating impact. Most developing nations have been spared the worst, but not necessarily because they were better prepared or due to the existence of well-functioning emergency response or welfare systems. This paper systematically analyses the responses to the Covid-19 pandemic and what they reveal about the state of social policy and emergency response preparedness in Ghana. Analyses shows that the pandemic forced the state to impose several emergency measures including restrictions on social interactions, economic activities, movement, outright lockdowns, closure of businesses and educational institutions, which hit private educational institutions particularly hard. Many private school teachers went unpaid for several months, with no statutory provisions for income support. The situation also affected daily rate workers, commercial drivers, market women, and many self-employed persons who literally need to be at work each day in order to earn a living. The measures therefore led to very severe consequences for some, and it was a matter of risking death either by starvation at home or by contracting Covid-19 while seeking a means of survival. The paper concludes that Ghana lacks a well-organised, effective social support system which is capable of addressing human needs when they arise, and the Covid-19 pandemic presents a real opportunity to establish one to deal with present vulnerabilities and future emergencies.

Keywords: covid-19 pandemic, social policy, income security, poverty, livelihood, Ghana.

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Introduction

Covid-19 has wreaked untold economic and social disruptions around the world and from many indications, it is going to stay with us for a while. The International Labour Organisation (ILO), the International Fund for Agricultural Development (IFAD), the Food and Agriculture Organisation (FAO) and the World Health Organisation (WHO) have estimated that some 690 million people around the world have already fallen into extreme poverty, and 132 million more people were predicted to join this number by end of 2020 (WHO, 2020). In addition, about half of the world's workforce comprising some 3.3 billion people were at serious risk of losing their jobs and livelihood due to the disruption brought by the Covid (WHO, 2020). The pandemic has infected over 192,278,086 people, causing deaths of more than 4,133,988 persons as at July 21, 2021, with 174,963,344 recoveries according to the Worldometer Coronavirus Pandemic Tracker.[1] Much of Africa has been spared the worst in terms of infections and deaths, and according to the WHO Regional Office for Africa, 47 countries have reported a total of 4,583,414 infections and 108,056 deaths as at July 21, 2021.[2]

The objective of this paper is to systematically analyse social interventions against Covid-19 in Ghana; to assess the adequacy of responses to the crisis, and examine possibilities for a resilient social support system beyond the Covid. This is undertaken through a systematic analysis of official publications, published research, and other relevant sources due to Covid restrictions that made it more difficult to obtain data through face-to-face interviews at the time of writing. The sources used for analysis include publications from the World Health Organisation (WHO), International Labour Organisation (ILO), International Food Policy Research Institute (IFPRI), World Bank (WB), International Monetary Fund (IMF), Organisation for Economic Cooperation and Development (OECD), Ghana Statistical Service (GSS), Social Security and National Insurance Trust (SSNIT), Budget Statements of the Minister of Finance to the Parliament of Ghana, published academic research, and relevant online curated sources that track the evolution of Covid-19 and its impact.

Globally, the United Nations Conference on Trade and Development has estimated a 3.8% contraction in global GDP, and a 5% drop in public revenue is expected alongside 17% contraction in exports revenue in Africa due to the Covid (Gondwe, 2020). The IMF (2020), OECD (2020) and the World Bank (2020) have also estimated a drop in global GDP between 0.5 to 3.8% due to Covid-19. Furthermore, Sumner, Hoy and Ortiz-Juarez (2020) have argued that the economic impact of Covid-19 could lead to a reversal of a decade of development gains in reducing poverty, and rather increase the number of people living in poverty globally to between 420-580 million. Apart from the global drop in GDP, Gondwe (2020) also

[1] https://www.worldometers.info/coronavirus/ , accessed July 21, 2021.
[2] https://www.afro.who.int/health-topics/coronavirus-covid-19 , accessed July 21, 2021.

estimated that Africa's GDP could fall by 1.4% due to Covid-19.

The economic and social impact of the pandemic on the lives of people has been felt in almost every country. In Sub-Saharan Africa, the World Bank estimates that about 150 million people may fall into poverty by the end of 2021 (World Bank, 2021). Many African countries are struggling to contain the second and probably a third wave, with more deadly strains, but the economic and social consequences of the virus have persisted for the most part. Thus, Covid-19 poses a serious challenge to the United Nations Sustainable Development Goals of ending poverty and hunger by 2030, with a real risk of reversing several years of progress in poverty reduction in many African countries (Sumner, Hoy and Ortiz-Juarez, 2020). The International Labour Organisation (ILO) has also estimated that the population of the working poor (at the higher World Bank poverty line of US$3.20 per day) is likely to increase to 35 million, mostly in developing and middle- income countries from 2020 (ILO, 2020:5). The International Food Policy Research Institute (IFPRI) has predicted that 1% drop in global GDP could translate to 14-22 million more people falling into poverty, and the greatest impact is likely to be in Africa where 50% of the poor live (Vos, Martin and Laborde 2020a; 2020b).

In Ghana, data from the 2020 Mid-Year Budget Statement presented by the Minister for Finance to Parliament indicated that the impact of Covid-19 has been very damaging for the economy (Ofori-Atta, 2020). From the Budget Statement, the Ghana Tourism Authority reported closure of 979 accommodation facilities as a result of the Covid, representing 25% of such establishments, which led to 2,300 job losses in the sector (ibid). Formal registered businesses reported job losses of about 1,531 between April to June 2020 from just eight companies within the Ceramics, Timber, Food and Agro-processing industries in the manufacturing sub-sector (Ofori-Atta, 2020). In addition, 856 job losses were reported from private educational institutions including 32 Montessori, Day Cares and Primary schools during the lockdown and imposition of restrictions period (ibid). However, this remains only the tip of the ice-berg because over 70% of the working population in Ghana operate in the informal sector, with very scanty records about job losses to report (Ghana Statistical Service, 2019). Nevertheless, such workers remain the most vulnerable to economic shocks, living on the edge because they literally have to be present at work every day in order feed themselves and their dependants.

The seventh round of the Ghana Living Standards Survey (GLSS) report also shows that of the total estimated number of 11,216,724 employed persons in Ghana, 71.3% operate in the informal sector, while 28.7% work in the formal sector (Ghana Statistical Service, 2019:70-74). The annual report produced by the Social Security and National Insurance Trust (SSNIT) in 2017 also showed

that the pension scheme covers 1,440,424 active contributors (SSNIT Annual Report, 2017:14). Thus, the scheme covers only 12.8% of the working population, leaving 87.2% without pension coverage. SSNIT has an informal sector fund which provides for self-employed persons who opt to join the scheme as provided for by section 20 (c) of Peoples National Defence Council (PNDC) Law 247, 1991; the informal sector scheme became operational in 2005. The SSNIT informal sector pension scheme is managed by National Trust Holding Company (NTHC) since 2012, with a membership of about 150,000 persons as at May 2016 (SSNIT Annual Report, 2017). As a proportion of the total labour force covered by pensions, just about 1.3% of the informal sector is covered in Ghana, and this situation requires a more comprehensive social policy that goes beyond social interventions in existence before the Covid or the responses implemented during the Covid.

Social Policy, Social Protection and Interventions in the Developing World

The pursuit of development includes social interventions that seek to address inequality and ensure decent standards of living, and to maintain social stability and progress, and this involves the promotion of values that societies consider fundamental for human existence and well-being, in addition to global values such as fundamental human rights and conventions to which governments have acceded (Capeheart and Milanovic, 2007: 2). Thus, social interventions by governments seek to address human needs that are necessary for survival, social participation and well-being; they also seek to ensure access to adequate food, housing, education and the opportunity to engage in meaningful and gainful work (Jimenez, 2010: 22–24). Such interventions may involve a redistribution of income in ways that ensure that the needs of a population can be reasonably met (Harvey, 1973). They also include provision of education and development of capabilities of people who are disadvantaged in some ways in society (Sen, 1985; 1999); as well as the maintenance of a modicum of social justice that ensures that people have equal opportunities for social mobility within structures and systems that exist in the society (Young 1990:16), or how benefits and burdens are shared by members of the society (Miller 1999: 11).

Social policy remains contested in its conceptualization and implementation, though there is some measure of consensus on the need to address human and material needs of members of society who fall into temporary destitution or find themselves in circumstances that render them unable to earn life (Esping-Andersen, 1990). One school of thought, transformative social policy, takes a broader perspective and argues that social policy must include production, protection, reproduction, redistribution, social cohesion and national building in the framing and implementation of interventions in society (Adesina, 2011;

Mkandawire, 2012). This position defines social policy as collective efforts by society to affect and protect social well-being of its members from social destitution, including provision of education, health care, habitat, food security, sanitation, and protection from labour market disruptions (Adesina, 2007). It espouses a more comprehensive approach to social policy and is considered more suitable for developing countries. The other school of thought, social protection, focuses narrowly on addressing poverty and vulnerability in society, but appears to have gained more ground in developing countries due to budget constraints, policy marketing by donors and delivery of quick results (Devereux and Sabates Wheeler, 2007). Social protection usually includes components such as social insurance which covers contributory schemes including employment related exigences and life course events; social assistance which includes programmes financed from tax revenues of the state; and labour market interventions (Barrientos and Pellissery, 2012). Social assistance programmes include cash transfers which aim at reducing poverty and vulnerability in society (Grebe, 2015; Subbarao et al., 1997).

Studies conducted on social assistance programmes include Abdulai, Abubakari and Martey (2019) which found that beneficiaries of the flagship social assistance programme in Ghana, Livelihood Empowerment Against Poverty (LEAP), regard it as a charitable programme instead of a rights-based initiative; Foli (2016), Foli et al. (2018) and Abdulai (2020) which discussed the processes through which transnational actors and donors influence social policy in developing countries including Ghana; Hickey et al. (2018) which examined how social assistance programmes are often used by political elites, bureaucrats, transnational actors and voters to advance different ends; and Ouma and Adesina (2019) which found asymmetrical power relations through which agents control policy agenda by insertion of experts, exclusion of other actors and influence of preferences of domestic actors in the uptake of social protection programmes in Kenya.

In Ghana, article 37, clause 2(b) of the Fourth Republican Constitution of Ghana, 1992, provides that the state shall enact appropriates laws to assure the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in the development process. However, poverty and vulnerability levels which affect this group have remained high for many decades. The GLSS 7 (2019) projected Ghana's population to be 29 million based on the 2010 Population and Housing Census, with an estimated number of 6.6 million households. The report also showed that 6% of the workforce was unemployed, and of those in employment, 66.6% were in vulnerable employment as own account workers or contributing to family work. How did they fare during the Covid, and were they catered for

by the interventions implemented during the crisis or existing social assistance programmes?

Concerning poverty, the World Bank estimated in 2016 that 23.4 percent of Ghanaians were in poverty, using the headcount poverty ratio, based on official government sources which rely on national country-specific poverty lines (World Bank, 2016), and the poverty profile report from 2013/2014 to 2016/2017 also showed only a marginal drop in poverty from 24.2% to 23.4% (Ghana Statistical Service, 2018:x). This implies that some 6.7 million Ghanaians lived in poverty, based on the consumption expenditure measure. The recent Multidimensional Poverty Indicators report published in June 2020 which measures health, education and living standards, revealed a grimmer situation, and showed that 45.6 percent of Ghana's population are multidimensionally poor, mainly attributed to lack of health insurance coverage, undernutrition, school lag and households with members without any educational qualifications (Ghana Statistical Service, 2020).

However, the flagship programme of the state to cater for the needs of the poor remains the Livelihood Empowerment Against Poverty (LEAP), which was started in 2008 with 50% government funding, counterpart funding from the British Department for International Development (DFID) and a loan from the World Bank, with beneficiaries selected through a multistage process (Hamel and Flowers, 2018). Though the transfer payments under LEAP have inspired some beneficiaries, especially mothers to engage in livelihood activities such as production and sale of yams in some localities, district level public officials have indicated that the payments were not sufficient for sustainable poverty alleviation (ibid). It is also bedevilled with irregular and long delays in disbursement, which need to be addressed, and by the end of 2017, it was estimated that some 213,000 households had been covered by the programme, with the greatest portion of beneficiaries in Upper East, Upper West and the then Northern region (ibid).

The monthly transfer payments made to beneficiaries under LEAP remain very low, given the rising cost of living in Ghana. When the payments are disaggregated on a 30-day month basis, a household with one qualifying beneficiary receives GHC32 per month, amounting to GHC1.06 per day (Bank of Ghana exchange rate of GHC5.7 to USD 1 as at May 4, 2021). This reveals that the transfer payments under LEAP are five times below the World Bank lower poverty line of USD $1.90 per person per day. Yet this appears to be the highest transfer payment to households. For example, a household with two qualifying beneficiaries receives GHC38 per month, amounting to GHC0.63 per person; a household with three qualifying beneficiaries receives GHC44 per month, which comes to GHC0.48 per person and households with more than four qualifying beneficiaries receive GHC53 per month, amounting to GHC0.44 per person. Table

1 below shows that the daily amounts paid to each beneficiary under LEAP ranges from GHC 0.44 to GHC 1.06 per person per day, which is a far cry from what is required to maintain a reasonable standard of living (Hamel and Flowers, 2018:6). The payments remain still very low based on Ghana's own upper poverty line of GHC1,314 per annum and lower poverty line of GHC792.05 per annum (Ghana Statistical Service. 2018:8). This situation is compounded by irregular release of funds, such that even though the payments are expected to be made every two months, they often delay for a year before release (Hamel and Flowers, 2018).

Despite the inadequacy of the amounts involved, out of the 6.7 million people living in poverty in Ghana, just about 943,842 were covered under the LEAP programme as at the end of 2017, according to the Mid-Year Budget Statement of June 2020 (Ofori-Atta, 2020). During the pandemic, the government reported spending GHC50.2 million on social transfers under the LEAP to 1,451,656 individuals in the year 2020. Since Ghana has about 6.7 million people living in poverty, what happened to the remaining 5.2 million poor during the pandemic, and afterwards?

Table 1: Leap Programme Monthly Benefits

Number of Eligible Household Members	Benefit Level Until Early 2012	Benefit Level 2015–present	Av. Payment per Beneficiary per day
	(Ghanaian Cedis)	(Ghanaian Cedis)	(Ghanaian Cedis)
1	8	32	1.06
2	10	38	0.63
3	12	44	0.48
4+	15	53	0.44

Source: Adapted from Hamel and Flowers, 2018.

Global Responses to the Covid-19 Pandemic

Developed countries have not been spared the economic repercussions of the Covid. For example, in Germany, it has been found that about 60% of the unemployment that occurred in 2020 were due to Covid-19 and related measures, leading to the payment of higher unemployment benefits by the government in response (Bauer and Weber 2020). Several governments in both developed and developing economies introduced measures against the economic and social impact of the pandemic, alongside public health strategies. In the United Kingdom (UK), the government introduced a Coronavirus Job Retention Scheme (JRS) which supported employers to continue paying 80 percent of wages of employees

that were furloughed or temporarily stopped from coming to work as a result of the Covid restrictions. Such employees continued to receive wages from April to October 2020, with the understanding that they will return to work when the restrictions were lifted. However, employers were not obliged to take them back if businesses were not economically viable enough to absorb the employees. The government spent about 60 billion British Pounds on the scheme and protected 9 million jobs. The scheme included an agreement that the workers would return to their original place of work to enable the employers exercise their first option of retaining them (Brewer and Gardiner, 2020).

The UK government also introduced the Self-Employment Income Support Scheme (SEISS) to provide income replacement for self-employed persons who could show tax returns of their businesses in the three years up to 2018/2019, with less than 50,000 British Pounds turnover. This scheme also covered the period from April to October 2020 to enable such businesses stay afloat, with the government spending about 15 billion British Pounds on the scheme. In addition, the government increased allowances on the social security system, especially the Universal Credit by 20 British Pounds per week alongside Working Tax Credits. These came to augment other social security payments such as Job Seekers Allowance, Employment and Support Allowance and other benefits (Brewer and Gardiner, 2020). In Australia, the unemployment rate increased by 6.2%, and the Government had to introduce a new Job Seeker Allowance Programme and loans for small and medium enterprises to alleviate the economic impact of the Covid (O'Sullivan, Rahamathulla and Pawar, 2020).

In South Africa, the government has in place social transfer payment systems for vulnerable households that help to mitigate income discrepancies to some limited extent, and this served as a safety-net during the Covid (Arndt et al. 2020). On a much broader level, it has been argued that if developing countries wish to deal effectively with the Covid and address persisting vulnerabilities, they will need to expand social insurance and welfare systems, and build on existing social assistance programmes in collaboration with local level and non-government actors (Gerard, Imbert and Orkin, 2020).

Ghana's Response to the Covid-19 Pandemic: Which Way Forward?

Measures instituted against the impact of Covid-19 in Ghana include allowances for frontline health workers; income tax exemption for all health sector workers; supply of free water to all households (estimated at 4,086,286) and 686,552 business establishments; free electricity for one million lifeline consumers, and 50% absorption of electricity costs for all other consumers, from April to December 2020. Other measures included distribution of food packs during the

lockdown period in Accra and Kumasi by the National Disaster Management Organisation, the Gender Ministry and faith-based organisations, estimated at a cost of GHC54.3 million by the government (Ofori-Atta, 2020).

A Business Tracker Survey of the formal sector undertaken in May-July 2020 by the Ghana Statistical Service (2020) showed that between 16.1-35.5% of businesses closed as a result of the Covid. In addition, 770,124 workers experienced reductions in wages, while 41,952 workers lost their jobs. Regarding government interventions, 3.5% of firms reported receiving government support; however, they expected 24% decline in sales and 15% reduction in employment. Nonetheless, one needs to bear in mind that the formal sector employs only 28.7% of the working population, with over 70% of the workforce employed in the informal sector unaccounted for in this Business Tracker study and therefore the largest section of the working population was left uncovered in the study.

In order to support businesses during the same period, the government instituted the CAP-Business Support Scheme for Micro, Small and Medium Enterprises (MSMEs), a loan scheme under which 64,196 MSME owners received an average loan of GHC889.80 each, with a one-year moratorium before repayment. The total amount disbursed under this scheme was estimated at GHC57,121,441.50 (Ofori-Atta, 2020).

The circumstances surrounding interventions introduced in Ghana against Covid-19 lead one to question the adequacy, reach, and organisation of the measures, as well as the existing social support systems broadly. For example, the distribution of food either cooked or packed, helped the desperately poor to survive, especially those who literally have to be present at work each day in order to eke out a living for themselves and their dependants. Most of these people work in the informal sector where over 70% of the working population is found, and so it was welcome relief to those who were fortunate enough to receive it. The distribution involved state actors, officials of political parties, politicians, candidates vying for elections, faith-based organisations, non-governmental organisations, and private individuals. The exercise turned out to be a huge farce with some recipients asked to profess allegiance to political parties or candidates before receiving food packs. The chaotic nature of the distribution and competition among politicians to outdo each other to obtain votes in the upcoming elections left much to be desired.

Concerning water, the free water for all, which was started in March 2020 and lasted until December 2020 did benefit those who had access to piped water at home or those who accessed public standpipes within reasonable walking distance. However, those who purchase water from commercial water suppliers and water-tanker operators in suburbs of urban areas and cities did not benefit

much. Many commercial water suppliers became big winners by obtaining free water from the state water company and selling to consumers at a profit from April to December 2020. The free water scheme was extended by the government from January to March 2021 for one million lifeline consumers but this was also unlikely to reach the target group because most of them fall within the category of the poor who rely on water purchases from commercial water suppliers, unless they obtained their water from public or community standpipes. Thus, some few persons in the informal sector capitalised on the Covid situation and profited from the crisis, but it is doubtful whether it truly benefited majority of the poor.

Furthermore, the 50% rebate on electricity supply from April 2020 to December 2020 was welcome relief for many. It was subsequently extended for lifeline consumers from January to March 2021. However, given the fact that many lifeline consumers fall within the low-income group living in shared or compound houses where joint electricity consumption tends to be high, leading to very high meter readings, the scheme extension was unlikely to benefit them.

The National Employment Survey report of 2015 indicated that there were 477,068 persons engaged in the education sector (Ghana Statistical Service, 2015:26), and the Integrated Business Establishment Survey of 2017 also showed that 308,944 persons were engaged in private educational institutions, with 286,011 employed as teachers (IBES, 2017:48). During the Covid, many of them had their salaries slashed by up to 50%, while others were laid off by their employers as the schools were closed down due to government restrictions imposed against the Covid (Quartey, 2020). There was an attempt by government to provide some support to private schools, but it appeared too little too late. Indeed, some private school teachers received no pay for 10 months due to the closure of schools from March 2020 to December 2020 (Myjoyonline.com, January 8, 2021)[3]. How did they cope with living expenses, upkeep of their families or dependants? Obviously, the emergency responses by the state and existing social support systems did very little to support them during the crisis.

Conclusion

Covid-19 exposed staggering inadequacies in existing social support systems that address human needs and vulnerability in Ghana, and the emergency responses to the Covid did very little to assuage these. In the face of business closures, job losses, loss of income and reduction in wages occasioned by Covid-19, many people working in the private and informal sectors were left without support, and had to choose between stepping out in spite of the Covid to work and earn a living, or face starvation at home. They had no unemployment insurance, income support, job retention scheme, or a well-organised social welfare system on

[3]https://www.myjoyonline.com/covid-19-school-closure-10-months-of-no-fees-no-salaries/ , accessed 26/01/2021.

which to rely. The existing social assistance scheme, the LEAP, put in place to serve as social safety net fell far short in the face of the crisis that occurred. The LEAP programme, which remains the main flagship social assistance intervention against poverty and vulnerability catered for just about 1.4 million people out of some 6.7 million poor persons in Ghana, leaving more than 5 million people to fend for themselves. This does not take into account those who were added to the ranks of the poor as a result of Covid-19. Besides the limited number of people covered by LEAP, the transfer payments involved remain too inadequate to attain a significant measure of sustainable poverty reduction. Clearly, the LEAP programme needs to be improved through increases in the number of people covered, transfer payment amounts, and regularity of payments on weekly or monthly basis.

Pensions in Ghana cover just about 12% of the working population in the formal sector and 1.3% of workers in the informal sector; there are no provisions for state-financed or contributory unemployment insurance schemes for workers. Overwhelming majority of the workforce (71.3%) operates in the informal sector with only marginal coverage by pensions or employment protections; most of them work under very precarious conditions, such that if they do not show up for work in a day, they struggle to feed themselves and their families. This situation needs to be mitigated through a comprehensive, well-thought-out social policy that takes into account the working conditions of the self-employed, the vulnerable and existential human needs. Perhaps, it is time to consider setting up a robust social welfare system that incorporates support for self-employed persons, job retention schemes, job seekers allowance, unemployment insurance, and to re-organise the existing social assistance scheme to serve as a reliable safety net as the country strives toward achieving the sustainable development goals of ending poverty and hunger by 2030.

References

Abdulai, A.G., (2020) Competitive clientelism, donors and the politics of social protection uptake in Ghana. *Critical Social Policy*, p.0261018320945605.

Abdulai, A.G., Abubakari, A.B. and Martey, J. (2019). *Is social protection in Ghana a right? Development in Practice, 29*(8), pp.1064–1074.

Adésínà, J. O. (2011). *Beyond the Social Protection Paradigm: Social Policy in Africa's Development*, International Conference: "Social Protection for Social Justice" Institute of Development Studies, UK 13–15 April 2011.

Adésínà, J.O. (2007). *Social Policy in Sub-Saharan African Context: In Search of Inclusive Development*, UNRISD, Palgrave MacMillan.

Arndt, C., Davies, R,. Gabriel, S., Harris, L., Makrelov, K., Robinson, S., Levy, S., Simbanegavi, W., Seventer, D., Anderson, L. (2020). Covid–19 lockdowns, income distribution, and food security: An analysis for South Africa, *Global Food Security, 26* (2020) 100410.

Barrientos, A and Pellissery, S (2012) Delivering effective social assistance: Does politics matter? *ESID Working Paper No. 09*, University of Manchester, UK.

Bauer A & Weber E (2020) COVID–19: how much unemployment was caused by the shutdown in Germany? *Applied Economics Letters*, DOI:10.1080/13 504851.2020.1789544.

Brewer, M and Gardiner, L (2020) The initial impact of COVID–19 and policy responses on household incomes, *Oxford Review of Economic Policy, Volume 36,* Number S1, 2020, pp. S187–S199.

Capeheart, L and Milovanovic, D (2007) *Social Justice: Theories, Issues and Movements*, New Brunswick, Rutgers University Press.

Devereux, S. and Sabates–Wheeler, R. (2007) *Editorial Introduction: Debating Social Protection, IDS Bulletin 38*(3), 1–7, University of Sussex, UK.

Esping–Andersen, G (1990) *The Three Worlds of Welfare Capitalism*, Princeton University Press.

Foli, R., Béland, D. and Fenwick, T.B., (2018) How instrument constituencies shape policy transfer: A case study from Ghana. *Policy and Society, 37*(1), pp.108–124.

Foli, R., (2016) Transnational actors and policymaking in Ghana: The case of the Livelihood Empowerment Against Poverty. *Global Social Policy, 16*(3), pp.268–286.

Gerard F, Imbert C and Orkin K (2020) Social protection response to the COVID-19 crisis: options for developing countries, *Oxford Review of Economic Policy*, Volume 36, Number S1, 2020, pp. S281–S296.

Ghana Statistical Service (2020) *How COVID-19 is affecting firms in Ghana: Results from the Business Tracker Survey*, Accra, Ghana Statistical Service.

Ghana Statistical Service (2020) *Multidimensional Poverty-Ghana*, Accra, Ghana Statistical Service.

Ghana Statistical Service (2019) *Ghana Living Standards Survey-Main Report (GLSS7)*, Accra, Ghana Statistical Service.

Ghana Statistical Service (2018) *Ghana Living Standards Survey-7*: Poverty Trends in Ghana 2005–2017, Accra, Ghana Statistical Service.

Ghana Statistical Service (2017) *Integrated Business Establishment Survey Phase II Summary Report*, Accra, Ghana Statistical Service.

Ghana Statistical Service. (2015). *Integrated Business Establishment Survey: National Employment Survey Report*, Accra, Ghana Statistical Service.

Gondwe, G. (2020). *Assessing the Impact of COVID-19 on Africa's Economic Development*, UNCTAD/United Nations.

Grebe, E. (2015) The evolution of social protection policy in Ghana's 'Fourth Republic': Contributory social insurance reform and limited social assistance for the 'extreme poor' under NPP and NDC governments, 2000–2014.

, Legislating and Implementing Welfare Policy Reforms, August 2015, University of Cape Town.

Hamel, R. and Flowers K. (2018). *The Evolution of Ghana's Livelihood Empowerment Against Poverty (LEAP) Program*, Center for Strategic and International Studies (CSIS), USA. Available at: (https://www.jstor.org/stable/resrep22420.6).

Harvey, D. (1973). *Social Justice and the City*, London, Arnold.

Hickey, S., Lavers, T., Niño Zarazúa, M. and Seekings, J. (2018). The negotiated politics of social protection in sub-Saharan Africa, *WIDER Working Paper* 2018/34, United Nations University.

International Labour Organisation. (2020). 'COVID-19 and the world of work: impact and policy responses'. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf.

International Monetary Fund. (2020). World Economic Outlook, April 14, 2020, p. ix.

Jimenez, J. A (2010) *Social Policy and Social Change: Towards the Creation of Social and Economic Justice*, London, Sage.

Miller, D, (1999) *The Principles of Social Justice*, 2003 edn, Cambridge, Massachusetts: Harvard University Press.

Ministry of Justice (1992) *Constitution of the Republic of Ghana*. Accra, Ghana: Assembly Press.

Mkandawire, T. (2012). *Transformative Social Policy and the Developmental State*, London School of Economics and Politics Science, London, LSE.

Myjoyonline.com:https://www.myjoyonline.com/covid-19-school-closure-10-months-of-no-fees-no-salaries/ , accessed 26/01/2021.

Organisation for Economic Cooperation and Development. (2020). OECD Interim Economic Assessment: COVID-19: The World Economy at Risk.

Ofori-Atta, K (2020). *Mid-Year Review of the Budget Statement and Economic Policy of the Government of Ghana and Supplementary Estimates for the 2020 Financial Year*, Accra, Ministry of Finance, Government of Ghana.

O' Sullivan D, Rahamathulla M and Pawar M (2020) The Impact and Implications of COVID-19: An Australian Perspective, *The International Journal of Community and Social Development, 2*(2) 134-151, 2020. DOI: 10.1177/2516602620937922.

Ouma, M. and Adésínà, J. (2019). Solutions, exclusion and influence: Exploring power relations in the adoption of social protection policies in Kenya. *Critical Social Policy, 39*(3), pp.376-395.

Quartey, P: https://isser.ug.edu.gh/latest-news/covid-19-and-plight-private-school-teachers-ghana, accessed 26/01/2021.

Sen, Amartya, (1999). *Development as Freedom*, Oxford University Press.

Sen, Amartya, (1985). *Commodities and Capabilities*, Oxford University Press.

Social Security & National Insurance Trust (2017) *Annual Report*, Accra, Social Security & National Insurance Trust.

Subbarao, K., Bonnerjee, A., Braithwaite, J., Carvalho, S., Ezemenari, K., Graham, C. and Thompson, A. (1997). *Safety net programs and poverty reduction: Lessons from cross-country experience*. The World Bank.

Sumner A, Hoy C and Eduardo Ortiz-Juarez E (2020). Estimates of the impact of COVID-19 on global poverty, WIDER Working Paper 2020/43, United

Nations University-World Institute for Development Economics Research (UNU-WIDER).

Vos, R., W. Martin, and D. Laborde (2020a) 'As COVID-19 spreads, no major concern for global food security yet'. Available at: https://www.ifpri.org/blog/covid-19-spreads-no-major-concern-global-food-security-yet.

Vos, R., W. Martin, and D. Laborde (2020b) '*How much will global poverty increase because of COVID-19?*'. Available at: https://www.ifpri.org/blog/how-much-will-global-poverty-increase-because-covid-19.

World Bank:https://data.worldbank.org/indicator/SI.POV.NAHC?locations=GH , accessed January 25, 2021.

The World Bank: https://www.worldbank.org/en/topic/poverty/overview , accessed July 21, 2021.

World Bank. (2020). "The Potential Impact of COVID-19 on GDP and Trade: A Preliminary Assessment." Policy Research Working Paper 9211.

World Health Organisation. (2020). Impact of COVID-19 on people's livelihoods, their health and our food systems, Joint statement by ILO, FAO, IFAD and WHO, 13 October 2020. Available at: https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems , accessed July 21, 2021.

Young, I. M. (1990) *Justice and the Politics of Difference*, Princeton University Press.

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

Augustine Blay Arko[1] & George Asekere[2]

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.

Keywords: Coronavirus, COVID-19 crisis, policy response, Ghana

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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.

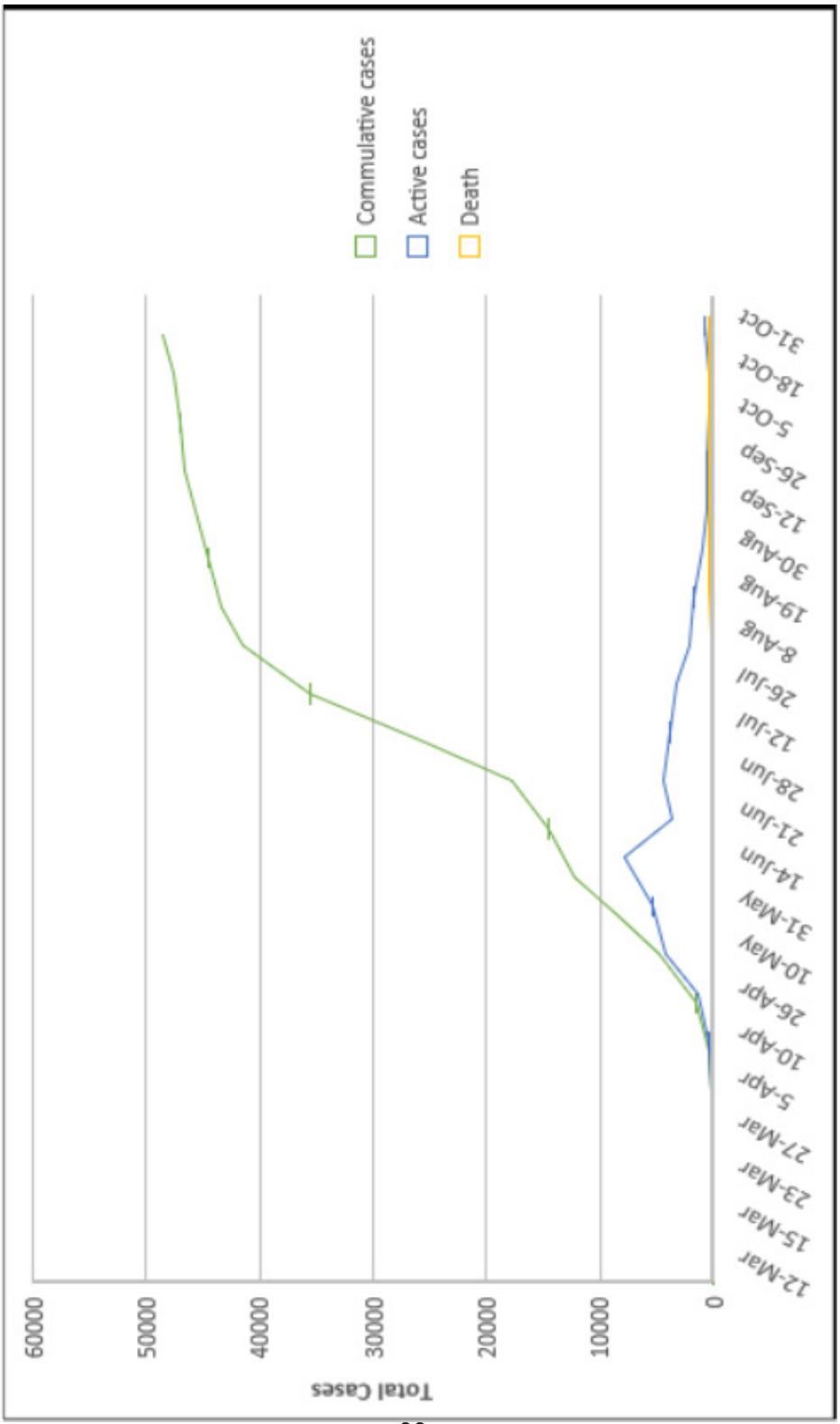

Figure 1. Cumulative cases, active cases and deaths in Ghana, March 12 – October 31, 2020

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.

References

Akufo-Addo, N. A. D (2020a).Update no.5: measures taken against the spread of the corona virus. https://www.presidency.gov.gh/index.php/briefing-room/speeches/1555-address-to-the-nation-by-president-akufo-addo-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic.

Akufo-Addo, N. A. D (2020b). Update no.4: measures taken against the spread of the corona virus. https://www.presidency.gov.gh/index.php/briefing-room/speeches/1545-address-to-the-nation-by-president-of-the-republic-nana-addo-dankwa-akufo-addo-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic-on-friday-27th-march-2020.

Akufo-Addo, N. A. D (2020c). A careful balance of many factors led to lifting of lockdown. https://www.presidency.gov.gh/index.php/briefing-room/news-style-2/1566-a-careful-balance-of-many-factors-led-to-lifting-of-lockdown-president-akufo-addo.

Akufo-Addo, N. A. D (2020d). Update no.9: measures taken against the spread of the corona virus. https://www.presidency.gov.gh/index.php/briefing-room/speeches/1582-president-akufo-addo-provides-update-on-ghana-s-enhanced-response-to-covid-20.

Akwa, N. S. (2020, June 18). Lining up council of state members to praise Akufo-Addo won't cause Covid-19 to go away – Mahama jabs. https://www.myjoyonline.com/lining-up-council-of-state-members-to-praise-akufo-addo-wont-cause-covid-19-to-go-away-mahama-jabs/

Almog-Bar, M., Weiss-Gal, I., & Gal, J. (2015). Bringing public policy into policy practice. *Journal of Social Work, 15*(4): 390-408. DOI: 10.1177/1468017314547304

Amedor, M. (2020, October 23). Manufacturing PPE locally saves US$16.8 in FX. https://thebftonline.com/23/10/2020/manufacturing-ppe-locally-saves-us16-8m-in-fx/

Baker, W. D., & O'Neal, J. R. (2001). Patriotism or Opinion Leadership? The Nature and Origins of the "Rally 'Round the Flag" Effect. *Journal of Conflict Resolution, 45*): 661-687.

Bank of Ghana (2020a). Monetary policy committee press release. https://www.bog.gov.gh/wp-content/uploads/2020/03/MPC-Press-Release-March-2020-3.pdf

Bank of Ghana (2020b). Summary of economic and financial data. https://www.bog.gov.gh/wp-content/uploads/2021/01/Summary-of-Economic-Financial-Data-November-2020-2.pdf

BBC (2020). Occupy Ghana: Group accuse government of 'massaging' coronavirus death figures. https://www.bbc.com/pidgin/tori-53074873.

Béland, D., & Howlett, M. (2016). The Role and Impact of the Multiple-Streams Approach in Comparative Policy Analysis. *Journal of Comparative Policy Analysis: Research and Practice, 18*(3), 221-227. https://doi.org/10.1080/13876988.2016.1174410

Bennett, C., J., & Howlett, M. (1992). The Lessons of Learning: Reconciling Theories of Policy Learning and Policy Change." *Policy Sciences 25*(3), 275-294.

Boseley, S. (2020). WHO warns of global shortage of face masks and protective suits. https://www.theguardian.com/world/2020/feb/07/who-warns-global-shortage-face-masks-protective-suitscoronavirus.

Braimah, A. I. (2020). On the politics of lockdown and lockdown politics in Africa: COVID-19 and partisan expedition in Ghana. *Journal of Political Science and International Relations, 3*(3), 44-55.

Brouwer, S., & Huitema, D. (2018). Policy entrepreneurs and strategies for change. *Regional Environmental Change, 18*(5), 1259-1272. https://doi.org/10.1007/s10113-017-1139.

Brändström, A., & Kuipers, S. (2003). From 'normal incidents' to political crises: understanding the selective politicization of policy failures. *Government and opposition, 38*(3), 279-305. https://doi.org/10.1111/1477-7053.t01-1-00016.

Chong, D., & Druckman, J. N. (2007). A theory of framing and opinion formation in competitive elite environments. *Journal of communication, 57*(1), 99-118.

Colbourn, T., (2020). COVID-19: extending or relaxing distancing control measures. *Lancet Public Health 5*(5), e236-e237. https://doi.org/10.1016/S2468-2667(20)30072-4.

Darko, A., K. (2020, July 22). Mahama suspend visits to voters' registration centres. https://www.myjoyonline.com/mahama-suspends-visits-to-voters-registration-centres-over-covid-19-protocol-concerns/

Dodds, A. (2013). Comparative Public Policy. New York: Palgrave Macmillan.

Dzigbede, D. K & Pathak, R. (2020). COVID-19 economic shocks and fiscal policy options for Ghana. *Journal of Public Budgeting, Accounting & Financial*

Management.

Ferraz, C. & Finan, F. (2011). Electoral accountability and corruption: evidence from the audits of local governments. *American Economic Review, 101*(4),1274–1311.

Frimpong, E. D. (2020, June 15). COVID–19: Health mainister discharge from hospital and continuing treatment at home. Daily Graphic.

Fowler, L. (2019). "Problems, Politics, and Policy Streams in Policy Implementation." Governance—*An International Journal of Policy Administration and Institutions 32* (3): 403–420.

Ghana Health Service (2020a) Covid–19 updates. https://www.ghanahealthservice.org/covid19/archive_2020.php

Ghana Health Service (2020b) Covid–19 updates. https://www.ghanahealthservice.org/covid19/archive_2020.php

Ghana Statistical Service (2020). How COVID–19 is Affecting Firms in Ghana: Results from the Business Tracker Survey. Accra.

Gyesi, Z. K. (2020, March 17). Help contain spread of Covid–19 Mahama tells former appointees. Daily Graphic, P16–17.

Herweg, N., Huss, C & Zohlnhöfer, R. (2015). "Straightening the Three Streams: Theorizing Extensions of the Multiple Streams Framework." *European Journal of Political Research 54* (3): 435–449.

Herweg, N., Zahariadis, N., & Zohlnhöfer, R. (2018). The multiple streams framework: Foundations, refinements, and empirical applications. In Weible, C. M., & Sabatier, P. A. (eds.) *Theories of the policy process* (4th edn.). New York: Routledge. pp, 17–53.

Hood, C. (2011). *The blame game: Spin, bureaucracy, and self-preservation in government*. Princeton: Princeton University Press.

International Energy Agency (2020). *Africa and Covid-19: economic recovery and electricity access go hand in hand*. https://www.iea.org/commentaries/africa–and–covid–19–economic–recovery–and–electricity–access–go–hand–in–hand.

International Monetary Fund (2020). "IMF Executive Board approves a US$1 billion disbursement to Ghana to address the COVID–19 pandemic", Press Release No. 20/153. April 13, 2020. https://www.imf.org/en/News/Articles/2020/04/13/pr20153–ghana–imf–executive–boardapproves–a–us–1–billion–disbursement–to–ghana–to–address–covid–19.

Johns Hopkins University (2020). Coronavirus COVID-19 global cases (dashboard). https://coronavirus.jhu.edu/map. html.

Jones, M., Peterson, H., Pierce, J., Herweg, N., Bernal, A., Lamberta Raney, H., & Zahariadis, N. (2016). A river runs through it: A multiple streams meta-review. *Policy Studies Journal, 44*, 13-36.

Kingdon, J. W. (1995/2003). *Agendas, alternatives, and public policies* (2nd ed.). New York: Longman.

Korankye, K. A. (2020, June 8). Government increases LEAP beneficiaries' stipend in wake of COVID-19. https://www.graphic.com.gh/news/general-news/govt-increases-leap-beneficiaries-stipend-in-wake-of-covid-19.html

Krippendorff, K. (2004). *Content Analysis, An Introduction to Its Methodology*. (2nd edn.). California: Sage Publications.

Larjow, E., Papavasiliou, E., Payne, S., Scholten, W., & Radbruch, L. (2016). A systematic content analysis of policy barriers impeding access to opioid medication in Central and Eastern Europe: Results of ATOME. *Journal of pain and symptom management, 51*(1), 99-107.

Lartey, N. L. (2020, May 5). Ghana reaches peak of COVID-19, cases likely to start declining-GHS. https://citinewsroom.com/2020/05/ghana-reaches-peak-for-covid-19-cases-likely-to-start-declining-ghs/

Leão, P. (2013). The effect of government spending on the debt-to-GDP ratio: some Keynesian arithmetic. *Metroeconomica 64*:3, 448-465. https://onlinelibrary.wiley.com/doi/epdf/10.1111/meca.12013

Lezine, D. A., & Reed, G. A. (2007). Political will: A bridge between public health knowledge and action. *American Journal of Public Health, 97*(11), 2010-2013.

Luetjens, J., Mintrom, M.& 't Hart, P. (2019). "On Studying Policy Successes in Australia and New Zealand." In Luetjens, J, Mintrom, M. & 't Hart, P (eds): *Successful Public Policy: Lessons from Australia and New Zealand* Canberra: Australian National University Press, pp:1-25.

Mahama, J.D (2020a). A digital conversation on Ghana's Covid-19 situation. https://www.youtube.com/watch?v=GNt4fy_cpw8

Mahama, J.D (2020b). #JohnMahamaLive: digital conversation with John Mahama. https://www.youtube.com/watch?v=DvgyunerL7k

Ministry of Finance (2020). *Mid-year review of supplementary budget statement and economic policy and supplementary estimates for 2020 fiscal year.* Accra:

Ministry of Finance.

Ministry of Health. (2020). *Press Release: Update on Preparedness on 2019 Novel Corona Virus (2019-nCOV) Outbreak*. Accra: Ministry of Health.

Maor, M. (2017). Policy entrepreneurs in policy valuation processes: The case of the coalition for environmentally responsible economies. *Environment and Planning C: Politics and Space, 35*(8): 1401–1417. https://doi.org/10.1177/2399654417700629

Marchildon, G. P. (2016). Regionalization: What have we Learned. *Health Care Papers 16*(1), 8–14.doi:10.12927/hcpap.2016.24766.

Mukhtarov, F., & Gerlak, A. K. (2013). River Basin organizations in the global water discourse: An exploration of agency and strategy. *Global Governance, 19*(2), 307–326. https://doi.org/10.1163/19426720-01902009

Odom–Forren, J. & Hahn. E. (2006). 'Mandatory Reporting of Healthcare Associated Infections: Kingdon's Multiple Streams Approach', *Policy, Politics, and Nursing Practice, 7,* (1): 64–72. http:// doi: 10.1177/1527154406286203.

Oliver, T. R. (2006). The politics of public health policy. *Annual Review Public Health, 27*, 195–233.

Peters G B. & Zittoun, P. (2016). "Introduction". *In Contemporary Approaches to Public Policy: Theories, Controversies and Perspectives*, Peters G B. & Zittoun, P. (eds.). London: Palgrave Macmillan, pp 1–14.

Quartey, P. (2017). Development financing in Africa: is Ghana on the path to HIPC? An Inaugural Lecture Paper, University of Ghana, Legon April 27.

Roberts, N. C., & King, P. J. (1991). Policy Entrepreneurs: Their activity Structure and Function in the Policy Process. *Journal of Public Administration Research and Theory, 1*(2):147–175.

Sabatier, P. (1986). Top–down and Bottom–Up Approaches to Implementation Research: A Critical Analysis and Suggested Synthesis. *Journal of Public Policy, Vol.6*(1):21–48.

Stoler, J., Jepson, W. E., & Wutich, A. (2020). Beyond handwashing: water insecurity undermines COVID–19 response in developing areas. *Journal of Global Health, 10*(1), 010355. https://doi.org/10.7189/jogh.10.010355.

Viscusi, W. K. (2021). Economic Lessons for COVID-19 Pandemic Policies. *Southern Economic Journal, 87*(4), 1064–1089. DOI: 10.1002/soej.12492

Weible, C. M., & Sabatier, P. A. (eds.). (2018). Theories of the policy process. New

York: Routledge.

World Health Organization (2020b). COVID-19 Weekly Epidemiological Update. https://www.who.int/publications/m/item/weekly-epidemiological-update---24-november-2020.

World Health Organization (2020c). WHO Coronavirus (COVID-19) Dashboard. https://covid19.who.int/table

World Health Organization African Region. (2020a). COVID-19 in the WHO African Region. https://www.afro.who.int/health-topics/coronavirus-covid-19.

World Health Organization (2008d). Closing the gap in a generation: health equity through action on the social determinants of health: Commission on social determinants of health final report. Geneva: World Health Organization.

Zahariadis, N. (2014). Ambiguity and Multiple Streams. In P. A. Sabatier & C. M. Weible (eds.). Theories of the policy process (3rd edn.). Boulder, CO: Westview Press: pp. 25-58.

Zanna, L. F., Buffie, E. F., Portillo, R., Berg, A., & Pattillo, C. (2019). Borrowing for growth: big pushes and debt sustainability in low-income countries. *The World Bank Economic Review, 33*(3), 661-689.

Left Behind Under Covid-19: The Limits and Impact of Online Education at the Basic School Level in Ghana

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Abstract

This study examines the impact of Covid–19 on access to online education or Distance Education at the basic school level. Specifically, it sought to analyse the differential access to online education due to digital divide resulting from the mechanism of income inequalities. The case study strategy within the qualitative approach was deployed for the study. Among other things, the study revealed that differences in income affected children's access to online education during the school closures. While children from lower income groups had access to online education, access doubled for children from high income groups. The study also found that children accessed online lessons with different technological devices such as smart phones, computers, laptops and tablets. It was further found that there are variations in the multimedia used by schools in the delivery of lessons. The multimedia commonly used by schools include WhatsApp, Zoom and Google classroom, all of which were found to have different impact on the quality of online studies.

Keywords: Ghana, Covid–19, Basic Education, Online Education, Inequality

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1.0. Introduction

The adoption and use of Information and Communications Technology (ICT) has grown rapidly in the last few decades. This has led some scholars to project that ICTs are not here to stay but to grow (Sun & Chen, 2016). These projections gained currency with the emergence of the Corona Virus Disease in late 2019 (Covid-19). Almost universally, governments around the world responded with announcement of closures of schools, colleges and universities as part of measures to curb the spread of the virus (Ngware, 2020; eLearning Africa, 2020). In Ghana, specific directives were issued by the president in his second address to the nation, that all universities, secondary and basic schools be closed by 16th March, 2020 till further notice (Danquah, 2020). These school closures caught both school administrators and parents off balance. The pandemic arrived without any warning, rendering the brick-and-mortar classroom obsolete with little planned to replace it (eLearning Africa, 2020).

To make up for the school closures, the Ministry of Education and the Ministry of Communication were tasked to roll out distance learning programmes (Danquah, 2020). However, without any existing online education infrastructure, schools were left to rollout online education on their own terms making ICT, a facile panacea to navigating the challenges posed by the pandemic. ICT has resulted in what Roblyer (2003) referred to as the death of distance where there is no more spatial barrier to education as a result of distance. Furthermore, ICTs have enabled access to remote learning resources. Teachers and learners no longer have to rely solely on printed books and other materials in physical media housed in libraries for their educational needs. With the Internet, a wealth of learning materials in almost every subject and in a variety of media can now be accessed from anywhere at any time (Tinio, 2002).

Despite the monumental impact of ICT on education, a good number of people in the developing world including Ghana have yet to experience the much touted power of ICTs in education. Distance education in Ghana has heavily relied on the print media, mainly because it remains the cheapest, most accessible and therefore most dominant delivery mechanism in both developed and developing countries (Tinio, 2002). The limited use of ICT in Ghana's education sector is not due to the lack of access to ICTs but largely due to sluggish implementation and adoption of the ICT for Development (ICT4D) policy by state institutions (Kubuga et al., 2021). It is worth noting that, although all ministries, departments and agencies are supposed to develop their own ICT master plans to feed into the national policy, only the Ministry of Education and Ministry of Health have publicly available ICT4D policies. Even so, implementation especially in the education has not been sluggish. It must be stressed, however, that the use of ICTs in Ghana have grown substantially. Nineteen million (67 percent) Ghanaians were mobile

phone? subscribers in the year 2018 which was above the sub-Saharan African average of 44 percent (Speakup Barometer, 2018). By January 2020, the number of subscribers increased to 39.97 million people with over 14 million internet users and 6 million social media users (Kemp, 2020). Notwithstanding the gains made in both mobile connectivity and internet accessibility, there is still a vast number of Ghanaians without access to both smart phones and internet which are prerequisites for successful and sustainable online or distance education (Speakup Barometer, 2018).

It is also important to point out that the use of ICTs and Learning Management Systems are not new in Ghanaian institutions, however, they have largely been used for administrative purposes in schools and universities. In the last few months, ICTs have been used to support distance learning in Ghana out of necessity and not for its transformative powers. Anecdotal evidence suggests that universities in Ghana have largely coped well with the pandemic by swiftly switching to online teaching and learning albeit with difficulty. The same cannot be said for basic schools which, includes two years of kindergarten, six years of primary school and three years junior high school. All over the world, basic school children were the most affected by the school closures. According to eLearning Africa (2020) primary school children are not familiar with independent study or studies outside the classroom, they need parental guidance which may not be feasible as some parents have limited education or maybe too busy to support their children to learn. Furthermore, primary or basic school children are the least likely to have access to internet-enabled devices and even when they do, the capacity to source educational materials is lacking (eLearning Africa, 2020). These challenges underscore the gloomy situation in many basic schools in Ghana during this pandemic. Indeed, public basic schools are likely to suffer the most as they are unlikely to have access to technology. According to Ayebi-Arthur et al. (2009) primary level provision of ICT is mostly provided in private schools.

This study, therefore, set out to answer the following question: how has Covid-19 impacted access to online education or DE at the basic school level? Specifically, the study seeks to examine the differential access to online education due to digital divide resulting from the mechanism of income inequalities. This paper makes twofold contribution to literature; firstly, it makes general contribution to the bourgeoning empirical studies on Covid-19. Secondly it extends the literature on access to education beyond traditional in-class access to encompass access to online/distance education with an array of nuances. For instance, the study analyses how interactions between access to ICT and the level of incomes combine to enhance online education or otherwise. The rest of the paper is organised as follows: section two discusses the state of online/distance education at the basic school level in Ghana and section three reviews some literature on theoretical

linkages between digital divide and income. Section four and section five presents the methodology and the analysis of data respectively and the conclusion is presented in section six.

2.0. The State of Online/Distance Education at the Basic Level in Ghana

ICT is a powerful tool that can be used to enhance the pedagogical development of education. In order to harvest the potential benefits inherent in ICT, conscious efforts must be made in adopting policies that incorporate the development of ICTs as well as the capacities of the human resource base. ICTs are especially identified as significant tools for expanding access to education (Internet Society, 2017; Tinio, 2002) largely via Distance Education (DE). DE has been deployed in Ghana for nearly three decades (Edwin & Nana-Yaw, 2016) but for all these years, it failed to take advantage of the technological advancement in education. DE in Ghana continued to rely on learning centers by establishing campuses in almost every region in the country.

Hendrynch and Prinsloo (2010) categorised the development of DE into five generations, the world is presently in the 5th generation of DE. The key features of this stage are video conferencing, audio-graphics, the internet and World Wide Web, sharing of resources, asynchronous and synchronous communication. It also entails the integration of media and technology for multiple platforms (freedom to select) – student and teacher options (Hendrynch & Prinsloo, 2010). The first generation distance education (from 1451–1916) mainly used the printing press and books – correspondence – mass media and technologies. Interaction was mostly content based and dominated by limitations of print technology – self-pacing – mass delivery of DE and the mode of delivery by mail (Hendrynch & Prinsloo, 2010).

A look at the categorization shows Ghana has been stuck in the first generation for nearly three decades of implementing DE. Although some universities have adopted some online features on their websites, they were mainly for administrative purposes hither to Covid-19. Thus, DE before covid-19 was limited to only universities and also did not effectively make use of ICTs or online platforms. Again, the concept of DE and online learning are concepts that are completely alien to secondary and basic schools in Ghana. Notwithstanding these lapses, the government of Ghana has made some efforts at revamping ICTs at the various sectors of the state including the education sector. The government recognized the relevance of developing a comprehensive integrated ICT-led socio-economic development policy in order to make the economy information and knowledge based one. This vision laid the foundation for development of the Ghana ICT for Accelerated Development (ICT4AD) policy (Republic of Ghana,

2003).

Ghana's ICT4AD has fourteen pillars, one of which is the deployment and exploitation of ICTs in education. The policy has beautifully worded strategies on promoting e-learning in all schools and universities but observation on the grounds shows that the implementation of the education sector ICT4AD has been sluggish. In an attempt to promote the use of ICT in teaching and learning in basic schools, the Ministry of Education introduced the "the one laptop, one student" policy. 1,000 laptops were distributed to some 30 schools across the country. Some 2,500 junior high schools also received 60,000 laptops (Education Sector Report, 2010; 2012 cited in Adarkwah, 2020). Not many school children were covered by "the one laptop, one student" policy, and not much success has been achieved by the ICT4AD policy. It is therefore not surprising that many schools in the country approached the DE or online education with the rule of thumb. Amidst the pandemic, the National Inspectorate Board, Ghana (2020) came out with guidelines to guide schools to design and implement electronic learning to ensure learning continues outside the traditional classroom.

In Africa, many countries have resorted to the use of radios and television to reach out to school children in their homes (Kuwonu, 2020). These programmes were sometimes provided in partnership with the private sector, albeit not well orgainsed (eLearning Africa, 2020). In addition, many private television and radio stations filled the vacuum by providing radio and television lessons to school children in the early days of the pandemic. The government of Ghana in partnership with the US government through the US Agency for International Development (USAID) launched the Ghana learning radio reading programme in June 2020 to extend educational lessons to school children for the rest of the time that they will be home (USA Embassy in Ghana, 2020). Under the programme, distance education in English and 11 official Ghanaian languages for Kindergarten two through fourth grade will be broadcasted. The Ghana Education Service and the Ghana Broadcasting Corporation commenced the broadcast of interactive lessons on June 15 2020 (US Embassy in Ghana, 2020). It is important to mention that the effectiveness of the lessons will depend on whether households have televisions or radios as well as the availability of parents to guide children during these lessons.

2.1. Income, Digital Divide and Digital Inequality: A theoretical Link

ICT is believed to be a means of expanding access to education to a vast population of people (Tinio, 2002) who were originally left out due to geography, status or physical handicap (Carr-Chellman, 2005). However, the irony is that the deployment of ICT has denied many people access to education especially in

Sub Saharan Africa due to limited access. There is growing literature on what has come to be known as digital divide which is often discussed in the international context, usually, comparing developed countries that are more equipped to take advantage of the benefits of the internet and developing countries (Internet World Stats, n.d.). However, analysis of digital divide has transcended the international and now extensively analysed at the national level. It is explained as inequalities in access and use of internet, with lower levels of connectivity among women, racial and ethnic minorities, people with lower incomes, rural residents and less educated people (Hargittai, 2003). It is also defined as the differing amount of information between those who have access to ICTs and the internet and those who do not have access (Internet World Stats, n.d.).

The literature makes a distinction between digital divide and digital inequality. The use of the term digital divide has over the years emphasised a binary definition which focuses on absolute inequalities between the included and excluded. Hargittai (2003) stressed the need to look at how internet is accessed and used. DiMaggio and Hargittai (2001) specifically suggested the replacement of digital divide with digital inequality as it is a better reflection of the various dimensions of digital divide. They defined digital inequality to mean the situation where the differential spread in the use of internet leads to increasing inequalities, in ways that benefit those already in advantageous positions while denying access to better resources to the less privileged. Indeed, Robert Merton (1975) cited in Hargittai (2003) referred to this as the "Mathew Effect" which states that "unto everyone who hath shall be given" where initial advantage favours' those who already have access over time. Another criticism of the binary view of the digital divide is that it fails to account for nuances in technological inequalities and the fact that these inequalities continue to shift as new technologies emerge (Van Dijk, 2006). Consequently, measurements of digital inequality now rely on multidimensionality which draws attention to five components of digital inequality (DiMaggio & Hargittai, 2001). See table 1 below for details of the five approaches.

Table 1: The Five Approaches to Multidimensional Digital Inequality

Approaches	Key Features	Key Examples
First Approach	Variations in equipment or technology people use to access the internet	This aspect of digital inequality includes the extent to which households have computers, software, and connections that allow them to effectively engage with online content.

Second Approach	Emphasise variations in the autonomy of Internet use	Autonomy includes whether users access the Internet from work or home, whether their use is monitored, their frequency of use, whether they must compete with others for time and access, and the extent to which their use is circumscribed by filters or other constraints.
Third Approach	Variations in the level of skill that people bring to their Internet use.	Skill encompasses users' digital literacy, "their capacity to respond pragmatically and intuitively to online challenges and opportunities," and their ability to master new technologies and mobilize information resources to meet everyday goals and concerns.
Fourth Approach	Variation in the level of social support on which Internet users can draw constitutes a fourth dimension of digital inequality.	Variation in the level of social support on which Internet users can draw constitutes a fourth dimension of digital inequality,
Fifth Approach	Variations in the purposes for which people use technology.	This dimension involves the ways in which people use the Internet to increase their economic productivity and their political and social capital.

Source: Policy Development and Research (2016)

There are also multilevel digital inequalities which pays attention to the influence of social dynamics on internet access at different levels of society. In other words, the multilevel highlights the impact of local environments on people's desire to adopt the internet and relevant technologies (Katz & Gonzalez, 2015). All these dimensions of digital inequalities have impact on the varying degrees of access to online education or DE. There are many studies that affirm the assertion that access to technology vary across different populations, households and spaces (Lambani et al., 2019; Gyamerah, 2020).

Furthermore, there is extensive literature on the connections between digital inequality and income (Porumbescu, 2020; Policy Development and Research, 2016; Zhang, 2013). Porumbescu (2020) argues that digital split falls

along prevailing lines of socioeconomic inequality. People who are poor and live in less affluent neighbourhoods pay more for less reliable service. He further argues that though smartphones are now prevalent across all socioeconomic groups, they continue to be poor substitutes for broadband internet access for tasks such as working from home or for the purposes of online studies. In Ghana for example, 39.97 million people are connected to mobile phones and 14.76 million people are internet users (Kemp, 2020). Despite the high mobile and internet connectivity in Ghana, many people are still without access. This underscores the weaknesses of the Ghanaian educational system with regard to the integration of ICT into educational delivery. A major challenge of the education sector in Ghana is inequality in educational resources which include the use of computers and other ICT gadgets in schools (Buabeng–Andoh, 2012). The deployment of ICTs in secondary schools are tilted towards category 'A' schools that are situated in urban areas (Antwi et al., 2018). At the primary level, the provision of ICT is mostly limited to private schools (Ayebi–Arthur, Aidoo & Wilson, 2009).

According to eLearning Africa (2020) the guidelines provided by governments for deploying technologies for sustaining education under covid–19 varies but generally focused on TV and radio. These guidelines also mentioned phones, tablets and laptops but it was recognized that these devices may be accessible to a minority. The report concluded that poor and spatially dispersed students are most at risk of missing out on education if there is no in–class school. Also, it is reported that though, digital divide is not limited to the developing world, it is much pronounced in developing countries as access to internet is available only to those who have the financial muscle (Zhang, 2013).

3.0. Methodology

The case study strategy within the qualitative approach was deployed in this study. The study is specifically an instrumental case study which is intended to present an in–depth understanding of the impact of covid–19 on access to distance education or online studies at the basic school level. Both convenient and purposive sampling techniques were used to select respondents for the study. The maximum variation or heterogeneous purposive sampling was employed in selecting the sample for the study. The convenient sample was targeted at those participants who responded to the questionnaires via email. These respondents were people the researcher knew in person and could easily persuade to download and respond to a soft copy version of the questionnaire. Maximum variation purposive sampling was adopted for the purposes of documenting diverse variations that emerged in adjusting to different situations and to also identify the significant common patterns that cut across variations (Palinkas et al., 2015). Deploying the heterogeneous purposive sampling ensured parents who

had children in private and public schools were selected. The technique also allowed for the selection of parents from different income groups. Allowing these variations ensured a well–balanced sample since theoretically, access to online education at the basic school level is influenced by the income level of parents which largely informs whether a parent sends a child to private or public school.

Data for the study was collected from both primary and secondary sources. The secondary sources included journal articles, online resources, opinion pieces and institutional reports. Open ended questionnaires and observation were the main sources of primary data. The questionnaires were administered directly and via email to respondents. For the questionnaires that were administered directly, the researcher was supported by research assistants in administering the questionnaires. Respondents who were not literate were assisted in responding to the questionnaire. The questionnaires that were administered via email were sent to only literate respondents. They were required to download the questionnaires, respond to the questions and send them back via email. Since the questionnaire was an open–ended one and was also in word document, respondents could easily respond to the questions in a soft copy format and send them back via email. The data was collected from 55 respondents across six regions in Ghana including the Central, Greater Accra, Northern, Upper East, Upper West, and Savannah regions. The regions were also conveniently and purposively selected to cover the northern and southern parts of the country. The study adopted a holistic approach to the analysis of data where entire case is analysed. The analyses also focused on some key issues (themes) not for the purposes generalization but for understanding the complexity of the case (Creswell, 2018). The themes were derived from the research questions the study sought to answer.

4.0 Analysis and Discussion of findings

4.1.Demographic Characteristics of Respondents

A total of 55 respondents participated in the study. Of the 55 respondents, there were 25 females and 30 males. The data was collected across six regions in Ghana – four of informants were from the Greater Accra Region, 19 from the Central Region, the Northern Region had three respondents, eight respondents were from Upper East Region, six and 15 respondents were from the Upper West Region and Savannah Region respectively. The response rate in the Greater Accra region and the Northern region were low because questionnaires were administered purely via email. Many of the respondents had some form of education, 32 respondents had tertiary education and 13 possessed secondary education. Six had basic education and four respondents did have any form of education.

4.2. School Categorisation and the Provision of Online Education

The analysis sought to examine the infrastructure in the various schools in order to categorise schools into category 'A' which is conceptualized as resource endowed schools or category 'B' which is conceptualized as less resource endowed schools. The categorization stemmed from an assumption that category 'A' schools are often patronized by those in the high income group and that such school are more likely to rollout online studies than Category 'B' schools. Infrastructure such as library, computer laboratory, and playground were used as standards for categorizing schools into 'A' or 'B'. In addition to these, class size in schools was also considered in the categorization process. A standard class size in Ghana's basic schools is 35 pupils. Schools that possess all of the above features are put under category 'A' and those that do not have all the features are put under category 'B'. The analysis of the data showed that 21 schools possessed all the requisite facilities and were accordingly classified under category 'A' and 34 schools did not possess all the facilities and were therefore placed under category 'B' schools. 12 of the 21 category 'A' schools representing 57.14 percent run online studies while only eight of the 34 category 'B' schools representing 23.52 percent run online studies. The findings further show that more private schools, precisely 19 which is approximately 90.47 percent fall under category 'A' while only two public schools representing about 9.52 percent fall under category 'B' schools. This finding is very significant for two main reasons – the first being that private schools are disproportionately represented under category 'A' schools and the second reason is that these category 'A' schools tend to rollout online studies whereas category 'B' schools do not. The implication of this is that children who attend private schools were more likely to have access to online education during the school closures than children in public schools. This finding resonates with the views of a respondent below as well as other studies that have reported that online studies were largely deployed by private schools during the school closures. According to Antwi et al. (2018) the deployment of ICTs in schools are tilted towards category 'A' school which are situated in urban centers. It further reported that the provision of ICT at the basic level are mostly limited to private schools (Ayebi-Arthur, Aidoo & Wilson, 2009).

> Most pupils have lost out of learning completely since covid hit. My son's school is among the best public schools around, yet they haven't been able to utilise virtual learning opportunities, even though most children have access to virtual learning facilities. There was no effort made at all to explore the possibilities. It is baffling. Private schools were bolder and more committed about it. While I have been generally impressed with my son's school, I am disappointed at the lack of commitment to maintain teaching

> and learning through the pandemic. Parents have been left the full burden of keeping wards afloat in their learning (Field Respondent, November 2020).

4.3. Income and Digital Inequality

The primary objective of this study was to examine the differential access to online education as a result of digital inequality through the mechanism of income inequality. Accordingly, the literature on digital inequality pointed to the need to move towards a multidimensional measure of digital inequality. The five approaches to multidimensional digital inequality come in handy in the analysis of digital inequality, specifically, the first three approaches to the measure of digital inequality are very relevant for this study though the study made extensive use of the first two approaches (DiMaggio & Hargittai, 2001). The first measure of digital differentials relates to variations in equipment or technology people use to access the internet – this includes the degree to which households have access to computers, software as well as connections that allow users to effectively engage with online content. The second approach prioritises differences in the independence of internet use – do users have autonomy over the use of internet? Do users have access to internet at home or work? Autonomy of internet use also refers to whether their use of internet is monitored, the frequency of use and the presence of competing users.

With regards to the first and second approaches to the digital inequality, the study sought to ascertain whether children have access to technological devices and the type of devices they have access to. The study also elicited information on whether children had access to internet or not. A good number of the respondents indicated their children had access to technological equipment and internet at home. 30 (54.55%) respondents and 26 (47.27%) respondents mentioned their children had access to technological equipment and internet respectively. Smart phones, laptops or computers and tablets were the equipment accessible to most children. The analysis also showed that more children had access to technological devices than internet. Access to both technological devices and internet are important requirement for successful online education. Increased access to technological gadgets makes it easy for schools to adopt and use technology in teaching and learning. Despite the high access to internet among respondents that is 47.27%, access to online education was lower at 36.36%. This may be explained by the lack of preparedness and ill-equipment of schools to run online education.

Apart from differential access to technological gadgets and internet as factors that fuel digital divide, income differentials is also reported to be a major cause of the existing digital divide across different income groups. Specifically, the

study examined the impact of income of parents on access to online education by their wards at the basic school level. Income of parents ranged from as low as GHC30.00 to as high as GHC10,000.00. The study grouped participants into four income groups. However, seven of the respondents did not provide information on their income as presented in table 2 below:

Table 2: Income of Respondents

Income Group	Income Level (GHC)	Frequency
1st	Below 500.00	12
2nd	500.00 – 1000.00	14
3rd	Between 1000.00 – 2000.00	9
4th	Above 2000.00	13
TOTAL		48

Source: From field data (Note: seven respondents did not provide information on their income)

Children across different income groups had access to both technological devices and internet. However, it was observed that access to equipment increased substantially among the highest income group. While 50 percent and 41.67 percent of those in the lowest income group reported their children had access to technological devices and internet respectively, the numbers doubled for those in the highest income group. For instance, 92.30 percent and 84.66 percent of parents in the high income group reported that their wards had access to technological gadgets and internet respectively. This finding resonates with the views of some respondents:

> Covid-19 has generally affected access to basic education and is further exacerbating the inequity in education between the rural and the urban and the poor and rich households. Almost all the remote learning possibilities require some amount of access to basic ICT and internet which is largely absent in the rural communities. Poor households even in urban communities, are not also able to afford these. Thereby making access to education during covid-19 the preserve of the rich (Field Respondent, November 2020).

The preceding finding is in line with studies that suggest that digital split falls along prevailing lines of socioeconomic inequality (Porumbescu, 2020).

Similarly, the study found some correlation between income and access

to online education by children. Out of 12 respondents in the lowest income group, only four (33.33%) indicated their wards had access to online education and nine parents from the highest income group representing (69.23%) indicated their wards had access to online education. The excerpt below amplifies this finding:

> Access is easier for middle class children than for lower class children, access is easier for urban children than for rural children. Cost of home equipment is expensive for low cost parents (Field Respondent, November 2020).

The findings above reflect those of Porumbescu (2020) and eLearning Africa (2020). eLearning Africa concluded that poor students and spatially dispersed are most at risk of missing out on education if there is no in class school (eLearning Africa, 2020). Similarly, people who are poor and live in less affluent neighborhoods pay more for less reliable service Porumbescu (2020).

Another interesting finding had to do with the type of technological devices available to children and the mode of access to online devices. Children from low income groups had access to mostly smart phones and also had lessons delivered via Whatsapp. On the contrary, children from high income groups had access to equipment such as laptops, computers and tablets. They also had their online studies via highly sophisticated media including Zoom and Google classroom. It is important to point out here that the type of gadget and mode of transmission of online studies greatly affects the effectiveness and quality of online teaching and learning. Gadgets such as laptops, computers and tablets are more effective in delivering lessons than smart phones. For instance, it is much easier to use word document on a laptop or computer than on a smart phone. Similarly, lessons via Zoom and Google classroom allow for synchronous learning than Whatsapp which do not have these synchronous features for a typical class size. These findings suggest that children from rich families access much effective online education due to the quality of gadgets at their disposal. This lends support to the assertion of Porumbescu that, though smartphones are now prevalent across all socioeconomic groups; they continue to be poor substitutes for broadband internet access for tasks such as working from home or for the purposes of online studies (Porumbescu, 2020).

Generally, many children may not have access to online education from their schools; however, there are many other online avenues where children can access online education. These avenues come at some cost as parents will have to pay for internet data to stream lessons. Even those who make use of Television lesson will first have to acquire a television. A little over 30 percent of respondents indicated that their children had access to online studies outside

their schools.

4.4. Challenges of Online Education at the Basic Level

The shift to online learning in basic schools is not without difficulties. Many parents were not impressed with the management of the online learning systems by schools and have accordingly, catalogued some challenges of the online learning in basic schools. While some parents complained about discontinuity of the online education, others complained about unreliable and high cost of internet. The excerpts below illuminate the challenges expressed by parents.

> It is not been easy for parents. Acquiring the necessary technological tools was not easy at all. Particularly, when you have a number of children. Cost of data. The sustainability of the online learning is a factor (Field Respondent, November 2020).

> The online platform is averagely managed because there are instances the network is not stable and sometime difficult in getting connected to the platform. Also, students' questions and feedback from teachers during lesson are not well managed. There are instances lessons are not successful or cancelled due to internet challenges" (Field Respondent, November 2020).

The challenges emanating from data is in line with other research findings that reports that though, digital divide is not limited to the developing world, it is much problematic there because internet is available to those who have the financial muscle (Zhang, 2013). Another challenge with the online education has to do with the inability of children to study on their own. For online education to be effective with children, parents have to be abreast with technologies deployed by schools as well as dedicate a good amount of time to supervise online studies of children. This means that parents who do not know how to operate platforms such as Whatsapp, Zoom and Google classroom may not be able assist their wards with the online studies. Consequently, their wards maybe left out of the entire online educational process even if the ward's school has introduced online learning. This view is reflected in the following response:

> It has brought some kind of pressure on parents as they are to allocate some time out of their busy schedules to set up the online system for children when it is time for lesson and also monitor them. That is, parents have to be present throughout lessons to the neglect of other pressing activities. It has also changed the school social life of children as they are denied physical contact with friends making it difficult to share ideas or

learning experiences (Field Respondent, November 2020).

The preceding excerpt does not only draw attention to inability of children to make effective use of online education at the basic level, but also draws attention to the need of adult supervision of online learning systems. It also means that adults must have some level of technological proficiency to effectively supervise children with online learning platforms. eLearning Africa (2020) underscores this difficulty of accessing online materials by children. It argues that to successfully study outside the classroom, children need parental guidance which may not be feasible as some parents have limited education or maybe too busy to support their children to learn (eLearning Africa 2020).

5.0 Conclusions

This study set out to examine the impact of Covid-19 on access to online education, specifically the study sought to examine the differential access to online education as a result of digital inequality through the mechanism of income inequality. A very significant finding of the study was that differences in income affected access to online education by children. While children from lower income groups have access to online education, access doubled for children from high income groups. The study further found that children accessed online lessons with different technological devices. Whereas children from low income families accessed online lessons with smartphones, children from high income groups accessed lessons with computers, laptops and tablets. Similarly, there are differences in the multimedia used by schools in the delivery of lessons. While some schools use simple media such as Whatsapp, others, specifically children from high income groups accessed their lessons from sophisticated media such as zoom and Google classroom.

These findings have serious implications for access to online education at the basic school level on the one hand and educational resilience on the other. The shift from in class to online has exacerbated the gap between the rich and the poor in terms of access to education during the school closures. Both urban and rural poor struggled to acquire basic ICT devices and internet for their wards. However, the inability of the poor to acquire devices and access internet for their wards were not the primary reason for the unavailability of online studies. The inaccessibility of online education to the poor can be squarely put on the fact that many schools, especially, public schools did not have the capacity to roll out online studies. Consequently, many children from less privileged homes were left out of the educational system during the school closures as they largely patronise public schools.

Furthermore, the unequal access to education due to the pandemic leaves

many questions including those pertaining to education resilience or sustainability unanswered. The issue of sustainability becomes even more critical when basic education is drawn into the picture. Basic schools are the most hit by the pandemic for two main reasons: the first is the fact that majority of children at this level of education are unable to engage in independent study as well as source educational content from online resources on their own. The second reason is that basic schools in Ghana do not have any form of internally generated funds. Consequently, they rely solely on the government for resources. Basic schools were thus, waiting for government to fill the void by providing an alternative learning platform during the school closures. Unfortunately, the only designed policy to equip schools technologically (ICT4D) has not received effective implementation in the past. Hence, the country was completely unprepared when schools were forced to close. The pandemic therefore serves as a clarion call on the government and other stakeholders in education sector to take quick and effective measures to equip schools, parents and school children with the needed skills, equipment and infrastructure to efficiently adopt and use ICTs in education. Stakeholders in the education sector in particular should start thinking of measures to make the education sector sustainable and resilient against pandemics and disasters that pose grave existential threats to the sector.

REFERENCE

Adarkwah, M.A. (2020). "I'm not against online teaching, but what about us?": ICT in Ghana post Covid-19. *Education and Information Technologies* https://doi.org/10.1007/s10639-020-10331-z

Akufo-Addo, N.A.D. (2020). President Akufo-Addo addresses nation on measures taken by government to combat the corona virus pandemic. https://presidency.gov.gh/index.php/briefing-room/speeches/1535-president-akufo-addo-addresses-nation-on-measures-taken-by-gov-t-to-combat-the-coronavirus-pandemic

Antwi, S., Bansah, A.K., & Franklin, T. (2018). The information technology challenge in teaching senior high school geography in Ghana. *Issues and Trends in Educational Technology, 6*(1), 16-37. https://journals.librarypublishing.arizona.edu/itlt/article/id/1506/

Ayebi-Arthur, K., Aidoo, D.B., &Wilson, K.B. (2009). A study on the use of the internet in senior high schools in the cape coast metropolis of Ghana. Ghana *Journal of Education and Teaching, 8*, 1-16.

Buabeng-Andoh, C. (2012). Factors influencing teachers' adoption and integration of information and communication technology into teaching: A review of the literature. *International Journal of Education and Development Using Information and Communication Technology, 8* (1), 136-155.

Carr-Chellman, A.A. (2005). Global perspectives on e-learning: rhetoric and reality. Thousand oaks: sage publications.

Cresswell, J.W. (2018). *Research design: qualitative, quantitative and mixed methods approach* (5th Ed). Los Angeles: sage Publications.

DiMaggio, P. & Hargittai, E. (2001). 'From the 'digital divide' to 'digital inequality': studying internet use as penetration increases," Princeton University center for arts and cultural policy studies working paper. https://www.semanticscholar.org/paper/From-the-%27Digital-Divide%27-to-%27Digital-Inequality%27%3A-DimaggioHargittai/dafc2865017233566d415370125286e41fd24ad2

Edwin, M. & Nana-Yaw, A. (2016). The effectiveness of distance education in Ghana. *Science journal of applied mathematics and statistics, 4,* 159-167. http://www.sciencepublishinggroup.com/j/sjams

eLeaming Africa (2020). The effect of covid-19 on education in Africa and its implications for the use of technology. A survey of the experience and opinions of educators and technology specialists. DOI 10.5281/

zenodo.4018774

Embassy of the USA in Ghana (2020). U.S. Partners with Ghana to Launch Leaning Programme to Improve Reading for Ghanaian Children. https://gh.usembassy.gov/u-s-partners-with-ghana-to-launch-ghana-learning-radio-program-to-improve-reading-for-all ghanaianchildren/

Gyamerah, K. (2020). OP-ED: The impact of covid-19 on basic education. Global health. https://www.tantvstudios.com/posts/op-ed-the-impact-of-covid-19-on-basic-education-by-kenneth-gyamerah

Heydenrych, J.F. & Prinsloo, P., (2010). Revisiting the five generations of distance education: Quo vadis? *Progressio, 32* (1), 5-26.

Internet World Stats (n.d.). The digital divide, ICT, and broadband internet. https://www.internetworldstats.com/links10.htm#:~:text=The%20Digital%20Divide%2C%20ICT%2C&text=ICT%20%2D%20Information%20Communications%20Technologies,who%20do%20not%20have%20access

Katz, V.S. and Gonzalez. C. (2015). "Community variations in low-income Latino families' technology adoption and integration," *American Behavioral Scientist*, 60, 59-80

Kemp, S. (2020). Digital 2020: Ghana. https://datareportal.com/reports/digital-2020-ghana

Kubuga, K.K., Ayoung., D.A. and Bekoe, S. (2021). Ghana's ICT4AD policy: between policy and reality. *Digital Policy, Regulation and Governance*. Doi: 10.1108/DPRG-02-2020-0020

Kuwonu, F. (2020). Radio lessons: In Africa schools are closed, but learning goes on. https://www.un.org/africarenewal/magazine/may-2020/coronavirus/africa-schools-are-closed-learning-goes

Lembani, R., Gunter, A., Breines, M., and Dalu, M. T. (2019). The same course, different access: The digital divide between urban and rural distance education students in South Africa. *Journal of geography in higher education, 44*(1), 70-84. https://doi.org/10.1080/03098265.2019.1694876.

Ngware, M. (2020). Delivering education online: coronavirus underscores what's missing in Africa. https://theconversation.com/delivering-cducation-online-coronavirus-underscores-whats-missing-in-africa-134914

Palinkas, L.W., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N. and Hoagwood,

K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health, 42*(5), 533–544. doi: 10.1007/s10488–013–0528–y

Porumbescu, G. (2020). The digital divide leaves millions at a disadvantage during the coronavirus pandemic. https://theconversation.com/the–digital–divide–leaves–millions–at–a–disadvantage–during–the–coronavirus–pandemic–133608

Policy Development & Research (2016). Digital inequality and low–income households.https://www.huduser.gov/portal/periodicals/em/fall16/highlight2.html

Roblyer, M. D. (2003). *Integrating educational technology into teaching*. Pearson education, New Jersey.

Speakup Barometer (2018). Despite Ghana's commitment to internet expansion, problems persist. https://www.Dw.Com/En/Despite–Ghanas–Commitment–To–Internet–Expansion–ProblemsPersist/A46508524#:~:Text=Ghana%20leading%20in%20terms%20of%20access&Text=Ghana%20has%20close%20to%2019,Percent%20of%20the%20population%20today.

Sun, A., & Chen, X. (2016). Online education and its effective practice: A research review. *Journal of Information Technology Education research. 15*, 157–190. http://www.informingscience.org/Publications/3502

The Republic of Ghana (2003). The Ghana ICT for accelerated development (ICT4AD) policy. https://moc.gov.gh/sites/default/files/downloads/Ghana–ICTAD%20Policy–Master–final– 2.pdf

Tinio, V.L. (2002). ICT in education: United Nations Development Programme. https://www.cmprmers.org

Van Dijk, J. A. V. G. M (2006). "Digital divide research, achievements, and shortcomings," *Poetics, 34* (4–5), 221–35

Zhang, X. (2013). Income disparity and digital divide: The internet consumption model and cross–country empirical research. *Telccommunications Policy, 37*(.6–7), 515–529

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

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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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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, Dabalen, & 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 Organistaion, 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 gents 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 Match, 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 where 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 is 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.

References

Addadzi-Koom, M. E. (2020). Quasi-state of emergency: assessingthe constitutionality of Ghana's legislative response to Covid-19. *The Theory and Practice of Legislation, 8*(3), 311-327.

Akiwumi, P., & Valensisi, G. (2020, May 04). When it rains it pours: COVID-19 exacerbates poverty risks in the poorest countries. Retrieved 12 23, 2020, from unctad.org: https://unctad.org/news/when-it-rains-it-pours-covid-19-exacerbates-poverty-risks-poorest-countries

Ali, A., Ahmed, M., & Hassan, N. (2020). Socioeconomic impact of COVID-19 pandemic:Evidence from rural mountain community in Pakistan. *Journal of Public Affairs(*e2355). doi:doi.org/10.1002/pa.2355ALI ET AL. 9of9

Amoah, L. G. (2020). COVID-19 and the state in Africa: The state is dead, longlive the state. *Administrative Theory & Praxis, 42*(3), 1-11.

AR1, A. R. (2021, May 15). Interview With a Resident No. 1 of Aflao. (I. Hlovor, Interviewer)

AR2, A. R. (2021, May 15). Interview with Resident No. 2 of Aflao. (I. Hlovor, Interviewer)

AR3, A. R. (2021, May 15). Interview With Resident No. 3 of Aflao. (I. Hlovor, Interviewer)

Asante, L. A., & Mills, R. O. (2020). Exploring the Socio-Economic Impact of COVID-19 Pandemic in Marketplaces in Urban Ghana. 55(2), 170-181.

Austin, L. J. (1962). *How to Do Things with Words*. Oxford: Clarendo Press.

Baldwin, D. A. (1995). Security Studies and the End of the Cold War. *World Politics, 48*, 117-141.

Balzacq, T. (2014). The significance of triangulation to critical security studies. *Critical Studies on Security, 2*(3), 377-381.

Balzacq, T., Léonard, S., & Ruzicka, J. (2016). Securitization' Revisited: Theory and Cases. *International Relations, 30*(4), 494 -531.

Beegle, K., Christiaensen, L., Dabalen, A., & Gaddis, I. (2016). *Poverty in A Rising Africa: Africa Poverty Report*. Washington: World Bank.

Bicaba, Z., Brixiová, Z., & Ncube, M. (2017). Can Extreme Poverty in Sub-Saharan Africa be Eliminated by 2030? *Journal of African Development, 2*, 93-110.

Booth, K. (1991). Security and Emancipation. *Review of International Studies, 17*(4), 319.

Booth, K. (1995). Human Wrongs and International Relations. *International Affairs, 17*(1), 123.

Booth, K. (1999). Nuclearism, Human Rights and Constructions of Security (Part 2). *The International Journal of Human Rights,, 3*(3), 44–61.

Booth, K. (2005). Community. In K. Booth, & K. Booth (Ed.), *Critical Security Studies and World Politics* (p. 109). London: Lynne Rienner.

Booth, K. (2005). Critical Exploration. In K. Booth, *Critical Security Studies and World Politics*. London: Lynne-Rienner.

Booth, K. (2007). *Theory of World Security*. Cambridge: Cambridge University Press.

Botchway, T. P., & Hlovor, I. K. (2021). The Balanced Obligation in an Era of Global Pandemic: Ghana' s ForeignPolicy in a Limbo. *Cogent Social Sciences*, Forthcoming.

Bowle, L. (2020). We' re Not All in This Together:On COVID-19, Intersectionality,and Structural Inequality. *American Journal of Public Health, 110*(7), 917. doi:10.2105/AJPH.2020.305766

Browning, C. S., & McDonald, M. (2011). The Future of Critical Security Studies: Ethics and the Politics of Security. *European Journal of International Relations, 19*(2), 236.

Chalfin, B. (2001). Border Zone Trade and the Economic Boundaries of the State in North-East Ghana. Africa: *Journal of the International African Institute, 71*(2), 202–224.

Cilliers, J., Oosthuizen, M., Kwasi, S., Alexander, K., Pooe, T., Yeboua, K., & Moyer, J. D. (2020, July). Impact of COVID-19 in Africa: A scenario analysis to 2030. *Institute of Security Studies*. Retrieved 01 23, 2021, from https://issafrica.s3.amazonaws.com/site/uploads/ar24v2.pdf

Clapham, C. (1999). *Regionalisation in Africa: Intgration and Disintegration. In D. C. Bach, Boundaries & States in the New African Order*. Bloomington:: Indiana University Press.

Clunan, A. L., & Trinkunas, H. A. (2010). conceptualizing Ungoverned Spaces: Territorial Statehood, contested authority, and Softened Sovereignty. In A. L. Clunan, & H. A. Trinkunas (Eds.), *Alternatives to State Authority in an Era of Softened Sovereignty* (pp. 17–33). California: Stanford University Press .

Diarrah, A. (2014). An Overview of the African Union Border Program. In A. U. Program, *Delimitation and Demarcation of Boundaries in Africa : General Issue and Case Studies* (2 ed., p. 8). Addis Ababa: African Commission, Department of Peace and Security.

Dzinamarira, T., Dzobo, M., & Chitungo, I. (2020). COVID-19: A perspective on Africa's Capacity and Response. *Journal of Medical Virology, 92*, 2465-2472.

Evans, M. V., Garchitorena, A., Rakotonanahary, R. J., Drake, J. M., Andriamihaja, B., Rajaonarifara, E., . . . Rakotonirina, J. (2020). Recounciling Model Predictions with Low reported cases of COVID-19 in Sub-Sahara AFrica: Insight from Madagascar. *Global Health Action, 13*(1), 1-9.

Flynn, D. K. (1997). "We Are the Border": Identity, Exchange, and the State along the Benin-Nigeria Border. *American Ethnologist, 24*(2), 311-330.

Ghana Health Service. (2021, 02 09). ghanahealthservice.org/covid19. Retrieved from ghanahealthservice.org : https://ghanahealthservice.org/covid19/

Ghana News Agency. (2020, August 2). Retrieved 01 02, 2021, from myjoyonline.com : https://www.myjoyonline.com/border-closure-must-not-affect-livelihood-of-frontier-communities-togbe-afede/

Hadley, L. (n.d.). Determinants of Civil Conflict in Africa: Borders as Political Resources. Borders in Globalisation. Retrieved 11 23, 2017, from http://www.biglobalization.org/sites/default/files/uploads/big_research_project_58_international_hadley.pdf

Harnish, R. (2002). Are performative Utterances Declarations? In Acts, Minds and Sociality. *Studies in Lingustics and Philosophy* (pp. 41-64). Dordrecht: Springer.

Herbst, J. (1989). The creation and Maintenance of international boundaries in Africa. *International Organizations, 43*(4), 673-692.

Herbst, J. (2000). States and Power in Africa. Comparative Lessons in Authority and Control. Princeton, NJ: Princeton University Press.

Hlovor, I. K. (2018). Border Residents and Cross border Crimes in Ghana: An Empirical Study of Aflao. *International Journal of Scientific Research and Management, 6*(6), 151-163.

Hlovor, I. K. (2020). Inclusion of Borderlanders in Border Management in Africa: Toward an Emancipatory Framework for the Study and Management of African Borders. *International Studies Perspectives*(21), 37-53.

Hynek, N., & Chandler, D. (2013). , No Emancipatory Alternative, No Critical Security Studies. *Critical Security Studies, 1*(1), 46 – 63.

Ikome, F. N. (2012, May). African International Borders As Potential Sources of Conflict and Future Threat to Peace and Security. *Institute for Security Studies Paper*(233).

International Labour Organistaion. (2018). *Women and Men in the Informal Economy: A Statistical Picture* (Third ed.). Gevena: ILO.

Jones, W. (1999). *Security, Strategy and Critical Theory*. London: Lynner Rienne.

Kapil, R. L. (1966). On Conflict potential of Inherited Boundaries of Africa. *World Politics, 18*(04), 659.

Lamptey, A. A. (2013, December). Rethinking Border security in West Africa: Experience from the Sahel. *KAIPTC Policy Brief*.

Lentz, C. (2003). "This is Ghanaian Territory": Land Conflicts on a West Africa Border. *American Ethnologist, 30*(2), 273–289.

Linklater, A. (2005). Political Community and Human Security. In K. Booth, & K. Booth (Ed.), *Critical Security Studies and World Politics* (pp. 113 – 131). Boulder, CO: Lynner Rienner.

Lippmann, W. (1943). *U.S. Foreign Policy: A Shield of the Republic*. Boston: Little Brown.

Lischer, S. K. (2005). *Dangerous Sanctuaries: Refugee Camps, Civil War, and the Dilemmas of Humanitarian Aid*. Ithaca: Cornell University Press.

Marenin, O. (2010). Challenges of Integrated Border Management in Europe. *Occasional Paper*(17).

Medina, L., Jonelis, A., & Cangul, M. (2016). The Informal Economy in Sub-Sahara Africa: Size and Determinants. *IMF Working Papers WP17/156*.

Michalopoulos, S., & Papaioannou, E. (2012). The long-run effects of the Scramble for Africa. Retrieved 11 23, 2017, from https://voxeu.org/article/long-run-effects-scramble-africa

Ministry of Health. (2020, March 15). Retrieved 1 02, 2021, from www.moh.gov.gh : https://www.moh.gov.gh/president-akufo-addo-addresses-nation-on-measures-taken-by-govt-to-combat-the-coronavirus-pandemic/

Mlambo, N. (2018, 12 6). allafrica.com. Retrieved 1 10, 2019, from Malawi: 25 Years On, Malawi and Zambia Still Struggling With Borders: https://allafrica.com/stories/201812070638.html

Musa, H. H., H.Musa, T., H.Musa, I., H.Musa, I., Ranciarod, A., & C.Campbell, M. (2021). Addressing Africa's pandemic puzzle: Perspectives on COVID-19 transmission and mortality in sub-Saharan Africa. *International Journal of Infectious Diseases, 102*, 483-488.

Narula, B. (2020). Policy Opportunities and Challenges from COVID-19 pandemic for economies with large informal sectors. *Journal of International Business Policy, 3*, 302-310.

Niang, A. (2013). The (In)Commodities of Laissez Faire Integration: Trade and Mobility in a Cross-border market. *African Studies, 72*(1), 41-63.

Nugent, P. (2011). Bourdieu and De Certeau at the Border Post: Trans-boundary Communities, Government Officials and Everyday Life in West Africa. In N. Schareika, E. Spies, & P.-Y. L. Meur, *Auf dem Boden der Tatsachen: Festschriftfur Thomas Bierschenk* (pp. 361-376). Koln: Rudiger Koeppe Verlag.

Nugent, P. (2002). *Smugglers, Secessionists, and Loyal Citizens on the Ghana-Togo Frontie*. Athens, OH: Ohio University Press.

Nugent, P., & Asiwaju, A. (1996). *African boundaries, barriers, conduits and opportunities*. London: Frances Pinter Publishers Ltd.

Nunes, J. (2012). Reclaiming the Political: Emancipation and Critique in Security Studies. *Security Dialogue, 43*(4), 345-361.

O'Leary, Z. (2017). *The Essential Guide to Doing Your Research Project* (3 ed.). London: Sage Publications.

OECD. (2020). Africa's Response to COVID-19: What roles for trade, manufacturing and intellectual property? Retrieved 01 12, 2021, from https://read.oecd-ilibrary.org/view/?ref=134_134617-5ewrwojglf&title=AFRICA-S-RESPONSE-TO-COVID-19-What-roles-for-trade-manufacturing-and-intellectual-property

Patel, J., Nielsen, F., Badiani, A., Assi, S., Unadkat, V., Patel, B., Wardle, H. (2020). Poverty, inequality and COVID-19: the forgotten vulnerable. *Public Health, 183*, 110-111.

Pierre, E., Stacy, T., & Matthew, C. (2002). Dismemberment and Suffoca¬tion: A Contribution to the Debate on African Boundaries. *Comparative Political Studies, 35*(10), 1093-1118.

RA4, R. N. (2021, May 16). Interview with Resident No. 4 of Akanu. (I. Hlovor, Interviewer)

RA5, R. N. (2021, May 16). Interview with Resident No. 5 of Akanu. (I. Hlovor,

Interviewer)

RA6, R. N. (2021, May 16). Interview with Resident No. 6 of Akanu. (I. Hlovor, Interviewer)

Raleigh, C., & Dowd, C. (2013). Governance and Conflict in the Sahel's 'Ungoverned Space'. *Stabilty: International Journal of Security and Develpment, 2*(2), 1–17. doi:DOI: http://dx.doi.org/10.5334/sta.bs

Raunet, N. (2016). Chiefs, Migrants and the State: Mobility in the Ghana–Togo Borderlands. *COMPAS Working Paper*, 131.

Roberts, D. (2012). Human Security, Biopoverty and the Possibility for Emancipation. In D. Chandler, N. Hynek, D. Chandler, & N. Hynek (Eds.), *Critical Perspectives on Human Security: Rethinking Emancipation and Power in International Relations*. London: Routledge.

Sibiri, H., Prah, D., & Zankawahc, S. M. (2020). Containing the impact of COVID–19: Review of Ghana's response approach. *Journal of Policy and Technology, 1*(45), 1–3.

Stritzel, H. (2014). *Security in Translation: Securitization Theory and theLocalization of Threat. New Security Challenges Series*. New York: Palgrave Macmillan.

Taureck, R. (2006). Securitization Theory and Securitization Studies. *Journal of International Relations and Development, 9*, 53–61.

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Thousand Oaks, CA: Sage.

Touval, S. (1966). Africa's Frontiers: Reactions to colonial legacy. *International Affairs, 42*(4), 641–654.

Touval, S. (1967). The Organization of African Unity and African Borders. *International organization, 21*(1), 102–127.

UNICEF. (2020, May). COVID–19: Socio–Economic Impact in Ghana: impact on Ghana's Education. Briefing Note(3). Retrieved December 16, 2020, from https://www.unicef.org/ghana/media/3071/file/COVID–19:%20Socio–Economic%20Impact%20in%20Ghana.pdf

United Nations Commission for Africa (ECA). (2015). Harnesing the potential of Informal Sector for Inclusive Growth in Africa: ECA Contribution to the ECOSOC Integration Segment. ECA. Retrieved 01 12, 2021, from https://www.un.org/en/ecosoc/integration/2015/pdf/eca.pdf

Wæver, O. (1995). Securitisation and Desecuritisation. In R. D. Lipschutz (Ed.), *On Security* (pp. 46–86). New York: Columbia University Press.

Wæver, O. (2004). Aberstwyth, Paris, Copenhagen: New Schools in Security Theory and theri Origins between Core and Periphery. *Annual Meeting of the International Studies Association*. Montreal.

Walther, O. (2012). Traders, agricultural entrepreneurs and the development of cross-border regions in West Africa. *Entreprenuership and Regional Development: An international Journal, 24*(3–4), 123–141 .

Williams, P. D. (2013). *Security Studies: An Introduction*. (2 ed.). London and New York: Routledge.

Worldometers. (2021, 02 9). www.worldometers.info/coronavirus. Retrieved from worldometers.info: https://www.worldometers.info/coronavirus/#countries

Zanke, A. A., Thenge, R. R., & Adhao, V. S. (2020). COVID-19: A pandemic declare by world health organization. IP *International Journal of Comprehensive and Advanced Pharmacology, 5*(2), 49–57.

The Politics of Mental Health amidst COVID-19 in Ghana

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Abstract

Much scholarship has been devoted to the challenge posed by the COVID-19 pandemic to the global economy and the health of people. Little attention has, so far, been given to the threat posed by COVID-19 to mental health, an important aspect of public health. This paper explores the multiplicity of ways the novel coronavirus exacerbates the challenge of mental health in Ghana. The paper argues that a looming COVID-19 induced mental health crisis could undermine the health and wellbeing of the people, hence the need for a timely political response through improved investment in mental health. Elite interviews with frontline stakeholders in mental health in Ghana focused on the extent to which Ghana's overall response to COVID-19 prioritizes mental health and the implications thereof. Also, content analysis of 22 presidential updates on COVID-19 and other official documents, as well as participant observation, were used, to examine Ghana's response to the pandemic. Findings suggest that government decisions and responses to COVID-19 were largely driven by science and rational politics. Specifically, the response to the mental health aspect of the pandemic was minimal with a bias mostly towards the clinical management and prevention of the pandemic. The paper concludes that the mental health aspect of the pandemic is critical to the holistic management of COVID-19 and must be prioritized to curtail possible post-COVID-19 mental health implications on the development of the health and wellbeing of the people. Immediate measurable actions by the government to address the medium to the long-term effect of COVID-19 induced mental health cases is, therefore, highly recommended.

Keywords: Mental Health, Well-being, Politics, COVID-19, Ghana.

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1.Introduction

Mental health in Ghana is, generally believed to be, a neglected area in the health care system due to years of underinvestment. Adomakoh (1972) decried the inadequate knowledge of mental illness and the associated negative impact as far back as the early 1970s. Close to half a century later, Ghana's mental health system remains ill-equipped, despite the recent effort at improving mental health care. The growing impetus for mental health care has led to the enactment of the Mental Health Act, the establishment of mental health NGOs, increased training of mental health practitioners such as nurses and psychiatrists, mainstreaming of psychiatry services in the healthcare system, and increased media attention on mental health care (Read & Doku, 2012; Yaro et al., 2020). Apart from the increased susceptibility to infections, chronic diseases, epidemics, and even pandemics, poor mental health hurts the economic growth of countries, especially poorer ones like Ghana (Heale & Wray, 2020; Sipsma et al., 2013).

The uncertainty of the COVID-19 prognoses, the rising cases of new variants of the virus, frightening inadequacies of vaccines and medical equipment for treatment, conspiracy theories, and a sense of hopelessness as to when life will return to normalcy are some major stressors that are contributing to "widespread emotional distress and increased risk for psychiatric illness associated with Covid-19" (Pfefferbaum & North, 2020, p. 1). There are justifiable doubts as to how the current state of the mental health care system in Ghana, can respond to the mental health aspect of COVID-19. While political leaders are working around the clock to contain the spread of the virus, improve treatment, and mitigate the staggering economic downturn, little attention has focused on the mental health implications of the outbreak. Yet, empirical evidence suggests that COVID-19 survivors "have an increased rate of new-onset of psychiatric disorders, and prior psychiatric disorders are associated with a higher risk of COVID-19" (Taquet et al., 2020, p. 2).

It must be stressed that despite COVID-19 being a public health emergency, the pandemic is also about politics. The complexity of the novel coronavirus reinforces the need for political leaders worldwide to work together in other to foster the flow of research, financial resources, and health information for the mutual good of all (Kovner, 2020). As such, the overall response to the pandemic is all about politics because it is dependent on decision-making by politicians about resource allocation and the priority of governments. The emphasis on the politics of mental health is very important because it has a cumulative negative effect on the well-being of the people and hence productivity. Already, medical facilities and professionals are simply not enough in Ghana to handle and dispose of larger numbers of mental health cases. Besides, mental health has been neglected for far too long despite its centrality in health (Faydi et al., 2011).

The political decisions being taken to mitigate the medium to long-term health and economic impact of COVID-19 on the citizenry will not be fully materialized if the mental health aspect is not given the needed attention. This situation requires a scientific response. However, the efficient scientific response requires decisions on resource allocation which lies on the bosom of politicians. Thus, the mental health danger posed by the COVID-19 pandemic cannot be de-linked from politics, which is about governance and resource allocation (Peters, 2004).

The paper argues, within the above context, that underinvestment in mental health amidst the COVID-19 pandemic could undermine the health and well-being of the people. This is, mainly, because the COVID-19 pandemic and its resulting economic recession have negatively affected the mental health of many people and created new "barriers for people already suffering from mental illness and substance use disorders" (Panchal et al., 2020, p. 1). Beyond the theoretical perspectives, the Kaiser Family Foundation (hereafter, KFF) Tracking Poll in mid-July,2020, 53% of adults in the United States had their mental health negatively impacted because of worry and stress associated with COVID-19, compared to the 32% reported in March 2020 KFF polling (Panchal et al., 2020, p. 1). Many adults have also reported specific negative impacts on their mental health and well-being including difficulty in sleeping (36%), eating (32%) and increased alcohol consumption or substance use (12%) due to the coronavirus (Panchal et al., 2020, p. 1). In the absence of such statistics in Ghana, the situation could possibly be worse, given the empirical evidence of underinvestment and the associated low levels of the national prevalence of poor mental health care (Sipsma et al., 2013). The COVID-19 pandemic has generally reinforced the need for very strong executive actions to protect public health (Arceneaux et al., 2020) and forestall national security threats, posed by looming joblessness. There is, therefore, the urgent need for political actors to focus their attention on addressing the historic under-investment in mental health services in particular and the entire health system in general.

In Ghana, more testing centres have been added to the original ones at the University of Ghana and the Kumasi Centre for Collaborative Research in Tropical Medicine. There are also plans to construct more health facilities, employ more health professionals and motivate them through income tax exemptions (Akufo-Addo, 2020). These decisions have either been informed by science or politics although the official position of the government is that science has so far driven all decisions in Ghana's COVID-19 response. However, the mental health aspect of the response has not featured prominently in the measures to contain the virus in Ghana. The government of Ghana has not ruled out a second possible total lockdown and closure of schools (Akufo-Addo, 2021). This has possibly increased the anxiety of parents and children. The fear of the unknown can "precipitate new

psychiatric symptoms in people without mental illness, aggravate the condition of those with pre-existing mental illness and cause distress" to affected individuals and their families as well as the entire community (Hall et al., 2008, p. 2). For many people who have lost relatives through the virus and those who cannot seek hospital treatment due to poverty or accessibility, thoughts of an uncertain future will surely leave some lasting mental consequences in their lives. In the absence of adequate data, in view of the limited comprehensive research on the impact of COVID-19 on mental health, much is "assumed based on scant evidence, and services are heavily influenced by the results of research conducted elsewhere" (Read & Doku, 2012, p. 35). The search for more evidence about the dangers posed by the novel coronavirus, to mental health and the politics of the pandemic, is a major necessity.

Although several studies have been conducted on Covid-19, they have mainly covered aspects such as the COVID-19 lockdown, (Afulani et al., 2020; Braimah, 2020), the impact of the pandemic on resource-poor countries (Afriyie et al., 2020; Asamoah et al., 2020), COVID-19 and the state (Amoah, 2020), COVID-19 prevention etiquette (Morgan, 2020) as well as the impact of COVID-19 on education (Adom, 2020; Demuyakor, 2020; Gyimah, 2020; Owusu-Fordjour et al., 2020). While the mental health aspect of the pandemic has not received the desired attention in Ghana, the politics of the pandemic has been addressed by scholars, mostly, outside Ghana, leaving a geographical dearth (Bar-Siman-Tov, 2020, 2020; Kovner, 2020). It is in the light of this that this present work contributes to the literature on the threat that COVID-19 poses to the mental health and well-being of people.

Mental health is conceptualized in this study based on the WHO definition which is a state of well-being in which everyone realizes his or her potential to work fruitfully and productively, cope with the normal stresses of life, and be positioned to make useful contributions to his or community.

2. The politics of pandemics and Mental Health in Ghana

Political actors in Ghana have over the years claimed successes in addressing the health needs of the people. Yet, the claim that the "denial of the naturalness of disasters is in no way a denial of natural process" only reinforces the difference between rhetoric and reality (Smith, 2006, p. 1). There is consensus that it is the primary task of the government to tackle major health disasters such as epidemics and pandemics. This duty dates back to the fourteenth century when ancient city-states, such as the Italian Peninsula and the Adriatic, developed strategies and administrative measures against plague outbreaks (Roberts, 2020). Governments around the world have since, assumed the responsibility to secure

the health and well-being of their citizenry. Viruses are no respecter of borders since their spread and their chances of survival depend largely on the policies and laws of states (Bennett, 2021; Roberts, 2020). This notwithstanding, various states have responded to this need based on their priorities, financial capacities, and political commitment. Ghana has responded to this task in various ways through governance, institutional structure, and policies.

Health policies in Ghana are engineered at the ministerial level, receive legal backing at the legislative level, and are implemented by the Ghana Health Service (GHS). The Mental Health Unit of the GHS oversees all issues relating to mental health services. The work of the Mental Health Unit has received a major boost since the establishment of the Mental Health Authority, which advises the government on all mental health-related programmes, policies, and legislation (Ofori-Atta et al., 2010; Yaro et al., 2020). The authority further does the monitoring and assessment of mental health care services and oversees the performance of the three public psychiatric hospitals (Yaro et al., 2020).

The above, notwithstanding, the literature suggests that mental health in Ghana has been a neglected area in health care for decades with limited research (De-Graft Aikins & Ofori-Atta, 2007; Ofori-Atta et al., 2010; Read & Doku, 2012; Sipsma et al., 2013; Tooth, 1950). According to Read and Doku (2012), the first scientific study of mental health/illness in the then Gold Coast was occasioned by Colonial Masters. The focus was to study the forms of neurosis and psychosis among the people in West African (Read & Doku, 2012). Ethnographic research was undertaken in the 1950s focusing on people with mental disorders who attended rural shrines for a solution to their problems (Tooth, 1950). Between 1957 and 2020, there had been some sustained incremental studies on mental health by students, a few Ghanaian psychiatrists, and non-governmental organizations (De-Graft Aikins & Ofori-Atta, 2007; Ofori-Atta et al., 2010; Read & Doku, 2012). The sustained challenge remains that mental health, like social welfare services in Ghana, has been largely underfunded (Ewusi-Mensah, 2001). The implication is that with the decades of underinvestment in mental health, possible COVID-19 induced mental health cases, coupled with existing ones, could compound the woes of mental health patients. This is possible because the overly hyped clinical measures to contain the virus in Ghana do not prioritize the mental health aspect of the pandemic.

The lack of properly sustained planning, limited accessibility to psychiatric services, severe under-funding as well as a shortage of trained professional mental health staff have negatively impacted the institutionalization of a comprehensive mental health response in Ghana (Ewusi-Mensah, 2001). Read and Doku (2012) have noted that there is an emerging impetus for mental health issues in Ghana

through the formation of mental health NGOs, the passage of a mental health bill into law, an increase in the training of psychiatrists and psychiatric nurses, and increased media attention to mental health-related causes. It, therefore, comes as less surprise that "while limited poverty-reduction initiatives might exist, psychosocial interventions are non-existent for individuals who might require support" (De-Graft Aikins & Ofori-Atta, 2007, p. 775). The argument by De Graft Aikins and Offori-Atta (2007) paints a picture of a dire situation relative to mental health care in Ghana. If COVID-19 induced mental health cases are added, the situation could be worsened. Urgent attention is, therefore, needed to curtail a more overburdened situation post-COVID-19.

Several stakeholders, led by government officials, have not been proactive in their response to calls for reform and change in mental health issues. According to the Mental Health Authority, Ghana presently has about 40 psychiatric doctors who are unevenly distributed across the country, as against 10 in the past, 20 clinical physiologists across the country, and six occupational therapists with mental health services, minimally, provided in all regional health care facilities by non-graduate mental health nurses (Osei, 2020). Despite this, the needed structures and medications to provide efficient mental healthcare are inadequate. For instance, despite a marginal improvement in the last couple of years, there has always been a huge deficit in financing mental health. Chief Executive of the Mental Health Authority (MHA), Dr. Akwesi Osei, revealed that the authority received about GHS 1.2 million for the first quarter of 2020, while the various psychiatric hospitals received a financial release of GHS 8 million each for the same period. According to him, this was better than previous years. Nonetheless, he admitted that there is still a huge gap in mental healthcare financing. The need for improvement is therefore, not in doubt, especially, in the wake of COVID-19 which experts suggest might cause more mental cases.

Partnership with NGOs is one sure way of reversing the gloomy situation where mental health patients are generally referred to as mad people and, therefore, left to the mercy of their families or spiritualists, some of whom chain them to trees and subject them to human rights abuses. Specific partnerships developed with country-level players such as Basic Needs-Ghana and the Mental Health Authority in Ghana as well as influential leaders and individuals have been critical in exposing the bad state of mental health and set the pace for mental health improvement (Abdulmalik et al., 2014). Even if some of the treatment gaps and need for partnership reflect the inadequate human and material resources, a major challenge remains low priority accorded mental health issues by government and the low levels of knowledge about how to use available resources more efficiently to handle mental health-related cases (Saxena et al., 2007).

Existing research show that there are shortfalls in Ghana when it comes to the provision of mental health care (Ofori-Atta et al., 2010; Sipsma et al., 2013). This comprised the inadequate number of mental health professionals, aged and dilapidated infrastructure, stigmatization, and unequal geographical distribution of mental health services (Abdulmalik et al., 2014). Afori-Atta et al. (2010) agree on the need for legislative reforms to help improve mental health services and protect human rights. According to the Chief Executive Officer of the Mental Health Authority, Dr. Akwesi Osei, there are very few rehabilitation centres and day services for people with mental disorders in Ghana. For instance, apart from the three main government facilities namely "Pantang, Ankafo and Accra Psychiatric Hospitals (all in the Coastal belt), the others which exist are largely run by NGOs and faith-based organizations" (Ofori-Atta et al., 2010, p. 103). Currently, two NGOs, Basic Needs-Ghana and Christian Blind Mission have established community-based rehabilitation projects for people with mental disorders in the northern part of Ghana to help deal with the issue of mental health. Besides, there are "four privately owned psychiatric hospitals available, two in Kumasi, one in Accra and one in Tema" (Yaro et al., 2020, p. 476). Others include the "Damien Centre at Takoradi in the southwest of the country which is run by the Catholic Church. Two drop-in facilities for vagrants are provided in Tamale in the Northern region based on the clubhouse model, Tsisampa run by Basic Needs-Ghana, and Shekina, run by a private practitioner" (Ofori-Atta et al., 2010, p. 103).

The unsatisfactory response by stakeholders (the executive, legislature, coalition of NGOs in mental health) to the mental health needs is evidenced by the omnibus state of mental health in Ghana. Currently, faith-based organizations and traditional healers have taken advantage of the challenge to abuse mental patients. The "maltreatment of people with mental illness in Ghana's traditional and faith-based healing centres, including shackling, flogging, and forced fasting" is shocking (Lambert et al., 2020, p. 1). The exact number of Traditional and Faith-Based mental health 'healers' are, however, unknown because of the unregulated nature of such practices in Ghana (Osei, 2020). The Traditional Medicine Practice Council and the Ghana Federation of Faith-based and Traditional Healers have on several media platforms agreed on the dehumanizing treatment meted to mental patients by some of their members. It is estimated that there is one healer for every 200 mental patients (Ae-Ngibise et al., 2010), although recent media commentaries suggest a much worse state of affairs. The most recent data indicate that there are a total of 39 psychiatrists 86 clinical psychologists, and 47 counseling psychologists for the entire country (Ghana Psychology Council, 2020; Mental Health Authority, 2020). According to the World Health Organization (2007), the ''estimated treatment gap is about 98%. This means that, for every

100 people suffering from a mental illness, only two are likely to access treatment (cited in Yaro et al., 2020, p. 476). This state of affairs can only be changed if there is enough data to convince the political class to act, hence studies of this nature are timely.

Yaro et.al. (2020) found that the government has paid little attention to mental health care as compared to other aspects of healthcare. This is evidenced by the continued shortage of psychotropic medications in health facilities and the usual strike by mental health nurses which has become an annual affair (Ae-Ngibise et al., 2010; Lambert et al., 2020; Ofori-Atta et al., 2010). The mental health law, (Act 846, 2012) seeks to bridge the gap between mental health needs and services and prioritize the human rights of the mentally ill. The law frowns on discrimination of all forms and seeks to provide equal opportunities for mental patients (Kpobi et al., 2013). Additionally, the law provides for decentralized mental health services and the integration of mental health care into the general Primary Heath Care system (Kpobi et al., 2013). Mental health care financing is required as a priority under the law. Although mental health has not been prioritized for decades, the passage of the mental health law in 2012 set the tone for an improvement. The reality is that people in a larger part of Ghana receive psychiatric services from community psychiatric nurses (CPNs), who can be found in 159 of the 216 districts (Eaton & Ohene, 2016). These CPNs work in the communities but operate from district hospitals (Eaton & Ohene, 2016). The psychiatric hospitals and CPNs provide the majority of psychiatric services in the country (Eaton & Ohene, 2016). The level of knowledge and standard of care offered to people with mental disorders by general practitioners and primary care services is generally poor (Eaton & Ohene, 2016). Eaton and Ohene argue that most general practitioners avoid seeing people with psychiatric problems, preferring to refer them to the few mental health care providers. Given this lack of services, particularly in more rural areas, it is not surprising that there is a large treatment gap (Eaton & Ohene, 2016).

Given that the novel coronavirus is one of the biggest threats to the health and wellbeing of people globally (Kickbusch et al., 2020), no country should toy with the potential post-COVID-19 mental health threat. Responding to this challenge requires political action as it boils down to resource allocation. We argue that the COVID-19 pandemic and its resulting economic recession have already negatively affected the mental health of many people and created new "barriers for people already suffering from mental illness and substance use disorders" (Panchal et al., 2020, p. 1). The insufficient facilities for treatment, inadequate vaccines for the people have further raised the issue of marked "contours of rescue and abandonment, privilege and abjection, and inclusion and exclusion" in favour of the privileged few in society, leaving the masses in thoughts that have

mental health implications (Chigudu, 2019, p. 414). Already, the Oxford Precision Psychiatry Lab has found a direct link between COVID-19 and Mental Health (Smith et al., 2020). Besides, the UN has warned of a looming mental health crisis as millions of people globally are surrounded by COVID-19 deaths with others forced into isolation, poverty, and anxiety. The UN is certain that the isolation, fear, uncertainty, the economic turmoil could all cause psychological distress that may pose immediate or long-term mental health problems (Kelland, 2020). This article closely examines how underinvestment in mental health could affect the management of post-COVID-19 mental health and the well-being of the masses. The key questions that we seek to answer are: How has the government of Ghana responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care? How have the measures taken by the government of Ghana to fight COVID-19 prioritized the mental health and well-being of the people?

3. Materials and Methods

To address the research questions, the paper used qualitative methods. The "allure of qualitative research is that it enables you to conduct in-depth studies about a broad array of topic" that affect everyday life (Yin, 2011, p. 6). This method was chosen because it enabled the researchers to "collect, integrate, and present data from a variety of sources" (Yin, 2011, p. 9). These sources included interviews, official policy documents, news reports, and addresses by the government officials, to show how mental health issues feature in the politics of pandemics as it relates to the wellbeing of the citizenry. Data and information were, therefore, obtained mainly from two sources. The primary source of data was obtained from stakeholders in mental health in Ghana. The target population for this study comprised frontline health workers, mental health experts, and politicians.

The authors purposively selected 15 participants. Purposive sampling "strategies are non-random ways of ensuring that particular categories of cases within a sampling universe are represented in the final sample of a project" (Robinson, 2014, p. 32). The main research instrument used to solicit information for this paper was a semi-structured interview guide. The essence was, therefore, to capture the expert views of stakeholders who have a unique perspective on politics, pandemics, and mental health. Additionally, the authors undertook a content analysis of 22 presidential updates by the president of Ghana between March 2020 and April 2021. These updates were the collection of virtually all policy decisions by the government officials in response to COVID-19. Relevant official statements on COVID1-19 from other stakeholders including the religious

community, NGOs, and political parties were also analyzed. A conscious effort was made to ensure gender balance in the sampling. Frontline workers such as doctors, laboratory technicians in COVID-19 testing centres, nurses, and those with ambulance service were chosen because of their direct encounter with COVID-19 cases. Mental health experts were added because of their expertise in mental health and well-being. Politicians were included because they are responsible for resource allocation for priority projects, policies, and programmes in Ghana.

The second source of data was gleaned from journal articles, books, reports from credible media outlets, COVID-19 related articles written by known experts in newspapers, seminars, and archival data on COVID-19 in Ghana. Apart from some health experts who entertained the fear of possible sanctions from their superiors, the study participants were generally cooperative. In this regard, the identity of all participants was anonymized to avoid potential victimization or violent attacks from either political leaders or their superiors, some of whom are known to be very intolerant about comments that make their parties look bad in Ghana. The first names and pseudonyms used in the findings section are, hence, not the real names of the participants. Voice recordings were transcribed, added to field notes and relevant secondary data before they were thematically analyzed in line with the research questions.

4. COVID-19 in the context of underinvestment in mental health care

Health emergencies such as pandemics are ''no longer imagined as interruptions to progress, but presented as an opportunity to manage precariousness'' and possibly address overlooked challenges in the past (Chigudu, 2019, p. 419). In search for responses to this question, we began our interviews with our participants and documentary search with the same general order: How have the responses (from official documents and interviews) address the question on how the government has responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care. Our first interviewee, an Accra based laboratory technician at one of the COV-D-19 testing centres, Ebo noted:

> Due to the lack or inadequate national strategy on the mental health aspect of COVID-19, people resorted to self-medication including the use of herbal concoctions. I do the test for people so I knew I was at greater risk. One day I had a cold. The following morning, I inhaled and drank neem leaves before going to work. I even took antibiotics before the test results came and it was negative. All responses from the government said little or nothing about the mental health aspect of the pandemic. And so the stigma attached to COVID-19 made it difficult for me to consider discussing with a third

> party even if he tested positive. There was no counseling before releasing the results of COVID-19 samples to the owners because of the risk of infections (Interview, Ebo, Accra, 20 December 2020).

As the pandemic continues to pose existential threats to many around the world, Ebo, like many other respondents, was focused on first things first; how to avoid contracting the virus. Added to this were thoughts of an uncertain future regarding the coronavirus. Many people were already anxious and depressed, a state which could potentially predispose them to mental health problems. For instance, the three-week lock-down in parts of Ghana, closure of schools and some businesses, especially in the hospitality sector, and associated loss of jobs negatively impacted the economic well-being of the people as many had to spend their life savings. Thoughts of these could be mentally devastating and this assertion was confirmed by the responses from, Rev. Kofi, a frontline nurse who noted:

> Many people attributed the COVID-19 pandemic to spirituality. Such people were of the view that their God/god was afflicting them for sins they have committed or sins committed by their parents or grandparents. For me, this explains why some people did not put much emphasis on the COVID-19 protocols but rather resorted to prayers and fasting. Many of such became traumatized when some of them tested positive and some even died. I believe some of these things happened because there were no national guidelines on how to handle the psychological aspect of the virus, from the measures outline by the government (Interview, Rev.Kofi, Accra, 30 December 2020).

The immediate response from the government of Ghana when the first two cases were recorded from travellers from Norway, did not indicate the measures to deal with the mental health aspect of the virus. One of the first things included putting together a national task force mandated to ensure compliance with COVID-19 protocols and to educate people on the safety measures. Yet, some members of the task force had no idea how to handle people who were going through mental trauma due to the impact of COVID-19. Mavis, a member of the national task force admitted that she suffered mental health problems when she tested positive despite observing all the rules. She noted:

> I became very angry with myself and everyone else. I thought my condition was caused by other people. My situation got exacerbated because of thoughts on how to break the news to my sick 78-year-old mother who lived with me and perhaps, not infect her with the virus. I had sleepless nights for a week and thought of negative things including possible suicide. I could not get psychological support because, even as a member of the national emergency task force on COVID-19, I did not know of any immediate psychologist to call on. Besides, I was isolated; thinking a lot, all

alone (Interview, Mavis, Tema, 10 January 2021).

The response from Mavis reflects those of many others who had no idea as to how to seek mental health support in the midst of the pandemic. This was largely because mental health facilities are simply not available in many parts of the country and where they exist they are ill-equipped because of years of underinvestment in mental health care. We found that apart from the COVID-19 patients, their relatives equally went through a lot of traumatizing experiences but, the fact is that the mental health facilities could not handle the looming numbers. Dr. Eva, a psychiatrist and incident commander for the COVID-19 response team for the Pantang Hospital in Accra (one of the three main mental health facilities in Ghana) admitted that policy responses did not emphasize much on the mental health aspect of the novel coronavirus, largely due to inadequate mental health facilities and professionals; a net effect of underinvestment. But the situation was not all that hopeless. She noted:

> Pantang Hospital has a unique role in being the most suitable treatment option for COVID-19 patients who had a mental disability. As part of the institutional preparedness at the early onset of the pandemic, staff received retraining on how to manage mental health patients who may have contracted COVID-19. One of our real tests was when a suspected COVID-19 patient whose clinical records showed he had an episode of mental illness had to violate social distancing rules and was very aggressive while on treatment in our facility. His samples were taken for COVID-19 and sent to the Noguchi Memorial Institute for Medical Research. From previous experience, the result was expected in 4-6 hours. In this instance, it took more than 24 hours! Apparently, the testing agency was overwhelmed as the number of cases requiring testing had begun to rise (Interview, Dr. Eva, Accra, 15 January 2021).

An extended waiting period could be stressful for a patient and his family. Apart from the fact that the mental health facilities are not enough, they are under-resourced and located in only the coastal regions. To make matters worse, workers in mental health facilities were not part of the official list of workers who were covered by the government of Ghana's insurance package for frontline COVID-19 workers. It, therefore, became difficult for such mental health experts to engage people in counselling when they had no means of diagnosing the COVID-19 status of such clients.

The holistic management of the COVID-19 pandemic has the potential of helping people whose lives have been shattered, to cope with both the clinical and mental health aspects of their lives and well-being (Chigudu, 2019) but Ghana had to make good use of what was readily available and feasible. It was discovered that the government paid more attention to the mainstream health sector (clinical)

and little to mental health in view of the exigencies of the crisis. Dr. Victoria, a medical practitioner in a private health facility noted that managing a patient with COVID-19 and comorbid mental illness is stressful. According to her, the lived experience of people with mental illness makes them prone to contracting and transmitting the novel coronavirus. For instance, she argued that:

> The government could do little under the circumstance. A confused or disinhibited patient may have difficulty maintaining social distance, refused to wear a facemask, or forcefully remove it in the course of treatment. The state could not, out of the go, provide us with the needed support to do this holistically. Considering the high mortality associated with covid-19, most people virtually think getting the virus is like a death sentence, and the government needed to address this head-on. We saw the lockdown, economic support in terms of free water and electricity, public education among other things. What was missing, for me, is the fact that isolations resulted in the abuse of substances such as alcohol and tobacco which result in severe mental complications coupled with difficulty sleeping and anxiety (Interview, Dr. Victoria, Accra, 20 February 2021).

We noted that some medical officers were unaware of specific government interventions to deal with COVID-19 related mental health cases. Dr. Daniel remarked: "I am not aware of any protocols for such currently. I only overhead the head of the Psychiatric hospital some time ago who said they had something of that sort in place but I have not heard it propagated in the media as to how this works". He held the view that the extent of the government of Ghana's response to the mental health aspect of the pandemic is minimal considering the silent treatment given to the mental aspect of the condition. The bias is mostly towards clinical management and prevention. Little is normally talked about as per the mental ramifications of the condition (Interview, Dr. Daniels, Accra, 10 February 2021). This assertion was shared by a mental health nurse Ali, who noted that the government's measures on the mental health aspect of the pandemic were not clear. He opined that the available option for suspected mental health cases is to resort to the three, ill-equipped, Mental Health Hospitals, which are all located in the coastal belt of Ghana (Interview, Ali, Kumasi, 10 January 2021).

The study found that government and non-state actors had put in place some support system in the form of counseling for people to cater for the mental health aspect of the pandemic. The Ghana Health Service in collaboration with the Mental Health Authority, the Ghana Psychology Council among others, has in place psychological intervention for COVID-19 (MoH, 2020). Mr. Dsane, a mental health expert noted that some mental health professionals, himself included, provided voluntary support in areas such as regret, resentment, loneliness, depression, anxiety, fear, and sleep deprivation. He said that there was the need for "state-led counseling and establishment of a dynamic mechanism for the

evaluation and warning of psychological crises to enable trained psychologists to assess patient's mental states. These could include an individual's psychological stress level, anxiety, mood, quality of sleep, etcetera, so that expert suggestions of appropriate remedies or required interventions could be accessed" (Interview, Dsane, Accra, 10 March 2021).

The Mental Health Authority which should have been very visible during this was not heard much. An official of the authority, Asamoah noted:

> Although enough had been done by the authority with the support of both government and other stakeholders, there remains a big gap to be filled in order to enable the authority to provide adequate psychological support. The problem has not just begun. It is due to years of underinvestment in mental health in Ghana. The Pantang Hospital in Accra was established in 1975 but currently has just 200 beds. I am not in the least satisfied with the measures put in place so far by the government to fight the mental health aspect of the COVID-19 pandemic (Interview, Asamoah, Accra, 18 February 2021).

As demonstrated from the findings, the government response to COVID-19 has placed less premium on the mental health aspect of the pandemic within the context of years of underinvestment in the sector by the state. While the government cannot be blamed for not doing enough due to the inherited challenge of persistent neglect, the same cannot be said about measures taken to address the problem in the future.

4.1 Ghana's response to COVID-19: How is mental health and well-being prioritized?

How has the government's response to the COVID-19 pandemic prioritized the health and well-being of the people? As the previous section argued, our data attributed the problem to years of underinvestment in mental health care by successive governments. In this section, we develop this argument further by discussing the extent to which measures taken against COVID-19 prioritized mental health and well-being of the people, by scrutinizing official policy documents including the presidential updates on how the government is addressing the COVID-19 challenge.

Precautionary measures against the novel coronavirus were taken before the first two cases were confirmed on 12 March 2020. The president in update three directed the Attorney General to submit, immediately, to Parliament emergency legislation, per Article 21 (4) (c) & (d) of the Constitution of the Republic, to give him additional power to act in the national interest. This was done with the necessary speed. He further directed the Minister for Health to

exercise his powers, under section 169 of the Public Health Act, 2012 (Act 851), by the immediate issuance of an Executive Instrument, to govern the relevant measures (Akufo-Addo, 2020).

According to the Ministry of Health, a National Technical Committee was established in January 2020. The committee was mandated to review Ghana's resilience and readiness to contain the possible outbreak of the virus (MoH, 2020). There were series of hygiene education in the media aimed at preventing human-to-human transmission of the virus. When the first two cases were recorded, the president in his first update on measures to contain the spread of the COVID-19 pandemic, which was live telecast on all major radio and television stations nationwide, outlined a number of flexible measures. Topical among the measures was a commitment of GHS 572 million (which was equivalent to 100 million dollars) to strengthen the capacity of existing health facilities, the land and sea borders, and other entry points to possibly detect and control further spread of the virus. Measures aimed at creating public awareness through mainstream and social media were also spelled out. The president further announced an initial ban on foreign nationals traveling from countries with more than 200 COVID-19 cases, from entering Ghana. Also, a ban was immediately placed on all public gatherings, including conferences, workshops, funerals, festivals, political rallies, sporting events, and religious activities, such as services in churches and mosques. Private burials were permitted, but with limited numbers, not exceeding twenty-five (25) in attendance. Further, all universities, senior high schools, and basic schools, both public and private, were shut down on Monday, March 16 2020.

The Ministry of Education, in collaboration with the Ministry of Communication, was directed to roll out distance learning programmes for students. However, Basic Education Certificate Examination and West African Senior School Certificate Examination candidates were allowed to attend school to prepare for their examinations, but with prescribed social distancing protocols. The president allowed businesses and other workplaces to operate but cautioned them to observe prescribed social distancing between patrons and staff. As such, establishments, such as supermarkets, shopping malls, restaurants, nightclubs, hotels, and drinking spots, were exempted from the partial lockdown but were asked to strictly observe enhanced hygiene procedures by providing, amongst others, hand sanitizers, running water, and soap for washing of hands. The government ensured that transport unions and private and public transport operators enforced enhanced hygienic conditions in all vehicles and terminals, through the provision of hand sanitizers, running water, and soap for washing of hands (Akufo-Addo, 2020).

On 23 March 2020, the president announced an initial two-week closure of

its international borders (Akufo-Addo, 2020). A partial lockdown came into force on 30 March 2020 in parts of the Greater Accra region (national capital) and the Greater Kumasi metropolis as well as Kasoa, a major trading town in the Central region that shares borders with the national capital, Accra (Akufo-Addo, 2020). The government directed all health institutions to prepare to screen, identify and isolate suspected COVID-19 cases using symptoms such as fever above 38 degrees Celsius, travel history among others. Incentives in the form of cash either through pay rise or income tax exemptions and an insurance package worth three hundred and fifty thousand cedis (GH¢350,000) for each health personnel and allied professional at the forefront of the fight, was put in place.

The lockdown was partially lifted on 20 April 2020 following concerns over the economic implications. During the period, the major political parties in Ghana, the ruling New Patriotic Party (NPP) and the largest opposition National Democratic Congress (NDC) shared freebies with messages which clearly showed their gesture was a rational action targeted at votes on the 7 December 2020 general elections. The president announced, for instance, free water for all Ghanaians and free electricity for lifeline consumers which became a major campaign tool for the NPP (Akufo-Addo, 2020). The opposition NDC established a counter-response team that focused on the distribution of food, clothes, and medical equipment across the country. Some churches followed suit.

Furthermore, the government put in place social intervention programmes including an expanded Livelihood Empowerment Against Poverty (LEAP) to deal with the economic impact. This became necessary given the ''link between homelessness and poor mental health'' fuelled by daily thoughts of ''insecurities caused worry and anxieties'' over the uncertain effect of the pandemic (De-Graft Aikins & Ofori-Atta, 2007, p. 773). Besides, Parliament approved the Coronavirus Alleviation Programme (CAP), whose objective was to protect households and livelihoods, support micro, small, and medium-sized businesses, minimize job losses, and source additional funding for the promotion of industries. Through this initiative, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organization (NADMO), working with Metropolitan, Municipal and District Chief Executives (MMDCEs) and the faith-based organizations were able to provide food for up to four hundred thousand (400,000) individuals. A COVID-19 National Trust Fund, which was established to complement the Government's fight against the virus, and to assist in the welfare of the vulnerable raised eight million, seven hundred and fifty thousand cedis (GH¢8.75 million), which includes six hundred thousand United States dollars (US$600,000), through donations by close of April 2020. Ghana also secured a one billion Dollar Rapid Credit Facility, from the IMF, which was used to help close the financing gap that had been created by the

pandemic through shortfalls in revenues and additional expenditures.

Towards treatment, Ghana was able to expand and add to its network of COVID- 19 treatment centres. The Ga East and Bank of Ghana Hospitals were fully dedicated to COVID-19 treatment. Aside from this, separate COVID-19 treatment centres at the University of Ghana Medical School Hospital, the Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Kumasi South Hospital, and other designated Regional and District Hospitals were operationalized. Domestic production of personal protective equipment, and our health care facilities, was activated. It is clear from the above that the government response included measures that addressed the well-being of the people albeit momentarily. However, concrete measures to cater for post-COVID-19 mental health and well-being were largely, not prioritized.

5. Conclusion: lessons learnt.

This article has offered an account of how the government of Ghana responded to the mental health aspect of COVID-19 in the wider context of underinvestment in mental health care. It has also highlighted the extent to which the measures taken by the government to fight COVID-19 de-prioritized the mental health and well-being of the people. By examining the narratives of our respondents and scrutinizing official policy documents, we have demonstrated how clinical management of COVID-19 and economic mitigating measures took centre stage in Ghana's overall response to the pandemic. In so doing, the authors have shown how mental health management is critical to the health and well-being of people both in the short, medium, and long term. We have also demonstrated how the emphasis on clinical management and treatment of the virus has led to underinvestment in the area of mental health in Ghana. This could pose severe psychological problems in the medium to long term. Overall, this paper has provided detailed inquiry into how COVID-19 could exacerbate mental health challenges for survivors of the virus, their relatives, and frontline health workers. It has noted a potential direct and indirect linkage between COVID-19 and mental health. At the same time, the study has highlighted the role political actors play in ameliorating or exacerbating the problem, through policy-making and resource allocation.

Despite some laudable measures taken by Ghana to contain the novel coronavirus and mitigate its social and economic impact on the citizens, the paper noted that limited practical steps have so far been taken, to manage the mental health of the people, many of whom are still anxious about the future, despite the assurance of vaccination. For instance, beyond the voluntary counselling services that are occasionally announced by private individuals and the Ghana

Psychological Association, the state has no national plan on the management of mental health–related issues associated with COVID–19.

The implications of the above are that the indirect effects of COVID–19 on the mental health and well–being of people could include an increase in anxiety symptoms, panic reactions, and depression, post COVID–19. These have negative consequences on the health and well–being of the people. Three main lessons have been learned from the study.

First, the absence of a clear road map on managing the mental health aspect of the pandemic has led to the use and abuse of drugs especially, herbal concoctions. This has the potential to cause severe health implications in the future because such drugs are taken without prescriptions from qualified medical officers.

Second, the individual efforts will not yield the desired outcome in the quest to combat COVID–19 unless everyone plays their role. As such, it is incumbent on the political actors in Ghana who are the sole custodians of power, policy, and resources to invest in all aspects of the pandemic, including mental health. Anything short of this will amount to addressing major symptoms of a condition without fully tackling all possible repercussions. This is possible because of thoughts of the devastating mental effect of COVID–9 on people who have lost loved ones, those who are suffering or contemplating that they could suffer COVID–19 complications, and those who have lost their livelihood through job losses.

Third, political considerations are prioritized over any other in Ghana. This was manifested in the blatant disregard for public safety and violation of COVID–19 protocols by lead political actors during the electioneering period. Another was the refusal to heed advice from the Ghana Medical Associations on public gatherings and further lockdowns during the compilation of a new voters' register. It thus became a burden on frontline health providers who had to risk their lives in handling avoidable COVID–19 numbers, which process led to more infections and deaths of many health workers. Again, the psychological effect of this behaviour of politicians on health workers and dependents of deceased health workers could be devastating

References

Abdulmalik, J., Fadahunsi, W., Kola, L., Nwefoh, E., Minas, H., Eaton, J., & Gureje, O. (2014). The Mental Health Leadership and Advocacy Program (mhLAP): A pioneering response to the neglect of mental health in Anglophone West Africa. *International Journal of Mental Health Systems, 8*(1), 5.

Adom, D. (2020). Cultural and Educational Implications Of The COVID-19 Global Pandemic In Ghana. *Sciences, 9*(3).

Adomakoh, C. C. (1972). Mental hospital patients: A Castle Road profile. *Ghana Med. J, 2*, 65-71.

Akufo-Addo, N. A. D. (2021). Update on measures taken against the spread of the Coronavirus. http://www.presidency.gov.gh/index.php/briefing-room/speeches/1576-president-akufo-addo-addresses-nation-on-update-taken-against-spread-of-coronavirus.Retrived 15/05/2021.

Ae-Ngibise, K., Cooper, S., Adiibokah, E., Akpalu, B., Lund, C., Doku, V., & Consortium, M. R. P. (2010). 'Whether you like it or not people with mental problems are going to go to them': A qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana. *International Review of Psychiatry, 22*(6), 558-567.

Afriyie, D. K., Asare, G. A., Amponsah, S. K., & Godman, B. (2020). COVID-19 pandemic in resource-poor countries: Challenges, experiences and opportunities in Ghana. *The Journal of Infection in Developing Countries, 14*(08), 838-843.

Afulani, P. A., Gyamerah, A. O., Aborigo, R., Nutor, J., Malechi, H., Laar, A., Sterling, M., & Awoonor-Williams, J. J. (2020). Perceived preparedness to respond to the COVID-19 pandemic: A study with healthcare workers in Ghana. *MedRxiv*.

Amoah, L. G. A. (2020). COVID-19 and the state in Africa: The state is dead, long live the state. *Administrative Theory & Praxis*, 1-11.

Arceneaux, K., Bakker, B. N., Hobolt, S., & De Vries, C. E. (2020). *Is COVID-19 a Threat to Liberal Democracy?*

Asamoah, J. K. K., Owusu, M. A., Jin, Z., Oduro, F. T., Abidemi, A., & Gyasi, E. O. (2020). Global stability and cost-effectiveness analysis of COVID-19 considering the impact of the environment: Using data from Ghana. *Chaos, Solitons & Fractals, 140*, 110103.

Bar-Siman-Tov, I. (2020). Covid-19 meets politics: The novel coronavirus as a novel challenge for legislatures. *The Theory and Practice of Legislation, 8*(1-2), 11-48.

Bennett, S. (2021). How Politics Shapes Pandemics. In *Sensemaking for Security* (pp. 201-227). Springer.

Braimah, A. I. (2020). On the politics of lockdown and lockdown politics in Africa: COVID-19 and partisan expedition in Ghana. *Journal of Political Science and International Relations, 3*(3), 44-55.

Chigudu, S. (2019). The politics of cholera, crisis and citizenship in urban Zimbabwe: 'People were dying like flies'. *African Affairs, 118*(472), 413-434.

De-Graft Aikins, A., & Ofori-Atta, A. L. (2007). Homelessness and mental health in Ghana: Everyday experiences of Accra's migrant squatters. *Journal of Health Psychology, 12*(5), 761-778.

Demuyakor, J. (2020). Coronavirus (COVID-19) and online learning in higher institutions of education: A survey of the perceptions of Ghanaian international students in China. *Online Journal of Communication and Media Technologies, 10*(3), e202018.

Ewusi-Mensah, I. (2001). Post colonial psychiatric care in Ghana. *Psychiatric Bulletin, 25*(6), 228-229.

Faydi, E., Funk, M., Kleintjes, S., Ofori-Atta, A., Ssbunnya, J., Mwanza, J., Kim, C., & Flisher, A. (2011). An assessment of mental health policy in Ghana, South Africa, Uganda and Zambia. *Health Research Policy and Systems, 9*(1), 17.

Gyimah, N. (2020). Assessing technological innovation on education in the world of coronavirus (COVID-19). *Available at SSRN 3670389*.

Hall, R. C., Hall, R. C., & Chapman, M. J. (2008). The 1995 Kikwit Ebola outbreak: Lessons hospitals and physicians can apply to future viral epidemics. *General Hospital Psychiatry, 30*(5), 446-452.

Heale, R., & Wray, J. (2020). *Mental health in the time of COVID-19*. Royal College of Nursing.

Kelland, K. (2020). UN warns of global mental health crisis due to COVID-19 pandemic. *World News*.

Kickbusch, I., Leung, G. M., Bhutta, Z. A., Matsoso, M. P., Ihekweazu, C., & Abbasi, K. (2020). *Covid-19: How a virus is turning the world upside down.* British Medical Journal Publishing Group.

Kovner, C. (2020). *Policy, politics, nursing practice, and COVID-19*. SAGE Publications Sage CA: Los Angeles, CA.

Kpobi, L., Osei, A., & Sefa-Dedeh, A. (2013). Overview of mental health care in Ghana. *Changing Trends in Mental Health Care and Research in Ghana*, 4-13.

Lambert, J. E., Nantogmah, F., Dokurugu, A. Y., Alhassan, H., Azuure, S. S., Yaro, P. B., & Kørner, J. (2020). The treatment of mental illness in faith-based and traditional healing centres in Ghana: Perspectives of service users and healers. *Global Mental Health, 7*.

Morgan, A. K. (2020). Making COVID-19 prevention etiquette of social distancing a reality for the homeless and slum dwellers in Ghana: Lessons for consideration. *Local Environment, 25*(7), 536-539.

Ministry of Health. (2020). Situation update of covid-19 in Ghana as at 31st December, 2020. 22:00hrs. COVID-19: Ghana's outbreak response management updates., Ghana Health Service and Ministry of Health. https://ghanahealthservice.org/covid19/.Retrieved on 10/3/2021.

Ofori-Atta, A., Read, U. M., & Lund, C. (2010). A situation analysis of mental health services and legislation in Ghana: Challenges for transformation. *African Journal of Psychiatry, 13*(2).

Owusu-Fordjour, C., Koomson, C. K., & Hanson, D. (2020). The impact of Covid-19 on learning-the perspective of the Ghanaian student. *European Journal of Education Studies*.

Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., & Chidambaram, P. (2020). *The implications of COVID-19 for mental health and substance use*. Kaiser Family Foundation.

Peters, B. G. (2004). Politics is about governing. *What Is Politics*, 23-40.

Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*.

Read, U. M., & Doku, V. C. K. (2012). Mental health research in Ghana: A literature review. *Ghana Medical Journal, 46*(2), 29-38.

Roberts, A. (2020). Pandemics and politics. *Survival, 62*(5), 7-40.

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental

health: Scarcity, inequity, and inefficiency. *The Lancet, 370*(9590), 878–889.

Sipsma, H., Ofori–Atta, A., Canavan, M., Osei–Akoto, I., Udry, C., & Bradley, E. H. (2013). Poor mental health in Ghana: Who is at risk? *BMC Public Health, 13*(1), 288.

Smith, K., Ostinelli, E., & Cipriani, A. (2020). *Covid-19 and mental health: A transformational opportunity to apply an evidence-based approach to clinical practice and research*. Royal College of Psychiatrists.

Smith, N. (2006). There's no such thing as a natural disaster. *Understanding Katrina: Perspectives from the Social Sciences, 11*.

Taquet, M., Luciano, S., Geddes, J. R., & Harrison, P. J. (2020). Bidirectional associations between COVID–19 and psychiatric disorder: A study of 62,354 COVID–19 cases. *MedRxiv*.

Tooth, G. (1950). Studies in Mental Illness in the Gold Coast. *Studies in Mental Illness in the Gold Coast., 6.*

Yaro, P. B., Asampong, E., Tabong, P. T.–N., Anaba, S. A., Azuure, S. S., Dokurugu, A. Y., & Nantogmah, F. A. (2020). Stakeholders' perspectives about the impact of training and sensitization of traditional and spiritual healers on mental health and illness: A qualitative evaluation in Ghana. *International Journal of Social Psychiatry*, 0020764020918284.

Yin, R. K. (2011). *Qualitative research from start to finish*. Guilford Press.