ARTICLE

How did your Government Perform? Assessing Institutional Response to the COVID-19 Pandemic in Ghana

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Abstract

Leadership is tested during adversity and the COVID-19 pandemic has no peer among the challenges confronting the world today. Leadership plays a paramount role in effectiveness of the fight against COVID-19. Ghana instituted various response mechanisms to curb the spread of COVID-19 when it recorded its first cases in March 2020. This article assesses popular perceptions regarding institutional response to the COVID-19 pandemic in Ghana. Collecting quantitative data from 12,014 respondents across Ghana's 275 constituencies, the study asked respondents to assess the performance of the government, state institutions, and specific response strategies. We found that the President of the Republic of Ghana is the most trusted source of COVID-19 information. Respondents appear impressed with the general performance of the government but remain dissatisfied with some state institutions and response mechanisms. Overall, we argue that proactiveness and collaboration on the part of relevant state institutions are necessary to effectively combating the pandemic.

KEYWORDS:
Crisis Management; Policy response; Communication; Pandemic

1 | INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) is one of the most devastating pandemics to confront the world in the twenty-first century. By August 2, 2021, the disease had infected 199 million people worldwide with approximately 4.2 million deaths[1]. Ghana recorded its first COVID-19 case on March 12, 2020, and has since reported over one hundred and three thousand cases with over eight hundred deaths (as of August 2, 2021) [2]. Crises such as the COVID-19 pandemic require urgent and unified plans of action that are receptive and adaptable to contingencies (Kettl, 2003) but robust to contain the spread of the disease. Containment of the pandemic requires public value and creating public value remains a crucial element in such plans of action. This requires a network approach, inclusive dialogue, and deliberation among actors from various sectors relevant to addressing the crisis. In other words, "public values are not the exclusive province of government, nor is government the only set of institutions having public value obligations, [albeit] government has a special role as guarantor of public values" (Jørgensen Bozeman 2007, pp. 373).

From the foregoing, managing pandemics while ensuring the well-being of people require the involvement of several institutions and individuals at various levels of government, non-governmental organizations (NGOs), for-profit enterprises, and other institutions. According to Migone (2020), responses to pandemics frequently take the form of containment policies, and

[1]According to WHO (2021), 199,307,256 confirmed cases had been recorded, with 4,245,487 deaths as at August 2, 2021.
[2]Ghana recorded 103,019 confirmed cases, and 823 deaths as at August 2, 2021 (WHO, 2021).

COVID-19 is no exception. The ability to forge synergies and rally various sectors around a common agenda in fighting COVID-19 elucidates, if not underscore, the role of leadership at multiple levels (national to sub-national). A concerted effort on the part of states is thus necessary to combating a pandemic as ravaging as COVID-19. How state institutions respond to the pandemic is crucial to the overall fight against the disease. Response mechanisms differ among countries and shape the effects of the pandemic on nations.

During pandemics, public officials often face the difficult task of balancing inextricably intertwined health and economic risks. For example, while lockdowns are necessary to contain the spread of COVID-19, they affect economic, social and other activities negatively. Consequently, policies designed to control health risks associated with the disease inadvertently create problems in other sectors, requiring policymakers to conduct extensive cost-benefit analyses in their decision-making (Migone, 2020). More importantly, the personalities and ideologies of national leaders shape states' approaches in managing pandemics. Presidents Trump and Magufuli are examples of leaders whose downplaying of the severity of COVID-19 derailed the control of the pandemic in the United States [3] and Tanzania[4] respectively, with both presidents getting infected and the latter dying as dying as a result.

Public perceptions of pandemic response mechanisms are particularly important and indicate the trust and confidence citizens have in governments and its officials in charge of communications about COVID-19. In that regard, a sense of public seriousness about government directives and policies concerning the pandemic suggest high levels of public trust in government management of the pandemic and vice versa. However, in responding to pandemics, government decision-making encounters two major difficulties. First, decision-making is complex because it involves a wide range of actors from various sectors and levels of governance, complicated further by their implementation at several realms of jurisdiction (Bennett & Carney, 2015). Second, the very nature of pandemics makes it difficult for policymakers to collect all relevant scientific data required for policymaking. Hence, they must rely on limited emerging knowledge (Rosella et al., 2013). Yet, assessing countries' pandemic responses and public perceptions about them also require ascertaining the efforts and actions of relevant individuals and institutions since containing the disease and its impacts demand interagency cooperation across different administrative structures (Lester & Krejci, 2007).

In this article, we ascertain the various strategies adopted by the Government of Ghana in response to the COIVID-19 pandemic. We evaluate the general knowledge of Ghanaians on COVID-19, gauge their perspectives on the wider institutional responses to the disease and more specific government interventions while assessing their satisfaction with them.

2 | THEORETICAL FRAMEWORK

Mitroff's Five-Stage Crisis Management Model provides an explanatory framework for the study. Mitroff (1994) contends that because crises do not always occur exactly as outlined in crises management plans, the most effective strategy to dealing with them is to anticipate their occurrence before they happen. Crises trigger ripple effects in many other sectors. The best organisations are those that recognise this and plan accordingly. Consequently, Mitroff identified five stages of crisis management in organisations that do not only describe the gradual unfolding of the crisis, but also, their attendant and specific mechanisms. He argues that although crises differ in many ways, dealing with them can follow a logical order.

Signal detection, the first phase suggests that, prior to their occurrence, crises frequently exhibit early warning signs. Many crises can be avoided if these early warning signs are recognised and addressed. This ability to prevent the occurrence of crises is the best possible crisis management strategy according to Mitroff. Second, the probing and prevention phase entails a thorough examination of organisations' activities for possible factors that could lead to major crises. This usually occurs simultaneously with signal detection. Third, damage containment involves preventing the impacts of the crisis from escalating, particularly to areas that have not been affected. Even with the most effective preventive measures in place, systemic complexities, and the impossibility of perfect control make crises inevitable. Hence, their impacts must be contained in a way that minimises the intensity and scope of their spread. Fourth, the recovery stage involves returning organisations to normal operations as soon as possible to ensure crises' impacts are not needlessly overstretched and key stakeholders are able to recover their losses from the crisis. This requires prioritisation and protection of crucial aspects of the organisations. Finally, learning requires that key actors

[3] On several occasions, President Donald Trump downplayed the extent of threat the virus posed (Summers, 2020). Trump's reluctance, and open hostility, to trust experts to fight COVID-19 started long before the outbreak itself (Rutledge, 2020). This affected the seriousness, and urgency with which the disease was handled, and even affected his fortunes in the polls (Parker et al., 2020), as Baccini et al. (2020) proves that electorate hold leaders accountable for how they handle negative shocks.

[4] Thomas (2021) highlights the recklessness with which the president handled the outbreak. He rubbished the intensity of the disease, and denied its presence in Tanzania. The government also refused to track the cases, so there were no reliable figures on the spread and deaths.

critically assess and review the crisis and its management without assigning blame. The goal is to take stock of the organisation's response strategy, identify its strengths and weaknesses to improve the organisation's crisis management strategies in the future.

We deploy Mitroff's logical order in crisis management enumerated above, arguing that it is equally pertinent to the management of the COVID-19 pandemic. We find that the various strategies adopted by the Government of Ghana to fight the pandemic correlate with the stages delineated in Mitroff's Five-Stage Crisis Management Model. We therefore reveal how these stages played out in the West African nation's handling of the pandemic.

3 | METHODOLOGY

The study obtained survey data in December, 2020, from 12,014 randomly selected respondents in all 275 constituencies in Ghana comprising 6,078 males (50.6%) and 5,936 females (49.4%). We questioned respondents regarding their general knowledge of COVID-19 and opinions on various COVID-19 response mechanisms adopted by the government and major state institutions. Respondents were also asked, among other things, to rate the performance of the various institutions, and the activities undertaken in fighting the disease. The rating scale ranges from 'very poor', to 'poor', 'average', 'good', 'excellent', and 'don't know'. We analysed the data using simple descriptive statistics, presenting our findings with the aid of frequency and contingency tables. In addition, we reviewed secondary data to ascertain the mechanisms adopted by the government in its fight against the pandemic.

4 | FINDINGS

4.1 | Government Response to the Pandemic

Like many countries, the Ghanaian government and other state institutions put in place several measures in response to the pandemic. Imtyaz et al (2020) classify these response measures into two broad categories, namely "efforts in curtailing the spread of the virus (i.e., flattening the curve)", and efforts in the handling and treatment of COVID-19" (p.505). However and specifically, conceptualised around five major objectives, the Ghana government's response strategy sought to stop the importation of cases; contain its spread; offer adequate care for the sick; mitigate the impact of COVID-19 on social and economic life; and build domestic capacity to deepen self-reliance (Ofori-Atta, 2020). As hinted earlier, Mitroff (1994) five-stage crisis management model resonates with and illuminates the strategies adopted by the Government of Ghana, which are explained in detail below.

4.1.1 | Signal Detection and Prevention

Ghana recorded its first COVID-19 case months after the outbreak in China and subsequent spread to other countries. Given that the disease is transmittable mainly through human-to-human interactions, the president of Ghana ordered the closure of all borders (land, air, and sea) to human traffic effective March 22, 2020, to prevent the importation of cases. An earlier directive restricted entry into Ghana by other nationals except for those with a resident permit from countries that recorded at less than 200 COVID-19 cases. The more stringent directive, however, barred every form of travel into the country.

4.1.2 | Containment

Most steps taken by the Ghanaian government sought to contain the disease and ensure the state and its institututions have the necessary powers and readily available resources for authoritative and swift action. Mechanisms adopted to contain the spread of COVID-19 in Ghana include legislation, closure of schools, restrictions on travels and public gatherings, compulsory mask-wearing, relief packages for businesses and households and regular press briefings, among others explained in detail as follows.

Legislation

Ghana's parliament passed the Imposition of Restrictions Act, 2020 (Act 1012), which received presidential assent on March 21, 2020. This act sought to, inter alia, provide 'powers to impose restrictions on persons…in the event or imminence of an

emergency, disaster or similar circumstance to ensure public safety, public health and protection". The act allowed the president to impose various restrictions on parts of the country and at one point, the entire country.

Ban on social gatherings

Like many countries, the Government of Ghana placed restrictions on schools, religious activities, and other social gatherings. This measure was widely adopted globally on the back of scientific evidence that the virus spreads easily among people in close contact. In his address to the nation on March 15, 2020, President Akufo-Addo suspended all public gatherings including festivals, sporting activities, funerals, political rallies, religious activities, and schools (except a few final year basic and secondary students who were preparing for examinations)[5]. He imposed additional and stricter restrictions as COVID-19 cases increased in the country. Further, it was mandatatory to wear masks with noncompliance, a criminal offence. An Executive Instrument (EI) 164 in accordance with Act 1012 stipulates, 'a person shall wear a face mask, face shield or any other face covering that covers his or her nose and mouth completely when that person is (a) in a public place, or (b) leaving or returning to his or her place of abode' (EI 164:1). Failure to comply 'is liable on summary conviction to a fine of not less than one thousand penalty units and not more than five thousand penalty units or to a term of imprisonment of not less than four years and not more than ten years or to both' (Act 1012:6). Consequent to this rule, several defaulters were arrested.

Partial Lockdown

Partial lockdowns constituted another containment mechanism for COVID-19 in Ghana. With EI 65, the president restricted movements in selected cities considered to be hotspots of the disease. These included Accra, Tema, Kasoa, and Kumasi [6]. Except to obtain critical items like food, residents in these areas were prohibited from moving outside their places of abode. Inter-city vehicle movements were also restricted and intra-city public vehicles were required to reduce number of passengers to observe physical distancing protocols.

Regular Briefs

Provision of relevant information plays a crucial role in the fight against the disease (WHO, 2020). The Government of Ghana engaged its public on various levels to keep citizens abreast with the trend of the pandemic, and measures taken by the government to contain its spread. As of May 16, 2021, the president had addressed the country 25 times since Ghana recorded its first case. All restrictions and easing of same were announced during such addresses. The ministers of information and health as well as several stakeholders also had press engagements to interact with, inform, and educate the public. Such press engagements occurred at different intervals, depending on the severity of the spread. Thus, the higher the rate of infections, the more frequent the engagements. WHO (2020) notes that a vital strategy in responding to public health situations is clearly conveying what is both known and unknown, as well as steps taken to know more about the situation in order to save lives and lessen impacts. In crises, the government, media, and other institutions are expected to provide reassurances, rather than increase public anxiety and fear (Smith, 2006). Hence, the Ghana government deployed frequent briefs as a very important mechanism in fighting the spread of the disease.

Social support and redistributive policy interventions

A major fallout of COVID-19 is the economic hardships citizens endure because of lockdowns, which also render several sectors of the economy redundant. To cushion the public and reduce their plight, the president of Ghana, in April 2020 announced utility subsidies. This policy provided free electricity to 'lifeline customers'[7] and a 50% reduction for those who consume more than 50kwh per month. Households also benefitted from free water supply. In addition, during partial lockdowns, the less privileged in affected areas received some meals. Schools and universities received personal protective equipment (PPEs) with school children enjoying daily meals. Medical and frontline workers also benefitted from tax relief.

[5] President Akufo Addo's address to the nation on March 5, 2020 outlined a review of the public gathering advisories.

[6] In his address to the nation on March 27, 2020 concerning steps taken to fight the pandemic, the president announced the imposition of advanced restrictions on movement in Greater Accra, and Greater Kumasi Metropolitan Areas (Akufo Addo, 2020).

[7] These are customers who consume less than 50kWh per month

Vaccination

Vaccination of the Ghanaian populace constituted another step to containing the spread of the disease and reducing related deaths. As of August, 2021, Ghana had administered three different types of vaccines, namely AstraZeneca, Sputnik V and Johnson & Johnson. Ghana received its first 600,000 doses (AstraZeneca) on February 24, 2021 [8] , and an additional 249,600 doses from the United Kingdom on August 18, 2021 [9] . It also received 177,600 doses of Johnson & Johnson on August 7, 2021 [10]. In administration of vaccines, the government prioritised health workers, the aged and people with some underlying conditions.

4.1.3 | Recovery

Relaxing of restrictions for economic take-off

Eventually, some of the restrictions were lifted with a seeming 'return to normalcy'. In his tenth address to the nation on May 31, 2020, President Akufo-Addo announced steps to gradually ease restrictions[11] . Final year junior and senior high school students returned to school under strict measures, faith-based organisations resumed worship, public political activities resumed with less than 100 participants and weddings allowed with not more than 100 guests. Similarly, economic activities resumed under some restrictions. Amidst these attempts at gradually recovering the losses incurred from the pandemic and facilitating a return to normal, the government also provided relief packages to individual citizens and businesses as some form of cushion against the impacts of the pandemic.

Business support and recovery

The government implemented two major initiatives, namely, the Corona Virus Alleviation Programme - Business Support Scheme (CAP-BuSS) and Ghana COVID-19 Alleviation and Revitalization of Enterprise Support (Ghana CARES) to provide reliefs and help resuscitate SMEs and local businesses. These measures formed part of the many ways of ensuring affected individuals and businesses recover from the impacts of the pandemic.

4.1.4 | Learning

System may not return to their normal state after an emergency as their parts are likely to alter (Scott et al., 2008). The learning stage, as Mitroff's model suggests, thus allows actors to review strategies adopted in addressing extant pandemics/crises in order to find ways of better managing future ones. In tackling the earlier challenges of the COVID-19 pandemic, Ghana expanded health infrastructure for testing and treatment of COVID-19 cases. In addition to the Noguchi Institute for Medical Research and Kumasi Center for Collaborative Research, which were designated for testing COVID-19, the government set up eight extra testing centers across the country to increase testing capacity. Further, specific hospitals were also designated as treatment centers. As an outcome of battling COVID-19, government has increased its attention to the health system particularly in infrastructural development. With the president announcing plans to commence the construction of 111 new health facilities across the country on 17 August, 2021 [12] . Expansion of health access through building of new facilities on such an unprecedented scale is thus informed by lessons learnt from the challenges COVID-19 presented.

4.2 | General knowledge and perceptions on COVID-19

As stated earlier, the study's second objective is to assess the general awareness and perceptions of the Ghanaian population about COVID-19 and the government's response to it.

4.2.1 | Popular perceptions on how COVID is contracted

91% of respondents believed it was possible to contract the disease by touching one's face, eyes, or nose but only 4% believed it was impossible. Others were either unaware or refused to respond to the question. On a similar question, 92% of respondents

[8]Ghana is the first country to receive the AstraZeneca vaccines via the COVID-19 Vaccines Global Access (COVAX) (UN, 2021).

[9]Ghana also received an additional 249,600 doses of AstraZeneca vaccinations from the United Kingdom on August 18.

[10]The vaccines were received on August 7 , and deployed from August 13 to 20 in various regions in the Greater Accra and Ashanti Regions

[11]In his 10th update on measures taken to combat spread of Coronavirus, the president outlined steps for a gradual easing of restrictions. (Akuffo Addo, 2020)

[12]On August 17, 2021, the president cut the sod for the construction of 111 District Hospitals in districts that do not have any. Each facility is expected to cost $16.88million will be completed in 18 months.

agreed that people are likely to get the disease when an infected person coughs, while approximately 3% disagreed. This indicates that majority of responders have a good understanding of how the disease is transmitted. Awareness of how the disease transmits is critical because it influences significantly, if not correlate with citizens' compliance with preventive guidelines.

4.2.2 | Popular perceptions on prevention of COVID-19

Additionally, respondents were asked for their thoughts on ways of preventing COVID-19 infection. About 90% of respondents believed that frequent hand washing aids infection prevention. However, 6% disagreed and about 6% did not know. 66% agreed that drinking water regularly may help guard against infection and 77% agreed that avoiding social settings helps prevent infection. Surprisingly, 15% of respondents believed alcohol consumption could help prevent COVID-19. Even though 63% of respondents disagreed and the remainder were unsure, the fact that a segment of the community believes drinking alcohol could help prevent infections is worrying and poses a threat to the fight against the disease. They link this belief to the alcohol component of hand sanitizers, stating that if the alcohol in hand sanitizers is efficient at protecting against COVID-19, drinking it will be more helpful. While the findings strongly suggest that the majority of people understand how to prevent the disease, the fact that a portion of the population appears to be oblivious of the preventive measures puts the entire country at risk. Due to the disease's mode of transmission, even one infected person can endanger everyone else. As a result, unawareness of preventive measures even by a small number of people undermines overall and all other efforts to halt the spread of the disease.

4.2.3 | Perception on severity of COVID-19

On perceptions of the severity of COVID-19 in Ghana, around 83.2% of respondents believed COVID-19 is capable of killing. However, 73.2% maintained that not everyone infected with COVID-19 dies from the disease. A thorough examination of Table 1 reveals that while respondents are reasonably aware of the disease's severity, a sizable proportion lack full understanding of the extent of danger the disease poses. The fact that up to 40% of respondents believe the virus is just like regular flu attests to this. Around 33% of respondents indicate that the disease's threat is overestimated. In that sense, beliefs about overstatement of the virus' threats explain residents' noncompliance with COVID-19 safety protocols.

Table 1 Views on Severity of the disease

Severity of the Disease	Responses			
	Yes (%)	No(%)	Don't know (%)	Refused to Answer (%)
COVID-19 can kill	83.2	9.8	5.2	1.8
Everyone who contracts COVID-19 dies	11.9	73.2	12.9	2.0
There is a cure for COVID-19	19.3	58.2	20.7	1.8
The threat of COVID-19 is exaggerated	32.5	47.5	17.6	2.4
COVID-19 is just like common flu	40.3	34	23.4	2.3

4.3 | Perspectives on institutional response to COVID-19

4.3.1 | Trust

The study also assessed respondents' views on the performance of government and state agencies. They were asked to indicate their level of trust in information received from respective state and non-state actors or institutions. This is essential because the seriousness attached to COVID-19 information determines the level of trust recipients have in the source of information. In this study, we assessed the family, president, ministers, Metropolitan and Municipal District Chief Executives (MMDCEs), Ghana Medical Association, and opinion leaders as the major sources of information. Respondents were asked to rate their trust in these sources on a Likert Scale from 'a lot', to 'somewhat', 'a little', 'not at all', and 'don't know'. Responses to this question are illustrated in Table 2.

Respondents believed the president to be the most trusted source of information about COVID-19. Around 52% had a high level of trust in presidential information, 21% a moderate level of trust, 15% a low level of trust and 7% had no trust at all.

Table 2 Views on Severity of the disease

Source of information on COVID-19	How much trust				
	A lot (%)	Somewhat(%)	A little (%)	Not at all (%)	Refused to Answer (%)
Family	42.8	25.0	21.5	6.6	4.1
The President	52.8	21.2	14.8	6.9	4.2
Minister of Health	50.1	21.9	15.6	6.6	5.7
Regional Minister	42.8	22.4	18.6	8.0	8.2
MMDCE	38.7	21.1	20.9	10.5	8.9
Ghana Medical Association	52.6	21.8	14.5	5.2	6.0
Opinion Leaders	46.4	27.1	17.2	4.8	4.5

In contrast, the MMDCES are the least trusted sources of information. Only 39% of respondents had a high level of trust in information obtained from MMDCEs. 21% had a moderate level of trust, another 21% low level of trust and 11% did not trust information from their MMDCEs at all. Lack of faith in these authorities may explain the president's frequent updates and briefs to cater for the lack of confidence in his officials at the district level. Since combating COVID-19 requires localised actions, MMDCEs are critical to mobilising local support. Thus, a lack of citizens' trust in them has a detrimental effect on local efforts and overall compliance with preventive protocols.

Aftab et al. (2021) argue that community opinion leaders can contribute to the fight against COVID-19 on two fronts: containment and prevention. They advocate for increased one-on-one coordination between legislators and local community leaders in order to mobilise grassroots fighting the pandemic. The study's findings bolster this argument further by showing that respondents place a higher premium on local opinion leaders than on MMDCEs. Several influential opinion leaders have been instrumental in promoting adherence to safety protocols. Notable is the role of opinion leaders in fostering trust in the vaccination process. The president, vice president [13] , former presidents and their families took the lead in taking the jab[14] . However, government's efforts in partnering with local opinion leaders to educate and sensitise individuals about the pandemic and preventive measures remain minimal.

4.3.2 | Perceived performance of state institutions

Respondents were asked to rate the performance of some key institutions and stakeholders. As presented in Table 3, respondents' ratings of the performance of various institutions are not significantly different from each other. Those who believed in the excellence of institutions' performances ranged between 12.2% (Religious Organizations) and 18.3% (presidency). Those giving a good performance rating ranged between 21.5% (Interior Ministry) and 24.8% (Religious Organisations). Likewise, only a small gap transpired between those rating institutional responses as poor: 28.1% (presidency) and 31.7% (Religious Organisations).

Table 3 Assessment of the Performance of the Various Institutions

	Institutions									
Performance	Presidency	Health Ministry	Interior Ministry	Information Ministry	NGOs	Parliament	Police	Media	Religious Org	Private sector
Very poor	4.2	3.4	4.6	4.2	2.6	5.2	3.3	2.2	3.0	2.7
Poor	28.1	29.6	30.0	30.3	29.2	31.1	30.9	29.2	31.7	29.9
Average	25.5	24.8	24.2	24.4	25.3	25.1	24.7	25.2	24.4	25.7
Good	21.9	23.2	21.5	23.4	22.5	21.7	24.5	24.4	24.8	21.9
Excellent	18.3	16.2	12.5	14.0	13.8	12.6	13.4	16.2	12.2	13.5
Don't know	2.0	2.9	7.2	3.7	6.5	4.3	3.3	2.8	3.9	6.3

[13] Ghana's President Akufo-Addo and wife take COVID-19 vaccine | Business Insider Africa
[14] Kufuor, Mahama and Lordina take COVID-19 vaccine - Graphic Online

4.3.3 | General performance of government

Rating the performance of the government in the management of COVID-19 (see Figure 1) on a scale from 'excellent' to 'very good', 'good', 'bad', 'very bad' and 'not sure', the greatest percentage of respondents (about 36%) said the government's performance was good, 29% very good and 22% excellent. However, about 7% said the government's performance was bad, approximately 3% said very bad, and another 3% were unsure how to rank. Overall, approximately 87% of respondents expressed favorability towards government's management of COVID-19 despite the varying degrees of favourability.

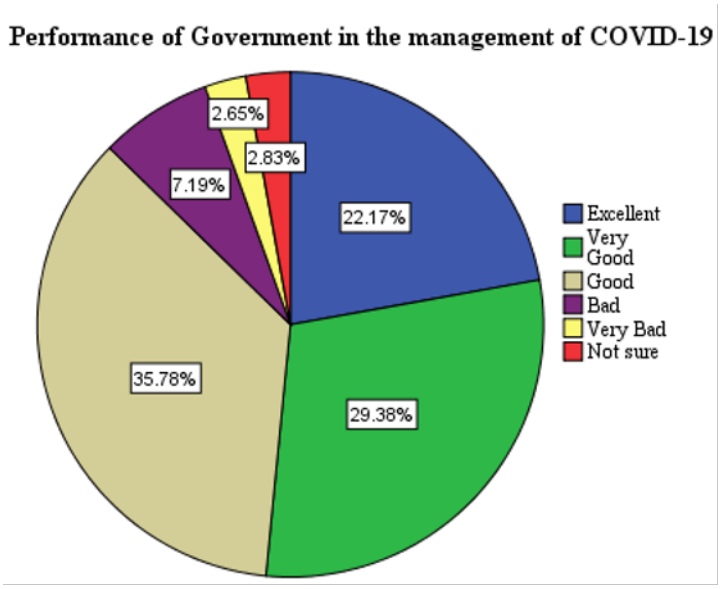

Figure 1 Overall Performance of the Government in the Management of COVID-19

4.3.4 | Regional and partisan dimensions to respondents' opinions

Figure 2 depicts the regional breakdown of positive responses (excellent to good) by survey participants. Over 90% of respondents from the Central, Ashanti, Bono East, and Western North regions expressed satisfaction with the government's performance. Yet, only 40% of Volta Region respondents responded positively. This is unsurprising given the Volta Region's strong support for the main opposition party, National Democratic Congres (NDC). Their support for the NDC thus influenced their judgment of the ruling New Patriotic Party (NPP) government.

To determine the extent to which respondents' assessments of the government's performance were free from partisan political motivations, the study asked respondents to identify the political parties they voted for in the 2016 general elections. These replies were compared to how they rated the government's responses to the COVID-19 pandemic in Ghana. Here, we hypothesized that the parties respondents voted for can influence their evaluation of government performance.As shown in Figure 3, around 36% of respondents who voted for the NPP in the 2016 general elections believed the government performed excellently or very well. Around 24% thought it was good, 2% thought it was bad, and fewer than 1% thought it was very bad. On the other hand, only 8% of respondents who voted for the NDC in 2016 said the government performed excellently, while around 20% said it performed very well and 48% performed well. Significantly, 14% believed it performed poorly and approximately 6% extremely poorly. Clearly, those who voted for the NPP were more satisfied with the government they voted for than those who wished it was replaced.

4.4 | Perceptions and rating of government interventions during COVID-19

Additionally, the study examined perceptions about the various response methods to combating the disease as well as the relationship between the public's responses to specific strategies and the government's overall success in handling the pandemic.

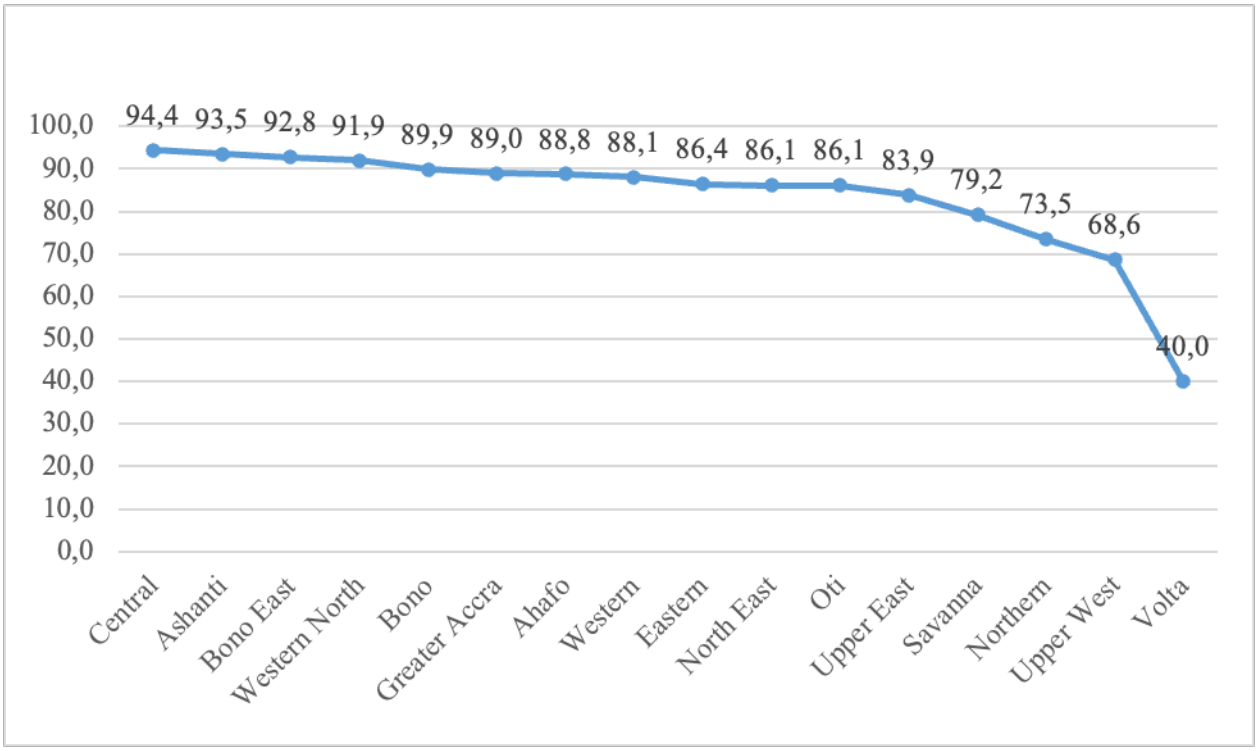

Figure 2 Cumulative %age of Positive Responses (Excellent - Good) on Regional Basis

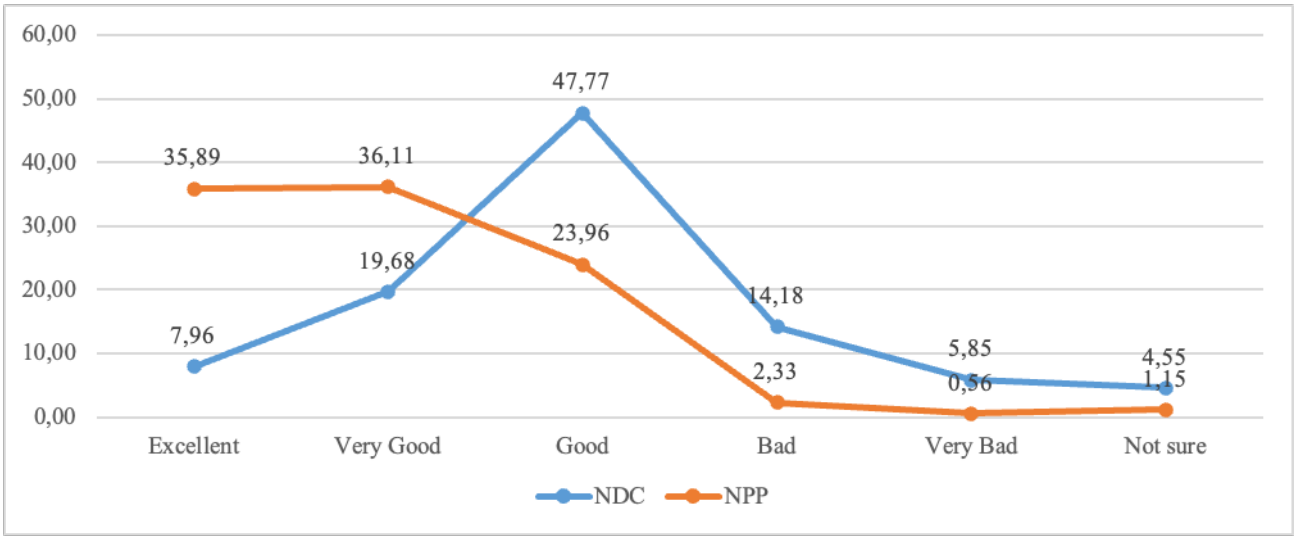

Figure 3 Party voted for in 2016* Government COVID-19 response (%)

As stated previously, the government rolled out various social support systems to provide relief for the suffering masses. In this section, we investigate the public's perceptions and ratings of these social initiatives.

4.4.1 | Free Food for School Children

As shown in Table 4, majority (53%) of respondents who believe the 'Free Food for School Children' initiative was excellent also maintain that government's overall performance was excellent. Again, many of the respondents (43%) who indicated that the said initiative was good also perceived the government's overall performance as good. Another 36% thinks the government's

performance was very good. The rest of the data has similar trends as seen in the table. Curiously, about 47% of respondents who thought the government's 'Free Food for School Children' initiative was poor maintained that the general performance was good. 29% of those respondents said it was very good. The findings are similar for respondents' perception of all the other response mechanisms adopted by the government.

Table 4 Crosstab – Government Performance: The Free Food for School Children Initiative

		The Free Food for School Children initiative						
		Very poor	Poor	Average	Good	Excellent	Don't know	**Total**
Performance of	Excellent	12	348	859	408	1027	9	**2663**
Government	Very Good	54	1016	757	1016	653	34	**3530**
In the	Good	112	1618	959	1242	236	132	**4299**
Management	Bad	139	301	254	123	14	33	**864**
of COVID-19	Very bad	2	114	67	40	3	22	**318**
	Not Sure	11	54	62	31	7	175	**340**
	Total	**400**	**3451**	**2958**	**2860**	**1940**	**405**	**12014**

4.4.2 | Free Water for the public

Consistent with the trends for all other interventions, majority of respondents who rated the free water project as excellent also evaluated the government's overall performance as excellent as shown in Table 5. However, and unexpectedly, low ratings for the free water policy inversely correlated with assessments of the overall performance of the administration. Many who said the program was poor thought the government's overall performance was either very good or good. While respondents expressed dissatisfaction with the free water effort, they appeared satisfied with the government's overall management of the outbreak.

Table 5 Crosstab – Government Performance: The Free Water Initiative

		The Free water initiative by the President					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of	Excellent	17	309	894	350	1079	14
Government	Very Good	37	1017	758	1029	663	26
In the	Good	161	1577	973	1180	266	142
Management	Bad	148	297	256	113	17	33
of COVID-19	Very bad	74	110	76	33	5	20
	Not Sure	18	51	65	29	6	171
	Total	**455**	**3361**	**3022**	**2734**	**2036**	**406**

4.4.3 | Electricity Rebate

On yet another government intervention, namely, electricity rebate, 3430 respondents (29%) rated the policy as poor, 3050 (25%) as average, 22% good, and 16% excellent. Around 4% thought the rebate policy was very poor. In general, approximately 38% of respondents expressed varied degrees of satisfaction with the initiative, whereas approximately 33% expressed dissatisfaction. Around 54% of those who rated electricity rebate as excellent also rated the government's overall performance as excellent. However, 28% of those who rated the policy as average perceived the government's overall performance as excellent. Yet, about 78% of respondents who thought the policy was poor were satisfied with the government's performance, albeit to varying degrees.

Table 6 Crosstab – Government Performance: The Rebate on Electricity

		The Rebate on electricity initiative by the President					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of Government In the Management of COVID-19	Excellent	19	343	864	379	1049	9
	Very Good	61	1016	775	978	671	29
	Good	188	1605	1008	1139	239	120
	Bad	161	298	257	111	8	29
	Very bad	72	112	81	31	3	19
	Not Sure	15	56	65	29	6	169
	Total	**516**	**3430**	**3050**	**2667**	**1976**	**375**

4.4.4 | COVID-19 stimulus packages

For COVID-19 stimulus packages, as the results in Table 7 show, a sizable proportion of respondents rated the program as either poor (28%) or average (25%). About 21% rated it as good and 15% as excellent. About 5% believed the stimulus package was very poor, while the remaining 6% were unsure. In total, approximately 36% rated the stimulus favourably (good and excellent), whereas about 33% rated it negatively (poor, and very poor). The remaining 31% either ranked it average or had no idea. When respondents' ratings of stimulus packages were compared to their evaluations of government's overall performance, the majority (56%) of respondents who assessed the package as excellent rated the government's overall performance correspondingly as excellent. 41% who felt the government's overall performance was good also believed the stimulus package was good. However, majority of respondents who were dissatisfied with the stimulus package (ranked poor or average) believed the overall performance was good.

Table 7 Crosstab – Government Performance: The COVID Stimulus Package

		The COVID Stimulus Package initiative by the President					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of Government In the Management of COVID-19	Excellent	20	354	880	367	1010	32
	Very Good	63	1057	724	963	584	1399
	Good	241	1520	1001	1010	198	329
	Bad	180	282	250	102	9	41
	Very bad	77	116	76	25	2	22
	Not Sure	14	55	60	24	7	180
	Total	**595**	**3384**	**2991**	**2491**	**1810**	**743**

4.4.5 | Tax Relief for Medical and Frontline Staff

When asked how they felt about tax exemption provided to medical and frontline personnel, about 28% said it was poor, 25% said average, 22% good, 16% excellent and 3% very poor. Examining the relationship between respondents' satisfaction with this program and government's overall performance reveals similar trends to those observed about previous policies. Though many respondents assessed the program as 'bad', a sizable proportion (46%) of those respondents perceived government's overall performance as good. 30% said it was very good and 10% said it was excellent.

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Table 8 Crosstab – Government Performance: Tax Relief for Medical and Frontline Staff

		Tax Relief for Medical and Frontline Staff initiative					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of	Excellent	13	333	877	371	1034	35
Government	Very Good	42	995	742	976	646	129
In the	Good	130	1537	984	1109	237	302
Management	Bad	128	294	257	122	11	52
of COVID-19	Very bad	69	115	75	30	4	25
	Not Sure	10	52	58	33	4	183
	Total	**392**	**3326**	**2993**	**2641**	**1936**	**726**

4.4.6 | Provision of PPEs to Schools and Universities

The government also provided PPEs to schools and universities. As presented in Table 9, about 15% of respondents rated this policy excellent, 23% evaluated it as average, 25% good, 29% poor, and about 5% very poor.

Table 9 Crosstab – Government Performance: Provision of PPEs to Schools and Universities

		Provision of PPEs to Schools and Universities					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of	Excellent	10	380	826	441	985	21
Government	Very Good	33	1092	699	1078	567	61
In the	Good	135	1595	1018	1157	189	205
Management	Bad	138	300	276	97	9	44
of COVID-19	Very bad	76	118	72	24	4	24
	Not Sure	10	58	63	23	6	180
	Total	**402**	**3543**	**2954**	**2820**	**1760**	**535**

4.4.7 | 3-week lockdown of COVID hotspots

The government's final response strategy, if not resort, to combating COVID-19 was the 3-week partial lockdown of Greater Accra and Greater Kumasi. Out of the 3616 respondents who said this policy was poor, 1650 (46%) said the government's performance was good, 1103 (31%) rated it as very good and 391 (11%) viewed it as excellent. Among respondents who rated the lockdown program as excellent, 58% rated the government's performance as equally excellent, 31% adjudged it as very good, 11% good and the remainder bad, very bad, or unsure (see Table 10).

5 | DISCUSSION

This study has made several significant findings. Notably, we discovered that the government deployed a coordinated and systematic approach to fighting the disease, combining the implementation of several policies. Ghanaians surveyed in this study expressed varying levels of awareness and opinions about the disease. The public has a reasonable understanding of COVID-19. The responses from the study also indicate that some segments of the population view COVID-19 as a normal disease; that there are varying degrees of trust in COVID-19 information communication; and that respondents are more satisfied with the overall performance of the government than with specific strategies. We discuss these findings and others in detail below.

Table 10 Crosstab – Government Performance: 3-week lockdown of Greater Accra and Greater Kumasi

		Provision of PPEs to Schools and Universities					
		Very poor	Poor	Average	Good	Excellent	Don't know
Performance of Government In the Management of COVID-19	Excellent	18	391	840	426	977	11
	Very Good	69	1103	665	1091	523	79
	Good	193	1650	998	1109	177	172
	Bad	170	302	262	90	5	35
	Very bad	85	119	67	23	4	20
	Not Sure	12	51	67	22	4	184
	Total	**547**	**3616**	**2899**	**2761**	**1690**	**501**

5.1 | Coordinated and systematic policy interventions

The COVID-19 pandemic is testing countries' healthcare and emergency systems and their ability to respond appropriately to public health disasters. COVID-19 has impacted virtually every aspect of society and mitigating its effects requires a coordinated approach involving a diverse range of actors, including medical professionals, traditional authorities, NGOs, academics, researchers and scientific institutions, industry actors, and government officials. As noted earlier, Ghana implemented several strategies to aid the fight against the spread of the disease. Such response strategies include legislation (Imposition of Restrictions Act, 2020 [Act 1012]), partial lockdown of COVID-19 hotspots, social gathering restrictions, provision of PPEs to schools, tax relief for medical and frontline workers, COVID-19 stimulus package for businesses, free water initiative, rebate on electricity, free food for school children, and vaccines among others. Ghana's reasonably effective fight against the disease, evidenced by the low number of COVID cases, is a result of a combination of all of these efforts, rather than a single technique. This confirms Bruinen et al's (2020) contention that the most significant outcomes of the fight against the pandemic are the results of a combination of multiple measures, rather than a single policy in isolation. As demonstrated above, Mitroff's (1994) five-stage crisis management model is evident in Ghana's management of the COVID-19 pandemic as the various response techniques implemented fit into each of the five stages of the model.

5.2 | Taken to be a normal disease

According to the study, while the majority of respondents have a decent understanding of how the disease is contracted and how to prevent it, its severity is not adequately appreciated. A sizable number of respondents believe COVID-19 is similar to any other flu and that the severity of the disease is exaggerated (Table 1). This could work against the fight of the disease because when individuals underestimate a disease's severity, they do not take preventive measures as seriously as they should, increasing the risk and rate of infection. Indeed, many have attributed the increase in COVID infections between January and March 2021 to non-adherence to safety protocols, particularly after the December 2020 general elections.

5.3 | Variable levels of trust in COVID-19 information communication

Respondents' degree of trust in various sources of information about COVID-19 varies. This study found that the most trusted source of information is the presidency and the least trusted are the MMDCEs (Table 2). Perhaps, because of his position and the kind of information the president is privy to, citizens believe that he is more credible and trustworthy. According to Viola et al. (2021), the most successful strategy for dealing with the COVID-19 pandemic is to establish a method for conveying pertinent information about what needs to be done while avoiding instilling panic in citizens. However, regardless of the type of communication (interpersonal, media, or political and governmental), trust is a critical factor in determining audience' response and shapes their behavior in responding to the information provided (Viola et al., 2021). Tyler and Degoey (1996) discovered that public willingness to comply with laws and stated regulations is most strongly influenced by faith in authorities.

Additionally, the capacity to assure willful compliance is critical for the legitimacy of governance systems as widespread noncompliance impairs the government's ability to perform its tasks. Therefore, low degree of trust in MMDCE's information is particularly concerning given their role in the governance system especially at the district or local level. They are supposed

to be more accessible to and in touch with citizens, as well as to ensure the localisation of government policies, programs and interventions. Hence, low-level trust can affect compliance with directives because trust in an institution or person determines people's attitudes toward that institution or person and the directives they give. Our discovery of lack of trust in MMDCEs corroborates a previous Afrobarometer (2018) finding that citizens place a higher premium on the president and certain other individuals and institutions than on their MMDCEs. Indeed, in that study, whereas approximately 70% of respondents trusted the president, just 46% trusted their MMDCEs.

5.4 | More satisfied with the overall government performance than specific strategies

Moreover, while respondents lauded the government's overall performance (Figure 1), they were not very impressed with specific response mechanisms (Tables 4-10). This notwithstanding, a majority of respondents who rated the policies as excellent also rated the government's overall performance as excellent. The difference in levels of satisfaction with government's general performance vis-à-vis the performance of various response strategies are quite perplexing. The government was deemed to have handled the pandemic admirably effectively. As many as 87% of respondents expressed varying degrees of satisfaction with the overall performance, despite the apparent lack of corresponding satisfaction with specific programs.

This intriguing but seeming paradox can be explained by a number of factors. Perhaps the comparatively low number of COVID-19-related deaths in Ghana contributed to respondents' perceptions of the government's success. On the other hand, the global devastation caused by the COVID-19 outbreak may have thrusted responders to be more empathetic toward the administration. Equally significant is President Akufo-Addo's personal involvement in communicating the risks and potential mitigation strategies. Consistency in his briefs may have contributed to the government's favorable ratings. Lilleker (2021) applauded the approach adopted by the president in dealing with the pandemic, indicating that His Excellency Akufo-Addo took responsibility for COVID-19 policy and clearly explained the needed measures to tackle the challenges facing the country. The sheer display of empathy on the part of the president won him the admiration of Ghanaians and the world at large (Lilleker, 2021). The public engagements and briefings were vital in moulding public perception and enforcing protocol compliance. The correctness, consistency and dependability of the information provided are critical to the fight against the spread of the disease. According to Apuzzo and Gebrekidan (2020), the Taiwanese, Singaporean, and South Korean governments' fast response aided their fight against the spread. Conversely, the Federal Government of the United States was accused of giving citizens haphazard, unclear and inconsistent information, which jeopardised public trust and response to the pandemic (Weible et al., 2020).

5.5 | Electoral gains from the management of the pandemic

The regional distribution of government performance ratings (Figure 2) reveals that regions won by the NPP in the 2020 presidential elections rated the government's performance higher than those won by the NDC (an average of 90% against 78%). Thus, those who believed the government functioned admirably were more inclined to vote for the NPP in the 2020 presidential election. As expected, majority of respondents who gave the administration an outstanding or very high rating stated that they voted for the NPP in the 2016 elections. This lends credence to Gadarian et al's (2020) contention that party politics can influence national responses to pandemics. It also concurs with Lilleker's (2021) argument that countries' responses to the pandemic mirror their internal politics, implying that a government's response to the pandemic is ingrained in existing leadership patterns. Interestingly, however, majority of respondents who voted for the NDC (opposition party) in 2016 were satisfied with the government's performance, albeit not many rated it as excellent.

6 | CONCLUSION AND POLICY IMPLICATIONS

This article has examined the various response mechanisms deployed by the Ghanaian government and other state institutions in battling the COVID-19 pandemic as well as the public's perception of these responses. The efficacy of response systems is critical since it determines how successfully a country manages the pandemic. In the Ghanaian case, well-coordinated policies and timely information contributed to a significant reduction in case count and fatalities. These included partial lockdown of COVID-19 hotspots, restrictions on social gatherings, provision of PPEs for schools, tax relief for medical and frontline workers, COVID-19 stimulus package for businesses, free water initiative, rebate on electricity, free food for school children and inoculation. Ghanaians, on the whole, have a reasonable level of knowledge regarding the disease and its prevention. Moreover,

the study discovered that respondents were generally satisfied with the government's attempts to combat COVID-19, albeit they expressed some dissatisfaction with the operations of various state organisations and specific response actions. Overall, they rated the government's performance higher than specific strategies and institutions.

Furthermore, the study ascertained that Ghanaians had different levels of trust in the various individuals and institutions that relayed COVID-19-related information. They trusted the president as the most reliable source of information on COVID-19 and the Ghana Medical Association as the second most trusted source. The trust in the latter is partly explicable by their expertise and knowledge in health-related issues. Equally significant was the Ministry of Health, which ranks third in terms of trust, and local opinion leaders, who rank fourth. In effect and in light of our findings, we argue for increased involvement and collaboration of local stakeholders in educating Ghanaian residents to ensure compliance with COVID-19 protocols.

Finally, the regional distribution of responses suggests an apparent relationship between respondents' satisfaction with the government's handling of COVID-19 and their support for the ruling party. In the 2020 general elections, the ruling party won in every region that endorsed the government's performance as excellent. Yet, while tremendous success has been achieved in combating the epidemic, much work remains notably in educating and sensitising individuals about the disease and its severity. Comfort et al. (2020) discovered that collaborative insight, bolstered by timely communication and sustained by excellent planning, skilled personnel, cutting-edge technology and strong leadership are required for a coordinated response to global emergencies. Consequently, all relevant institutions must be proactive in the fight against COVID-19.

BIOGRAPHICAL NOTES

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