

Ghana

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Ghana to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

Effective Implementation of Public Health and Social Measures in Ghana: Situational Analysis

Highlights¹

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- Ghana has one of the highest caseloads in the region. Lab testing performance is stronger than in other African Union Member States, although reporting of new cases has been variable. The case fatality rate is low at under 1%, indicating relatively good surveillance.
- Ghana is one of the few AU Member States which has lifted its lockdown (in Accra and Kumasi). Other measures including physical distancing measures are still in place, and wearing masks is compulsory in all public spaces. The impact of lifting the lockdown on the caseload is still unknown, but the effects will likely be felt within the next two weeks and changes in epidemiological data should be monitored closely.
- Population mobility declined following school closures and the cancellation of public events, which were implemented early in the outbreak, and fell further with the lockdown. This decrease early in the outbreak potentially reduced community transmission.
- Urban Ghanaians have universal awareness of COVID-19 but continue to hold some misperceptions, and fewer than half recognize their own risk of catching the disease. Significant misinformation persists, some of which may provide a misplaced sense of protection or contribute to stigma that could lead to violence or prevent people from accessing needed care.
- Confidence in the government's response is higher than in other AU Member States, and most Ghanaians believe that immediate help would be available if they became ill.
- Support for PHSMs is high, despite the burdens these will place on households including shortages of food and money.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

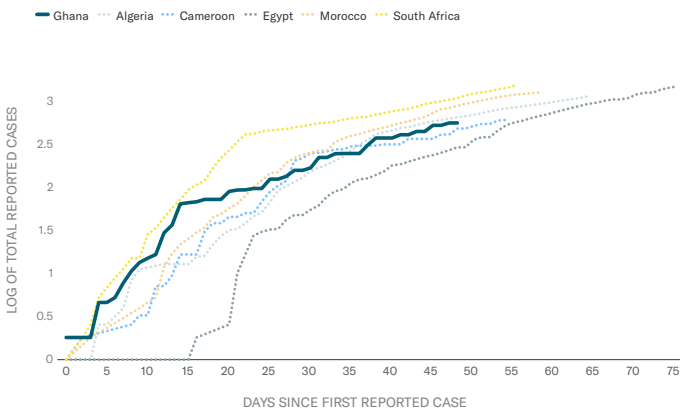
¹ This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

Disease Dynamics

GHANA'S CASELOAD HAS BEEN GROWING RAPIDLY SINCE THE COUNTRY FIRST BEGAN REPORTING CASES IN MID-MARCH, MIRRORING THE DYNAMICS OF THE AU MEMBER STATES WITH THE GREATEST CASELOADS.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
1,671	16	0.96	11	March 13

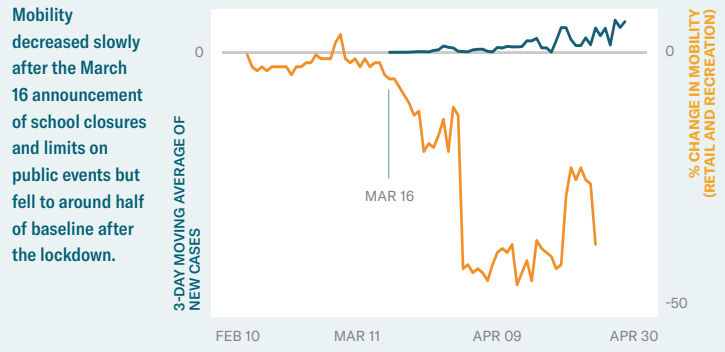
Growth of caseload in Ghana has been similar to the highest-caseload African Union Member States
 as of April 30, 2020



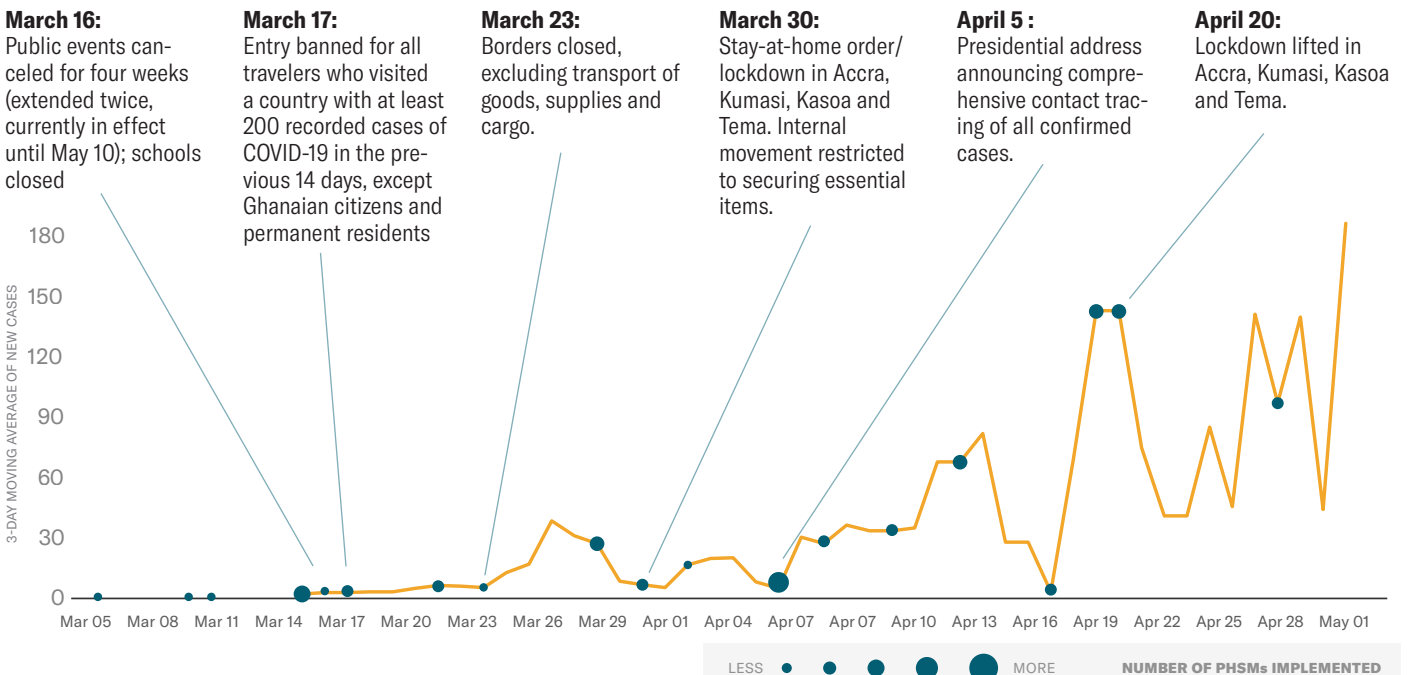
- When compared to the five Member States with the highest caseloads, Ghana's caseload has grown at a similar pace, although the growth rate slowed slightly beginning in late March.
- The number of new cases reported per day fluctuates, with zero cases reported on one day and a high number reported the next, which could be due to a lag in reporting. Overall, the growth rate of cases appears to be trending down.
- More extensive testing than other Member States and a low case-fatality rate suggests that disease surveillance is relatively strong in Ghana. Case-fatality rate (CFR) describes the proportion of reported deaths to reported cases, and a high number indicates that many cases (mild, pre-symptomatic and asymptomatic) are not being detected.
- In Ghana, the most recent doubling time is 11 days. Doubling time is the number of days it took for cases to double to reach their current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- If testing is believed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. Ghana had conducted 113,497 tests as of April 28. This is equivalent to 3.65 tests per 1,000 people, the highest rate of any AU Member State. South Africa, the next highest Member State, has tested 3.5 per 1,000 people, while Tunisia has tested 1.94.

Implementation of Key PHSMs

THE GOVERNMENT CARRIED OUT PUBLIC HEALTH CAMPAIGNS BEFORE THE FIRST CASE WAS REPORTED AND FOLLOWED THESE BY BORDER CLOSURES, SCHOOL CLOSURES, AND A LOCKDOWN IN THE TWO LARGEST CITIES WITHIN TWO WEEKS OF THE FIRST CONFIRMED CASE. ON APRIL 20, LOCKDOWN MEASURES WERE EASED BUT A BAN ON PUBLIC GATHERINGS WAS MAINTAINED.



3-day moving average of new cases and date of PHSM implementation

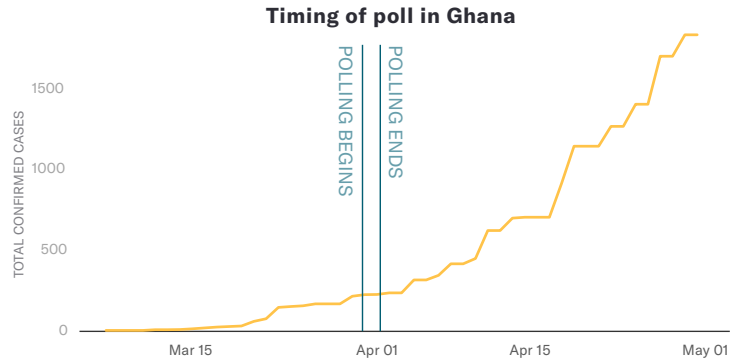


2 Note that Our World in Data only collates testing data for the following AU Member States: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe. Source: official sources collated by Our World in Data <https://ourworldindata.org/grapher/all-list-total-tests-for-covid-19>

Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,001 adults in Accra between March 29 and April 1, 2020. At the time of polling, Ghana had 141 to 152 confirmed COVID-19 cases.

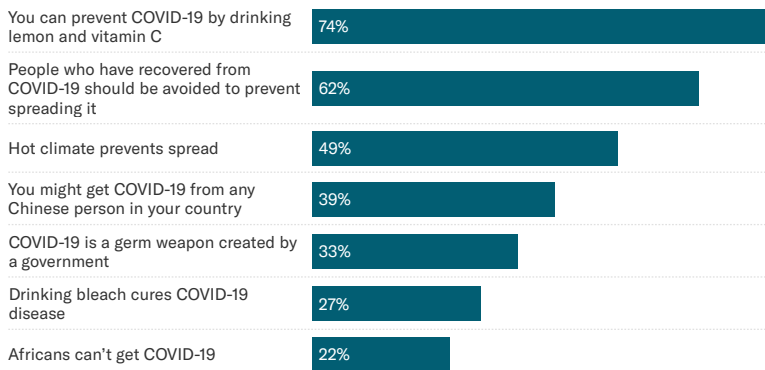


Information on COVID-19

Urban Ghanaians are universally aware of COVID-19 (100%). However, a significant proportion continue to hold misperceptions, including some that could offer a misplaced sense of protection (49% believe that hot climate prevents spread, and 22% believe that Africans can't get it) or contribute to stigma (62% believe that those who have recovered should be avoided, while 39% believe that you could get it from any Chinese person in the country). Most feel well-informed; only 16% said they do not have enough information about the disease.

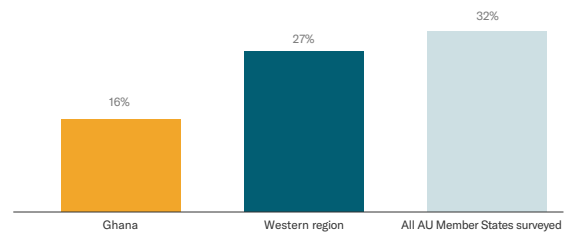
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true

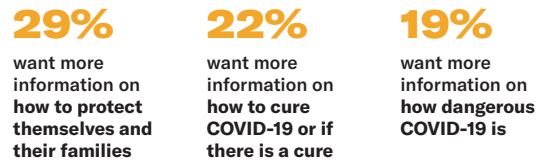


Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

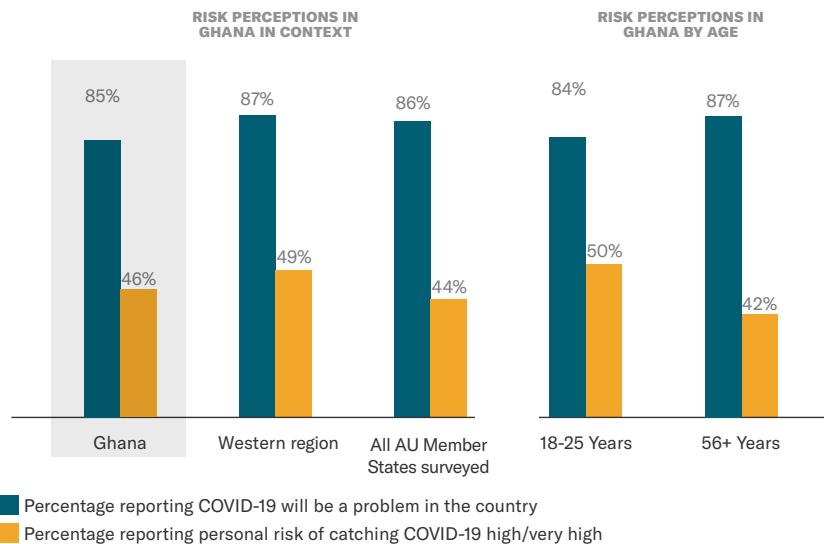


Information Needs



Risk Perceptions

While 85% of respondents reported that the virus will be a problem for the country, fewer than half (46%) perceived a high personal risk; even among older adults (ages 56+), only 42% thought they were at high risk.



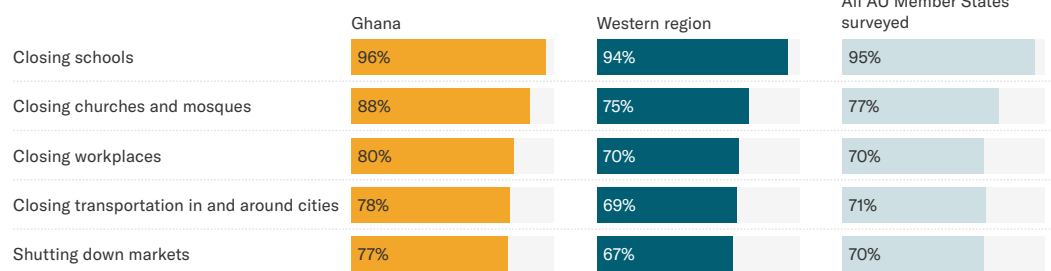
Support for Government and PHSMs

A significant majority (89%) of Ghanaians polled were satisfied with the government's response to date, and a similar share (90%) trusted the information provided by the government on COVID-19. Doctors were more trusted for health information than the presidency and political leaders. Nearly three-quarters (74%) of respondents felt confident they would get the help they needed if they were to fall sick.

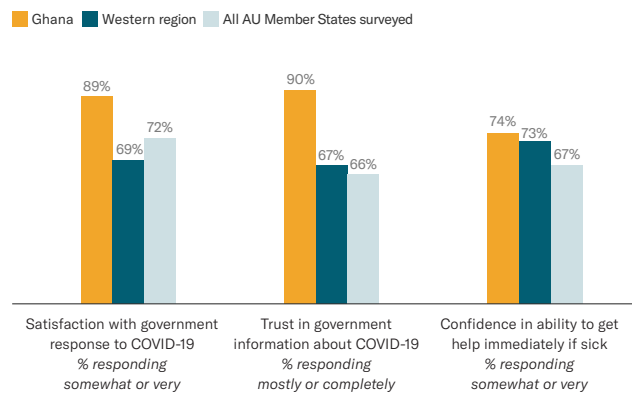
Ghanaians from Accra expressed high support for PHSMs compared to people in other AU Member States polled. For example, 96% supported closing schools; support for closing transport within cities and shutting down markets was slightly lower but still high (78% and 77%, respectively).

Support for PHSMs

Percentage of respondents that somewhat or strongly support

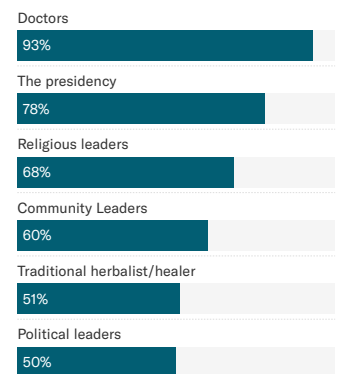


Perceptions of Government & Health System



Trust in Information Sources

Percentage that completely or mostly trust each source for health information



Barriers to Adherence

It may be difficult for households to comply with some measures, as a large majority would run out of food and money within a week (particularly low-income households), and only 43% of households have a separate room to isolate sick family members.

43%

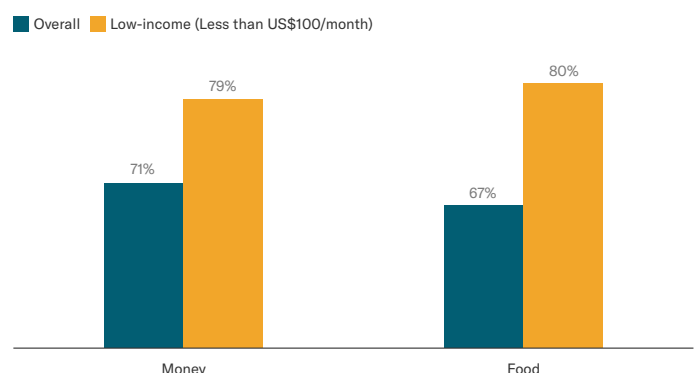
of respondents have a separate room in the home to isolate someone with COVID-19

27%

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money

Percentage who expect to run out in 1 week or less



Economic and Relief Measures

Ghana's economic outlook is affected by the global decline in oil and cocoa prices, as well as falling tourism. The crisis is already hitting households; in an online survey of eight countries conducted by BFA Global, 62% of Ghanaians polled April 11-12 said that their income had already decreased as a result of the pandemic. Three-quarters of respondents expected the crisis to have a severe financial effect on their household. To respond to the crisis, the government has committed about US\$210 million through a Coronavirus Alleviation Program to support the economy, and established a trust fund to manage charitable contributions.

- **Health care:** The government committed US\$100 million to increase health system capacity, including for testing, contact tracing, pharmaceutical supplies, equipment, and bed capacity. The government released funds to the National Health Insurance Agency to ensure payments to health care providers, and has announced additional pay, tax waivers, free transportation, and life and health insurance to health care workers.
- **Social support:** The government is providing subsidized credit to small businesses. Fees on mobile money transfers and charges for water supply have been waived.
- **Food security:** The government announced hotlines for individuals and households in need of food support during the lockdown, and is distributing dry staples and hot meals to 400,000 households.

Overview of Security Incidents Related to COVID-19

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 the population. A number of security-related incidents have been reported in Ghana, including: demonstrations against PHSMs and plans for isolation centers; protests related to economic demands, including one by several hundred traders in Nima opposing market closures; violent enforcement of PHSMs by police and military; mob violence; and an alleged attack on a journalist. Several incidents resulted in serious injury or death.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

