UNIVERSITY OF GHANA, LEGON

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Managing Pandemics in West Africa: The Challenge of Vaccine Apathy in Ghana

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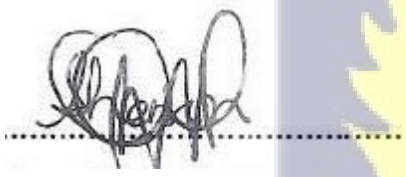
DECLARATION

I, SHARON OWUSU NYANTAKYI, do hereby declare that this dissertation is the outcome of my own original research I have undertaken under the supervision of DR. KEN AHORSU and that apart from other works which have been duly acknowledged, no part of it has been submitted partially or wholly for any purpose.



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DEDICATION

I dedicate this work to my entire family.

ACKNOWLEDGMENT

I give thanks to the Almighty Lord for his kindness, wisdom and strength granted me. I will never have been able to come this far but for the grace of God.

My experiences at LECIAD have been priceless because of some incredible people who guided and supported me along the way. To my supervisor Dr. Ken Ahorsu I am grateful for the opportunity to learn from you, for your guidance and patience with me.

My sincere gratitude also goes to all lecturers of LECIAD for your sacrifices and impact.

God bless you all!

LIST OF ABBREVIATIONS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
TB	Tuberculosis
WHO	World Health Organization
PHEIC	Public Health Emergency of International Concern
NHS	National Health Service
COVID-19	Coronavirus Disease of 2019
CEPI	Epidemic Preparedness Innovations
GAVI	Global Alliance for Vaccines and Immunisation
COVAX	COVID-19 Vaccines Global Access
CDC	Centers for Disease Control and Prevention
SDGs	Sustainable Development Goals
UNCED	United Nations Conference on Environment and Development
SARS-CoV-2	The severe acute respiratory syndrome coronavirus-2
WAHO	West African Health Organisation
GIDC	Ghana Infectious Disease Centre

ABSTRACT

The study explores the management of pandemics with a focus on the challenge of COVID 19 vaccine apathy with Ghana as the case in point. The theory of securitization served as the framework. The objectives of the study were to determine how the COVID 19 pandemic was managed in Ghana and other parts of the world, as well as the factors dissuading Ghanaians from taking the vaccines. It also looked at the other remedies proffered other than the COVID 19 vaccines. The research employed the use of qualitative method using interviews and questionnaire. The questionnaire was analyzed using SPSS and the interviews were transcribed and analyzed using thematic analysis. The findings of the study revealed that social, cultural, political factors as well as structural weaknesses inherent in African societies creates difficulties in managing pandemics. Lack of trust in political leadership, religion, preference for traditional remedies, misinformation and misconceptions are the major barriers to vaccine uptake in Ghana. It also revealed that there is a general awareness of the vaccine but more information about them was lacking creating conditions for vaccine rejection. It was recommended that there should be regular vaccine campaigns targeted to address the fears, concerns and mistrust using text messaging, radio and tv adverts, door to door campaigns and the use of public address systems. The campaigns should also factor the different socio-cultural set up present in different localities in order to address the issue of vaccine hesitancy. In addition, there is the need to involve religious leaders and their institutions, doctors and influential people within society to serve as vaccine ambassadors to advocate for the benefits of vaccinations and instill trust in the public.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Background of the Study

Today's epidemic (and pandemic) outbreaks, the universal threat and anxiety they pose makes containing them absolutely necessary. The mounting spread of infectious diseases globally, have called for concerns among states and non-state actors as an outbreak in one country poses a risk to other neighboring countries and the rest of the world (Singh, 2019). Pandemic outbreaks do not only have consequences for human health but significantly affect every facet of human life. More so, it destabilizes the political, social and economic order of states (Davies 2008: 29). Emerging and re-emerging diseases have the capacity to rapidly cross borders and beyond, threatening even powerful nations with the most sophisticated surveillance equipment's and health infrastructure. More worrying is the influx of mutations and new strains making these viruses unpredictable and difficult for countries rich or poor to manage (Singh, 2019).

The fatalities and anxiety caused by the Spanish Flu (1918), the Severe Acute Respiratory Syndrome (SARS 2002), Swine Flu (2009), 2013-2014 Ebola pandemic, 2015 Middle East respiratory syndrome (MERS) and 2016 Zika virus have raised global concerns over pandemics as a threat to national security (Singh, 2019). Deaths caused by epidemics have over the years outnumbered those caused by past wars (LeMay, 2006). According to the World Health Organisation's global figures, diseases such as Malaria, HIV/AIDS, and Tuberculosis (TB) have caused about 150 million deaths more than 23 million fatalities caused by wars since 1945 (Peterson, 2002). Recent advances in technology, modernization and urbanization in today's world have brought communities much closer than before and expanded the reach of these infectious diseases to spread vectors swiftly across the globe (Ahorsu, 2017). Infectious

diseases have used this leeway to also travel, overlapping borders and boundaries of nations at unprecedented speed causing a rise in "microbial traffic" (Singh, 2019).

In West Africa, although there have been some outbreaks, the impact has been on local populations within certain geographical areas. These outbreaks include Cholera, Ebola, Lassa Fever, and Malaria. Ebola was the first major pandemic to hit West Africa in December 2013 in Guinea. It spread swiftly to Liberia, Sierra Leone, Nigeria, and Mali (Ahorsu, 2017). The Ebola virus was the most catastrophic epidemic disease to hit the sub region. It took the world by surprise and affected early response measures resulting in the dramatic upshot in mortality rates (Briand et al, 2014). The global response of the international community as well as funding was not timely to tackle the virus. The delay by the International Community to intervene propelled the spread of the diseases through ignorance, cultural practices, superstitions, and religious practices (Agazue, 2013). With the help of The World Health Organization (WHO) and Centre for Disease Control and Prevention the virus was contained and treatment and preventive procedures were put in place.

The Ebola virus which stunned West Africa in December 2013, make formidable foes and tragically have the potential to impact every nation and everyone in an increasingly globalized world (Totten, 2015). President Barack Obama in his remarks on the Ebola outbreak in December 2013 urged the world to demystify and change the notion and attitudes towards diseases as mere public health issues but rather see epidemics as threats to the security of states. According to him the same level of attention given to traditional security threats should be given to these epidemics (Totten, 2015).

The concept of security which was hitherto limited to military threats has evolved to include non-traditional threats as climate change, migration, poverty, energy, and diseases (Brenner, 2009). Public health which was alien in security discourses prior to 1990s has been elevated as

a transnational security threat (McInnes & Lee, 2006). The securitization theory propounded by Ole Waever was an important contribution to the "widening deepening" reconceptualization of security in the 1990s (Lipschutz, 1995). The theory broadened the concept of security to include sectors like environment, economy and global health (Krause & Mershon, 1996). According to Lipschutz (1995) securitization is not an objective condition but rather a subjective one (Buzan et al. 1998) which occurs when an "securitizing actor' a person in political authority through speech or speeches portrays a situation as a threat and therefore necessitates extra ordinary measures to be employed to curtail the situation (Wæver, 2011).

Securitization of pandemics is beneficial as it enables governments to prioritize the early mobilization of resources and effect policies needed to prevent the escalation of disease pandemics. For instance, securitization of HIV/AIDS enabled governments to draft effective public health policies to make essential drugs accessible to HIV/AIDS patients (Elbe 2006). Efficient securitization measures bring urgent global health issues to the limelight which otherwise would have been treated as normal (Honigsbaum, 2017).

Covid 19 pandemic is the recent infectious disease that has ravaged the world. The Covid 19 pandemic which started in Wuhan has claimed more than 6 million lives than any war in history (WHO 2020). WHO declared it an international health emergency, (PHEIC)] on the 11th of March 2020 and emphasized the use of safety protocols such as handwashing, use of hand sanitizers, social distancing, recommended mask wearing and other measures to reduce the rate of spread. This global security threat necessitated several responses from different governments to 'flatten the curve' of transmission and reduce extent of morbidity and fatalities. Measures such as border closure, mandatory testing of individuals suspected of the virus, travel restrictions, suspension of port and airport operations among others were instituted.

The United Kingdom, based on the Public Health (Control of Diseases) Act 1984 passed The Coronavirus Act 2020 in parliament giving the government emergency powers in response to the spread of the pandemic (Kingdom 2020). The law allowed the government to undertake certain regulations such virtual court hearings, a return of retired National Health Service (NHS) staff and social workers to increase the number of health practitioners. There was also the shutting down of schools and office spaces, restriction of public gathering, suspension of port and airport operations, compulsory wearing of mask, self-isolation for those suspected of covid. The law also gave the security agencies the power to detain persons who broke the law on covid measures (Kingdom, 2020).

In Singapore travelers from China were banned as soon as the first case was recorded. (Wai 2021). A fourteen-day mandatory quarantine was placed on all travelers coming into the country with requirement to lodge in reserved 5-star hotels provided by the government (Mokhtar & Mookerjee, 2020). The government announced lockdown measures from April 7 to June 1st 2020. Only services which were essential were allowed to operate such as pharmacies, supermarkets and take out from restaurants (Wai, 2021). The authorities in Singapore made the wearing of masks and social distancing mandatory and deployed law enforcement officers (Ang &Phua, 2020) and a 'robot dog' by name Spot (Tan 2020) to ensure people were adhering to safety protocols. Over 6,600 fines were issued for those who broke the rules (Goh, 2020) with some 140 people having their work visas revoked (Wai, 2021).

In New Zealand safety protocols such as handwashing and social distancing were practiced as soon as WHO declared the virus a pandemic. The government encouraged New Zealanders to work from home if they were able to do so. Those over the age of 70 and were advised to stay at home (Cumming, 2022). Lock down measures were instituted with a ban on public gatherings. Schools and businesses were closed except for those providing essential services. Businesses were advised to move their services online. Travel restrictions were placed on

travelers from China, South Korea and Iran excluding citizens from New Zealand (Cumming, 2022). There was also a 14-day self-isolation requirement for travelers and the prohibition of public engagements and events. To counteract the consequences of virus the virus the COVID Response and Recovery Fund was established to support businesses and individuals who lost their jobs. Daily televised briefings, typically from the Prime Minister and Director-General of Health were made to update citizens on the situation (Cumming, 2022).

The above stated measures have been identified as mechanisms which mitigate the virus, however the apathy and sometimes defiance and rebellion against these measures made such efforts unsuccessful. In the US, the Trump administration downplayed the threat of the virus often referring to it as the Chinese virus. The slow response to implement effective containment strategy based on testing, early actions towards strong public health mechanisms, contact tracing, and isolation caused many avoidable deaths. Trump's speeches, twitter posts and press conferences did not instill a sense of urgency and "realness" about the virus and negatively influenced the behavior of Americans towards the virus. President Donald Trump ignored the advice of his own medical professionals and mounted mega rallies. He mocked the wearing of masks despite being warned that everyone should wear them (Parker & Stern, 2022).

In Brazil President Jair Bolsonaro consistently played down the dangers and stopped any centrally planned action. When mayors and state governors attempted to enact their own lockdowns, social distance regulations and mask laws he sabotaged them leading to a number of covid related deaths (Borges & Rennó, 2021)

In countries such as Australia, France, Italy, and Greece there were violent clashes between protestors and the police leading to several arrests and detention over pandemic restrictions and vaccine mandates (Ivković & Maskaly, 2022). Several world leaders were seen to have run afoul of their own restrictions on COVID 19. In New Zealand the Heath Minister was found to

have broken lockdown rules when he went to the beach with his family. Boris Johnson, amidst the lockdown, attended a Christmas party at No 10 Downing Street in breach of restrictions on social gatherings. Norwegian Prime Minister Erna Solberg defied social-distancing conventions by hosting a family celebration for her 60th birthday (Piscopo & Och, 2021).

A number of anti-vaccine campaigns and protests took place in the US, UK, France, Germany by antivaxxers. Many of them blocked major roads in countries to register their displeasure on compulsory vaccination saying it was against their rights. In the Australian Open tennis tournament, men's tennis player Novak Djokovic refused to obtain the covid jab over concerns of the effects of the vaccine on his sporting performance (Capurro et al., 2022). Other sportsmen such as American golfer Bryson DeChambeau, basketball player Jonathan Isaac of Orlando Magic, NBA player Kyrie Irving and Czech tennis player Renata Voráčová all rejected the vaccine for reasons of personal choice. Misinformation on social media, concerns about the safety and of the vaccines, mistrust for politicians and the health system and paranoia have fuelled the vaccine apathy among citizens in developed countries (Lazarus et al., 2021).

In Africa the first reported case of COVID-19 occurred on the 14th of February in Egypt, and in Nigeria on 27th February, whilst Ghana recorded its first case in March. Although the continent was not as hard hit in terms of mortality as compared with the West, past experiences with epidemics on the continent served as lessons and caused some governments in West Africa to install early measures to curb the spread. Several laws were passed in West African countries as well as public health mitigating measures.

Due to the lockdown measures, business operations came to a standstill, leaving the poor particularly vulnerable to the economic repercussions and made it difficult for them to follow covid control measures (Hassan, 2022). The porous nature of the borders in West Africa meant that people used illegal border routes in order to continue with their economic lives further

endangering their communities, making it difficult for government to effectively regulate the movement of persons (Laborde-Debucquet, 2020). Ventilation support systems were not enough to cater for patients. Restrictive measures were met with great resistance from the public. Some of whom were arrested by the security forces for noncompliance (Shodunke 2022)

Another thing that stood out was vaccine apathy which largely affected pandemic control measures. Several people have showed resistance and apathy towards taking the vaccine. It is against the background of apathy towards the acceptance of the vaccines that this research seeks to unravel the factors for the low vaccine intention among Ghanaians.

Problem Statement

The human tragedy caused by the virus moved governments to impose extraordinary measures and find ways to reduce the rate of mortality. Vaccines became the 'holy grail 'and panacea to remedy the Covid pandemic. Huge investments were made by some governments, international organizations, individual private funders in developed countries (Felter, 2021) towards the creation of vaccines. They were developed in less than a year instead of the typical 8-15 years period for vaccine production (Felter, 2021).

By December 2020, numerous potential vaccines were passed with effective rate of 95% (Mupparapu, 2021). In Africa there were concerns about accessibility of the vaccines as the shots were in high demand causing the western democracies to engage in vaccine nationalism. However, with the help of WHO, Coalition for Epidemic Preparedness Innovations (CEPI) and Global Alliance for Vaccines and Immunisation (GAVI) the COVID-19 Vaccines Global Access (COVAXX) initiative was launched to provide vaccines to low- and middle-income countries (Felter, 2021). Despite the availability of the vaccines in West Africa, vaccine apathy persists, undermining vaccination goals of governments in West Africa.

After mounting pressure on government by the Ghanaian public to obtain the vaccines. Ghana benefitted from the first tranche of 600,000 doses of AstraZeneca / Oxford vaccine from the COVAXX initiative on 24th February 2021. Later vaccines came from other bilateral sources, including the Sputnik V vaccines from Russia.

Despite the positive roll out vaccine hesitancy began to impede the efforts to control the virus. In the Volta region a total of 12,780 doses were found to have expired and had to be destroyed as a result of low turnout for vaccination according to a report by the Ghana Health Service (Ghanaian Times 2021). Concerned at the slowdown in vaccinations the government of Ghana embarked on several media campaigns SMS blasts to emphasize the importance of vaccine safety and to persuade more people to get the shots.

Vaccination is frequently said to be one of the most effective means to prevent disease as WHO advises developing herd immunity to protect the entire population. (WHO 2020) However, with the rebellion and apathy in Ghana achieving herd immunity will be difficult. The Ebola virus mentioned earlier exposed the weak structural and social systems as well as political and religious issues inherent in West Africa. With vaccination levels at this rate a significant rise in infection and mortality rates might have devastating consequences. If epidemics have been so lethal and there is a scientific way out in managing it, what then explains the vaccine apathy? Uncovering the apathy to COVID-19 vaccines in Ghana constitutes the research problem of this study.

Research Questions

- How was Covid 19 securitised globally?
- How was Covid 19 securitised in Ghana?
- What remedies proffered and the controversies it generated?
- What are the factors issues and circumstances which dissuade Ghanaians against the administration of Covid vaccine?

Research Objectives

The main objectives of the study is to analyse the reasons for vaccine apathy in Ghana. It specially seeks to,

- Examine how Covid 19 has been securitised globally.
- Analyse how Covid 19 has been securitised in Ghana.
- Examine the remedies proffered and the controversies it generated.
- Study the factors dissuading Ghanaians from taking the Covid vaccine and offer suggestions and recommendations based upon the findings of the study.

Hypothesis

Vaccine apathy in Ghana is real. It is informed by religious beliefs, mistrust, health and superstitious factors among others.

Scope of the Study

This study seeks to uncover reasons for vaccine apathy in Ghana and how this could affect the management of pandemics in Ghana. Although the outbreak of the virus in Ghana has been widespread throughout all the regions in Ghana. This study looks at Greater Accra Region specifically Dansoman suburb which is an urban area in Accra and Oyibi which is suburban. It covers the period of 2021 to 2022 when COVID-19 vaccines became available to the Ghanaian public.

Rationale of the Study

The growing number of infectious diseases has become a source of concern within the international community. Diseases such as Ebola, Lassa feve,r HIV/AIDS have left devasting consequences on many states. The pandemic has brought about untold misery, economic difficulties, food insecurity, supply chain disruptions which the world is still grappling with. The development of vaccines was seen as the only way out. A number of vaccines have been made available in both developed and developing countries however vaccine apathy remains a challenge globally. For developing countries with inadequate health infrastructure this poses a risk as a spike in covid related cases will be difficult to contain. It is hoped that the findings of this study will help unearth the issues surrounding vaccine apathy in Ghana, what can be done and what the challenges are.

Theoretical Framework

Securitization theory is used to analyze this study. Securitization theory has been used by several scholars in theorizing on security and global health issues since it was developed by the Copenhagen school (Sjöstedt 2008; Herington 2010; Honigsbaum 2017; Elbe 2010; Ventura 2016). The securitization theory was first developed by Ole Wæver in his work Securitization and Desecuritization in 1993 (Wæver, 1996; Buzan, 1998).

Securitization theory is an innovative approach to define security. It provides the answers to the following queries. It provides security's "who, what, where, and how" answers (Ciuta, 2009). It asserts that elites make rational choices about security policies. Politicians and decision-makers often define a referent object, identify it as threat, and classify it as an existential threat that requires an immediate response. (Eroukhmanoff, 2018). This is different from the traditional concept of security which looks at the security of the state however in this

case ordinary issues like immigration, climate change and others are transformed and labelled as critical security issues which require drastic measures to deal with.

The political authority does so by means of speech acts to citizens. The speech makes an effort to elevate the topic from an ordinary situation to one of great security concern, which necessitates urgent and exceptional measures to address. (Anatol Lieven, 2020). Health Secretary of Britain Matt Hancock in a speech introducing the Coronavirus Bill indicated

"We are in a war against an invisible killer, and we have to do everything we can to stop it' (Hancock 2020). Emmanuel Macron the French President during a televised address about the coronavirus epidemic used the expression "Nous sommes en guerre," meaning 'We are at war' (Le Monde 2020) six times setting the tone for an emergency situation to justify the extraordinary measures to be undertaken.' Donald Trump for instance claimed US was suffering from the worst attack ever in his history: 'This is worse than Pearl Habor, this is worse than the World Trade Centre. There has never been an attack like this'' (BBC, 2020). These remarks are meant to influence citizens to accept the issue as a threat to national security.The securitizing actor must capture attention, overstate the degree of the threat, and convey a point of no return in order to persuade an audience to take extreme measures. When the peopleagree on the nature of a threat and support the measures, the securitization is deemed successful. However, if the people do not accept the mitigation measures, the securitization hasfailed.

The securitisation theory has also been criticised on the grounds of it being Eurocentric. In this regard, if the theory can be applied in non-western democracies. It presumes that the Westphalian political concept is same in all societies (Wilkinson, 2007). Socio-cultural and political contexts differ in Western and non-Western societies. In effect, the favourable conditions that influence how the audience in developed world respond to securitization

attempts may not always hold true for developing world audiences. It also excludes other forms of expression by the political actor such as nonverbal actions (Wilkinson, 2007). Some academics have criticized the securitization process for being overly straightforward. Securitization, according to its critics, should be viewed as a more laborious and drawn-out process of ongoing social engagements between various audiences and speakers.

Nevertheless, the theory of securitisation is relevant to this study and is ideal as a theoretical framework for the study. Covid 19 as mentioned earlier was securitised by many political leaders. Politicians through their speeches emphasized the urgency and necessity of drastic measures to curtail the virus. This led to several measures such as border closures, vaccine mandates, lock down measures etc. By applying this theory, it will help us understand how the virus has been managed around the around. Buzan's theory on securitization, highlights the fact that for securitization to be deemed successful, it requires the acceptance of the people. Looking at the apathy towards vaccination the theory will help to unearth the reasons behind vaccine apathy in non-western societies like Ghana.

Literature Review

Current epidemic (and pandemic) breakouts, have had profound effects on how individuals, groups, and states live, relate to one another, and govern themselves. These effects are exacerbated by the constant threat and worry that these outbreaks provide, their urgency, and the challenge of limiting them. Speaking about the Ebola outbreak that shook West Africa in December 2013, President Barack Obama characterized viral outbreaks as powerful adversaries that "underscore – vividly and tragically – what was already known: that in an interconnected world, outbreaks anywhere, even in the most remote villages and the remote corners of the world, have the potential to impact everybody, every nation" (Obama, 2014). "Nobody is isolated anymore," he said, alerting us to the threat's widespread nature. "You're not protected by oceans. You are not protected by walls. President Obama urged everyone to stop viewing epidemics as solely public health problems and to start framing them as security risks that also present risks to the economy and humanitarian community. And he urged everyone to apply the same degree of commitment and focus to combating epidemics and the difficulties they present as they do to dealing with more conventional security threats (Obama, 2014)

Obama's emphasis on the need for a more critical analysis of epidemics as a security priority is in line with the serious risks that previous epidemic outbreaks like COVID-19, Ebola (2014), Zika (2015), and SARS (2013) have presented. Over time, epidemics have emerged as one of the worst hazards to humankind, taking lives more quickly than in most previous battles (Lemay, 2006). In today's ever more globalized society, epidemics can disseminate rapidly across the globe in record speed thanks to previously unheard-of advancements in communication and transportation technologies (Ahorsu, 2017). Since 1992, there has been a significant shift in the way security is conceptualized and implemented. The boundaries of military threats are no longer the exclusive domain for security and its requirements. Many today consider migration, poverty, energy, diseases, climate change and its accompanying ecological problems, and poverty to be some of the non-traditional security threats (Collins 2006, Booth 2007). Biological weapons,

bioterrorism, and pandemics have all garnered credibility as threats to international security (see McInnes and Lee 2006).

The COVID-19 pandemic that began in China in 2019 and has relentlessly expanded over the globe as a tectonic plague that has caused catastrophic levels of terror, menace, anxiety and casualties worldwide. Both industrialized and developing nations have experienced a high death toll in a short period of time that has never been surpassed by military losses in history. Containing epidemics requires mobilization that are similar to, but more extensive than, those during times of war. International relations, diplomacy, security, medicine, public health, microbiology, and migration studies have all undergone significant changes as a result of it. Furthermore, it has reinforced the idea that health issues are (transnational) security challenges that pose a threat to human life. Politics and public health don't always get along, as seen by the risks, mortality rates, anxiety, management, global mobilization, and polarizing politics that accompany it. It has closed the gap between the threats posed by microbes and national security, which is determined by scientific rationality and a preference for global rules. The security threat posed by COVID-19 has proven to be contentious and politically charged at times. It has led to diplomatic spats between the United States and China as well as the US's temporary exclusion from the World Health Organization (WHO). In addition to threatening communities and civilizations' very existence, the handling of the COVID-19 situation has endangered governments' ability to maintain their legitimacy. One benefit of the health-security nexus and securitization of health is that it is the most efficient means of mobilizing resources and raising awareness of the global plan of activities for disease management.

The COVID-19 pandemic's widespread dangers have put countries and world leaders under extreme pressure to pass laws and mobilize resources quickly enough to stop the devastating outbreaks. It meant supressing civil liberties, particularly the freedom of assembly and mobility. Therefore, managing epidemics and pandemics now requires not only systemic capabilities in

healthcare but also political capabilities are needed to mobilize healthcare resources and emergency political measures to guarantee public compliance with somewhat autocratic management responses and social order. Kavanagh and Singh observe in their work on COVID-19 that "stability" and a strong infrastructure are obviously insufficient. Political processes must be used to activate the state in all of its manifestations (Kavanagh and Singh 2020, 5). As a result, in addition to being technically difficult, effective and efficient epidemic (and pandemic) preparedness and responses are also politically and normatively significant because they depend on governments' ability to strike a careful balance between the use of force in politics and the maintenance of social order. Periodically applying coercive measures in repressive or semi-authoritarian environments has proven to be particularly successful in keeping the Covid-19 outbreak under control ((Woo, 2021).

Political capacity in responding to epidemic-related emergencies is linked to a number of aspects of policymaking and policy processes, including governments' ability to impose policies and achieve their objectives through more intrusive means that aim to manage or balance a variety of interests, stakeholders, and even resistance. It also has to do with how long a government can maintain legitimacy and trust. Consequently, via persuasion and trust, ensuring greater public compliance with its laws and regulations (Woo, 2021). The "ability of political systems to carry out the tasks chosen by the nation's government in the face of domestic and international groups with competing priorities" is what Kugler (2018, 1) defines as political capacity. However, institutional underpinnings are what enable governments to successfully enact and enforce laws, as well as develop and implement policies (Fukuyama 2004, 2013). In addition to state power, those state institutions and organizations that support group ability and add to "social capacity," such the judiciary and bureaucracy, also help to certify greater political capability (Fukuyama 2011, 2014; Oster 1990, 1994, 1998, 2005; Putnam 1993). When it comes to managing epidemics, political capacity or legitimacy also includes information transparency, policy

effectiveness, and the sociopolitical credibility and confidence of authorities and leaders. political communication abilities, adaptability and leadership qualities, and broader processes of legitimation. To ensure public support for policies and encourage better adherence to laws and regulations, especially in the areas of social, political, economic, and security, these are crucial for public institutions and policymakers (Woo, Ramesh, and Howlett 2015; Gesser-Edelsburg and Hijazi, 2020).

Some academics have criticized the securitization process for being unduly simplistic. Securitization, according to its detractors, should be viewed as a more difficult and drawn-out process of ongoing social constructions and agreements among diverse speakers and listeners. Furthermore, security concerns range from those that are not politicized or publicly discussed to those that are politicized or publicly discussed to those that are securitized as an existential threat that justifies action under urgency discourses that call for extreme measures. Securitization has been criticized by Daniel Deudney (1990) for being too likely to contribute to the emotional influence of dysfunctional nationalism. Even proponents of securitization, such as Anatol Lieven (2020), agree that securitizing a problem can cause government officials to overreact. For example, there have been excesses in the wars on terror.

Numerous academics (Vouri, 2008; Yuk-Ping, 2010; Roe, 2012; Kamradt-Cot, 2012; Hanriedar, 2014; Balzack et al, 2016; Stathopulos, 2019; Bengstsson & Rhinard, 2019; Eves & Thedham, 2020) have examined pandemics and epidemics as security concern using the securitization theory. Numerous academics who support securitization have offered a sophisticated critique of the idea, arguing that audiences play a crucial role in the securitization process. McInnes and Enemark contend that in securitization epidemics, people' "fear" plays a crucial role in determining which diseases are suitable for securitization. However, detractors query who these illnesses arouse anxiety in. How do viewers start to fear these illnesses and see them as potential security risk.

They argue that, depending on the circumstances, audiences—such as individuals or collectivities—have distinct ways of valuing risks . They consequently argue that traditional democracies are biased and that securitization theory is excessively eurocentric (McSweeney 1996, Hansen 2000, Williams 2003, Stritzel 2007, McDonald 2008, Ciută 2009). Furthermore, the "facilitating conditions" that influence how a developed-world audience responds to attempts at securitization might not always apply to developing-world audiences. Because of this, securitization processes may operate differently from those in traditional democratic societies—possibly arbitrarily and unevenly. Additionally, they fault the theory for focusing too much on language speech acts as the primary source of evidence for identifying securitization instances, ignoring other potentially important and workable non-verbal ways in which the public responds to the state's securitization objectives. They demand that the political and sociocultural environments in which securitization activities take place be sufficiently taken into account. Furthermore, it is important to consider the key questions of social structuring and linguistic legitimacy that underlie the securitization process; these difficulties should not be viewed as merely persuasive (Balzacq, 2005; Vuori, 2008).

The critics argue that in developing countries' context, the application of a purely linguistic analysis does not account for the detailed negotiated relationships between the 'audience' and political elites. Since the impact of weak domestic political structures with fragile legitimacy use competing referents and language that will be worryingly contingent upon an audience that are largely not abreast with the exigencies of epidemics to which they appeal to operationalize international public health discourses (Wilkinson, 2007).

The post-colonial or transitional democratic state is in no way a unitary actor, many influences outside the remit of the state persist that influence state policies and its ability to execute security policy. Besides, many fonts of 'threats' contend for consideration as referent objects of security

within the state machinery to the extent that outlining a referent object of security becomes echoes wider contentions over state-building and other national power tussles between rival social groups and elites (Upadhyaya, 2006).

The 2012 study by Adam Kamradt-Scott C and Colin McInnes looks at the way the pandemic influenza has been portrayed as a security concern that jeopardizes the operation of the state and society, as well as the policy reactions to this perception. It has long been known that pandemic influenza poses a risk to human health. In spite of this, it was not considered a security danger for a significant portion of the 20th century. Nonetheless, the illness was effectively securitized in the ten years leading up to the year 2000, which had significant effects on public policy. The creation of pandemic influenza as a danger is discussed in this article. It explores how it was successfully securitized at the turn of the 2000 and what repercussions that had for public policy, drawing on the work of the Copenhagen School.

In "Pandemics and Politics," Robert Adams (2020) begins with Taylor's observation that "great trials often have small origins," thereby hinting at the origin of the COVID-19 pandemic as a novel indicator. Characterizing the epidemic as a minor, unintentional source of hazard that has spread worldwide. A genetic transformation caused by a virus that affects people. Such a powerful anti-democratic force has either naturally developed or unintentionally.

Nonetheless, it has had a disastrous and significant impact on people, killing more people than any known form of warfare in human history. The pandemic has resulted in millions of deaths, millions of job losses, a sharp decline in travel, emergency declarations, lockdowns, increased government surveillance, and election manipulation. State-to-state and diplomatic disputes were brought about by the pandemic. causing some people to downplay the importance of medicine and intensifying the US-China trade dispute.

McInnes and Lee (2006) in 'Health Security and foreign policy' discuss that health issues have become an international concern that has dominated the agenda in security and foreign policy circles. They investigate the developing link between security policy, foreign policy, and global health. They contend that two topics have dominated the agenda: the spread of certain infectious diseases (including HIV/AIDS) and bioterrorism. They claim that the agenda that must be expanded to cover a broader variety of concerns. They provide two examples: health and political instability, which includes the role of health in failed states and post-conflict peacebuilding, and illegal activities. They also contend specific health issues may pose hazards to international security or economic growth. Furthermore, the interest of the West is evident on this issue, with an emphasis (mostly but not completely) on how health hazards in the developing countries may affect the West.

Feldbaum et al (2006) in 'Global health and national security: The need for critical engagement, Medicine, Conflict and Survival', discuss that Global health issues have been recognized as critical to national security. Global health seeks to promote the health of the entire world at large, particularly populations which are vulnerable, whereas national security looks at the interests of people within a specific state (Stolberg 2003). The primary security policies issued by the United States and the United Kingdom link the concerns of national security with the goals of global health (Whitehouse 2005). Global health issues should not betreated as just threats to national security but rather as international threats to security. There is the need for global collaboration in managing global health issues paying attention to all diseases both in the developed or developing world.

Susan Peterson (2007) in 'Epidemic Disease and National Security' examines the growing number of global infectious diseases. She evaluates several conceptions of security human, national, or international to determine to what extent epidemic disease poses a threat to security. She looks at the connection between infectious diseases and national security. She investigates the consequences of the argument and emphasizes on why it matters to regard HIV/AIDS and other infectious diseases as security problems or merely as health and development issues. According to Peterson (2007) infectious diseases can lead to the outbreakof war within or between governments although it is unlikely to be the sole cause of war. She talks about the call by public health activists for stronger mobilization against diseases that affect human well-being in general, because of its ability to distribute lethal infectious pathogens.

Kamradt-Scott and McInnes (2016) investigate pandemic influenza as a security issue, operation of both the state and society as risk, as well as governmental responses to it. The disease was not recognized as a security problem until the decade preceding the new millennium. Diseases have been successfully securitized, with far-reaching repercussions for public policy. The threat of pandemic influenza is discussed in this article. It analyses how it was successfully managed at the turn of the millennium, looking at the work of the Copenhagen School, and the implications for public policing.

Adam Kamradt-Scot and Colins McInnes (2012) investigate how pandemic influenza has been portrayed as a security issue, endangering the operation of both the state and society, as well as governmental responses to its framing. The article looks at how pandemic influenza, whichwas not recognized as a health risk, has gained recognition as a security problem in the twentieth century. He noted that the disease has been successfully securitized, with far-reaching repercussions for public policy.

Ali H, Dumbuya et al in 'The Social and Political Dimensions of the Ebola Response: Global Inequality, Climate Change, and Infectious Disease'', examine the wide-ranging medical, legal, socio-political, ecological factors and how colonialism aided the spread of Ebola. They focus on the politics involved in global and public health responses, societal inequalities, colonialism, racism and how it affects efforts towards the combat of Ebola virus. The article also looked at how international support against Ebola improved local public health systems in the countries affected ensuring that other new disease risks, which are growing as a result of climate change can be nipped in the bud.

In 'The Politics of Exceptionalism: Securitization and COVID-19 (2021)' Jessica Kirk and Matt McDonald (2021) investigate the rationale for exceptional measures in reaction to the COVID-19 pandemic, looking at the role security and threat representations play in permitting such responses. They investigate extraordinary measures imposed by countries such as the United Kingdom, Australia, and New Zealand. All three sought extreme reactions in the form of lockdowns or border controls, particularly in March 2020, although varying degrees of success was achieved in these countries in managing the pandemic. They look at the language of security and threat of Prime Ministers in each country. It revealed that contrary to the notion

that securitization implies political leaders justifying emergency actions through portrayals of existential threat as widely used in securitization theory. The UK example, in particular, calls into question the notion that political leaders use the language of security and threat to enable measures that would otherwise be unthinkable, whereas the New Zealand case suggests that extraordinary measures may be possible even without the use of language of security.

Blay and Asekere (2021) looks at Ghana's successful measures in handling the covid which was lauded by the international community and stakeholders in the health sector, with recommendations for other countries to adopt and replicate same tactics. They further explore the Ghanaian governments policy actions from the first month of the COVID-19 pandemic breakout through the end of the extraordinary situation on October 31, 2020, amidst partisan polarization. The execution of socioeconomic policy strategies was fraught with political bias and polarization. For instance, Ghana was one of the first countries to lift the lockdown measures, because of the possible impact of the pandemic could have on the re-election prospects of the President. The government did not want to paralyze the Ghanaian economy and society with protracted restrictions, but it was concerned about the political ramifications of winning the next elections.

Tabong and Segtub (2021) in 'Misconceptions, Misinformation, and Politics of COVID-19 on Social Media: A Multi-Level Analysis in Ghana" looked at the misunderstandings and misrepresentation of COVID-19 in Ghana. They look at how myths misconceptions and misinformation on social media has affected covid 19 containment measures. Some people assumed that Africans or black people had innate immunity to COVID-19, only elderly blacks with health conditions such as diabetes, hypertension, and the like were thought to be vulnerable to the COVID-19 threat, that the disease was biologically produced and functions as a biological weapon targeting Africans in order to diminish their numbers. The use of unproven local treatments and therapies, such as Neem tree leaves (Azadirachta indica), was

promoted as a panacea for the pandemic. In the same vein, Akpeteshie was reported to have pharmaceutical cures to prevent COVID-19 transmission. These misunderstandings particularly among the youth has aided the spread of COVID-19. They conclude that COVID-19 misconceptions and distortions are widespread. The issue about myths call for a health communication strategy which is culturally sensitive in order to deal with the flow of incorrect beliefs about COVID-19 in Ghana.

Methods of Data Collection

The study used both primary and secondary sources of data. The primary data will be obtained through interviews and the administration of questionnaire both in Oyibi and Accra. The secondary data will be gathered from online and offline sources including the libraries of the Legon Centre for International Affairs and Diplomacy and the University of Ghana online library which has books, journals, reports to complement information obtained from my primary sources.

Research Methodology

The study employed the qualitative approach. It made use of in-depth interviews with purposively selected key stake holders with knowledge in vaccine management or administration in Ghana. These included public health specialists at Korle Bu Teaching Hospital, Oyibi Health Centre, Adabraka Polyclinic, Legon Hospital, officials from the Ghana Covid 19 management team as well as the Head of the Department of Social and Behavioural Science, School of Public Health- University of Ghana. These individuals were carefully selected to provide a detailed understanding and analyses of the of the factors responsible for vaccine unwillingness. The second group of people interviewed were vaccine hesitant candidates. A structured questionnaire was administered to individuals who are vaccine

hesitant, using a simple random technique to measure the factors for vaccine hesitancy among Ghanaians.

Ethical Considerations

The required ethical procedures for this research were followed. Respondents were given pertinent information and permission was obtained before conducting the interviews. Additionally, consent from the respondents was requested in order to audio-record the interviews. Interview participation was optional. Additionally, privacy and anonymity were protected. All information gathered was safeguarded, maintained carefully and securely to prevent illegal access and used solely for academic purposes.

Arrangement of Chapters

- Chapter One : Introduction
- Chapter Two : Overview of Covid 19 pandemic in Ghana
- Chapter Three : Covid 19 Vaccine Apathy In Ghana
- Chapter four : Summary of findings, conclusions and recommendations

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CHAPTER 2

OVERVIEW OF COVID 19 PANDEMIC IN GHANA

Introduction:

This chapter discusses the evolution of the notion of security from its previous focus on national security to a broader definition of security. It investigates how, pandemics and ecological concerns have become an essential component of current security calculus. This chapter examines the hazards posed by epidemics as transnational security threats resulting in global mobilization of resources. It reviews pandemic outbreaks in West Africa particularly Ebola as well as the recent covid 19 outbreak and how governments in West Africa particularly Ghana have handled it.

Definition of Pandemics

The history of mankind is replete with several accounts of pandemics or epidemics which have ravaged humanity. Pandemics have occurred since the Peloponnesian wars and into the 21st century. There have been over 20 pandemics (Piret & Biovin, 2021) from the plague of Athens in 431 BC, Spanish flu in 1918 to covid 19 in 2019. The Centers for Disease Control and Prevention (CDC) describes an epidemic as an unprecedented increase in the number of disease cases which occurs in a specific geographical area. A pandemic is defined as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people (John, 2001). The Centers for Disease Control and Prevention (CDC) defines a pandemic as a disease outbreak that has spread across multiple

countries and continents and usually impacts many people. Infectious diseases which result in pandemics or epidemic originates from zoonotic pathogen transmitted from animal to human through contact with humans (Piret & Biovin, 2021). The World Health Organization (WHO) is in charge of determining when a global pandemic has occurred. The WHO accomplishes this by monitoring disease outbreaks and seeking advice from worldwide health experts.

Changing Concept of security

Traditionally the concept of security was limited to the protection of territories by nation states from external aggressors (Brenner, 2009). The defense of the state was the prior preoccupation of the nation states. This idea of security was what dominated national and international security discourses. It involved recognizing threats, as well as knowing how to combat them and occasionally using them as a weapon against adversaries. Today's definition of security however goes beyond only defending a state's borders from military incursion by other nations. In todays interconnected world military prowess is just not enough.

The classical view of security has witnessed changes. The happenings during the Cold War period gave rise to the valued principles of mutual security, adaptability, and reconciliation. New dimensions to the concept of security began to take shape in the post-Cold War context. During the period calls for human security, economic and ecological security greatly increased. (Sachs, 2003). The complex humanitarian crises increased human rights violations in Bosnia, Rwanda and Somalia, refugees, vulnerable civilians, proliferation of small arms and light weapons, civil unrest in Kosovo were the catalysts for the retooling of the international security institutions and mechanisms. This gave birth to the concept of human security calling for an end to the arms race and a focus on structural development as an end to difficulties and challenges in the world. It was envisaged that the end of these difficulties will lead to an end in violence in society (Hirsch-Ballin et al., 2020).

This concept of human security has been embodied by the UN in the Millennium Development Goals and the Sustainable Development Goals (SDGs). The UN in 2012 adopted a resolution based on which it broadly defined human security as, 'freedom from fear, freedom from want and freedom from indignity'. The United Nations saw the concept of human security" as a tool to assist member states in addressing the major threats to "the existence, livelihood, and dignity of their people (Weller, 2014)

Globalization and the interest of states in their economic security gave rise to economic security. The majority of security studies professionals have recognized the significance of economics to nations and their citizens' well-being since the oil shocks of the 1970s (Hirsch-Ballin et al., 2020). The global growth of international trade and free market and the fall of Soviet Union have increased the importance of economic security in the post-Cold War era.

Ecological Security Threats

Climate change and environmental issues in recent years has featured prominently in the broader security debate as a transnational security threat. Questions on climate change, weather variability, effects of the weather on the environment and people were first raised at the 1992 Rio de Janeiro United Nations Conference on Environment and Development (UNCED) (Ahorsu & Esseku 2017). The United Nations Security Council and UN General Assembly have since 2007 held major discussions on the effects of climate change. The UN Secretary General Ban Ki Moon in his first address on the topic on the effects of climate change in 2007 said "But the danger posed by war to all of humanity and to our planet is at least matched by the climate crisis and global warming (Zhang, 2007).

The idea of ecological security was not popular until in the mid 2000 (McDonald, 2021) as a result of the emphasis on how climate change may lead to conflicts, population displacement and severe humanitarian situations. A number of media organizations and international

organizations have drawn the link between climate change and conflicts in areas such as Syria Darfur as well as the rise of the Daesh (Strozier & Berkell, 2014).The demand for energy, water, food, minerals, land, and other natural resources from countries like Asia, the Pacific region, Latin America, and Africa is on the rise. Global population growth, and the emergence of a middle class in urban areas around the world have outstretched limited resources. With more affected individuals coming from fragile and unstable states, these trends will also substantially enhance the potential for migration around the world.

The OECD predicts that by 2030, over half of the world's population will experience the negative effects of sea level rise, leading more people to look for opportunities elsewhere. The UN High Commissioner for Refugees has predicted that during the next 50 years between 250 million and 1 billion people may be compelled to flee their home countries unless mankind takes serious action to combat climate change. The most vulnerable and impoverished populations in South and East Asia, Africa, and several small island countries will be severely affected. This explains why many governments, businesses, and international organizations place a high priority on climate security research and policy. Currently mitigation promises are insufficient to prevent dangerous perils of climate change and the international community has not sufficiently addressed the challenge of climate change (Stevenson & Dryzek, 2014).

Epidemics and Pandemics as Transnational Security Threats

Infectious diseases have spread and harmed groups and societies since humans began moving from one environment to another. The ancient silk road trade and Greek journeys to North America were related with sailors and merchants transferring infectious diseases via sea routes, trade routes, ports, and cities they visited between 1492 and the late 1600s(Benedictow, 2013). The advent of European colonists and explorers in the Americas resulted in the introduction of new contagious diseases, such as influenza and diarrhea, which caused sweeping epidemics

among the indigens. Many Native American tribes experienced significant mortality and depopulation, with some tribes on the verge of extinction as a result of disease's devastating spread. This helped Europeans to seize and capture Native American land without any resistance (Peterson, 2002).

Warfare also promoted the spread of infectious diseases. Extreme congestion, malnutrition, lack of access to clean water during wars were all factors that contributed to serious infectious and emerging diseases in soldiers, prisoners, refugees, and the general population (Connolly and Heyman 1995). These factors also include the deployment of troops into areas where they lacked immunity to local pathogens. Athenian plague spread by Greek sailors from North Africa during the Peloponnesian Wars, decimated the populace, and weakened the army, preventing it from attaining crucial military victory (Hamel, 2015). Smallpox outbreaks never before seen occurred in Africa during the mobilization of men to fight in the Second World War (Mackowiak, 2021).

There has been debates among scholars whether diseases should be handled similarly to serious issues such as military warfare and terrorism, or if infectious diseases should be relegated to "low politics," along with issues like global warming, immigration issues, and international drug trafficking (Baldwin, 1997). Elbe states that HIV/AIDS posed a threat to global security in 2006, citing statistics showing that the disease was responsible for three times as many deaths every day on September 11, 2001. HIV/AIDS was not seriously considered a threat to global security by officials and academics until the Bill Clinton administration. The UN Security Council formally labelled HIV/AIDS a threat to global peace and security in Africa on January 10 of that year making infectious diseases a transnational security threat.

The issue of infectious diseases has been on the radar of WHO since the 90's when it made public information on the state of the global emergency and the necessity for enhanced vigilance against deadly viruses that were attacking nations and spreading swiftly due to globalization (Pugu & Buiney, 2017). Singh (2019) notes that 34% of all deaths worldwide are related to infectious diseases (IDs), while deaths from war and terrorism account for only 0.64% of all deaths, adding significant proof to the conundrum. These developments have served as pointers to increase calls to regard ids as transnational security threats.

The threat of bioterrorism has been highlighted by the Anthrax virus of 2001, H1N1 in 2009, Ebola in 2014, Zika in 2016, and COVID-19 nowadays. HIV/AIDS has been a major issue since the 1980s. Each incident sparked heightened public awareness of the potential global threat posed by disease as well as the need for prompt preparation and response, leading to the development and modification of legislation as well as the inclusion of health on "high level" agendas.

Both the individual-centered emphasis on the threat to human security and requests for more attention to the threat of "emerging and re-emerging infectious diseases" to "the political, economic, and strategic interests of the state" (Osterholm 2007) are ways that diseases entered the field of security. Alterations to the regulations in International Health in 2005 after the SARS outbreak signifies the importance of ids in the global security agenda. National legislation, policy, and funding, coordination, National Focal Point communications, surveillance, response, readiness, risk communication, human resources, and laboratories were among the key areas of interest identified as essential for adequate pandemic preparedness. (Davies 2010)

Regarding which health challenges to prioritize in global health governance, different interests, viewpoints, and values have also emerged, with many high-income countries focused on infectious disease outbreaks with pandemic potential.

Pandemic Outbreaks in West Africa

There has been a number of epidemics that have hit West Africa namely, HIV virus Malaria etc but Ebola pandemic of 2016 has been one of the largest and most severe of them all. Generating more than 28,000 cases and claiming the lives of more than 10,000. The World Health Organization designated the Ebola outbreak as an international public health emergency (PHEIC) in on August 8, 2014. The PHEIC category is reserved for diseases that pose a threat of spreading to many countries or necessitate international collaboration to respond to it. The virus first appeared in Guinea with Liberia and Sierra Leone and Guinea as epicenters. It then spread to eight countries in the sub-region as well as Italy, Spain, United Kingdom and the United States. (WHO, 2016). Ebola had been present in the African continent since 1976 and previous epidemics in Uganda and the Congo were contained (Piot, 2012)

Health care systems all throughout the world were put to test by Ebola. The illness has particularly revealed the shortcomings of the health care systems in sub-Saharan African nations. It also highlighted the lack of health care infrastructure and the inability to respond to complicated health emergencies (Buseh et al., 2015); inadequate health infrastructure, human resources and logistics constraints (Frieden et al, 2014); poor contact tracing mechanisms (Buseh et al., 2015), lack of education on the pandemic , and non-community engagement, fear cultural practices, social stigma among others made the epidemic very difficult to manage in the sub region.

The global response of the international community as well as funding was not timely to tackle the virus. The delay by the international community to intervene propelled the spread of the disease through ignorance cultural practices superstitions and religious practices. With the help of the Centre for Disease Control and prevention and WHO partners such as Public Health England ,Public Health Ontario, Doctors without Borders, Save the Children, ActionAid, International Rescue Committee, Caritas, Catholic Relief Service, Partners in Health, , American Red Cross, UNICEF,MAP International, The OpenStreetMap Team, Project C.U.R.E, Project C.U.R.E, , Samaritan's Purse , Last Mile Help virus was contained and treatments and preventive procedures were put in place. Ebola outbreaks in the Central Africa have recently been contained thanks to the lessons learned from controlling the disease.

COVID 19 IN GHANA

The severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) a coronavirus disease 2019 (COVID-19), was discovered in China in December 2019. The virus quickly spread and was declared a pandemic in March 2020 by WHO. Thereafter, countries like the United States of United Kingdom, Spain, Italy, and others reported numerous instances, deaths and adverse consequences of COVID-19. The virus is mainly transmitted by contact with microscopic droplets emanating from an infected person when he coughs, sneezes, or speaks (WHO 2020)

Globally, six hundred million COVID-19 cases have been confirmed, and as of November 6th, 2022, there were more than six million fatalities. The majority of cases have been reported in the United States of America, where there have also been more than 9 million cases. Till date the African continent has been least affected by the pandemic as compared to the West.

Egypt recorded the first case in Africa in February 2020 followed by Algeria which reported its first case on February 25th, then Nigeria on February 27th (WHO).Ghana recorded its first

case in March. The most affected countries in Africa who have suffered the scourge of the pandemic include South Africa, Egypt, Morocco, Algeria, and Cameroon (CDC)

African countries were better prepared and decided to work together rather than going on their own way (Gruzd et al 2020). Under the chairmanship Cyril Ramaphosa African Union (AU) chairman the Africa CDC provided support and assistance to member states and provided guidelines shared strategies and measures to combat the virus. For fears that the spread of the virus will be precarious to health infrastructure on the continent. The Africa CDC responded swiftly even before the cases were recorded (Gruzd et al 2020). The knowledge gained from controlling Ebola outbreaks in West Africa has been extremely helpful in managing COVID 19 responses. In West Africa the setting up of Regional Centre for Surveillance and Disease Control and the West African Health Organisation (WAHO) to respond to the Ebola epidemic served as lessons towards managing pandemics.

Ghana started a readiness assessment programme by developing effective screening and handling of suspected cases and training at various entry points in the country even before the first case was recorded. The assessment programme was implemented by National Disease Surveillance Department of Ghana Health Service to effectively screen and handle travelers coming into the country.

Ghana announced its first two cases of the coronavirus disease in March 12, 2020 when two infected people from Norway and Turkey travelled into the country. To prevent further spread of the virus the Ministry of Health recommended people to practice social distancing, refrain from shaking hands, and maintain proper personal cleanliness. As the case numbers soared and

sensing that the case numbers may overwhelm the health care systems. The President of Ghana announced measures to contain the virus. Within 10 days of the confirmed cases of SARS-CoV-2, Ghanaians and foreigners arriving from severely afflicted nations were required to undergo a mandatory 14-day quarantine at the state's cost. This intervention was helpful in identifying asymptomatic carriers (Blay & Asekere, 2021).

The President held national televised speeches known as "Updates" on the pandemic to disseminate information and help Ghanaians form informed opinions about the virus. The President discussed government efforts to lessen consequences of the crisis in his regular COVID-19 address to the state. Akufo-Addo used moving thought-provoking language to inspire hope in Ghanaians and validate the government's response to the virus' containment and spread (Akuffo Addo 2020a)

Emergency legislation in accordance with Article 21(4)(c),(d), and(e) of the 1992 Ghanaian Constitution was submitted to Parliament. The Imposition of Restrictions Bill, 2020 was also passed in parliament on the 20th of March. These legislations rendered the country into a state of emergency. Measures such as the ban on public gathering, closure of schools, closure of workplaces, lock down measures, mandatory wearing of mask, border closures, travel bans were put in place. In addition to laboratory testing, clinical practises, public health education, and improved sanitation etiquette, increased monitoring, case identification, case management, and contact tracing were used to prevent, contain, and treat COVID-19 infections.

Laboratory infrastructure for testing was aggressively increased across the country. The renovation of 11 regional reference laboratories scaled up testing procedures (World Bank

2020). More than 2,500 tests were done a day, with a turnaround time of 24 hours as opposed to 5 days. Additionally, to meet the demands of the pandemic, relevant health professionals were trained to work around-the-clock.

The Ghanaian government and a few private organizations sent out food packages and hot meals to low-income and needy households in restricted areas in response to the negative effects of movement restrictions. The food distribution programme was aimed at helping the homeless, head-porters, and other disadvantaged people affected by the partial lockdown.

Additionally, homes and small companies who found it challenging to pay their utility bills because of the pandemic's impact on their revenues were supported by the COVID-19 pandemic free water package to ease the financial strain brought on by the pandemic between April and June.

The Ghana Infectious Disease Centre (GIDC) located on the premises of the Ga East Municipal Hospital was built, a state-of-the-art facility furnished entirely with private funds. Non-governmental organizations participated in COVID-19 public education activities as well, designing and disseminating information about COVID-19 care and supplied billboards and other forms of mass communication. The Ghana COVID-19 National Trust Fund was also created by the government to provide a channel for resources from the non-governmental sector in support of the government's efforts regarding COVID-19. The fund saw significant contributions and donations by the private sector.

Although these measures were instituted by the government to ensure the control of the virus, it was met with great some opposition from some sections of the Ghanaian public. Mandatory wearing of nose masks, closure of churches, mandatory quarantine was not adhered to. Numerous people ignored the lockdown and continued with their normal activities. Some passengers made false identification cards that looked like they belonged to personnel exempt from the rules to outwit police personnel. Others attempted to evade security guards at checkpoints by walking a great distance or boarding motorbikes, which used pathways to carry passengers to different locations. The security personnel had to come in to ensure compliance and, in some cases, resulted in police brutalities and violence. The punishments meted out by the police included everything from moderately humiliating to outright violent measures. There were videos of drivers and young people being told to squat. After receiving a beating from the police for walking to the market, a 60-year-old woman was captured on camera sobbing childishly.

The authorities had a difficult challenge in enforcing adherence. A growing number of individuals kept defying the limitations even as the brutalities persisted. In turn, this led law enforcement officers to act even more brutally. The government realizing that the lockdown was losing moral support, seeing videos of assaults and standoffs emerged, forced the President to lift the lockdown.

Conclusion

The lethal threats, devastating economic and social costs caused by the pandemic has necessitated it translation into an international security threat. The international public health system requires an all-inclusive approach to health emergencies in order to contain pandemics or epidemics.

CHAPTER 3

COVID 19 VACCINE APATHY IN GHANA

Introduction

Although COVID-19 vaccines have been made available, some countries have recorded low vaccine patronage (Wade 2022). Research has shown that vaccines significantly reduce mortalities, hospitalization and greatly reduces the chain of infection (Remmel 2021). Vaccines are a critical public health intervention, which require high rates of uptake in order to offer protection for the population. However, a number of people appear to be skeptical and apprehensive about vaccination programs and are unwilling to receive the jabs. The pushback against the vaccine has become widespread in Ghana and across the world. This obstacle has made it difficult to achieve high rates of vaccinations needed to reduce community spread.

This chapter presents and analyses the factors for vaccine apathy in Ghana based on data collected on the field. It further discusses the issues, concerns and fears expressed by individuals who have expressed apathy towards the vaccines. This study used the qualitative

approach to examine the facilitators which are driving the low vaccine patronage in Ghana. Using both interviews and questionnaire served to enhance the findings of the research.

Socio-demographic Characteristics of Respondents

A total of 84 people responded to the survey the majority were male. Out of this number 67.9% of the participants are males whilst 32.1% are females. Other demographic characteristics of respondents such as age, sex, marital status employment status were also captured. Details of participants' demographic characteristics is shown in Table 1

Table 1: Demographic Characteristics of Respondents

Features	Description	Frequency	Percentage
Age	18-25	21	25.0
	26-35	39	46.4
	36-45	18	21.4
	46-55	6	7.1
Sex	Male	57	67.9
	Female	27	32.1
Marital status	Single	54	64.3
	Married	24	28.6
	Divorced	6	7.1
Education	Secondary/Technical	6	7.1
	Diploma/HND	6	7.1
	Bachelors	54	64.3
	Post Graduate	18	21.4
Employment	Employed Full Time	63	75.0
	Unemployed	15	17.9
	Self Employed	6	7.1

Residence	Dansoman	55	65.5
	Oyibi	29	34.5

Source; Field data (2023)

The age range of respondents was within 18 to 55 years old. Among the participants 25% of them were within the age range of 18 to 25 years and 46% were within the ages of 26 to 35 years. There were 21.4% who were also within the ages of 36 to 45 years whereas 7.1% others were within the ages of 46 to 55 years.

Regarding marital status of participants, it was discovered that majority of participants who partook in the study were unmarried. The survey revealed that 64.3% of the participants were single whereas 28.6% were married. There were 7.1% of them who had divorced.

The educational status of respondents showed that they were well educated. There are 64.3% of the participants who were bachelor's degree holders and 21.4% others are post graduate degree holders. It is rather unfortunate that only 7.1% are Senior High School or technical school levers.

The survey revealed that 75.0% of the participants were employed whilst 17.9% are unemployed with 7.1% others are self-employed.

The survey was conducted in both Dansoman and Oyibi (i.e. urban and semi-urban). The, majority (65.5%) of the participants were from Dansoman whereas 34.5% were from Oyibi. The survey found that majority of individuals who refused to take the Covid vaccine were within Dansoman.

Factors for Vaccine Apathy in Ghana

While several factors drive vaccine hesitancy, participants were asked to indicate the reasons for their unwillingness to take the vaccine. Participants' responses are shown in Table 2.

Table 2: Reasons for Rejecting Covid-19 Vaccine

Reason for not taking the vaccine	Frequency	%
Religious reasons	9	10.7
I trust my immunity	18	21.4
I don't think the vaccine is safe	6	7.1
I have heard or read bad things about it in the media	10	11.9
Someone else told me they had a bad reaction	10	11.9
I don't think the type of vaccine being administered	19	22.6
Lack of trust in the government	12	14.3

Source; Field data (2023)

Interpretations and discussions of the reasons and participants cause of apathy towards the COVID-19 vaccine is presented hereafter.

Religion

Religion plays an important role in the social, political and cultural fabric of many in Africa (Agbiji and Swart 2015). Studies have shown that religion plays a role in influencing vaccination decisions of individuals (Shelton et al 2013; Ruijs et al 2011). While some religious bodies endorse the goals of vaccination, concerns have also been raised by some religious organizations (Wirsiy et al., 2021). The influence of religion on vaccine apathy in Ghana is shown in Table 3.

Table 3: Religious reasons for rejecting COVID-19 Vaccination

Religious Reasons	Frequency	%
The vaccine carried the mark of the beast	2	20
The vaccine does not supersedes the blood of Jesus Christ	3	30
I believe God provides the greatest protection from all diseases	3	30
The body is the temple of God and so no need to introduce foreign substances into it	1	10

Source; Field data (2023)

Analysis of data on apathy towards covid-19 showed that 10.7% of participants were not willing to accept the vaccination due to their religious reasons. Further analysis revealed that these individuals were not willing to accept the vaccine because they believed in the power of the blood of Jesus and that God provides the greatest protection from all diseases. These individuals believed in divine protection from the virus for which reason they did need to take the vaccine. They also stated that the vaccine carried the mark of the beast, and that the human body is the temple of God and as such there is no need to introduce foreign substances into it. The issue of religion as a major factor in informing vaccine acceptance is confirmed in other studies (Callaghan et al., 2021). A Geopoll survey conducted in May 2021 in six African countries found that religion was a major determinant of vaccine hesitancy. Religious leaders have a lot of influence over their members when it comes to attitudes towards public health interventions. Their pronouncements are taken as gospel truth and have a profound effect in shaping the opinions of their members.

According to MacDonald (2015), vaccine hesitancy is caused by a complex decision-making process that is affected by a variety of things, such as individual, group, and vaccine-related factors including cultural background, religion, media, and socioeconomic circumstances. Botwe et al. (2022) further specified in their study that some respondents said it was not necessary to accept the vaccine because God would protect them from getting infected by the COVID-19 virus. Some conservative religious groups have suggested to their members to object vaccination programmes because of the alleged use of cells from aborted fetuses in the production of vaccines. The use of these fetal cells are seen as evil and morally unacceptable (Pelčić et al 2016). Among Orthodox protestants vaccination was seen as an act of interfering in the will of God (Ruijs et al 2011).

From the interview conducted, one respondent, in particular, indicated that:

"I have God, so there is no need to take covid injection" (R 3).

Religious leaders play a critical role in dispelling the myths for the success of the vaccination programmes.

Fear of Side Effects

Concerns about adverse effects of vaccines on individuals has been widespread. Health care decisions, including whether to take part in vaccination against COVID-19, are based on the comparison of the potential costs and benefits in the participation of vaccination programmes, but fear of adverse effects has featured prominently in recent studies (Rief, 2021). People believe that accepting the vaccines could lead them to their early grave. Some people have experienced weakness fever and headache which they attribute to the side effects of the vaccine (Moshin et al 2022)

The survey conducted revealed that, 7.1% do not think the vaccine was safe and that taking it could raise issues of side effects. Other studies on Covid 19 vaccine hesitance also confirm this finding. According to Botwe et al. (2022), the main reason provided for not receiving a COVID-19 vaccine was the fact that individuals were not convinced about its effectiveness. Gerussi et al. (2021) also discovered that vaccine apathy was as a result of suspicions about the efficacy and side effects of the vaccine.

The findings support a study that sampled the general population of the United Arab Emirates (Muqattash, Niankara & Traoret, 2020). Similarly, in a study conducted in Africa and across nine low- and middle-income countries, it was established that the main reasons underpinning vaccine refusal were fear adverse effects and lack of confidence in vaccine effectiveness (Bono, et al., 2021), despite the fact that , not all symptoms that occur following vaccination are caused by the vaccine.

Lack of trust in government and the Vaccine

The issue of trust is another factor that influences vaccine uptake. While some individuals believe in their personal immune system as being strong, others have a lack of public trust in the vaccine and the government. According to Freeman et al (2022) unwillingness to take a vaccine is likely to take place when there is excessive mistrust in the individual's default position. Excessive mistrust is a major reason for which people refuse to take the covid-19 vaccine. If an individual mistrusts medical experts, people in authority, and institutions, the same tendency will be applied to his / her attitudes to vaccination. Details on the issue of trust among individuals surveyed is shown in Table 4

Table 4: Trust

Trust	Frequency	%
I trust my immunity	18	21
How well do you trust the government and other relevant authorities ensuring that the vaccine is effective and safe		
Very well	3	4
Somewhat	18	21
Not sure	18	21
Not at all	45	54

Source; Field data (2023)

Participants (21%) affirmed that they trusted their immune systems than they trusted the vaccines and as such they did not need the vaccine. Individuals surveyed expressed their mistrust for political leaders and bodies responsible for managing and handling the covid. Respondents were asked to quantify the extent to which they trust the government and the bodies responsible for vaccine administration. In their response, it was discovered that more than half of the participants (54%) did not trust the government, and institutions responsible for managing covid vaccines. Only 4% of the participants showed that they trusted these institutions.

This finding is consistent with existing literature on the subject matter. In addition to perceived lack of information about the vaccine, mistrust in safety and adverse reactions of the vaccines (Cassidy et al., 2021) mistrust in the Ghanaian government were major factors of vaccine hesitancy. Similar findings were discovered in other studies in countries such as Nigeria (Olapegba et al., 2020) and Malaysia (Marzo et al., 2022). According to Zingg and Siegrist (2012), lack of confidence in the vaccine is amplified by misunderstanding of how immunisation works, distrust of government and healthcare authorities (e.g. Lee et al., 2016), and novelty of the vaccine (e.g. Karafillakis et al., 2019). Karafillakis et al. (2019) further elaborate that unwillingness to accept vaccination due to mistrust of people in authority is not a new thing previous vaccine trials for HPV and HIV, in Europe and United States also suffered these concerns.

Again, some were of the opinion that since it was statistically evident that the Western world were more affected by COVID-19 than African countries there was no need for African leaders to rush to get their citizens inoculated. As such, some did not trust the government's intentions for vaccination campaigns

"I don't trust our leaders. Africans are less affected compared with the western world. Why should the government go for a vaccine and expose the citizens to be used as guinea pigs for vaccination of a drug which has not been fully tried and tested. (R 3)

Misinformation and misconceptions

Over the years, "fake news" has dominated the media circles and has been widespread during the era of COVID 19. There has been constant flow of misinformation on the COVID virus through different forms of media, some of these are conspiracy theories which make people reject the COVID-19 vaccines. Among the many factors mentioned by participants as influencing their decision to accept or reject the COVID-19 vaccine, it was discovered that 11.9% hear and read negative information with regards to the vaccine. Supporting this finding is work done by Lee et al (2022) which talk about misinformation about the virus' spread, which leads to erroneous appraisals of the threat, maladaptive coping behaviours, and a range of fatal consequences.

In a similar study conducted by Kanyanda et al. (2021) among selected Africa countries (including Burkina Faso, Ethiopia, and Malawi) it was revealed that despite misconceptions and misinformation being a determining factor for vaccine uptake, urban dwellers were more hesitant than rural dwellers. One reason could be because city dwellers may have access to vaccine-related misinformation than rural dwellers, who may be more cut off from sources of such as social media. Thus, urban residents may be more worried about side effects and more likely to avoid vaccination (Islam et al., 2021). Though the current study was not conducted among rural dwellers, it was discovered that both the urban and the semi-urban dwellers have some level of misconceptions about the vaccine especially as the majority of the study participants were well educated.

In an interview looking into some of the reasons why some people still refuse to take up the vaccine, one public health nurse said this about misconceptions.

> *"You know there are these people with the belief that the vaccine were created to destroy Black people. They say they have seen videos on media platforms where people are saying the vaccines were created to depopulate Blacks so that Blacks do not outnumber the Whites. So no matter what you say to these people they do not want to take it." (R4)*

Another respondent also held a different view on the vaccine. According to her,

> *"Personally I am trying to conceive and I have heard and seen videos that these vaccines affects your sexual reproductive health the whites want to use it as a means to reduce the population in Africa that is why I have not taken the vaccine" (R5).*

Another public health nurse said this about perceptions of some individuals on the vaccine.

"According to some people they have heard that the vaccines makes one dumb so they are not going to take them because it will make them vote in favour of the ruling party" (R6).

Safety and Effectiveness of the Vaccine

Another concern was the safety of the vaccine. In this study, 22.6% of the participants held the view that the vaccine was not effective and for that matter not safe; as a result they will not willing to take the vaccine. Although the safety of the vaccines has been proven (Yuan et al., 2020; Baden et al., 2021), there are many other factors that affect community reaction towards vaccination. One's background, political and social projections along with conspiracy theories, and safety concerns due to wide-spread misconceived notions and fake news spread on social media (Al-Qerem & Jarab, 2021).

Brackstone et al. (2022) in their study also established that concerns over vaccine safety and insufficient vaccine related information are key reasons why people continued to reject the covid-19 vaccine. In another study conducted by Peretti-Watel et al. (2020) in May 2020, it was revealed that about 25% of people in 5 survey areas in France stated that they would refuse a future vaccine if it should be made available to them mainly due to the safety concerns around the vaccine being developed in a rush. Elsewhere in the United States, a segment of population have refused the vaccines due concerns over safety and efficacy (Chou & Budenz, 2020).

In a study conducted by Troiano and Nardi (2021), it was also indicated that the most given reasons to refuse vaccine include, concerns about safety.

Those who have some level of trust for the vaccine revealed that they believed in it especially as some individuals took the vaccination in public. According to one respondent,

> *"The president's intake of the vaccine on live TV makes it feel safe for people". "People have shared that because the vaccine is free they are motivated to take them. Some have also said they had heard people say they have seen an improvement in their health status after taking the vaccine"* (R3).

Believe in traditional remedies

The call for traditional remedies were also stated in previous studies as one of the prevailing reasons for which people are not willing to accept the covid-19 vaccine. Specifics on participants views regarding traditional or natural medicines are shown in Table 5.

Table 5: Treating Covid-19 with Natural Medicine

Do you prefer to acquire immunity through traditional remedies	Frequency	%
Agree	57	67.9
Disagree	3	3.6
Neutral	24	28.6

Source; Field data (2023)

Participants were asked if they would prefer to acquire immunity through traditional remedies. In their response, it was established that indeed, those who are not willing to take the Covid vaccine preferred traditional solutions to vaccination. That is, 67.9% believed in traditional options whereas 3.6% disagree with the use of it. There were other 28.6% who were not certain if the Covid vaccine or the traditional remedies is the best treatment of the virus. This clearly shows that people believe in the strengths of traditional options.

Many studies both in Africa and in Europe have shown that the usage of traditional medicines in treating COVID-19 is not only in Ghana but also in other countries. According to Zhang and Liu (2020) since the immune status of patients plays an essential role in COVID-19 infection, herbal medicine, which has an immune boosting effect, could have potential as a preventive measure and even therapeutic agent for patients with COVID-19 infection. Others also believed dietary supplements and herbal medicines are complementary preventive therapy for COVID-19 (Panyod et al., 2020). Participants revealed that they used traditional medicines, and vitamin supplements to prevent them from contracting the virus (Erfani et al., 2020).

There have been many studies with drug candidates used for vaccine trails. However, the results of these investigations showed that the drug candidates were not significantly effectiveagainst the disease. Meanwhile, people believe that consuming herbal immune boosters can

prevent or even cure COVID-19 (Nugraha et al., 2020). Elsewhere in Zimbabwe, it was revealed that the outbreak of the virus took place against a background of deteriorating economic and health systems, which made it difficult for citizens to seek conventional health care. This prompted a rise in the use of traditional medicine that has been part of their culture for many years (Marevesa et al., 2021). This preference for herbal treatments by the citizens has been informed and supported by the Zimbabwean government since the beginning of 2020 (Matiashe, 2021). Yang (2020) who also conducted similar study in China which revealed that the patent herbal drugs can effectively relieve COVID-19 symptoms, such as fever, cough, and fatigue, and reduce the probability of patients developing severe conditions, but not curing the virus itself.

Having discovered that natural medicines are more preferred for treating covid-19 rather than the vaccine, participants were asked to specify the suitable natural remedies they believed in. Responses on the traditional medication types is shown in Table 6.

Table 6: Tradtional Medicine Types

Type of Natural Medicines for treating Covid-19	Frequency	%
Inhaling steam from boiled Neem leaves could provide some protection against infection and cure		
Yes	33	39.3
No	9	10.7
I don't know	42	50.0
Drinking locally manufactured alcoholic drink (akpeteshie) prevents one from getting the virus		
No	54	64.3
I don't know	30	35.7
Eating of garlic, ginger and drinking of apple cider provides preventive measure against the disease condition		
Yes	27	32.1

No	6	7.1
I don't know	51	60.7

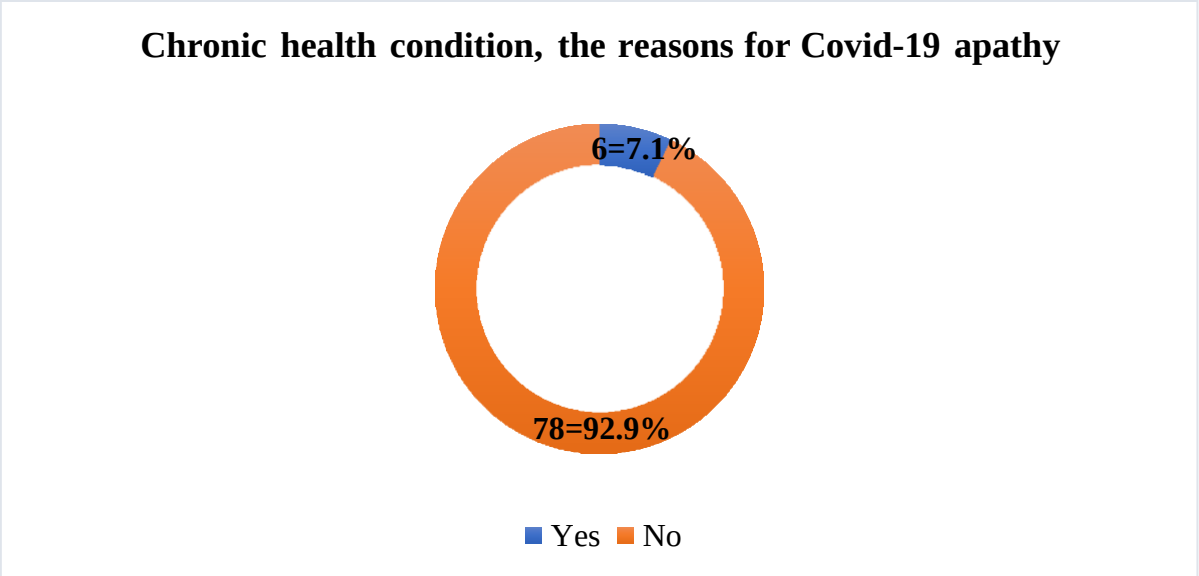
Source; Field data (2023)

Participants were asked to choose between three main remedies named in literature as the resolution for covid-19. That is, 1) inhaling steam from boiled neem leaves, 2) drinking locally manufactured alcoholic drink (akpeteshie) and 3) eating of garlic, ginger and drinking of apple cider. As part of remedies to immunizing against Covid, participants were asked if inhaling steam from boiled Neem leaves could provide some protection against infection and cure. In their response, they (50%) said they do not really know if it does. Meanwhile, quite a good number (39.3%) of them agree to inhaling boiled neem leave steam as a remedy to infections. However, participants (64.3%) also revealed that drinking locally manufactured alcoholic drink (akpeteshie) would not in any way prevent one from acquiring the virus. They were also not certain (60.7%) if eating of garlic, ginger and drinking of apple cider provides preventive measures against the virus. But 32.1% of the respondents believed in this treatment measure. This is an indication that despite believing in traditional medication for treating covid-19, participants were not certain on which medication was more suitable for the treatment of the virus.

Health Concerns

As part of the survey individuals were asked if they suffered any underlying health condition. It is believed that individuals that have some form of chronic health condition are more willing to take the vaccine. Participants' response on the variable is shown in Figure 1

Figure 1: Chronic Health Condition



Source; Field data (2023)

92.9% responded in the negative saying they do not have any health condition. People with chronic conditions such as cancer, kidney disease, lung disease, diabetes, dementia, obesity, and heart conditions are at elevated risk of developing severe complications and are thus at greater risk of death due to COVID-19. These individuals are expected to immune their system against the virus by taking the vaccine. The COVID-19 vaccine is an effective measure to manage the pandemic as it prevents severe illness and death. A study by Ma et al. (2021) found that higher proportion of Chinese adults in Beijing with chronic diseases were willing to take the vaccine compared to those without chronic health conditions consistent with the survey that was done.

Lack of Information on Covid-19 vaccines

As part of the factors causing people to reject the Covid vaccine, they were asked questions relating to public information on the vaccine. Details on that is shown in Table 7.

Table 7: Information Access on Covid-19 vaccine

I have enough information about the vaccine	Frequency	Percent
Agree	27	32.1

Disagree	39	46.4
Neutral	18	21.4
From what source did you hear about the vaccine		
Social Media/internet	18	21.4
Ministry of health/Ghana Health Service/Government	19	22.6
Radio/TV	17	20.2
Family & friends	19	22.6
Print media	11	13.1

Source; Field data (2023)

In determining the amount of information available to participants on the vaccination, they were asked if they have adequate information about the vaccine and the source of their information. Whereas some (32.1%) respondents believed that they have sufficient information on the vaccine, others (46.4%) believed the information provided to them on the vaccine was not enough. At the same time, some (21.4%) were indecisive if they should classify the information available to them as sufficient or not.

Conclusion

The study found that several factors have contributed to vaccine hesitancy chief among them are religious beliefs, lack of information on the vaccine, preference to traditional remedies, lack of trust in government and the vaccine, misconception and misinformation and concerns about safety and effectiveness about the vaccines. It is clear from the findings that these concerns and fears must be adequately addressed to remedy the situation of vaccine apathy.

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CHAPTER 4

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter finalizes the study and comprises the conclusions and recommendations of the study. This chapter reiterates summary of the findings of the study and draws conclusions based on the findings. Recommendations for various stakeholders as well as future researchers were also made in this chapter.

Summary of Findings

Covid-19 vaccine apathy in Ghana

The study found that majority of people had knowledge about the availability of the covid-19 vaccine. The vaccine is available across the country. However, there are some challenges with vaccine uptake. Even though the vaccination process is compulsory in thecountry, there are some persons who think the vaccine is not necessary. In an interview with some officials, and some persons as well as results from the questionnaire administered, it was revealed that there were different reasons for vaccine apathy.

The notion that the vaccination is ineffective, confidence in one's immune system, rumours of unpleasant reactions and adverse effects after vaccine intake, and religious concerns are among some of the explanations. It was also revealed that the general public is aware of the covid-19 vaccine campaigns but needed more information about the vaccines. Many felt that traditional or conventional remedies were superior to the vaccine. In summary lackof trust in the vaccines, belief in traditional medicines, religion, lack of information about

the vaccine, its safety and effectiveness, lack of trust in government, misconceptions and misinformation as well as fear for side effects were major determinants of vaccine apathy.

Conclusion

The study found that.

- Ghana, like other countries has suffered from the covid-19 pandemic. The effects of the pandemic has affected many sectors of the Ghanaian society. These factors make the continent vulnerable to threats of infectious diseases such as covid-19.
- Socio-cultural and political factors inherent in many African societies undermine effective and efficient management of pandemics.
- Religious beliefs is also a factor which influences peoples vaccination decisions.
- In addition, vaccine apathy was observed because of lack of trust and confidence of the public in political leaders and institutions.
- Lack of trust in the vaccine and belief in traditional remedies was also a major obstacle to vaccination goals.
- Lack of information about of the vaccine and its safety as well as misconceptions and misinformation about it caused vaccine apathy in people.

Recommendations

- COVID-19 vaccine uptake health campaigns must address fears, distrust, and safety concerns in order to boost COVID-19 vaccination uptake. When this is done, a lot of the people will be educated on the need to take up the vaccination leading to a reduction in apathy. This must be done regularly through radio adverts, social media public address system and television adverts, door to door campaigns.

- Second, there is a need for strategic and customized vaccination uptake messaging (text messages) or messages on television or radio that take gender, age, and educational dynamics into account in order to boost vaccine adoption. These communication strategies should culturally be sensitive in order to deal with the flow of incorrect assumptions and beliefs about the vaccines in Ghana.

- It is crucial to build confidence in the COVID-19 vaccine. Information on its safety and efficacy were strongly associated with intention to take the vaccine. This could be done by engaging doctors or influential people in society or people who have taken the vaccine as vaccine ambassadors or champions to instil confidence in the people about the vaccine through adverts on radio, television, social media or town council meetings.
- Furthermore, religious institutions and their leaders should be actively involved in public health education efforts to instil trust. When this is done, all the religious perceptions about the vaccination the vaccine will be reduced.
- Finally, geographical differences in vaccination willingness imply the necessity for region-specific health education techniques to meet their unique concerns. Thus, the education on the vaccination process should be streamlined to take care of specific localities. This means that, language, cultural background and other demographic features of various areas should be considered in the vaccine education.

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APPENDIX

UNIVERSITY OF GHANA, LEGON
LEGON CENTRE FOR INTERNATIONAL AFFAIRS AND DIPLOMACY

QUESTIONAIRE GUIDE

Dear respondent,

Thank you for your willingness to participate in this study. The study is on the topic '**Managing Pandemics in West Africa: The Challenge of Vaccine Apathy in Ghana**' Your response to this instrument will be used for academic purposes only. It is kindly requested that you provide responses that reflect your exact opinions and knowledge of the phenomenon being studied to help improve the quality of the study.

If you have any challenges concerning any item on the instrument, you can talk to the fieldworker for clarification.

Thank you once again.

Section A: RESPONDENT BACKGROUND INFORMATION

1. Have you taken the covid 19 vaccine.

   Yes [ ] No [ ]

2. Age

   18-25 [ ] 26-35 [ ] 36-45 [ ] 46-55 [ ] 56+

3. Sex (a) Male [ ] (b) Female [ ]

4. Marital status:

   (a) Single [ ] (b) Married [ ] (c) Divorced [ ]

(d) Widowed [ ] (e) Separated [ ]

5. Religion

Christian [ ] Muslim [ ] African Traditional Religion [ ]

Other [ ] Please specify other: ……

6. Education

No Education [ ] Secondary/Technical [ ] Diploma/HND [ ]

Bachelors [ ] Postgraduate [ ]

7. Employment status

Employed full time [ ] Unemployed [ ] Self employed [ ]

8. Residence

Within Accra [ ] Oyibi [ ]

9. Do you have any chronic health conditions

Yes [ ] No [ ]

10. Have you heard about the COVID VACCINE?

Yes [ ] No [ ]

11. From what source did you hear about it?

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12. Reasons for Refusing the Covid Vaccine

a) I don't think the vaccine is safe
b) I have heard or read negative information about it.
c) I don't think the vaccine is effective
d) I trust my own immunity
e) Religious reasons
f) I don't know where to get vaccinated
g) Due to side effects
h) Lack of trust in the government
i) I don't trust the government
j) Distance to vaccination centre

k) Belief in traditional remedies
l) Due to rumours
m) Due to myths and superstition
n) Health condition
o) I don't like the type of vaccine being administred
p) Other

13 Can you please explain your reason for Question 12 .

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14. Will you be taking the vaccine in the near future

Yes [ ] No [ ] Maybe [ ]

PART 2

15. I will prefer to acquire immunity from covid 19 through natural remedies or traditional remedies means other than vaccination

Agree [ ] Disagree [ ] Neutral [ ]

16. I will recommend my family and friends to get vaccinated

Yes [ ] No [ ] I do not know [ ]

17. How well do you trust the government and other relevant authorities will ensure that the vaccine will be effective and safe.

Very Well [ ] Somewhat [ ] Not So [ ] Not at all [ ]

18. Do you agree that the vaccine is effective in preventing people from catching the coronavirus.

Agree [ ] Disagree [ ] Neutral [ ]

19. If you got the COVID 19 vaccine how likely do you think it is that you would experience side effects.

Very Well [ ] Somewhat [ ] Not So [ ] Not at all [ ]

20. Do you think COVID-19 is not severe enough to need a vaccine

Agree [ ] Disagree [ ] Neutral [ ]

21. I don't have enough information about the vaccine

Agree [ ] Disagree [ ] Neutral [ ]

22. To the best of your knowledge do you agree… [COVID-19] is designed to reduce or control the population.

Agree [ ] Disagree [ ] Neutral [ ]

23. I don't need the vaccine

Yes [ ] No [ ] I do not know [ ]

24. To the best of your knowledge… [COVID-19] is designed to reduce or control the population.

Yes [ ] No [ ] I do not know [ ]

25. To the best of your knowledge Inhaling steam from boiled Neem leaves and other traditional remedies could provide protection against infection and cure.

Yes [ ] No [ ] I do not know [ ]

26. To the best of your knowledge drinking of locally manufactured alcoholic drink (Akpeteshie) prevents ones from getting the virus.

Yes [ ] No [ ] I do not know [ ]

27. To the best of your knowledge eating of garlic, ginger and drinking of apple cider provides preventive measure against the disease condition.

Yes [ ] No [ ] I do not know [ ]

28. What do you think can be made to improve the vaccine intake?

Thank you so much for your time

INTERVIEW GUIDE

Theme 1: Perspectives (views) on COVID-19 vaccine uptake

- How is the vaccination programme?
- Availability of the COVID-19 vaccine (Are there enough vaccines available)
- Accessibility of the COVID-19 vaccines (Are the vaccines accessible to individuals)

Theme 2: Factors affecting vaccine uptake

- Factors or circumstances that make it easy for individuals to access the COVID19 vaccine.
- Factors causing the apathy among Ghanaians towards the vaccine.

Theme 3: Attitude towards the COVID-19 vaccine Perceived benefits of the COVID-19 vaccine

- What are the beliefs associated with COVID-19 vaccine (myths, misconceptions, norms etc)?
- What are the positive or negative personal/family experiences influencing views on COVID-19 vaccine uptake?
- Are there some local OR traditional remedies proffered?

Theme 4: Strategies for addressing vaccine hesitance and increasing vaccine uptake

Q4: Please tell me what strategies you think could help in addressing vaccine hesitance and increase COVID-19 vaccine uptake in our communities.

- Strategies to provide more information to Ghanaians about the COVID-19 vaccine in terms of awareness creation.
- Strategies to build a positive attitude towards the vaccine among Ghanaians.
- Strategies to address myths and misconceptions, religious misconceptions.
- Strategies to increase access to the COVID-19 vaccine services.