

**UNIVERSITY OF EDUCATION, WINNEBA**

**ANALYSIS OF SIXTEEN (16) SELECTED COVID-19 PRESIDENTIAL  
ADDRESSES: A CRITICAL THEORETICAL PERSPECTIVE**



**ERNEST SARBE NYAMEKYE**

**MASTER OF PHILOSOPHY**

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ADDRESSES: A CRITICAL THEORETICAL PERSPECTIVE**

**ERNEST SARBE NYAMEKYE**



**A thesis in the Department of Communication Instruction,  
School of Communication and Media Studies, submitted to the School of  
Graduate Studies, in partial fulfilment**

**of the requirements for the award of the degree of  
Master of Philosophy  
(Communication Instruction)  
in the University of Education, Winneba**

**NOVEMBER, 2022**

## DECLARATION

### STUDENT'S DECLARATION

I, NYAMEKYE ERNEST SARBE, declare that this THESIS, with the exception of quotations and references contained in published works, international journals and online documents which have all been identified and duly acknowledged, is entirely my own original work and has not been submitted, either in part or whole, for another degree elsewhere.

**SIGNATURE:** .....

**DATE:** .....



### SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this project work was supervised in accordance with the guidelines for supervision of THESIS as laid down by the University of Education, Winneba.

**NAME OF SUPERVISOR:** PROFESSOR ANDY OFORI-BIRIKORANG

**SIGNATURE:** .....

**DATE:** .....

## **DEDICATION**

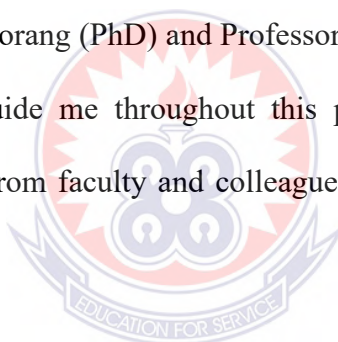
This scholarly work is exclusively dedicated to honour Professor Andy Ofori-Birikorang (PhD), the Pro-Vice Chancellor of the University of Education, Winneba, who supported me in many ways, and whose personality and teachings shaped and positivised my orientation towards the critical philosophical tradition before conducting this study.



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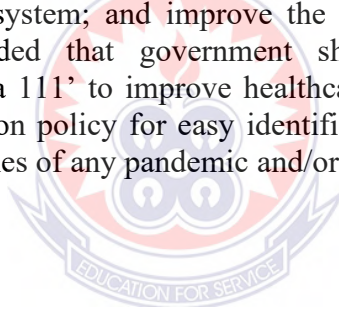
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## ABSTRACT

The COVID-19 pandemic was a global health condition which presented itself in a very scary form and nature to threaten the lives of many. Governments of countries across the globe had to take measures to prevent and control spread and infection. In Ghana, presidential addresses were used to communicate government decisions and policies to safeguard the citizenry. This study sought to critically unveil embedded meanings contained in the speeches delivered by the President of Ghana, His Excellency Nana Akuffo-Addo in 2020. The study employed the qualitative content analysis methodology to purposively sample and thematically analyse sixteen (16) selected COVID-19 speeches retrieved from the website of the Presidency. Findings from the study indicate that the imposition and enforcement of the COVID-19 safety protocols exerted hardships on the citizens of Ghana through oppression, distortion of livelihoods and threat to freedom of movement. The study reveals that the masses on the other hand responded to the hardships through compliance and resistance. It is also revealed in the study that fragile healthcare system and social injustice are systemic and structural issues embedded in the speeches. Further, it is identified that the President took advantage of the addresses to respond to criticisms, especially from the opposition party using innuendoes, project government policies positively, and used the platform to communicate his campaign messages to the citizenry. The study concluded that Ghana may face similar challenges in the face of another pandemic if government does not implement robust policies to strengthen the healthcare system; and improve the socioeconomic conditions of the masses. It is recommended that government shows commitment towards the implementation of 'Agenda 111' to improve healthcare infrastructure and enhance its digitisation and digitalisation policy for easy identification, and provision of requisite support for the needy in times of any pandemic and/or crisis.



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Overview**

This is the introductory chapter of the entire research study. It features the background to the study which provides detailed historical overview of the phenomenon under enquiry. Next to the background is the statement of the problem which problematises the phenomenon as a real-world issue that needs to be enquired, and discusses the aspects of the phenomenon which have been considered by various studies in the literature, leading to the establishment of a purpose for conducting the enquiry through a clear identification of the lacuna. This is followed by clear, concise, and specific objectives leading to the formulation of research questions to guide the study. The chapter further features subsections for the discussion of the significance of the study to academia, readers, and policy makers; delimitation of the study which encompasses the boundaries that the entire study covered; and the organisation of the study which summarises all the chapters of the study.

#### **1.1 Background to the Study**

In the historical narrative of the world, the global concern for public health is a crucial element which cannot be left in the periphery. Millions have lost their lives through infectious diseases which come in the forms of outbreaks, endemics, epidemics and pandemics of varying nature and degree of mortality (Hall et al., 2020).

Over the centuries, the world has recorded several epidemics and pandemics which have had negative impact in diverse ways on the development of the global community (Hays, 2005). Notable among the negative impacts that pandemics pose to the world is their fatal nature, claiming millions of lives (Barry, 2009; Hall et al., 2020), and further posing

severe socioeconomic implications on those who are lucky to be spared (Antràs et al., 2020), even though life normalises after they are successfully dealt with. Indeed, the number of lives that pandemics have claimed in the world is enormous.

At the global level, as of 4:47PM on June 28 2021, a total of 180,817,269 confirmed cases of the COVID-19 pandemic had been recorded with 325,138 new cases (World Health Organisation, 2021d). The World Health Organisation's COVID-19 dashboard also indicated a record of 3,923,238 deaths being reported. To increase herd immunity and reduce death rate and the spread of the pandemic, a total of 2,660,756,547 doses of vaccine had been administered worldwide (W. World Health Organization, 2021c). At the local level, as of June 23 2021, available information on the Ghana Health Service's COVID-19 dashboard indicated that Ghana had recorded a total of 95,476 confirmed cases. Out of this number, there were twelve severe cases with nine in critical condition; 1,412 total active cases; 93,269 constituted the number of persons that had recovered from the infection or been discharged; and the total number of death was 795 (G. Ghana Health Service, 2021). The dashboard of the World Health Organisation displayed 1,232,876 doses of vaccines had been administered in Ghana as of June 28 2021.

Towards the end of 2020, multiple strains of the SARS-CoV-2 pandemic were detected across some parts of the world especially in the United Kingdom (B.1.1.7), Japan (B.1.1.248/B1.1.28/P1), India (Delta variant) and South Africa (B.1.351/501.YV2) and were found to have greater transmissibility than the earlier one (W. World Health Organization, 2021b). Recently it has been reported that the Delta variant which originates from India has been detected in Ghana as well (Asante, 2021) leading to a third wave.

### ***1.1.1 The safety protocols***

The production of the various vaccines with the tendency to increase population immunity is an effective mechanism for fighting the pandemic. Nevertheless, taking doses of the vaccines does not completely protect a person from transmitting or contracting the virus – as none of the vaccines provide 100% protection – until an appreciable number or percentage of the entire population has taken the complete doses of the vaccines to increase population immunity (W. World Health Organization, 2021a). This is because according to WHO (2020a) some underlying factors such as the age of an individual, underlying health conditions, exposure to SARS-CoV-2, when a jab was taken, circulation of new variants of the virus etc. have impact on the efficacy of the coronavirus vaccines. Hence, even if a person has taken a jab, they are still required to adhere to the safety protocols as complementary mechanisms to ensure their protection and that of others.

Even though the number of positive cases in Ghana is gradually reducing, until the pandemic is totally eradicated and/or total population immunity is increased through vaccination, there is the need for citizens to continue adhering to the safety protocols as they are the surest mechanisms for dealing with source control and prevention of further infections as advised by the World Health Organisation. Moreover, the fact that Ghana recently detected the Delta variant whose origin can be traced to India, raises an issue of concern as India (the origin of the new variant) is one of the countries that has recorded many cases with high mortality rate (World Health Organization, 2021).

The control of the pandemic through nonpharmaceutical interventions were, and even up to now, are a very effective preventive means of controlling spread of infections (Rozaqin et al., 2021). Notable among the nonpharmaceutical interventions are hand hygiene practices, respiratory etiquettes and physical distancing (Williams et al., 2015). The use

of face masks and nose covers, social distancing, hand hygiene practices, imposition of lockdowns, isolation of symptomatic persons, closure of borders etc. are all among the COVID-19 safety management protocols used to control the spread of the pandemic (Abdulai & Baffour Awuah, 2021; Fasaie et al., 2020) as recommended by the World Health Organisation and adopted by the various countries. Nonpharmaceutical interventions have significant implications on the spread of the pandemic (Teasdale et al., 2014).

However, at the initial stages of the pandemic (within the first quarter of 2020), there were different views regarding the general use of face mask by the general public as a preventive mechanism against contracting the disease. Rather, there was agreement when it came to the use of face mask among health workers and symptomatic persons. The World Health Organisation did not state categorically that people could wear nose masks to protect themselves from the disease. World Health Organisation (WHO) rather recommended mask to be used by those who were taking care of persons suspected to have contracted the virus (Feng et al., 2020). Whereas Hong Kong recommended the use of mask to its citizens as a measure to prevent transmission particularly at public places, China rather recommended it to people at moderate and low risks of infection and made it optional for people at very low risk of infection. Feng et al. (2020) reveal that the United States discouraged the use of nose mask among healthy people, even at public places. The decision by the United States was corroborated by Germany as the latter argued that the use of face mask would rather discourage people from observing other effective protocols such as practicing regular hand hygiene.

On December 1 2020, the World Health Organisation published an update on the use of face masks based on new discovery of scientific evidence. The updated guidance recommended the use of face masks as part of a complete package for controlling the

spread of the COVID-19 pandemic (World Health Organization, 2020c). The update from the organisation further advised that the use of nose masks alone – without observing all the other safety protocols – cannot suffice the complete protection of an individual from contracting the virus. It is therefore implicit that all the safety protocols must be observed to ensure adequate protection. The document further recommended the continuous wearing of masks in public settings where it is very difficult to ensure physical distancing of at least a metre. Nose masks can be used for the purposes of both source control and protection. This update from the World Health Organisation came to reconcile the discrepancies in the views regarding the general use of face masks by healthy persons, leading to the mechanism being universally adopted.

Directions for enhancing hand hygiene practices as one of the measures for controlling the spread of the pandemic have also been effectively promoted (World Health Organization, 2020a, 2020b). Hand hygiene practices encompass the regular and thorough washing of hands under running water using soap. In situations where water and soap are not available, organisations and individuals are encouraged to use alcohol-based hand sanitiser to clean their hands (Abdulai & Baffour Awuah, 2021). The Ghana Health Service (2020) also encourages the public to practice hand hygiene through regular handwashing with soap under running water for at least 20 seconds with an alternative of applying alcohol-based hand sanitisers (which contains about 70% alcohol) to clean their hands.

According to World Health Organization (2020a), these hand hygiene practices should be done at regular intervals, and more especially whenever one gets in contact with other individuals; before touching food or eating; after visiting the washroom; after contact with body fluids or touching surfaces and/or objects that have the potential of getting contaminated with respiratory droplets. It is advised that these hand hygiene practices



must be observed before a person touches their eyes, nose or mouth. Consequently, WHO has recommended that organisations and institutions should put measures in place to ensure that handwashing facilities and alcohol-based hand sanitisers are provided in their environment to encourage frequent hand hygiene practices. These facilities should be placed at vantage points where they would be visible and accessible and must be accompanied with communication guidelines.

In another interim guidance developed on April 2020, the World Health Organization (2020d) confirmed that it is also required that every individual practices hand hygiene before entering and when leaving private and public commercial institutions or facilities. This report recommended hand hygiene practices to be adopted as routine activity by all individuals.

The World Health Organisation (2020d) encouraged authorities to introduce measures that will ensure that physical distance of at least 1 metre is maintained between individuals. Further, it discouraged direct physical contact with other persons through shaking of hands, hugging, touching etc. as well. Social distancing is a critical health behaviour (Williams et al., 2015) that can be effective in infection prevention and control (IPC) of the pandemic.

### ***1.1.2 COVID-19 pandemic and Ghana's response***

On January 30 2020, the World Health Organisation characterised COVID-19 as Public Health Emergency of International Concern (PHEIC) (Kenu et al., 2020). This implied that countries across the globe, including Ghana, needed to give some considerable attention to the disease by putting in mechanisms to prevent or reduce its potential transmissibility or explosiveness. On March 11 2020, the Director-General of the World Health Organisation declared the coronavirus disease as a pandemic (Bedford et al.,

2020). Declaring the disease as a pandemic was because the disease was novel without any cure and had quickly spread widely to many countries across the globe at a very high rate within a very short time. Moreover, due to its novel nature, there was no pharmaceutical means of curing and or controlling its transmission (Caddy, 2020). Thus, characterising the disease as a pandemic meant that the citizens of every country were at risk of contracting and spreading the virus, especially as normal activities of travelling across the globe and international trades were ongoing.

Unfortunately, on 12<sup>th</sup> March 2020, – a day after the Director-General of WHO had characterised the disease as a pandemic – Ghana recorded its first two cases (Afriyie et al., 2020) imported from Norway and Turkey. Due to the severity of the pandemic; its infectious rate and being contagious; its novel nature and the fact that there was no pharmaceutical means of controlling its transmission, recording cases in Ghana and other parts of the world implied that government and health authorities took swift emergency decisions to prevent and control the spread of the disease. This led to the closure of schools, restrictions on social activities and the imposition of partial lockdowns in some areas that were designated as epicentres for easy transmission of the virus (Ofori-Adjei et al., 2020). According to UNESCO (2020), governments of more than 100 countries in the world including Ghana, closed down educational institutions as a measure to control the spread of the pandemic since schools are populous places with frequent human interactions.

The World Health Organisation as a global health agency issued various reports to update the global community on the trends of the coronavirus disease and how various countries across the globe could respond positively to curb the spread of the pandemic. In spite of the idiosyncrasies that exist among individual countries regarding the nature of their political, economic, social, cultural, and health systems, making them unique and hence

requiring them to adopt different approaches and patterns of strategies to respond to the pandemic (Owusu, 2021), there also exist some universal similarities as well which require some commonalities among the approaches and patterns of solutions. Due to the similarities, the common measures adopted as response to curb the spread of the coronavirus pandemic included but not limited to social distancing, travel restrictions, lockdowns, hand and respiratory hygiene practices (Amewu et al., 2020).

The Government of Ghana adopted different communication strategies to inform the citizenry of the situation of the pandemic in Ghana and the various measures employed to deal with the it. The government resorted to communication strategies such as presidential addresses where the President of the Republic of Ghana delivered updates on the pandemic to Ghanaians and further communicated to them on measures taken to control the spread of the disease; press briefings by ministers where the Information and Health Ministers and other health experts engaged the media; creation of a website designated for the COVID-19 pandemic; the use of social media as well as traditional media (Antwi-Boasiako & Nyarkoh, 2021). These communication strategies were used to promote the spread of *calm* instead of *fear*, as the novel nature of the pandemic had the tendency to create fear and panic among the Ghanaian populace.

The President of Ghana personally delivered all the presidential addresses at regular intervals via television telecast from the Presidency. The addresses were used to inform Ghanaians on the update of the pandemic in the country vis-à-vis the total number of recorded cases, the number of positive cases, the number of persons that had recovered, the number of deaths recorded, measures employed by authorities to control spread, places where cases had been recorded, treatment centres, advice to the citizenry on food and nutrition security etc. As of the time this study was conducted, the President of Ghana had released twenty-six COVID-19 addresses to the nation with the latest (26<sup>th</sup> Address)

dated 25<sup>th</sup> July 202. Out of this number, twenty of the speeches were delivered in the year 2020 indicating the prominence given to the disease by the Government of Ghana in that year, especially as the year was also an election year.

The Information and Health Ministries led almost all the press briefings where media practitioners were engaged. Unlike the presidential addresses which were mainly one-way form of communication, this strategy adopted the two-way communication approach which was more participatory as the media were provided the avenue to ask questions regarding major decisions and also contribute to decisions regarding government's response to the pandemic. Additionally, the website of the Ghana Health Service was also designated to provide online updates on the coronavirus pandemic to the general public. Infographics (figures) were mainly used to provide information on positivity rate, distribution of cases, newly recorded cases, active cases by region, cumulative cases by region, cases by district, trends in proportion of cases, active cases and recoveries, active cases by day, tests conducted in Ghana etc. (G. H. S. Ghana Health Service, 2021). Ghana has only two biomedical research institutions that were well-equipped to perform various molecular diagnosis during the pandemic. In spite of their capacity, a critical situation such as the one presented by the coronavirus disease in 2020 affected the testing capacity of the laboratories as there were always backlogs and delays in producing test results whenever the rate of transmission increased putting pressure on the institutions (Acheampong et al., 2021).

The year 2020 was the eighth election year in the fourth Republic of Ghana. As usual, the contest was going to be between the two major political parties (New Patriotic Party (NPP) and National Democratic Congress (NDC)) whose main candidates had already engaged in two major battles in 2012 and 2016, with each winning one of the contests.

The electoral history of both the incumbent and the challenger made the 2020 general election very significant. However, recording cases and putting measures in place to control the rampant spread of the pandemic meant that political activities, particularly rallies which could serve as breeding grounds for easy transmission of the virus had to be banned temporarily. This resulted in a temporal disruption of political activities which otherwise would have started earlier. Nevertheless, the year realised a successful change of the voter register which culminated in a successful poll on the scheduled date (7<sup>th</sup> December, 2020) as the Electoral Commission put measures in place to ensure observance of the protocols at the various polling centres across the country.

But considering the response from the Government of Ghana through the presidential addresses, how did the President Akufo-Addo present the coronavirus ss management protocols to Ghanaians? In what ways did the addresses reveal the deficiencies in the Ghanaian health system? And how did the President use the coronavirus addresses to take political advantage of the situation to campaign to the citizens of Ghana?

## **1.2 Statement of the Problem**

The coronavirus pandemic, like other past pandemics, has become an important phenomenon of enquiry since its detection in 2019, as many researchers have conducted studies on it from diverse perspectives, methodologies and settings, providing space in the literature for the phenomenon to gain considerable attention (Abdulai & Baffour Awuah, 2021; Aduhene & Osei-Assibey, 2021; Anyanwu & Abana, 2020; Ofori-Adjei et al., 2020; Riaz et al., 2020; Yang et al., 2020).

In the literature, some studies have enquired into how various countries and institutions responded to the COVID-19 pandemic (Fasae et al., 2020; "Ghana's COVID-19 response

faces growing scrutiny," 2020; Peterson Ozili, 2020). Fasae et al. (2020) used an online survey to investigate preventive measures adopted by academic libraries in Nigeria as a response to the COVID-19 pandemic to prevent the spread of the virus during the lockdown. "Ghana's COVID-19 response faces growing scrutiny" (2020) on the other hand commended Ghana's initial response to the pandemic which was very effective and criticised subsequent response which saw sharp increase in positive cases after the Government of Ghana eased the partial lockdown in the country.

Using discourse analysis, Peterson Ozili (2020) analysed measures that African countries adopted to control the spread of the virus and how they responded to the socioeconomic impact that the coronavirus pandemic imposed on the continent. Similarly, Aduhene and Osei-Assibey (2021) also adopted discourse analysis to examine how Ghana responded to the spread of the coronavirus disease and the negative impact the pandemic imposed on the Ghanaian economy. Abdulai and Baffour Awuah (2021) identified lockdown, social distancing, stay-at-home policies, the use of face mask, the use of hand sanitisers and hand gloves as Ghana's response to fighting the spread of the coronavirus pandemic.

Antwi-Boasiako and Nyarkoh (2021) also a qualitative document analysis to examine the communication strategies the government of Ghana adopted to fight the COVID-19 pandemic; and how the strategies were effective in fighting against the pandemic. Health, economic and social policy responses adopted by the Government of Ghana has been studied (Antwi-Boasiako et al., 2021). This study revealed several policy interventions from the above-identified perspectives. The study featured the 3T-approach (Trace, Test and Treat) to controlling the spread of the pandemic as a health response, CAP-20 (Coronavirus Alleviation Programme) as economic policy response, and free water and subsidised electricity as social intervention response.

Different views were expressed on the use of face masks as preventive measure against the spread of the pandemic (Feng et al., 2020). The above study (Feng et al., 2020) revealed that the United States discouraged the use of nose mask among healthy people, even at public places. The decision by the United States was corroborated by Germany as the latter argued that the use of face mask would rather discourage people from observing other effective protocols such as practicing regular hand hygiene.

However, there was consensus on the promotion of handwashing, social distancing, the use of hand sanitiser, self-isolation, imposition of partial lockdowns etc. as effective safety mechanisms for controlling the spread of the COVID-19 pandemic (Aduhene & Osei-Assibey, 2021; Bedford et al., 2020; Yang et al., 2020). Several other studies considered the measures that countries and institutions instituted to control the spread of the pandemic (Fasae et al., 2020; Kashyap & Raghuvanshi, 2020).

Extant literature have focused on the impact of the pandemic on food safety and security, and agriculture in general (Inegbedion, 2020; Sharma et al., 2021). Whereas Inegbedion (2020) focused on the negative implications of the lockdown on labour, food security and food transportation in Nigeria, Sharma et al. (2021) explored the impact of the pandemic on food safety and security from the perspective of social issues considering the Government of India's relief measures for enhancing food supply chain operations, industry and agricultural practices to save the masses from food security threats. Fan et al. (2020) did not limit their study to the coronavirus pandemic alone. They advanced on the impact of several pandemics (past and present) on food and nutrition security and temporal policy interventions taken by governments to improve food and nutrition security during periods of pandemics.

In the hospitality and tourism industry, much is known about the impact of the pandemic on businesses (Aduhene & Osei-Assibey, 2021; Dayour et al., 2020) and tourist behaviour (Matiza, 2020), and how operators in the industry managed the crisis (Dayour et al., 2020). Other studies have focused on the role of stakeholders in the sustainability of the tourism and hospitality industry in Ghana during the pandemic (Amoako et al., 2021); and improvement of employees wellbeing and organisational sustainability during the coronavirus crisis (Haque, 2021).

Further, much is known about the socioeconomic impact of the pandemic on the world, Africa and Ghana (Abdulai & Baffour Awuah, 2021; Aduhene & Osei-Assibey, 2021; Dzigbede & Pathak, 2020; Nicola et al., 2020). There was also a projection that the coronavirus pandemic would have threatening consequences on the economy of developing countries which would lead many children from poor homes into child labour and streetism (Owusu & Frimpong-Manso, 2020).

In higher educational institutions, the impact of the pandemic on the mobility of international students has been explored (Yıldırım et al., 2021). The imposition of lockdown as safety measure to control the spread of the pandemic resulted to the adoption of virtual learning as a viable alternative which did not benefit international students from developing countries as their colleagues from developed countries (Alawamleh et al., 2020). Moreover, the use of social media platforms such as WhatsApp, WeChat and Telegram in seeking, sharing and spreading credible and false information on the coronavirus pandemic and how social media users manage infodemic have also been studied by some researchers (Adekoya & Fasae, 2021; Riaz et al., 2020).

Considering the various studies that have been conducted on the coronavirus pandemic, both the quantitative and qualitative approaches have been used extensively to conduct



studies on the phenomenon. Different theoretical frameworks have also been employed to conduct studies on the coronavirus pandemic from different perspectives. Similar to the current study are qualitative studies that examined COVID-19 messages communicated by political leaders across the world. For instance, Kneuer (2020) analysed Angela Merkel's crisis communication strategies during the first phase of the pandemic, and identified that her messages featured the claim for German and European solidarity and the need for the protection of public health the economy. Likewise, Dada et al. (2021) examined 122 addresses delivered by heads of governments of 20 countries to identify how the gender differences of the political leaders influenced their messages on the pandemic. They found that all the leaders communicated issues on economic and financial reliefs, but women leaders personalised their messages. Arora (2022) also sampled 157 Facebook posts of the Prime Minister of Norway, Erna Solberg and analysed them to identify the key features of her crisis communication during the pandemic. The study found that the Prime Minister incorporated persuasive narratives in her Facebook posts.

In Ghana, Gyamfi and Amankwah (2021) conducted a qualitative content analysis of fourteen (14) addresses on the coronavirus pandemic delivered by the President of Ghana. However, the above study focused on how the presidential addresses were used to communicate information on the coronavirus pandemic to the citizens of Ghana from the perspectives of public health and crisis communication. The study adopted seven crisis and emergency risk communication best practices in the literature to analyse the speeches, and found that the President of Ghana made use of all the seven (7) strategies in his addresses. The current study is similar to the study conducted by Gyamfi and Amankwah (2021) since both studies employed the qualitative content analysis methodology, and also used the presidential addresses as the data set for the analysis.

Nevertheless, the current study differs from the above study in terms of focus. Unlike the above study which examined how the president communicated messages from the perspective of public health and emergency risk communication best practices, the current study used the critical theory to unveil and critique historical problems of oppression and inequality embedded in the addresses.

Similarly, Osuanyi and Logogye (2021) conducted a critical discourse analysis of the first nineteen (19) presidential addresses to determine the linguistic choices of the president. The study considered how measures in the addresses portrayed the development of local fashion and textiles industry to produce PPE. The study revealed that the government assisted local fashion designers, tailors, and seamstresses to produce PPE to control the spread of the pandemic. Osuanyi and Logogye's (2021) study bears methodological semblance with the current study in terms of theoretical framework, research design, and sampling. Like the current study, their study adopted CDA (which is a strand of critical theory), and sampled data from the first nineteen (19) addresses delivered by President Akufo-Addo. However, their study examined the linguistic choices of the president, but did not consider embedded meanings in the addresses. The current study on the other hand, revealed latent meanings embedded in the addresses from the critical theoretical perspective. Moreover, the current study makes social inequality (which is a central issue of concern to critical theorists) very apparent through the analysis of the addresses.

It is evident that critical analysis that seeks to reveal embedded meanings in the sixteen (16) selected addresses that fall within the first twenty addresses delivered by President Akufo-Addo during the first wave of the coronavirus pandemic is not considered in the literature. It is therefore prudent for a study to be conducted from the critical theoretical perspective to inquire into the COVID-19 addresses that were delivered to the people of Ghana from the Presidency. Consequently, the purpose of the current study is to analyse

sixteen (16) selected COVID-19 addresses delivered in 2020 by the President of the Republic of Ghana, H. E. Nana Addo Dankwa Akuffo-Addo from the critical theoretical perspective to provide an insight into the hidden meanings in the addresses.

### **1.3 Objectives**

The following objectives have been formulated for the study:

1. A. To examine how the imposition of the COVID-19 safety management protocols exerted hardships on the citizens of Ghana as embedded in the COVID-19 presidential addresses.  
  
B. To describe how the citizens of Ghana responded to the hardships exerted by the safety management protocols as communicated in the COVID-19 presidential addresses.
2. To identify the systemic and structural pathologies of the Ghanaian socio-political system embedded in the COVID-19 presidential addresses.
3. To analyse how President Akuffo-Addo took advantage of the COVID-19 presidential addresses to advance his political interests.

### **1.4 Research Questions**

Based on the objectives of the study, the following research questions have emerged to guide the study:

1. A. How did the imposition of the COVID-19 safety management protocols exert hardships on the citizens of Ghana as embedded in the presidential addresses?  
  
B. How did the citizens of Ghana respond to the hardships exerted by the safety management protocols as communicated in the COVID-19 presidential addresses?

2. What systemic and structural pathologies of the Ghanaian socio-political system are embedded in the COVID-19 presidential addresses?
3. How did President Akufo-Addo take advantage of the COVID-19 presidential addresses to advance his political interests?

### **1.5 Significance of the Study**

This study contributes to knowledge in the literature on the COVID-19 presidential addresses and can be used as reference material for further related studies. Researchers and scholars who wish to conduct further studies on same or related phenomenon from same or similar perspective can use this study as literature to ground their study. Other scholars and researchers can also base on this study to conduct similar research to confirm, debunk or extend findings generated from this study to contribute to knowledge building.

Government and other policy makers can consider the findings and recommendations from this study to formulate new policies or modify existing ones to guide their communication to realise the desired outcome. Findings and recommendations from the study can also be considered by the Government of Ghana, and more especially the Ministry of Health, to improve upon health facilities in the country and further strategise to resolve the inequalities in the delivery of healthcare services across the country.

The Ghana Health Service as an agency responsible for the implementation of public healthcare policies can also consider findings and recommendations from the study to plan their public health communication on the coronavirus disease and any future pandemic. Besides, findings and recommendations from the study can be considered by the National Commission for Civic Education (NCCE) and the Ministry for Information

in general to maintain, modify or improve upon their communication strategies on the COVID-19 safety management protocols to enhance adherence.

The critical analysis of the speeches would deconstruct the political advantage the President took through his regular updates to campaign to Ghanaians. The deconstruction would expose audiences of this study to some of the ways that authorities make use of opportunities to their advantage.

### **1.6 Delimitation**

This research study considered communication from the presidency delivered to the people of Ghana during the first wave of the coronavirus pandemic in 2020. The study considered only the speeches and updates delivered by the President of the Republic of Ghana, H. E. President Nana Addo Dankwa Akuuffo-Addo to the citizens of Ghana during the pandemic. Not all the presidential speeches on the pandemic were considered in this study. The study covered only the regular addresses – popularly tagged as *fellow Ghanaians* updates – that the President delivered to Ghanaians mostly in the evenings.

All other information and updates delivered through the Information Ministry, Ghana Health Service, Ghana Medical Association, and other stakeholders involved in delivering information and updates to the citizenry, were not considered in this research study. Besides, any other communication from the President on the coronavirus disease that falls outside of the regular evening updates was not considered in this research study.

Moreover, this study did not make use of all the regular speeches delivered by the President. It was rather limited to only the addresses that were available on the official website of the presidency (<https://www.presidency.gov.gh>) where the presidential addresses on the coronavirus pandemic were posted. Thus, the latest speech that was

available on the website during the study was Update No. 26 which was delivered on 25<sup>th</sup> July 2021.

However, not all the previous addresses were available on the website during this study. Updates 1, 3, 7 and 25 were not available on the website of the presidency as of the time this study was conducted. Besides, the study was limited to the addresses that were delivered in the year 2020 during the first wave of the pandemic in Ghana. Thus, out of the twenty addresses that were delivered within that year, seventeen (17) of them (excluding the above-listed three updates that fall within the first twenty) were available on the website of the presidency.

Further, the sixteen selected presidential addresses that were delivered before the general elections and available on the website of the presidency covered the period of 15<sup>th</sup> March 2020 (for Update No. 2) to 8<sup>th</sup> November 2020 (for Update No. 19). Therefore, the speeches used to conduct this study were delivered within this period.

In brief, this study covered the first nineteen coronavirus updates delivered by the President of Ghana before the general elections apart from the three addresses which had not been posted on the website of the presidency during the study. Hence, sixteen (16) coronavirus addresses delivered by H. E. Nana Addo Dankwa Akuffo-Addo, the President of the Republic of Ghana were selected to conduct this research study.

### **1.7 Organisation of the Study**

The entire research study has been divided into five chapters. The first chapter is the introduction of the entire study. It encompasses the background of the study which provides a historical overview of the phenomenon under study; the statement of the problem which reveals gap in the literature serving as foundation for the selection of the area of focus; purpose and objectives of the study; research questions formulated from

the objectives to guide the study; significance of the study to scholarship, policy makers, audiences and health educators; delimitation of the study which provides boundaries covered in the study; and the organisation of the study.

The second chapter captioned *Literature Review*, constitutes empirical information on the phenomenon under study; critique of related scholarly works on the phenomenon; and discussion and review of the theory that was adopted to provide a framework for the study and its relevance to the study.

Chapter three introduces the various methodologies that the study employed. It encompasses the research approach adopted; the research design; philosophical assumption that informs the study; sampling technique and sample size; data collection methods; data collection procedures; methods for analysing the data; and ethical considerations.

Chapter four presents analysis of the collected data. It further discusses the results and findings through interpretation, description, narration, and analysis of the documents by coding them into meaning units. The themes are defined and analysed using excerpts from the documents as supporting data.

The fifth and final chapter is the conclusion part of the entire study. It features a summary of the findings from the various research questions discussed in the fourth chapter. Based on the findings of the study, conclusions are drawn from each of the research questions with corresponding recommendations constructed. The chapter ends with a narration of the challenges the study encountered.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter presents the reviews of the various related literature on the topic under study. The chapter also concludes with the rationale for the selection of the topic and the adoption of the theory for framing the study. In this chapter, the books, articles, journals, documents, and other related literature are carefully reviewed to provide basis for the selection of the topic under study.

#### 2.1 Review of Related Literature

##### *2.1.1 Socioeconomic Impact of COVID-19*

In an expert briefing statement, it was reported that the coronavirus pandemic would have negative impact on the growth of the Ghanaian economy. There was a projection that there would be drastic deterioration of microfinance metrics, government revenues and inflation ("COVID-19 crisis will test Ghanaian fiscal discipline," 2020).

From a similar perspective, Owusu and Frimpong-Manso (2020) provided an expert opinion on the challenges that the coronavirus (COVID-19) pandemic might pose to children in Ghana. The study relied on secondary data from articles, journals, related literature, textbooks and the internet to corroborate the views that experts provided in their paper that analysed the impact of the COVID-19 pandemic on children from poor family backgrounds in Ghana. The study also examined how institutions that offer humanitarian welfare services could work to provide support for children from poor backgrounds. Findings from the study indicate that the pandemic had immense negative economic and social impact on children from poor homes which had the potential of



leading the children to child labour and streetism. They further predicted that as a result of the negative socioeconomic impact of the pandemic on poor families, these children may not be in school and consequently, may not eventually take advantage of the free meals provided by the Government of Ghana through the school feeding programme.

Akin to the above study, Insaidoo et al. (2021) assessed the extent to which the COVID-19 pandemic had impacted the performance of the Ghana stock market. The study employed the exponential generalised autoregressive conditional heteroscedasticity (EGARCH) model, using daily time series data from January 02 2015 to October 13 2020. On the contrary, the findings reveal that the relationship between the coronavirus (COVID-19) pandemic and the performance of the Ghana stock returns is statistically insignificant, even though the findings show that the coronavirus pandemic resulted in the Ghana stock returns volatility rising by 8.23%. Moreover, it is further revealed through the findings that news that was positive had impact on the volatility of the stock returns more than news that was regarded as unpleasant.

Using daily and monthly economic indicators with data from the Ghana Living Standards Survey (GLSS), Dzigbede and Pathak (2020) used Ghana as a case study to examine the economic constraints that the COVID-19 pandemic poses to the African continent. It was found that the pandemic has adverse impact on the economy as it contributes to increasing the rate of poverty in Ghana. The study further discusses policies that can be adopted by the government to curb the potential economic challenges.

Aduhene and Osei-Assibey (2021) employed discourse analysis to analyse the socioeconomic impact of the COVID-19 pandemic from the perspective of Ghana, using data from secondary sources. Results from the study affirm that the pandemic has had negative socioeconomic impact on Ghana. They confirm that due to the negative impact

of the pandemic in Ghana, an estimated 42,000 workers lost their jobs within the first two months of the pandemic. Likewise, the hospitality and tourism industry lost an estimated \$171 million within the first three months due to the imposition of lockdown and the closure of hospitality and tourist centres owing to the fact that their activities involve mass gathering and could serve as breeding grounds for easy transmission of the virus. It is further revealed that due to the increasing number of cases, some temporal structures were adopted as isolation centres for infected persons since hospitals and treatment centres became overwhelmed by the number of recorded cases.

Similarly, from the same methodological perspective, Peterson Ozili (2020) adopted discourse analysis as a methodology to analyse the socioeconomic effects that the COVID-19 pandemic has imposed on Africa and the response given by African countries through policy. The findings from the study expose that as compared to the other regions of the world, the COVID-19 pandemic has posed severe impact on countries in the African continent. Apart from the severe economic impact the pandemic has posed to African countries, it is further revealed that the imposition of social distancing as a safety measure to control the spread of the pandemic has also affected social interactions and economic activities among African communities.

Asravor (2021) investigated the motivation and determination of moonlighting in urban centres in Ghana during the coronavirus pandemic. The study used semi-structured questionnaire to collect data which were analysed using descriptive statistics and logit regression model. The study sought to examine how difference in gender had impact on moonlighting during the COVID-19 pandemic in Ghana. The research affirms that due to economic challenges during the pandemic, some resorted to moonlighting as a means of improving their financial conditions. It is also identified that both males and females

engaged in moonlighting to supplement the earnings from their primary occupations as a means of dealing with the fiscal challenges they were facing.

Amoah and Amoah (2021) engaged in a paradigm shift by digressing from the dominant view that many studies considered regarding the impact that the imposition of lockdown brought to the people in the affected locations. In their study, they administered online survey and obtained a dataset of 879 observations within nine days starting from April 25 to May 3 2020. The study adopted a regression approach applying an ordered econometric technique. Findings from the study confirm that in spite of the negative socioeconomic impact posed by the imposition of lockdown, there was evidence of social connectedness among Ghanaians particularly in places where less busy activities were ongoing.

Using simple descriptive analysis methodology to examine the situation of the coronavirus pandemic in Nigeria, P. Ozili (2020) investigated the impact of the pandemic on Nigeria's economy. The study further analysed the structural issues responsible for the deterioration of the pandemic in Nigeria. Findings from the study indicate that the decline in Nigeria's economy was caused by reduction in the price of oil and the explosive spread of the COVID-19 pandemic which caused economic agents to disengage themselves from economic activities in order to protect themselves from contracting the virus. Enforcement of safety measures such as social distancing policies, imposition of lockdowns and closure of borders to control spread of the virus, as identified, halted economic activities which resulted in the reduction of demands for oil products. As a response to this coronavirus crisis, the Government of Nigeria provided financial support for businesses and households that were directly affected by the coronavirus pandemic. Some sectors were also supported with loans amounting to 3.5 trillion instituted by the monetary authority.

Obayelu et al. (2020) conducted a study that relied on secondary data from organisations such as International Monetary Fund, European Union, World Bank, World Trade Organisation, Organisation for Economic Cooperation and Development, International Trade Statistics and various African countries' trade and national statistics publications to examine the prospects and challenges that the COVID-19 pandemic poses to trading among African states. The study was purposely conducted to gather and present compelling information to serve as evidential basis for developing meaningful policy responses to ensure improvement in trading among countries and subregions in Africa. The results show that although the full impact of the pandemic had not yet been captured in most trade data, nevertheless, the pandemic had negatively impacted several aspects of international trade. This is as a result of the fact that many countries resorted to closing their borders, and placing bans on importation and exportation of goods and services among member states as some of the mechanisms for controlling the spread of the coronavirus pandemic. This resulted in transactions falling drastically within the subregions and even at the international level. Notwithstanding, some key indicators confirmed that continuous trading among African states could enhance in controlling the spread of the pandemic. It was also identified that the formulation of some uncooperative trade policies led to increment in the prices of goods in African countries that were deemed as *fragile* and *vulnerable*.

In investigating cases concerning suicide and their related causative factors during the COVID-19 pandemic in India, Patel and Kumar (2020) collected secondary data on suicide cases from newspapers and magazines during the pandemic, between March 2020 and July 2020. The study used qualitative content analysis methodology to analyse the suicide cases. Findings from the study indicate that the nature of committing suicide during the pandemic was *anomic*, *egoistic* and *altruistic*. The findings further reveal that

economic hardship resulting from the imposition of lockdown and fear of the coronavirus infection caused most individuals to commit suicide.

Adopting the Phenomenological Approach, Kwegyir Tsiboe (2020) conducted semi-structured interviews with twenty participants and analysed the data thematically to describe the lived *experiences of older persons with visual impairments during COVID-19 in rural Ghana*. The study indicates that older persons with disability were given less attention by their caregivers during the pandemic because of the imposition of lockdown. As a result of this, the participants experienced severe starvation and solitude which resulted in them generating the thoughts of committing suicide.

Amewu et al. (2020) predicted that the socioeconomic costs of the measures employed to reduce the transmission of the coronavirus pandemic could be very severe in sub-Saharan Africa considering the fact that most of the masses live hand-to-mouth. It was identified that 3.8 million Ghanaians became temporarily poor during the pandemic while Ghana's GDP dropped by 27.9% due to the imposition of lockdown.

Evolving social and business trends related to the coronavirus pandemic were identified, classified and studied by Yeganeh (2021). In this study, meta-synthesis method was employed to examine, synthesise and interpret the findings of the study from a pool of publications. This resulted in the identification of fifty-three (53) significant ideas that were clustered under nine overarching trends which were triggered and intensified by the coronavirus pandemic. The nine dominant trends that were identified and examined in the study are: the rise of authoritarianism; the new era of corporate welfare; deep imbalances in public finances; exacerbated inequalities; higher risks of poverty and famine; the dominance of giant corporations; the increasing influence of big tech; the accelerated innovation; and the fluidity of work and organisations. The study proposed

that these trends are the extension of the transformations realised in the last thirty years which contribute to the increasing concentration of power and wealth resulting in a new form of globalisation where connectivity is high with low tangibility.

Expert briefing titled “West Africa cocoa farmers face price disappointment” focused on the disappointment in price that cocoa farmers in Ghana faced resulting from the outbreak of the COVID-19 pandemic. This price disappointment was a resultant impact that arose from the negative implications of the COVID-19 pandemic on the demand for chocolate which is a product of cocoa. The briefing further anticipated subsequent reduction of cocoa prices on the global cocoa market which would have implications on the budgets of the Ivorian Coffee and Cocoa Board (CCC) and the Ghana Cocoa Board (Cocobod) as they would not be able to support cocoa farmers with minimum income assured (“West African cocoa farmers face price disappointment,” 2020).

Maycock and Dickson (2021) affirm that the COVID-19 pandemic heightened the plights of convicts in one Scottish prison. The study adopted a correspondence participatory action methodology where convicts were given the opportunity to influence the direction of the study by recommending research questions and themes. Letters were sent to participants – eight adult males serving long-term sentences – to narrate their experiences about the COVID-19 pandemic in prison. Questions suggested by the participants were used in the series of letters to solicit their views regarding the conditions in the prison on the COVID-19 pandemic, the imposition of lockdown and the easing of lockdown restrictions. Analysis from the study provides understanding of how the COVID-19 pandemic has worsened the plights of detention in that it has increased respondents’ time in custody regarding *tightness*, *depth* and *weight*. Findings from the study reported problems convicts were facing relative to communication, the intensity of isolation and disconnection from family, friends and their normal way of living in the prison.

Projections from Amewu et al. (2020) “COVID-19 crisis will test Ghanaian fiscal discipline” (2020) and Owusu and Frimpong (2020) suggested that the COVID-19 pandemic would have immense negative implications on the socioeconomic conditions of Ghana. Subsequent studies conducted in Ghana confirmed this projection as the pandemic was reported to have resulted in increasing the rate of poverty (Amwu et al., 2020; Dzigbede & Pathak, 2020) while thousands of workers lost their jobs, the hospitality and tourism industry also lost a significant amount of \$171 million resulting from the imposition of COVID-19 safety protocols (Aduhene & Osei-Assibey, 2021). Likewise, Amoah and Amoah (2021) also confirmed that the coronavirus pandemic posed some negative socioeconomic impact on Ghana through the imposition of lockdown. Closing borders and placing bans on importation and exportation of goods and services as measures to control the spread of the pandemic also affected international trade among African states. Besides, Patel and Kumar (2020) report that some committed suicide in India due to the economic hardship resulting from the imposition of lockdown. Similarly, older persons living with disabilities generated suicidal thoughts due to loneliness and severe starvation during the imposition of lockdown (Kwegyir Tsiboe, 2020) however, there is no record of any of them committing suicide because of the pandemic. The negative socioeconomic implications of the pandemic then resulted in some workers resorting to moonlighting as viable alternative to dealing with the economic hardship (Asravor, 2021) posed by the pandemic. In Nigeria, Ozili (2020b) confirms that the imposition of lockdown, closure of borders and social distancing protocols had adverse impact on the Nigerian economy as there was a decline in the demands for oil products. His study confirms Ozili (2020a) who also revealed that the pandemic had severe impact on the economy of Africa while the imposition of safety protocols affected social interactions and economic activities.

On the contrary, Amoah and Amoah (2021) asserted that the institution of lockdown rather enhanced social connectedness among families. In addition, there is a contradiction among the findings of Insaadoo et al. (2021) and the projections of “COVID-19 crisis will test Ghanaian fiscal discipline” (2020) and Owusu and Frimpong (2020). Findings from Insaadoo et al. (2021) indicate that the relationship between the coronavirus disease and the performance of the Ghana stock returns is statistically insignificant. This finding is in direct contrast with the projections and findings from other studies (Aduhene & Osei-Assibey, 2021; Amoah & Amoah, 2021) which reveal otherwise that the pandemic had significantly impacted the economy of Ghana.

### ***2.1.2 COVID-19, Agriculture, Food Security and Nutrition.***

Inegbedion (2020) examined the implications of the imposition of COVID-19 lockdown on food security in Nigeria. In this study, cross-sectional survey research design was used to collect data through Facebook. Findings from the study projected that the imposition of lockdown could have adverse impact on agriculture as the protocol constricted farm labour, transportation and security. It is also a projection that food security could be threatened by inadequate labour, lack of transportation, loss of morale in farmers etc. The study concludes that the associated negative social implication is that many people may end up engaging themselves in social vices in order to feed themselves.

Sharma et al. (2021) explored the impact of COVID-19 on food and security from the perspective of societal issues with relief measures. The study focused on the main findings of already existing literature on previous outbreaks such as Avian Flu, Ebola, Bird Flu, Foot and Mouth Disease, and severe acute respiratory syndrome (SARS). Findings from available studies on the then current phase of the coronavirus disease with a consideration of views relative to agriculture and supply chain practices were also considered. The study provides information on the impact of the current COVID-19



pandemic on food supply chain operations concentrating on aspects associated with industry, economic and society concerns. It is also found that the Government of India (GOI) instituted some mechanisms as relief measures to assuage the impact of the pandemic on the citizens by considering both short and long-term effects. The study adds that the relief measures targeted the improvement of food supply chain operations, capacities of the industries and agricultural practices, with the goal of saving the masses from the threats of food security.

Zhang et al. (2020) investigated the impact of the COVID-19 pandemic on agricultural production in China using a dynamic panel model and spatial Durbin model and growth accounting method to approximate and project the direct and indirect impacts of the COVID-19 pandemic and ways by which it affected agricultural production and output in China. The results show that even though epidemics have negative effects on the agricultural production of the affected provinces, the enhancement of input factors such as land, fertiliser and machinery can reduce the losses. The study further predicts that there would be reduction in the growth of agricultural production in China due to the COVID-19 pandemic. The projection was that the rate of agricultural growth in China would reduce by 0.4% - 2.0% under different conditions in 2020.

In Lebanon, Ben Hassen et al. (2021) examined the impact of the coronavirus pandemic on the consumption of food, diet and food shopping behaviours. The paper relied on an online survey that was administered to 201 adults in Arabic and English using Survey Monkey platform. The survey captured the period of July 15 to August 5, 2020. Analysis from the study employed descriptive statistics, a paired sample t-test and a Phi correlation test to generate findings. It is identified that the pandemic engendered many positive transformations toward more sustainable and healthier consumption patterns in Lebanon. Findings from the study also suggest (1) a move toward healthier diets; (2) a rise in the

consumption of domestic products due to food safety concerns; (3) a change in the grocery shopping behaviours (with a rise in online shopping); (4) a surge of food stockpiling; and (5) a decrease in household food wastage; as the several main consumer inclinations influencing diet and food behaviour in Lebanon.

Utilising a nondetailed review of peer-reviewed and nonpeer-reviewed literature using a case study approach, Fan et al. (2020) reviewed the impact of several pandemic outbreaks and the 2018 food price crisis on food and nutrition security from a global perspective. The study also examined the experiences of China and lessons in safeguarding food and nutrition security for its citizens and suggested policy actions to avert worldwide food and nutrition security crisis. The study reveals that proactive measures from the government resulted in temporal food and nutrition security during the pandemic but raised doubts in the medium and long terms sustenance of livestock production and the importation of soybean. Considering that almost all parts of the world have been infected with the disease, it is suggested that global collaboration and coordination are needed to avert systematic threats to global food and nutrition security.

Yu et al. (2020) conducted an empirical study to examine the impact of the pandemic on the prices of food in China and provided policy implications for the management of the coronavirus disease crisis for other countries infected with the COVID-19 pandemic. The study designed a model of market equilibrium which shows the relationship between the impact of the pandemic on the prices of food and the impact difference on demand and supply in response to the pandemic. Representative prices for rice, wheat flour, pork and Chinese cabbages were collected from Shandong, Beijing and Hubei provinces. Findings indicate that whereas there was no substantial impact on the prices of rice and wheat flour, the prices of cabbages realised a significant positive increase, while the prices of pork varied. It is noted that the impact of the outbreak and the severity of COVID-19

varied. The study further justifies that the outbreak had relatively much impact on the prices of pork and cabbages as a result of fear and panic. The degree of the effects of the severity of the pandemic was relatively small but negative, due to the reduction of demand resulting from the quarantine.

Wang et al. (2020) employed a system dynamics model to simulate and predict the effect of coronavirus pandemic on hog production and pork consumption in China. The study sought to evaluate the changing impact of five most concerned supply chain disruption scenarios. It is identified that the effects of supply chain interruptions were generally short-term. Also, disruption in market hog conveyance had instant effects on price and consumption. It is also realised that temporal interruption in import transportation diminished consumption and increased hog price. On the other hand, short-term upsurge of corn price or disruption in the procurement of breeding stock produced insignificant effect on national hog market in general in spite of media reports of some severely affected areas.

From the perspectives of short and long-term, Cao et al. (2021) provided a preliminary analysis of the effects of the coronavirus disease on the importation and exportation of China's agricultural trade. The study employed scenario analysis to simulate potential long-term effects of the pandemic on agricultural trade. It is revealed that due to interruption of the supply chain, exportation of Chinese agricultural produce was negatively affected. This, according to the study would reduce external demand and possible imposition of non-tariff trade barriers (NTBs) which would put more severe and long-term adverse implications on the agricultural export trade of China. Nevertheless, in spite of panic purchasing and restriction policies imposed on exportation and importation from some countries, there is still optimism for the availability of food in the world and China's food import demand. The results from the simulation indicate that the

importation of pork products and the implementation of SUETA would realise significant increase in quantity but lesser increase in value.

Guo et al. (2021) investigated e-commerce as a wherewithal of meeting the demands for food in urban areas during the coronavirus pandemic. The study considered why and how e-commerce could sustain food delivery in urban centres if social distancing is maintained and there is hinderance in transport and logistics arrangements. The study adopted the qualitative research approach and case study design, generating data from relevant literature, statistical data and official reports to provide a comprehensive description of the significance of e-commerce in safeguarding the safety of food delivery to urban inhabitants in China during the coronavirus pandemic. It is found in the study that three models of e-commerce contributed significantly in ensuring the prevention of the spread of the coronavirus pandemic while safeguarding food supply to residents of urban centres. The nationwide e-commerce platforms under market leadership contributed their quota by depending on the comprehensive infrastructure of large cities. It is found that in areas that were severely affected, the local e-commerce model was the basic model with informal e-commerce model serving as supplementary model on the basis of social relations. The study further finds that through digital booking, centralised ordering and community disbursement, the demands for food could be fulfilled while safeguarding the risk of cross infection.

Regarding the impact of the pandemic on agriculture, Zhang et al. (2020) predicted that there would be reduction in the growth of agricultural production in China. This corresponds with Inegbedion (2020) projection that due to the negative impact of the imposition of lockdown on agriculture in Nigeria, food security could be threatened by inadequate labour, lack of transportation and loss of morale in farmers. These projections were confirmed in Sharma et al. (2021) findings that the pandemic had negative impact

on food security in India which made the Government of India introduce relief measures to enhance food supply chain operations and agricultural practices to save the masses from threats associated with food security. Likewise, it is recorded that several pandemics have imposed negative impact on food and nutrition security which resulted in government intervention to ensure temporal food and nutrition security in China (Fan et al., 2020). Wang et al. (2020) postulated through a simulation that the pandemic would have temporal adverse impact on supply chain in general. Subsequent simulation confirmed this prediction as Cao et al. (2021) revealed that agriculture was negatively affected due to supply chain interruption which would affect imports and exports of agricultural trade in China.

In contrast to the above findings on food nutrition and security, Ben Hassen et al. (2021) assert that the pandemic ensured positive transformation towards the adoption of sustainable and healthier consumption patterns as food safety concerns during the pandemic in Lebanon resulted in a move toward healthier diet, decrease in household food wastage, surge of food stockpiling, and rise in the consumption of domestic products. Thus, the pandemic rather enhanced food and nutrition security in Lebanon, contrary to the findings of Fan et al. (2020). To meet the demands of food supply to ensure food and nutrition security without compromising spread of the pandemic, Gao et al. (2021) identified three models that were adopted to supply food in urban areas in China.

### ***2.1.3 COVID-19 Preventive Measures, Healthcare and Policy Response***

An online survey of all the 584 approved academic institutions in Nigeria with 108 library heads as respondents was conducted on social media groups such as Whatsapp and Telegram to investigate the response that academic libraries gave to the COVID-19 pandemic situation in Nigeria. The study reveals that the closure of libraries, provision

of hand sanitisers, use of face masks and nose covers, and social distancing were safety protocols put in place by the libraries in Nigeria to control the spread of the pandemic (Fasae et al., 2020). The study also reveals that the imposition of lockdown as a measure to control the spread of the coronavirus disease resulted in the closure of schools for students to go home.

With an economy-centric approach, Kashyap and Raghuvanshi (2020) identified six Critical Success Factors (CSFs) for developing preventive measures to control the spread of the virus. The study sought to recommend strategies that would ensure that safety measures put in place to control the spread of the coronavirus pandemic would balance with measures put in place to control economic losses. The six CSFs that were identified comprise: effective communication; social distancing; adopting new technology; modifying the rules and regulations at workplaces; sealing the borders of the territory; and strong leadership and government control.

Similarly, in a study conducted in Ghana, Abdulai and Baffour Awuah (2021) explored the global overview of the environmental and socioeconomic impacts of the pandemic based on evidence in the literature, and generated findings similar to Fasae et al. (2020). The study reported that imposition of lockdowns, social distancing, stay-at-home policies, wearing of face masks and using hand gloves and sanitisers were preventive measures instituted to control the pandemic outbreak in Ghana.

In an expert briefing, Ghana's strategy for responding to the COVID-19 pandemic was analysed. It is identified that the initial response of the Government of Ghana towards the pandemic was very effective and received global recognition. Nevertheless, subsequent response where partial lockdown was eased resulted in the rapid increase of cases. This

led many to criticise the latter strategic response of the government to the pandemic ("Ghana's COVID-19 response faces growing scrutiny," 2020).

Using narrative analysis through a systematic literature review, Rozoqin et al. (2021) analysed policies of the Indonesian government as a response to dealing with the increasing spread of the COVID-19 pandemic. The study reveals that in March 2020 when the pandemic began in Indonesia, the government's response was very slow. The government later instituted some measures such as physical distancing policies, large-scale social restriction and social safety net as effective protocols to control spread. It was also found that the policies could only be effective if only societies would observe them well. The study concludes that the society is a key determinant of the success and failure of the safety measures by either serving as support or impediment.

In a case study conducted in Malta focusing on the country's first national lockdown in 2020, Kosciejew (2021) based on a documentary typology to investigate COVID-19 signage. In the study a conceptual framework was provided to situate, approach and analyse diverse documentation, considering its consequences on social life and traffic. The study centred on COVID-19 signage as a significant expansion of the nonpharmaceutical interventions to help materialise, facilitate and communicate the pandemic from a theoretical concept into concrete material that can be seen and interacted with. It was identified that COVID-19 signage concretises the disease and enables individuals to interact with it as they navigate their environment on daily basis. Thus, documents on the pandemic facilitated social life and communicated the pandemic during the lockdown period.

Alawamleh et al. (2020) examined the relationship between the coronavirus pandemic and the movement of international students from an alternative viewpoint using the

descriptive analysis method of the qualitative research methodology. Findings obtained from the study disclose that the biggest challenges that transpired in higher education during the coronavirus pandemic were related to closure of institutions and constrictions in the physical movement of students. It is reported from the study that throughout the world, the movement of international students underwent a major halt as physical life on campus was reserved. Students could not have access to facilities on campus while studying online from their home countries. During this period, the hybrid education model resolved some of the challenges. It is also disclosed in this study that virtual education created new strategies for higher education. Thus, university students who could not afford to travel abroad had the privilege of learning from different countries and education courses. However, it is also established that in developing countries, access to online platforms by university students is very challenging. Hence, the virtual education did not favour students from developing countries.

Similarly, Nantwi and Boateng (2020) contend that the pandemic had immense impact on the education sector as closing down of schools became a global phenomenon during the pandemic. The study recommended that the use of virtual platforms for teaching and learning was an effective emergency response adopted by many countries including Ghana. The study concludes that a lot need to be considered in adopting the strategy in developing countries.

Ibrahim (2020) examined the security response of Ghana to the enforcement of the COVID-19 safety protocols and explained its implications on civilian-security relations. The study focused on how civilians and security officers reacted towards one another during the lockdown period. It is revealed in the study that there were serious violations of the constitutionally assured immutable human rights and dignities of the masses as opposed to the nonchalant attitude the security officers displayed towards abuse of the



directives by the elite class. It is concluded that the actions of the security officers reinforce public perception that when it comes to dealing with the masses, the police and the military do not display professionalism.

Amos et al. (2020) based on developing countries in Africa to review the COVID-19 pandemic by focusing on how the pandemic could be fought through the improvement of services delivery at facilities management in public hospitals. The study employed a critical review of literature on the COVID-19 pandemic, facilities management and credible updates from the media to present an expert view on the improvement of facilities management to fight the pandemic in Africa. It is established that in most African countries, the pandemic posed enormous challenges to their healthcare system. It is further revealed that in spite of some significant measures put in place by some governments to fight the pandemic, facilities management continue to face challenges with strategic planning. The study concludes that there is the need for actionable and timely facilities management interventions to ensure a safety environment.

Huber et al. (2021) conducted a study in five German hospitals to examine the roles that accounting played in managing the coronavirus pandemic. In the study, three rounds of interviews, ethnographic observations of meetings and document analysis were employed as data collection methods to collect data from the hospitals between February and August 2020. Findings from the study indicate that facilities such as number of beds in a hospital were considered when healthcare infrastructure had to be adopted for COVID-19 patients. Figures provided through accounting enabled actors to understand previous issues on hospital arrangements in order to put measures in place to plan towards uncertainties.

Acheampong et al. (2021) on the other hand focused on the testing capacity of the laboratory system and diagnosis of the coronavirus disease in Ghana. The authors posited that due to inadequate infrastructure, lack of expert laboratory staff, high cost of maintenance and shortage of reagents, the World Health Organisation's recommended molecular technique (real time reverse-transcriptase – polymerase chain reaction (RT-PCR)) for COVID-19 diagnosis was not extensively used in Ghana. They further asserted that three of the four public health laboratories are capable of diagnosing some diseases.

Antwi-Boasiako et al. (2021) focused on health, economic and social aspects of life to examine the policy responses of Ghana to fighting the pandemic. The study reveals that Ghana made several policy interventions on these aspects of life through the 3-T (trace, test and treat) approach in health, CAP-20 (Coronavirus Alleviation Programme) in economics and free water and electricity subsidy as social intervention. The study concluded that these policy responses yielded significant results.

An exploratory inquiry conducted by Mahmoud Saleh and Karia (2020) used the basics of grounded theory as methodology for identifying common themes to formulate benchmarks for International Non-Governmental Organisations (INGOs) to quickly recover from unexpected stoppage of operations and consequences of the COVID-19 pandemic. Categorisation, triangulation and prioritisation of the findings led to the identification of seven COVID-19 benchmarks as effective responses for INGOs during the COVID-19 pandemic. These benchmarks comprised of; (1) donors' policies and regulations, (2) needs, expectations and relevancy, (3) coordination, (4) staff management, (5) business continuation plans, (6) balanced short-term and long-term planning and (7) permanent adoption of successful modalities.

The provision of hand sanitisers, the use of face mask and nose covers, social distancing and imposition of lockdowns are nonpharmaceutical interventions that both Nigeria (Fasae et al., 2020) and Ghana (Abdulai & Baffour Awuah, 2021) instituted as a response to control the spread of the coronavirus pandemic. Likewise, Kashyap and Raghuvanshi (2020) and Rozoqin (2021) also identified social distancing as key intervention to controlling the spread of the pandemic. In addition to these, Kashyap and Raghuvanshi (2020) found effective communication, adopting new technology, modifying rules and regulations at workplaces, closing borders and strong leadership and government control as CSFs for controlling spread of the pandemic in India, while Rozoqin (2021) found large-scale social restriction and social safety net as additional protocols in Indonesia.

Similarly, Obayelu et al. (2021) also identified closing of borders as a response to the pandemic in Nigeria which corresponds with the findings of Kashyap and Raghuvanshi (2020). Findings from Alawamleh et al. (2020) corroborate Fasae et al. (2020) assertion that the imposition of lockdowns resulted in the closure of schools. On the contrary, findings from Koscieljew (2021) indicated signage – an extension of nonpharmaceutical interventions – as an effective response for enhancing adherence to the safety protocols. Whereas Obayelu et al. (2020) revealed that the closing of borders which led to the imposition of ban on imports and exports affected international trade, Alawamleh (2020) found that the imposition of lockdowns constrained physical movement which restricted international students' mobility, leading to the adoption of virtual learning.

#### ***2.1.4 COVID-19 and Industry***

Sharma (2021) conducted a qualitative study with thirty-five in-depth interviews of supply and demand side actors to explore why some consumers and firms are better equipped for service co-creation than others during a pandemic. The study also explored the various levels of service co-creation and the potential results of customer participation

in the perspective of the service. The analysis of the study reveals two degrees of service co-creation, which comprise, (1) service co-development and (2) service co-evaluation. These are affected by the capabilities of the customer and impediments of the firm. It is also found that the result of service co-creation is determined by social, economic and experimental values created consequently. The study concludes that pandemic intensifies the impact of the capabilities of customer and institution on the process of the co-creation.

Dayour et al. (2020) used crisis management framework to explore the experiences of Small and Medium-sized Hospitality and Tourism Operators (SMHTOs) on how they managed the COVID-19 crisis in Ghana. As an exploratory qualitative study, the research adopted the phenomenological design to collect data from twenty participants through telephone and face-to-face interviews, and participant observation. Results from the study were thematically analysed. The findings reveal that the pandemic had adverse impacts such as closing down, cancellation of bookings, reduction in revenue generation, laying-off of some employees, defaulting in payment of pension schemes and taxes on their businesses. Comparatively, the relative negative impact of the pandemic on accommodation, travel and tour, and souvenir shop operators was greater than that of beverage operators.

In another instance, Matiza (2020) integrated the then existing academic literature on *perceived risk and post-crisis tourism* with evolving updates related to the COVID-19 pandemic to provide insight into the pandemic and its likely effects on the behaviour of tourists in short to medium term. The study further suggests some short-term measures to alleviate the impact of the pandemic on tourism as a guide for practitioners to recover the sector.

Within the boundaries of perception of COVID-19 and the application of nonpharmaceutical intervention to dealing with the spread of the infection, Kement et al. (2020) conducted a study to analyse the needs and behavioural intentions of tourists in Turkey. The study used 712 questionnaire forms to collect data online from April 25 2020 to May 15 2020. It is ascertained that the perception of tourists on the COVID-19 pandemic had a relative significant and positive impact on nonpharmaceutical intervention with significant negative impact on desire. Further findings also reveal that the perception of tourists on COVID-19 and nonpharmaceutical intervention did not have any significant positive or negative impact on their behavioural intentions.

Prah and Sibiri (2020) examined the resilience of businesses owned by African entrepreneurs living in China under the COVID-19 pandemic. This qualitative study modified questionnaire from the *Centre for Global Development survey instrument designed to gauge the resilience of SMEs under COVID-19* and conducted semi-structured follow-up interviews as methods of data collection. It is identified that although businesses in general suffered the impact of the pandemic, those owned by African entrepreneurs suffered the most due to their level of operation, lack of support from the Chinese government and not putting emergency plans in place to deal with unexpected circumstances. Thus, the study concludes that the pandemic did not just present itself as a phenomenon beyond human control to threaten the growth of African-owned businesses in China, but also as a threat to their (African-owned businesses in China) existence and survival.

Haque (2021) focused on the improvement of employee wellbeing and organisational sustainability to develop a multilevel conceptual model to overcome the COVID-19 pandemic. The study employed an extensive review of the literature to propose five testable suggestions and threw light on the effects that the COVID-19 pandemic has had

on employee wellbeing and organisational sustainability. The suggested model advises organisations to focus beyond simple application of strategic climate to ensure the protection and maintenance of employee wellbeing and organisational sustainability through the empowerment of responsible leadership.

Agyekum et al. (2021) examined the impact of the coronavirus disease on the construction industry in Ghana and how they (construction companies) were supporting in fighting the pandemic. Nine participants from D1K1 firms undertaking projects in a reputable higher educational institution were interviewed. Collected data was thematically analysed using Nvivo twelve Pro application software. Findings indicate that there was a decline in the rate of work, delays in payments and a rise in the prices of needed materials resulting from the closure of borders. It is also identified that construction companies contributed to fighting the pandemic by providing personal protective equipment (PPE) for workers, educating their workforce on the pandemic, and conducting checks at their entry and exit points regularly and effectively.

Simpeh et al. (2021) explored the factors inhibiting effective implementation of the COVID-19 safety management protocols at construction sites in Ghana. The study adopted the qualitative approach to enquiry where participants who were sampled using purposive and snowball techniques responded to a set of open-ended questionnaires that were thematically analysed. Findings from the study indicate that the cost of executing the COVID-19 safety management regulations, lack of knowledge and noncompliance were the most critical impediments. On the other hand, the study indicates that fewer participants reported on superstition, inadequate supply of PPE and stealing of COVID-19 materials as factors hindering the effective implementation of the COVID-19 safety protocols at construction sites in Ghana.

Similarly, Amoah and Simpeh (2021) examined the challenges that construction firms working on a project in South Africa were facing in their quest to implement the COVID-19 safety management protocols at construction sites. The study adopted the qualitative approach with content analysis as the design. They used open-ended interview questions to collect data from nineteen construction professionals. The collected data were analysed using Microsoft Excel Spreadsheet. Findings from this study reveals that lack of knowledge on the pandemic, the provision of inferior PPEs, noncompliance, sanitising construction materials, inconvenience in the sharing of tools and equipment, conveyance through public transport, superstition, difficulty in complying with the physical distancing regulations, etc. were the hinderances to the effective implementation of the COVID-19 safety protocols at the construction sites. It is concluded that these challenges inhibited strict adherence to the safety regulations at the construction sites.

In the business, hospitality and tourism industry in Ghana, Dayour et al. (2020) found that the pandemic has had adverse impact on the industry as some establishments had to close down to control spread of the pandemic and also compelled to lay off some employees due to reduction in revenue generation. These findings corroborate Prah and Sibiri (2020) who found that businesses in general, and African-owned businesses in particular, suffered the consequences of the coronavirus pandemic. To resolve some of these challenges, Haque (2021) suggested the empowerment of responsible leadership to ensure employee wellbeing and organisational sustainability.

Findings from Simpeh et al. (2021) listed the cost of implementing protocols, lack of knowledge, noncompliance, superstition, inadequate supply of PPE and stealing of COVID-19 materials as the challenges that the implementation of the safety protocols faced at construction sites in Ghana. Likewise, findings from Amoah and Simpeh (2021) coincided that of Simpeh et al. (2021) and further added sanitising construction materials

as part of the challenges of implementing COVID-19 safety protocols at construction sites in South Africa. Agyekum et al. (2021) on the other hand indicated decline in the rate of work, delays in payment, and rise in the prices of materials as the adverse impact of the pandemic on construction companies in Ghana. Contrary to the previous studies, Agyekum et al. (2021) identified provision of PPE for workers, educating the workforce, conducting regular and effective checks at entry and exit points as the contribution of construction companies to fighting the pandemic.

### ***2.1.5 COVID-19 and Media***

A study was conducted to identify the possible foundations for the intentions for seeking health information on social media and scrutinised their impacts on the behaviours of resharing information on health and habits for personal healthcare. In the study, Riaz et al. (2020) conducted an online survey in two universities in China that were located in cities – Wuhan and Zhengzhou – highly affected by the COVID-19 pandemic. The survey was conducted on WeChat where 230 relevant responses were collected from users and analysed using set structural equation modelling (SEM). Findings from the study indicate that perception on the credibility of health information; trust of the medium for distributing the information; and influence from peers had significant impact on the intentions for seeking health information. This further affected the behaviours of resharing information on health and habits for personal healthcare. Moreover, it is further identified that peer influence has a direct, significant positive impact on behaviours for resharing health information on social media during the COVID-19 pandemic.

Adekoya and Fasae (2021) investigated the spread of false news on the COVID-19 pandemic through social media in Nigeria. The study employed a descriptive survey research design with stratified and purposive sampling techniques used to collect data from 1,200 social media users who were above 18 years. The participants were randomly



selected on WhatsApp and Telegram. The study used descriptive and inferential statistics to analyse collected data. Findings from the study show that during the COVID-19 pandemic, people made use of social media for various reasons. Some of the reasons included getting information from announcements; getting updates on the pandemic; seeking information to know the necessary measures to take by those who were infected etc. WhatsApp and Zoom were found to be social media tools that were highly utilised during the period of the study. It is also identified that false news on the COVID-19 pandemic circulated on social media as well which was managed by confirming the sources of information before sharing.

Both Riaz et al. (2020) and Adekoya and Fasae (2021) focused on the use of social media to share information during the pandemic. Whereas the former focused on the intention for seeking information on social media during the pandemic, the latter focused on the spread of fake news about the pandemic. While Adekoya and Fasae (2021) reported that getting information and updates on the pandemic were very important to social media users, Riaz et al. (2020) found that credibility of health information, trust of the medium and peer influence motivated the sharing of health information on the pandemic. Trust of the medium of information (Riaz et al., 2020) was corroborated by Adekoya and Fasae (2021) assertion that social media users managed the spread of fake news on the pandemic by confirming sources of the information.

#### ***2.1.6 Political communication of the pandemic***

Considering the effectiveness of communication during the pandemic, Gyamfi and Amankwah (2021) analysed the content of fourteen presidential speeches delivered in Ghana during the pandemic. The study adopted some seven best public health emergency and crisis communication practices recommended in the literature to conduct qualitative content analysis of the selected speeches in order to portray how the addresses

communicated information about the coronavirus pandemic to the public. It is identified that all the seven best practices – i.e., explain what is known, explain what is not known, explain how or why the event happened, promote action steps, express empathy, express accountability, and express commitment – were portrayed in all the fourteen selected speeches.

Similarly, Osuanyi and Logogye (2021) adopted critical discourse analysis to determine the linguistic choices of the first nineteen (19) presidential addresses. The study considered how measures in the speeches addressed the development of local fashion and textiles industry to produce PPE. The study revealed that the government assisted local fashion designers, tailors, and seamstresses to support with the production of PPE due to its cost of importation, global shortage, and the willingness of the industry to produce the equipment locally.

Dada et al. (2021) explored how political leaders used public messages to address the pandemic differently and how the gender of the political leaders influenced their messages on the pandemic. In the study they sampled 122 speeches delivered by 20 heads of government across the global community and generated five themes: economics and financial relief, social welfare and vulnerable populations, nationalism, responsibility and paternalism, and emotional appeals. It was identified that while all the leaders addressed economic issues in general, women leaders were very particular on the impact of the pandemic on the individual level. The findings further revealed that women leaders addressed social issues such as mental health, drug abuse and domestic violence. It was also disclosed that leaders from low-resourced states elaborated on the socioeconomic relief measures that would impact majority of their citizens. The study further found that out of the 20 leaders, 17 who were predominantly men frequently employed war metaphors to describe the pandemic.

Luoto and Varella (2021) examined how sex differences influenced leadership styles in decision making during the pandemic. The study employed the *sexually dimorphic leadership specialization hypothesis* and identified that female leaders focused on reducing direct human suffering occasioned by the pandemic while males leaders focused on risky short-term policies with the aim of reducing economic effects. The study concluded that the sex differences confirmed broader findings in psychology which reflect women's stronger empathy, concern for health, care-taking orientation, and dislike for the suffering of others. It however described men as narcissistic, machiavellian, psychopathic, and concerned with financial indicators of success and status.

Waylen (2021) analysed how hypermasculine leadership traits impacted the timely and timely enforcement of the policy measures, and the effectiveness of communicating new rules to citizens aimed at winning their trust and compliance. The study relied on scholarship on gendered leadership, feminist institutionalism, and policy failures. Findings from the study indicated that hypermasculine leaders hesitated to consider the pandemic with seriousness and were reluctant to enforce mitigation measures. It was found that the above leadership decisions resulted in disjointed policy formulation and ineffective communication which reduced the level of public trust and consequently led to high rates of infection and fatality.

Arora et al. (2022) used frame analysis to examine 157 Facebook posts of Erna Solberg, the Prime Minister of Norway, to identify the key features of her crisis communication during the pandemic. The sampled posts spanned February 27, 2020 to February 9, 2021. Five themes emerged out of the analysis of the posts: (1) Promoting responsibility and togetherness (2) Coping (3) Being in control amidst uncertainty (4) Fostering hope and (5) Relating with the followers. The study concluded that the Prime Minister incorporated persuasive narratives in her Facebook posts.

Kneuer and Wallaschek (2022) examined Angela Merkel's public speeches, conference appearances, and weekly podcasts to frame her crisis communication strategies during the first phase of the pandemic. The study adopted the qualitative content analysis design to provide three relevant insights. The study found that first, the claim for German and European solidarity formed an important element of Merkel's meaning-making narrative. Second, the study indicates that her communication featured statements on the need to protect public health and the economy. Third, it was found that there are differences in the three communicative arenas on Merkel's framing. The study concluded that Merkel modified her leadership style during the pandemic.

It is imperative for the above studies to be reviewed as they have connection with the current study. The above studies focused on the negative impact of the coronavirus pandemic on the socioeconomic situations of Ghana, Nigeria, and the African continent, mostly from the perspective of the safety management protocols; policy responses from countries and institutions; the impact of the pandemic on agriculture in general and food and nutrition safety and security in particular; the impact of the pandemic on the tourism and hospitality industry etc. Few other studies focused on presidential speeches delivered on the pandemic. However, none of those studies analysed the addresses from the critical theoretical perspective. It is therefore prudent for a study to be conducted on the COVID-19 presidential addresses of the President of the Republic of Ghana from the critical perspective.

## **2.2 Theoretical Framework**

Theories play significant role in research studies. Given (2008) expounds that theoretical framework is very significant in conducting research study in a sense that it provides focus to guide the study; unveils and hides meaning and understanding; situates research studies in a scholarly discourse and produces a vernacular; and reveals its own strengths

and weaknesses. Thus, in essence, without theoretical framework, it will be very difficult if not impossible, for researchers to assign contextual meanings to phenomena in order to delimit the understanding of the phenomena within a particular confine of interpretation. The critical theory tradition was adopted to frame this research study.

### ***2.2.1 Critical theory***

The critical theory, in spite of its ancient historical background, can also be traced to have its roots in the Frankfurt School through the contributions of Karl Marx and Jurgen Habermas leading to other later strands (Littlejohn & Foss, 2009). The Frankfurt School, according to Dahms (2011b), was established to purposefully convey Marx's philosophical thoughts and theoretical critique into the twentieth century. Some of the strands of thought derived from critical theory include but not limited to feminism, deconstruction and postcolonialism (Thompson, 2017).

Besides Marx and Habermas, other philosophers such as Horkheimer, Kant, Hegel, Engels, Marcuse, Fromm, Adorno, Weber, Lukács, Krahl and others are also known for their immense contributions towards developing and expanding critical theory (Best et al., 2018; Gordon et al., 2019). As narrated by Rush (2008, pp. 1-2) critical theory is a theory with various generational thoughts and contributions by which it “remained central to European philosophical, social, and political thought throughout the Cold War period” and continues to gain currency as it “is still a vital force, especially in social and political philosophy and in aesthetics.” Rush (2008) further contends that critical theory is pluralistic in nature, with diverse yet related philosophical positions from different philosophical thinkers. Unlike other social theoretical perspectives that are descriptive and interpretive in nature, critical theory on the other hand as Rush (2008) rightly puts it:

*“is not merely descriptive, it is a way to instigate social change by providing knowledge of the forces of social inequality that can, in turn, inform political action aimed at emancipation (or at least at diminishing domination and inequality). ...Critical Theory is “critical” just to the extent that it makes social inequality apparent, specifies some plausible candidates for the causes of the inequality, and enables society in general (or at least its oppressed segment) to react in appropriate ways” (pp. 9-10).*

Critical theory in its essence does not merely comprise a set of concepts that describe, explain, interpret or predict phenomena for human understanding (Littlejohn et al., 2017), it further “seeks to challenge world views and the underlying power structures that create them” (Ryan, 2018, p. 18). Bronner (2011) affirms that critical theory seeks to investigate and challenge oppression and its related concepts – such as classism, domination, subordination, hegemony, inequality, injustice etc. – that render some aspects of society exploited and alienated leading to the reification of the marginalised. The concept of reification which is central to the renaissance of Western Marxism in the early twentieth century as critique of alienation and commodification is missing from contemporary debates in critical social theory (Dahms, 2011a).

With the ultimate aim of transforming the world, critical theory is characteristically emancipatory in nature as its fundamental goal is to ensure a freer society that results in the liberation of the marginalised. Class struggle in society continues to be a major concern for critical philosophers as the theory is designed to emancipate the alienated from the domination of unjust social and political systemic structures (Best et al., 2018). As such, critical theory seeks to promote the generation of consciousness – and for that matter critical consciousness – which is an indispensable precondition for dealing with class struggle to ensure social transformation through the deconstruction of the structures

that engender inequality (Freire, 2000; Gutierrez, 1988; Marx, 2010). Herbert Marcuse, a significant figure in the Frankfurt Schools asserts that in order to cause any significant revolutionary transformation of the social conditions of a society, there demands some radical social change in the individuals themselves (Marcuse, 1972). Therefore, his assertion is an affirmation that there is an impossibility of providing any qualitative social change when the individuals themselves are not able to generate and develop new *rationality* and *sensibility* in themselves. As a result, critical theory aims at transforming not just the society, but also the individuals who constitute it. Thus is the inevitability of class consciousness in critical theory.

A fundamental quality that makes the critical theory tradition very idiosyncratic from the other theoretical perspectives is the concept of critique, which is not merely “an act of judgement or resistance, but also a specific way of relating to the world, a way that any subject relates to an object” (Thompson, 2017, pp. 1-2). This means that the concept of critique as a way of judging social reality transcends reasoning in its superficial understanding as it delves deeper into a particular way that humans as subjects relate to phenomena in their social world. The concept is concerned with reasoning, judgement and rationality in their deeper sense to deconstruct what manifestly appears to us. Thompson (2017) further explicates that critical theory theorises a more conscientious approach of understanding social reality through the problematisation of social conditions. It is further asserted that in totality, the goal of critical theory is not just to uncover the concealed in order to gain insight into social reality, but also to transform both the object of conception and the character of the subject that conceives.

### ***2.2.2 Relevance of the theory to the current study***

There are innumerable studies that have been conducted on, and from the perspective of the critical theory tradition. Many studies with emancipatory and transformative agenda

have employed critical theory as a framework to unveil concealed meanings and ideologies. Earley (2015), for instance, analysed the role of critical theory within the field of consumer culture theory and revealed that critical theory has inspired a lot of new academic traditions due to its success in academia.

Thompson (2014) corroborated the idea that the base-superstructure postulation which is core to Marxism is also central presupposition to critical theory contrary to the assumptions that disregard the prospects for the autonomy of social action that atrophy the critical capacities of subjects. The study reveals that the essence of critical theory centres on ways that social structures can distort and shape structures of consciousness of contemporary subjects to predispose them to forms of domination and to view the prevailing hierarchical structures of extractive domination as legitimate in some basic sense.

Steinmetz (2019) also employed critical theory to review Amy Allen's *the End of Progress: Decolonizing the Normative Foundations of Critical Theory*. Jalata and Dahms (2015) examined the compatibility between indigenous critiques of globalisation and critical theories of modernity by comparing and assessing the assumptions and implications of indigenous critiques of globalisation and the Frankfurt School's Critical Theory of modern society; with a focus on how the two can complement each other to create more realistic theories of modern society with a transformative agenda to counter the formal modernisation developments that maintain modern societies as constructions of social inequality. It is asserted in the study that modern societies maintain stability through coercing individuals to subscribe to suggestions that reinforce purported superiority of their society. This therefore serves as basis for the adoption of the theory to frame the current study.



Since the study sought to unmask concealed meanings embedded in the presidential addresses concerning the coronavirus pandemic with the aim of ensuring transformation, the critical theory is the most suitable theory for undertaking the study. The theory would help to uncover the unjust social orders and inequality within the Ghanaian socio-political system through the analysis of the COVID-19 Presidential speeches.

### **2.3 Summary of the Chapter**

This chapter begins with an introduction; followed by information on the COVID-19 pandemic; a review of the various literature related to the topic under inquiry is also provided in this chapter. The chapter concludes with a discussion of the theory that was used to frame the study and its relevance to the research topic.



## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

This chapter encompasses the methodology employed to analyse the sixteen (16) selected coronavirus addresses delivered by President Akufo-Addo in 2020. It features the introduction, the research approach, the research design, sampling, data collection method, data collection procedures, data analysis, credibility and trustworthiness, reflexivity, and summary of the entire chapter.

#### 3.1 Research Approach

Creswell and Poth (2018) explicate that there are basically three broad categories of research approaches which serve as methodological foundation for grounding various research studies. The methodological approaches to enquiry comprise the quantitative, qualitative, and mixed method approaches. These methodological approaches have their associated designs with corresponding underpinning presuppositions that guide the adoption of any of them to investigate a phenomenon.

Extensive enquiry into the various approaches provided me with comprehensive insight and further informed the decision of choosing the qualitative approach as the suitable methodological approach for conducting this study. The selection of this approach to enquiry was also influenced by the assertion of Creswell and Creswell (2018) that “the selection of a research approach is also based on the nature of the research problem or issue being addressed, the researchers’ personal experiences, and the audiences for the study” (p. 40).

The qualitative research approach is a methodological approach to conducting scientific and empirical enquiry using words – both written and spoken – as opposed to statistical

techniques in analysing and presenting data (Creswell & Poth, 2018). Similarly, this study sought to analyse the content of the coronavirus presidential addresses delivered in 2020 from the critical theory perspective. The study did not make use of numerical data to analyse the phenomenon or combine numerical data with words to interpret the collected data. Rather, it exclusively sought to make use of words to analyse and interpret the collected data to construct and generate patterns of meanings into the phenomenon under investigation.

This methodological approach to enquiry deals with meanings, explanations, descriptions and interpretations of phenomena in the social world (Braun & Clarke, 2013). In the social world, through human interactions, constructions are attributed to human actions and social problems to generate meanings; and it is the acquisition of insight into these ascriptions of meanings to human actions and social problems that results in the advancement of the qualitative research approach (Creswell & Creswell, 2018). In qualitative research, the researcher's goal is to unveil the facts without interfering or manipulating the natural setting of the phenomenon of interest (Patton & Cochran, 2007). Lindlof and Taylor (2017) also acknowledge that qualitative research is concerned with analysing the situated form, content and lived experiences of social actors. Similarly, this study was conducted in the natural context of the COVID-19 presidential addresses without any attempt whatsoever to manipulate or influence the addresses.

### **3.2 Research Design**

Within the qualitative research approach are the various procedures which comprise specific methodologies employed for the collection, analysis, and interpretation of data (Creswell & Creswell, 2018). These procedures which are adopted to collect, analyse, and interpret data encompass the research design. It is through the research design that specific procedures for conducting a research study are adopted. Thus, the research

design together with the research approach, determines the appropriate procedures researchers need to employ to conduct their study. There are several research designs within the qualitative research approach (Creswell & Poth, 2018). However, the nature of a research problem to a large extent yields itself to a kind of design suitable for a researcher to adopt for a study.

### ***3.2.1 Qualitative content analysis***

Generally, all qualitative research designs examine the content of texts and also describe principal themes found in them in order to generate meanings, making it somewhat challenging to distinguish qualitative content analysis from the other qualitative methodologies (Drisko & Maschi, 2016). According to Mayring (2000), qualitative content analysis is implicitly a definition by itself; as the methodology follows empirically controlled systematic analysis of texts within the framework of their communicative contexts. The qualitative content analysis design as espoused by Krippendorff (2004, p. 3), “entails a systematic reading of a body of texts, images, and symbolic matter, not necessary from an author's or user's perspective”. This supports the polysemic nature of texts which embraces myriad of interpretations that resonate with the same piece of texts. The implication is that qualitative content analysts need to follow laid-down procedures to engage in multiple readings of already existing textual data to gain insight that would enable them to interpretively generate and communicate meanings that may otherwise not be superficially manifest in the text. With the qualitative content analysis design, the data to be used for the study are normally independent of the research process. Contrary to other empirical techniques, qualitative content analysis encompasses comprehensive examination of textual data in order to produce insight into what the texts mean to people (Krippendorff, 2004).

Thus, unlike other designs where the data used for the study are mostly generated through the research process, with the qualitative content analysis design, researchers make use of data that are pre-existing. Hence, the study does not necessarily have to generate its data through interviews, observations, surveys etc. unlike in the case of case study research, ethnography and other qualitative designs. To recapitulate, qualitative content analysis “is a method for describing the meaning of qualitative material in a systematic way” (Schreier, 2012, p. 1). Similar to, but also distinctive from several other qualitative research methods, in qualitative content analysis, meanings, interpretations and descriptions are ascribed to pre-existing data using words or texts as opposed to the use of numerical values or statistical analytical methods as is the case of quantitative content analysis (Drisko & Maschi, 2016).

In this study, the data (Presidential speeches) I used for the analysis were purely independent of the research process since they were in their natural state before I adopted them to conduct the study. The speeches delivered by the President of the Republic of Ghana in 2020 regarding the coronavirus pandemic are pre-existing data that were not created through the research process. I did not have any influence on the generation of the texts (data) used to conduct the study.

Moreover, the main focus of the study was to provide meanings and understandings into the COVID-19 presidential speeches. Thus, the analysis and interpretation of the speeches ensured that not just literal, but also beyond-the-manifest meanings which resulted in the generation of a much less standardised meanings (Schreier, 2012) were obtained. In order to generate meanings through interpretation, I engaged in comprehensive examination of the speeches. Therefore, qualitative content analysis was the most suitable research design that adopted to conduct this study.

### **3.3 Sampling**

The data used for conducting this study were sampled from addresses delivered by the President of the Republic of Ghana, Nana Addo Dankwa Akuffo-Addo, on updates to Ghana's enhanced response to the coronavirus pandemic. The data were retrieved from the official website of the Office of the President, Republic of Ghana – <https://www.presidency.gov.gh> – in the archives of *Speeches*. It is the website for the seat of government (The Jubilee House) where official speeches and addresses delivered by the President of the Republic of Ghana are posted. Hence, presidential addresses located on this online platform could be deemed as very credible as compared to other online sources.

The study sought to use addresses delivered in the year 2020 due to the periodic affordances of that particular year, as it was a political season for major parliamentary and presidential general elections. Besides, during that period, Ghana was still in the first wave of the coronavirus pandemic before the inception of the second wave in 2021. Further, most of the COVID-19 addresses (20) were delivered in 2020 due to the intensity of the pandemic in Ghana during that year. Hence, all the addresses that were selected to conduct this study were delivered during the first wave of the pandemic in Ghana. Moreover, all the selected speeches were delivered after Ghana recorded cases and before the general elections. Speeches that were delivered before Ghana recorded cases and after the general elections were not considered. Thus, the speeches used to conduct this study fall within Updates 2 and 19.

#### ***3.3.1 Sampling technique***

The underlying principle of gaining rich and in-depth information generally guides the sampling strategies of qualitative researchers (Daymon & Holloway, 2011). Hence, under the qualitative research approach, the object or subject selected for the study, where and

when, depend on certain criteria which are determined by the purpose of the study. The term purposive or purposeful sampling therefore is applied (Daymon & Holloway, 2011). Lindlof and Taylor (2017) also note that no qualitative researcher can capture every event as it unfolds, thus the purposeful selection of data sites for a particular study. The two scholars further acknowledge that the right choice of a sampling strategy enables researchers to make a systematic contact with communicative phenomena with a minimum of wasted effort. This study adopted the purposive sampling technique to select documents “that can best inform the researcher about the research problem under examination” (Creswell & Poth, 2018, p. 213).

All the documents that were selected for the study fall within the twenty (20) coronavirus nation addresses delivered by President Akufo-Addo in 2020. Moreover, the documents used for the study literally contain information that responds to the research questions. All the data used for the study were also found on the website of the presidency.

### **3.3.2 Sample size**

For qualitative studies, Bryman (2012) argues that usually, its sampling is made of small sampling units studied in-depth. As a result, qualitative studies use small sample sizes (Creswell, 2014). Out of the twenty-six (26) Presidential speeches that had been delivered on the coronavirus pandemic during this study, a total of sixteen (16) speeches (addresses) constitutes the sample size for this study. In the qualitative research approach, in terms of sampling, the attention is not much on quantity but on the quality of data. This is because samples in qualitative studies are not selected as a representation of a larger population (whose findings would be used to generalise) but to provide details of information to maximise understanding (Pinnegar & Daynes, 2007; Yin, 2016). With secondary sources of data, Braun and Clarke (2013) suggests 1-100, 1-200 and 4-400+ for small project, medium project and large projects respectively.

### **3.4 Data Collection Method**

In conducting research, there are various ways and means through which researchers gather relevant information for their analysis in order to generate findings. Data for conducting research study could be generated by the researcher through the research process, or selected from secondary sources (Braun & Clarke, 2013). In this research study, document analysis is the only method I employed to collect data for the study.

#### ***3.4.1 Document analysis***

According to Daymon and Holloway (2011), document analysis is an analytical research method that allows the researcher to carefully examine data in order to elicit meaning, gain understanding and develop empirical knowledge. The analytical procedure in document analysis entails finding, selecting, appraising, and synthesising the data contained in the document into themes or categories (Daymon & Holloway, 2011). Document analysis in the view of Guest et al. (2013) involves the selection of relevant documents such as institutional literature, historical archives, personal narratives, speeches, cultural artefacts, images, among others and scrutinising their contents. Since this study employed the purposive sampling technique, documents used for this study were selected and analysed to ensure that their contents inform the objectives of the study. This study adopted the analytical procedure espoused by Daymon and Holloway (2011) which entails making sense of and producing rich descriptions from the meanings obtained from the Presidential speeches.

Considering the fact that the documents used to conduct this study were independent of the research process, document analysis was the most suitable method of data collection that I adopted. Thus, I carefully examined the various presidential addresses to select the relevant ones that could respond to the research questions appropriately. The purpose of the study guided me on the selection of the documents for the analysis and interpretation.



### 3.5 Data Collection Processes

#### 3.5.1 *The site*

As already stated, the data used to conduct this study were retrieved from <https://www.presidency.gov.gh> – the official website of the Office of the President of the Republic of Ghana on 6<sup>th</sup> October, 2021 between GMT 20:00 and GMT 23:23. The name of the website as displayed on the homepage is ‘THE PRESIDENCY, **REPUBLIC OF GHANA**’ in black font on a white background. On the header of the website (at the left side of the website title) is the logo of the Coat of Arms of Ghana depicting the authority of the website. On the top right side of the header are the logos of Facebook, Twitter, YouTube (in green colour) in a form of hyperlinks that lead to the official social media platforms of the President. Below the logos is a navigation menu button of white colour with a rectangular red background located on a horizontal green bar. This navigation button contains a search box that enables users to search for specific information; and menus that catalogue content to enable users access documents based on specific headings and subheadings.

On the homepage of the site is a picture of the President seated on the presidential chair in Parliament, with the Chief Justice seated on his right, the Speaker of Parliament seated on his left, and the Vice President seated on the left side of the Speaker of Parliament. The homepage also portrays graphics of latest posts with their associated headlines and dates of the posts under the caption ‘LATEST NEWS’. Below the *latest news* section is another section dedicated for social media feeds linking to the President’s Twitter account. A section titled ‘FROM OUR GALLERY’ is located below the social media feeds of the president, containing pictures of projects the government has completed. Immediately below it is a section of white background with logos of the Coat of Arms in greenish colour. This section is captioned ‘THE PRESIDENCY VIDEO CHANNEL’ but

has no video files available. The last section on the homepage is the footer of the site in green colour, which also contains the Coat of Arms and texts with white font.

### ***3.5.2 Accessing the speeches***

I used Nokia 2.4 smartphone with model number TA-1270 to set up a WiFi hotspot after purchasing MTN GH data bundle. Dell System XPS L321X, a 13-inch Touchscreen Dell laptop with Device ID: 2F0DA166-C34F-44D9-80DC-1264CC873D6C running on Windows 10 Pro (64-bit operating system) Version 21H2 with OS Build 19044.1348 was used to connect to the WiFi hotspot named 'The Hero' set on the Nokia 2.4 smartphone.

After connecting to the WiFi for access to the internet, Firefox Browser – a popular application software (web browser) designed by Mozilla for surfing and accessing information on the internet – version 94.0.1 (64-bit) was used to access the official website of the President of Ghana. On the website of the Presidency where the documents for the study were located, I navigated on the homepage to be familiar with the various features in order to locate the documents easily.

All the coronavirus addresses were found in the *Speeches* folder. As such, I clicked on the navigation menu to locate the various content headings. On the navigation menu, 'Speeches', which is a subheading under 'Briefing Room', contained all the available coronavirus addresses posted on the website. Clicking on this subheading enabled me to access the presidential speeches delivered on the coronavirus pandemic. Since there were numerous speeches in the section, multiple pages had to be navigated to locate the various speeches from different webpages depending on the date the speeches were delivered and posted.

### **3.5.3 Storing data**

To have all the sampled presidential addresses available offline for easy accessibility, the speeches were obtained from the website of the presidency and stored in Microsoft Office Word (2021 Version) one after the other to create a new single document on 6<sup>th</sup> October, 2021. All the sixteen (16) retrieved speeches constituted sixty-six (66) pages. The document was saved as *Presidential Addresses* in both Microsoft Word format and Portable Document Format (PDF) in the documents folder, on the internal solid-state disk (SSD) of the laptop computer at GMT 23:29. The PDF file was additionally stored to prevent any possible inadvertent alteration of the content of the speeches that could occur in the MS Word format. A hardcopy format of the document was later produced from the PDF file through printing. The document was printed on 20<sup>th</sup> October, 2021.

### **3.5.4 Ethical consideration**

Conducting research study is not only limited to the scholarly activity, but also requires the consideration of ethical issues. Nonetheless, Neuendorf (2017, p. 190) postulates that “it is unusual to encounter ethical critiques of content analyses – perhaps because so many of them conduct unobtrusive analyses of message content that is publicly available.” Unlike other methodological designs that employ methods which require the collection of data from participants, the content analysis methodology in many instances adopts pre-existing data which are normally accessible to the public.

In this study, I collected data solely from documents that are already public, and accessing them from the source did not require the observance of any ethics, hence ethical issues related to the use of participants as in interviews do not come into play. Issues such as obtaining informed consent; reducing potential risks; anonymity and confidentiality; voluntary withdrawal etc. do not apply in this study. This study did not require the involvement of participants since I had to content-analyse all 202 paragraphs sampled

from the COVID-19 Presidential speeches. However, I debriefed the coders and reviewers on the codes and categories, and the ultimate purpose of the study was also revealed to them.

### **3.6 Data Analysis**

Data analysis in qualitative research consists of preparing and organising the data (i.e., texts as in transcripts, or image data as in photographs) for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion (Creswell & Poth, 2018).

Through data analysis, themes that have common characteristics are grouped together to form an overarching theme. These themes are validated by identifying and attributing adequate quotes from the speeches to ensure their relationship with the collected data.

#### ***3.6.1 Organising the data***

With the data analysis process, I began by creating and organising files of information on the collected data. At an early stage in the analysis process, researchers typically organise their data into computer files and convert their files to appropriate text units for analysis either by hand or by computer (Creswell, 2013). Organisation of the collected data was done manually without the assistance of any electronic data analysis software.

#### ***3.6.2 Reading and memoing***

I read through the addresses on countless occasions to familiarise myself with them. This was done at regular intervals within a period of two months – October and November 2021. The addresses were read through at least twice every week by either using the electronic format or the printed copy. The texts were engaged very thoroughly to gain insight into the messages that were rooted in them (Dedzo & Ofori-Birikorang, 2020).

To get spaces for further descriptive commentary, the printing of the speeches was done in a single-sided mode. While reading through the addresses, I took descriptive notes of significant statements and made commentary on them on the left blank pages of the sheets. Further, using Microsoft Word, I used the 'New Comment' tool to provide commentary on the various data extracts that responded to the research questions. The commentary constituted brief notes on the various significant statements identified in the collected data.

### **3.6.3 Coding**

Data reduction is very significant in conducting research study since it serves as a filter to determine relevant aspects to be considered for analysis (Schreier, 2012). The author in furtherance affirms that coding frames enable researchers put their data in a structure that enables them answer their research questions. Thus, coding enables researchers to determine which aspects of data they need to include and exclude from their analysis.

A coding frame was designed manually to manage and reduce the data into categories. Since the study was conducted from the critical theory perspective using qualitative content analysis, hypothesis coding was adopted where some of the categories were predefined by me prior to the analysis of the data (Saldaña, 2013). However, some of the categories also emerged out of the analysis of the data. *Healthcare, social justice, economic burden* and *politics* are the predetermined categories whereas *social impact* and *policies* are the main data-generated categories. Subcategories consisting of indicators were added to guide the coding process. These indicators are operationalisations of the categories to enable coders identify relevant aspects of the data to code.

### 3.6.4 Thematic analysis

After multiple readings and coding of the collected data, themes were generated from the categories for the analysis and discussion of findings. Major themes consisting of predominant messages that run through the speeches were developed. Similar to the categories, some of the dominant themes were predetermined by me, while the rest were generated out of the analysis of the data during the coding process. The dominant themes consist of larger related-units of the data that produced meanings which respond to the research questions. The predetermined dominant themes include *distortion of livelihoods, oppression, fragile healthcare system, social injustice and campaigning*; while *threat to freedom of movement, resistance, compliance, political innuendoes as response to criticisms, and policies* are data-driven themes.

A thorough multiple readings of the documents were done to purposefully identify significant statements that supported the predetermined themes using the coding scheme as a guide. Related and recurrent messages that supported the themes were organised and grouped together for analysis and discussion of findings (Braun & Clarke, 2013). Similarly, through the iterative reading of the addresses, the data-driven dominant themes were generated with adequate supporting significant quotes. The research questions and the theoretical framework guided me through the analysis of the data.

After mapping out the dominant themes to their significant statements, interpretation of the data was done. This began with the operationalisation of the themes, followed by quotes from the data as supporting evidence. The interpretation encompassed the generation of both the manifest and latent meanings of the information in the speeches. Findings were related to existing literature and the theoretical framework to determine whether they corroborated, or debunked existing findings; or whether they constituted

new findings altogether. Throughout the analysis and interpretation of the themes and discussion of the findings, I did not lose sight of the transformative agenda of the study.

#### ***3.6.4.1 unit of analysis***

The unit of analysis for this study is the paragraph (Dedzo & Ofori-Birikorang, 2020). The various paragraphs that responded to the research questions were selected, coded, and organised into meaning units (themes) to provide insight into the texts. In total, out of the sixteen (16) sampled speeches, four hundred and twenty (420) paragraphs were obtained from the speeches. Out of this number, I collected two hundred and two (202) paragraphs forming significant statements. Some of the paragraphs however overlapped two or more thematic categories. As such, they were counted more than once, based on their individual frequencies. In all, the number of paragraphs I obtained from the collected data based on the frequency of the various thematic categories sum up to 251.

#### **3.7 Credibility and Trustworthiness**

According to (Shenton, 2004), the idea of trustworthiness of empirical research is to ensure that data produced is not influenced by the researcher's biases which in essence could affect the findings of a study. Lincoln and Guba (2000) also assert that ensuring the internal validity of any research is one of the most important factors of establishing its trustworthiness. The data collection procedure a researcher adopts establishes the trustworthiness of any social science research.

Creswell (2014) provides eight validation strategies in testing for the validity in qualitative research. These processes include triangulation, using member-checking to determine accuracy on the part of participants, using rich and thick descriptions, presenting negative case analysis, spending prolonged time at the research field, using peer debriefing, using external auditors, and bracketing of biases. He further states that qualitative researchers should adopt at least two of these strategies in their studies.

In this research study, I applied two of these strategies in order not to affect the credibility of the analysis as well as the interpretation of the data. In answering the research questions, I adopted rich and thick descriptions to describe the paragraphs in the COVID-19 Presidential speeches in order to paint a vivid and thorough picture of how the imposition of the safety protocols exerted hardships on the citizens of Ghana and how the masses responded to the hardships in the addresses; the systemic and structural anomalies embedded in the speeches; and how the President took political advantage of the addresses. Again, I conducted series of peer review and debriefing activities with my supervisor and some colleague graduate students who also offered their support. The study was periodically checked and assessed critically by faculty, colleague graduate students, and research assistants during weekly seminar presentations in the School of Communication and Media Studies.

### **3.8 Reflexivity**

The value-laden nature of the critical theory paradigm implies that my personal values and biases are explicit in the research study (Lincoln et al., 2011). However, my analysis and findings are grounded in the collected data, in spite of the presence of my personal values and biases in the study.

### **3.9 Summary of the Chapter**

This phase of the study began with an introduction to the chapter, followed by the research approach. The chapter further advanced with details on the research design; sampling; data collection method adopted for the study; procedures for data collection; procedures for data analysis; credibility and trustworthiness; reflexivity; and ended with the summary of the entire chapter.



## CHAPTER FOUR

### FINDINGS AND DISCUSSION

#### 4.0 Introduction

This chapter presents interpretation, description, analysis, and discussion of the findings generated from the collected data to provide meanings into the selected presidential addresses on the coronavirus pandemic. The findings of the study are presented in order of the research questions and based on evidence from the collected data. The findings are discussed in relation to existing literature. The study used the initials **RQ** to represent Research Questions. In the analysis of the data **UN** (for Update Number) and numerals (2-19) are used to label the various speeches, with **P** representing paragraph. For instance, the label **UN2** is used to represent Update Number 2, **UN3** for Update Number etc.

**Table 1: Cumulative frequency distribution table of the themes.**

S/N	Themes	Frequency	Percentages (%)
1	<b>Policies</b>	96	38.25
2	<b>Distortion of livelihoods</b>	57	22.71
3	<b>Threat to freedom of movement</b>	19	7.57
4	<b>Campaigning</b>	18	7.17
5	<b>Fragile healthcare system</b>	15	5.98
5	<b>Political innuendoes as response to criticisms</b>	15	5.98
6	<b>Social injustice</b>	13	5.18
7	<b>Compliance</b>	7	2.79
8	<b>Resistance</b>	6	2.39
9	<b>Oppression</b>	5	1.99
	<b>Total</b>	<b>251</b>	<b>100.00</b>

Analysis of the data as displayed in Table 4.1 indicates a notable preponderance of the theme of ‘Policies’ with ninety-six paragraphs representing 38.25%. This is followed by ‘Distortion of Livelihoods’ which dominates the rest of the themes with fifty-seven paragraphs constituting 22.71%. ‘Threat to Freedom of Movement’ comes third with nineteen paragraphs which constitute 7.57%. The theme of ‘Campaigning’ follows with

eighteen paragraphs making up 7.17%. The themes of ‘Fragile Healthcare System’ and ‘Political Innuendoes as Response to Criticisms’ have 15 paragraphs each making 5.98%. The theme of ‘Social Injustice’ is the sixth with thirteen paragraphs representing 5.18%. The next theme that follows is ‘Compliance’ with seven paragraphs summing up to 2.79%. The theme of ‘Resistance’ follows with six paragraphs which constitute 2.39%. The theme with the least frequency is oppression with five paragraphs comprising 1.99%.

#### **4.1 RQ1A: How did the imposition of the COVID-19 safety management protocols exert hardships on the citizens of Ghana as embedded in the presidential addresses?**

The Government of Ghana adopted the basic safety protocols – hand and respiratory hygiene practices and physical distancing – recommended by WHO and further devised additional state-specific effective measures and restrictions such as imposition of lockdowns, closure of borders, ban on public gatherings, closure of institutions etc. to control the spread of the pandemic. The research question 1A sought to examine how the imposition of the COVID-19 safety management protocols exerted hardships on Ghanaians.

From the data gathered, the following themes emerged as answers to the research question: *Threat to freedom of movement*, *Distortion of livelihoods*, and *Oppression*. Using the critical theory, these themes are examined to explain how the imposition of the safety protocols exerted hardships on the masses.

##### ***4.1.1 Threat to freedom of movement***

This subtheme encapsulates the various restrictive measures that the Government of Ghana implemented to curtail the freedom of movement of the citizenry with the intention to contain and prevent the spread of the virus. It captures data that encompass imposition

of lockdowns, closure of borders and stay-at-home policies that limited the free movement of the Ghanaian citizenry.

The following excerpts from the data confirm the hardship inflicted on the citizenry as a result of the protocols instituted to control transmission of the virus.

For instance, UN4 indicates:

*So, effective 1am on Monday, 30th March, some forty-eight hours from now, I have imposed, pursuant to the powers granted the President of the Republic, under the Imposition of Restrictions Act, 2020 (Act 1012), restrictions on movement of persons in the Greater Accra Metropolitan Area (GAMA, which includes Awutu Senya East), and the Greater Kumasi Metropolitan Area and contiguous districts, for a period of two (2) weeks, subject to review.... (UN4, P7).*

*This, in essence, means that everyone resident in these areas must stay at home for the next two weeks. However, if you must go out, it must only be to get essential items such as food, medicine, water, undertake banking transactions, or to use public toilet facilities. But, as much as possible, stay at home (UN4, P10).*

Restricting the movement of the masses outside of their residence increased the level of hardship they were facing, especially as they were required to stay at home for two weeks. The exception to this restrictive provision also implied that the masses could not go out to engage in any activity that was not regarded as essential. Based on the existential experiences of the masses, prior to the imposition of the safety measures they could move about freely to engage in their daily activities without so much restriction. The sudden imposition of restrictions on their movement completely distorted their social livelihood. People do not necessarily move out to necessarily engage in an activity per se. The free movement of people is also done and permitted to enable them manifest, express and

experience their constitutionally-enshrined right. Therefore, restricting that right to their engagement in certain defined activities means that that freedom could not be exercised as freely as defined by the constitution.

In the same address, it is declared that:

*For the next two weeks, I urge all of you, especially residents in the affected areas of Greater Accra and Greater Kumasi, to be reminded, every day, that the frontline of the fight against Coronavirus is your front door. If you cross it, you and your family will likely be infected. So, please, stay at home....*  
(UN4, P33).

Even though the imposition of lockdowns, closure of borders and stay-at-home policies are considered as safety management protocols to fight the pandemic, these measures in themselves constitute a breach of the freedom of movement of the people as the implementation of same brought forth unusual limitations on the movement of the people, especially the masses. ‘Your front door’ being the ‘frontline’ connotes the placement of a symbolic barrier between the masses and the pandemic; and crossing it poses one’s life to danger just as in military battle. This implies that to be able to fight and win the battle against the pandemic successfully without fatalities, the masses need to stay within the confines of the restrictions.

In UN6, the imposition of restrictions is legitimised in the statement that:

*So, the decision has been taken, through the issuance of an Executive Instrument, to extend the restrictions on movement in the Greater Accra Metropolitan Area and Kasoa and the Greater Kumasi Metropolitan Area and its contiguous districts by one more week, beginning 1am on Monday, 13th April, subject to review (UN6, P11).*

Freedom of movement as a natural inalienable right espoused by democratic system of governance was under siege due to the extension of the imposition of restrictions on movement to control the transmission of the pandemic. The imposition of restrictions as evident in the presidential addresses therefore constitute a violation of the freedom of movement of the citizenry, especially those in the areas where lockdown was imposed. This is irrespective of the legitimacy reposed on the right of the President to institute the measures inasmuch as the constitutionality of the action failed to positivise the situation of the masses, but rather deepened their already deprived social conditions through such impositions. The concept of the *imposition of restrictions* in itself is a symbolic and linguistic portrayal of oppression as the term itself implies a forceful exertion of the powers of the President over the people, notwithstanding that such forceful decision is constitutionally grounded and could not be exercised arbitrarily. This finding confirms Zolka et al. (2021) postulation that the implementation of the imposition of restrictions violated fundamental human freedoms, especially the freedom of movement.

#### ***4.1.2 Distortion of livelihoods***

This overarching theme comprises the alteration of the normal daily activities of the masses resulting from the imposition of the safety protocols. It considers messages that indicate some sort of interruption towards the social, cultural, religious, academic, and economic life of the masses. Hence, the theme covers three subthemes including: Sociocultural disruptions, Academic disruptions, and Economic hardship.

##### ***4.1.2.1 Sociocultural disruptions***

This subtheme captures how the imposition of the protocols interrupted the social, cultural, and religious activities in the country. It considers ban on public gatherings,

suspension of religious activities and limitations on customary practices such as marriage ceremonies, funerals, and burials as evident in the data.

For instance, UN5 indicates:

*I am fully aware of the disruptions to your lives occasioned by these measures. Your personal movements, way of life, the education of your children, your livelihoods have all been disturbed by this virus... (UN5, P27).*

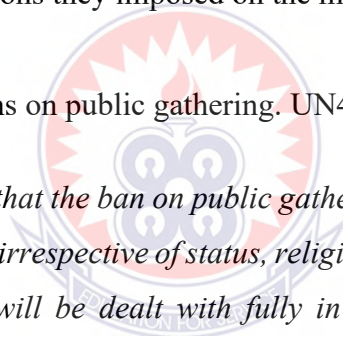
Analysis of the above excerpt reveals that the President's explicit acknowledgement of the disruptions that the measures imposed on the masses is also an express admission of the sociocultural challenges that the masses were facing as a result of their adherence to the protocols. Ghanaians, and by extension most Africans, are culturally communal and hence are idiosyncratic of engaging in relatively large social and cultural gatherings in their daily lives. Most of these sociocultural activities such as the institution of marriage, funeral rites, festivals, and religious gatherings constitute mass gatherings. Therefore, the imposition of ban and restrictions on social activities, cultural practices and religious performances that consisted mass gatherings tampered the sociocultural life of the Ghanaian people.

The data further illustrate in UN14 that:

*Ultimately, salvation will come with an effective and accessible treatment. We hope and pray that this will happen tomorrow, but it may very well happen in a couple of months... Until then, we have to learn to adapt to the conditions. It is not normal that we have to wear masks, but now we have to; it is not normal that we cannot shake hands with each other; and it is certainly not normal that we cannot hug our family members and loved ones; but that is our current reality... (UN14, P6).*

Even though it may be literally construed that it is the pandemic that exclusively disrupted the sociocultural life of the citizens of Ghana, a critical interrogation reveals that if the pandemic had pharmaceutical treatment regarded in the data as *salvation*, the imposition of these restrictions would not have been as critical as the priority given them. They would have rather become supplementary measures to consolidate pharmaceutical treatment for easy eradication of the pandemic. However, the absence of pharmaceutical treatment resulted in the institution of the various safety measures which tended to disrupt the sociocultural life of the masses as they could not shake hands, hug, and interact closely. If the production of vaccines had been discovered earlier, the imposition of the protocols would have been instituted in a manner that would have assuaged the severity of the sociocultural disruptions they imposed on the masses.

The data indicate restrictions on public gathering. UN4 states:



*Let me also reiterate that the ban on public gatherings, religious or social, is still in force. Anyone, irrespective of status, religion or ethnicity, who is found to be flouting them will be dealt with fully in accordance with law. The security services have been clothed with the necessary power to enforce these measures... (UN4, P30).*

The repetition of the restrictive measures meant that the masses were expected to adjust to the unpleasant social conditions imposed on them. Unfortunately, this time, the security services have been empowered to ensure adherence to the measures. The implications of the security services' involvement in the enforcement of the protocols could further exacerbate the situation of the masses.

The data further reveal the disruption of the sociocultural life of the masses as evident in UN10 that:

*I have, by Executive Instrument, provided for these new directions, and extended the suspension of the remaining public gatherings, as set out in E.I. 64 of 15th March, until 31st July. In here, I refer to the suspension of sporting events, nightclubs, cinemas, drinking spots, bars, beaches, festivals, funerals, political rallies, and large religious gatherings such as crusades, pilgrimages and conventions (UN10, P23).*

The extension of the restrictions on some public gatherings means that within the four months specified period, the sociocultural life of the people continued to be partly disrupted. The events disclosed in the excerpt constitute majority of the social and cultural activities practiced in Ghana. Ban on sporting and recreational activities also mean that the masses could not engage themselves in entertainment which plays crucial role of our social life. Potentially, this could have negative implications on how the masses utilised leisure. Ban on crusades, pilgrimages and conventions is a serious interruption on the spiritual life of the masses. Even though it could be argued that the masses still had the opportunity to individually engage in religious activities in their various homes, communality is also an essential aspect of fellowship required in religious services. This finding is in tandem with Ozili (2020a) postulation that the safety measures affected social interactions in African communities. However, the findings contrast moah and Amoah (2021) claim that the imposition of lockdown enhanced social connectedness among the masses.

#### ***4.1.2.2 Academic disruptions***

This subtheme considers messages that describe disturbances that the educational sector faced relative to academic issues as a result of implementing the safety management protocols. The key indicators for this theme are disruption of studies; disruption of the academic calendar; and sociocultural and academic modifications with the potential of affecting student learning negatively.



The data indicated that the academic calendars for all cycles of education were affected by the pandemic due to the fact that the various protocols had to be instituted to ensure the safety of all students. This led to the postponement of WASSCE and BECE since schools were closed in March 2020. UN2 states:

*All Universities, Senior High Schools, and basic schools, i.e. public and private schools, will be closed Monday, 16th March, 2020, till further notice. The Ministry of Education, in collaboration with the Ministry of Communication, has been tasked to roll out distance learning programmes. However, BECE and WASSCE candidates will be allowed to attend school to prepare for their examinations, but with prescribed social distancing protocols; (UN2, P4).*

Analysis of the data showed that distance learning became a viable alternative to ensure that the closing down of academic institutions did not have significant negative impact on learners. However, virtual learning equally comes with its own challenges relating to cost, technology, and digital literacy. The introduction of virtual learning also exposed the social inequality gap in Ghana. How many students could afford the requisite technology to access the virtual platforms? Did both learners and facilitators have the requisite technical knowledge to operate the digital platforms efficiently? How many institutions had robust technology in place to ensure the efficacy of the project? How about stable internet connectivity? The challenges that digital learning faced in Ghana confirm Nantwi and Boateng (2020) suggestion that a lot need to be considered in adopting virtual platforms for teaching and learning in developing countries.

The President declared in UN10 and UN12 respectively that:

*...Indeed, final year university students are to report to their universities on 15th June; final year senior high school (SHS 3) students, together with SHS 2 Gold Track students, on 22nd June; and final year junior high school (JHS*

*3) students on 29th June. JHS 3 classes will comprise a maximum of thirty (30) students; SHS classes a maximum of twenty-five (25) students; and University lectures will take place with half the class sizes (UN10, P17).*

*A maximum of twenty-five students will be permitted in each class... There will be no mass gatherings and no sporting activities. Religious activities, under the new protocols, will be permitted. Social distancing and the wearing of face masks are obligatory in our schools (UN12, P7).*

As evident in UN12, SHS candidates had to resume school to complete their secondary education, but not without any disruptions. The period for sitting for their final papers was reduced from more than a month to just two weeks. This would have negative implications on students' preparations as they would not have adequate time to prepare for their papers.

The resumption of schools for the final year students of both tertiary and pre-tertiary levels to complete their various courses of study did not happen without social restrictions. Reduction in class sizes despite its positive impact also had some negative implications. It increased the workload of teachers without any accompanying incentives. Group studies which is one of the effective ways of promoting peer teaching and peer learning was also affected as a result of the restrictions on mass gatherings and physical distancing. How could students engage in effective group discussions without coming together? How could same be done while in masks? What is school without extra-curricular activities?

Besides, no arrangement was made to enable SHS 1 students return to school to complete the academic year. Since the introduction of the safety protocols which led to the closing down of schools affected all students, there should have been provision in place to enable the SHS 1 students complete the academic year as well. The SHS 1 Gold Track Students

could not even finish their first semester due to industrial action from teachers and hence should have been considered.

*Like their seniors at the University, SHS 3 students will be in school for a total of six (6) weeks, before sitting for the WASSCE exams over a period of two (2) weeks. SHS 2 Gold Track students, who are returning to complete their first semester like their Green Track colleagues have done, will be in school for six (6) weeks, before going on vacation (UN12, P5).*

In essence, as obvious in the excerpts discussed above, the curriculum was disrupted, since the mode of teaching and learning was modified; classes could not operate in full capacity; sociocultural activities were restricted; period for writing WASSCE was reduced, among others.

Socially, the imposition of lockdowns and physical distancing protocols had negative impact on social relations (Kwegyir Tsiboe, 2020; Ozili, 2020a). The implementation of same protocols also ensured social connectedness among Ghanaians during the coronavirus pandemic (Amoah & Amoah, 2021). Findings from this current study on the other hand confirms the assertion that the imposition of the safety protocols (particularly, the imposition of lockdowns and physical distancing) had negative implications on social relations in Africa (Ozili, 2020a) and Ghana (Kwegyir Tsiboe, 2020) while debunking Amoah and Amoah's (2021) assertion that the protocols rather improved social relations among Ghanaians. There is obvious disjunction of sociocultural relationship among Ghanaians.

#### ***4.1.2.3 Economic hardship***

The coronavirus pandemic posed numerous economic challenges to individuals, businesses, and countries. Under this subtheme, texts from the speeches that expose the

financial constraints facing households, communities, corporate organisations, and the government are discussed.

UN8 reveals that:

*I am encouraged that so many of our trotros, taxis, and buses are operating with a minimal number of passengers... The example of markets in the Sekondi-Takoradi Metropolis, where social distancing is being well observed, is an excellent one for market women all over the country. I am fully aware of the sacrifices in reduced revenues that all businesses and enterprises are suffering... (UN8, P12).*

Analysis of the data show that reduction in the number of passengers boarding taxis, ‘trotros’ and buses exerted economic hardship on the masses. Inasmuch as these commercial vehicles were operating with a reduced number of passengers to ensure the observance of social distancing, the passengers paid excess fare for their transportation. The operators ensured that the reduction in the number of passengers did not have significant impact on their revenue generation. Consequently, they adjusted transportation fare to ensure that passengers paid more than the actual fare. Thus, even if the operators lost some revenue, their loss may not be very significant as compared to the extra cost passengers had to pay.

In addition, to ensure the observance of social distancing at market places implied that markets had to operate at a reduced number of buyers and sellers. This also meant that market women had to lose some revenue on daily basis. Hence, the President’s acknowledgement of the economic hardship the masses were facing as a result of observing the safety protocols. This finding is congruent with Ozili’s (2020a) assertion that the imposition of social distancing as a safety measure affected economic activities among African communities.

In UN16, it is stated that:

*I appreciate fully the inconvenience and the financial burden the continued stay at home of children are posing to parents and guardians. Fellow Ghanaians, these are a necessary price to pay in our efforts to protect the lives of our children, as well as to limit and contain the spread of the virus in our country (UN16, P15).*

The continuous stay at home of children for a long period of time due to the closing down of schools led to parents and guardians spending more, especially on feeding. All universities, SHSs and basic schools were closed down on 16<sup>th</sup> March 2020. As of 30<sup>th</sup> August 2020, when UN16 was delivered, only final year students for all levels of education had the opportunity to resume school. The rest were still staying at home with their parents and or guardians. If schools were still in session, some parents would be spending less at home considering the fact that some basic schools are beneficiaries of the school feeding programme. In addition, SHS students would also be in school and their parents would not have to spend much on them, thanks to the Free SHS policy. Therefore, the President's appreciation of the financial burden exerted on the masses as a result of the measures Implemented to control transmission of the virus. This finding confirms Amewu et al.'s (2020) projection that the socioeconomic costs of the measures could be very severe in sub-Saharan Africa considering the fact that most of the masses live hand-to-mouth; and that 3.8 million Ghanaians became temporarily poor.

#### ***4.1.3 Oppression***

This dominant theme considers measures and decisions that denied or had the potential of denying citizens their liberty to freely engage in their normal daily activities as a result of adhering to the safety protocols. The theme captures the brutalities that the masses

suffered in the hands of the security officers enforcing the protocols; and the portrayal of difficulty in breathing resulting from the prolonged wearing of the face mask.

UN5 states:

*In the very few instances where members of our security agencies have employed the use of excessive force against the citizenry, in enforcing the restrictions on movement, the Inspector General of Police and the Chief of Defence Staff of the Armed Forces have taken steps to investigate such incidents, and, they have given me the assurance that, those found culpable, will be duly sanctioned. Thus far, the alleged wrongdoers have been withdrawn from the ongoing exercise... (UN5, P6).*

UN5 obviously depicts cruel treatment of the masses which is described as ‘the use of excessive force’ in the speech. It has almost always been very violent and inhumane whenever security officers, especially the police and the military claim to have made use of excessive force. Even in their application of minimal force, victims end up sustaining injuries. How much more their confession of the use of excessive force which in many instances are denied? It is also possible that the instances are not ‘very few’ since it is reported from the perspective of the security officers. What if there were many instances of maltreatment that the officers did not report? How about the perspectives of the masses who suffered such violence? Were their narratives not as important as that of the officers? How did the investigations end? Is there any public notice of any of the officers being found culpable and sanctioned appropriately? This finding is consistent with Ibrahim’s (2020) view that there were serious violations of the constitutionally assured immutable human rights and dignities of the masses.

UN9 further adds that:

*It is noteworthy that the Police are arresting and prosecuting persons, irrespective of their status in society, who flout these regulations. We cannot allow a few persons, for their narrow, selfish interests, to jeopardise the health, well-being and safety of the larger population. If you fall foul of the law, you will face its full rigours (UN9, P13).*

Similarly, UN9 portrayed another possibility of oppression that the masses faced in the hands of the police. The police arresting and prosecuting the masses normally happens with the use of force of whatever degree and form. Even in instances where the masses submit to police arrests, the police in some cases end up cuffing, hitting and jackbooting them. It can also be predicted rightly that those who faced the prosecution of the police were not prominent people because in the application of the laws to enforce adherence to the safety protocols, there is no record of the prosecution of any prominent person. Thus, one's status in society was a considerable factor in the enforcement of the law. For the interests of the common people who were struggling to survive the hardships imposed by the measures are narrow, selfish, and dangerous to the safety and health of the elites which interprets the pronouncement as a language of oppression.

Another latent form of oppression embedded in the speeches is found in UN15, which states:

*...It revealed that the overall intention to use face masks at the sites surveyed was very high, with eighty-two percent (82%) of persons surveyed possessing a mask. I believe we can do even more, and reach one hundred percent (100%). However, the same survey demonstrated that only forty-four-point three percent (44.3%) of those who have the mask use them correctly... (UN15, P12).*

The intention of the public to use face masks demonstrated patriotic commitment to the eradication of the pandemic. However, the translation of the intention in behavioural terms suggests a disparity between intention and actual behaviour. If most citizens had

the intention to wear masks, what accounted for the improper use of the masks? The incorrect use of the masks can be rightly attributed to the uncomfortable conditions associated with the prolong use of mask. Prolong use of the masks can lead to reduced intake of oxygen as carbon dioxide from within gets stuck in the mask. The situation becomes very oppressive, especially when it begins to suffocate. Depending on the nature of the material used to manufacture the mask, one may experience mild, moderate or severe headache. Hence, the oppressive experiences associated with the correct use of mask accounts for the disparity between intention to use and actual behaviour.

#### **4.2 RQ1B. How did the citizens of Ghana respond to the hardships exerted by the safety management protocols as communicated in the COVID-19 presidential addresses?**

This research question sought to describe the various means that the masses employed to respond to the hardships exerted on them through the imposition of the safety measures. After a thorough analysis of the data, two themes were identified as how the masses responded to the hardships posed by the safety management protocols. The themes included Resistance and Compliance.

##### ***4.2.1 Resistance***

This theme comprises the use of violence as a means of resisting the imposition of restriction on movements and rebelliousness towards the established safety management protocols. The data showed that the masses, as a way of registering their displeasure towards the impunity of the elite class, began to display defiance regarding the legitimate orders of the President. Thus, the rebellious posture of the masses with regards to adherence to the protocols in itself constitutes violence. However, this violence from the masses is only a form of resistance generated as a response to the violence from the elite



class. The critical theory posits that resistance is one of the major means by which the masses exercise power (Fairclough, 2001) against oppression.

Analysis of the data for this research question indicates that the masses liquidated the oppression from the elite class through resistance. They employed violence as a means of resisting the hardships enacted on them through the enforcement of the safety management protocols. Violence, as operationalised here, does not only refer to the use of coercive measures as adopted by some of the security personnel to enforce the protocols. Violence also constitutes any defiance towards the agreed upon or laid-down protocols for ensuring the safety of the citizenry.

In UN8, it is stated:

*These seventeen (17) were the result of interceptions near Nkwanta by officers of the Immigration Service and other security personnel of two (2) cargo vehicles that had on board a total of sixty-seven (67) passengers, who were illegally entering the Region from Accra during the period of the 'lockdown' .... (UN8, P5).*

The data gathered showed that the decision of some of the masses to subject themselves to such a serious reification – like commodity – by travelling to a different location through cargo vehicles is evident of their resolve to seek freedom elsewhere, (possibly) from their hometown. This in essence also bears testimony of the oppression the masses were facing in Accra. This is because, if humans could limit their dignity to the level of commodity by boarding cargo vehicles in order to escape from Accra (where lockdown had been instituted) to a different region free of such restrictions, then their situation in Accra was very dehumanising. And in order to respond to such dehumanising conditions in Accra, they resorted to violence to liquidate the oppression from above.

Similar to resistance in the above discussion, UN16 also states:

*...I have been reliably informed that, in some regions of our country where there are no active cases, some residents are abandoning, altogether, the protocols, such as the wearing of masks, put in place to defeat the virus. Indeed, the high compliance rate with mask wearing of persons surveyed by the Ghana Health Service in some selected areas of Accra, to which I referred optimistically in my last address, has, according to a new survey by the same Service, fallen alarmingly.... (UN16, P5)*

UN19 also indicates:

*Indeed, the high compliance rate with mask wearing of persons surveyed by the Ghana Health Service in some selected areas of Accra, for example, to which I referred optimistically in Update No.15, has, according to a new survey by the same Service, fallen alarmingly, from 44.3% to 5%... (UN19, P20).*

*...Our observation, however, is that a reduction in compliance with the preventive protocols account for the increase in infections (UN19, P6).*

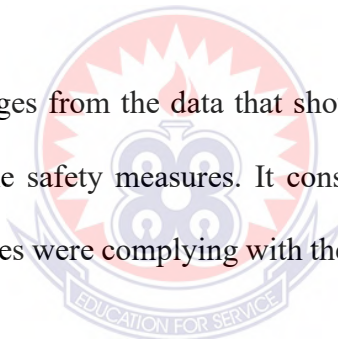
The data further show that the masses noncompliance to the safety management protocols can be described as disregard for laid-down and agreed upon measures and also disrespect towards the authority of our laws. However, such disregard concerning the observance of the protocols is rooted in the impunity of politicians and discrimination on the part of law enforcers. Both UN16 and UN19 were delivered within a period when politicians were touring the country to canvass for votes; and preceded by the NPP parliamentary primaries where many party folks publicly disregarded the protocols. During this period, many politicians also disregarded the safety management protocols by breaching social distancing, respiratory and hand hygiene practices. In all these instances, there is no record of any (attempted) prosecution. Therefore, the basis for the drastic reduction of the percentage of masses that was observing mask wearing according to the new survey

can be attributed to these phenomena. Thus, the masses employed violence to liquidate the injustice perpetrated by politicians and law enforcement agencies.

The oppression, resulting from the enforcement of the safety management protocols had to be maintained through the use of violence as exhibited by some of the security officers who were deployed to ensure adherence to the protocols. Consequently, the masses also devised a means of reacting to the oppression to ensure their freedom through resistance. This finding comes to confirm the assertion that, “the masses resist and fight in a thousand ways, not only with arms in hand. These means include violence because in a world where oppression is maintained by violence from above, it is only possible to liquidate it with violence from below” (Fanon, 1965, p. 3).

#### **4.2.2 Compliance**

This theme captures messages from the data that show public cooperation towards the observance/adherence to the safety measures. It considers paragraphs in the speeches which suggest that the masses were complying with the safety measures imposed to fight the pandemic.



Data from UN10 state:

*...The great majority of us continue to adhere to the social distancing and enhanced hygiene protocols; we have, as a result, altered our way of life to accommodate these changes; and we continue to make sacrifices to speed up the process of bringing our lives safely back to a state of normalcy... (UN10, P3).*

The excerpt shows that majority of the populace were adhering to the safety measures in spite of the negative implications they (the measures) posed on the lives of the masses. To ensure the total eradication or drastic reduction in the transmission of the pandemic, the distorted livelihoods of the citizenry had to be endured temporarily. This endurance

is what the President termed *sacrifices*. Indeed, complying with the safety protocols requires the sacrificing of one's comfortable experience in exchange for discomfort.

In UN12, the data declare:

*...Someone put it graphically that the virus has not got feet, and cannot move by itself, and that we, humans, spread it. The large majority of us continue to adhere to the protocols... (UN12, P13).*

The virus as an invisible organism cannot be seen moving from one location to another. It is the infected persons who carry it along, and continue the transmission chain through their interactions with others. Fortunately, the data indicate that majority of the masses were observing the protocols. Compliance towards the restrictive measures may be as a result of respect for authority; the fear of contracting the disease; the fear of being subjected to military and police brutality; or the fear of potential arrest and prosecution.

Further, UN13 also discloses:

*I have been very impressed by the adherence to the enhanced hygiene and social distancing protocols by authorities and students in our universities and other tertiary institutions, and senior high schools... (UN13, P7).*

Adherence to enhanced hygiene practices and social distancing protocols in higher educational institutions as revealed in the data is not very surprising. This is because academia had intellectual insight into the science and data behind the pandemic. Moreover, students on the other hand had no alternative than to comply since universities had formed COVID-19 taskforce to enforce the measures. Besides, campus security officers were also available to ensure compliance. Teachers also ensured that their students were always in mask, especially during teaching and learning. The availability of resources for practicing hand hygiene also contributed to students' compliance.

It is also declared in UN14 that:

*...I extend my deepest appreciation to our religious leaders for their strict adherence to the safety protocols, which have prevented any known outbreaks, since they restarted their services (UN14, P26).*

After months of no religious activities in chapels and mosques, religious readers could not risk further imposition of restrictions to prevent them from engaging in their religious services after the easement of the restrictions. Moreover, in order for the partial restrictions to be lifted, the leaders had to ensure that their members adhered strictly to the protocols. Hence, strict adherence towards the measures became a major religious preoccupation and determining factor for the ban on religious services to be lifted totally. This finding is congruous with Rozoqin et al.'s (2021) conclusion that the society is a key determinant of the success and failure of the safety measures by either serving as support or impediment.

#### **4.3 RQ2: What systemic and structural pathologies of the Ghanaian socio-political system are embedded in the COVID-19 presidential addresses?**

The second research question in this study sought to identify the systemic and structural pathologies of the Ghanaian socio-political system embedded in the presidential addresses. From the analysis of the data gathered, the following themes were identified to answer the research question: *Fragile Healthcare System*, and *Social Injustice*.

##### **4.3.1 Fragile healthcare system**

This theme encompasses information from the addresses which suggest that the Ghanaian healthcare system needs robust improvement to cater for the health of the citizenry. It captures messages that expose the need for the Ghanaian healthcare system to be strengthened through the provision of adequate health facilities, logistics, personnel

among others to provide quality healthcare services to the populace and further withstand future pandemics effectively.

UN9 reports to the public that:

*...Again, let me reiterate that these new nine hundred and twenty-one (921) cases were from backlogs dating as far back as 26th April, and not necessarily over a twenty-four (24) hour window (UN9, P5).*

Considering that this address was delivered on 10<sup>th</sup> May 2020, the report that ‘these new nine hundred and twenty-one (921) cases were from backlogs dating as far back as 26th April, and not necessarily over a twenty-four (24) hour window’ is a signification that the pandemic had overwhelmed the Ghanaian healthcare system, particularly its laboratory testing capacity. Having backlogs of cases also implies that the country’s testing capacity was not robust enough to conduct a lot of tests within the shortest possible time. This also means that by the time cases were confirmed, the infected person might have also infected other people as well, nevertheless the advice for infected persons and those showing symptoms to isolate and quarantine themselves. Thus, the delay in confirming the status of samples taken is as a result of inadequate laboratories and lack of robust armamentarium to conduct and return test results in time. This is consistent with the findings of Acheampong et al. (2021) that the critical nature of the pandemic affected the testing capacity of laboratories in Ghana as there were always backlogs of tests.

In UN10, the President confesses:

*We have learnt many lessons from this pandemic. The most obvious is that we have to fortify urgently our public health system. We have committed to the implementation of ‘Agenda 88’, that is building, within a year, a fully-equipped, functional district hospital for each district that does not have one, and a fully-equipped, functional regional hospital for each of the new*

*regions, together with a new regional hospital for the Western Region, and the rehabilitation of Effia Nkwanta Hospital in Sekondi. We have to empower and increase the number of our healthcare professionals across board (UN10, P30).*

The President's confession of the challenges facing the Ghanaian healthcare system is an explicit admission of the fragility of the Ghanaian healthcare system which therefore needs to be strengthened. It is therefore not surprising that the government committed itself to the implementation of 'Agenda 88' to construct eighty-eight hospitals in districts that lack the facility across the country and regional hospitals for the newly created regions. The creation of the new regions was done with the intention of extending developmental projects (including quality healthcare) to other parts of the country. After a couple of years since the creation of the regions, this goal has not been realised. The overwhelming consequences of the coronavirus pandemic in 2020 therefore exposed the adverse impact of the inadequacy of health personnel and infrastructure in the country and further informed the urgency of the necessity for the construction of enhanced health infrastructures without any long delay.

UN12 also declares that:

*One dormitory block in each senior high school is to be used as an isolation centre, in the event of a student falling sick. Again, each SHS has been mapped to a health facility, and care will be provided to the sick by nurses assigned to these schools (UN12, P8).*

The use of a dormitory block as isolation centre also indicates the challenges facing the Ghanaian healthcare system. Ideally, every SHS is supposed to have a health facility to cater for the health needs of students and isolation centres to quarantine patients suffering from contagious diseases. This facility (isolation centre) is not even adequate and

available in many hospitals across the country, to even expect educational institutions to have one. Mapping each SHS to a health facility also requires that adequate health facilities are available to offer quality health services to the educational institutions. This implies that schools located in districts where there are no hospitals had to rely on facilities that cannot offer advanced services, hence the need to use dormitories as isolation centres. It is the lack of sufficient robust health facilities across the country that resulted in the use of dormitories as isolation centres.

It is stated in UN12 that:

*...I thank the Ghana National Association of Teachers (GNAT) for their admirable, civic gesture of making available their facility in Ejisu in the Ashanti Region; and the Catholic Bishops Conference for agreeing to the use of their facilities across the country as isolation centres in the fight against COVID-19. These are timely offers, which will ensure that our overall healthcare systems are not unduly burdened and overrun. Such institutions deserve the sincere appreciation of the entire nation, as does the gesture of the Minister for Environment, Science, Technology and Innovation, Prof. Kwabena Frimpong Boateng, who has offered his 70-bed hospital in Toase, in the Ashanti Region, as a COVID-19 treatment centre (UN12, P17).*

The inadequacy of health facilities is the fundamental cause that further informed the decision of private corporate institutions to come to the aid of the public through offering their structures as isolation centres. Unlike Professor Kwabena Frimpong Boateng's outfit which is a health facility, the other structures offered by the Ghana National Association of Teachers (GNAT) and the Catholic Bishops Conference are not health facilities and hence did not have much to do with the provision of healthcare. However, the overwhelming nature of the pandemic over the existing health infrastructure created the impetus for additional facilities to be offered to support the fight against the pandemic.



This finding is in line with Aduhene and Osei-Assibey's (2021) assertion that the increasing number of cases overwhelmed hospitals and treatment centres in Ghana. Hence, some temporal structures were adopted as isolation centres for infected persons.

UN12 further discloses that:

*As I indicated in my address to the nation last week, the great majority of cases are in the Greater Accra and Ashanti Regions. For these two regions, I have approved further investment in the following areas:*

- *additional ICU bed facilities in Greater Accra Region;*
- *a new treatment centre for Ashanti Region;*
- *laboratories to strengthen clinical care to allow for real time results;*
- *medicines, consumables and equipment; and*
- *formal arrangements for a pool of specialist health professionals to complement the respective resident multi-disciplinary health teams at various treatment centres (UN12, P18).*

Arguably, the Greater Accra and Ashanti Regions are the most developed regions in Ghana. In spite of the developmental level of these two regions, as evident in the speeches, the pandemic exposed the insufficiency of the facilities and specialist in these regions indicating that there is still the need for the relatively most developed regions to still develop. If these two regions irrespective of the relative robustness of their healthcare system still got overwhelmed and needed additional facilities and personnel for reinforcement to fight the pandemic, then the entire country's healthcare system needs urgent fortification as the President suggested.

The fragility of the Ghanaian healthcare system is further manifest in UN12 that:

*...Unfortunately, there are some who do not; others have slackened; and an unacceptably significant number have refused to obey them altogether. In*

*such an atmosphere, if we do not take care, the virus will continue to spread, which will lead to intolerable pressure on our health facilities and care givers. Each one of us must be part of the fight to stop the spread of the virus* (UN12, P13).

Disregarding the safety measures instituted to control spread of the pandemic was the main cause of the continuous increasing transmission of the pandemic. If significant number of the masses were not observing the protocols, then there could be an explosion of transmission. The resultant implication of such explosion is that the country's healthcare system would be completely overwhelmed, considering the doctor-patient ratio in the country. Moreover, our health facilities are mostly filled with patients suffering from other diseases that doctors need to treat.

UN18 also testifies that:

*Through a public-private partnership, our nation is the beneficiary of a one hundred (100) bed Infectious Diseases Centre, located at the Ga East Municipal Hospital, with plans in the offing to replicate it in Kumasi, Takoradi and Tamale. Inasmuch as we currently have no patients at the isolation centres, I express the gratitude of the nation, once again, to private and religious bodies, who provided their facilities to support the fight...* (UN18, P12).

The construction of the one hundred-bed Infectious Diseases Centre at the Ga East Municipal Hospital within a period of one hundred days signifies the urgency and priority attached to the project. The need to further replicate same project in other parts of the country confirms the challenge in the provision of quality healthcare across the country. If such a facility could be completed within the specified period, why then is the country deficient in adequate healthcare facilities? Why are there uncompleted health facilities

across the country? Would the country continue to lament over inadequate facilities if same sense of urgency is attached to all projects?

In the expression of the President's gratitude to Ghanaians inasmuch as there were no patients at the isolation centres, I close the discussion of this theme on the note that inasmuch as positive cases are reducing, the socio-political system of Ghana goes back to factory default. This implies that as far as vaccines have been produced and procured for IPC, the urgent need for health facilities and personnel to build a robust healthcare system would be shifted to the periphery of discursive national discourse for the usual slow pace of development to take over. This finding coincides with Amos et al.'s (2021) assertion that in spite of some significant measures put in place by some governments to fight the pandemic, facilities management continue to face challenges.

#### ***4.3.2 Social injustice***

The lack of equal recognition, concern and consideration given to people of different social class constitute social injustice. Social injustice encompasses class discrimination, marginalisation, and all forms of social pathologies that lead to the reification of a group of people. The two main subthemes under this theme are: *Class discrimination* and *Marginalisation*.

##### ***4.3.2.1 Class discrimination***

Class discrimination, as a central feature that critical theory considers in its transformational agenda, is exposed in the presidential addresses. This theme expounds injustice, inequality and marginalisation of the masses and some societies in terms of health, social treatment, and enforcement of the law, especially provisions ensuring strict adherence to the COVID-19 safety protocols.

The data reveal in UN10 that:

*...Universal Health Coverage must become reality for all Ghanaians, not a slogan, for every Ghanaian deserves good health and good healthcare. We need to focus our energies on ensuring access of poor people to decent housing... We have to come out of this crisis better, stronger and more united than before. Ghana, free, united, socially just, self-reliant and productive, that is the Ghana we are going to create together after we have defeated this virus (UN10, P30).*

Social inequality is prevalent in different aspects of the Ghanaian socio-political system. The President's statement about Universal Health Coverage indicates that the concept continues to remain a theory yet to be realised in Ghana. Good healthcare and decent housing are basic and essential requirements espoused by every society that strives to ensure social justice. The address indicates that access to these requirements by the poor is still a challenge to be surmounted in Ghana. Access to decent housing by the poor could be achieved through the affordable housing project that successive administrations have not shown commitment to complete. In the event that these projects get completed, the social inequality gap would make it extremely difficult if not impossible, for the poor to have access to these housing projects. Hence, the affordable housing project which could offer decent housing to the poor is only affordable to those with the economic wherewithal to afford. That in essence exposes the class discrimination that is manifestly apparent in the Ghanaian socio-political system.

Good healthcare, access to decent housing, quality education etc. are easily accessible to the rich more than the poor. The last sentence in the above extract signifies that the Ghana is unfree, divided, socially unjust, dependent, and unproductive. Thus, the President's appeal to the citizenry for a utopian Ghana to be created after the pandemic. Consequently, the pandemic, despite its negative implications also exposed social

injustice in the Ghanaian socio-political system resulting in the yearn for social transformation.

UN5 also confirms class discrimination stating:

*Through this Programme, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organisation (NADMO), working with MMDCEs and the faith-based organisations, have begun to provide food for up to four hundred thousand (400,000) individuals and homes in the affected areas of the restrictions. This begun in Accra today, and will begin in Kumasi tomorrow. It will come in the form of dry food packages and hot meals, and will be delivered to vulnerable communities in Accra, Tema, Kumasi and Kasoa (UN5, P18).*

The feeding of some individuals and households indicates that those people were not able to cater for their feeding during the lockdown. It is worth noting that not all individuals and homes in the affected areas were offered food during the lockdown. The elite class and societies in the affected areas were able to cater for their basic needs without relying on the government for support. It is obvious that the beneficiaries are mostly those living hand-to-mouth through their daily hustles. However, even the number stated is just a section of the actual beneficiaries as there are vulnerable individuals who could not be captured. Due to the class society we have built, class discrimination has become a social reality positioning the masses in an unpleasant social conditions. This corresponds with Yeganeh's (2021) finding that the pandemic exacerbated inequalities.

UN11 also affirms that:

*...That is the surest way to realising our collective vision of building a new Ghanaian civilisation where the rule of law is not a slogan, but a directive principle of state development; where we deliver social and economic transformation that has a meaningful impact on the lives of all our people; where a strong and vibrant economy creates jobs for the masses of our young people, and, in the process, creates a society of opportunities and aspirations for all; where we are no longer pawns nor victims of the world order; and where the vision of our founding fathers of a free, progressive and prosperous Ghana is attained... (UN11, P20).*

The principle of the rule of law which ensures fair trial, equality before the law and supremacy of the law has been a mere slogan in Ghana. Both the elites and the masses are not subjected to same treatment when facing the law. In fact, in spite of the supremacy of the law, liminal spaces are created for powerful people to escape prosecution. This injustice must be resolved to ensure social justice.

The social and economic conditions of the country also favour those in high class. The socioeconomic transformations realised in the country have almost always benefited the elite more than the masses and the working class. This is very evident in the apparent disparities in the salary structure of public servants which has been the greatest motivation behind the incessant labour agitations. Job creation, recruitment and employment opportunities are done discriminatorily.

It is therefore right for the President to envision socioeconomic ‘transformation that has a meaningful impact on the lives of all our people...’ with ‘opportunities and aspirations for all’, as opposed to the current system which has impact on few privileged citizens. The desideration for the realisation of social justice in the Ghanaian socio-political system confirms that the current system is socially unjust.

*Let me remind those amongst us, who want to continue to disregard these protocols, that severe sanctions exist in our laws for such persons, who will want to endanger the rest of the population through their actions and negligence. The law enforcement agencies will, where necessary, apply these measures without fear or favour, ill-will or malice, and without recourse to a person’s ethnicity, gender or religion (UN16, P6).*

The President's lamentation about noncompliance of the masses towards the coronavirus safety management protocol is a clear manifestation of lawlessness on the part of the masses. However, as confessed by the President, previous surveys had shown high compliance by the masses. What then could account for the low compliance as reported later? The low compliance level among the masses could be attributed to the class discrimination manifested by politicians and law enforcement agencies. The rule of law, which has been a slogan but not a reality is evident in the unfair application of the laws by the law enforcement agencies. Before delivering UN 16 on 30<sup>th</sup> August 2020, there had been a couple of issues in the previous months where top public officials and politicians had disregarded the safety protocols in public without being prosecuted.

For instance, on 20<sup>th</sup> June 2020 when the NPP conducted its parliamentary primaries, it was reported that social distancing and wearing of face masks were completely breached. In another instance, in July 2020 during the registration of voters for the compilation of the new register, Hon. Carlos Ahenkorah, the Member of Parliament for Tema West Constituency and the then Deputy Minister of Trade and Industry is on record to have visited a registration centre when he had tested positive for the virus and was supposed to be in isolation. In both instances, there is no record of any arrest or prosecution by the law enforcers. In the former instance, the President only admonished his party folks for violating the protocols while in the latter, Hon. Carlos Ahenkorah only resigned as the Deputy Minister of Trade and Industry. Calls from the masses for enforcement of the laws to the letter proved futile.

It is therefore surprising that the President continued to warn the public about the enforcement of the laws against those who were violating the protocols. The implication of the two classic cases is that the warning issued by the President was not meant for all

Ghanaians, but a class of citizens. This is corroborated by the fact that some pastors had been arrested and prosecuted for breaching the President's orders against public gatherings prior to the violations stated above. Since there had been precedents, it is expected that the subsequent violations which came into public knowledge should have equally caught the attention of the law enforcement agencies. Nevertheless, there is no record for any investigations to have been initiated in both classic instances. Thus, there is obvious class discrimination regarding the enforcement of the law concerning violation of the safety management protocols.

In UN19, it is declared that:

*Let me reiterate my admonition from a few weeks ago. Severe sanctions exist in our laws for persons who want to continue to disregard these protocols, and for those who want to endanger the rest of the population through their actions and negligence. The law enforcement agencies will, where necessary, apply these measures without fear or favour (UN19, P21).*

From the aforementioned instances where people of the political class violated the coronavirus safety protocols without facing any sanctions, unlike in the case of some ordinary citizens who were prosecuted for same offence, the admonition from the President in the above extract could be rightly interpreted as being directed exclusively to the hoi polloi. It is rather unfortunate that in all the instances where existing severe sanctions were applied, there is no record of any victim(s) belonging to the elite class. Thus, considering the discriminatory application of the laws, it is not far from right to conclude that the law enforcement agencies would apply the measures with fear or favour when the elite is the victim. This finding is in harmony with Ibrahim's (2020) claim that in the enforcement of the laws, the security officers discriminated against the masses by



violating their constitutional rights while displaying nonchalance towards glaring violations of the protocols by the elite class.

#### ***4.3.2.2 Marginalisation***

This subtheme constitutes the relegation of some parts of the country from getting access to quality healthcare through the lack of adequate health facilities and personnel to serve the people in those areas. It considers messages that depict inequality in the distribution of resources, specifically healthcare facilities, for easy access by the populace across the country.

UN8 declares:

*It has highlighted the need to address mental health issues, ... The virus has also revealed the unequal distribution of healthcare facilities, as we have tended to focus our infrastructure on Accra and one or two of our other big cities. But, as we have seen, epidemics and pandemics, when they emerge, can spread to any part of our country (UN8, P15).*

The President expressed concern about significant issues which are not given considerable attention. Mental health facilities are not adequate in the country; and the few ones are concentrated in the southern sector. Pathetically, the conditions of the few existing facilities are nothing good to write home about. Moreover, the concentration of developmental projects (healthcare facilities in this case) in Accra, Kumasi and a couple of other cities continues to marginalise groups of people living farther from these privileged areas as they get little or no access to similar facilities and services. In spite of the healthcare challenges the country faces, other parts of Ghana cannot boast of any semblance of the robust healthcare such as Korle-Bu Teaching Hospital, 37 Military Hospital, University of Ghana Medical Hospital etc. located in Accra. Eventually, it is

the marginalised who suffer such unjust social conditions. Marginalisation is apparently presented in the President's declaration that:

*There are eighty-eight (88) districts in our country without district hospitals; we have six (6) new regions without regional hospitals; we do not have infectious disease control centres dotted across the country; and we do not have enough testing and isolation centres for diseases like COVID-19. We must do something urgently about this. That is why Government has decided to undertake a major investment in our healthcare infrastructure, the largest in our history. We will, this year, begin constructing eighty-eight (88) hospitals in the districts without hospitals (UN8, P16).*

It is very unfortunate and pathetic that out of the 260 districts in the country, 88 of them representing 33.85% (a little over one-third) do not have hospitals. Moreover, all the new regions that were created in 2017 do not also have regional hospitals. This means that the social inequality gap that the creation of the new regions sought to close, is still not accomplished in terms of the provision and fair distribution of quality healthcare facilities. It is also unfortunate that districts such as the Nkoranza North and Techiman North Districts that were created more than a decade ago do not still have district hospitals to provide quality healthcare services to the indigenous people. In essence, all the people located in these areas have been marginalised from getting access to quality healthcare. Through this marginalisation, the 'no bed syndrome' and other satirical pathological jargons associated with healthcare services in Ghana cannot be resolved.

The urgency for the execution of 'Agenda 88' as informed by the emergence of the coronavirus pandemic should have been given considerable attention, priority and political commitment. However, the agenda, in spite of its sublime linguistic representation still remains a vision and political promise in supplication for its fulfilment.

Findings from this study indicate that lack of adequate robust infrastructure and unfair distribution of facilities contribute to making the healthcare system of Ghana very fragile. This is in consonance with the findings of Amos et al. (2020) as messages from the speeches corroborate the fact that the pandemic exposed the deficiencies of the Ghanaian healthcare system. It also confirms Acheampong et al. (2021) assertion that the lack of adequate infrastructure, testing capacity of existing laboratories and lack of expert laboratory staff hindered Ghana from implementing the World Health Organisation's recommended molecular technique for COVID-19 diagnosis effectively.

Moreover, messages from the speeches portray systemic class discrimination and marginalisation which are key features of social injustice that critical theory seeks to deconstruct. This finding is also very consistent with Best et al. (2018) who posit that the critical philosophical tradition is focused on identifying systemic structures that engender unjust social orders which result in the perpetuation of class struggle. The finding further corroborates Littlejohn and Foss (2009) explication on critical theory's critique of domination which reveals that in the creation and distribution of resources, structures favour some people while marginalising others – a pathology central to critical theory's agenda.

#### **4.4 RQ3: How did President Akuffo-Addo take advantage of the COVID-19 presidential addresses to advance his political interests?**

The third research question sought to unmask the various ways that President Akuffo-Addo used the addresses to his personal political advantage. Analysis of the data reveals the following themes that respond to the research question: *Political innuendoes as response to criticisms, Policies and Campaigning*.

#### ***4.4.1 Political innuendoes as response to criticisms***

Under this thematic category, data that provide a description of the messages that portray response from the President towards criticisms expressed by the opposition party are discussed. It constitutes the various discourses that the President constructed to directly and indirectly predict and respond to criticisms from the public, especially the major opposition party (NDC) towards measures instituted by the government to combat the coronavirus pandemic. These messages were strategically crafted to counter criticisms from the public and the political opponents in particular.

For instance, in UN9, the President states:

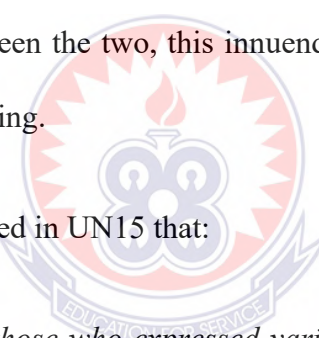
*...I know some political actors will want you to believe that our current numbers represent a failure on the part of Government. Do not begrudge them. They need to make such comments for their political survival... (UN9, P9).*

From the above extract, the President explicitly predicted criticisms from other politicians who used to criticise his decisions concerning controlling the spread of the virus. Within this period, the opposition NDC had formed a COVID-19 Team which also used to provide alternative measures for combating the pandemic, mostly opposed to the measures adopted by the government. Alongside this team, Ex-President John Mahama also used to provide his version of addresses to the nation. More often than not, the addresses from the opposition candidate and his team focused on criticising the government for the upsurge of the cases referencing measures Ex-President Mahama took to prevent Ghana from recording cases of Ebola. The President therefore used this address as an opportunity to personally respond to expected criticisms from the main opposition party.

The President's response to the accusations from the opposition was done to defend the effectiveness of the enhanced contact tracing measures adopted by the government instead of following routine measures. Thus, the adoption of enhanced contact tracing which led to detecting many cases, should have been applauded instead of being condemned by the opposition.

The President, knowing very well that by virtue of his position he was gaining more popularity and political advantage as a result of the regular nation addresses on the coronavirus pandemic, deemed criticisms from his main opponent and his team as a means of struggling to ensure their *political survival* in the public space. This is a very serious insinuation that the President used to address his political opponent. However, considering the rivalry between the two, this innuendo could be deemed normal in the Ghanaian socio-political setting.

In a similar manner, it is stated in UN15 that:



*However, there were those who expressed various degrees of hysteria and negativity towards the exercise, with some, who swore heaven and earth to resist the compilation of the register at the peril of their lives, ending up registering. There were also those who offered delicate, personal sacrifices in the event of the register, again, ending up registering. And, there were those who claimed that, in the midst of a pandemic, the registration exercise should not be conducted, with some warning of an “explosion” in our case count and very high numbers of deaths, should the exercise go ahead. By the grace of God, the work of the Electoral Commission, and the effective measures put in place by Government, these prophecies of doom did not materialise... (UN15, P5).*

In the above excerpt, the President again capitalised on his address to the nation to respond to critics of the new voter register. Obviously, the opposition NDC and some few

other public personalities were the target again. It is on public knowledge that the NDC vehemently opposed the compilation of the new voter register using both political and legal means. Key politicians such as Johnson Asiedu Nketiah, the General Secretary of the NDC and Bernard Mornah, the Chairman of the PNC are known to have sworn heaven and earth to oppose the compilation of the new register. Moreover, some Civil Society Organisations (CSOs), particularly IMANI Africa and Alliance for Social Equity and Public Accountability (ASEPA) led by Franklin Cudjoe and Mensah Thompson respectively also based on technical issues to oppose the activity. Besides, it is also on record that the Ghana Medical Association further expressed concern that the activity could lead to upsurge of infection as it was going to involve mass gatherings.

Based on the above narration of the events that preceded the successful compilation of the new voter register, it can be rightfully inferred that the President's innuendo was targeted at the individuals and institutions who expressed their displeasure and disagreements concerning the compilation of the new voter register from various perspectives. The President's description of their opposition to the new voter register as *prophecies of doom* is in direct contrast to his own appeal encouraging the populace to act as citizens but not spectators. In spite of the political advantage that the NDC wanted to take, there were genuine concerns regarding the compilation of the register. It is therefore unfortunate for the President to have sarcastically regarded those concerns as *prophecies of doom*. After all, it is out of the expression of those concerns that the Electoral Commission, to some extent, put some prudent measures in place to ensure the safety of the populace.

In the same speech, it is stated:

*...The professional Jeremiahs and naysayers, who seek, cynically, to make a profitable industry out of spreading falsehoods, fear and panic, stoking divisive, ethnic sentiments, underestimate the resolve and the determination of Ghanaians to build a united, democratic, peaceful, prosperous, and happy Ghana. We will continue to work hard to prove them wrong (UN15, P6).*

The use of the expressions ‘professional Jeremiahs and naysayers’ signify pessimism in the attitudes of those to whom the message was targeted. Jeremiah is one of the major biblical prophets who is described as a weeping prophet, lamenting the unjust social orders of his generation and through whom God delivered doom prophecies to the people of Israel. Referring to critics as ‘professional Jeremiahs and naysayers’ implies that such people are always expecting misfortunes to befall the country. But who are the people the President was describing?

Subsequent expressions such as ‘...stoking divisive, ethnic sentiments, underestimate the resolve and the determination of Ghanaians to build a united, democratic, peaceful...’ draw attention to the events of the time relative to ethnicity during the compilation of the new voter register. The opposition party fiercely accused the government and the Electoral Commission claiming the two had connived to use the military to disenfranchise ‘Ewes’ during the registration. This was a very sensitive issue since the accusation constituted ethnic discrimination which had negative implication on the peace of Ghana. It is therefore not surprising that the President did not consider it lightly and used such strong expressions in response.

The President states in paragraph P10:

*These statistics undermine, as unfounded, the claim that Ghana has lost the battle to defeat COVID-19. There can only be one simple reason for this baseless assertion, and that is political expediency. But, as I have said before,*

*do not begrudge those who make such statements, they need to make them to continue to try to stay relevant (UN15, P10).*

The President continued to respond to criticisms from the NDC in the above data extract in the same speech. Obviously, those who he deemed to be making unfounded claims for the sake of political expediency are his major political opponents in the NDC. The COVID-19 fight was also a political and ideological warfare whose results could affect the decisions at the polls. While the opposition party continued to criticise incumbent decisions, the President on the other hand capitalised on the addresses (which arguably had obtained popularity at the time and had mass viewership) to respond to the criticisms from his opponents. The masses were mostly anticipatory to know the content of the next ‘fellow Ghanaians’ address which made the President more popular at the time. Hence, he considered criticisms from his opponents as a means of gaining public attention to ‘stay relevant’.

In another instance it is stated in UN15, P21:

*...We are not providing freebies, we are providing critical help to households, families and businesses, in the midst of this pandemic, because we care. It is my conviction that, in times of crises, it is the duty of a responsible and sensitive Government to protect the population, and provide relief (UN15, P21).*

The above paragraph is a direct response consciously crafted to address Former President Mahama’s claim that the government was providing freebies. The President used the speech as an opportunity to criticise his key opponent’s position on the reliefs that the government was providing. The response from the President had the potential of giving him political advantage over his opponent. This is because his response portrays a posture of empathy and concern towards the plights of the populace during the first wave of the



pandemic. This is very apparent when he stated that “we are providing critical help... because we care.” Obviously, the President implied that his opponent’s criticism is as a result of his unconcern attitude towards the needs of the citizenry.

In UN17, the President responds to concerns and criticisms raised by the public and his political opponents by stating:

*...I am particularly excited at this development because, despite the fears and genuine anxiety expressed by some, and the criticisms proffered by some in the political space, these students have gone to school, studied, sat and completed their examinations unscathed. Their forward march in life has not been interrupted. And, by the grace of God, the predictions made by some of widespread infections and even deaths did not materialise. I pledged I will be the last person to put the lives of students at risk... (UN17, P10).*

This paragraph is also constructed to deliberately respond to concerns raised by the public when school was reopened for candidates at the pre-tertiary level to resume studies and write their final papers. Reports from some schools about recording cases further deepened concerns and criticisms from the public, especially from the NDC and the parents who had their wards in schools that recorded cases. Nevertheless, the government was very resolute for the students to continue staying in school. The President had to be glad and grateful because he would have been the object of public ridicule and fierce critique had the unfortunate happened. Hence, the justification for his response.

This finding shows a real display of hegemony which is in affirmation with Littlejohn and Foss (2009, p. 239) assertion that the concept is concerned with the apparent “struggle over ideologies and interests.”

#### **4.4.2 Policies**

This overarching theme captures two principal subthemes, *positive portrayal of incumbent policies* and *projecting socioeconomic reliefs*. It encompasses pronouncements about government policies, interventions and relief measures found in the various addresses.

##### **4.4.2.1 Positive portrayal of incumbent policies**

This subtheme discusses messages that sought to depict the policies and performance of the government constructively with or without otherwise making reference to that of the erstwhile administration.

In UN4, the president explicitly states that:

*Fellow Ghanaians, with the Bank of Ghana predicting a worst-case GDP growth rate scenario of 2.5% for 2020, should the virus continue to linger for the rest of the year, the effects on our economy would be dire. However, as we have demonstrated over the course of the last three years, where we inherited an economy that was growing at 3.4% and transformed it into one which has grown by an average of 7% over the last three (3) years, I assure you that we know what to do to bring back our economy back to life. What we do not know how to do is to bring people back to life (UN4, P31).*

In the fourth update, the President made one of the most popular statements which attracted global attention and commendation during the first wave of the pandemic. In the excerpt above, the President portrayed policies of the government positively. Reference to the 3.4% GDP inherited from the NDC administration was intentionally done to portray the incumbent as a better option over their key opponent. Thus is the use of *transformed* to depict a significant positive change of the economy resulting from the performance of the government. Therefore, in spite of the projection for the economy to deteriorate, the President was of ardent conviction that based on their performance, the

economy could be transformed back to its state prior to the pandemic, unlike human life which cannot be brought back when lost.

UN12 also reveals that:

*Through the National Food and Buffer Stock Company, enough food supplies have been distributed to all schools. Government is also making available three hundred and fifty (350) buses and eight hundred and forty (840) pick-up vehicles to senior high schools that did not receive vehicles in 2016. For the first time in our nation's history, Government will absorb the WASSCE examination fees of the three hundred and thirteen thousand, eight hundred and thirty-seven (313,837) SHS 3 students who will sit for the exam. GH¢75.4 million will be spent on this (UN12, P9).*

The President highlights significant interventions initiated by the government to improve education at the second cycle. These initiatives do not necessarily have direct relationships with measures taken to combat the spread of the virus which is the central focus of the speeches. However, reinforcing the distribution of food to all schools is done to give assurance to the public that students returning to schools would not starve. These initiatives are announced during the delivery of the speech for them to gain public attention. Making reference to 2016 draws attention to the then political administration led by Former President Mahama. This reference is intentionally made to indicate that the then administration could not provide adequate resources for all the SHSs which the present administration is committed to resolve. Moreover, the payment of examination fees for the WASSCE candidates is an indication that the government is committed to ensuring the sustainability of the Free SHS policy in spite of the pandemic.

UN18 reveals that:

*It is important for me to stress that the cost of providing for the care of most persons stricken with the virus is being borne by Government, ensuring that persons who tested positive, and were in need of healthcare, received it promptly (UN18, P13).*

Bearing the cost for the healthcare of most of the persons infected with the virus by the government indicates the government's commitment to supporting the citizenry. It is worth noting that this speech was delivered on 18<sup>th</sup> October 2020, two months less to the general elections. Announcing the support from the government at a time closer to polls is very significant to project the incumbent positively to influence decisions at the polls.

#### ***4.4.2.2 Projecting socioeconomic reliefs***

Under this subtheme the various measures that the government implemented to assuage the socioeconomic plight of the masses are discussed. It captures messages that bring to the fore the relief measures government instituted to alleviate the socioeconomic hardship facing the masses as a result of observing the protocols.

*Again, the Ghana Water Company Ltd and the Electricity Company of Ghana have been directed to ensure the stable supply of water and electricity during this period. In addition, there will be no disconnection of supply. Furthermore, Government will absorb the water bills for all Ghanaians for the next three months, i.e., April, May and June. All water tankers, publicly and privately-owned, are also going to be mobilised to ensure the supply of water to all vulnerable communities (UN5, P19).*

The government's decision to cater for utility bills for the citizenry during the first wave of the pandemic as announced in UN5 is one of the most popular interventions during the pandemic. The order that 'the Ghana Water Company Ltd and the Electricity Company of Ghana have been directed to ensure the stable supply of water and electricity during this period' is a suggestion that these amenities were very indispensable during that

period. Nevertheless, the necessity of these amenities cannot be limited to that period only, and hence irregular supply of electricity and water at any given time should not be encouraged. The directive also implies that there has been irregular supply of these amenities in the country which must be resolved.

In UN5, the President announced that:

*Through this Programme, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organisation (NADMO), working with MMDCEs and the faith-based organisations, have begun to provide food for up to four hundred thousand (400,000) individuals and homes in the affected areas of the restrictions. This begun in Accra today, and will begin in Kumasi tomorrow. It will come in the form of dry food packages and hot meals, and will be delivered to vulnerable communities in Accra, Tema, Kumasi and Kasoa (UN5, P18).*

The provision of food for the masses in the areas where lockdown was imposed was necessitated by public outcry concerning the hardships the masses were facing. The imposition of lockdown prevented the masses from engaging in economic activities to feed their families. Since many of the masses live hand-to-mouth, it extremely difficult for them to survive. This dictated the need for the Government of Ghana to offer relief through feeding the masses. It is very possible that the number of people fed during the lockdown is an underestimation of the number that was supposed to have been fed. Nevertheless, such a relief which was offered in good faith to mitigate the plight of the masses deserves commendation in spite of its associated issues.

It is declared in UN9 that:

*...I am happy to reiterate that Government is putting in place a Resilience and Recovery Plan, with the overarching aim of finding more resources to*

*strengthen the productive sectors of the economy to ensure sustained economic activity. We are rolling out a soft loan scheme of six hundred million cedis (GH¢600 million), in this month of May, to support micro, small and medium scale businesses, and, as you know, the commercial banks, with the support of the Bank of Ghana, have also instituted a three billion-cedi (GH¢3 billion) credit and stimulus package, to help revitalise industries, especially in the pharmaceutical, hospitality, services, and manufacturing sectors (UN9, P17).*

To fulfilment of the popular quote, ‘we know what to do to bring back our economy back to life’ required the implementation of effective policies to revive the economy. Hence, socioeconomic reliefs did not target individuals only as corporate institutions also benefited from soft loans. The safety protocols, particularly the closure of borders and the imposition of lockdown affected many businesses since economic activities came to a halt. This brought about negative implications such as loss of revenue among others. To sustain these businesses, government quickly provided financial support through the soft loan scheme and stimulus package for the productive sectors. The President therefore projected these reliefs to create awareness on how his administration was putting measures in place to revive the economy.

The repetition and extension of the interventions are manifest in UN13 in the following paragraphs:

*...In recognition of these efforts, I announced, during my fifth (5th) address to the nation, on Sunday, 5th April, 2020, an incentive package to motivate and express appreciation to all health workers for the months of April, May and June (UN13, P21).*

*I am happy to announce that I have decided to extend the incentive package for health workers by another three (3) months. This means that all health workers will pay no income taxes for the next three months, i.e. July, August*

*and September. Again, all frontline health workers, as defined by the Ministry of Health, will continue to receive the additional allowance of fifty percent (50%) of their basic salary per month, i.e. for July, August and September (UN13, P22).*

To intensify the popularity of the socioeconomic reliefs offered to the masses, health workers and corporate institutions, the President emphasised them in the above excerpts by making (in)direct reference to some of the previous speeches and decisions. Reference to the fifth (5<sup>th</sup>) address draws attention to the duration and the frequency at which the incentives have been offered. The subsequent paragraph indicates extension of the incentives by another three months. Reiterating the details of the incentives is deliberately done to give prominence to the relief in order to increase the awareness of the populace on government interventions. This had the potential of influencing both the beneficiaries and the masses to maintain the government during elections.

In UN14, it is reiterated that:

*It bears repeating that some of these incentive packages have been extended for the next three months. In my thirteenth (13th) update to the nation, I announced the extension of incentive packages for health workers by another three (3) months, i.e. July, August and September. In the Finance Minister's mid-year budget review, he, again, announced that all Ghanaians are to enjoy free water supply for another three months. I intend to have it reviewed at the end of the period. Government is also extending free electricity supply to lifeline tariff customers until the end of the year. The Communication Service Tax has also been reduced from 9 percent to 5 percent, effective September 2020 (UN14, P16).*

The continuous repetition of the incentive packages (already announced in the previous addresses) in this address is a purposeful act to gain public support for the incumbent party. To inform the populace that 'I intend to have it reviewed at the end of the period' is to give them assurance of further extension up to December. Politically, the incessant

repetition of these reliefs is a tacit communication to the masses to rally their support behind the government. Considering the socioeconomic conditions of the masses, who does not want to ‘enjoy free water supply...free electricity supply to lifeline tariff customers until the end of the year’? How many people would not want to rally their support behind a government that shows concern towards their needs?

Reinforcements of the policies is manifest in UN19 disclosing that:

*As you know, Government, in trying to mitigate against the effects of the pandemic, put in place a number of measures to cushion ordinary Ghanaians and businesses. Government has extended the policy of free access to water for all households across the country until December, as well as fully absorbing electricity bills for one million active lifeline customers for the same period. The Communication Service Tax has also been reduced from nine percent to five percent, effective September 2020 (UN19, P14).*

*I am happy to announce that the incentive package for health workers has been extended to the end of the year. This means that all health workers will pay no income taxes for the months of October, November and December. Again, all frontline health workers, as defined by the Ministry of Health, will continue to receive the additional allowance of fifty percent (50%) of their basic salary per month, for the months of October, November and December (UN19, P15).*

In this last speech before the general elections, there is no hesitancy in reinforcing measures taken to assuage the negative implications of the pandemic on the masses and health workers in particular. It is very interesting that the data do not prove the mentioning of any of these incentive packages in UN15, UN16, UN17 and UN18 which were delivered on 16th August 2020, 30<sup>th</sup> August 2020, 20<sup>th</sup> September 2020 and 18<sup>th</sup> October 2020 respectively. Before delivering this address, the latest statement of these measures is located in UN14 P16 delivered on 26<sup>th</sup> July 2020. Thus, for more than three months,



the President was silent on reiterating these measures. However, to provide the expected effect, about a month to the general elections, the incentive packages featured in paragraphs 14 and 15 in the 19<sup>th</sup> Address delivered on 8<sup>th</sup> November 2020. Perhaps, this is a reminder for the populace to show ‘appreciation’ towards the kind gesture from the government especially as it was getting closer to polls.

#### **4.4.3 Campaigning**

Under this major thematic category, the various messages that were delivered with the potential to canvass for votes are discussed. This theme captures promises, policies and interventions that were communicated to purposefully win political support for the incumbent.

In UN8, the address reveals that:

*It will mean ten (10) in Ashanti, nine (9) in Volta, nine (9) in Central, eight (8) in Eastern, seven (7) in Greater Accra, seven (7) in Upper East, five (5) in Northern, five (5) in Oti, five (5) in Upper West, five (5) in Bono, four (4) in Western North, four (4) in Western, three (3) in Ahafo, three (3) in Savannah, two (2) in Bono East, and two (2) in North East Regions (UN8, P17).*

*Each of them will be a quality, standard-design, one hundred-bed hospital, with accommodation for doctors, nurses and other health workers, and the intention is to complete them within a year. We have also put in place plans for the construction of six (6) new regional hospitals in the six (6) new regions, and the rehabilitation of the Effia Nkwanta Hospital, in Sekondi, which is the regional hospital of the Western Region. We are going to beef up our existing laboratories, and establish new ones across every region for testing (UN8, P18).*

One of the prevalent and most significant promises made during the first wave of the pandemic and election campaign of the incumbent is ‘Agenda 88’ which was never realised within the specified period of the one year. The President’s announcement that the projects were going to be completed within one year was very promising but doubtful, considering the consistency of politicians failing to deliver their promises in time. However, the completion of the Ghana Infectious Diseases Centre at the Ga East Municipal Hospital (a 100-bed facility) within three months during the pandemic meant that commitment from the government would ensure the realisation of the agenda. This meant that, if Ghanaians wanted these projects to be constructed, they had to maintain the incumbent in power in order to realise the completion of the projects. The abandonment of uncompleted projects by successive administrations is a common phenomenon in Ghana which the masses have been lamenting about over the years. Hence, ‘Agenda 88’ which was a political promise by the incumbent was used to canvass for political support from the masses. After all, the agenda was not realised even after eighteen months of its pronouncement. The noncommitment of the government to even commence construction of the projects confirms that it was rather used as a campaign to influence voter decisions.

The ‘Agenda 88’ was declared in the 8<sup>th</sup> address which was delivered on 26<sup>th</sup> April 2021 and reinforced in some of the subsequent speeches. This project was used as a campaign promise whose implementation never came into fruition within the specified period of one year.

The canvassing for votes was later focused at a different direction as UN12 discloses:

*These SHS 3 students, also referred to by some as the ‘Akufo-Addo graduates’, are the first group of beneficiaries of Government’s Free Senior*

*High School policy to sit the WASSCE exams. 1.2 million children, the highest such enrolment in our nation's history, because of this policy, are currently in senior high schools. Let us pause for a moment to consider what would have happened to the four hundred thousand (400,000) more students, who have entered Senior High School between 2017 and 2019, without this policy in place (UN12, P10).*

The resumption of schools for SHS candidates became another avenue that the President capitalised on to take political advantage of his addresses to the nation. The Free SHS policy is one of the prominent flagship programmes of the Nana Akuffo-Addo administration. To reinforce the popularity of the programme, the President accentuated the statistical improvement that the cycle has accomplished owing to the policy. The use of the phrase 'Akuffo-Addo graduates' signifies a sense of possessiveness or ownership of the beneficiaries of this popular policy. Moreover, the use of such term also signifies some kind of debt that the beneficiaries and their parents/guardians owe the President; a debt which could only be paid at the polls. Thus, the message was crafted as a campaign message to canvass for votes since it does not have any direct bearing with measures adopted to combat the spread of the pandemic.

In the same speech it is highlighted:

*Through the National Food and Buffer Stock Company, enough food supplies have been distributed to all schools. Government is also making available three hundred and fifty (350) buses and eight hundred and forty (840) pickup vehicles to senior high schools that did not receive vehicles in 2016. For the first time in our nation's history, Government will absorb the WASSCE examination fees of the three hundred and thirteen thousand, eight hundred and thirty-seven (313,837) SHS 3 students who will sit for the exam. GH¢75.4 million will be spent on this (UN12, P9).*

Announcing interventions for senior high schools is not strange due to the President's commitment towards the Free SHS policy. However, pronouncement on the provision of buses and pickup vehicles referencing 2016 suggests an intervention gap that the present administration is committed to fill. Announcing the payment of examination fees for the 2020 WASSCE candidates is another strategic decision to influence votes for incumbency advantage. This is because inherent in the concept of the policy itself – Free SHS – is a signification that candidates do not pay for examination fees as that also forms part of their secondary education, without which their completion cannot be accomplished, since their admission and enrolment are as significant as their completion. For government did not formulate and implement the policy for students to be admitted and enrolled in secondary education without completing. And since examination writing culminates completion, it will be inappropriate for the policy to exempt examination fees. The announcement of the payment of candidates' examination fees therefore becomes a way of campaigning to the public.

UN14 also states that:

*All of these reaffirm our determination to save lives, jobs and livelihoods, revitalise our economy, and safeguard the future of our country. I assure you that, under my watch as President of the Republic, Government will continue to work to create a diversified, transformed economy, fashion a conducive business climate that will deliver development, progress and prosperity for all Ghanaians. This is my solemn pledge to you (UN14, P18).*

The preceding paragraphs (15-17), expound the various relief measures that the government instituted to mitigate the socioeconomic impact of the safety protocols on individuals, households, and businesses. Consequently, the President's assurance and subsequent 'solemn pledge' to the populace further communicate the intention of his

administration to transform the economy and create a serene business atmosphere to benefit ‘all Ghanaians’. This is a long-term agenda which requires another political term to accomplish. The implication is that, for these goals to be achieved, his administration had to be retained in power. In essence, his message constitutes a political campaign.

UN15 also affirms that:

*As a result of reports I have recently received that some final year JHS students were going hungry, in complying with COVID-19 protocols, I have just instructed the Minister for Gender, Children and Social Protection to begin preparations to ensure that, as from 24th August up to 18th September, all five hundred and eighty-four thousand (584,000) final year JHS students, and one hundred and forty-six thousand (146,000) staff, both in public and private schools, be given one hot meal a day. This is to ensure full observance of the COVID-19 safety protocols (UN15, P14).*

It is a good initiative for candidates to be fed because they were going hungry. However, as indicated in the above data extract, the purpose for feeding students was not because of the starvation, but because feeding them was going to ‘ensure full observance of the COVID-19 safety protocols.’ Even though adherence to the protocols somehow contributed to students going hungry, the major contributing factor is poverty resulting from social inequality. Therefore, the School Feeding Programme initiative should have included JHS students as well, instead of excluding them.

It is mindboggling that the government caters for the feeding of SHS students but ignores JHS students. Moreover, there are many deprived communities and schools which are deprived of the programme. Hence, the inclusion of the JHS at the time of the pandemic was a very prudent idea. Notwithstanding, the temporariness of the intervention raises concern as JHS students prior to the pandemic were going hungry, and continue going

hungry after 2020. It can thus be inferred that the actual motive of the intervention was to win public support for the President.

The last address for the study, UN19, shows that:

*As you know, Government, in trying to mitigate against the effects of the pandemic, put in place a number of measures to cushion ordinary Ghanaians and businesses. Government has extended the policy of free access to water for all households across the country until December, as well as fully absorbing electricity bills for one million active lifeline customers for the same period. The Communication Service Tax has also been reduced from nine percent to five percent, effective September 2020 (UN19, P14).*

Considering the timing for this address – 8<sup>th</sup> November, 2020, about a month to the general elections – it is obvious that the reiteration of the measures stated in the above paragraph was purposely done to remind the populace of how the incumbent had been compassionate. Since UN19 is the last address that was delivered before the general elections, the repetition of the various relief measures in the address is a form of campaign in view of the fact that those measures had been stated in the previous addresses. The President therefore took advantage of the privileges he has to use the addresses as guise to market himself politically. This finding is consistent with Littlejohn et al. (2017, p. 433) postulation on critical theory that “social and cultural arrangements enforce the power of certain stakeholders”.

The findings under RQ3 reveal that the discourses discussed are a symbolic enactment of ideology with the potential of structuring the beliefs and perception of the masses about the government. This corroborates Littlejohn and Foss (2009, p. 239) postulation that ideology is constructed to shape the masses’ “worldview and perception of reality and consciousness.”

#### **4.6 Summary of Chapter**

Under this chapter, the study analysed the collected data. Findings from the various research questions were discussed thematically. Threat to freedom of movement; distortion of livelihoods; oppression; resistance; compliance; fragile healthcare system; social injustice; political innuendoes as response to criticisms; policies; and campaigning are the themes discussed under the various research questions.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter consists of summary of the entire study and key findings for the various research questions. It also includes conclusions based on the findings for the various research questions and recommendations for further studies, and implications for policy-making and practice. The chapter closes with a discussion of the various challenges encountered during the study.

#### 5.1 Summary of the Study

This study focused on investigating the coronavirus presidential addresses from the critical theoretical perspective, with the purpose of identifying specific latent messages embedded in the texts. Three main objectives were formulated with their corresponding research questions being:

1. A. How did the imposition of the COVID-19 safety management protocols exert hardships on the citizens of Ghana as embedded in the presidential addresses?  
B. How did the citizens of Ghana respond to the hardships exerted by the safety management protocols as communicated in the COVID-19 presidential addresses?
2. What systemic and structural pathologies of the Ghanaian socio-political system are embedded in the COVID-19 presidential addresses?
3. How did President Akufo-Addo take advantage of the COVID-19 presidential addresses to advance his political interests?



The second chapter which was dedicated to review the literature considered the various empirical studies conducted on the coronavirus pandemic. The review of the literature led to the establishment of the gap underpinning the foundation to conduct the current study. The empirical review revealed that notwithstanding the numerous research studies on the coronavirus pandemic, there appeared to have been no study on the presidential addresses delivered by the President of the Republic of Ghana, H. E. Nana Akufo-Addo from the perspective of the critical theory. Thus, the chapter also incorporated review of the critical theory which constituted the principal theory to guide the study.

The study was conducted using the qualitative research approach with content analysis as the research design. Sixteen speeches were sampled from the updates that were delivered to the public during the first wave of the pandemic before the general elections in 2020. The speeches were sampled from the website of the presidency – <https://www.presidency.gov.gh> – using the purposive sampling technique. The pre-existing data were collected using document analysis method. The data were organised and coded to formulate themes using the paragraph as the unit of analysis.

Analysis of the data was done thematically based on the research questions. Eleven dominant themes, i.e., threat to freedom of movement, distortion of livelihoods, oppression, resistance, compliance, fragile healthcare system, social injustice, political innuendoes as response to criticisms, policies and campaigning were generated from the collected data. The themes were discussed and interpreted using excerpts from the data to corroborate the analysis.

Key findings from Research Question 1 indicate that the imposition of safety protocols exerted severe hardships on the masses. The imposition of restrictions on movement threatened the freedom of movement of the masses. The wearing of masks, coupled with

violent treatment from law enforcement agencies, contributed to the oppression of the masses. Individuals, households, and corporate institutions lost revenues as a result of adhering to the protocols. The imposition of the safety protocols also had severe implications on the social, cultural, religious and academic activities of the masses. To respond to these hardships, the masses developed resistance towards the safety measures and the violent treatment from the law enforcement agencies.

Findings from Research Question 2 disclose fragile healthcare system and social injustice as the systemic and structural pathologies embedded in the presidential addresses.

For Research Question 3, the analysis reveals that the President made use of innuendoes to respond to criticisms from the public, especially his opponents. He also communicated policies of the government, and used the speeches as avenues for communicating his political promises.

## **5.2 Conclusions**

Paradoxically, the safety protocols became violent because inasmuch as they were instituted with the intention to save the lives of the citizenry from the wrath of the pandemic, their enforcement posed hardships on the masses. Thus, despite the safety protocols being imposed to protect and save the lives of the populace in principle, in practice, their enforcement became very burdensome to the masses. Consequently, it can be concluded that the safety management protocols were very violent and oppressive, as they exerted severe hardships on the masses. The resistance from the masses can therefore not be regarded as disrespect towards authority but a reaction to mitigate the hardships imposed by the protocols.

Furthermore, based on the findings from Research Question 2, it can be concluded that the Ghanaian healthcare system is very fragile. Lack of adequate and robust healthcare

infrastructures in the country are significant contributory factors that made the pandemic overwhelm the country at some point during the first wave. Social injustice is one of the systemic and structural anomalies embedded in the speeches. Due to this pathology, the enforcement of the various safety measures was done discriminatorily. The enforcement of the laws for violating the safety protocols was applied selectively to favour the elite class.

The overconcentration of healthcare facilities in just a couple of cities continues to marginalise majority of people across the country rendering easy accessibility to quality healthcare a dream yet to be fulfilled as the ‘Agenda 88’ remained a political conception whose midwifery was never realised within the period of its expectancy. Should the case count of the country increase in a manner that the situation of the pandemic exacerbates, the healthcare system of the country will continue to face similar challenges it faced during the first wave of the pandemic since there has not been any significant investment to transform the sector.

The President used the coronavirus addresses as guise to take political advantage through responding to oppositional criticisms using innuendoes; projecting policies of the government positively; and announcing measures with the potential to influence decisions at the polls. The reinforcement of government policies pervades most of the speeches. This was intentionally produced to shape the perceptions and consciousness of the masses in favour of the incumbent government with the implicature of disparaging the credibility of the main opposition party.

### **5.3 Recommendations**

Based on the findings from the study, the following recommendations have been formulated for policy-making and future studies:

It is recommended that government equips the NCCE with adequate resources to carry out their duty of educating the public on their civic responsibilities. The NCCE together with the Ghana Health Service (GHS) must engage in comprehensive public health education. This education should focus on the need for the masses to prioritise their personal health and that of their immediate families, neighbours and the entire country. Should there be another pandemic in future, these agencies should collaborate with the Creative Arts Industry to roll out a more compelling soap opera that appeals to the affective domain of consumers to ensure behavioural change. This entertainment education can be in a form of episodes with relatively short videos posted on ‘tik tok’ and other social media platforms for easy accessibility by the masses.

Further, there is the need for the country to create a robust biometric digital database that will capture comprehensive details (particularly the socioeconomic status) of all citizens in the country. This database should be on a centralised system linked to other relevant systems in the country. This will enable government to identify the socioeconomic conditions of citizens in order to offer reliefs to the right people and corporate institutions who may need them during crisis. Besides, it will also make it very easy for government to discover the actual location of the needy people in order to prevent haphazard distribution of basic amenities during crisis as it happened during the lockdown period when the government distributed food to the people. The government should consider the incorporation of this recommendation into its digitalisation policy.

It is further recommended that government shows commitment towards executing ‘Agenda 111’ which is an upgraded version of ‘Agenda 88’ to boost healthcare infrastructure in order to close the inequality gap concerning quality healthcare delivery. The realisation of this policy within the set period of one year will improve the social conditions of the marginalised people so that they will also have access to quality

healthcare easily. Moreover, constructing 111 health facilities across the country will also create jobs for many citizens and reduce the rate of unemployment in the country. In addition to showing commitment towards ‘Agenda 111’, government must also show concern towards the completion of uncompleted healthcare projects across the country. Existing facilities must also be upgraded to meet the demands of 21<sup>st</sup> century healthcare services.

It is also recommended that government needs to show further commitment towards the construction of veritable affordable housing units to ensure access to decent housing by the poor. The current nature of affordable housing must be redefined to consider the socioeconomic status of the working class and the masses.

#### **5.4 Suggestions for Further Studies**

Since this study adopted the qualitative content analysis methodology, future studies can focus on a methodological shift by considering the quantitative approach to investigate the same phenomenon or adopting a different qualitative design.

Even with the same sample, it is recommended that prospective research scholars adopt different theoretical frameworks such as framing, speech act theory etc. to conduct a study on the speeches. Further studies can also be conducted from the rhetorical perspective regarding application of the various persuasive appeals.

Other research scholars can also consider comparative analysis of the pre-election and post-election presidential speeches on the pandemic since there appears to be minimal or no literature from this perspective in Ghana.

#### **5.4 Limitations of the Study**

Notwithstanding the successful completion of this scholarly work, the study encountered three main challenges which somehow made the enquiry difficult. These challenges were

related to the availability of all the addresses, restriction on time and the inability of coders and reviewers to identify latent issues embedded in the data.

The unavailability of all the coronavirus Presidential speeches (that fall within the sample) on the website of the Presidency within the period that the study was conducted is the main limitation that posed some challenge to the study, especially as some were not available on other credible media sources. However, that did not have any significant impact on the study as it did not affect its credibility and implications for further studies. Since the sixteen (16) addresses that were sampled for the study were adequate and fall within the addresses that the President delivered in 2020, the unavailability of only three (3) addresses could not affect the findings generated from the study. Therefore, I relied on the sixteen (16) addresses that were available, since they could respond to the problem under investigation.

In addition to the above limitation, lack of adequate time equally posed some challenge. I am a teacher, a husband, and a father with the responsibility of dedicating some time for my family and profession. As a result, enough time could not be dedicated to finish the study within the shortest possible time as I anticipated. Despite this limitation, I was able to dedicate some time to ensure the eventual successful completion of this study.

Finally, those who supported the coding and reviewing of the categories had some challenge regarding identifying some of the latent messages embedded in the addresses. Nevertheless, debriefing of the codes and categories aided in reducing the frequency of this limitation. This did not question the credibility and trustworthiness of the findings of the study though.

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## APPENDIXES

### APPENDIX A – SOME SELECTED ADDRESSES

Update No 2: Measures Taken To Combat Spread Of Coronavirus 15 March 2020

Fellow Ghanaians, I have come into your homes, again, this evening to provide an update, as I promised, on the measures taken by Government to combat the Coronavirus pandemic.

You may recall that on Wednesday, 12th March, 2020, when I first spoke to you directly on this matter, I announced the first raft of enhanced measures taken in response to the pandemic. At the time, there had been no reported, confirmed case of the Coronavirus in Ghana.

Since then, six (6) confirmed cases have been announced, all of people who recently travelled into the country. Advisories on how to manage the developments have also been announced by the Ministries of Health and Information. Public education is being intensified to ensure that citizens are well advised on preventive measures.

Earlier today, Sunday, 15th March, 2020, I chaired a meeting of the Inter-Ministerial Committee on Coronavirus response. After deliberations, I have decided, in the interest of public safety and the protection of our population, to review the public gathering advisories earlier announced as follows:

1. All public gatherings, including conferences, workshops, funerals, festivals, political rallies, sporting events and religious activities, such as services in churches and mosques, have been suspended for the next four (4) weeks. Private burials are permitted, but with limited numbers, not exceeding twenty-five (25) in attendance;
2. All Universities, Senior High Schools, and basic schools, i.e. public and private schools, will be closed Monday, 16th March, 2020, till further notice. The Ministry of Education, in collaboration with the Ministry of Communication, has been tasked to roll out distance learning programmes. However, BECE and WASSCE candidates will be allowed to attend school to prepare for their examinations, but with prescribed social distancing protocols;
3. The Government of Ghana's Travel Advisory issued earlier today should be observed as announced;
4. Businesses and other workplaces can continue to operate, but should observe prescribed social distancing between patrons and staff;
5. Establishments, such as supermarkets, shopping malls, restaurants, night clubs, hotels and drinking spots, should observe enhanced hygiene procedures by providing, amongst others, hand sanitizers, running water and soap for washing of hands;



6. The Ministry of Transport should work with the transport unions and private and public transport operators to ensure enhanced hygienic conditions in all vehicles and terminals, by providing, amongst others, hand sanitizers, running water and soap for washing of hands; and

7. The Ministry of Local Government and Rural Development should co-ordinate, with the Metropolitan, Municipal and District Assemblies, measures to enhance conditions of hygiene in markets across the country.

Additionally, as the experts conduct contact tracing, I appeal to all to co-operate with them to ensure that persons who have come into contact with positive cases are identified and supported.

I have directed the Attorney General to submit, immediately, to Parliament emergency legislation, in accordance with Article 21 (4) (c) & (d) of the Constitution of the Republic, to embody these measures, and I have further directed the Minister for Health to exercise his powers, under section 169 of the Public Health Act, 2012 (Act 851), by the immediate issuance of an Executive Instrument, to govern the relevant measures. I call upon Parliament to support the Executive in this national endeavour.

As I said earlier, there is every need to observe prescribed social distancing and good personal hygiene to prevent community spread. We are determined to do whatever we can to prevent the spread of the virus, and protect the population. All the measures that have been announced will be subject to constant review and enhancement, if necessary.

Fellow Ghanaians, these are not ordinary times, so, let us all put our shoulders to the wheel, and I am confident that, together, by the Grace of God, we shall overcome this challenge.

May God bless us all, and our homeland Ghana, and make her great and strong.

I thank you for your attention.

#### Update No.4: President Akufo-Addo Addresses Nation On Updates To Ghana's Enhanced Response To The Coronavirus Pandemic

Fellow Ghanaians, good evening. I have come to your homes, once again, as promised, on the matter which continues to grip not only the attention of the nation, but also of the entire world – the Coronavirus pandemic.

At the time of my last broadcast, some six (6) days ago, Ghana had recorded twenty-one (21) confirmed cases of infections, with virtually all the cases being imported. I took the step to close all our borders, and I ordered a mandatory quarantine and testing of all the one thousand and thirty (1,030) persons who arrived at the airport at the time of the announcement till the day the borders were closed. Indeed, seventy-eight (78) of the persons put under quarantine have since tested positive for the virus. It is these additional

confirmations that have increased dramatically our total number of cases to one hundred and thirty-seven (137). Indeed, 97% of all confirmed cases are travelers who brought the disease from outside our shores. Of the remaining fifty-nine (59) confirmed cases, fifty-three (53) are receiving treatment and are doing well, and they will be discharged should their second test results prove negative. Fourteen (14) of them are being managed at home in self-isolation. Four (4) persons, who had tested positive for the virus, but were aged and had other serious, underlying medical conditions, have lost their lives. May their souls rest in perfect peace. Thankfully, two (2) persons have made full recoveries.

Fellow Ghanaians, the oath of office I swore on 7th January, 2017 demands that I dedicate myself to the service and well-being of you, the Ghanaian people. It is my job to protect you, and I am determined to do just that.

As I have said before, all that Government is doing is intended to achieve five (5) key objectives – limit and stop the importation of the virus; contain its spread; provide adequate care for the sick; limit the impact of the virus on social and economic life; and inspire the expansion of our domestic capability and deepen our self-reliance.

Thus far, we have succeeded in halting any more importations of the virus into our country, and I thank the overwhelming majority of you for adhering to the good hygiene and social distancing protocols announced in my first broadcast to you.

However, prevailing circumstances mean that stricter measures have to be put in place to contain and halt the spread of the virus within our country, especially in Accra, Tema, Kasoa and Kumasi, which have been identified by the Ghana Health Service as the “hotspots” of the infections. In doing this, we cannot afford to copy blindly, and do all the things some other well-developed countries are doing. There is no one-size-fits-all approach to this pandemic. We have a unique situation in our country, and we must take it into account in dealing with the disease, whilst meeting all the six (6) key WHO guidelines on the most effective ways of combating the pandemic. Even though it may be said that the number of our infections is still, relatively, low, if we act now purposefully, we have a chance of preventing an escalation of our numbers.

So, effective 1am on Monday, 30th March, some forty-eight hours from now, I have imposed, pursuant to the powers granted the President of the Republic, under the Imposition of Restrictions Act, 2020 (Act 1012), restrictions on movement of persons in the Greater Accra Metropolitan Area (GAMA, which includes Awutu Senya East), and the Greater Kumasi Metropolitan Area and contiguous districts, for a period of two (2) weeks, subject to review. It will give us the opportunity to try to halt the spread of the virus, and scale-up effectively contact tracing of persons who have come into contact with infected persons, test them for the virus, and, if necessary, quarantine and isolate them for treatment, should they prove to have the virus.

In Greater Accra, the following areas will be affected:

1. Accra Metropolitan;
2. Tema Metropolitan;
3. Tema West Municipality;

4. Ledzokuku Municipality;
5. Krowor Municipality;
6. Adentan Municipality;
7. Ashiaman Municipality;
8. La-Nkwantanang-Madina Municipality;
9. La-Dade-Kotopon Municipality;
10. Okaikwei North Municipality;
11. Ablekuma North Municipality;
12. Ablekuma West Municipality;
13. Ablekuma Central Municipality;
14. Ayawaso East Municipality;
15. Ayawaso North Municipality;
16. Ayawaso West Municipality;
17. Ayawaso Central Municipality;
18. Ga West Municipality;
19. Ga North Municipality;
20. Ga Central Municipality;
21. Ga South Municipality;
22. Ga East Municipality;
23. Korle-Klottey Municipality;
24. Weija/Gbawe Municipality;
25. Kpone Katamanso Municipality; and
26. Awutu Senya East Municipality.

In the Greater Kumasi Metropolitan Area and contiguous districts, the following areas are affected:

1. Kumasi Metropolis;

2. Asokwa Municipality;
3. Suame Municipality;
4. Old Tafo Municipality;
5. Oforikrom Municipality;
6. Asokore Mampong Municipality;
7. Kwadaso Municipality;
8. Atwima Nwabiagya Municipality;
9. Kwabre East Municipality;
10. Ejisu Municipality;
11. Afigya-Kwabre South District;
12. Bosomtwi District;
13. Atwima Kwanwoma District; and
14. Atwima Nwabiagya North District.

This, in essence, means that everyone resident in these areas must stay at home for the next two weeks. However, if you must go out, it must only be to get essential items such as food, medicine, water, undertake banking transactions, or to use public toilet facilities. But, as much as possible, stay at home.

There shall be, during this period, no inter-city movement of vehicles and aircrafts for private or commercial purposes for the areas of the restrictive measures, except for vehicles and aircrafts providing essential services and those carrying cargo. Riders of motorbikes are not allowed to carry any additional person, and all intra-city passenger vehicles, such as trotros and taxis, must reduce the number of passengers in order to observe appropriate social distancing and hygiene protocols. Additionally, all commercial vehicle stations shall observe appropriate hygiene protocols and social distancing. The Ministry of Transport has engaged the transport operators and unions in this regard. The Ministry of Local Government and Rural Development has also engaged with the Metropolitan, Municipal and District Assemblies and the leaders of the market associations in the country to make satisfactory arrangements about the operation of the markets that ensure observance of social distancing and enhanced hygiene protocols. In any event, only persons involved in the food value chain can operate in the markets during this period.

Individuals and institutions providing the following services shall be exempted from the restrictions:

- i Members of the Executive, Legislature and the Judiciary;

- ii production, distribution and marketing of food, beverages, pharmaceuticals, medicine, paper and plastic packages;
- iii environmental and sanitation activities;
- iv staff of VALCO;
- v road and railway construction workers;
- vi mining workers;
- vii fisherfolk;
- viii members of the security agencies assigned lawful duties;
- ix staff of electricity, water, telecommunications, e-commerce and digital service providers; and
- x staff of fuel stations.

Fellow Ghanaians, to accelerate the contact tracing process, and ensure we curtail the spread of the virus in the shortest time, we will use the military and police to assist health authorities to expediate the process. We will also pursue a policy of testing ALL CONTACTS of people tested positive.

The affected areas, and, indeed, all other regions have earmarked designated isolation and treatment centres for the management of suspected and confirmed cases, as well as the selection of facilities for mandatory quarantine is being carried out. An intensive public health education and community awareness on social distancing and hand washing will be carried out.

It is very important that we protect all healthcare providers with Personal Protective Equipment (PPEs) to make sure they do not contract the virus in the process of protecting our lives. Government has, therefore, taken delivery of additional PPEs and more are being procured. Distribution of seventeen thousand (17,000) coveralls, three hundred and fifty thousand (350,000) masks, seventeen thousand (17,000) goggles, two thousand four hundred (2,400) non-contact thermometers, three hundred and fifty thousand (350,000) gloves, twenty-five thousand (25,000) sanitisers, and thirty-thousand (30,000) tests kits are ongoing for healthcare personnel and those undertaking contact tracing and testing. We are recruiting one thousand (1,000) community health workers and an additional thousand (1,000) volunteers to help in this endeavour. One hundred pick-up vehicles and two thousand, five hundred (2,500) tablets have been mobilised for the exercise.

Fellow Ghanaians, I am urging all of you to bear with these additional measures. They are being done in the interest of all of us. They are, hopefully, only for a short while. These additional measures, together with those earlier announced, are what will help us defeat the virus. And, we must be united in our determination and efforts to overcome this challenge. This, certainly, is not the time for politicking or the display of partisanship. The virus does not care which party you belong to, neither is it, as we have seen, a respecter of persons. The enemy is the virus, and not each other.

As I have stated in my earlier broadcasts, all the measures I have announced tonight will be subject to constant review.

Fellow Ghanaians, we are in this together, and Government will stand by you. We are aware that there will be discomfort and difficulties for all of us over the next couple of weeks. As a responsive Government, we will continue to implement bold measures to mitigate the impact of the Coronavirus on businesses and households and ensure that job losses are minimised. The Minister for Finance has been directed by me to prepare, for approval by Parliament, a Coronavirus Alleviation Programme to address the disruption in economic activities, the hardship of our people, and to rescue and revitalize our industries. He will, then, immediately make available a minimum of one billion cedis (GH¢1 billion) to households and businesses, particularly small and medium scale enterprises. The commercial banks are, in addition, responding to the Bank of Ghana's 1.5% decrease in the Policy Rate and 2% in reserve requirement with a three billion-cedi (GH¢3 billion) facility, to support industry especially in the pharmaceutical, hospitality, service and manufacturing sectors.

We are providing additional relief, such as extension of the tax filing date from April to June; a two percent (2%) reduction of interest rates by banks, effective 1st April, 2020; the granting by the banks of a six (6) month moratorium of principal repayments to entities in the airline and hospitality industries, i.e. hotels, restaurants, car rentals, food vendors, taxis, and uber operators. All other sector credit exposures will be reviewed on a case by case basis; mobile money users can send up to one hundred cedis (GH¢100) for free; and a one hundred percent (100%) to three hundred percent (300%) increase in the daily transaction limits for mobile money transactions

Let me also reiterate that the ban on public gatherings, religious or social, is still in force. Anyone, irrespective of status, religion or ethnicity, who is found to be flouting them will be dealt with fully in accordance with law. The security services have been clothed with the necessary power to enforce these measures, and I assure you that they will do so responsibly, but without fear or favour, ill-will or malice.

Fellow Ghanaians, with the Bank of Ghana predicting a worst-case GDP growth rate scenario of 2.5% for 2020, should the virus continue to linger for the rest of the year, the effects on our economy would be dire. However, as we have demonstrated over the course of the last three years, where we inherited an economy that was growing at 3.4% and transformed it into one which has grown by an average of 7% over the last three (3) years, I assure you that we know what to do to bring back our economy back to life. What we do not know how to do is to bring people back to life.

We will, therefore, protect people's lives, then their livelihoods.

For the next two weeks, I urge all of you, especially residents in the affected areas of Greater Accra and Greater Kumasi, to be reminded, every day, that the frontline of the fight against Coronavirus is your front door. If you cross it, you and your family will likely be infected. So, please, stay at home. It is vitally important that each one of us, in all parts of the country, continues to observe the social distancing and enhanced hygiene protocols, for they are the weapons of our defence against the virus.

I am announcing tonight the establishment of a COVID-19 Fund, to be managed by an independent board of trustees, and chaired by former Chief Justice, Sophia Akuffo, to receive contributions and donations from the public to assist in the welfare of the needy and the vulnerable. I have directed the Controller and Accountant General to pay my next three months' salary, i.e. April, May and June, into this Fund. Let me also thank, from the bottom of my heart, the churches, financial institutions and individuals who have already made donations to help in this fight. God richly bless them.

We can defeat this virus if we all commit ourselves to respecting all the measures that have been outlined. I am confident that Ghanaians will comply with them, and the security services will not have to intervene, with extraordinary means, to enforce them. The love of country is deeply embedded in all of us, and I assure you that the security forces will conduct themselves with the necessary professionalism.

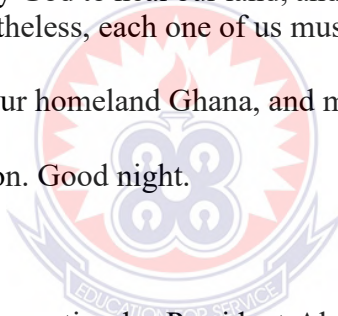
Mesere mo, nsem aa makayi, yen nyinaa yen mbɔ mɔden na yen disu. Nyankopɔn adaroma, ebe boa yen.

Minkpa nye fai, sanee ni nwiee, nye fee nye bɔ mɔden ni nye ye nɔ. Nyɔmo dromɔ, e baa wa wɔ fee.

We have prayed to Almighty God to heal our land, and I know that, by the Grace of God, He has heard our cry. Nonetheless, each one of us must do his or her part.

May God bless us all, and our homeland Ghana, and make her great and strong.

I thank you for your attention. Good night.



Update No 5: Address to the nation by President Akufo-Addo on updates to Ghana's enhanced response to the coronavirus pandemic.

Address To The Nation By President Of The Republic, Nana Addo Dankwa Akufo-Addo, On Updates To Ghana's Enhanced Response To The Coronavirus Pandemic, On Sunday, 5th April, 2020.

Fellow Ghanaians, Good evening.

Nine (9) days ago, I came to your homes and requested you to make great sacrifices to save lives, and to protect our motherland. I announced the imposition of strict restrictions to movement, and asked that residents of the Greater Accra Metropolitan Area and Kasoa and the Greater Kumasi Metropolitan Area and its contiguous districts to stay at home for two (2) weeks, in order to give us the opportunity to stave off this pandemic. As a result, residents of these two areas had to make significant adjustments to our way of life, with the ultimate goal being to protect permanently our continued existence on this land.

They heeded the call, and they have proven, so far, to each other, and, indeed, to the entire world, that being a Ghanaian means we look out for each other. Yes, there are a few who

continue to find ways to be recalcitrant, but the greater majority have complied, and have done so with calm and dignity. Tonight, I say thank you to each and every one of you law-abiding citizens.

Let me thank, in particular, all our frontline actors who continue to put their lives on the line to help ensure that we defeat the virus. To our healthcare workers, I say a big ayekoo for the continued sacrifices you are making in caring for those infected with the virus, and in caring for the sick in general. You are the heroes and heroines of our generation, and Government will do all in its power to provide you with the relevant tools to do your work effectively. To the men and women of our security services, who have been enforcing the directives, by patrolling our streets day and night, conducting surveillance, snap checks and mounting road blocks, we are deeply in your debt. It is these security measures that have created the basic framework within which our medical personnel are able to pursue contact tracing, testing and treatment of persons with the virus, whose implementation offers us the most secure means to defeat the virus.

Reports I have received so far indicate that the police, military and other members of our security services have discharged their mandate with considerable professionalism. Furthermore, working with the Ministry of Local Government and Rural Development, we see personnel of the Ghana Armed Forces involved in the clean-up of our drainage systems and of our markets.

In the very few instances where members of our security agencies have employed the use of excessive force against the citizenry, in enforcing the restrictions on movement, the Inspector General of Police and the Chief of Defence Staff of the Armed Forces have taken steps to investigate such incidents, and, they have given me the assurance that, those found culpable, will be duly sanctioned. Thus far, the alleged wrongdoers have been withdrawn from the ongoing exercise. To enhance command and control, more senior officers have been deployed at the operational level, and each member of our security services participating in the exercise has been handed an aide-mémoire highlighting, essentially, the guidelines for the operation.

However, I am extremely disturbed by the actions of a few, unpatriotic persons, who are deliberately passing off and circulating old videos of alleged brutality by members of the security agencies, largely of foreign origin, and presenting them as though they were new incidents by Ghanaian security personnel, which have occurred during the course of this past week. It is sad, it is unfortunate, and it must end. We should all be in this fight together, and there is nothing to be gained with widespread fabrication and distribution of such videos, whose sole aim is to create discontent, and undermine the trust of the population in the men and women of our security services. Who gains from such conduct? Nobody in their right senses! The law enforcement agencies are determined to locate the originators of these anti-social acts.

Fellow Ghanaians, as I have said before, all that Government is doing is intended to achieve five (5) key objectives – limit and stop the importation of the virus; contain its spread; provide adequate care for the sick; limit the impact of the virus on social and economic life; and inspire the expansion of our domestic capability and deepen our self-reliance.



As at today, Sunday, 5th April, 2020, our current situation is such that we have recorded a total of two hundred and fourteen (214) cases. The Greater Accra Region has one hundred and eighty-nine (189) cases, followed by the Ashanti Region with twelve (12), Northern Region ten (10), Upper West Region one (1), Eastern Region one (1), and Upper East Region one (1). The ten from the Northern Region are the West African nationals who entered our country illegally, after the closure of the borders. In total, three (3) persons have fully recovered from the disease, forty-nine (49) persons have been discharged from treatment facilities, and are being managed from home; and the remaining one hundred and fifty-five (155) are responding to treatment. Two (2) persons are moderately ill, and five (5) persons, as I said before, have lost their lives.

Of the one thousand and thirty (1,030) travellers, who were mandatorily quarantined and tested on their arrival in Ghana on the 21st and 22nd of March, seventy-nine (79) were initially found to be positive, and appropriate arrangements were made for their isolation and treatment. Subsequently, after twelve (12) further days of quarantine, twenty-six (26) other persons were found to be positive as a result of their second test, bringing the total number of those found to be positive to one hundred and five (105), all of whom have been isolated for treatment. Of the remaining nine hundred and twenty-five (925) persons, who have undergone two tests and found to be negative, eight hundred and four (804) have been released from quarantine to join their families. The remaining one hundred and twenty-one (121) are, as I speak, in the process of being released. I want to thank all of them and their families and loved ones for their understanding and co-operation with the stringent procedures that Government was forced to deploy in the public interest.

Efforts also at contact tracing have been ramped up over the course of the past week. Indeed, for every confirmed case of COVID-19, all the contacts have been listed, monitored and tracked. Additionally, in the home or place of work of a confirmed case, all persons, be they at home or at work, have been tested, whether they had symptoms or not. Within the locality or neighbourhood of a confirmed case, the opportunity is also being provided for persons to undergo voluntary testing to ascertain the extent of community spread.

We are, thus, about to enter a critical phase of our fight in the coming week, as the Ghana Health Service is due to receive the results of some fifteen thousand, three hundred and eighty-four (15,384) out of nineteen thousand, two hundred and seventy-six (19,276) persons who have been reached through contact tracing. It is the results of these tests that will determine our future course of action. Government's policy and measures will continue to be driven by the science in this matter. The Ghana Academy of Arts and Sciences and the Centre for Scientific and Industrial Research (CSIR) are now partnering government in the struggle. I met with their representatives on Friday, and arranged with them a mechanism for the realisation of this partnership. The nation and I appreciate their involvement.

So, in the course of the coming week, a determination will be made as to whether or not to extend the duration of the two-week restriction on movement, and the implementation or otherwise of any more enhanced measures to deal with the virus. I have, however, by Executive Instrument, extended the closure of our borders for two (2) more weeks, until further notice. The data tells us that the overwhelming majority of confirmed cases came from travellers or from people who have come into contact with travellers.

Fellow Ghanaians, tonight, I stand before you to ask for your continued patience, support, vigilance and adherence to the measures. Let each one of us play his or her part to enhance our collective efforts at containing the spread of the virus, which will enable us to hasten the lifting of these restrictions, and returning the nation to normalcy.

I was encouraged by the appreciation of Government's handling of the pandemic, and the offer of support by the leadership of the major political parties in the country, whom I met on Friday. I applaud Parliament's decision to call off its planned recess, and be on standby to aid in the fight against the virus. I thank staff of the University of Ghana's Noguchi Memorial Institute for Medical Research, the Kwame Nkrumah University of Science and Technology's Kumasi Centre for Collaborative Research, and the National Public Health Reference Laboratory of the Korle-bu Teaching Hospital for the solid work they are doing for Mother Ghana.

I am very grateful to the individuals and institutions, who have responded to my appeal for donations to be made into the COVID-19 National Trust Fund, which has been established to complement Government's fight against the virus, and to assist in the welfare of the needy and the vulnerable. A total amount of some eight million, seven hundred and fifty thousand cedis (GH¢8.75 million), which includes six hundred thousand United States dollars (US\$600,000), has been received so far for this purpose. I am happy that so many appointees of my government have also followed my example by donating their salaries to the Fund.

We are in difficult times, and that is why I directed the Minister for Finance to send to Parliament the Coronavirus Alleviation Programme (CAP), whose objective is to protect households and livelihoods, support micro, small, and medium-sized businesses, minimise job losses, and source additional funding for promotion of industries to shore up and expand industrial output for domestic consumption and exports.

Through this Programme, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organisation (NADMO), working with MMDCEs and the faith-based organisations, have begun to provide food for up to four hundred thousand (400,000) individuals and homes in the affected areas of the restrictions. This begun in Accra today, and will begin in Kumasi tomorrow. It will come in the form of dry food packages and hot meals, and will be delivered to vulnerable communities in Accra, Tema, Kumasi and Kasoa.

Again, the Ghana Water Company Ltd and the Electricity Company of Ghana have been directed to ensure the stable supply of water and electricity during this period. In addition, there will be no disconnection of supply. Furthermore, Government will absorb the water bills for all Ghanaians for the next three months, i.e. April, May and June. All water tankers, publicly and privately-owned, are also going to be mobilised to ensure the supply of water to all vulnerable communities.

Government, in collaboration with the National Board for Small Scale Industries (NBSSI), Business & Trade Associations and selected Commercial and Rural Banks, will roll out a soft loan scheme up to a total of six hundred million cedis (GH¢600 million), which will have a one-year moratorium and two-year repayment period for micro, small and medium scale businesses.

Fellow Ghanaians, it is vital that we protect the lives of our frontline health workers, who are risking their lives every day to battle this virus. That is why Government is placing a high priority on the procurement of personal protective equipment (PPEs) for them. Thus far, three hundred and fifty thousand (350,000) masks, five hundred and fifty-eight thousand, six hundred and fifty (558,650) examination gloves, one thousand (1,000) reusable goggles, twenty thousand (20,000) cover-alls, seven thousand (7,000) N-95 respirators, five hundred (500) waterproof gumboots, two thousand (2,000) reusable face shields, two thousand (2,000) gallons of hand sanitizers, ten thousand (10,000) 100ml pieces of hand sanitizers, and five hundred (500) shoe covers have been sent to the regional health directorates, for onward distribution to the district health directorates for use by our health workers in all the districts. The Minister for Health is ensuring that they reach the health workers. This, notwithstanding, Government is aware that more needs to be done, especially in the face of the global shortage of PPEs.

It is for this reason that Government is actively engaged with local manufacturing companies to assist them in the domestic production of PPEs., and I am encouraged by the response from the Ghanaian private sector. Domestic production of face masks, head covers, surgical scrubs and gowns will commence from Tuesday. For example, three million, six hundred thousand face masks will be produced domestically, with an output of one hundred and fifty thousand (150,000) per day. I am equally impressed with the invention of a solar-powered handwashing sink by Jude Osei from Kumasi, and the ‘COVID-19 prevention electronic bucket’ made by Kelvin Owusu Dapaah and Richard Boateng, both students of Obuasi Senior High and Technical School. Necessity, indeed, is the mother of invention, as the Ghanaian sense of enterprise and innovation is beginning to be felt.

An insurance package, with an assured sum of three hundred and fifty thousand cedis (GH¢350,000) for each health personnel and allied professional at the forefront of the fight, has been put in place, with a daily allowance of one hundred and fifty cedis (GH¢150) being paid to contact tracers. Government has also decided that all health workers will not pay taxes on their emoluments for the next three months, i.e. April, May and June. Furthermore, all frontline health workers will receive an additional allowance of fifty percent (50%) of their basic salary per month, i.e. for March, April, May and June. The March allowance will be paid alongside that of April. The Ministry of Transport is also making available, for free, ‘Aayalolo’ buses to convey health workers in Accra, Tema, Kumasi and Kasoa to and from work, along specific routes, for the entire duration of the restrictions.

I am happy that operators of public transport, such as trotros and taxis, are largely adhering to the admonition to observe social distancing in their vehicles. Each one of them should do so.

Towards ensuring the cleanliness of our country, especially in the Greater Accra and the Greater Kumasi areas, which are currently the subjects of the restrictions, the Ministry of Sanitation and Water Resources, together with some four hundred (400) personnel drawn from the Police, Military, Fire Service and Prisons Service, from Friday, 3rd April, to today, Sunday, 5th April, have embarked on desilting our gutters, collection and disposal of garbage from homes, public places, markets and vehicle terminals. We must ensure that the end of this exercise will lead to a new attitude towards cleanliness in our

surroundings. That would be a positive legacy from this crisis. MMDAs outside the areas affected by the restrictions have been directed to emulate this clean-up exercise.

As at Saturday, 4th April, 2020, markets and lorry terminals in thirteen (13) regions have been cleaned and sprayed, with the three (3) other regions set to follow in the coming few days. We have had to take the extra step of closing a few markets in Accra and Kumasi, where traders and market women had flouted the rules for social distancing. Some districts have also embraced the policy of alternate-days-for-alternative-products, in a bid to decongest the markets and ensure social distancing.

I am fully aware of the disruptions to your lives occasioned by these measures. Your personal movements, way of life, the education of your children, your livelihoods have all been disturbed by this virus. But, believe me, the measures are necessary if we are to free ourselves permanently of this pestilence.

So, fellow Ghanaians, I will continue, passionately, to appeal to you to observe prescribed social distancing and good personal hygiene to contain community spread. These enhanced hygiene protocols must become a part of our everyday lives. We must not abandon them. And, remember, that the law enforcement agencies are going to increase their enforcement of the stay-at-home directive. Do not leave your homes other than for the essential, stipulated reasons. The cynics question our capacity for the maintenance of discipline in this period, and in its aftermath; however, I am confident that we will prove them wrong. Ghanaians always rise up to the occasion, and we will do so again. United, we are going to win this battle.

I am privileged to be speaking to you on a sacred day of the Christian calendar, Palm Sunday, which ushers in the Holy Week to commemorate the passion and sacrifice of Jesus Christ. Let His example unite all of us, Christians, Muslims, all Ghanaians, in our care for each other, and in our resolve to overcome this challenge. This, too, shall pass!

Together, let us ensure that the scourge of this virus becomes nothing but a temporary blip on the fortunes of our nation, and we will go on to realise the vision and aspirations of our forebears, who envisioned Ghana to be a free, democratic, prosperous nation, the beacon of freedom and justice, the Black Star of Africa, the harbinger of a new black civilisation in which the dignity and prosperity of black people everywhere are assured.

May God bless us all, and our homeland Ghana, and make her great and strong.

I thank you for your attention.

Update No.6: President Akufo-Addo On Updates To Ghana's Enhanced Response To COVID-19

Address To The Nation By President Of The Republic, Nana Addo Dankwa Akufo-Addo, On Updates To Ghana's Enhanced Response To The Coronavirus Pandemic, On Thursday, 9th April, 2020.

Fellow Ghanaians, good evening.

Today is the sixth time I am coming into your homes since we begun our collective effort to combat the Coronavirus pandemic, and to implement measures aimed at containing and defeating it.

I have, first of all, to tell you how proud and privileged I am to be your President, not just to fight for you, but also to fight with you, and to help shepherd our country out of this crisis.

I said, in my last address, that Government's policy in this entire drama will be largely driven by science. We will, as much as possible, be guided by the data, with our focus on the 3-Ts, i.e. tracing, testing and treatment. We now see that the decision to close down our borders has been justified. One hundred and five (105) of the confirmed cases came from those who were mandatorily quarantined and tested on their arrival on 21st and 22nd of March. One hundred and ninety-two (192) of the cases came from travelers, who entered our country before the closure, and their contacts. Seventy-nine percent (79%) of the three hundred and seventy-eight (378) confirmed cases are, thus, imported. Clearly, until we have the situation fully under control, we cannot, at this time, open our borders. They will have to remain shut until further notice.

Further, the partial lockdown of Accra and Kumasi has facilitated a more aggressive programme of enhanced contact tracing, with a total of four hundred and fifty (450) teams.

Thirty-seven thousand, four hundred and five (37,405) samples have been taken, of which thirty-one thousand, nine hundred and thirty-three (31,933) are in Accra, and five thousand, four hundred and seventy-two (5,472) are in Kumasi. As at Wednesday, 8th April, a total of fourteen thousand, six hundred and eleven (14,611) contacts of the samples collected have been tested for the virus in Accra and Kumasi. For Accra, eleven thousand, three hundred and eight (11,308) contacts were tested, and fifty-two (52), i.e. zero point four six percent (0.46%), of them were found to be positive. In Kumasi, three thousand and three hundred and three (3,303) contacts have been tested, and twenty-five (25), i.e. zero point seven six percent (0.76%) have been found to be positive. In total, seventy-seven (77) positive cases were recorded in Accra and Kumasi, representing zero point five three percent (0.53%) of the fourteen thousand, six hundred and eleven (14,611) tested.

Whilst the results are encouraging, in suggesting a limited number of positives and community spread, we expect to be able to test some ten thousand (10,000) additional samples in the coming week to give us a clearer picture to enable us take a decision on the way forward.

It appears that our common efforts have been modestly successful in containing the virus and minimising its spread. Undoubtedly, the decisions taken from day one (1) to act quickly and decisively, and, impose what may have seemed like harsh restrictions, have now proven to be effective, and have saved a lot of lives.

However, this fight is not yet over, and we are by no means out of the woods yet. As I said, we now have, in total, three hundred and seventy-eight (378) confirmed cases of infections, with six (6) deaths, four (4) recoveries, two (2) in critical condition, and the

remaining three hundred and seventy (370) are mild cases, who are in isolation, and are either being managed at home or at treatment centres.

Fellow Ghanaians, I have come to you this evening to ask for your continued patience, as we continue to implement and extend the efforts that have, so far, proven to be helpful. It is important that we stay the course, and bear with the difficulties that come with it. The final result, hopefully, will be freedom from the virus.

So, the decision has been taken, through the issuance of an Executive Instrument, to extend the restrictions on movement in the Greater Accra Metropolitan Area and Kasoa and the Greater Kumasi Metropolitan Area and its contiguous districts by one more week, beginning 1am on Monday, 13th April, subject to review.

As part of measures to mitigate the effects of the pandemic on the social and economic life of the country, I indicated, in my last speech, that Government will absorb water bills for all Ghanaians for the next three months, i.e. April, May and June. Furthermore, water tankers, publicly and privately-owned, are being mobilised to ensure the supply of water to vulnerable communities. We have decided on further measures of mitigation for all Ghanaians for the next three months, i.e. April, May and June. Government will fully absorb electricity bills for the poorest of the poor, i.e. for all lifeline consumers, that is free electricity for persons who consume zero (0) to fifty (50) kilowatt hours a month for this period. In addition, for all other consumers, residential and commercial, Government will absorb, again, fifty percent (50%) of your electricity bill for this period, using your March 2020 bill as your benchmark. For example, if your electricity bill was one hundred cedis (GH¢100), you will pay only GH¢50, with Government absorbing the remaining fifty cedis (GH¢50). This is being done to support industry, enterprises and the service sector in these difficult times, and to provide some relief to households for lost income. Nevertheless, I urge all Ghanaians to exercise discipline in their use of water and electricity.

The food items being distributed in Accra and Kumasi to the vulnerable and needy are being done through NADMO and the MMDCs, with the assistance of the faith-based organisations, to whom I am rendering a special word of gratitude.

I appeal to you, let us, in the meantime, continue to comply with the measures, let us maintain good hygiene and respect the social distancing protocols, even when you are going out to receive the food. But, above all, please stay at home. There have been unfortunate incidents of some persons, in some parts of the affected areas, where the restrictions are in force, flouting the regulations and continuing with the business-as-usual attitude, even to the extent of confronting members of the security services. That should not be countenanced. The law must be upheld, and it will be. I take no delight in announcing these restrictions, however, let us all remember that they have been put in place for our collective good.

The fight against Coronavirus has served as a humbling reminder of the things that matter, the things that cannot be bought, and the things that, all too often, go unappreciated, as a result of the stress of daily life. I refer to the health of those we love; the freedom to work and to congregate; the luxury of spontaneity; and the simple comfort of a handshake or a hug. These are the blessings of normalcy that we are fighting to restore, blessings that we must hold onto with a deeper sense of appreciation, once this pandemic has passed.

I express, on all our behalves, our gratitude for the assistance given to us by the Governments of the People's Republic of China, the United States of America, the African Union, the African Development Bank, the International Monetary Fund, the World Bank, the European Union, and the Jack Ma Foundation. We appreciate their expression of solidarity. A friend in need is a friend indeed. I thank also all those who have made donations and contributions into the COVID-19 National Trust Fund for this kind gesture.

Fellow Ghanaians, today is Maundy Thursday, and tomorrow, a few hours from now, Friday, 10th April, Good Friday, is the start of Easter, which, for us Christians, commemorates the unique sacrifice that our Lord and Saviour, Jesus Christ, made for our salvation on the cross of Calvary. The season is a good opportunity for all of us to reflect on that ultimate sacrifice, and for each one of us also to make a sacrifice for the sake of humanity's survival.

We are used to attending Easter Conventions, making-merry, visiting friends and family, and having a good time. Yes, like a lot of you, I was also looking forward to visiting Kwahu during this time of the year, which I have been doing for several years. However, I am urging all of us to do the exact opposite of what we have been used to for many years. Stay at home. I ask you to keep your distance from your parents, grandparents and extended family, and celebrate this holiday apart. Do not host a big family gathering, and sternly refuse to attend one if you are invited. Your relatives will understand you are doing this out of love for them. Please, make that sacrifice.

Mesrɛ mo, asem aa makai, mondi su. Me ma mo afehyia pa

Min kpa nye fai, nibii ni nke, nye ye no. Afi oo afi.

So, on behalf of my beautiful Rebecca, my children, grandchildren and entire family, and members of Government, I wish you all a joyous and happy Easter, even if a restrained one. And, let me extend a special Easter goodwill message to our amazing health workers and to the members of our security agencies for their patriotic efforts.

May God bless us all, and our homeland Ghana, and make her great and strong.

Have a good evening, enjoy the holidays, and I thank you for your attention.

Update No.8: President Akufo-Addo Provides Update On Measures Taken Against Spread of COVID-19

Address To The Nation By The President Of The Republic, Nana Addo Dankwa Akufo-Addo, On Updates To Ghana's Enhanced Response To The Coronavirus Pandemic, On Sunday, 26th April, 2020.

Fellow Ghanaians, good evening. It is a privilege for me, once again, to come into your homes to speak to you about the state of our common battle against the pandemic of the Coronavirus that is affecting all parts of the world, including our own. Exactly a week ago, I announced the lifting of restrictions on movement of persons resident in Accra,

Kumasi, Tema and Kasoa. I did so on the basis of the data and science, as well as on a careful analysis of the impact of the restrictions on several sectors of our population, especially our informal workers, who need to have a day out in order to provide for themselves and their families, the poor and the vulnerable.

Since I last spoke to you, we have completed the analysis of another thirty-two thousand, and thirty-one (32,031) samples, bringing the number of tests from sixty-eight thousand, five hundred and ninety-one (68,591) to one hundred thousand, six hundred and twenty-two (100,622). From this pool, the total number of confirmed infections have gone from one thousand and forty-two (1,042), to one thousand, five hundred and fifty (1,550).

Our recoveries are now one hundred and fifty-five (155), and deaths eleven (11). The two (2) new cases of deaths, like the other nine (9), are all of persons with underlying health issues, what the doctors call comorbidity. The positivity rate, i.e. the rate of infection from those sampled, continues to remain constant at 1.5%. Six (6) persons are critically ill, and the remaining one thousand, three hundred and seventy-eight (1,378) have mild or no symptoms at all, and are responding to treatment. Of the five hundred and eight (508) new confirmed cases, four hundred and sixty-five (465) are from the Greater Accra Metropolitan Area, ten (10) from Kasoa in the Central Region, seven (7) from the Ashanti Region, six (6) in the Eastern Region, two (2) in the Northern Region, one (1) in Western North, and seventeen (17) from the Oti Region.

These seventeen (17) were the result of interceptions near Nkwanta by officers of the Immigration Service and other security personnel of two (2) cargo vehicles that had on board a total of sixty-seven (67) passengers, who were illegally entering the Region from Accra during the period of the 'lockdown', and all of whom were tested, with seventeen (17) proving positive. We are still very much in uncharted territory, and, clearly, we still have some way to go towards ridding ourselves of the virus.

The truth is that this will be a long war, broken up into several battles. Indeed, we registered a modest success in the important battle to trace and test many of the persons who had come into contact with infected persons, and we cannot, and will not rest on our laurels. We will not let our guard down, as the fight against this virus has to progress. We will pursue vigorously our strategy of enhanced 3Ts, i.e. tracing and testing to allow us identify infected persons, and isolating and treating them. It is the surest way to root out the virus.

Our efforts will remain constant, as will our abiding faith in the Almighty and our determination to defeat the virus. We must continue to be grateful to members of the media, members of our security forces, and our health workers for their sacrifice and high sense of patriotism in their contribution to the fight against the virus. The health workers, who are working day and night to care for the stricken, must continually be in our prayers. Their efforts will be in vain if we, at home, do not support them. In addition to the incentive package given to all health workers, Government has enabled domestic production and supply of protective equipment to our health workers to increase significantly – they have received, in recent days, nine hundred and five thousand, and thirty-one (905,031) nose masks, thirty-one thousand, six hundred and thirty (31,630) medical scrubs, thirty-one thousand, four hundred and seventy-two (31,472) gowns, forty-six thousand, eight hundred and seventy (46,870) head covers, and eighty-three thousand, five hundred (83,500) N-95 face masks.



We are also grateful for yesterday's gift of medical supplies from the government of the United States of America to help boost our testing capacity, the latest assistance we have received from a friendly foreign nation. So, let us, on our part, continue to protect further our health workers by practicing social distancing, washing our hands with soap under running water, refraining from shaking hands, and, yes, wearing our masks whenever we leave our homes. I am happy to note that the hardworking Minister for Health, Hon. Kwaku Agyemang Manu, Member of Parliament for Dormaa Central, has, as of yesterday, 25th April, 2020, issued directives to guide the production and mandatory wearing of face masks. We should all familiarize ourselves with them, and apply them, as the Regional Coordinating Councils of the Greater Accra, Ashanti and Central Regions are demanding of their residents.

Together, all these protocols will prove effective in helping each one of us to avoid contracting the virus. The doctors and scientists tell us that the virus is transmitted from human contact – talking, singing, coughing, sneezing, and, thereby, sending droplets of the virus from one person to another. That is why each one of us must adhere strictly to these directives.

Fellow Ghanaians, in the course of this past week, I engaged a number of stakeholders to discuss the future of existing measures which have imposed restrictions on public gatherings, shut down our schools, and closed our borders. I met with the Chairperson and Members of the Council of State, the President and Members of the Standing Committee of the National House of Chiefs, representatives of organised labour, i.e. the leadership of the Trades Union Congress, the leadership of the Christian Community, the leadership of the Muslim Community, the President and Executive Committee of the Ghana Medical Association, representatives and leaders of the Media, and the leadership of the National Union of Ghana Students (NUGS), and its affiliated associations.

The strong consensus that emerged from these and other consultations is that the existing measures must be maintained for now, until we have a firm grip on the movement of the virus. This consensus is supported by data and science, and I am also very much of this view. I have, accordingly, by Executive Instrument, extended for another two (2) weeks the suspension of all public and social gatherings, as set out in E.I 64 of 15th March, 2020, effective tomorrow, 1am, Monday, 27th April.

I am encouraged that so many of our trotros, taxis, and buses are operating with a minimal number of passengers, and our businesses and supermarkets are enforcing the need for social distancing, the use of hand sanitizers and the wearing of masks for all patrons and staff. I want to signal out supermarkets such as Melcom, Palace and Shoprite, in particular, for the excellent discipline they are maintaining in their enterprises across the country, and call upon all other enterprises, especially our market women, to emulate them. The example of markets in the Sekondi-Takoradi Metropolis, where social distancing is being well observed, is an excellent one for market women all over the country. I am fully aware of the sacrifices in reduced revenues that all businesses and enterprises are suffering. But, I believe we have no option but to sacrifice to defeat this virus.

This is the time for sacrifice, so that we do not have to bear a greater cost in the future. Unhappily, there continues to be the worrying news of a few Ghanaians aiding some West African nationals to enter our country illegally, despite the closure of our borders. Even

more disturbing is the fact that several of the West Africans, who have been arrested, have later tested positive for the virus.

These are unpatriotic acts, and must stop. We cannot continue to allow a few persons, who are motivated by their own selfish, money-making interests, to endanger the lives of the rest of the population. Not only will persons who enter our country illegally be strictly dealt with, but so will Ghanaians who facilitate their entry. As I have said before, being a Ghanaian must mean that we look out for each other. Just as the virus has disrupted our daily lives, it has also exposed the deficiencies of our healthcare system, because of years of under-investment and neglect. Whilst maternal, new-born, adolescent health and nutrition remain our top priorities, we must pay increased attention to chronic, noncommunicable diseases such as heart diseases, diabetes and asthma, which have proved to be the common risk factors for the eleven (11) deaths we have recorded from the virus.

It has highlighted the need to address mental health issues, and the crucial role of emergency services, to which the new fleet of ambulances and drones are responding. We must emphasise preventive and promotive aspects of health, in addition to care for the sick. The virus has also revealed the unequal distribution of healthcare facilities, as we have tended to focus our infrastructure on Accra and one or two of our other big cities. But, as we have seen, epidemics and pandemics, when they emerge, can spread to any part of our country.

There are eighty-eight (88) districts in our country without district hospitals; we have six (6) new regions without regional hospitals; we do not have 5 infectious disease control centres dotted across the country; and we do not have enough testing and isolation centres for diseases like COVID-19. We must do something urgently about this. That is why Government has decided to undertake a major investment in our healthcare infrastructure, the largest in our history. We will, this year, begin constructing eighty-eight (88) hospitals in the districts without hospitals.

It will mean ten (10) in Ashanti, nine (9) in Volta, nine (9) in Central, eight (8) in Eastern, seven (7) in Greater Accra, seven (7) in Upper East, five (5) in Northern, five (5) in Oti, five (5) in Upper West, five (5) in Bono, four (4) in Western North, four (4) in Western, three (3) in Ahafo, three (3) in Savannah, two (2) in Bono East, and two (2) in North East Regions.

Each of them will be a quality, standard-design, one hundred-bed hospital, with accommodation for doctors, nurses and other health workers, and the intention is to complete them within a year. We have also put in place plans for the construction of six (6) new regional hospitals in the six (6) new regions, and the rehabilitation of the EffiaNkwanta Hospital, in Sekondi, which is the regional hospital of the Western Region. We are going to beef up our existing laboratories, and establish new ones across every region for testing. We will establish three (3) infectious disease control centres for each of the zones of our country, i.e. Coastal, Middle Belt and Northern, with the overall objective of setting up a Ghana Centre for Disease Control. The recent, tragic CSM outbreak, with over forty (40) deaths, has reaffirmed the need for ready access to such infectious disease control centres, even though, in our time, nobody should die of the disease.

Early reporting is what is required, and I implore everybody to heed this call. We shall make these investments in our healthcare system not because it is going to be easy, but because it is self-evidently necessary to serve the needs of 21st century Ghana. The three (3) Development Authorities, the Zongo Development Fund, and Metropolitan, Municipal and District Assemblies will be tasked to place health infrastructure amongst their highest priorities in the coming years.

Soon, at the appropriate time, the exact volume of investment required will be duly and transparently laid out for public scrutiny and action. 6 It is obvious that, side by side with the investment in the physical infrastructure of our public health system, we will have to intensify our policies for the growth of our domestic pharmaceutical industry, so that we can generate our own medicines and medical supplies and products.

We should no longer be dependent on foreign imports. Further, the National Health Insurance Scheme is, currently, in a stronger position, as a result of the significant reduction in outstanding arrears. It is my hope and expectation that this expanded and empowered public health system will be the most enduring legacy of the pandemic. Universal health coverage in Ghana will, then, become real and meaningful, for every Ghanaian deserves good health and good healthcare.

Fellow Ghanaians, just as the Christian Celebration of Easter was severely affected by the virus, resulting in the cancellation of the usual activities associated with Easter, the Holy Month of Ramadan has not been spared either. It is my understanding that in the time of the Prophet Muhammad, Sallallahu Allayhi Wa'Salam, anytime there was heavy rain, he admonished the faithful, through the Azan, to stay in their houses and pray, rather than going to the mosques.

In Bukhari's collection of the Hadith, Book 13, Hadith No. 24, Ibn Sirin reports that Ibn Abbas said to his muezzin, and I quote, "after saying 'I testify that Muhammad is Allah's messenger', do not say, 'come for the prayer', but say, 'pray in your houses'...It was done by one much better than I..." (that is the Prophet) Through analogical deduction, Muslim scholars agree that 'rain' represented danger, and, therefore, the prescription for Muslims to stay at home and pray in times of heavy rain is applicable to all life-threatening situations.

I, thus, call on all Muslims to heed this prophetic admonishment to pray at home, so we can protect ourselves from the danger of COVID-19. This is in line with the counsel of the wise, devout Muslim scholar, the Chief Imam, Sheikh Dr. Osman Nuhu Sharubutu. I wish all Muslims Ramadan Mubarak. In this period, let me state, once again, that the virus is the enemy, and not one another. We must be resolute in our unity to defeat this invisible enemy. No country on earth has been spared the ravages of this virus, and my singleminded goal is how to steer the country out of this crisis, protect our population from the virus, and see to the rebuilding of our economy. Nothing else matters for me. Fellow Ghanaians, we must now begin to lift our heads above the parapet, and look at our future with courage and hope. I shall be outlining, shortly, the path for bringing the restrictive measures, systematically, to an end, and defining the basket of measures for the revival and growth of our national economy. We have to own our future.

I am truly proud, and, indeed, humbled, to stand here today as your President, witnessing the unfettered assistance Ghanaians have given to each other, the help you have offered

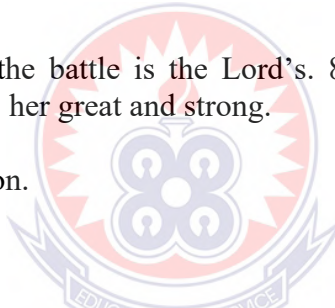
to those in need, the generosity of your contributions to the COVID-19 National Trust Fund, and the support and understanding you have given to the difficult measures Government has had to undertake.

It is said that out of adversity comes opportunity, and, through this ordeal, we, Ghanaians, have had the opportunity to re-introduce ourselves to one another, showing the best of who we are. The solidarity and humanity on display in these past days fills me with even more optimism that Ghana will overcome this crisis, and come out even stronger and more resilient.

Enuanom, me nim se nia aba yi, aha nyen nyinaa. Nenso, me wo awirehyemu se, Onyankopon adaruma, nsem aa makase nye yo no, aa yee ye no, yekosu di su aa, enu na ebe boa yen. Obia hohoro ni nsa, obiaa ndi ni hu ni, ye pia aa, yen she mask, yewo abontin aa, yen ma kwain enda yentem. eye masedia see asem bi baa, ese mi bo mo ho bain. Mon boa mi, na mentumi ye m'adwuma. Na Onyankopon be boa ama yefri ohaw yi mu. Anyemi mei, inle akeshi noni eba nee, egba wofee wo na. Shi iye hemo ke yeli ake, Nyumor dromor naa, nibii ni inke ake wo fee, ni won fee, ke wo ye no, no ni baa wa wo fee. Mofemo afw ede, ni ekwe ehe jogbaa. Ke wor je kpo, wor wo mask ee. Ke wor je kpo, wo ha gbɛ aka wo tein. Innitsumo ji ake, ke sane ba, esani makwe ni noko aka fee nye. Nye wami, ni ma nye mafee innitsumo. Ni, Nyumor baa wa wo, ni wo dze neke sane nee mi.

This, too, shall pass! For the battle is the Lord's. 8 May God bless us all, and our homeland Ghana, and make her great and strong.

I thank you for your attention.



Update No.9: President Akufo-Addo Provides Update On Ghana's Enhanced Response

To COVID-19 10<sup>th</sup> May, 2020

Fellow Ghanaians, good evening.

It has been eight (8) weeks since our nation embarked on a co-ordinated, enhanced response towards combating the Coronavirus pandemic, after we recorded our first two (2) confirmed cases. We have taken the necessary measures of aggressively tracing, testing, isolating and treating infected persons and their contacts, as a means of containing the spread of the virus amongst the population.

Measures such as the temporary partial lockdown of Accra, Tema, Kumasi and Kasoa, the adherence to enhanced hygiene and social distancing protocols, the ban on public gatherings, and the closure of our schools and our borders have imposed considerable difficulties on all of us. But, I am heartened that we appreciate that they are essential to save lives and livelihoods, and I thank all of you for your continuing co-operation.

As at Wednesday, 6th May, a total of one hundred and thirty-five thousand, nine hundred and two (135,902) tests had been conducted, with our country's total number of

confirmed cases standing, at the time, at three thousand, and ninety-one (3,091), with three hundred and three (303) recoveries, and, sadly, eighteen (18) deaths. On Thursday, 7th May, fourteen thousand and forty-six (14,046) more tests were conducted, and this included the clearing of the last set of backlogs. Our total confirmed cases, then, rose to four thousand and twelve (4,012) positives, i.e., nine hundred and twenty-one (921) new cases.

Our recoveries stood at three hundred and twenty-three (323), eight (8) persons were critically ill, and deaths still at eighteen (18). It is important to stress that five hundred and thirty-three (533) out of the nine hundred and twenty-one (921) new cases recorded between last Wednesday and Thursday are factory workers from a fish processing factory located in Tema. All five hundred and thirty-three (533) persons were infected by one (1) person. Again, let me reiterate that these new nine hundred and twenty-one (921) cases were from backlogs dating as far back as 26th April, and not necessarily over a twenty-four (24) hour window.

The coming on stream of seven (7) more testing facilities across the country, to complement the efforts of the Noguchi Research Institute, the Kumasi Centre for Collaborative Research, and the National Public Health Reference Laboratory at the Korle-bu Teaching Hospital, have meant that we have been able to clear all the backlog of tests, and the reporting on the cases of infections since Friday, 8th May, is now current. On Friday, a total of five thousand, two hundred and fifty-three (5,253) tests were conducted, with two hundred and fifty-one (251) positives. On Saturday, two thousand, two hundred and fifty-five (2,255) tests were conducted, with two hundred and sixty-six (266) found to be positive. For today, Sunday, a total of three thousand and forty-five (3,045) tests have been done, with one hundred and sixty (160) testing positive.

These relatively lower daily numbers of infections are welcome, and reinforces the fact that the measures instituted to help reduce person-to-person contact, and help defeat the pandemic are working. So, as at today, Sunday, 10th May, the country has conducted a total of one hundred and sixty thousand, five hundred and one (160,501) tests, with our total number of infections standing at four thousand, seven hundred (4,700), with four hundred and ninety-four (494) recoveries, five (5) persons being critically ill, and four thousand, one hundred and seventy-nine (4,179) persons responding to treatment.

Twenty-two (22) persons, virtually all of them with underlying illnesses such as hypertension, diabetes and chronic liver disease, have unhappily died. We must understand that the more people we test for the virus, the more persons we will discover as positive, and, thus, have the opportunity to isolate and treat them. If you do not test people for the virus, you will not find the persons who are positive, let alone isolate them from the population and treat them, and prevent them from spreading the virus. Indeed, had we not been proactive in undertaking enhanced contact tracing of infected persons, and had relied solely on testing persons who reported to hospital, which is the practice followed by some other countries, i.e. routine testing, our total case count would have stood at one thousand, four hundred and thirteen (1,413).

The other three thousand, two hundred and thirty-two (3,232), i.e. two-thirds ( $\frac{2}{3}$ ) of the population of positives, would have been undetected, and still be within the population, unknowingly infecting others. I know some political actors will want you to believe that our current numbers represent a failure on the part of Government. Do not begrudge them.

They need to make such comments for their political survival. On the contrary, we must be emboldened in the knowledge that the four thousand, seven hundred (4,700) persons infected, so far, with the virus, have been identified, taken out of the population, isolated and are being treated.

The implementation of our strategy of aggressively tracing, testing and treating is our surest way of rooting out the virus. This early identification of persons with the virus ensures that they do not spread the virus to others; we are provided with the opportunity to treat them; and it helps us to understand better the dynamics of the virus. The rapid implementation of all of our policies has resulted in our low infection, hospitalisation and death rates, some of the lowest in Africa and the world. We, certainly, must be doing something right in Ghana. Our country has administered more tests per million people than any other country in Africa, and, in fact, the World Health Organisation has reached out to us to share our sample pooling experience with other African countries, so they can adopt this strategy and also ramp up their testing capabilities.

It is, thus, vital that we continue to maintain the measures of enhanced hygiene and social distancing protocols to contain the spread of the virus, as they are the surest way to a quick return to a life of normalcy. All stakeholder bodies I have interacted with over the last three (3) weeks, in the health, labour, religious, chieftaincy, educational, hospitality, tourism and creative arts sectors, share in this opinion, because, collectively, we believe they are essential for our very survival. These groups are also being engaged on the way forward towards the easing of these restrictions, so that our social and economic lives can go back to normal, whilst protecting lives at the same time. Soon, those engagements will enable us to design a clear roadmap for the easing of restrictions.

In my address to workers and the nation on May Day, I announced the extension of the closure of our borders for one more month as the means to continue halting the importation of the virus into our country. Tonight, I have come into your homes to announce that the ban on public gatherings, as set out in E.I 64, has been extended also to the end of the month, i.e. 31st May. So, during this period, there will continue to be a ban on public gatherings, such as the holding of conferences, workshops, parties, nightclubs, drinking spots, beaches, festivals, political rallies, religious activities and sporting events. All educational facilities, private and public, continue to remain closed. There is still a ban on funerals, other than private burials conducted with not more than twenty-five (25) persons.

It is noteworthy that the Police are arresting and prosecuting persons, irrespective of their status in society, who flout these regulations. We cannot allow a few persons, for their narrow, selfish interests, to jeopardise the health, well-being and safety of the larger population. If you fall foul of the law, you will face its full rigours. Fellow Ghanaians, I, like you, would love to see an end to these restrictions. I know the difficulties each and every one of you has been through over the last two months. You have had to alter completely your way of life; you have had to stay at home, except for specified purposes; you cannot travel outside the country; you cannot go to Church, and you had to cancel activities usually associated with Easter; in this Holy Month of Ramadan, our Muslim brothers and sisters are having to pray at home, instead of congregating at the Mosque, and foregoing the public celebration of the Eid; parents are having to bear the extra burden of providing care for their children who, instead of being in school, are currently at home; operators of trotros, taxis, buses, markets, hotels, restaurants, bars and

nightclubs have lost the patronage of their clients, and, as a result, lost much needed incomes; significant numbers of people have, unfortunately, lost their jobs because of the impact of the virus on our economy; most of us want to hang out with our families, friends and loved ones in a social setting, but cannot.

Uncomfortable as these restrictions have been, we have no option but to stay the course. We can only guarantee the safety of each other if we continue to adhere to them. As I have said before, these restrictions cannot and will not be a permanent feature of our lives, and, shortly, I hope to announce the steps for, systematically, easing the restrictive measures to bring us back to normality. Each one of us, however, can help to speed up this process if we continue to practice the measures of social distancing, washing our hands with soap under running water, refraining from shaking hands, and, wearing our masks whenever we leave our homes. These measures must be respected by all.

We do this not just for ourselves, but also to lessen the workload on our health workers, who continue to be at the forefront of caring for those affected by the virus, and caring for the sick in general. On our part, in addition to the incentive package instituted for all healthcare workers, Government has so far distributed the following to healthcare facilities across the country: four million, two hundred and forty thousand, seven hundred and nineteen (4,240,719) gloves; two million, five hundred and seventy-six thousand, three hundred and thirty-three (2,576,333) nose masks; sixty thousand, eight hundred and twenty-three (60,823) goggles; sixty thousand, one hundred and thirty-two (60,132) litres of sanitizers; fifty thousand, seven hundred and seventy (50,770) head covers; forty-one thousand, nine hundred and ninety-two (41,992) gowns; forty-one thousand (41,000) medical scrubs; and thirty thousand, seven hundred and eighty-three (30,783) N-95 face masks.

Further, we have extended this gesture to other frontline actors engaged in the fight, with the presentation of five thousand (5,000) PPEs to members of the media, and tomorrow, Monday, 11th May, ten thousand domestically-produced face masks and more money will be delivered to the National Commission for Civic Education (NCCE), to enhance its capacity to undertake the important work it is already doing. Let me, once again, thank the healthcare workers, including all those responsible for the tracing, testing and treating, for their heroic contribution to the fight against the pandemic. They will be long remembered in our history. In advance, I say a hearty ayekoo to the Ghana Registered Nurses and Midwives Association, which celebrates its sixtieth (60th) anniversary on Tuesday.

This weekend, I chaired a three-day cabinet retreat, at Peduase Lodge, to examine in detail measures aimed at reviving and strengthening our economy. I am happy to reiterate that Government is putting in place a Resilience and Recovery Plan, with the overarching aim of finding more resources to strengthen the productive sectors of the economy to ensure sustained economic activity. We are rolling out a soft loan scheme of six hundred million cedis (GH¢600 million), in this month of May, to support micro, small and medium scale businesses, and, as you know, the commercial banks, with the support of the Bank of Ghana, have also instituted a three billion cedi (GH¢3 billion) credit and stimulus package, to help revitalise industries, especially in the pharmaceutical, hospitality, services, and manufacturing sectors.

The Minister for Finance is working tirelessly to find additional resources to supplement these amounts, including the resources to finance the construction of eighty-eight (88) district hospitals, 'Agenda 88', and seven (7) regional hospitals, which he will announce at the appropriate time to Parliament and the nation. Before bringing this address to an end, it is critical that I raise one significant side of the fight against this virus, which has not been given enough emphasis, but has to do with the change in attitude that will impact our lifestyles.

That has to be one of the permanent legacies of the pandemic. We have to improve our hygiene, our fitness and exercises, our eating, generally, our style of living, which will boost our immunity to disease and the virus. For instance, we are told that the key vitamins that fortify our immune system are vitamins A, B6, C, and E. Fortunately for us, in Ghana, all of these can be found in many of our foods, such as oranges, kontomire, millet, cashew nuts, crabs, plantain, okro, dawadawa, brown rice and mushrooms. Following a good diet, patronising our healthy foods, exercising regularly, ensuring our personal hygiene, and improving our lifestyle habits should become part and parcel of our daily routines, which will help bolster our immune systems, and help us in the fight against the pandemic.

Fellow Ghanaians, this virus, as we have seen the world over, is no respecter of persons, and has wreaked its havoc on every country on the planet. We can defeat it if we continue to look out for one another, and remain each other's keeper. We are fighting a common enemy, and it is imperative that we do not allow religious, ethnic or political differences to get in the way of certain victory.

So, we cannot allow a few persons, who wish to use these differences to scuttle our collective fight, to succeed. Over the course of our history as a people, we have had to overcome several trials and tribulations: slavery, imperialism, colonialism, tyranny and dictatorship, and we have overcome them all so that, with the help of the Almighty, we are, today, building a free, independent State, a State that, despite the urgency of the crisis, is governed by democratic institutions, and respect for fundamental human rights, especially freedom of speech.

That is as it should be, for we are determined in our generation to realise the dreams of freedom that animated and inspired the founders of our State. I am confident that we will overcome this pandemic, as well. This, too, shall pass! For the Battle is the Lord's!! May God bless us all, and our homeland Ghana, and make her great and strong. I thank you for your attention, and have a good night.

Update No.10: Measures Taken To Combat Spread Of Coronavirus

Address To The Nation By The President Of The Republic, Nana Addo Dankwa Akufo-Addo, On Updates To Ghana's Enhanced Response To The Coronavirus Pandemic, On Sunday, 31st May, 2020.

Fellow Ghanaians, good evening.



I have come again, for the tenth (10th) time, into your homes to speak to you about the Coronavirus pandemic, share with you information about the fight against the virus, and outline to you the decisions I have taken about the next chapter of our common battle.

I thank each and every one of you for the collective and individual effort you have put in to help contain the spread of the disease on our shores. The great majority of us continue to adhere to the social distancing and enhanced hygiene protocols; we have, as a result, altered our way of life to accommodate these changes; and we continue to make sacrifices to speed up the process of bringing our lives safely back to a state of normalcy. We have demonstrated not only to ourselves, but also to the entire world, that we are capable of charting our own path towards containing the spread of this disease. We must all be proud that we have become a reference point for others on how to combat it.

In all of this, I say a special ayekoo to our heroic healthcare workers, our efficient teams of contact tracers and testers, our farsighted scientists, our professional security personnel, and responsible members of our media, who have done a yeoman's job over the last eleven (11) weeks in the fight. Your efforts are truly appreciated, and the Ghanaian people will always be in your debt.

When the first two cases were confirmed on 12th March, 2020, we took timely measures to attack the virus. We decided that we would, (i) limit and stop the importation of the virus, (ii) contain its spread, (iii) provide adequate care for the sick, (iv) limit the impact of the virus on social and economic life, and (v) use the opportunity afforded by the emergency to expand our domestic capability and deepen our self-reliance.

To attain these objectives, and respond to the clear evidence that large gatherings provide the most fertile grounds for the spread of the virus, on 15th March, three (3) days later, under the Imposition of Restrictions Act, 2020, Act 1012, I placed a ban on public gatherings and closed down all schools and universities. On 21st March, I closed all our borders by land, air and sea. Subsequently, on 27th March, I placed restrictions on movement of persons in the Greater Accra Metropolitan Area, Tema, Kasoa, and the Greater Kumasi Metropolitan Area and contiguous districts, for a period of three (3) weeks.

In view of the obvious economic difficulties that the tough measures brought, I also announced far-reaching reliefs to ease the economic and social burden on households and businesses. These included subsidies on utilities for all, tax reliefs and financial packages for businesses, and incentives for our frontline health workers.

Fellow Ghanaians, as at today, Sunday, 31st May, under these measures, we have conducted two hundred and eighteen thousand, four hundred and twenty-five (218,425) tests; the number of positive cases stands at eight thousand and seventy (8,070); two thousand, nine hundred and forty-seven (2,947) persons have recovered; thirty-six (36) have sadly died; thirteen (13) persons are severely ill, with three (3) critically-ill for which (1) is on a ventilator; and five thousand and eighty-seven are responding to treatment at home, isolation centres and hospitals.

Our hospitalisation and death rates have been, persistently, very low, some of the lowest in Africa and in the world. The Ghanaian people are not dying of the virus in the hundreds and thousands that were earlier anticipated, and that are being seen on a daily basis in some other countries. Indeed, we are witnessing a much milder manifestation of the virus in the country, than was initially feared. And, I dare say, that it is the grace of God, and the measures taken by Government that have produced this result.

Our ability to trace, test, and treat persons with the virus has improved considerably; we now have a large army of efficient contact tracers; we have expanded the number of testing facilities from two (2) to ten (10) across the country; and we have increased appreciably the number of quarantine, isolation and treatment centres. We have lessened our dependence on foreign imports, and scaled up significantly domestic production and distribution of personal protective equipment to our healthcare workers, evidenced in the provision of four million, four hundred and forty thousand, six hundred and ninety (4,440,690) gloves; three million, five hundred and twenty-four thousand, two hundred and five (3,524,205) nose masks; sixty-two thousand, one hundred and ninety-four (62,194) goggles; one hundred and nine thousand, eight hundred and twenty-nine (109,829) litres of sanitizers; eighty-five thousand, nine hundred and ninety-five (85,995) head covers; eighty-two thousand, six hundred and fifty-five (82,655) gowns; fifty-three thousand, five hundred and seventeen (53,517) medical scrubs; and forty-three thousand, six hundred and thirty-three (43,633) N-95 face masks.

As I have already said, everything that has been achieved, so far, would not have been possible without the strong co-operation of you, the Ghanaian people. I know, at firsthand, the devastating impact the measures employed to defeat the virus has had on our social, religious, cultural and economic lives, as well as on our jobs, and the education of our children, and yet, because of love of country, we have borne with them. I know, however, that we cannot live with these restrictions forever, and that it is imperative we find a safe way to return our lives to normality, as other nations across the globe are trying to do.

This has informed the stakeholder consultations that have occurred over the last few weeks with entities in the health, labour, religious, chieftaincy, educational, hospitality, transport, sports, tourism and creative arts sectors. These consultations have hinged on

an analysis of the data gathered and the adoption of best practices and experiences of other countries that have attempted to move on in the wake of the pandemic.

A consensus has emerged from these consultations that we should embark on a strategic, controlled, progressive, safe easing of restrictions to get our lives and economy back to normal. As I stated in my May Day address, a month ago, I am now in a position to outline the roadmap for easing safely the restrictions. Ours is going to be a phased approach, involving a selected list of public gatherings, based on their risk profile, socioeconomic impact, and, most importantly, our capacity to enforce and to respond, in the event of a flair up in our number of infections.

So, fellow Ghanaians, with effect from Friday, 5th June, we will begin Stage One of the process of easing restrictions.

An abridged format for religious services can commence. Twenty-five percent (25%) attendance, with a maximum number of one hundred (100) congregants, can worship at a time in church or at the mosque, with a mandatory one metre rule of social distancing between congregants. In addition to the mandatory wearing of masks for all persons at all times in churches and mosques, a register of names and contact details of all worshippers and hand washing facilities and sanitisers must be provided, with a maximum duration of one (1) hour for each service.

Religious institutions that are desirous of opening their premises to their members, such as churches, mosques and others, must disinfect, fumigate and put in place the requisite logistics needed to guarantee safe opening and operation. They must work with the designated, regulatory bodies and undertake test runs of the protocols I have outlined. I would appeal to them, in the case of Christians, on the first Sunday of re-opening, i.e. 7th June, in the case of the Adventists, Saturday, 6th June, and in the case of Muslims, on the first Friday, i.e. *Ṣalāt al-Jumu'ah* on 5th June, to dedicate their worship to prayers for the nation in these challenging times. The Minister for Religious Affairs, will, tomorrow, Monday, 1st June, outline, in detail, the specific guidelines for the safe reopening of our churches and mosques.

From Monday, 15th June, 2020, the decision has been taken, after engagement with the Teacher Unions, whose co-operation I salute, to re-open schools and universities to allow for final year junior high, senior high and university students to resume classes ahead of the conduct of their respective exit examinations. Indeed, final year university students are to report to their universities on 15th June; final year senior high school (SHS 3) students, together with SHS 2 Gold Track students, on 22nd June; and final year junior high school (JHS 3) students on 29th June. JHS 3 classes will comprise a maximum of

thirty (30) students; SHS classes a maximum of twenty-five (25) students; and University lectures will take place with half the class sizes.

All final year students of educational and training institutions, which are being managed by Ministries other than the Education Ministry, are to return to school on 15th June to complete their exit examinations.

Again, prior to the opening of schools and universities, the Ministry of Education, and the heads of public and private educational institutions, will fumigate and disinfect their institutions. Each student, teacher, and non-teaching staff will be provided with re-usable face masks by the Ministry of Education. For the avoidance of doubt, all other educational facilities, private and public, for non-final year students, will remain closed. The Minister for Education, in the coming days, will outline, in detail, the specific guidelines for the safe reopening of our schools and universities.

Private burials, now with a maximum of one hundred (100) persons, can continue to be performed. Restaurants, providing seated services, can operate under appropriate social distancing arrangements and hygiene protocols. Individual, non-contact sports can go ahead. Conferences, workshops, weddings, and political activities, except rallies, can now take place, but with limited numbers not exceeding one hundred (100) persons present, with the appropriate social distancing and hygiene protocols.

Market places, work places, public transport, and constitutional and statutory bodies such as the Electoral Commission, the National Commission for Civic Education and the National Identification Authority, whose activities were exempted from the outset from these restrictions, must conduct their activities in accordance with social distancing and the necessary hygiene and safety protocols.

Whilst we step up public education of the protocols on public gatherings, let me also state that regulatory agencies will undertake random checks to ensure conformity with these rules, and the security services will be tasked to enforce them. Should any institution fail to adhere to these directives, its activity will be immediately prohibited, and relevant sanctions applied.

I have, by Executive Instrument, provided for these new directions, and extended the suspension of the remaining public gatherings, as set out in E.I. 64 of 15th March, until 31st July. In here, I refer to the suspension of sporting events, nightclubs, cinemas,

drinking spots, bars, beaches, festivals, funerals, political rallies, and large religious gatherings such as crusades, pilgrimages and conventions.

Our border, by air, land and sea, remains closed until further notice for human traffic. However, given that there are Ghana residents stranded abroad, special dispensation is going to be given for their evacuation back to Ghana, where they will be subjected to the mandatory quarantine and safety protocols.

Fellow Ghanaians, it is said that with greater freedom comes greater responsibility. The introduction of this phased opening up of our country means that each and every one of us must continue to remain vigilant, and respect the enhanced hygiene and social distancing protocols that have become part and parcel of our daily routine over the last three (3) months. We cannot afford to let our guard down, and ruin the successes we have chalked over this period.

Yes, there exists the possibility of a potential surge in infections. As a precautionary measure, we have strengthened further our existing national, regional and district response teams, with the support of the security forces, to step up to deal with any eventuality. Over recent weeks, we have learnt from the cases at the fish processing plant in Tema, and in the Obuasi municipality, how to deal with such sudden spikes. We will continue to learn, review and adjust where and when we need to do so. We will only proceed with this staggered opening up of our country when it is safe to do so.

Fellow Ghanaians, now, more than ever, we must adhere to enhanced personal hygiene and social distancing protocols, wash our hands with soap under running water, refrain from shaking hands, and wear our masks whenever we leave our homes. In the Ghanaian context, it has been established that the cases of comorbidity, i.e. underlying health conditions, that are associated with almost all the COVID-related deaths, are mainly diabetes and hypertension. The risk factors for these diseases are being overweight, eating refined foods, too much salt and sugar in meals, inadequate physical exercise, excessive alcohol intake, and smoking. It is, thus, crucial that we improve our fitness levels, and adopt healthy eating practices that incorporate our local food stuffs, which boost our immune systems. Persons with these diseases must take extra precautions, and take their treatment seriously.

I am calling upon the Ministry of Information, the National Commission for Civic Education and the media to intensify public education of these protocols and directions. I entreat all religious, traditional, community and opinion leaders to continue to partner with government in engaging, mobilising and enforcing adherence to social distancing and personal hygiene practices in their respective communities.

Fellow Ghanaians, as I stated in my fifth (5th) address to the nation, we will protect people's lives, then their livelihoods. It is this principle that guided the decision to impose restrictions, and continues to guide me today. The fact of the matter is that the measures we have taken appear, by the grace of God, to be working, our healthcare system is, so far, not overwhelmed, and, you, the Ghanaian people, have largely embraced the principles of social distancing, the wearing of masks, and the enhanced hygiene protocols, which are our most effective defences against the virus.

We have learnt many lessons from this pandemic. The most obvious is that we have to fortify urgently our public health system. We have committed to the implementation of 'Agenda 88', that is building, within a year, a fully-equipped, functional district hospital for each district that does not have one, and a fully-equipped, functional regional hospital for each of the new regions, together with a new regional hospital for the Western Region, and the rehabilitation of Effia Nkwanta Hospital in Sekondi. We have to empower and increase the number of our healthcare professionals across board. Universal Health Coverage must become reality for all Ghanaians, not a slogan, for every Ghanaian deserves good health and good healthcare. We need to focus our energies on ensuring access of poor people to decent housing. We can no longer ignore this basic requirement of social justice. We have to make the things we use, and grow the foods we eat. We have to come out of this crisis better, stronger and more united than before. Ghana, free, united, socially just, self-reliant and productive, that is the Ghana we are going to create together after we have defeated this virus.

Fellow Ghanaians, ultimately, the Battle is the Lord's, and, with faith in Him, we will emerge from this greater than before. We are one people, we are Ghanaians, and we stand together in joy and in times of trouble. We are a people with an exceptional history, and we are the proud promoters of the Black Star of Africa. We have all gone down together, we should all rise together. This too shall pass!!

May God bless us all, and our homeland Ghana, and make her great and strong.

I thank you for your attention and have a good night.

**APPENDIX B – CODING SCHEME**

<b>CATEGORIES</b>	<b>DEFINITIONS</b>	<b>SUBCATEGORIES</b>	<b>CODES</b>
SOCIAL IMPACT	Interruption of normal social life arising from the imposition of the safety protocols.	Restrictions	<ul style="list-style-type: none"> <li>• Stay at home</li> <li>• Ban on public gatherings</li> <li>• Isolation and quarantine</li> <li>• Safety protocols</li> <li>• Lockdowns</li> <li>• Cultural rites</li> <li>• Religious rites</li> <li>• Closure of borders</li> </ul>
		Institutional	<ul style="list-style-type: none"> <li>• Closure of schools</li> <li>• Class size</li> <li>• Contact hours</li> <li>• Closure of businesses</li> </ul>
HEALTHCARE	Messages that relate to the provision of quality healthcare or otherwise to the citizenry.	Improving quality	<ul style="list-style-type: none"> <li>• Health education</li> <li>• Recruitment</li> <li>• Healthcare infrastructure</li> <li>• Capacity-building</li> <li>• Expansion of testing facilities</li> <li>• Provision of PPE</li> <li>• Local pharmaceutical production</li> <li>• 3Ts</li> </ul>
		Challenges	<ul style="list-style-type: none"> <li>• Backlogs</li> <li>• Inadequate facilities</li> <li>• CSM outbreak</li> <li>• Mental health</li> </ul>

		Incentives	<ul style="list-style-type: none"> <li>• Tax reliefs</li> <li>• Allowances</li> <li>• Insurance package</li> </ul>
SOCIAL JUSTICE	Messages that reveal the concentration of resources; the inadequacy of resources; and unfair distribution of facilities in terms of proximity, geography, institutions, class etc.	Class discrimination	<ul style="list-style-type: none"> <li>• Law enforcement</li> <li>• Inequality</li> <li>• Excessive force</li> <li>• Executive Instrument</li> <li>• Unequal distribution of resources</li> <li>• Marginalisation</li> <li>• Utopianism</li> <li>• Corporate support</li> <li>• Sanctions</li> <li>• Disregard for protocols</li> <li>• Low compliance of mask wearing</li> </ul>
ECONOMIC BURDEN	Financial impact of the pandemic on individuals, institutions, and the country as a whole as evident in the speeches.	Revenue reduction	<ul style="list-style-type: none"> <li>• Reduced number of passengers</li> <li>• Modifying market operations</li> <li>• Job loss</li> <li>• Poor GDP growth</li> <li>• Closure of businesses</li> </ul>
POLITICS	Messages that sought to counter oppositional allegations or promote the government positively with the potential of influencing voter decisions at the polls.	Political promises  positive	<ul style="list-style-type: none"> <li>• Political campaign</li> <li>• Political innuendoes</li> <li>• Agenda 88</li> <li>• Construction of regional hospitals</li> <li>• Free SHS</li> <li>• Examination expenditure</li> <li>• Voters register</li> <li>• Abundance of food</li> </ul>



			<ul style="list-style-type: none"> <li>• Comparison</li> <li>• Criticisms</li> <li>• Cost of treatment</li> <li>• Reviving the economy</li> </ul>
POLICIES	The provision of socioeconomic intervention to assuage the plights of the citizenry imposed by the pandemic.	Feeding  Financial support	<ul style="list-style-type: none"> <li>• Food supply</li> <li>• CAP</li> <li>• Free water</li> <li>• Water supply</li> <li>• Subsidies</li> <li>• Soft loan scheme</li> <li>• Stimulus package</li> <li>• Credit facilities</li> <li>• CST reduction</li> </ul>

