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Author(s): Joana Salifu Yendork and Spencer James

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COVID-19 in Ghana: Changes and the Way Forward

Joana Salifu Yendork*, Spencer James†

Abstract: As a lower-middle income country, Ghana is noted for having a progressive economy, health system, and family trends. However, COVID-19, with its associated restrictions, has brought changes to various aspects of Ghanaians' lives. In this paper, we review information from government websites, online media websites, social media, academic articles, and anecdotal evidence to track changes brought about by the pandemic. Specifically, we focus on economic well-being, education and schooling, family interaction, mental health and communication in community as well as ethnic, cultural, and social class variations. Findings show that the COVID-19 pandemic is changing life for all Ghanaians, notably by reinforcing existing inequalities and highlighting previously known gaps in service, coverage, and access across multiple sectors, including healthcare, business and education. Family patterns are changing for both the nuclear and extended family units. The pandemic has created both challenges and opportunities for parents to engage with their children. Anxiety levels are heightened and psychological services have consequently been made widely available. Education has slowly and unevenly gone virtual. Further, the crisis has generated local innovations to meet the nation's needs during the pandemic. The findings call for national reforms in the production and distribution of goods and services in all sectors as well as empirical work into the long-term effects of the pandemic on Ghanaians.

Keywords: COVID-19, inequality, family interaction, mental health, Ghana

Résumé : En tant que pays à revenu intermédiaire de la tranche inférieure, le Ghana est réputé pour son économie, son système de santé et ses tendances familiales progressistes. Cependant, COVID-19, avec ses restrictions associées, a apporté des changements à divers aspects de la vie des Ghanéens. Dans cet article, nous examinons les informations provenant des sites Web du gouvernement, des sites Web des médias en ligne, des médias sociaux, des articles universitaires et des preuves anecdotiques pour suivre les changements provoqués par la pandémie. Plus précisément, nous nous concentrons sur le bien-être économique, l'éducation et la scolarité, l'interaction familiale, la santé mentale et la communication au sein de la communauté ainsi que les variations de classe ethnique, culturelle et sociale. Les résultats montrent que la pandémie de COVID-19 change la vie de tous les Ghanéens, notamment en renforçant les inégalités existantes et en mettant en

* Department of Psychology, University of Ghana, Legon, Accra, Ghana ([jyendork@ug.edu.gh](mailto: jyendork@ug.edu.gh)).

† School of Family Life, Brigham Young University, Provo, Utah, USA ([spencer_james@byu.edu](mailto: spencer_james@byu.edu)).

évidence les lacunes précédemment connues en matière de services, de couverture et d'accès dans plusieurs secteurs, notamment les soins de santé, les affaires et l'éducation. Les schémas familiaux évoluent aussi bien pour les unités nucléaires que pour les familles élargies. La pandémie a créé à la fois des défis et des opportunités pour les parents de s'engager avec leurs enfants. Les niveaux d'anxiété augmentent et les services psychologiques sont par conséquent largement diffusés. L'éducation est devenue lentement et inégalement virtuelle. De plus, la crise a généré des innovations locales pour répondre aux besoins du pays pendant la pandémie. Les résultats appellent à des réformes nationales dans la production et la distribution de biens et services dans tous les secteurs ainsi qu'à des travaux empiriques sur les effets à long terme de la pandémie sur les Ghanéens.

Mots-clés : COVID-19, inégalité, interaction familiale, santé mentale, Ghana

Introduction

Ghana, with a per-capita income of roughly \$2200 and population 31 million, is in West Africa bordered by Côte d'Ivoire, Togo, and Burkina Faso. The first country in sub-Saharan Africa to gain independence in 1957, Ghana has always been a leader among its peers, with a strong, improving, and increasingly diversified economy and rapidly growing middle class, well-established democratic institutions, and a persistent commitment to Pan-Africanism since the days of Kwame Nkrumah, the country's first president (Gocking, 2005).

However, the relative stability Ghana enjoys today has been hard-earned. Since independence, the country experienced five coups and political mismanagement strained finances (Gocking, 2005; Heaton & Darkwah, 2011). At independence, Ghana was considered an unequal but middle-income country that watched its political and economic misfortunes tumble into the ranks of low-income countries. Today, Ghana is considered a Lower-Middle Income country (The World Bank, 2017).

Trends in Health Patterns

Ghana fares well compared to many of its neighbors, with a life expectancy in the mid-60s. The infant mortality rate of 48 per 1,000 live births (Centers for Disease Control and Prevention, 2019) remains high, partly due to poor healthcare in rural areas. However, poverty rates are falling, from 13.6% in 2013 to 11.9% in 2017, but rural poverty rates are nearly double and multidimensional child poverty remains stubbornly high (Government of Ghana, 2019).

In terms of adult mortality, the five most common causes of death include malaria, lower respiratory infections, neonatal disorders, ischemic heart disease, and stroke, as non-communicable diseases are increasingly prevalent (Centers for Disease Control and Prevention, 2019). Ghana has also struggled under the weight of the HIV/AIDS crisis. Today, HIV prevalence is at 1.6% of the population and the country is working toward achieving the United Nations 90-90-90¹ targets (Ali et al., 2019).

Happily, trends in health and wellbeing are improving. Ghana has seen impressive declines in both infant (72-> 44) and Under-5 (111-> 78) mortality²

(Adua et al., 2017, p. 199). Life expectancy is also improving and out-of-pocket healthcare costs, while still high by international standards, are decreasing. Access to and usage of healthcare services is up, largely attributable to the 2003 National Health Insurance Scheme covering about half of the population in a cost-sharing scheme. However, the Scheme's high costs make it prohibitive for much of the rural population (Adua et al., 2017).

Trends in Family Patterns

Ghana's family patterns are changing. With a very young population (median age = 21.5), Ghana's population is projected to grow from 31 to 52 million in 2050 (United Nations Department of Economic and Social Affairs, 2019). Currently benefitting from the demographic dividend³, age at marriage, particularly for women, has risen sharply, along with increasing age at sexual debut. Furthermore, age at first birth is increasing.

However, these events still occur early, around 21, compared to the late teens 30 years ago (Heaton & Darkwah, 2011; author calculations). This delay is important because it is when women typically finish secondary school, seek employment, and establish independence. Thus, new family formation patterns benefit women and their children, since women typically spend more time, energy, and income on themselves, perhaps partly mitigating the loss as Ghana's demographic dividend fades in 2025. Change, however, has been slower in rural areas than urban ones (Ghana Statistical Service (GSS) et al., 2018, p. 4; Heaton & Darkwah, 2011).

Polygyny, at 14% today, is less common than it was 30 years ago (33%). Teenage pregnancy in 2017, at 14% overall, varies by education, with 35% of uneducated women experiencing teenage childbearing compared to just 4% among those with secondary education (Ghana Statistical Service (GSS) et al., 2018, p. 4).

Overall, the state of Ghana's health and family patterns is one of mostly positive change. Prior to COVID-19, Ghana was improving access to healthcare and extending availability of health facilities. Family patterns were increasingly beneficial to women and children. However, healthcare access was limited in rural areas, where poverty is common, and family patterns differ markedly by level of education. In other words, Ghana's society was characterized by social schisms of inequality.

Changes and Effects

Ghana reported its first COVID-19 cases on March 12th, 2020 and as of May 29th had recorded 7303 confirmed cases, 34 deaths, and 2412 recoveries (Ghana Health Service, 2020). To curb the spread, the government imposed a 3-week partial lockdown in the epicentres of Accra, Kumasi and Kasa, closed ports of entry, banned social gatherings (including funerals, political rallies, sporting and religious events), and fumigated several markets, schools, offices and public spaces. Hotels, shopping malls, supermarkets, and restaurants operate with enhanced hygiene measures. Although the lockdown was lifted on April 19th,

the social gathering ban is still enforced with measures in place to ensure social/physical distancing and public safety. On April 25th, the Minister of Health directed Ghanaians to wear face masks in all public places where social distancing may be difficult. However, individuals in public-facing jobs such as those in the food/transportation sectors, public and commercial centers, and hospitals/clinics are mandated to wear face masks.

The government set up a COVID-19 fund for donations from individuals and institutions. The Minister for Gender, Children and Social Protection also provided cooked meals to vulnerable people during the lockdown. Essential workers have been given tax relief, additional allowance of 50% of their basic salary for four months and an insurance package. During the second quarter 2020, water and electric bills for most Ghanaians have been absorbed by the government. Beyond government interventions, several benevolent individuals and organizations have donated food items, personal protective equipment (PPEs), medical supplies, buildings for isolation centers, and free transportation and fumigation of school buildings. There are regular updates by the Minister of Information and the Ghana Health Service (GHS) on government measures to fight the disease. The information reported in this paper is based on publications on government websites, online media websites, social media, and anecdotal evidence.

Economic Well-Being: Work/Income

Economic prognosticators (Afolabi, 2020) predict Ghana's economy will be badly affected by the pandemic. Her trading partners (i.e., China, Europe, USA), have experienced mass production shutdowns, resulting in declining demand for and trade in raw materials and commodities, industrial components and manufactured goods, and food supplies, largely due to the closure of Chinese borders. Also expected is slow GDP growth with increased inflation, increased unemployment, depreciation of the Cedi and rising interest rates.

The pandemic has also had an effect on the economic wellbeing of individuals, with job losses and downsizing in both the formal and informal sectors (Byte, 2020). Low business has led to fear among workers of potential job loss (City FM, 2020). Entities managing large numbers of people are particularly affected since the ban on social gathering means such businesses must suspend operations if virtual customer engagement is unfeasible. The suspension of commercial activities such as passenger tricycles in Ahafo Region and the ban on passengers on goods-carrying tricycles also led to revenue loss in large numbers (Lartey, 2020).

The agricultural, tourism, and hospitality sectors are also experiencing high operation costs and low revenue. For example, vegetable producers bemoaned the increase in freight cost following border closure and revenue loss, decreased demand from hotels, restaurants, and shopping malls. Consequently, some have cut labor and laid off workers (Eduku, 2020). Farmers warned of food insecurity due to disrupted seed and fertilizer supply chains and declining foodstuff demand (Netey, 2020). Rice production in Upper East region is projected to diminish as social distancing measures have compelled farmers to reduce worker

numbers and therefore production. Some farmers have expressed concerns that increasing labor usage may exposed them to the virus (Citi Newsroom, 2020).

The informal sector has also been badly affected, from porters and homeless youths who cart shoppers' goods to street beggars dependent on people's benevolence all lost their source of living on empty, lockdown streets in Accra and Kumasi (Gyesi, 2020; Anadolu Agency, 2020). Although the Ministry for Gender, Children, and Social Protection announced hotlines to direct people to food, many homeless people lacked phones to call and some were beaten by the police upon arrival at the location (Gyesi, 2020; Anadolu Agency, 2020).

The cost of living has spiked partly due to food shortages as well as increased business costs. Because businesses are required to provide hand-washing materials for customers, the extra cost has been passed on to consumers. To compensate, people have reduced the quality and quantity of food they consume while others took to social media to learn food preservation techniques. The transportation sector increased costs to compensate for social distancing guidelines requiring fewer passengers. Some imported goods are in short supply due to border closures, leading to skyrocketing prices on those already in the country.

For some, business has been good. Demand for items such as Veronica buckets (i.e., a bucket used for hand washing) has shot up due to the previously mentioned handwashing requirements. Consequently, many businesses have diverted focus to meet surging demand. For instance, the fashion industry is now largely sewing face masks, pharmaceutical companies producing hand sanitizer, and street vendors selling PPEs in the markets and on the streets. Demand and prices for surgical and N95 masks are soaring. Demand for masks has also meant increased revenue for cloth producers/retailers. Emerging businesses such as online marketing are flourishing because of physical distancing measures. Local manufacturers have stepped up production of necessary equipment, including low-cost ventilators, contactless hand-washing machines, rapid diagnostic test kits, drones to deliver COVID-19 samples, face shields, and mobile applications to detect suspected cases (Nyabor, 2020).

COVID-19 has also changed shopping, which is primarily conducted in-person in open-air markets although some individuals patronize supermarkets and malls in the cities. On special market days, when food and other goods are cheaper and more abundant, the markets are packed as some buyers and sellers, many who travel long distances, reserve shopping and selling for these days. To prevent virus transmission among the crowds, some regions and municipalities have banned special market days (Greater Accra, Ahafo Region and Obuasi Municipality; Dapaah, 2020; Lartey, 2020). Some main markets even relocated some commodities outside the main market to ensure physical distancing (Lartey, 2020) whereas other markets allocate certain days for different commodities (Dapaah, 2020). Without special market days, shoppers now patronize smaller, more local but pricier markets and stalls. Additionally, more Ghanaians patronize online marketing where selection is greater and payment is either through mobile money or cash upon delivery.

Education and Schooling

All schools were closed and major senior high and basic school examinations suspended until further notice when Ghana reported its first cases. Virtual teaching and learning has begun (Mohammed, 2020) but school closure illuminated disparities in teaching and learning facilities in public and private schools. While many private schools transitioned online within weeks, many public schools remained closed due to lack of facilities, equipment, and skills for virtual teaching and learning. It was nearly two months after closure, on May 5th, 2020, that the Ghana Education Service (GES), in collaboration with Ghana Broadcasting Corporation (GBC), released a timetable to air virtual teaching for students on a new channel called Ghana Learning TV (Ghana Education Service, 2020). While GBC is widely available, some students still cannot access these resources because they do not have a television, reliable (or any) electricity, or internet connectivity. At the tertiary level, some lecturers lack technological skills and some students lack smartphones, tablets, or computers. Additionally, many cannot afford internet bundles when the school-provided bundles run out, preventing may from accessing online education (Mohammed, 2020).

The same disparities between public and private institutions were also visible among tertiary institutions. While some private schools such as Ashesi University quickly rolled-out online learning (Ashesi University, 2020), students in the public universities reacted strongly to online teaching, citing challenges with internet connectivity and lack of computers. Some universities (University of Ghana [UG] and University for Professional Studies, Accra [UPSA]) liaised with telecommunication companies to provide free Sim cards and internet bundles to students but still battled poor internet connectivity. Consequently, while Ashesi University's online learning started on March 30th (Ashesi University, 2020), UG began two weeks later on 14th April, 2020 after two failed attempts (UG, 2020a), and University of Cape Coast (UCC) a week after (Peace FM online, 2020). Disparities also exist about resources made available to students.

Family Interaction, Social Distancing, and Isolation

Ghanaian families have had to change their daily patterns and rituals due to COVID-19. One positive family interaction change is increased time spent together. Previously, weekdays were for school or work and weekends for social and cultural events such as festivals, religious gatherings, funerals, and weddings, etc. With the ban on social gatherings, many, if not all, of these events ceased, giving families greater time together when combined with adjustments to work schedules and job losses. Consequently, parents are now more involved in their children's education.

Not all dynamics were positive, however. School closure, which required additional childcare, has sometimes necessitated children's relocation to live with relatives or hiring a caretaker. Employing a caretaker is also challenging as parents worry about the virus spreading via the caretaker. Where possible, some families have reduced their use of caretakers or cleaners in favor of one parent

staying home. While this may increase stress for the stay-at-home parents, the caretakers and cleaners have also lost their livelihood.

Some families have struggled to homeschool their children, which has altered family dynamics. Some parents struggle with the homeschool curriculum, especially those with little education, often resulting in stress and anxiety within the family. Parents strive to balance their work schedule from home while attending to their children's needs, further increasing their stress levels, sometimes even preventing them from attending to children's educational needs (Mohammed, 2020). In some homes, schooling has been abandoned as children roam freely or are engaged in their parents' businesses or farming activities.

Anecdotal evidence suggests strong concerns about a family member leaving home and bringing the infection back to the household. Relatives in areas with high infections rates are sometimes encouraged to remain in places rather than travel to visit family. For example, the mother of the first author told her of a rural mother who refused a visit from her daughter who lives in Accra because she worried about the daughter carrying the virus to her. These worries are founded in and exacerbated by the fact that many remote areas have poor health care facilities. The increased skepticism is potentially breaking the communal lifestyle of many Ghanaian homes.

Broader, often extended, family traditions have also been affected by the pandemic. Ghanaians have elaborate funerals, often celebrated over a week's time, depending on the deceased's ethnicity and financial status. These flamboyant festivities are now on hold. Some families have resorted to virtual funerals (Adamu, 2020; Ohene, 2020), while others have opted for private burials with the main funeral postponed until after the pandemic (Adamu, 2020). Still other have chosen to keep their deceased loved ones in the morgue until the funeral can be held, resulting in congestion (Kaledzi, 2020). Wedding ceremonies have not been spared (Asamoah, 2020) either, as many weddings have shrunk dramatically in size (Adomonline, 2020; Amoako, 2020) and some prospective couples have even postponed their wedding (Nurudeen, 2020). Some couples who chose to ignore health directives and held large weddings were arrested (Class FM, 2020; My News Gh, 2020).

The lock down also cut-off some people from their families. Some porters in large cities in the south, many of them immigrants from northern Ghana, attempted to return amidst the lockdown and were intercepted (Anseh, 2020) and handed over to the police (Welsing, 2020) to prevent asymptomatic carriers from spreading the virus. While the migrants were provided food and shelter (AMA, 2020), these individuals were cut-off from their families for the 21-day lockdown period. Even after the lock down, many were unable to unite with their families due to fear over carrying the virus.

Before the borders closed, all international travelers underwent a mandatory 14-day quarantine at an Accra hotel at no cost to them. These travelers were prohibited from seeing their families during the 14-day period. Individuals who tested negative at the end of quarantine period were allowed to return home but those who tested positive underwent treatment at hospital. This meant that family

members of international travelers might not see their relatives anywhere from 2-6 weeks, further straining the family and inducing uncertainty about family dynamics and interactions.

Mental Health and Anxiety

Anxiety and mental health issues have been key outcomes of the COVID-19 pandemic. While some Ghanaians believe COVID-19 is a hoax, many are highly anxious about contracting the virus. In April 2020, a religious leader offered a 100-bed capacity building as an isolation and treatment center. The surrounding neighbors protested vehemently until the offer was withdrawn (Joy Online, 2020). Residents in a suburb of Obuasi demonstrated against plans to site a COVID-19 isolation center in the community, claiming the location may expose them to the virus (Tijani, 2020).

Those with the virus and their families face stigma in their community, the result of poor understanding of the virus (Joy News, 2020). A survivor recounted how her daughter was stoned while neighbors stood quietly nearby refusing to help (BBC OS, 2020). This stigma may prevent symptomatic people from seeking care and potentially undo the preventive measures designed to thwart the virus (Nyavor, 2020).

In recognition of the mental health needs of Ghanaians, eight psychologists have been included in the nation's COVID-19 Operations Team, assisting with protocol development, psychological training, and psychoeducation, research support, psychological services, and case management. The Ghana Psychological Association (GPA) has been visible and communicative, regularly providing information on coping strategies and psychological services in English and many Ghanaian languages on their website and various media platforms. Occasionally, the GPA has delivered speeches during Ministry of Health's press conferences. Three GPA members serve on the Private Sector Fund Destigmatization Project Committee.

The pandemic has adversely affected aspects of Ghana's health system beyond mental health. Social distancing and movement restrictions have led to blood shortages in some hospitals (Gyan, 2020). Some doctors have been infected with the virus (GhanaWeb, 2020) and major hospitals have closed some units for fumigation after patients test positive for the virus (Joy Online, 2020a, b), meaning patients with critical issues may be stranded as they search for alternative healthcare sources.

The COVID-19 pandemic has brought to light deficiencies across resources, personnel, and pattern of hospital distribution. This fact was recognized by President Akufo-Addo in his 7th address to the nation where he focused on the role of chronic, non-communicable diseases, mental health issues, emergency services, preventive and promotive health care, and the unequal distribution of health facilities in the nation (The Presidency of the Republic of Ghana, 2020, April, 26th). To address the inadequacies, he promised major investments in healthcare, starting with the construction of 88 new hospitals across the 88

districts in the nation, beefing up existing laboratories, and establishing new labs and infectious disease control centers.

Despite rising infection rates, the nation continues to stride forward in their handling of the pandemic. Previously, only two labs were equipped to test COVID-19 cases. Two more have been added, with plans to equip another in the northern part of Ghana. Completed but unused hospitals such as the University of Ghana Medical Center and the Bank of Ghana hospital are now being used as care facilities for COVID-19 cases (Anyorigya, 2020). There is also greater reliance on local manufacturers for medical equipment and medicines (The Presidency of the Republic of Ghana, 2020).

Communication in Community

The government provides regular press briefings on the pandemic by the minister of information and occasionally by the president, during which they give updates on testing, treatment, recoveries and other announcements. These regular updates have enhanced Ghanaians' understanding and eased fears about the virus. Individually, people have reduced direct communication as people adhere to physical distancing guidelines; virtual communication through mobile phones and social media platforms has increased.

Fake news is widespread. For example, on April 18th, there were rumors that Melcom (a large retail chain) was giving out GhC 2000 gift cards to every Ghanaian. In March, fake news circulated about a potential cure for the virus when a pharmaceutical product was reportedly approved as a cure for coronavirus (www.dailymailafrica.com, 2020), along with a pastor who was falsely cited as claiming to have the cure for the virus (Kamasah, 2020). All of the people and companies involved have come out to dispute the false reportage. The president and minister have used their regular press briefing to advise the nation on fake news and caution the media to desist from reporting on it.

Ethnic, Cultural, and Social Class Variations

Currently, there are no data available on the ethnic differences for COVID-19. For gender, males (61%) are more affected than females (39%). Where there are large difference, however, is across regions. The Greater Accra region, which includes the capital, contains 70% (5148/7303) of cases as of May 29th, 2020 (Ghana Health Service, 2020). This is unsurprising, as Accra is the economic and political center of the country and home to the nation's international airport, so all international travelers pass through Accra.

COVID-19 has shifted governmental attention from other diseases, including a Cerebro-Spinal Meningitis outbreak in the northern regions. As of May 5th, there were 409 recorded in the 5 northern regions, with Upper West alone recording nearly 75% of cases (Mahama, 2020). Many regional and civic leaders feel the government has neglected them to focus on COVID-19.

Across regions there is an unequal distribution of resources and health infrastructure to fight the COVID-19 pandemic. All virus samples must be transported

to Kumasi or Accra since no testing centers were set up, as of May 2020, in the Northern regions, despite acknowledgements of the problem from Ghana Health Alert (Adeti, 2020).

Another social schism is appearing along educational lines, as the highly educated have a better understanding of the virus and adhere to physical distancing and hygiene measures, many with less education deny the virus' existence and/or claim it cannot affect the righteous (City Newroom, 2020). This lack of understanding may stem from the fact that many of the educational materials and outlets are in English, which undereducated Ghanaians do not speak as well as their native languages (Mohammed, 2020). Educated people can also afford to shop from smaller retail shops where they encounter fewer people (but are more expensive) and can afford preventive measures such sanitizers, face masks etc.

Unfortunately, it is Ghana's most vulnerable that are hardest hit. Some persons with disabilities reported losing support during the lockdown as there was no national provision for such individuals except for the provision of cooked meals and then only in the lockdown areas. For some individuals, the partial lock down cut short their government and NGO support whereas others experienced loss of support because their benefactor's income fell during the economic slowdown (Anisah, 2020). Similarly, during the partial lock down the homeless struggled with accommodation. Sometimes this sense of loss boiled over into frustration, leading to altercations with law enforcement and security personnel (Gyesi, 2020; Anadolu Agency, 2020). These same groups also run the highest risk of exposure as they struggle with social distance and cannot afford PPE.

Conclusion: Major Changes and the Future

The COVID-19 pandemic is changing life for all Ghanaians, notably by reinforcing existing inequalities and highlighting previously known gaps in service, coverage, and access across multiple sectors, including healthcare, business, education, and family patterns.

Family dynamics have changed for both the nuclear and extended family units and in wider community engagement patterns. Changes brought about by the pandemic have offered parents and children more time to bond while at the same time increasing parents' responsibilities towards their children. Spikes in the cost of living and un(der)employment means families, many of whom are already living frugally, are forced to make do with fewer and fewer economic resources. This combination can and likely will negatively affect parents' ability to afford goods and resources needed for successful development and family well-being. Economic strain is also psychologically stressful and can impact parent-child interactions, families' physical and mental wellbeing, and children's academic achievement, among other effects.

Additionally, the pandemic has widened the distance between remote family members due to reduced travel, and also stigma associated with being potential carriers of the virus. Broader family traditions and cultures around childbirth, marriage, and death have also changed. All of these changes have short-and

long-term implications for family functioning and communality in the Ghanaian context that are worth exploring in large scale empirical research.

The COVID-19 pandemic has brought about other changes that go beyond the family. Businesses are experiencing high production costs, reduced revenue, and talent loss. On the other hand, it has shown that Ghanaians have to capacity to invent highly sophisticated machines and that manufacturers can produce goods locally to meet the nation's needs.

The COVID-19 pandemic should serve as a wake up to the government and calls for change in our way of life. Reliance on foreign products and manufacturing should be reduced in favor of local production. To achieve this, the government should consider supporting local companies to create jobs and keep the economy going. In the education sector, the education ministry of Ghana should incorporate virtual teaching and learning practices at all levels. In terms of health, the president has already laid out steps to expand access across the country. There is also the need for the country to improve its welfare system by implementing policies and investments that enable the government to support its citizens during hard times. The government should continue to raise awareness and fight stigma and ignorance in all areas. Infected individuals and their families need multidimensional support (physical/mental health, social protection, educational) to help them navigate this difficult situation.

In sum, COVID-19 has changed the way individuals, families, communities, and the nation of Ghana as a whole interact with and for each other. Empirical work should examine how the crisis leaves its mark over the long-term and whether inequalities and divisions visible prior to the crisis are either deepened or alleviated.

Notes

1. 90% of all people living with HIV know their HIV status, 90% of all people diagnosed receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy have viral suppression.
2. Deaths per 1,000 live births.
3. The economic benefits that come from a younger population as a population transitions from high to low birth/death rates.

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