



**IMPLEMENTING COVID-19 MITIGATION AND
PROTECTIVE MEASURES IN GHANA AND SWEDEN:
SOCIO-ECONOMIC CHALLENGES AND OPPORTUNITIES**

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Abstract:

COVID-19 has punctured the thickest borders in the world, and even surpassed the global development gap. Containing the spread of COVID-19 is an unquestionable global socioeconomic priority that required immediate protective and mitigation measures across nations, whether developing or developed. Through the case of Ghana, a developing African country and Sweden, a developed European country, we aimed to understand both countries' preparedness and response strategies to mitigate the spread of COVID-19. We conducted a literature review of publicly available information from December 2019 through June 2020; a period in which the virus was first reported and quickly went to its peak. We explored socio-economic challenges and opportunities borne from the preventive and protective responses implemented in Ghana and Sweden. We also explored existing challenges and opportunities that hindered or enhanced the implementation of these protective and preventive measures. We drew on the Strengths and Resilience theoretical perspectives to recognize citizens' strengths, capacities and resources as an indispensable part of the solution.

Keywords: COVID-19; Coronavirus; response; measures; mitigation and protection; challenges; opportunities

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1. Introduction

The Coronavirus (COVID-19) has taken the world by storm, wreaking havoc, death and destruction. It is colour blind and respects no borders, although far from being the great equalizer, as it forces the poor to bear its brunt (Trägårdh & Özkırmılı, 2020). Although COVID-19 was first identified in December 2019 in Wuhan, the capital of China's Hubei province, it has since spread globally in most countries across all six World Health Organization (WHO) regions (WHO, 2020; Hui et al., 2020; WHO Director-General, 2020). WHO declared the 2019 Coronavirus outbreak a Public Health Emergency of International Concern on 30 January 2020 (Tait, 2020), and a pandemic on 11 March 2020 (WHO, 2020). By the 8th of May 2020, global statistics prepared by the Center for Systems Science and Engineering at John Hopkins University showed 3 862 174 COVID-19 confirmed cases, 1 291 490 recoveries and 269 881 deaths across 187 countries. These numbers increased to 6 112 902 confirmed cases, 2 597 111 recoveries and 370 416 deaths by the end of May 2020. At the end of June 2020, global COVID-19 cases had reached 10 375 897 with 5 285 5143 recoveries and 507 373 deaths (ArcGIS. Johns Hopkins University, 2020). Woefully, these statistics remain uncapped as this tally has continued to grow albeit variations in affected countries.

Although there have been developments in quest for a vaccine, it is only expected to be administered in 2021 in some countries, most which are developed (Grenfell & Drew, 2020). A key part of managing COVID-19 are efforts to decrease the epidemic's spreadⁱⁱ through measures such as; frequent hand washing, sanitizing, maintaining physical distance from others (especially from those with symptoms), covering coughs, and keeping unwashed hands away from the face (Salehi et al., 2020; American College of Radiology, 2020). In addition, the use of face coverings is recommended for those who suspect they have the virus and their caregivers (CDC, 2020b; WHO, 2020d). Worldwide recommendations for face covering used by the general public vary, with some authorities recommending against their use, some recommending their use, and others strictly requiring their use (Feng et al., 2020; Tait, 2020).

Globally, the spread of COVID-19 has triggered different responses across national and even state borders (Rolander, 2020). While WHO recommends world-wide implementation of COVID-19 measures, each country decides what actions to take, based on their own situation and the different stages of the outbreak they are facing (Holroyd, 2020). Moreover, decisions must take into consideration many factors including, resource capacities as well as community engagement and trust. This means that achieving uniformity in implementation may be difficult. Departing from a Strength-based and Resilience theoretical perspective, the authors recognized that citizens' strengths, capacities and resources (Saleebey, 2006) are an indispensable part of the solution.

ⁱⁱThe virus is primarily spread between people during close contact (WHO, 2020), often via small droplets produced by coughing, sneezing, or talking (Politi, 2020). People may also become infected by touching a contaminated surface and then touching their face (Jebril, 2020; van Doremalen et al., 2020).

Consequently, citizens' resilience, and optimism provide renewed possibility for the world to fight through the pandemic and emerge strong in its aftermath.

1.1 Why Sweden and Ghana

Sweden and Ghana represent the global North-South division, two countries with uniquely different economies, rule of law, traditional values, family structures and lifestyles of residents. All of these are likely to affect the overall decisions and approaches deemed suitable in response to the Coronavirus pandemic. A comparison of Sweden and Ghana is relevant on the merit of providing insights into two drastically different contexts, serving as examples of developed and developing countries' response to the pandemic. While we recognise that this analysis is not necessarily generalisable across developed and developing countries, the paper illustrates particular circumstances or approaches perceived to stand out both globally and regionally.

Sweden is known internationally as a highly developed welfare state providing universal healthcare, education and some of the world's best and most generous welfare benefits and services to its residents, while being progressive on issues of equality, environmental policy and immigration. Culturally, Sweden is one of the most secular and individualistic countries in the world. The level of public trust and confidence in the government and politicians is impeccable. Hence, this societal and cultural 'radicality' is reflected in Sweden's response to global problems, and the Coronavirus pandemic is no exception.

Ghana on the other hand is known for social welfare provisions designed to cater for the more vulnerable of its population. It is noted for being a religious and collective society that enables an environment of reciprocity, communal care and collective responsibility. The country was commended for its proactive and timely measures during COVID-19 pandemic. It was the first Sub-Saharan African country to set up an emergency response team immediately after the pandemic was declared a public health emergency (Communications bureau, 2020). Despite its early and timely measures, Ghana saw a steady rise in COVID-19 cases falling behind or ahead of Nigeria in the West African region as the country with the highest or second highest number of positive cases.

We recognize that the differences in these contexts could inform the actions or inactions of these two countries, the challenges they may face and opportunities they may enjoy while implementing measures in response to the Coronavirus pandemic.

2. Methodology

This article draws entirely on secondary data. Using a literature review methodology, the analysis and discussion draws on available research on COVID-19 pandemic; published peer-reviewed journals, government reports and gazettes, press releases and speeches, online newspaper articles and radio interviews. To guide the search, the following key words were used; Coronavirus, COVID-19 measures in Ghana and Sweden, COVID-19 response strategy in Sweden and Ghana, challenges of COVID-19 in Ghana, Problems

and Lockdown. The authors strategically placed focus on COVID-19 publicly available information from December 2019 to June 2020, a period in which the pandemic was at its peak worldwide and consequently stricter measures were instituted in some parts of the world. A relevant data source worth highlighting is the World Health Organisation (WHO) and the Centre for Disease Control (CDC), both of which are leading COVID-19 response agencies and have availed official information on COVID-19.

2.1 Limitations

Generally, there were few published articles on COVID-19 during the period from December 2019 to June 2020. The readily available information was from print and electronic newspapers and news articles. These sources may not carry the same weight as published peer reviewed journal articles and books. However, to increase the credibility of the material, the authors selected accredited newspapers and compared this information with the information available in authentic government reports. In Sweden for example, the authors were able to corroborate newspaper data with “folkhälsomyndigheten” (The leading Swedish national health agency responsible for responding to COVID-19), a trusted source. Similarly, information from the Communications Bureau (Office of the Presidency), the Ghana Health Service, the Ministry of Communication and the Ministry of Health webpages were used to corroborate information from electronic news articles in Ghana.

3. Theoretical departure: Strengths-based and Resilience Perspectives

The authors are cognizant of the health implications of the pandemic and the need for proper medical related solutions and policy interventions. However, individual contributions, whether through resilience or any act of solidarity are equally relevant. Departing from a Strengths-based and Resilience perspective, citizens’ strengths, capacities and resources (Saleebey, 2006) have been an indispensable part of the solution. Consequently, citizens’ resilience, and optimism, has made it possible to implement these response measures. As Saleebey (2012) points out, people usually demonstrate resilience and strength, rather than pathology, in the face of adverse life events. A glimpse of resilience is already evident as citizens worldwide continue to demonstrate perseverance amidst terrifying news of increasing death tolls, physical distancing and lockdowns.

4. COVID-19 pandemic in the Swedish and Ghanaian context

4.1 Sweden

On January 31, 2020, the first case of COVID-19 was detected in Sweden; a woman returning from Wuhan area in China had been infected (Folkhälsomyndigheten, 2020). On 26 February, multiple travel-related clusters were detected (Mattias, 2020). The first death was reported on 11 March in Stockholm, the country’s capital. A month later, COVID-19 deaths in the country leapt much higher than its Nordic neighbours, Norway

and Denmark (Ward, 2020). For instance, by April 29, 2020, Sweden which has 10.3 million inhabitants, reported 2,355 deaths linked to the Coronavirus compared to 422 in Denmark and 193 in Norway, whose populations are about half the size of Sweden (Ward, 2020). A possible explanation for this were the more restrictive containment measures instituted by Denmark and Norway, including a quick closure of their borders along with schools and industry to maximize social distancing efforts (Local Sweden, 2020). As of 30th June, 2020, confirmed COVID-19 cases in Sweden stood at 68 451 while the deaths were 5 333 (ArcGIS. Johns Hopkins University, 2020). Unfortunately, Sweden is one of the few countries that only tracks the number of deaths and not recoveries nationally as part of the country's infectious diseases strategy. The implication is that the number of COVID-19 recoveries are unavailable in Sweden. However, speculated number of recoveries were reported on the 31st of May 2020 as 4 971 recoveries (ArcGIS. Johns Hopkins University, 2020). Like in many other countries, the spread of COVID-19 was quite uneven in Sweden (Ward, 2020). Most cases were diagnosed and treated in the country's capital Stockholm and in some cases the northern county of Jämtland – a popular destination for skiers (The Local Sweden, 2020).

4.2 Ghana

Ghana recorded its first two cases of COVID-19 on the 12th of March 2020. This announcement was officially made in an emergency press briefing by the Minister of Health, Kwaku Agyemang-Manu following tests results from Noguchi Memorial Institute of Medical Research, University of Ghana (Duncan, 2020; Ghana Health Service, 2020). The two cases were imported cases from persons who arrived in the country from Norway (a senior officer of the Norwegian Embassy in Ghana) and Turkey (a staff member at the UN offices in Ghana), following a shutdown of both places of work (Anyoriga, 2020; Frimpong 2020). With 21 confirmed cases (mostly imported), Ghana recorded its first death toll on March 21st, 2020. The 61-year-old man was a resident of Kumasi with underlying health problems (Dapaah, 2020). As of 16 May 2020, following 160 501 tests, confirmed COVID-19 cases in Ghana stood at 5 638 with 494 recoveries and 28 deaths. At the end of June 2020, following 300 520 tests, confirmed cases had drastically increased to 18 134, with 13 550 recoveries and 117 deaths. This made it the country with the second highest confirmed cases in West Africa after Nigeria with 26 484 confirmed cases, 10 152 recoveries and 603 deaths (ArcGIS. Johns Hopkins University, 2020; Ghana Health Service, 2020a). The increase in Ghana's confirmed cases could be attributed partly to the country's rapid and enhanced contact tracing, general surveillance and testing measures (CNBC Africa, 2020; Ghana Health Service, 2020a). Following the significant rise in confirmed cases, Ghana had equally seen a significant rise in recovery cases (74.7%) leaving the country with 4 467 active cases and a very low death rate, one of the lowest in the world per confirmed cases (Ghana Health Service, 2020a). By the end of June, 2020, all 16 regions in Ghana had confirmed COVID-19 cases with a gender distribution of 41% female and 59% male. Majority of cases were recorded in the Greater Accra Region (10 087) followed by the Ashanti Region (3 676) (Ghana Health service,

2020b), the two most populated regions in the country. Of the 18 134 confirmed cases only 25 were in critical conditions at the time (Ghana Health Service, 2020a).

5. Measures in response to COVID-19 pandemic

5.1 The Swedish strategy

When other European governments introduced draconian measures at breakneck speed, leaving their populations shell-shocked (and possibly better protected), Sweden stayed remarkably calm in the midst of a full-blown global pandemic (Bjurwald, 2020). The government favoured a strategy of mitigation - allowing COVID-19 to spread slowly without overwhelming the health system (Ward, 2020; Robertson, 2020). The overall objective of the government's efforts was to reduce the pace of the spread of COVID-19: to 'flatten the curve' so that large numbers of people do not become ill at the same time (Government Offices of Sweden, 2020a). By limiting the spread of the virus, the government aimed to relieve pressure on the healthcare system and limit its impact on critical services by ensuring that society can continue to function normally (Ward, 2020). To this end, Sweden's government by contrast allowed schools for children 16 years and younger to remain open, as were borders, restaurants, bars and other establishments from hair salons to gyms, and (fully stocked) shops (Robertson, 2020). Buses and trams were shuttling people all over the country (Robertson, 2020).

Unlike the most countries at the time, Sweden, by contrast did not order a lockdown, instead the Public Health Agencyⁱⁱⁱ and the government introduced social distancing guidelines on April 1st, 2020, later than many other countries (The Local Sweden, 2020b). Everyone in Sweden was urged to stay at home if they are at all sick (even a mild cough or sore throat), practice social distancing, avoid non-essential travel within the country, work from home if possible, follow good hygiene practices, and avoid non-essential visits to elderly people or hospitals. All higher education institutions have transitioned to remote learning, while workplaces introduced options for teleworking. Among the stricter measures were bans on gatherings of more than 50 people, and visits to retirement homes. Student festivals, religious and cultural events were also postponed (Maragakis, 2020). Restaurants and bars were only allowed to provide table service, with tables spaced one to two meters apart to prevent overcrowding (The Local Sweden, 2020a; Parker-Pope, 2020). Other stricter measures included partial closure of the Swedish borders. The entry ban applied to all foreign nationals attempting to enter Sweden from a country that was not a member of the EU, the EEA or Switzerland (ØresunddirektsInformationscenter, 2020). However, the entry ban did not affect Nordic citizens, people with particularly urgent needs and those who carried out essential functions in Sweden.

ⁱⁱⁱThe Public Health Agency of Sweden is the expert agency mandated to initiate all actions to prevent the spread of COVID-19 virus (see folkhalsomyndigheten.se). Besides informing the general public on the COVID-19 development, the agency has a lead role in issuing advice and recommendations prior to any government actions aiming to prevent the spread of the virus (Robertson, 2020; Göteborgs-posten, 2020).

5.2 The Ghanaian strategy

Ghana's government strategic response aimed at five key objectives; to reduce and halt the importation of the virus; contain its spread; reduce its impact on social and economic life; ensure the sick are adequately cared for; and encourage increased local capability as well as deepen citizen's self-reliance (Communications Bureau, 2020). On February 7, 2020, approximately a week after WHO had declared Coronavirus a Public Health Emergency, an emergency response team was constituted by the government to tackle the crisis (Communication Bureau, 2020; Tait, 2020). A press release issued on March 10th, 2020 indicated that, the President had mandated strict checks and rigorous screening procedures at Ghana's entry points. In preparation for potential cases, isolation, treatment and quarantine centers had also been set up. Additionally, there had been procurement and distribution of several thousand personal protective equipment (PPEs) to major health facilities in all regions, points of entry, teaching hospitals and treatment centers. Non-essential travel into Ghana from high risk countries (China, Iran, Italy, Japan and South Korea) at the time was strongly discouraged. The President further issued a temporary suspension on all foreign travels for all public officials (Communications Bureau, 2020). On 11th March 2020, the government directed the allocation of the cedi equivalent of \$US100 million towards enhancing the country's preparedness and response strategy to mitigate the spread of Coronavirus and address the effects thereof (Ghana News Agency, 2020; MoH, 2020).

On March 15th, 2020, the President announced a four-week suspension of all public gatherings^{iv}. From the start of June public gatherings i.e. private burials, weddings and church services with a maximum of 100 persons were approved, providing they took account of all attendants and adhered to hygiene protocols and mask wearing. Guidelines for churches to resume their services were later issued. Other social gatherings like political rallies, crusades and funerals remained prohibited. All universities and tertiary institutions, high schools and basic schools were closed from 16th March 2020, a measure extended to the end of May and later until further notice (Communications Bureau, 2020). The suspension of BECE and WASSCE examinations until further notice was then lifted. In the month of June, final year students of universities and tertiary institutions and 3rd and second year senior high school students were allowed to return to school. This was in preparation for their final examinations and for second year senior high school students to complete their first semester while adhering to precautionary measures. Final year junior high school students also returned to school on June 29th, 2020 in preparation of their final examination. This was prior to the fumigation of all educational establishments (Communications Bureau, 2020).

The government also made available several thousand thermometer guns, veronica buckets, hand sanitizers, liquid soap, rolls of tissue paper and reusable face masks for schools. The Ministry of Education in partnership with the Ministry of

^{iv}Public gatherings included funerals (private burials were permitted with a limited number of 25 persons in attendance), conferences, workshops, festivals, political rallies, sporting events and religious activities (church and mosque services) (Communications Bureau, 2020b; MoH, 2020).

Communication following the closure of educational institutions were tasked with ensuring distance education which led to electronic and online learning (Communications Bureau, 2020; MoH, 2020). Businesses and other workplaces were allowed to operate and mandated to observe enhanced hygiene and social distancing protocols between staff and patrons. The Ministry of Transport in collaboration with the transport unions and transport operators, and other establishments^v were to equally observe enhanced hygiene protocols (Communications Bureau, 2020; MoH, 2020). The Ministry of Local Government and Rural Development in partnership with Metropolitan, Municipal and District Assemblies (MMDAs) enhanced hygienic conditions in markets across the country (Communications Bureau, 2020). Parliament on March 21 passed the Imposition of Restrictions Act 2020 (Act 1012) which embodied all laid down restriction measures. On April 26th, the Ministry of Health mandated the wearing of masks in all public places and especially in areas that had a low possibility for social distancing (Adams, 2020). From 17th March 2020, Ghana banned entry to all travellers who had been to countries with at least 200 cases of Coronavirus over the past 14 days with the exception of Ghanaian citizens and permit holders. A mandatory 14-day quarantine of persons allowed within the jurisdiction of the country was issued. Guidelines for self-quarantine were made available at varied entry ports (Aljazeera, 2020; Ghana Health Service, 2020). The government later suspended all flights and ordered an extension on the total lock down of all borders to human traffic until further notice. During the month of June however, exceptions were made to allow Ghanaians stranded in other countries to return home (Communications Bureau, 2020; Ghana Health Service, 2020; New York Times, 2020).

Under the Imposition of Restriction Act 2020, the government imposed a two weeks partial lockdown (later extended by a week) on the Greater Accra and Greater Kumasi Metropolitan Areas identified as hotspots for the spread of the virus. This excluded the Three Arms of Government offices and essential services^{vi} (Communication Bureau, 2020; Yeboah, 2020). Thousands of additional PPE's, vehicles and tablets were procured (Communication Bureau, 2020). As an added measure to enhanced contact tracing, testing and treatment, Ghana launched a COVID-19 Tracker app to aid in tracing persons that had been in contact with COVID-19 positive individuals. There was enhanced community hotspot testing, care of critical cases in treatment facilities and mild cases in isolation facilities (ITU, 2020; MoC, 2020). To address disruptions in economic activities, the government allocated GH¢1 billion to households and businesses with particular attention to small and medium scale enterprises (SMEs). Soft loans were issued for SMEs with an additional GH¢3 billion issued to especially support the

^vOther establishments included Supermarkets, shopping malls, restaurants, night clubs, hotels and drinking spots (Communications Bureau, 2020b)

^{vi}Other exemptions included environmental and sanitation activities, staff of VALCO (a government owned aluminium company), road and railway construction services, mining workers, fisher folk, security agents assigned lawful duties, personnel of electricity, water, telecommunication, e-commerce, digital service providers and fuel stations. Organizations involved in the production, distribution and marketing of food, beverages, medicine, pharmaceuticals, plastic and paper packages (Communications Bureau, 2020)

pharmaceutical, hospitality, service and manufacturing sectors (Communications Bureau, 2020; Bonney & Andoh, 2020). Through the government's Coronavirus Alleviation Programme (CAP) ^{vii} in partnership with faith based organisations, vulnerable communities within areas of restriction were provided with dry food packages and hot meals (Communications Bureau, 2020; Ministry of finance, 2020). Hotlines were also set up in accordance with this provision (Emmanuel, 2020). Approximately 500 capacity hostels were secured for Kayayei (female head porters) in addition to other accommodation for deprived and homeless persons during the period of lockdown by the Ministry for Gender Children and Social Protection (Ministry of finance, 2020). 100% water bills and 50% - 100% electricity bills were fully absorbed by the government for three months (April-June) (Dapaah, 2020).

Local manufacturing companies were assisted by the government to domestically produce PPE's. The government issued an insurance sum of GH¢350000 each to frontline health workers and allied professionals, a daily allowance of GH¢150 to personnel working on contact tracing, free tax for health workers for the periods of April to June, a 50% increase in basic salary from March to June and free buses to convey health workers for the duration of the lockdown (Communications Bureau, 2020; CNBC Africa, 2020). The president in his 13th nations update on June 28th, 2020 announced the extension of these incentive packages for health workers by three extra months (July to September). Markets within some districts embraced the policy of alternate-days-for-alternate produce selling to ensure social distancing with a few markets closed due to the flouting of social distancing rules. A clean up exercise^{viii} was also issued in the country with major focus on lockdown areas and markets within these areas (Knott, 2020; Kwasin, 2020).

6. Implementation challenges

6.1 Sweden

The self-regulatory approach adopted in Sweden, although relatively well received and accepted by residents, came with a unique set of challenges. For starters, the approach shifted the burden from law enforcement agencies and personnel to individuals (Trägårdh & Özkırmılı, 2020). It thus left a delicate balance to be struck by each individual between continuing life as usual and exercising social distancing and care to limit the spread of the virus. In addition, effectively getting people to stay at home, avoid crowded places and maintain distance from others is challenging especially when restaurants, bars, leisure parks and gyms, which are the heartbeat of the country are open.

^{vii}The government allocated GH¢1.2 billion towards the Coronavirus Alleviation Programme to support households and small businesses. By the 19th of April, 2.7 million food packs had been distributed to vulnerable communities within locked down areas. 470,000 families had also received dry food packages as against the 400000 target (CNBC Africa, 2020).

^{viii}The ministry of Sanitation and Water resources along with 400 personnel gathered from the Police, Military, Fire and Prisons Services embarked on a cleaning exercise to distil open drains, collect and dispose garbage from homes, public places, markets and vehicle terminals from April 3rd to 5th. By April 4th, markets and vehicle terminals within 13 regions were cleaned and sprayed (Communications Bureau, 2020)

For residents living in over-crowded households such as Stockholm's Somali community, social distancing is a luxury they can barely afford (savage, 2020a; Radio Sweden 2020). Socio-economic vulnerability and ethnic segregation in general contributes to the creation of high-risk environments. Marginalized groups more frequently practice intergenerational living and are concentrated to the same geographic areas (Trägårdh & Özkırımlı, 2020). Additionally, members of these communities are to a large extent employed within public or essential service sectors such as healthcare and transportation, making it impossible to work from home.

Weather is a key factor to consider especially during the past summertime. In a country with incredibly long and dark winters, where depression and loneliness are common among residents, the severity of the pandemic was overshadowed by people's desire to enjoy the sunlight in the company of friends and family in the public realm. At the peak of the pandemic, many people in Sweden were outdoors, soaking up the spring sunshine while sitting at crammed restaurant terraces, or queuing closely together outside nightclubs (The Local Sweden, 2020). Although it was not "business as usual" here (Longman, 2020), life was still bustling as much as it ever has, with laughing couples in open restaurants and friends socializing in city parks (Ward, 2020; Savage, 2020). This meant that although Swedes were generally adhering to guidelines in their day-to-day life, continuously take calculated risks that became increasingly dangerous in the presence of temptations such as good weather, yearly traditions, public holidays and a lot of free time.

There is the potential for National and international criticism of the Swedish COVID-19 response strategy (McLaughlin, 2020; Savage, 2020a; Swedish Radio, 2020; Henley, 2020) to shake the public's trust and confidence in this strategy. A growing number of Swedish doctors and scientists raised alarm (The Local Sweden, 2020c). In late March, Cecilia Söderberg-Nauclér, a viral immunology researcher at the Karolinska Institute and one of the op-ed signatories, noted that the Swedish approach was leading the country to catastrophe (Anderson, 2020). On April 24, a group of 22 doctors, virologists, and researchers wrote an op-ed in newspaper Dagens Nyheter asking the Public Health Agency for more transparency, questioning why Sweden had stayed its course when others, like the UK, followed the rest of Europe with tougher measures (Anderson, 2020).

6.2 Ghana

Challenges students face with the closure of schools is their inability to effectively study from home. Online learning is ineffective, parents are facing problems supervising their children's learning at home and assisting them in accessing online learning platforms. The limited access to internet makes e-learning challenging for majority of students. Lack of technical knowledge on technological devices for e-learning is another challenge (Owusu-Fordjour, Koomson, & Hanson, 2020). Unlike in Sweden and the rest of the western world where internet connection is readily available in most homes, the vast majority of Ghanaians do not have this luxury. A lot of students do not own laptops or

computers at home and for some who have mobile phones, data is expensive. Some of the poorest communities do not have access to televisions or radios and in some cases electricity. All these instances make e-learning practically impossible for some.

Social distancing is a privilege most Ghanaians cannot afford given the nature of housing and living arrangements as well as overcrowding in some neighbourhoods and slum areas. A lot of Ghanaians engage in communal living (Armah-Attah, Sanny & Selormey 2020); thus, many people share the same homes and rooms as well as housing facilities. Additionally, the measure to provide hot meals for vulnerable persons had been criticized as inappropriately administered due to its severe disregard for social distancing protocols in some municipalities. Some concerned citizens had taken to social media to post video showing crowds of people queuing for food items (Star FM, 2020). The need to mingle in some cases overrode social distancing protocols as the streets were filled with community youth walking in groups and young couples holding hands.

During Ghana's three weeks partial lockdown, traders tended to return to the streets as soon as regulatory activities ceased (Armah-Attah et. al, 2020). This was as a result of the need to work as Ghana has a large informal sector that cannot work from home. The lockdown also resulted in panic buying leading to a hike in food prices in restricted areas. Within 13 of Ghana's 16 regions, about 400 persons were arrested for defying the ban on public gathering and lockdown orders (Armah-Attah et. al, 2020; Sanny & Asiamah, 2020). There were reports of people going to beaches, organizing parties, wedding ceremonies, traditional rites, and church services (Sanny & Asiamah, 2020; Gyimah 2020).

Establishing isolation centers in some areas also incurred community resistance (Sanny & Asiamah, 2020) due to fear of infection and perhaps stigma. Some recovered COVID-19 victims reported being stigmatized by their communities (BBC, 2020; Communications Bureau, 2020). Although wearing of face masks is mandatory in Ghana (Adams, 2020), some people still go around without it. A few are seen wearing oversized and undersized masks, while others wear it on their chin or forehead disregarding legal and public health consequences. Transport operators were also raking in less money due to reduced number of passengers.

Based on observations made by the Ghana Health Service, most lives lost to COVID-19 were either on arrival at the hospital or within forty-eight (48) hours post arrival (Communications Bureau, 2020). This implies that there are persons/families who for one reason or another fail to seek immediate medical help upon experiencing symptoms. This puts more people at risk as the virus is likely to have spread before patients are transported for medical attention. The fear of stigma and embarrassment as well as people taking lightly the severity of this disease could account for late reporting of COVID-19 suspected cases.

Following the closure of Ghana's borders, the country faced challenges of illegal immigration into the country from neighbouring countries via its land borders particularly the Togo and Burkina Faso borders. Some of these immigrants had tested

positive for COVID-19 adding to the number of imported cases (Communications Bureau, 2020; National Identification Authority, 2020; Zurek, 2020).

7. Contextual opportunities in implementing the measures

7.1 Sweden

A strong point of departure when considering opportunities for implementing measures in the Swedish context is; Sweden's trust, technology, strong social protection, the culture and lifestyle of its residents, and teamwork (Savage, 2020). These may well continue to be valuable assets for the country as things develop, albeit in times of crisis like this, nothing is certain for sure.

Sweden's COVID-19 calmer approach (self-regulated social distancing instead of draconian lockdown) led by the state epidemiologist, Anders Tegnell^{ix} (Trägårdh & Özkırmı, 2020; Hellman, 2020; Henley, 2020) worked because of the public's trust and long-standing confidence in the state (Savage, 2020a; Anderson, 2020; Steinmo, 2013; Svallfors, 2011). Despite raised questions for the country's handling of the global health crisis (Holroyd, 2020; McLaughlin, 2020), many Swedish residents supported and continue to support this approach (The Local Sweden, 2020c). They consider it logical in the context of the country's history, culture, and values, which consider the 'rights' of many, not just the elderly and sick (Hellman, 2020; Anderson, 2020). A poll published in April by analyst firm Novus showed that faith in the government was significantly up in March, with 44 percent of respondents saying they had a lot or a great amount of trust in Prime Minister, Stefan Löfven, up from 26 percent in February (The Local Sweden, 2020c). The same high-level trust that people in Sweden have in government agencies is bestowed on the residents by politicians and authorities. The Swedish government has tried to focus efforts on encouraging the right behaviour and creating social norms rather than mandatory restrictions. Government officials including Swedish prime minister, Stefan Löfven, as well as the Public Health Agency of Sweden, trust each individual to take responsibility for their own health and the health of others. In return, Swedes have embraced individual responsibility and appear to be following (such) guidelines and the authorities' advice without the need for legislation. Many are working from home, following hygiene recommendations (especially using hand sanitizers in public), a few are wearing masks, and high schools and universities have switched to distance education (Hellman, 2020).

COVID-19-strategies of social distancing, voluntary quarantine and working from home are conducive to overall Swedish conditions and lifestyle. More than half of all Swedish homes are made up of one resident, putting it in the lead in comparison to its European counterparts (Savage, 2020a; Bjurwald, 2020). This is advantageous for physical distancing. In addition, Swedes are relatively private people, not much of socializers (Savage, 2020a), and are prone to spend a majority of their free time in the domestic

^{ix}Anders Tegnell is the scientist behind Sweden's COVID-19 relaxed strategy. He is experienced with more than 30 years in medicine (Savage, 2020b).

sphere. Furthermore, a large proportion of workplaces already offer employees the possibility to work from home to some extent, making it fairly easy for Swedes to transition into working remotely full time (Bjurwald, 2020). More than two thirds of Swedes already work online from home at least some of the time, with around a third doing this on a daily or weekly basis (Savage, 2020a).

The Swedish welfare state has a strong social security net (Anxo, 2015), thus enabling it to mitigate the economic impact of the COVID-19 virus outbreak on Swedish businesses, organizations, people's jobs and livelihood (Government Offices of Sweden, 2020b). Crisis packages to Swedish entrepreneurs and economic measures to make sick leave less costly were implemented (Government Offices of Sweden, 2020b). The system of short-term layoffs allowed employers to reduce their employees' working hours by up to 80 percent and the central government to cover a clear majority of the cost. This combined with the reduced employers' social security contributions, allowed 86 per cent of total wage costs to be lifted during May and June (Government Offices of Sweden, 2020c).

7.2 Ghana

Ghana is not noted for its welfare and social protection to cushion citizens in times of crisis and pandemic situations. However, the country has drawn on internal strengths with its government taking several measures to help curb the effects of the pandemic. For instance, the Ghana Football Association (GFA) and some churches offered up their facilities as COVID-19 isolation centers (Lartey, 2020; Teye, 2020). Churches and other private organisations took the initiative to support vulnerable persons with food items during the partial lockdown (Okumeni, 2020).

With the exception of a few deviants, Ghanaians adhered to the restrictive and protective measures issued by the government. In one of his nations address speeches, the President of the Republic of Ghana applauded efforts in keeping with governmental measures that showed solidarity and communal reliance (Communications Bureau, 2020). Prior to lockdown, some institutions willingly closed down in attempts to reduce spread of the virus. The government's assistance and encouragement to local manufacturing companies to domestically produce PPEs, sanitizers and medicine will boost the local economy. Others have designed, produced and donated approved PPEs to hospitals (Ranson, 2020). Locally made facemasks for the general public would promote textile and fashion businesses.

Ghanaian scientists from the University of Ghana's Noguchi Memorial Institute for Medical Research (NMIMR) and West African Centre for Cell Biology of Infectious Pathogens (WACCBIP) have managed to sequence genomes of SARS-CoV-2, the virus responsible for COVID-19. This significant milestone according to the director of NMIMR will enhance surveillance for the tracking of mutation and to trace sources of community infection amongst persons with no known contact with infected persons (UGPAD, 2020). Ghana has been applauded for effective and enhanced contact tracing and testing. The country has a very low fatality rate in relation to all its COVID-19 cases. Only 25 infected

persons were in critical condition by the end of June (Ghana Health Service, 2020) with the majority of cases being asymptomatic (Communications Bureau, 2020). The pandemic has also opened up room for innovations and inventions such as the COVID-19 Tracker App (MoC, 2020), enhanced testing with drone delivery of samples to testing centers which is the first in the world (Naadi, 2020), and development of Rapid Diagnostic Test Kits. Other inventions include a solar powered hand washing sink by two brothers and COVID-19 prevention electronic buckets by two high school students (Adamu, 2020; Ayamga, 2020; Communications Bureau, 2020).

Ghanaian citizens and residents have also enjoyed free water bills for the months of April, May and June; with some enjoying 100 or 50 percent electricity bill relief. Health workers have enjoyed and continue to enjoy governmental incentive packages. This served as a good motivation for citizens to continue their immerse dedication and hard work. Heeding the President's call on citizenry for assistance, a group of private businesses across different sectors within the country mobilized to form the COVID-19 Private Sector Fund. This is currently funding the construction of Ghana's first 100 bed isolation and treatment center in the Ga East Municipal Hospital, which would be utilized as the National COVID-19 treatment Center. Part of the fund was used to fund the provision of hot meals for vulnerable populations and PPEs for hospitals (Akwa, 2020). The country acted proactively in setting up treatment facilities with very little critical cases, thus if there comes a time where more people need critical care the health sector would be less overwhelmed. Similarly, following the presidents appeal for donations for a COVID-19 National Trust Fund to complement governmental efforts towards tackling the pandemic, the government has received a total of GH¢8.75 million from the public. The Presidents example of donating three months' worth of his salary to the Trust fund was followed by many government appointees (Communications Bureau, 2020; MoH, 2020).

As co-chairs of the Committee of African Finance Ministers, Ghana's Minister for finance and his South African counterpart aced their efforts to bring debt relief to African countries during this pandemic. They managed to lobby for a nine months debt standstill from the World Bank from May 1st for all qualifying member countries of the International Development Association (IDA) at the tune of \$44 billion. Ghana stands to benefit \$500 million due to the freeze in principal and interest payment for the duration of the standstill (CNBC Africa, 2020), a huge benefit to its economy.

This pandemic has reiterated the stark inequality in Ghana's Educational Sector, inequality and inadequacies within the Public health sector and necessitated addressing mental health issues in these times (panic, anxiety, depression). This has led the government to prioritize Ghana's health system and initiate the construction of 88 hospitals with bed capacity of 100, fully equipped with accommodation for health workers in all districts without hospitals within a year. Priority has also been given to the construction of six new regional hospitals in the new regions without hospitals and establishment of laboratories as well as the revamping of other regional hospitals and existing laboratories. The government has also committed to the building of three

infectious disease control centers in Ghana's Coastal, middle Belt and Northern regions with the aim to establish a Ghana Center for Disease Control in the coming years (Communications Bureau, 2020; MoH, 2020).

8. Discussion

The global outbreak of COVID-19 reveals that although globalization stimulates socio-economic development through the free movement of people and goods, it could also be a channel for the spread of diseases. The different local actions and response efforts by states and their respective institutions to the same global pandemic reiterate that globalization may not always provide globalised solutions to global issues. Moreover, premised on the previous discussion on COVID-19 measures adopted and the opportunities and challenges in implementing these measures in Ghana and Sweden; it is evident that decisions made take into consideration the local context realities. Some of which include state capacities (resources), culture and local values, lifestyle of residents and characteristics of the labour market among others.

In response to the global COVID-19 pandemic, Sweden adopted a lax approach by implementing measures deemed necessary at the time (right measures at the right time), while Ghana implemented all measures necessary to immediately halt the importation of the virus and contain its spread. Although Sweden recorded COVID-19 cases much earlier than Ghana did, Ghana quickly initiated stricter measures (including a partial lockdown and restrictions backed by legislation) a lot earlier than Sweden, whose measures remain largely self-regulated than mandatory. This may partly account for the difference in positive cases and perhaps number of deaths in both countries to date. Consequently, Ghana has been applauded for her proactive stance in the fight against the pandemic, while Sweden, has been criticised for its lax approach.

It is evident that specific country conditions may facilitate or hinder the implementation of the WHO recommended measures. For instance, physical distancing, e-learning, and working remotely have been rather conducive to the Swedish context; the smaller households (in most cases, one resident), a cultural tendency to be private, availability of internet and electricity and popular use of technology, laptops and iPads. On the other hand, Majority of Ghana's labour force is absorbed by the informal sector, making it difficult to work remotely. In addition, Ghana traditionally has larger households where communal living practices bring about a lot of interaction. Moreover, internet and electricity are not accessible for some portions of the population, predominantly in highly rural areas.

Furthermore, looking at the voluntary and mandatory measures issued by Sweden and Ghana respectively, Sweden's approach places the burden of responsibility solely on citizens while Ghana's approach places the burden of responsibility on both citizens and law enforcement agencies. With the restrictions being the responsibility of Swedish residents, adhering to them becomes a matter of interpretation with no risks or fear of legal repercussions to the individuals. For example, Swedish residents are not arrested

for failing to wear masks or for violating public and social gathering restrictions. In Ghana however, a few people had been arrested for flouting restrictive and protective measures. There is the possibility that punitive measures have a deterring effect on residents, which may work to Ghana's advantage.

Notwithstanding the differences in strategies, major policy decisions, opportunities and challenges, both governments draw on the strengths, resiliencies, optimisms and capabilities of their residents. The values of 'Ubuntu'^x continue to prevail in Ghana and Sweden, as members of the general public continue to demonstrate the capacity for care, compassion, understanding and solidarity. In Sweden for instance, the residents (with exception of a few deviants) embraced the responsibility to stay safe and keep others safe by adhering to social distancing guidelines, following hygiene, self-isolating and avoiding large social gatherings and non-essential visits within and outside of the country. In addition, some residents voluntarily offered to run errands (including food supplies) for the at-risk groups (elderly).

Similarly, the Ghanaian government has benefited from community adherence, resources, solidarity, and public-private partnerships. Good examples are isolation facilities offered by some churches and the Ghana Football Association, local private sector manufacturing of Personal Protective Equipment and sanitizers, the 100-bed treatment center put up by the private sector, as well as organizations donating food items and funds to the government and vulnerable populations. As Ghana and Sweden respond to the severity of the COVID-19 pandemic through health economic and social measures, it is vital to enhance emotional resilience and inspire optimism among the general public.

9. Conclusion and recommendation for further research

It is evident that at the core of the Swedish COVID-19 model, is a high level of public trust in government decisions and trust by government authorities in residents to follow precautions. Ghana adopted a proactive stance by utilizing the country's emergency funds and local contributions towards initiating early measures prior to and after recording COVID-19 cases. By monitoring these measures, the government made appropriate adjustments to better suit the local context, while preventing further importation and limiting internal spread of the virus. Based on the implementation of aforementioned measures, it can be said that Ghana is progressively meeting its set objectives. To limit and stop importation of cases, the country suspended all flights, closed all borders and mandated quarantine and testing for arriving travellers. The country also made provisions to cushion its economic, health and hospitality sectors. The Swedish strategy also seems to be working because Swedes have voluntarily embraced

^xUbuntu (Zulu pronunciation: [ùbùnt'ù]) is aNguniBantu term meaning "humanity." It is often translated as "I am because we are," or "humanity towards others (Tutu, 2013). Ubuntu asserts that society, not a transcendent being, gives human beings their humanity. It is the soul force that drives almost every facet of societal life in African societies and creates relationships between African communities (Lefa, 2015).

social distancing guidelines. Regardless of the different strategies, the opportunities and challenges in implementing the measures in each context, the efforts and decisions of both governments aimed to ensure the availability of resources for healthcare, to limit the impact on critical services (by ensuring that the healthcare, police, energy, communications, transport and food supply systems, for example, can maintain their activities), to alleviate the impact on people and businesses (through financial crises packages) and to ease concern by continuously providing information on COVID-19 developments and on measures being taken, and why.

A lot has changed regarding the Coronavirus pandemic since June 2020. Not only have there been more infections and deaths but also the onset of a second wave of the pandemic. Consequently, state measures have and continue to be implemented over the second half of 2020. We therefore recommend further research into the period from June 2020 until now and furthermore. Research can focus on these added measures and consequent challenges and opportunities prior to and throughout the second wave. The research could also focus on exploring whether past challenges have eased up or worsened, and if predicted challenges, public fears and concerns have manifested.

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