

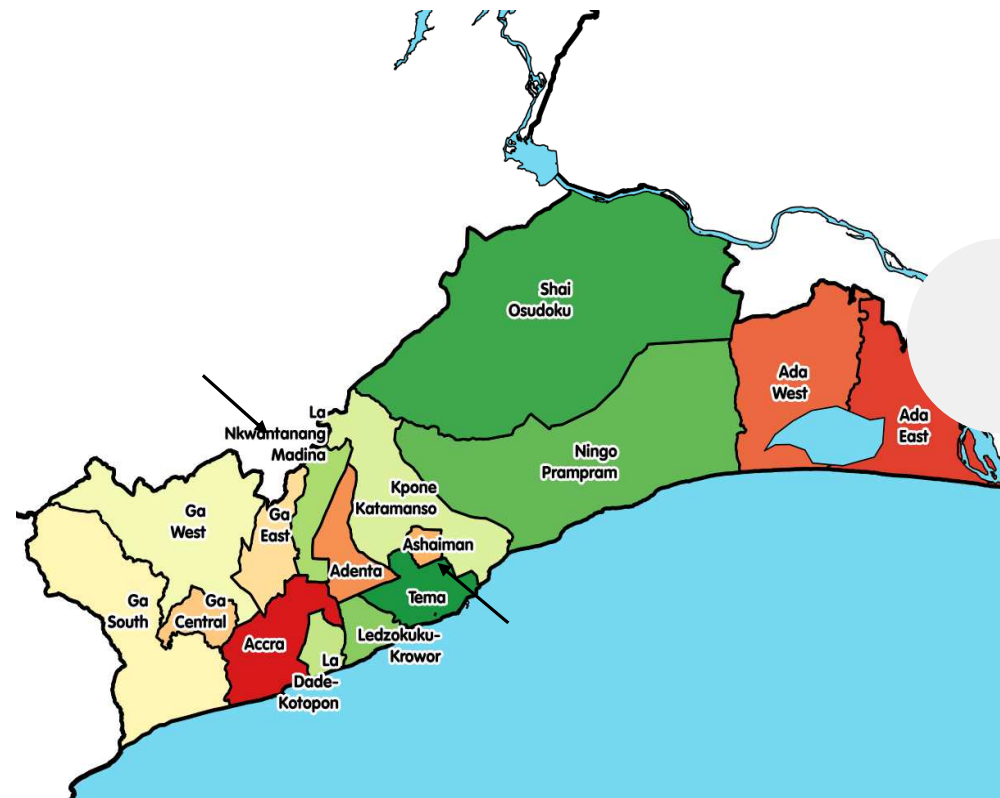
*Local and central governance
response to the first wave of
COVID-19 in Ghana: Strengths,
disconnects and lessons*

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Background and Objectives

- Public health emergencies are complex challenges and the involvement of and coordination between multiple sectors and levels of government is important for preparedness and response
 - Strong intra-organizational relations are critical for multisectoral action, and intra-government coordination (among public sector organisations ministries, departments and agencies) particularly important
 - Single cross-sectional case study: **To explore governance, coordination and implementation actors, structures and processes, facilitators, and barriers within local government and between central and local government in Ghana's COVID-19 response during the first wave of the outbreak.**
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Methods: Sources of Data



In-depth Interviews

- 23 interviews (10 Ashaiman; 13 L-N Madina) conducted in Feb/March 2021
- Key decision-makers and implementers from local government and municipal health management teams



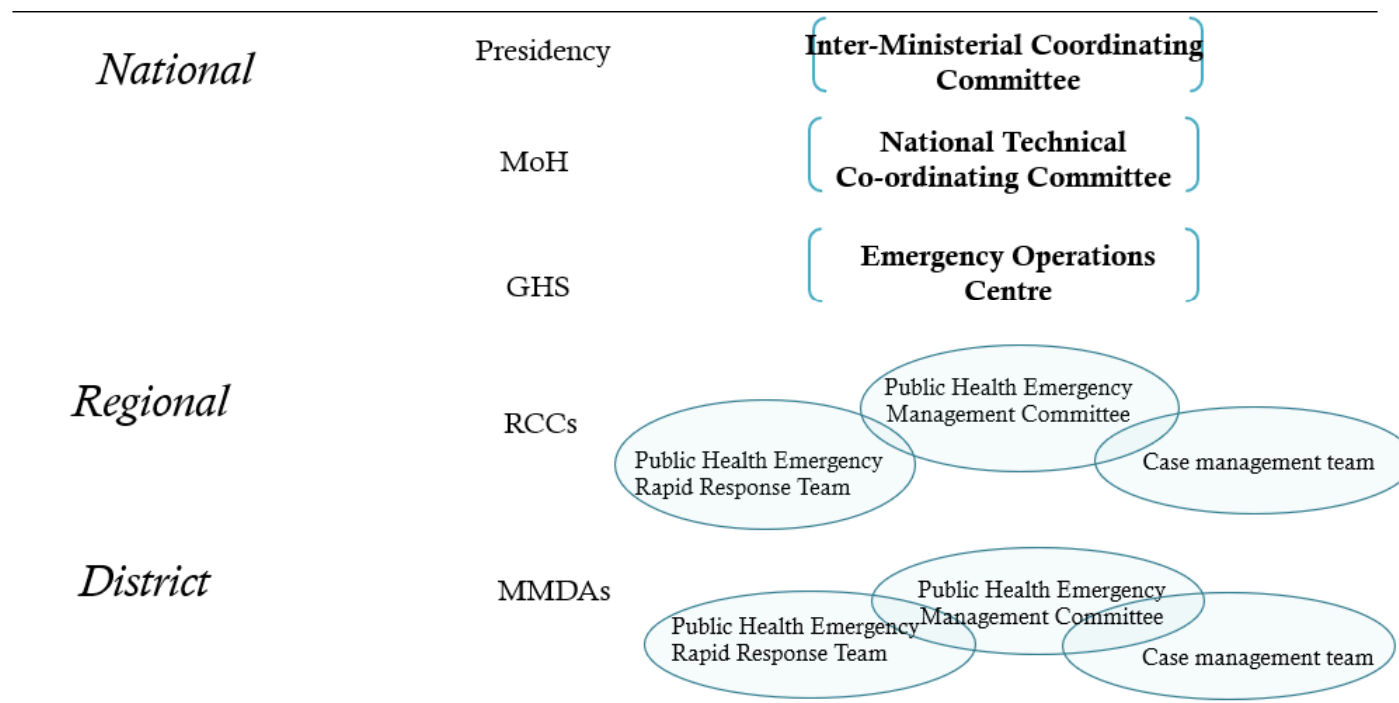
Media/ Document Review

- Desk review – media, reports, briefing notes, strategies, guidelines, etc.
- Online portals of 2 newspapers (Daily Graphic, Daily Guide) and 2 radio stations (Citi News, My Joy Online) using Factiva database

- 2586 documents retrieved
 - Excluded: 2013
 - Included: 573

Findings: Structures for decision-making and response

- Multisectoral governance structures for management of emergencies



Findings: Roles and Coordination

- *National:* National government provided directives and guidelines, training, and provision of funds and logistics. Convening IMMC, NTCC, EOC, etc.
 - *Regional:* Convening Regional PHEMCs, PHERRTs
 - *Local government:* Municipal Health Management Teams (MHMTs) and Metropolitan, Municipal and District Assemblies (MMDAs) were two lead actors
 - Convening municipal PHEMCS (directed by MMDAs) and PHERRTs (directed by MHMTs)
 - Primary role to implement interventions identified by the national government focused on (1) Risk communication and other preventive protocols, (2) Case management and surveillance, and (3) Relief programs for the most vulnerable and needy
 - Instructed to collaborate with specific national and local ministries, departments and agencies for implementation
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Findings: Roles and coordination

Roles/coordination at Municipal Level for Risk communication & enforcement/decongestion and disinfection

Municipal/District	
MMDAs- Information services department	Coordination of public education
MMDAs- Environmental health department	Coordination of mass disinfection/fumigation exercise & Market decongestion Formation of COVID-19 task forces for enforcement of preventative protocols
MHMTs	Coordination of public education
Sub-municipal/district and community	
NADMO & security agencies (police, army, prisons service, etc.)	Participation in municipal taskforces to enforce preventative protocols
Market associations, FBOs, traditional authorities, NGOs, schools, health facilities, businesses, community health committees	Educating memberships/communities on preventative protocols
Market associations, FBOs, Traditional authorities	Coordination of decongestion exercises
Community information centres and media houses	Public education

Roles/coordination at Municipal Level for Case Management and Surveillance

Municipal/District	
MMDAs	Coordination of cross-sectoral response Financing Provision of logistics Facilitating the set up of treatment and isolation centres Mobilising communities for COVID-19 testing Assisting contact tracers to navigate neighbourhoods
MHMTs	Convening and directing rapid response teams Briefing MMDAs and the public Implementing guidelines adapted to local situation Coordination of case management in facilities Hiring contact tracers Coordination of testing of the public
Sub-municipal/district and community	
FBOs, NGOs, businesses, individual community members	Donations of logistics to MMDAs, health facilities
Health facilities	Management of cases Implementing guidelines

Findings: Roles and coordination

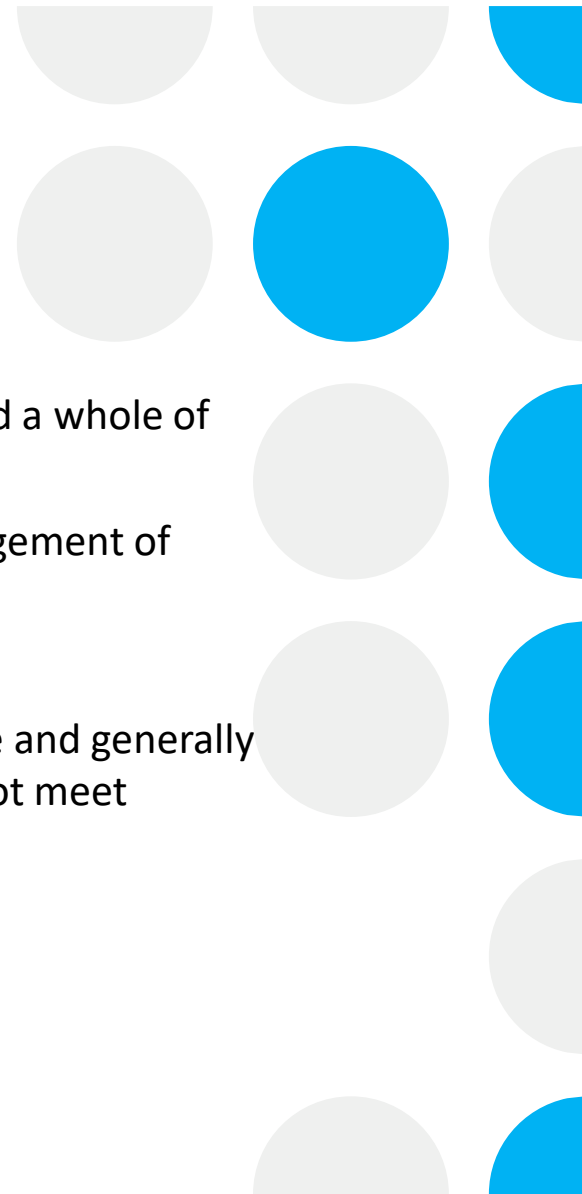
Roles/coordination at Municipal Level for Relief Programs

Municipal/District	
MMDAs- NADMO zonal officers	Targeting/distribution of food relief
MMDAs - Assembly members	Targeting/distribution of food relief Assisting businesses with loan registration Sensitizing water vendors and assisting them to register with Ghana water company Donations of food and money to communities
MMDAs- Social welfare department	Registration of individuals for social support program
MHMTs	Compiling lists of COVID-affected vulnerable persons for social support program Donations of food and money to covid-affected vulnerable persons
NBSSI Business advisory centres	Registration of businesses for loans
Sub-municipal/district and community	
Businesses, individual community members, and NGOs	Donations of food
FBOs	Donations and distribution of food



Strengths/Facilitators for coordination

- High commitment of the government of Ghana to a whole of government and a whole of society approach
 - Clear multisectoral governance structures were already set out for the management of public health emergencies before the pandemic
 - Clear directives, guidelines and roles provided to local governments
 - Public health emergency management structures at municipal level, available and generally functional with some exceptions (such as some municipal PHEMTs that did not meet regularly)
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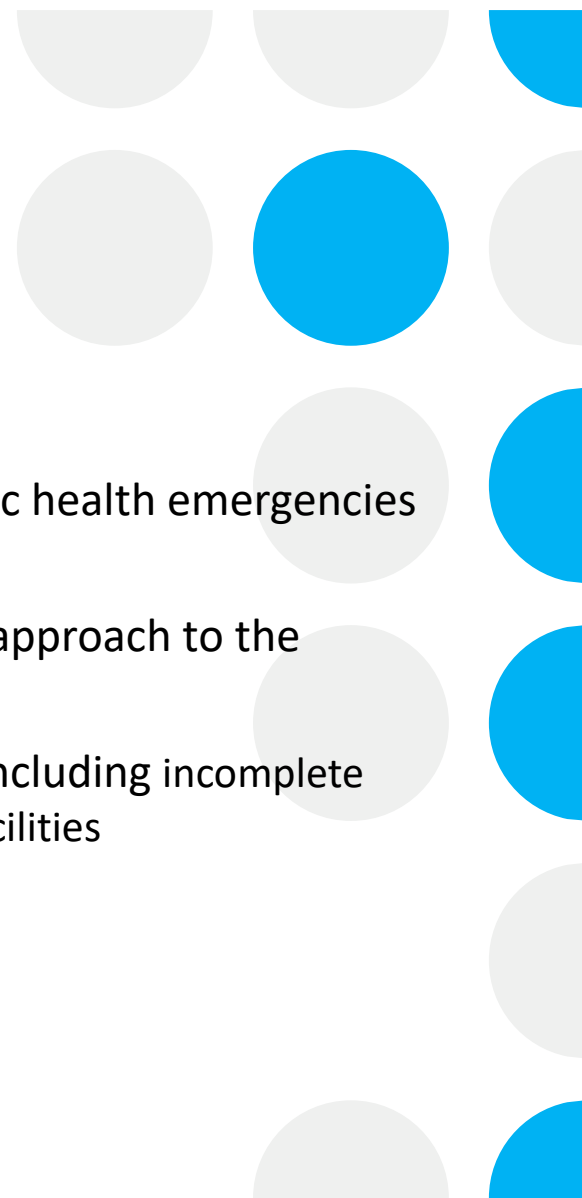


Barriers to coordination

- Inadequate resources, including funds and logistics, a major challenge which cut across all aspects of the response (especially for risk communication, case management).
 - felt acutely by frontline responders, at staff at treatment and isolation centers and by contact tracing teams, and the MHMT
 - For some COVID-19 response activities, (ex. risk communication) MMDAs and MHMT were reportedly working in uncoordinated ways
 - Implementation of relief interventions marred by arbitrary and biased selection and distribution processes, as well as a lack of bottom-up approach in planning and implementation.
 - (ex. Politicization of distribution of relief items in food relief, in which politically exposed persons were in charge while others such as assembly members were less involved)
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Recommendations

- Further strengthen the functionality of municipal PHEMCs
- The identification of additional sources/mechanisms of financing public health emergencies at all levels.
- Effective monitoring of the distribution of relief items and bottom-up approach to the planning and implementation of relief interventions
- Need to address pre-existing governance/health systems challenges, including incomplete decentralization and slow reimbursement of and poor equipping of health facilities



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Catalyse

