

Finding the Balance: Public health and social measures in Ghana

This report describes findings from a telephone survey with 1,280 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the Ghana Health Service Ethics Review Committee to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

Ghana's third wave of new infections peaked in late August 2021, reaching just over 600 new cases per day — slightly lower than the second wave peak earlier this year; PHSMs from the second wave remained in place and were further tightened during the August surge.

PHSM Support and Self-Reported Adherence

Support for PHSMs has remained low but mostly stable since the February 2021 survey; however, self-reported adherence to measures restricting gatherings and movement dropped considerably, even as new PHSMs were enacted.

Information and Risk Perception

Perceived risk of COVID-19 infection was among the lowest of all Member States surveyed, and low personal risk perception was associated with low levels of support for and self-reported adherence to PHSMs. Nearly three in four (72%) respondents listed access to employment and income as one of their top three concerns, eclipsing the COVID-19 pandemic (44%).

Vaccine Beliefs and Uptake

Seven in 10 respondents (71%) reported either receiving at least one dose of a COVID-19 vaccine or intention to get vaccinated, while about one in four (26%) reported that they were unlikely to get the vaccine. Notwithstanding, survey results suggest that with vaccine coverage at 4%, there is likely unmet demand as eligibility opens to all adults.

Secondary Burdens

Although income loss continues to be a problem for people in Ghana (72% reporting losing some income since the start of the pandemic), respondents reported among the fewest barriers to food access. Fewer than one in four (22%) reported missing or reducing meals in the past week.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	4%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	5,328,501
Cumulative incidence per 100,000 people	410
Total reported cases	127,482
Total confirmed COVID-19 deaths	1,156

Data source: Africa Centres for Disease Control and Prevention

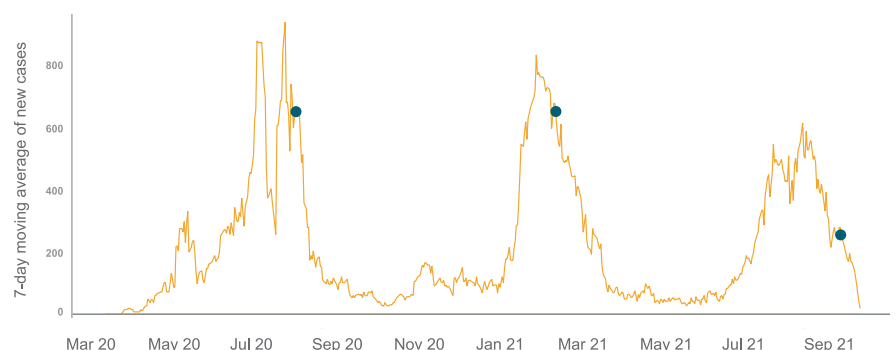
What are the key trends from this survey?

While personal risk perception declined since February 2021, support for staying home and satisfaction with the government's response remained stable. Loss of income has remained high, but stable, throughout the pandemic.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	72%	↓ 65%	→ 64%
Personal risk perception	24%	→ 22%	↓ 15%
Satisfaction with government response	86%	↓ 80%	→ 82%
Vaccinated/likely to get vaccinated	*	58%	↑ 71%
Income loss since pandemic start	69%	↑ 76%	→ 72%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

Note: Compared to the February 2021 survey, a higher share of respondents reported being in the lowest household income category (56% in September vs. 19% in February), while a lower share reported being in the highest income category (5% in September vs. 26% in February). This may affect trends in survey measures over time. Income-level comparisons in the most recent survey should be interpreted with caution due to the small sample size in the highest income category (N <100).

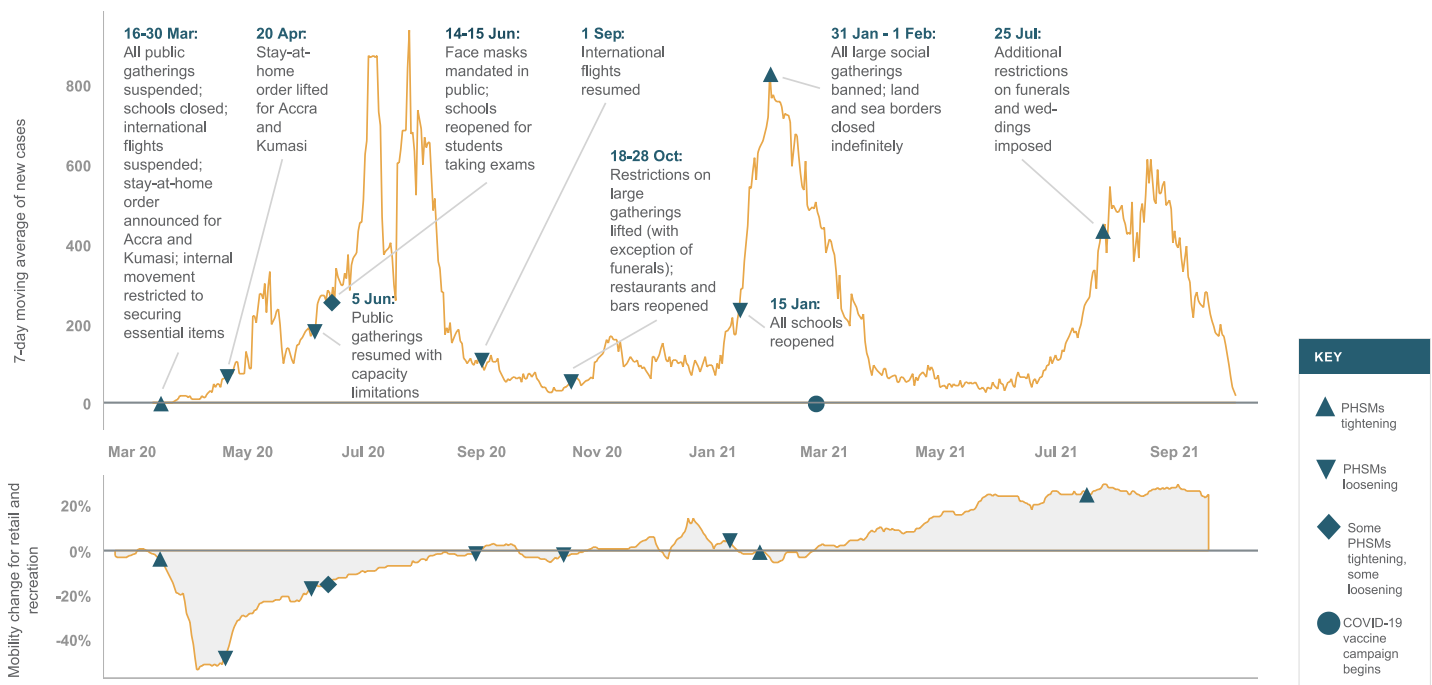
Ghana emerged from its second wave of new infections in March 2021, which had peaked in February at just over 800 new daily cases. The Delta variant was [first detected](#) on 20 Apr 2021 and took over as the dominant variant by [early August](#), as a third wave of new infections escalated. The third wave peaked at just over 600 new cases per day in late August. By October, new cases had dropped to about 100 per day and were continuing to decline. Test positivity has remained mostly below 10% since May, though it climbed as high as 13% during the peak of the recent surge in late August. Compared to the previous two waves, Ghana conducted more tests per day, averaging over 7,000 tests per day during the most recent peak, compared to just over 5,000 in August.

The government has kept in place most of the PHSMs it implemented in early February, including limits on gathering sizes and land border closures, in addition to a long-standing mask mandate. On 25 Jul 2021, further restrictions were placed on weddings and funerals, just as the Ghana Medical Association was warning that many of [Accra's hospitals were running out of ICU beds](#). These restrictions remained in effect through the fielding of this survey. Mobility, however, no longer appears constrained due to the pandemic. In fact, as seen in the graphic below, it returned to pre-pandemic levels as early as September 2020, and beginning in March 2021, it increased and remained considerably higher than the February 2020 baseline.

[GDP has picked up considerably](#) in 2021 (growing by 3.1% and 8.9% in Q1 and Q2, respectively) after stagnating in 2020 at 0.9%; however, [inflation approached 10% in August](#), driven by rising [food](#) prices and a reduction in [fuel subsidies](#) that has seen fuel [prices increase by 33% this year](#). The continued closure of land borders has hit the economies of border towns [especially hard](#), with no clear timeline for their reopening.

Vaccine campaigns began soon after Ghana became the first country globally to receive a shipment of vaccines from the [COVAX facility](#) in late February. In early March, President Akufo-Addo, his wife, Vice President Bawumia and members of his cabinet [publicly received vaccines](#) in an effort to increase confidence. As of early October, Africa CDC reports 4% of the population has received at least one dose of vaccine. Ghana is [using](#) AstraZeneca, along with Johnson & Johnson, Moderna and Sputnik-V vaccines.

PHSMs remained in effect from the second wave and were further tightened in July; meanwhile, mobility increased considerably beginning in March 2021.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

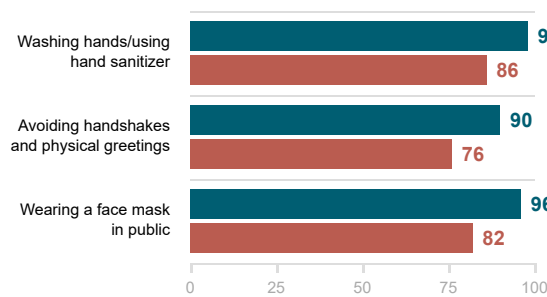
Support has remained stable for most PHSMs since February 2021; however, self-reported adherence has fallen for most measures, notably for avoiding public gatherings and entertainment — measures that have been in place since early 2021 — which fell by over 20 percentage points.

- Those reporting high personal risk perception toward COVID-19 reported higher levels of support for and self-reported adherence to all measures compared to those with low risk perceptions. The greatest differences were found among measures restricting social gatherings and movement, such as support for reducing trips to the market (83% vs. 68%), staying home from work or school (77% vs. 61%) and avoiding places of worship (68% vs. 54%).
- Similarly, compared to those not satisfied with the government’s COVID-19 response, those reporting satisfaction reported higher rates of support for all types of PHSMs. They also were also more likely to report adherence to individual PHSMs and restrictions on social gatherings, but neither to avoiding places of worship nor staying home from work or school.

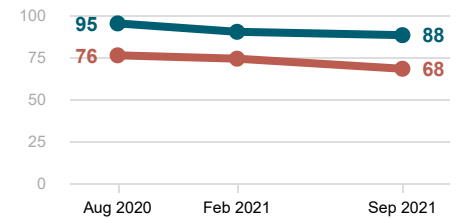
Individual measures

Both support for and self-reported adherence to individual measures have declined slightly since August 2020; however, support for each measure remained at or above 90% in September 2021.

Support for and adherence to each individual measure in Sep 2021



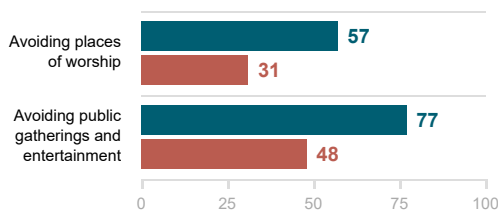
Trend in support for and adherence to all individual measures (composite score)



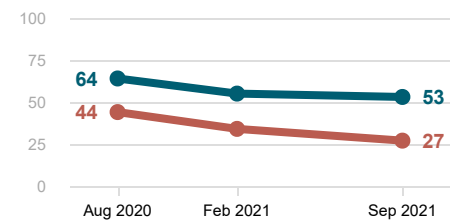
Measures restricting social gatherings

Support for and self-reported adherence to avoiding places of worship in Ghana were the highest among surveyed Member States in West Africa and similar to levels from February 2021. However, self-reported adherence to avoiding public gatherings was more than 20 percentage points lower than in February (70%).

Support for and adherence to each social measure in Sep 2021



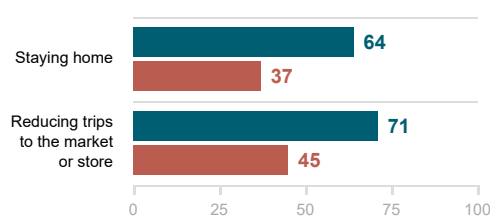
Trend in support for and adherence to all social measures (composite score)



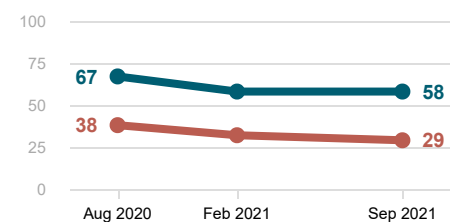
Measures restricting movement

Support for measures restricting movement had remained stable since February, while self-reported adherence declined slightly.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



Information and Risk Perception

How do people understand risk?

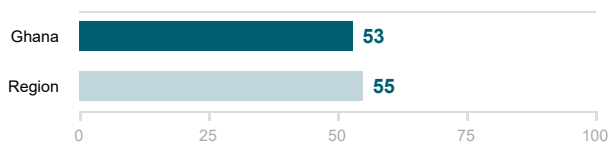
What the data say

Respondents from Ghana reported the lowest personal perception of COVID-19 risk among all Member States surveyed; additionally, risk perception fell by seven percentage points since the February survey. There was a strong association between risk perception and support for and self-reported adherence to PHSMs, suggesting that declining risk perception may be a contributing factor to the decline in self-reported adherence to PHSMs, which could be targeted by risk communication and community engagement campaigns.

- A much higher proportion of respondents expressed concern that COVID-19 would affect many people in Ghana (55%, about average for the Western region) than expressed personal risk perception.
- COVID-19 was the second most commonly cited concern, with nearly half reporting it as one of their top three concerns; however, it was overshadowed by concerns about income and employment, which were cited by nearly three in four respondents.

How do people understand the risk of COVID-19?

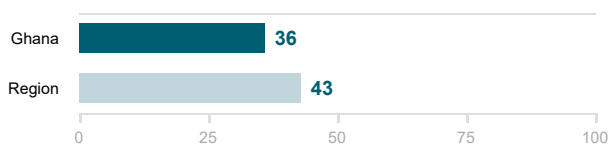
53% believe that COVID-19 will affect many people in their country



15% believe that their personal risk of being infected with COVID-19 is high

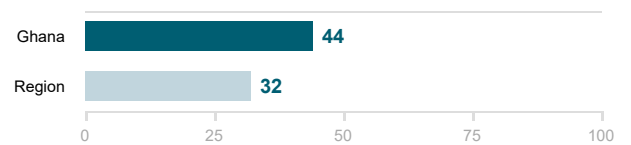


36% believe that their health would be seriously affected by COVID-19

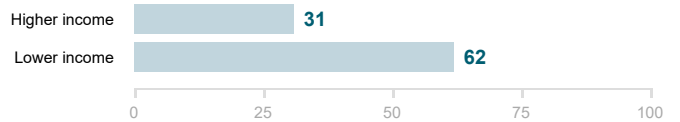
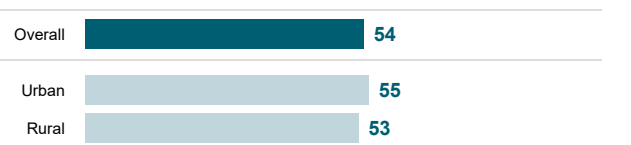


How concerned are people about COVID-19?

44% report COVID-19 as being a top concern



54% are anxious about resuming normal activities



Note: <100 respondents reported being in the higher income category; results should be interpreted with caution.

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	72%
COVID-19 pandemic	44%
Political concerns/corruption/leadership	37%

Information and Risk Perception

Whom do people trust?

What the data say

Levels of satisfaction with the government’s COVID-19 response, which were similar to those reported in previous waves, were among the highest of all Member States surveyed, and nearly ten percentage points higher than the Western regional average.

- Trust in the response of key public and international institutions, such as the Ministry of Health (85%), World Health Organization (83%) and the president (77%) also remained high.
- Those who reported trust in these public health institutions were also more likely to report intention to get the vaccine and adhere to individual PHSMs. For instance, those expressing trust in the Ministry of Health’s handling of the pandemic reported adherence to face mask-wearing 20 percentage points more often than those who did not express trust in the Ministry.

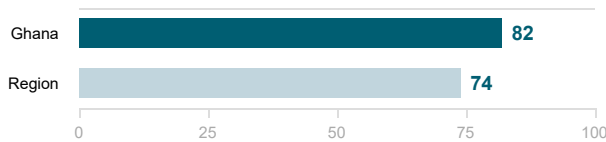
Respondents listed local media – both television and radio – as the top two most trusted sources of information.

- Roughly half of respondents reported trusting COVID-19 information from WhatsApp (52%) and Facebook (46%), while high shares reported getting information from these sources (41% from WhatsApp and 37% from Facebook). The Ghanaian Ministry of Information frequently uses [social media platforms](#) to disseminate COVID-19 information.

What do people think about their country's institutions?

Although levels of trust in and satisfaction with the government’s response to COVID-19 were high overall, there was some divide based on where respondents live. Rural respondents were more likely to be satisfied with the government’s response than those from urban areas (85% vs. 79%) and were also more likely to trust public institutions’ handling of the pandemic.

82% are satisfied with the government's pandemic response



Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Hospitals/health centers	86%
Ministry of Health	85%
National Public Health Institute	84%

Do people believe accurate information?

Respondents demonstrated high levels of understanding of key transmission dynamics of COVID-19, especially asymptomatic transmission. Only about one in four respondents said they believed health care workers should be avoided due to COVID-19 – a belief that may lead to stigma – similar to previous survey rounds and twelve percentage points lower than the Western regional average (38%). In fact, health care workers were among the most trusted sources on COVID-19, highlighting the role they can play in disseminating accurate information. However, belief that COVID-19 could be cured with herbal remedies was more prevalent than in the Western Africa region (65% vs. 45%). Because local media were both highly trusted and widely consumed, policymakers should continue efforts to tap local television and radio platforms to help dispel myths, promote accurate health information, and advocate for vaccination uptake.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Local television	87%
Local radio	77%
Health center/health workers	76%

78% understand that infected people may never show symptoms but could still infect others.

80% understand that infected people may not show symptoms for five to 14 days.

65% believe that COVID-19 can be cured with herbal remedies.

26% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

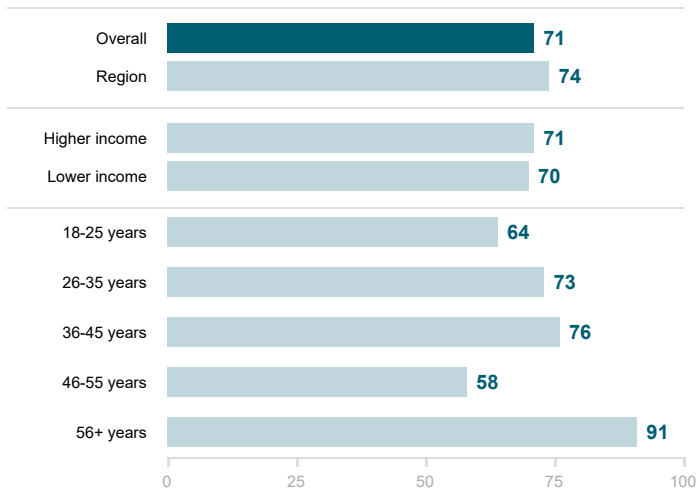
What the data say

Seven in 10 respondents from Ghana reported that they were either vaccinated or likely to get the COVID-19 vaccine, while about one in four reported that they were unlikely to get vaccinated. Such high positive vaccine sentiment suggests that in light of 4% vaccine coverage to date, there is meaningful unmet demand in Ghana.

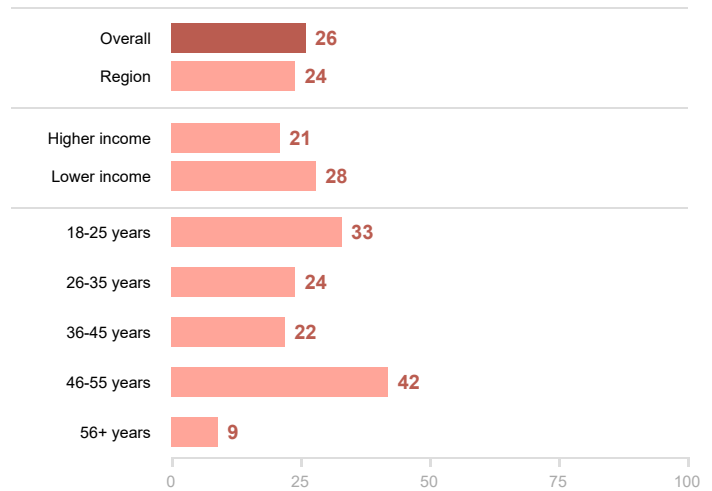
- Respondents indicated a need for more information on vaccine types, safety and effectiveness, which could be shared through local media, health care workers and social media – information sources most trusted by survey respondents. As eligibility opens to all adults, messaging should cover each of the four vaccines in use in Ghana, as each has a different schedules and potential side effects.
- Among those who reported being unlikely to get vaccinated, lack of information and lack of perceived risk were listed as the top two reasons, suggesting information about vaccine safety and side effects may boost uptake.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

71% are vaccinated or are likely to get vaccinated


Note: <100 respondents reported being in the higher income category; results should be interpreted with caution.

26% are unlikely to get vaccinated


Note: <100 respondents reported being in the higher income category; results should be interpreted with caution.

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	60%
How effective is the vaccine?	48%
How safe is the vaccine?	46%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	31%
I do not yet know enough about the vaccine to make a decision	27%
The vaccine can kill people	28%

Secondary Burdens

Are people skipping or delaying health care?

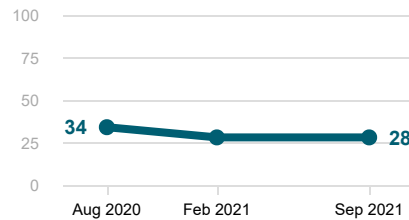
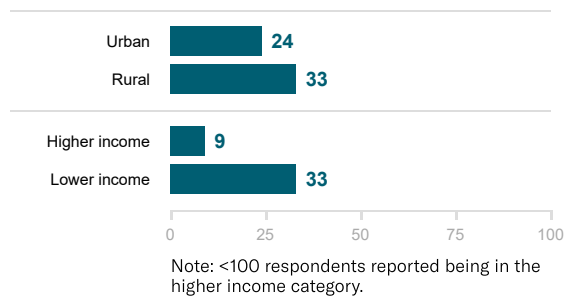
What the data say

About one in eight respondents needing health care reported missing or delaying health visits, similar to low levels reported in February 2021. After nearly half of respondents reported such health care access barriers in August 2020 — [driven in large part](#) by fear of catching COVID-19 and facility disruptions — these results confirm that improvements seen in February were likely not an anomaly, and have persisted despite strict PHSMs during that time. The share of respondents reporting difficulty getting medicine has stayed consistent at about one in three since the first survey in August 2020, about ten percentage points lower than the Western regional average (40%).

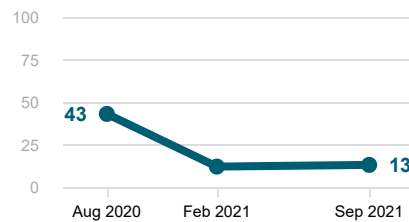
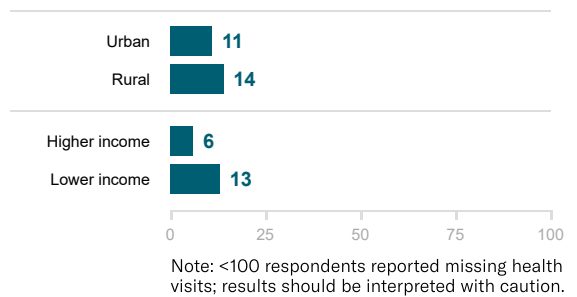
- Reasons for missing health visits should be interpreted with caution given the small number of respondents who reported missing health visits. However, among those who did, they were largely attributed to barriers either directly caused or indirectly exacerbated by COVID-19 — such as health facility disruption, mobility restrictions and fear of catching COVID-19. Nearly 60% reported missed visits for reproductive, maternal or child health.

Difficulty getting medicines

Respondents from rural areas reported more difficulty accessing medication than those living in urban areas, as did those with lower levels of education.

Trend in percentage of households having difficulty getting medicines in the past three months

Percentage having difficulty getting medicines by category

Skipping or delaying health visits

Respondents who reported needing access to health care in Ghana reported among the lowest rates of missed or delayed health visits in the previous six months of all Member States surveyed.

Trend in percentage of households skipping or delaying health care visits in the past six months

Percentage skipping or delaying health care visits by category

Reasons for skipping or delaying visits

People could choose multiple responses

Health facility disruption	53%
Caretaker responsibilities	44%
Mobility restrictions/transport challenges	37%
Worried about catching COVID-19	27%
Cost/affordability	15%

Interpret proportions cautiously due to small sample size (N<100)

Types of health visits that were skipped or delayed

People could choose multiple responses

Reproductive, maternal, newborn, child health	58%
Diagnostic services/symptoms	46%
Noncommunicable diseases	37%
Communicable diseases	38%
General/routine check-up	36%

Interpret proportions cautiously due to small sample size (N<100)

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

While nearly three in four respondents reported income loss since the start of the pandemic — similar to levels reported in February and about average for the Western Africa region — issues with food access were less common compared to other Member States surveyed. Compared to all other surveyed Member States, respondents in Ghana reported among the lowest rate of having to reduce or limit meals (second only to Senegal). Further, higher food prices, the most frequently cited barrier to food access, was reported less in Ghana than any other Member State.

- In addition to higher food prices, lower income and food shortages were also listed as barriers to food access by about one in four respondents. According to [World Vision](#), between February 2020 and July 2021 food prices rose by over 10% in Ghana. However, GDP has begun to [rebound in 2021](#), which may help alleviate some of the burden of high food prices.
- The share of respondents reporting receipt of government benefits beyond what they received before the pandemic remained among the highest of surveyed Member States at nearly one in five. However, it declined from a peak in February to below what was reported in August 2020. This is likely due to the changing priorities of the government’s social investment strategy. In 2020, the government launched its [Ghana Cares “OBAATANPA” program](#), which included a “Stabilizing” phase focused on providing benefits directly to consumers (such as subsidized utilities) and a “Revitalizing” phase, focused on supporting businesses and economic growth. The utility subsidy was [extended](#) in early 2021, but has since expired, with the bulk of COVID-19 relief now focused on supporting businesses and to help spur growth through supply-side investments.

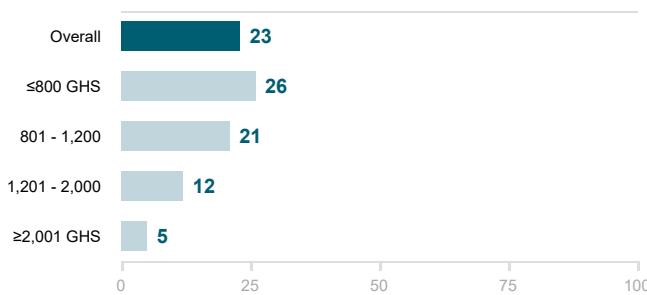
Reported barriers to food access

Percentage of people reporting each barrier

Less income	31%
Higher food prices	35%
Food markets closed	19%
Mobility restrictions	19%
Food market supply shortages	22%

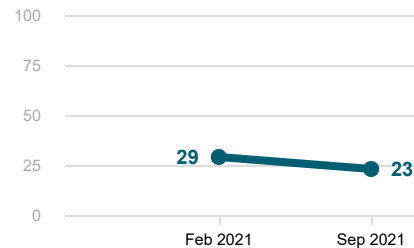
Missing meals

Percentage of households missing meals by category



Note: <100 respondents reported being in the highest income category; results should be interpreted with caution.

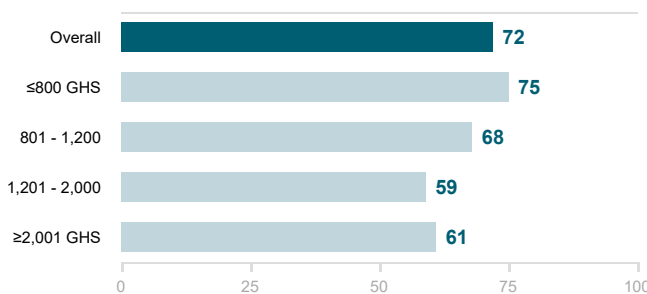
Percentage of households missing meals over time



Note: Data on missing meals were not collected in Aug 2020.

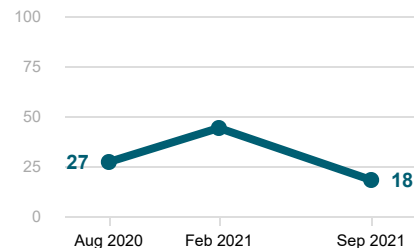
Income loss and receiving government assistance

Percentage of households experiencing income loss by category



Note: <100 respondents reported being in the highest income category; results should be interpreted with caution.

Percentage of households receiving government assistance over time



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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.

Country notes

The survey sampled from Ghana consisted of 1,280 adults (668 urban, 612 rural), collected between 20 Sep and 2 Oct.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 800 GHS and below
- Low middle income: Monthly household income 801 GHS - 1,200 GHS
- High middle income: Monthly household income 1,200 GHS - 2,000 GHS
- High income: Monthly household income 2,000 GHS and above