



Finding the Balance: Public Health and Social Measures in Ghana

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Ghana that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Ghana—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: According to total cases reported, Ghana has the second largest outbreak in the Western region and the fifth largest on the continent. Despite observed short-term fluctuations, reported new daily cases continued to rise from early June when PHSMs were loosened and have declined since the end of July. In the last month (23 July - 19 August), there was a 23% average decrease in the new cases reported each week.

PHSM Implementation: The government enforced many restrictive PHSMs early in the outbreak, but has been loosening since June. Borders remain closed, face masks are required in public and restrictions on public gatherings (such as avoiding large gatherings and places of worship) remain in place.

PHSM Support and Adherence: In general, the majority of respondents support PHSMs, but support is lower for public gathering measures and even lower for measures that restrict economic activity. Mobility in Ghana has reached pre-COVID rates, in line with the loosening of PHSMs and lower self-reported adherence to PHSMs that require movement restrictions.

Risk Perceptions and Information: Perceptions of personal risk of catching COVID-19 and severity of the disease are markedly low, according to survey results, despite the size of the outbreak. In addition, there is substantial misinformation, including narratives around anti-foreign sentiment.

Essential Health Services: A high proportion of Ghanaian respondents who needed health care delayed or skipped a visit (43%) or medicines (34%) during the COVID-19 crisis, and those with longstanding illnesses are particularly affected. Those who have reported a missed health facility visit are primarily concerned about the risk of catching COVID-19 at the health facility.

Economic Burden and Food Security: A majority of Ghanaian respondents (69%) report having lost income since last year, and many are facing difficulty accessing food. One in three (36%) surveyed had received aid from the government in the previous month, even though the government planned to stop all assistance programs in June.

Security: There has been minimal unrest as a result of the COVID-19 crisis and PHSMs. The majority of security incidents were not about enforcement of PHSMs; there were isolated incidents of protests against the setup of COVID-19 health care facilities in neighborhoods.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
43,325 (144)	261	432,372 (10)	0.6%

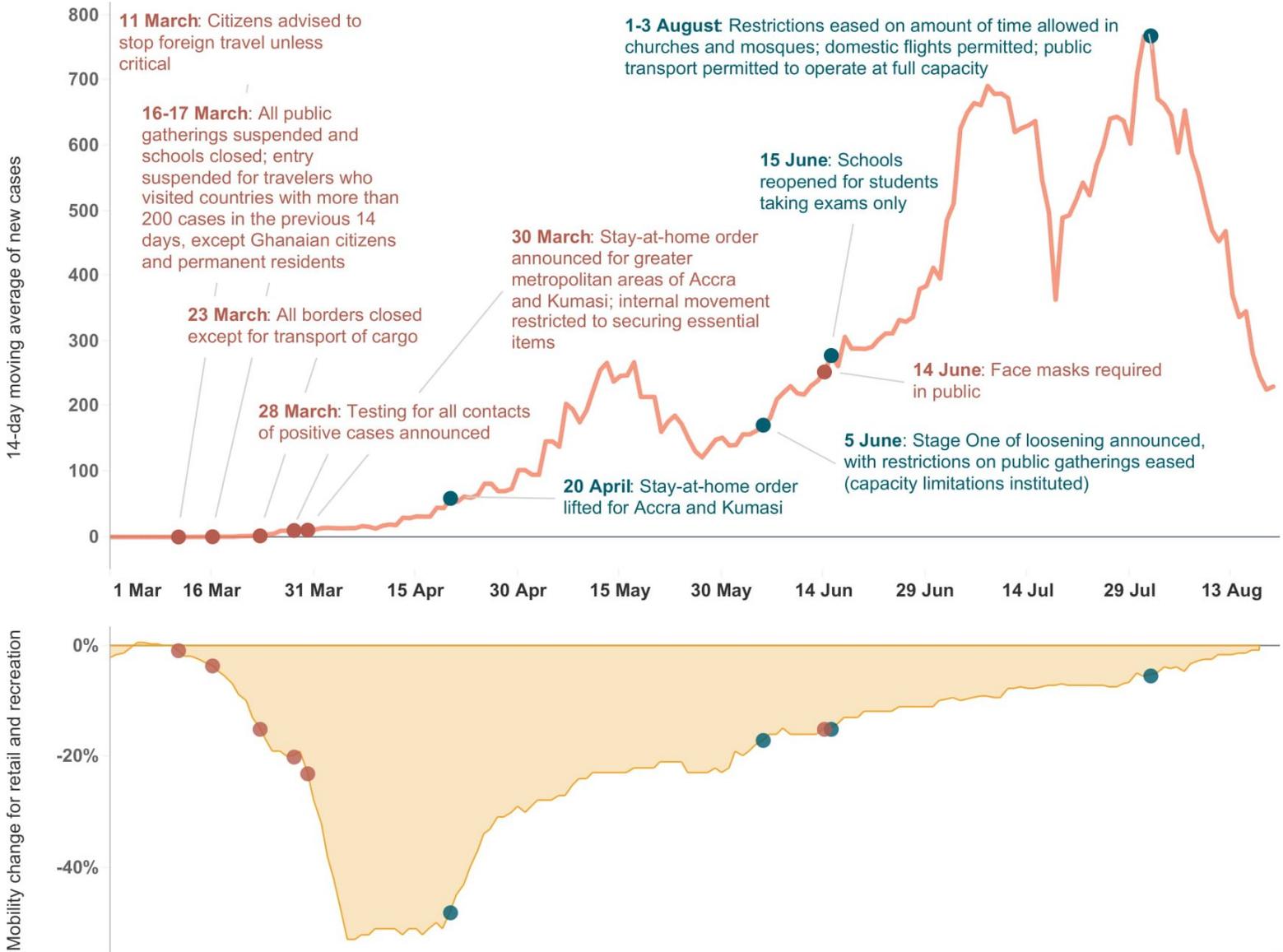
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Reported cases in Ghana steadily rose from the time PHSMs were loosened in early June, with a rapid decline beginning at the end of July. Approximately 50% of reported cases are from the Greater Accra region.

- Since the start of the outbreak, the president of Ghana has addressed the country many times, clearly defining the stages of PHSMs to be implemented. Stage one of loosening began in early June, which eased the national lockdown; in mid-June, the president criminalized the act of not wearing a face mask in public. In early August, restrictions continued to be loosened for places of worship and internal travel as cases continued to rise.
- Reported cases peaked in the beginning of August. As of 19 August, borders and schools remain closed, face masks are required in public and restrictions on gatherings remain in place. Reports have indicated that the international airport will reopen in September, as long as proper preventive measures are put in place for arriving passengers.
- Over 400,000 tests have been conducted nationwide, with an adequate testing capacity according to the tests per confirmed case ratio. A “pooled testing” approach was used early in the outbreak to combine samples from multiple people and test them together, in order to increase testing capacity; however, this approach ended in June after the test positivity rate exceeded 5%, as generally recommended. Since then, the tests per confirmed case ratio has fallen from approximately 20 to 10.

After most of the measures instituted during the stay-at-home order were lifted in mid-April, mobility has continued to rise in Ghana to pre-pandemic rates.



PHSM Support and Adherence

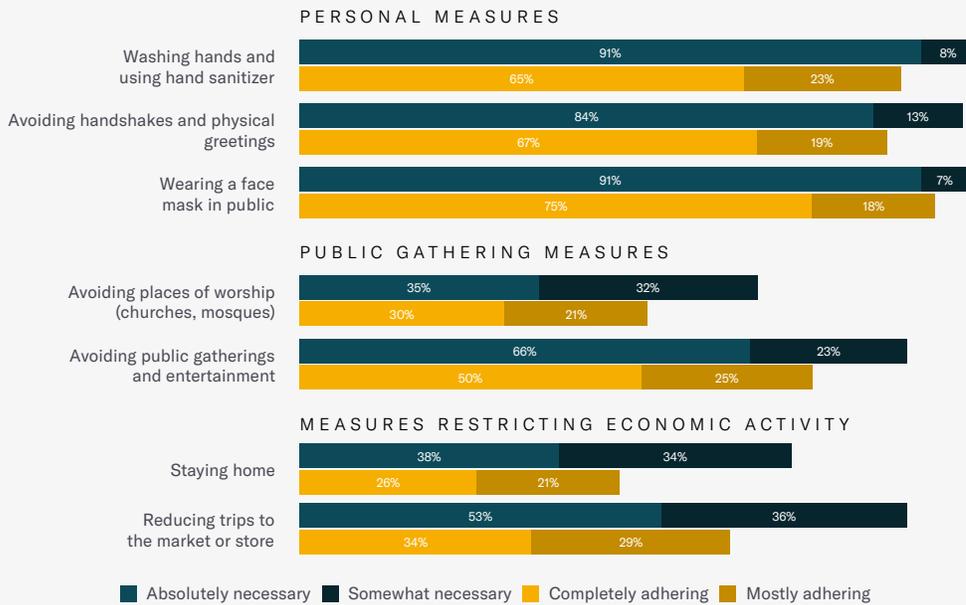
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

While a majority of Ghanaian respondents support all PHSMs, avoiding places of worship has the lowest support among respondents. Trust in the government is the highest among Ghanaian respondents, compared to all other surveyed Member States.

- Support and adherence are highest for personal measures (such as washing hands, avoiding physical greetings, and wearing a face mask), while lowest for measures that restrict economic activity (such as staying at home or avoiding trips to markets or stores). Support for and adherence to avoiding places of worship is also notably lower than other PHSMs, suggesting that ensuring safe ways to continue religious gatherings will be important.
- Almost 100% of respondents have a face mask ready to use, and almost nine out of ten reported wearing a mask in the previous week, indicating adherence to government requirements and potentially increased policy enforcement. However, traditional news and social media posts point to growing concerns both about people's lack of adherence to mask-wearing, as well as about quality and price of personal protective equipment, including face masks.
- Two-thirds of Ghanaians favor loosening restrictions overall to mitigate the economic impact, but the same percentage is anxious about resuming normal activity.
- PHSMs have been increasingly mentioned in the political debates in Ghana by candidates and supporters of two political parties, in light of the December 2020 presidential elections.

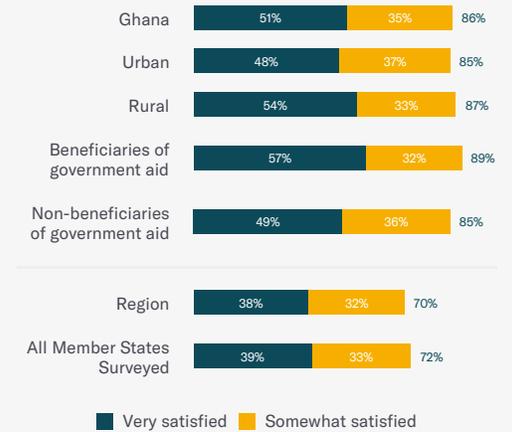
Support and adherence are higher for personal measures and lowest for measures that restrict economic activity.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



Almost 90% of Ghanaians remain satisfied with the government response to COVID-19, more so than any other surveyed Member State.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

Ghana requires the use of face masks in all public areas.

99%

of survey respondents had a face mask ready to use

96%

recognized that wearing a mask could prevent spread

93%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

33%

favor waiting longer to loosen restrictions

66%

favor opening up to get the economy moving

Comfort with resuming activities:

66%

report that resuming normal activities makes them anxious

65%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

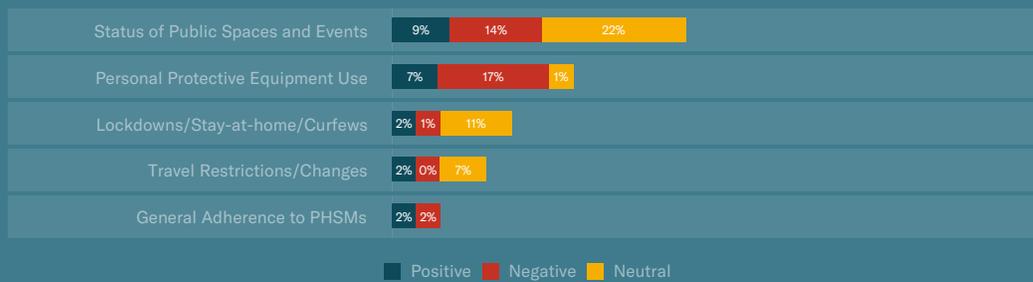
Traditional news and social media coverage of PHSMs in Ghana from May to August was more negative than positive, and discussion was markedly more critical in social media versus traditional news

- Domestic Ghanaian and regional Western African news outlets, as well as Ghanaian social media users, have increasingly reported that PHSMs have been included in the political dialogue in Ghana by political party candidates and supporters. These parties have claimed to uphold safety protocols while accusing their opponents of manipulating PHSM strategies, including wearing face masks and physical distancing, to turn away voters and alter election results.
- Ghanaian social media users and civil society figures expressed concern over access to personal protective equipment, including quality and price, in both public spaces and hospitals. The Importers and Wholesalers Association of Personal Protective Equipment has recently warned of low-quality imported masks and complained that import duties are causing prices of masks to rise. A 10 August BBC Africa Eye report claimed some hospital workers were illegally selling PPE intended for health care workers.

On 3 August the Ghana News Agency quoted NDC candidate Dzifa Gomashie: "Creating shortages of [COVID] materials at the [voting] centres will be [a] grand scheme to disenfranchise the people from participating in the December general elections."

A Facebook user stated on 20 August, "Am so shock to know that I was the only person with a nose mask in the trotro I took to Nima this morning. Pl[ea]s[e] is Covid -19 out of Ghana?????"

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

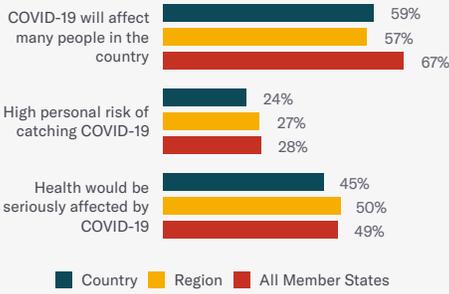
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Despite a high COVID-19 reported caseload, perceptions of risk and disease severity are markedly low in Ghana. Misinformation is widespread, particularly those concerning anti-foreigner sentiment.

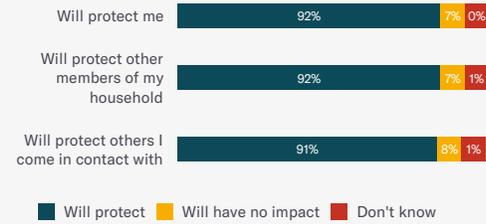
- Perceptions of risk and disease severity are low, on par with the average of other African Union (AU) Member States in the region and across Africa. Discussions in August of the risk and severity of COVID-19 were not a major topic of discussion in social media.
- The majority of Ghanaians agree that adhering to preventive guidelines will help protect themselves and others. The low risk perception may reflect high trust in and adherence to preventive measures (with people feeling they are not at risk because they are following guidelines), but this relationship would need to be further explored.
- Survey data show that a significant share of the public believe these rumors. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when one becomes available.

Ghanaians have a lower perception of the risk and the severity that COVID-19 poses to their country and themselves.

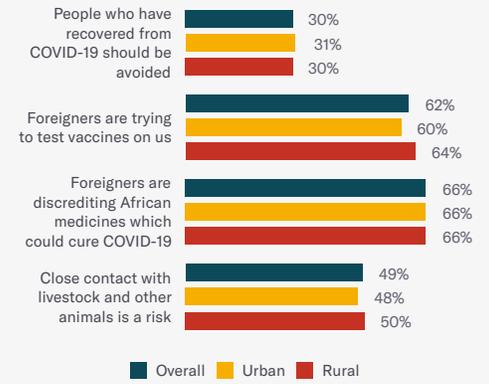


Most Ghanaians agree that following public health guidelines will help them protect themselves, their families and their communities from getting COVID-19.

Attitude toward following public health guidelines



Belief in misinformation is higher than average in the region and across the continent.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

The risk and severity of COVID-19 was not a major topic of discussion in August in monitored traditional news and social media coverage of COVID-19 and PHSMs in Ghana.

- Despite low risk perceptions in survey data, Ghanaian active social media users and government officials have consistently acknowledged the threat of COVID-19. Direct denials of the virus itself and other major misinformation narratives have not been commonplace in Ghanaian media environments during the monitored period.
- Ghanaian domestic media, as well as religious and government officials, increased their risk messaging in July and August, warning against the high risk of transmission during election registration (30 June – 6 August, 2020) and voting (December 2020), and urging public adherence to PHSMs.

On 18 August, Modern Ghana quoted Dr. Da Costa Aboagye, leader of the Risk Communication for COVID-19 National Response Team: "If we don't comply with the safety protocols, the infection rate will shoot up...so the media should use their platforms to help us, the risk communication and community engagement team, to continue to make Ghanaians aware that we have reached a critical stage in the fight against COVID-19".

Data Source: Novetta Mission Analytics

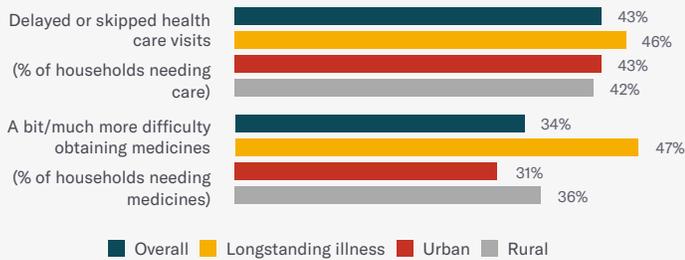
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Surveyed households in Ghana are experiencing severe disruptions to essential health services during the COVID-19 outbreak. Four out of ten survey respondents who needed care reported delaying or skipping health visits, while three out of ten found it difficult to obtain medicines; those with longstanding illnesses were affected the most for both measures. The majority of those who did skip a health care visit were worried about the risk of catching COVID-19 in a health facility. While more than 40% of skipped visits were reportedly for general check-ups, 20% were reported to be for malaria and 8% for antenatal care, which could have significant short and long-term health impacts.

Those with longstanding illnesses have been more affected in accessing healthcare than the rest of the country.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 42%** Worried about risk of COVID-19
- 17%** Facilities too busy
- 12%** Couldn't afford care

The most common self-reported reasons for missed visits were:

- 44%** General/routine check-up
- 20%** Malaria
- 8%** Antenatal care

Data Source: Ipsos Survey

Economic Burden and Food Security

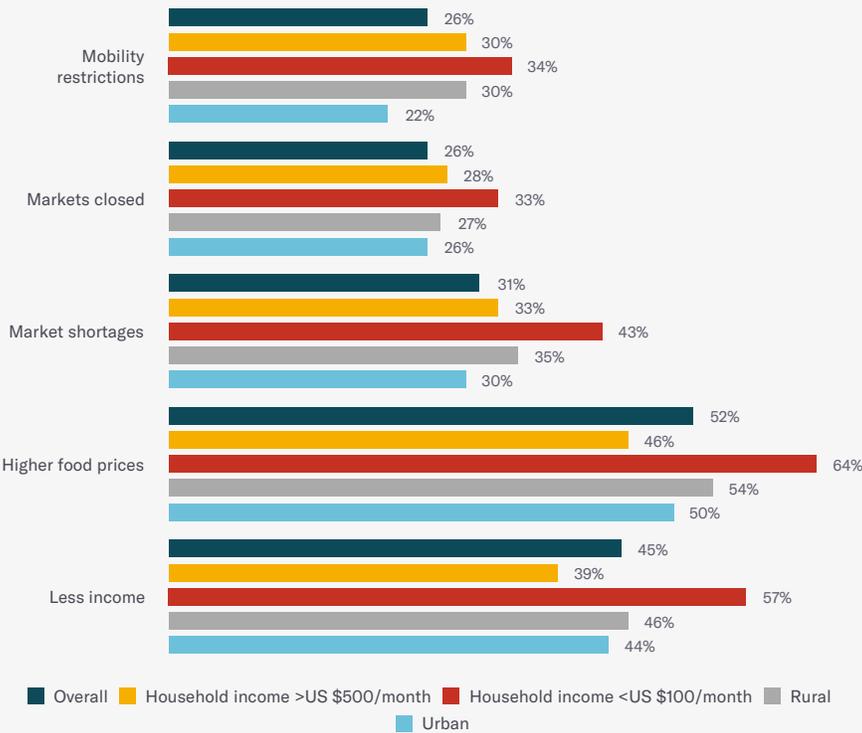
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

A large majority of respondents in Ghana have experienced severe economic hardships during the COVID-19 crisis. Many face difficulty in accessing food due to high food prices and income losses. Nearly 70% of respondents reported facing at least one barrier to purchasing food in the previous week, and the same proportion reported that their income was less than the same time last year. The significant burden on livelihoods was also identified in posts from social and traditional news media. The government has announced many social assistance measures, including food assistance and national coverage of water and electricity bills, and waived fees on mobile money transfers. One in three surveyed had received additional aid from the government in the previous month, even though the government planned to end all assistance programs related to COVID-19 in June. Most of this assistance was in the form of free or subsidized services (22%), while 4% received food assistance. Low-income households were both more likely to report barriers to food access and income losses, and less likely to have received government assistance, suggesting that support is not reaching those most in need.

Higher prices remain the most frequent impediment to access to food, as well as income loss. Low-income households were most affected by loss of income.

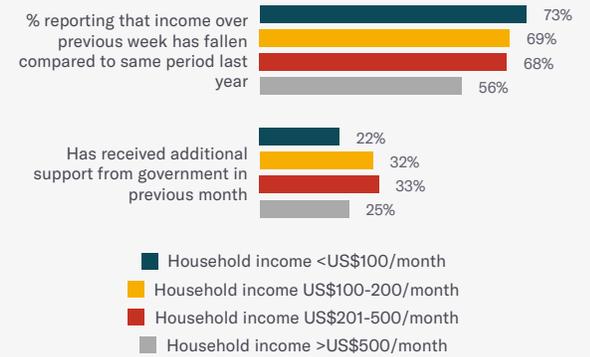
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



Low-income households were most likely to experience income losses and also least likely to receive assistance.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

Burdens to PHSM implementation and adherence, including basic needs, essential services, and personal economic concerns, accounted for less than 10% of monitored traditional news and social media coverage in Ghana. Approximately half of those messages were negative towards the burden of PHSMs.

- **Livelihoods insecurity:** Negative sentiment was driven by rising unemployment numbers and layoffs, and growing livelihood insecurity, which were highest among Ghanaian youth. Scammers have been targeting popular Ghanaian Facebook pages, potentially due to the country's livelihood insecurity.

On 13 August a local media outlet reported that a woman arrested for not wearing a mask in Accra said that "she did not have money to buy the nose mask".

Data Source: Novetta Mission Analytics

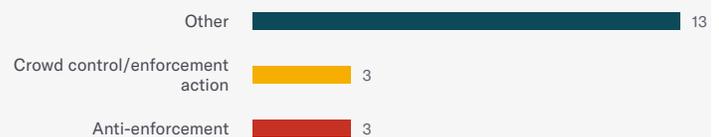
Security

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people.

In Ghana, a handful of enforcement actions and anti-enforcement protests have taken place between March and August. However, the majority of security incidents were other demonstrations, including five incidents of protests against the establishment of COVID-19 health care sites in local neighborhoods. Approximately half of all incidents included reports of violence, which could potentially exacerbate the spread of the virus. Activity levels were highest in April and have dropped off considerably since.

COVID-19-related security incidents were highest in April and have declined since. Nearly half of all incidents involved violence.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,338 adults (663 urban, 675 rural) in Ghana between 3-16 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.