Finding the Balance: Public Health and Social Measures in Ghana

What is the purpose of this report?

This report describes findings from a telephone survey with 1,298 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analyzed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the first and second reports).

National COVID-19 Data
Snapshot on 26 February 2021

Total reported cases	84,023
Cumulative incidence rate per 100,000 people	278
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	10.8%
Total confirmed COVID-19 deaths	607
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	0.7%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

After a four-month period of relatively few new infections, Ghana saw a second wave of new reported COVID-19 cases that peaked at 830 new daily cases in late January 2021. In response, the government tightened PHSMs in late January, banning most social gatherings. New cases have since slowly declined, but have not yet returned to pre-wave levels. On 24 February, Ghana became the first country in the world to receive a shipment of vaccines from COVAX and has since begun its vaccination campaign.

PHSM Support and Self-Reported Adherence

Respondents from Ghana indicated the highest levels of support for and self-reported adherence to PHSMs among African Union Member States in the Western Region. However, overall support for and adherence to PHSMs was lower in February than in August, particularly adherence to measures restricting social activity, which was 10 percentage points lower.

Risk Perceptions and Information

Perceptions of COVID-19 risks were low in Ghana, despite having the highest cumulative incidence rate in the region. Respondents reported high levels of satisfaction with the government (80%), which was positively associated with self-reported adherence to PHSMs targeting individual behavior. Respondents from Ghana were the least likely in the region to report returning to day-to-day activities (48%), but also reported low levels of interest in getting a vaccine (58%). Lack of information was the leading reason cited for not planning to get a vaccine.

Secondary Burdens

Respondents in Ghana reported among the lowest number of missed or delayed health visits of all Member States surveyed (12%), substantially lower than in August (43%). Respondents also reported comparatively low levels of missed or skipped meals, and the highest rate of government assistance.

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

Situational Awareness

Following four months of consistently low levels of COVID-19 infections, a wave of new reported cases and deaths emerged in Ghana in early January 2021. Reported new cases peaked on 31 January at 830 per day and have since begun to slowly decline. As of 26 February, Ghana was reporting about 450 new cases per day.

On 31 January, the government tightened PHSMs after a prolonged period of loosening of measures that began in June 2020. Citing strain on Ghana's hospital capacity and the recent surge of new cases, the government banned most public and social gatherings including weddings, closed pubs, and imposed a 25-person limit on funerals. These measures remained in place through this survey period.

Test positivity rates remained low throughout most of late 2020, but increased to 17% during the peak of the second wave in January 2021. It has stayed above 10% since, suggesting a prolonged strain on testing capacity during this time. COVID-19 variants VOC 202012/01 (B.1.1.7) and 501Y.V2 (B.1.351) have also been detected in Ghana; however, genomic sequencing remains too limited to assess their prevalence.

The national election on 7 December 2020, in which incumbent president Nana Akufo-Addo won reelection, led to considerable politicization of PHSMs and the government's response to the pandemic, particularly around COVID-19 testing. Through its public health system, the Ghanian government has provided COVID-19 testing and treatment free of charge to the public since the start of the pandemic. However, prices were high for international travelers and for some businesses that opted to use private sector vendors for testing, a topic that gained criticism across social media in the lead up to the election.

On 10 February 2021, Ghana suspended convening its Parliament for three weeks after 17 members and 151 staffers contracted COVID-19. Social media reaction was generally negative, with users criticizing the decision to suspend the Parliament while keeping schools open. On 24 February, Ghana became the first country globally to receive a COVAX delivery with a shipment of 600,000 doses of AstraZeneca vaccine. In early March, Ghana launched its vaccination campaign with the president and other high ranking officials publicly getting vaccinated in an attempt to garner more widespread support for the vaccine.

Following four months of low reported cases and loosening PHSMs, Ghana tightened PHSMs in January amidst a second wave of COVID-19 infections.

PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Compared to other Member States from Western Africa, Ghana reported the highest levels of support for and self-reported adherence to each category of measures.

- Despite these relatively high levels, support for and self-reported adherence to nearly all measures was lower than in August.
- Support for measures that restrict religious activities was low (59%) compared to other types of PHSMs, consistent with the relatively few restrictions in place. Alternatively, support for avoiding public gatherings and entertainment—the primary focus of the most recently enacted PHSMs—was high (84%).

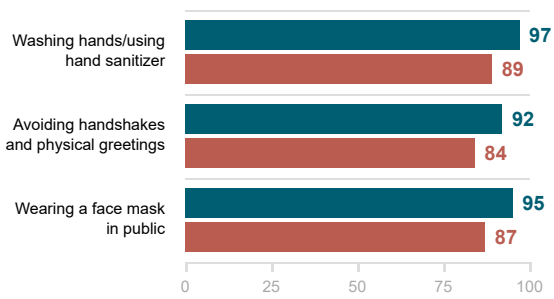
In the media

A video in late January of restaurant goers observing COVID-19 protocols was viewed over 7,000 times and received strong positive feedback, with one person commenting, "Thermometer, Wash hand basin, Face mask, Social distancing, ALL CHECKED. You've all got my respect."

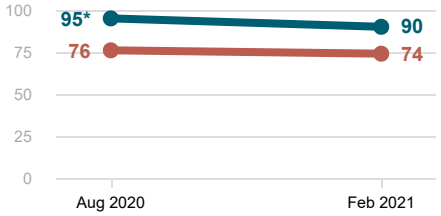
Individual measures

Support for individual preventive measures was high across all three measures, but the composite score was five percentage points lower than in August 2020. Self-report adherence did not notably change since August.

*Percent that **support** and **adhere** to each individual measure in Feb 2021*



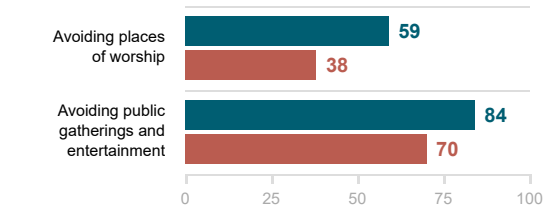
*Trend in percent that **support** and **adhere** to all individual measures (composite score)*



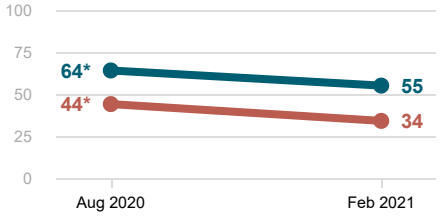
Measures restricting social gatherings

Support for and self-reported adherence to measures restricting social gatherings was high within the Western Region, but ten percentage points lower than in August.

*Percent that **support** and **adhere** to each social measure in Feb 2021*



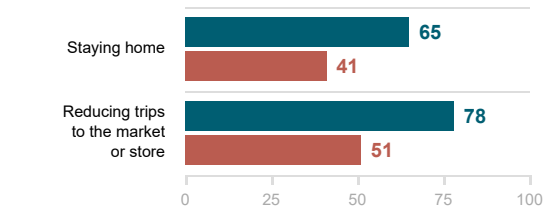
*Trend in percent that **support** and **adhere** to all social measures (composite score)*



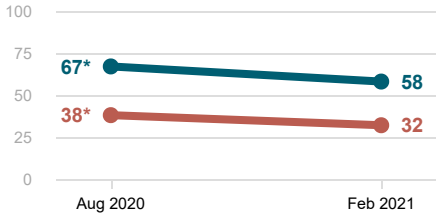
Measures restricting movement

Lower-income households reported higher rates of adherence (67%) to measures restricting movement than higher-income households (44%), suggesting that economic necessity may not be the only driver.

*Percent that **support** and **adhere** to each movement measure in Feb 2021*



*Trend in percent that **support** and **adhere** to all movement measures (composite score)*



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

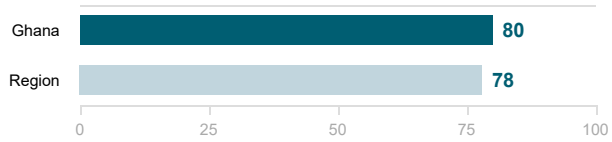
Amidst a highly-publicized COVID-19 outbreak that shut down parliament, and coming off a presidential election in December, respondents in Ghana still reported high levels of trust in the government and public health institutions. Eight in 10 reported satisfaction with the government's response to the pandemic, and nearly nine in 10 reported trust in the National Public Health Institute (89%) and Ministry of Health (88%).

- Satisfaction with the government's response was six points lower than in August; trust in the president was high at 80% and similar to that in August.
- Among international institutions, the World Health Organization (WHO) was the most trusted (85%). WHO has provided considerable support to Ghana in restoring essential health services after routine health care was largely halted in the early days of the pandemic. Trust in UNICEF and Africa Centres for Disease Control and Prevention (ACDC) was slightly lower at 77% and 75%, respectively.
- Respondents reported low levels of trust in their family doctor (55%), employer (55%), traditional healers (62%) and schools (62%).

What do people think about their country's institutions?

Respondents from Ghana reported similar levels of satisfaction in the government's pandemic response to other Member States in the region. Levels of trust in the president (80%) were similar to levels of satisfaction in the government, however, women were more likely to trust the president (83%) than men (77%).

80% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

National Public Health Institute	89%
Hospitals/health centers	88%
Ministry of Health	88%
Medical professional associations	87%
World Health Organization (WHO)	85%

What are people saying in the news and on social media?

Between August 2020 and February 2021, traditional news media frequently praised the government for its success in expanding COVID-19 facilities and working to secure vaccines. In contrast, many social media users expressed sustained frustration toward the government's handling of the outbreak. The high price of COVID-19 testing was a notable target for this frustration; the high-priced tests were administered by the private sector, but mandated for international travelers arriving at Kotoka International Airport. Additionally, social media users accused Ghana's two leading parties, the ruling New Patriotic Party (NPP) and the National Democratic Congress (NDC), of both politicizing and personally profiting from the COVID-19 pandemic and private sector testing contracts. These discussions were particularly pervasive in the lead-up to December elections, but have persisted in the months since.

In the media

"Paying $150 for corona virus test at Ghana Airport is a fraud."

—Facebook user, 7 October 2020

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

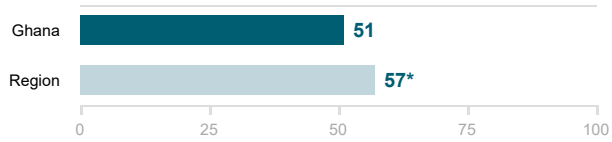
What the data say

Perception of COVID-19 risk among respondents was low—both in terms of general risk posed by COVID-19 to the people of Ghana and personal risk of catching the virus. Despite having the highest cumulative incidence rate among Member States surveyed in Western Africa (testing variability notwithstanding), respondents from Ghana reported similar or lower levels of risk perception than the regional average across each metric.

- Low risk perceptions may be driven by low perceptions of personal exposure to the virus. Less than 1% of respondents reported that they or a member of their household had a confirmed or suspected case of COVID-19, lowest among all Member States surveyed. Furthermore, only 5% reported knowing someone who had a confirmed positive test, perhaps a product of low levels of testing.
- Respondents in Ghana reported low levels of stigma against health care workers (28%) as well as those who have recovered from COVID-19 (31%).
- Respondents reported high levels of understanding of asymptomatic carriage and transmission of the virus; however, they also reported high levels of belief that herbal medicine can cure COVID-19. Beliefs in alternative and natural remedies were a common narrative in social media environments, highlighting the role of social media as a medium for the spread of misinformation.

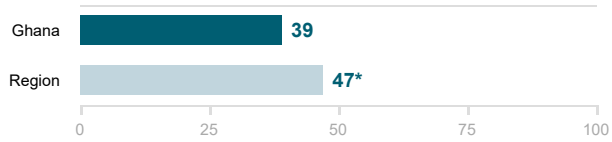
How do people understand the risk of COVID-19?

51% believe that COVID-19 will affect many people in their country



22% believe that their personal risk of being infected with COVID-19 is high

39% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

28% think they should avoid health care workers because they could get COVID-19 from them

31% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

86% understand that infected people may never show symptoms but could still infect others

83% understand that infected people may not show symptoms for five to 14 days

63% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

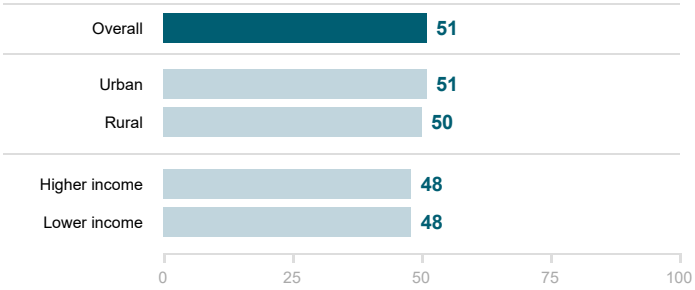
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

How do people feel about resuming day-to-day activities?

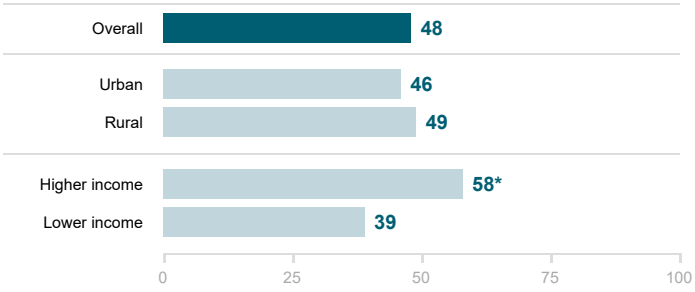
Among West African Member States, respondents from Ghana reported the lowest levels of anxiety about returning to day-to-day activities; however, they also reported the lowest levels of having resumed such activities.

- Given high levels of trust in government, the low proportion of respondents reporting resuming normal activities could indicate adherence to the tightening of PHSMs in late January.
- Higher-income respondents were more likely to report returning to day-to-day activities, suggesting motivations beyond financial necessity.

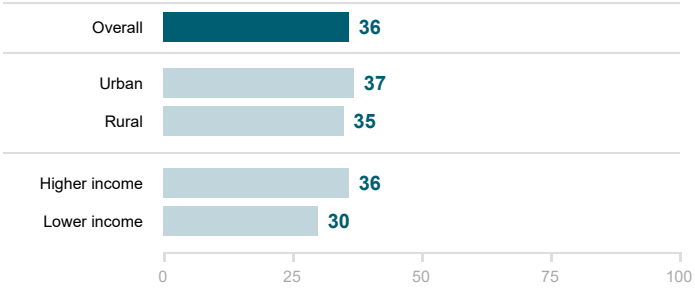
51% feel anxious about resuming normal activities



48% have already resumed normal activities because they believe COVID-19 risk is low



36% feel comfortable taking public transportation

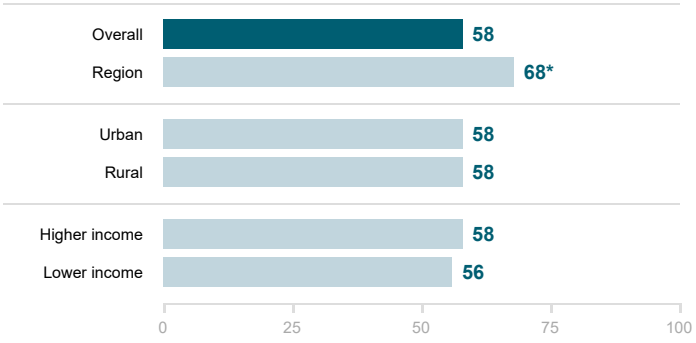


What do people think about vaccines?

Fewer than six in 10 respondents in Ghana plan to get a vaccine when it becomes available. This was 10 percentage points lower than the regional average, despite Ghana launching its vaccination campaign after becoming the first Member State to receive a COVAX vaccine delivery in February.

- Of those who did not plan to get vaccinated, about half (51%) cited lack of information, suggesting that a concerted community engagement effort could improve vaccine uptake.
- Social media discussions of the vaccine surged in February, highlighting public interest, but also raising concerns that people may be relying too heavily on social media for information—where misinformation has been prevalent.

58% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not yet know enough about the vaccine to make a decision	51%
Approval/development for the vaccine may be rushed and not thoroughly tested	39%
I believe vaccines can give you the disease they are designed to protect you against	33%

In the media

"It's like the vaccine specifically made for Africa may be deadlier than the covid itself."

—Facebook user, 17 January 2021

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

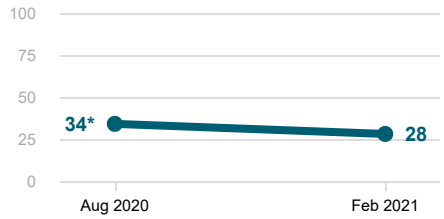
While a substantial share of respondents in Ghana experienced difficulty accessing medicine in the past three months, the share of those reporting delayed or missed health visits (in the previous six months) was among the lowest of all Member States surveyed and over 30 percentage points lower than in August, suggesting considerable improvements to essential health service provision since that time.

- Among other factors, a prolonged period of low COVID-19 cases and relaxed PHSMs, coupled with a targeted investment of resources from the Ghanaian government and the WHO, were likely contributors to the reduction in missed or delayed health visits.
- Due to the small number of reported missed or delayed health care visits in February, interpretation of the reasons for missed visits will be limited by the small sample size. Even so, respondents in August cited concerns of catching COVID-19 and health facility disruptions as the primary barriers, suggesting that improvements in these areas may have helped reduce missed health visits since.

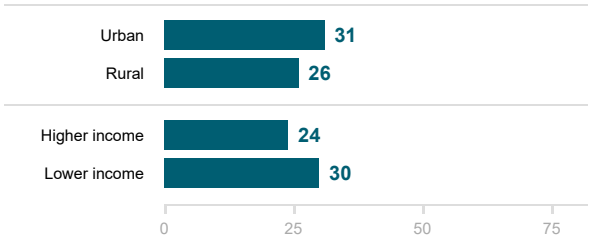
Difficulty getting medicines

The share of respondents who reported difficulty accessing medications in the last three months was slightly lower than in August, and 13 percentage points lower than the average among Member States in the region.

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



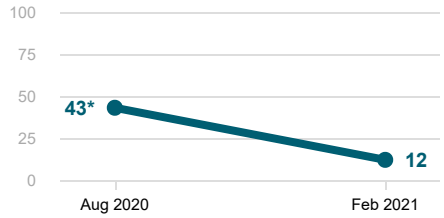
Percent having difficulty getting medicines by category



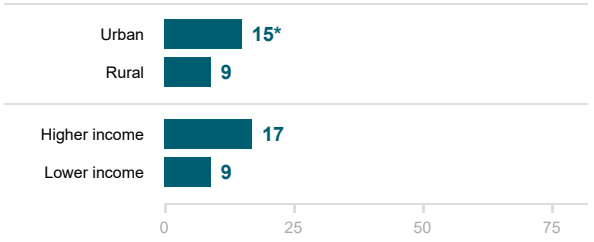
Skipping or delaying health visits

Respondents in Ghana reported among the lowest rates of missed or delayed health visits in the previous six months of all Member States surveyed, which was also 31 percentage points lower than in August.

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



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed

People could choose multiple responses

Worried about catching COVID-19	33%
Health facility disruption	24%
Mobility restrictions/transport challenges	15%
Cost/affordability	10%
Caretaker responsibilities	9%

Interpret proportions cautiously due to small sample size (N=94)

The types of visits which were skipped or delayed

People could choose multiple responses

General/routine check-up	56%
Reproductive, maternal and child health	28%
Diagnostic services/symptoms	27%
Communicable diseases	15%
Vaccinations	10%

Interpret proportions cautiously due to small sample size (N=94)

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

The economic burden on households in Ghana was high, with three quarters (76%) reporting loss of income since the start of the pandemic. Barriers to food access, however, were lowest among Member States in the region on each barrier queried. Three in 10 (29%) reported reducing the number or portion size of meals in the previous week, second lowest among all Member States.

- Nearly half of respondents (44%) in Ghana reported receiving government support in addition to what they would normally receive, highest among Member States surveyed and up from 27% in August. Among those who received support, 84% received free or subsidized services (e.g., water or electricity).
- On 7 January, the government extended a program to provide free electricity and water to "lifeline consumers" (those that use relatively low levels of service), along with tax relief and financial support for small- to medium-sized businesses and has increased pay to health care workers. Our survey did not find any differences in receipt of government support between higher- and lower-income households, nor between urban and rural households.
- One in 10 (9%) respondents reported losing all their income. Of those, the greatest share came from people who had the lowest level of educational attainment (incomplete secondary school or less). Conversely, those with a university degree or higher were more likely to report no loss of income, suggesting that job losses were most prevalent in lower-skilled industries.

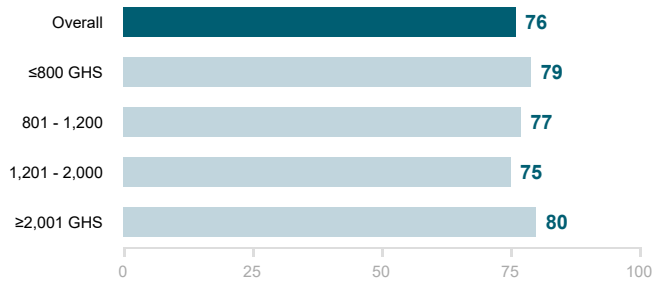
Reported barriers to food access

Percent of people reporting each barrier

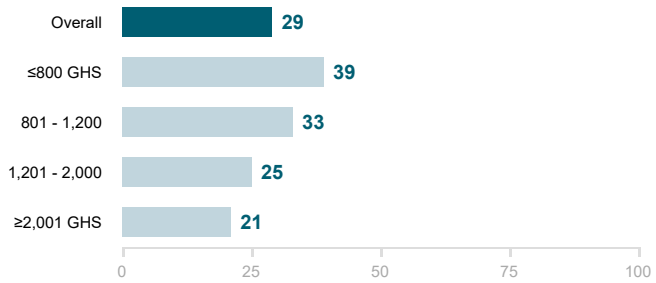
Less income	38%
Higher food prices	40%
Food markets closed	23%
Mobility restrictions	27%
Food market supply shortages	27%

Household income

*Percent of households experiencing **income loss** by category*



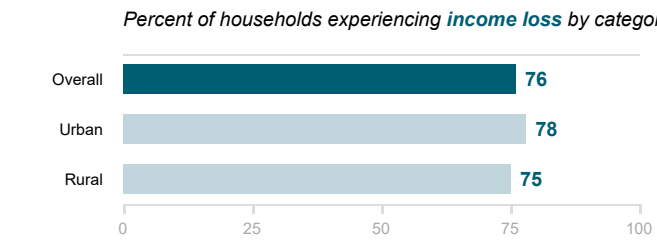
*Percent of households **missing meals** by category*



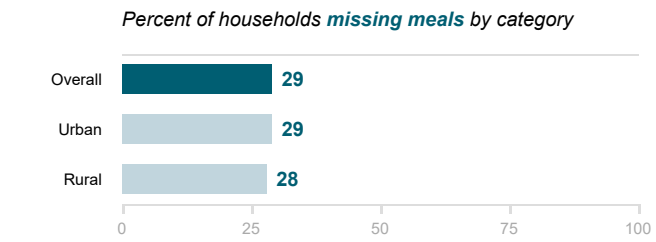
*Household income is significantly associated with missing meals.

Location

*Percent of households experiencing **income loss** by category*



*Percent of households **missing meals** by category*



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).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/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.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources 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. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- 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 is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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 1,298 adults (660 urban, 638 rural), collected between 12 to 21 February 2021.

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