“Provide our basic needs or we go out”: the COVID-19 pandemic lockdown, inequality, and social policy in Ghana

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Abstract

The effects of the coronavirus disease (COVID-19) pandemic cuts across every facet of a nation’s life. The near collapse of economies with the attendant job losses has brought forth the need for effective social policies, particularly in developing countries, that can serve citizens in dire need. Consequently, many of these countries have had to craft emergency social policies to help their citizens. Ghana is no exception. While measures to control the spread of the pandemic, such as lockdowns and restrictions on movement and gathering, were timely, they negatively impacted the poor, most of whom work in the informal sector and depend on daily survival activities such as buying and selling basic goods. As a result, some of the measures were ignored as people feared they would die from hunger rather than from the pandemic. Thus, governmental response to the pandemic was highlighted by policy layering and exposed the fragile social support systems in existence. The challenges of responding adequately to the pandemic underscore the importance of a transformative social welfare regime in ensuring the protection of citizens. This paper, based on desk research, explores the limitations of the existing social policy framework, which became manifest during the implementation of Ghana’s pandemic policies. Policy layering by government continues to weaken Ghana’s social welfare system, and this affected the official response with respect to the social issues that have emerged due to the pandemic.

Keywords: COVID-19; Ghana; historical institutionalism; inequality; lockdown; social policy

There is no gainsaying about the devastating effects of the coronavirus disease (COVID-19) pandemic globally. The near collapse of economies with the attendant job losses has exposed social inequalities and brought forth the demand for effective social policies that can serve citizens in dire need in developing countries like Ghana (Perry et al., 2021). Such a demand is premised on the outcome of studies that argue that multiple inequalities—income, gender, racial, and spatial, among others—prevail within and between countries, interact with the pandemic differently (Donnelly et al., 2021; Lynch, 2020; Zarrilli & Luomaranta, 2021). Yet, social inequalities, as well as measures to mitigate the effects of inequalities, are historically constructed. Thus, the prevailing social inequality situation in Ghana, which has been highlighted by the pandemic, is traceable to societal norms and previous policy decisions stemming from colonial times. Social norms sidelined females and pushed them into the home and the informal domain, income disparities limited education opportunities for the poor, and colonial economic policies created spatial inequalities in favor of the well-resourced areas of the country (Alon et al., 2020; OECD, 2010). Despite the existence of these multiple inequalities, there is no well-coordinated social welfare system (SWS) to assuage the needs of the general populace, especially in...
these uncertain times of the COVID-19 pandemic. Although there exist a number of institutions that are supposed to help mitigate social problems, they are fragmented, making implementation of social policies very difficult and, in some cases, impossible.

Studies focusing on the existing SWS in Ghana, and how it has effectively helped citizens cope with the difficulties of the pandemic, have been sparse. While some studies have looked at the pandemic in relation to the SWS, they have been limited to a few specific social programs such as the Livelihood Empowerment Against Poverty (LEAP), the National Health Insurance Scheme (NHIS), and the School Feeding Program (Owusu & Frimpong-Manso, 2020), or the health sector (Kenu et al., 2020), and education (Nantwi & Boateng, 2020). They have not considered the adequacy and effectiveness of the existing SWS in dealing with uncertainties like the one posed by public lockdowns during the pandemic. Moreover, they did not adequately address the historical undertones of the current situation.

In contributing to knowledge on social policy and the COVID-19 pandemic, we ask: what explains the response of the government in meeting the social needs of the citizenry? How has policy layering shaped the existing SWS? How did the existing social support programs affect the adherence to government’s lockdown measures? How can Ghana, and by extension other sub-Saharan African (SSA) countries, better prepare to serve their citizens beyond COVID-19? To answer these questions, this study explores how the pandemic has interacted with existing SWS. We examine the limitations of the existing SWS and how the prevailing inequalities have impacted the official response in curbing the spread of the virus, and the government’s failure with respect to meeting the basic needs of the citizens.

Using historical institutionalism (HI) and the concept of ideas, we argue that the institutional legacy as well as policy layering has shaped and continues to shape the SWS and has contributed directly to the impact of COVID-19 on the citizenry (Cartwright, 2018; Mahoney & Thelen, 2010; Streeck & Thelen, 2005). We are of the view that the major political changes the country had experienced since independence have not resulted in the major restructuring of the SWS, as policy actors have adopted the practice of layering, where new programs are added onto existing ones (Lynch & Rhodes, 2016). This practice has impacted the development of a comprehensive SWS that could have better served the needs of citizens during the COVID-19 pandemic lockdown. Thus, we do not observe either policy conversion or drifting, which is when new informal rules emerge as changes to external conditions impact how formal rules apply in the social policy arena in Ghana. To adequately address social inequalities and serve the needs of citizens, particularly during a crisis, we are of the view that a stronger SWS is imperative, and this can be achieved with an effective restructuring of the existing SWS through a process of creative destruction, i.e., by using innovative ways to alter the existing institutional and policy structures (Pfarrer & Smith, 2014; Schumpeter, 1942).

Methodologically, this is desk research that draws heavily from secondary data sources, specifically, published scholarly works, and government documents and reports, from both the print and the electronic media. As a case study, it provides a depth of comprehension by answering “why” and “how” questions, with a focus on “an individual, a group or event and draw[s] conclusions in a specific context” (Tripathy, 2009, p. 661). Despite their narrow focus, case studies are pertinent where the depth of understanding of an issue or case is necessary (George & Bennett, 2005; Gerring, 2004). Thus, case studies are beneficial for explanation, description, and exploration of specific issues or phenomena within their context (Yin, 2011). We adopted this method because of our interest in providing an in-depth explanation of the Ghanaian situation as it relates to the management of the pandemic, to inform recommendations beyond COVID-19, and to call for a holistic social policy framework for the country.

Ghana was selected for this study because, since independence, social welfare has occupied the attention of its leaders, particularly, the first nationalist leader Kwame Nkrumah, (Adésinà, 2007). However, after six decades of governmental changes and various policy reforms, the SWS is not adequately positioned to deal with the vulnerabilities of Ghanaians. With the emergence of the COVID-19, the country was initially hailed as one of the best countries on the continent, which showed leadership and effectively managed the pandemic, through the introduction of numerous ad hoc policy measures to mitigate the impact of the virus on the governance system (Quakyi et al., 2021; Taylor & Berger, 2020). Like other African countries, the weaknesses of SWS have been exposed by the pandemic. Thus, the Ghanaian experience, especially as it relates to social issues exposed by the pandemic, makes it a good case to study, with the hope that it will inform other developing countries in their attempts to develop effective SWSs in addressing the social needs of their citizens. We also hope to contribute to research in this area by using HI theory to study the welfare state as it exists in developing countries.
The paper is divided into six sections. The next section examines the theoretical framework which underpins this study and is followed by a description of the trajectory of inequality and social policy in Ghana. Governmental response to the pandemic is discussed in the fourth section, while the fifth section looks at social policy and inequality in Ghana from a historical institutionalist perspective. This is complemented with ideational explanations. The last section concludes with implications and recommendations for social policy beyond the COVID-19 pandemic.

**HI and the role of ideas**

This paper is underpinned by HI and ideational analysis. HI, which is one of three new institutionalisms\(^1\) highlights “…how institutions emerge from and are embedded in concrete temporal processes” (Thelen, 1999, p. 371). According to historical institutionalists, history matters in policy studies since it provides a contextual basis as well as a cognitive foundation for understanding current policy choices (Béland, 2005; Steinmo, 2008). Furthermore, it provides evidential information on how the past shapes decisions and influences expectations in the present (Béland, 2005; Steinmo, 2008). HI scholars aver that once established, institutions develop “stickiness,” making them path dependent until a crisis or seismic shift causes a path curtailment or departure, thereby creating a critical juncture for a new institution to emerge (Fioretos et al., 2016; Ohemeng & Anebo, 2012; Pierson & Skocpol, 2002; Sanders, 2006; Steinmo, 2008; Thelen, 1999). In addition to path dependency and critical junctures, established institutions create certain expectations and preferences among actors, creating a lock-in effect, which makes change difficult (Pierson & Skocpol, 2002; Steinmo, 2008; Thelen, 1999).

In spite of a preference for the status quo and the focus on critical juncture, it is said that there can be path departures in the absence of critical junctures since change can be either exogenously spurred by cataclysmic events or endogenously attained gradually (Cartwright, 2018; Mahoney & Thelen, 2010). Instigating change endogenously stems from the interaction of the political environment and the institution, which, in turn shapes agency and power dynamics in the process of change (Cartwright, 2018; Mahoney & Thelen, 2010). The interaction of the political context and the institution, according to HI scholars, generates three types of institutional policy changes. These are as follows: displacement, which is the removal and replacement of existing institutions with new ones; conversion, whereby formal institutions are maintained (however, their effectiveness changes due to discretionary interpretation during implementation); layering, which involves padding or the “superimposition” of new policy structures atop old or existing institutions, instead of drastic changes, that would disrupt the prevailing system (Baumgartner & Jones, 1993); and, drift, where change to existing institutions occurs due to environmental factors, which are neglected (Béland et al., 2016; Hacker, 2004; Jacobs, 2016; Mahoney & Thelen, 2010; Streeck & Thelen, 2005).

In all, while HI generally stresses the stability of established institutions through path dependency until a critical juncture emerges, studies have also shown that change can occur gradually from within, resulting in either displacement, layering, conversion, or drifting. This perspective of gradual change in the absence of a critical juncture can be directly related to the Ghanaian case. While colonial policy legacies persist, the trend of social policy implemented immediately after independence has not been sustained by subsequent governments who continue to adopt the practice of layering by padding up with different policies, rather than reforming the system to meet the needs of the day. This has resulted in a rather weak SWS. In short, layering has not led to the effective institutionalization of an SWS, resulting in the exposure of significant systemic weaknesses during the COVID pandemic.

The central role of institutional actors in the process of endogenous change is intricately linked to the critical role of ideas, both in establishing and changing institutions (Blyth, 2002; Campbell, 2002; Swinkels, 2020). This link helps to overcome some of the shortcomings of HI (Bell, 2011; Hay & Wincott, 1998). Ideas are broadly conceived as “beliefs held by individuals or adopted by institutions that influence their actions and attitudes” (Béland & Cox, 2011, p. 6). Consisting of cognitive and normative elements including social and intellectual constructions, ideas interact with contextual factors to establish causal connections, legitimize or delegitimize extant policies and institutions, and initiate proposals, which are then institutionalized (Béland & Cox, 2011; Blyth, 2001, 2002; Campbell, 1998; Goldstein & Keohane, 1993; Swinkels, 2020).

Combining HI and ideational perspectives help us to explore the influence of colonial policy legacies, as well as how actors have addressed them, by drawing on various policy alternatives and ideologies and framing these as acceptable responses to public problems. Nevertheless, the path of institutional change that continues to be adopted by policy actors has been through layering, a path that may be seen as politically expedient, as opposed to a careful attempt to modify what may be considered as an outmoded system.

Social policy and inequalities in Ghana: a historical trajectory

This section provides a historical trajectory of social provisioning in Ghana. The discussion will demonstrate that colonial-era policies created inequalities, which have not been adequately dealt with over the years. Tracing this history is necessary since, inequality, according to the UN Secretary General (2020), is historically constructed. We proceed by looking at social provisioning through the following eras: colonial (ca 1874–1957), post-independence (1957–1992), and the Fourth Republic (1993—till date).

During colonial rule, there was no formally established welfare system, which covered the whole colony—and neither was social welfare on the agenda of the colonial administration (Mkandawire, 2020; Wicker, 1958). It was assumed that “traditional forms of social protection would take the place of social security provided by the state” (Mkandawire, 2020, p. 142). However, the SWS was residual and bifurcated, with services more accessible to colonialists and other white settlers than the indigenous population, thus creating inequality of access. Additionally, colonial economic policy, which designated the northern part of the country as a manpower reserve for the colony, skewed social and economic expenditures in favor of the south, thereby generating spatial inequality (de-Graft Aikins et al., 2016; Plange, 1984; Rawlings, 1995). The period of the dyarchy (1951–1956), when colonial rule was shared with Ghanaians led by Nkrumah, saw the introduction of social policies, which expanded access to social services. These services were further developed and expanded when the country gained independence.

Independence in 1957 brought a marked shift in the pursuit of social welfare for citizens. This shift was informed by a nationalist idea of people-centered development and nation-building (Adésiná, 2007; Béland et al., 2018; Garba, 2007; Kpessa & Beland, 2013). From this period until 1983, when Ghana embarked upon the World Bank/IMF backed structural adjustment program (SAP), there was an increase in the provision of accessible social services as well as social infrastructure aimed toward building effective and efficient human resources. This commitment to social policy was strongest under the first nationalist leader, Kwame Nkrumah, but subsequently weakened with the various regime changes in the years after his overthrow in 1966. Although post-Nkrumah governments have attempted to develop social policies and enhance the welfare of Ghanaians, these attempts can best be described as weak (Aryeetey & Goldstein, 2000). This weakness has been attributed to the economic and political crises since the 1970s, which ultimately led to the shift from purely nationalistic ideals of those in power, toward more neoliberal ideals (Hutchful, 2002).

At the height of the economic crisis in the early 1980s, the Provisional National Defense Council (PNDC) government adopted the SAP to revive the economy (Hutchful, 2002). The SAPs, with their cost-cutting mantra, severely impacted access to social services due to the introduction of user fees, resulting in access inequities (Hutchful, 2002; Overseas Development Institute, 1996). Although a Program of Action to Mitigate the Social Costs of Adjustment was implemented in 1987 to bring relief to those negatively affected by the SAP, it was rather reactionary and did not focus on creating a holistic SWS.

With the inauguration of the Fourth Republic in January 1993, social policy programs continued to be largely shaped by the vagaries of politics and governmental turnovers. In short, governmental change signified changes in social policy and programs, although it must be acknowledged that the pension scheme introduced in 1965 continues to remain in existence, albeit with some modifications (Grebe, 2015). It is noteworthy that there have been some commitments to enhance social infrastructure by all governments during this period. For instance, from the mid-1990s, there has been a commitment to eradicate spatial and gender inequality through education as signified by the introduction of the Free Compulsory Basic Education. In health, community health schemes were piloted as a response to the

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2 The PNDC government led by Jerry Rawlings was a paramilitary cum civilian administration that had assumed power on 31 December 1982 after a successful coup that toppled the Civilian government of the People’s National Party.

3 The World Bank (1990) has defined the SAP as a broad reform of policies and institutions covering microeconomics (taxes and tariffs), macroeconomics (fiscal policy), and institutional interventions designed to improve resource allocation, increase economic efficiency, expand growth potential, and increase resilience in reaction to shocks.
effects of user fees (Blanchet & Acheampong, 2013) and were replaced by the NHIS in 2003. In the 2000s, the Capitation Grant on Education, covering basic education and a School Feeding Program, was introduced to eliminate the barriers to accessible education and facilitate enrollment, particularly among the poor. These programs were expanded to high school as part of the government’s policy of Free Senior High School education in 2017 (Ministry of Education, 2020).

In 2008, the LEAP was introduced to support the extremely poor and the vulnerable in society. Other programs such as youth training and youth employment were likewise introduced. All these programs have created a fuzzy SWS in Ghana. To coordinate and harmonize existing social programs and provide an institutional framework for a better SWS, the Ministry of Gender, Children and Social Protection drafted a National Social Protection Policy (NSPP) in 2015 (Ministry of Gender, Children and Social Protection, 2015). The belief was that such a plan would address the institutional fragmentation in the field of social policy. Table 1 provides a summary of social programs in Ghana since independence.

The discussion above shows that while independence-era policies sought to enhance access to social services and eradicate inequalities created by colonial-era policies, subsequent governments did not continue with these commitments. Consequently, formally instituted social policies and programs continue to be fragmented and politically driven. In addition, political turnovers have resulted in the layering of new policies and programs on existing ones, weakening, and in some cases collapsing the existing programs, due to resource deprivation. For instance, the first political turnover of the 4th Republic in 2001 saw the sidelining of Vision 2020 introduced by the National Democratic Congress (NDC). This was replaced by the Ghana Poverty Reduction Strategy (GPRS I). It is within this milieu that when the crisis of COVID-19 struck, the SWS could not adequately handle the distortion, social pressures, and inequalities, leading to the layering of a generation of new programs to fight the pandemic.

The COVID-19 pandemic, social inequalities, and policy response

The first two cases of COVID-19 in Ghana were recorded on 12 March 2020. Although these were considered “imported cases,” the reported cases increased to above 135 by the end of the month, with some being those with no travel history. This trend prompted a governmental response built on the following objectives, declared by the president in his speech to the nation on 28 March 2020 and reiterated by the minister of finance: “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” (Ofori-Atta, 2020).

Since then, the president has been providing regular updates, nicknamed “fellow Ghanaians” on measures the government is taking to combat the pandemic. There have been 26 presidential addresses as of the 25 July 2021. In his second address, the president announced some restrictions per the Imposition of Restrictions Act (Act 1012), which had been passed by parliament in early 2020. Under the Act, the government has introduced a number of Executive Instruments, which have empowered the executive to suspend public gatherings (including conferences, funerals, weddings, religious gatherings, etc.), closed all borders of Ghana, imposed a mandatory quarantine at any port of entry, suspended academic activities and restricted movements. The government also imposed a partial lockdown of Greater Accra and Kumasi Metropolitan areas and their surrounding districts for 14 days.

While there was some support for the lockdown, there were concerns about how the population would survive, since most people in the two metropolitan areas work “hand to mouth” on the streets and in the markets. Furthermore, a number of people are homeless and without access to water, sanitation, and hygiene facilities. For instance, female head porters (i.e., Kayayei) depend on a functioning market

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4 The NHIS was introduced in 2003 to enhance access to health care by reducing the financial burden associated with accessing health care.
5 Started in 2005, the GSFP Ghana Schools Feeding Program aims at reducing hunger in line with Millenium Development Goal (MDG) goal 1 and encourage school attendance.
6 The LEAP is a cash transfer program targeting orphans and vulnerable children, people living with disability, and the aged (65 years and above) population.
8 “Fellow Ghanaians” is a phrase used by the president during updates on the measures to control the pandemic.
9 These are the two largest metropolitan cities in Ghana with an estimated population of about 10 million. Accra is also the national capital of Ghana.
<table>
<thead>
<tr>
<th>Era</th>
<th>Programs</th>
<th>Type</th>
<th>Eligibility</th>
</tr>
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<tbody>
<tr>
<td>Colonial (mid-19th C till 1951)</td>
<td>State-provided social welfare/services for the whole population were nonexistent. Most services were provided on a fee-for-service basis</td>
<td>Social assistance</td>
<td>Citizens of metropolitan country and other white settlers as well as Ghanaians</td>
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<tr>
<td>Independence till the end of the PNDC era (1957–1992)</td>
<td>State financed social welfare/services including health and education until 1982. Pension scheme introduced in 1965 With structural adjustment from 1983 most social services including education and health attracted user fees</td>
<td>Social assistance/social insurance</td>
<td>Ghanaians</td>
</tr>
<tr>
<td>4th Republic (1993—till date)*</td>
<td>Pension scheme</td>
<td>Contributory/social insurance</td>
<td>Some benefits provided to citizens financed by the state, and others were tied to fees or contributions</td>
</tr>
<tr>
<td></td>
<td>NHIS (membership by premium; and through government-funded health exemption)</td>
<td>Contributory and public assistance</td>
<td>Benefits tied to contributions</td>
</tr>
<tr>
<td></td>
<td>LEAP (cash transfer)</td>
<td>Social assistance (targeted program)</td>
<td>Benefits tied to membership</td>
</tr>
<tr>
<td></td>
<td>Capitation grant</td>
<td>Social assistance</td>
<td>Means-tested/targeted (extremely poor, orphans and vulnerable children, people leaving with disabilities, and the elderly without any means of sustenance)</td>
</tr>
<tr>
<td></td>
<td>Free SHS</td>
<td>Social assistance</td>
<td>Benefits granted to all pupils in public schools in Ghana</td>
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<tr>
<td></td>
<td>Ghana School Feeding Programs</td>
<td>Social assistance</td>
<td>Benefits granted to all students in public secondary schools</td>
</tr>
<tr>
<td></td>
<td>National Youth Employment Program (Ghana Youth Employment and Entrepreneurial Agency)</td>
<td>Social assistance/targeted</td>
<td>Targets Ghanaian unemployed youth 18–35 years</td>
</tr>
<tr>
<td></td>
<td>LIPW</td>
<td>Social assistance</td>
<td>Targets the poor unemployed</td>
</tr>
</tbody>
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Source: Compiled by authors.

*The programs listed here are all active.*
to survive. These porters sleep in the markets due to a lack of housing and the financial inability to rent rooms from private individuals. For these people, the lockdown meant being without income, food, and a home. Hence, in contravention of the restrictions, some porters hid in a cargo truck in order to travel to their hometown (Ammah, 2020). In acknowledgement of the difficulties of the situation, individuals, religious groups, non-governmental organizations, and political parties tried to provide some necessities for those seriously affected by the lockdown. As 2020 was an election year, social provisions for the most vulnerable became a political issue, with party candidates and officials jolting around slums and market areas sharing food and water from house to house.

With the emergence of the pandemic, the government has been relying on existing social programs to provide support to the populace. However, the programs have been found to be highly inadequate and poorly coordinated. For example, it has been realized that while the existing policies help to solve some of the social issues facing the country, their impact on inequality continues to be minimal, and this situation has been worsened by the COVID-19 pandemic. This has led to the development of new programs specifically targeting various categories of people to manage the effects of the pandemic. The COVID-19 Alleviation Program (CAP), implemented at the height of the pandemic, initially provided free water and electricity to citizens taking into account the poverty status of various households, as well as support for micro and medium enterprises. Besides a commitment to construct health facilities, CAP includes

GH¢579.5 million for COVID-19 Emergency Preparedness and Response Plan (EPRP); GH¢200 million relief for provision of water and sanitation for households for three months; GH¢1,028 million as three-month subsidy for electricity use in households and businesses; GH¢54 million for distribution of hot meals and food packages; GH¢ 323 million as relief (e.g. PPEs, tax waiver, allowances, transportation and COVID insurance) for frontline health workers; GH¢600 million for Micro, Small and Medium-Sized Enterprises (MSMEs)...Business Support Scheme (CAPBuSS)… (Government of Ghana, 2020: xv).

While lockdowns were the popular response to the pandemic, they highlighted the existence of inequality in various countries (Capano et al., 2020; Howlett, 2021). This was the same in Ghana in 2020. While Ghana has experienced favorable growth in the past two decades, inequality grew by 3.3% between 1990 and 2013 (Oxfam; SEND; GACC, 2018). For instance, the wealthiest 10% accounted for 32% of the country’s total consumption compared to a 2% consumption by the poorest 10%. Meanwhile, development is skewed in favor of the south, with most people in rural areas lacking access to potable water and health and education facilities (Cooke et al., 2016). Moreover, “...a third of the poorest children in the Northern Region have never been to school, compared with just 5% of the wealthiest in the same area. Only an estimated 6% of the richest people in Ghana are women” (Oxfam; SEND; GACC, 2018, p. 5). This is because women engage in about 10 times more unpaid work than men (Tsikata & Darkwah, 2009) and are highly represented in the informal economy, which was heavily impacted by the COVID restriction measures.

In consideration of the inequality situation, therefore, initial debates on whether Ghana should adopt a total or partial lockdown at the onset of the pandemic stressed the disparity between Ghana and other advanced countries, as well as internal spatial differences across the country (Klutse, 2020). Across various media platforms, people expressed worry over the uncertainties of a lockdown and how they would survive. Acknowledging the concerns of citizens, as well as the inadequacy of social programs to support the poor during this period, the government, through the LEAP and the Labour Intensive Public Works (LIPW) program, provided work opportunities and an additional one-time cash transfer to LEAP recipients, most of whom were in northern Ghana (Dadzie & Raju, 2020).

Without a well-coordinated SWS, the government’s response to the COVID and the lockdown was devoid of any organizational framework and thus became a classic case of crisis management. While the CAP provided some support for micro and medium enterprises, it did not actively consider those in the informal sector as well as those working in formal employment who lost their jobs. The informal sector, which employs a majority of Ghanaians, is characterized by poor working conditions, precarious working relationships, low wages, and high-income insecurity. The Ghana Living Standards Survey round 7 indicates that about 28.7% (27.2% males and 31.7% females) of Ghanaians work in the formal sector, while 71.3% work in the informal sector (72.8% males and 68.3% females) (GSS, 2019). Furthermore, of those employed, 66.2% (77.8% females and 54.2% males) work in vulnerable employment,
including own-account work and contributing family work (GSS, 2019). This sector has been the hardest hit during the pandemic.

Without any legislation or policy measure to support individuals who lose their jobs due to socioeconomic crises, recovery efforts at the micro-level become painfully slow, or in some cases, nonexistent. Additionally, most formal sector workers whose hours were reduced or were temporarily laid off had no support from the government. This included some private school teachers who were asked to go home until the lockdown was eased. To make matters worse, with the closure of schools, most women had to care for their children, resulting in their inability to work. With no income support programs, some families, particularly low income, or no-income ones, suffered hunger and have been pushed deeper into poverty (Bukari et al., 2021). In some cases, hand sanitizers and nose masks have even been difficult for these people to afford.

Given these difficulties, there is a proposal for a national unemployment insurance scheme to support workers who lose their jobs due to socioeconomic crises (Ghana News Agency, 2020). There have also been calls for a welfare system akin to what exists in advanced countries. These calls demonstrate the gaps inherent in the existing SWS and point to the need to strengthen and harmonize social policies and programs and work toward a transformative social policy agenda.

COVID-19, social policy, and inequalities in Ghana: the influence of historical legacies and ideas

We attempt to examine Ghana’s COVID responses in relation to social policy and inequalities in this section from the perspective of HI and ideas. We have already noted that the persisting inequalities, inadequate social policies, and Ghana’s COVID-19 response have been shaped by colonial policy legacies, policy layering, and ideas (including societal norms and policy alternatives). HI scholars argue that once established, institutions (rules, policies, norms, values, etc.) develop a staying power that makes radical change difficult unless there is a critical juncture that punctuates the existing equilibrium. While inequalities with roots in colonial policies persist, the SWS created by the immediate post-independent government has not been significantly changed to reflect the current exigencies. In accounting for this, we turn to the HI perspective of a gradual policy change through the process of layering. Our observation is that since the overthrow of Nkrumah, governments have adopted the process of layering by adding on social policies and programs inspired by their ideas as to the most appropriate response to the social challenges of the country. The introduction of the NHIS, in the early 2000s by the New Patriotic Party (NPP) government to replace the existing community-based health insurance schemes under the previous Rawlings-led NDC government is one example (Grebe, 2015). Adopting these analytical perspectives helps to enrich our discussion of the current social policy landscape and its interaction with the pandemic.

As discussed above, colonial and post-colonial economic strategies as well as societal gender norms have created multiple inequalities (Oxfam; SEND; GACC, 2018; Rawlings, 1995), and these inequalities were exposed at the height of the pandemic. In the context of these inequalities, independence, the 1980s economic crises leading to the adoption of SAP and the inauguration of the Fourth Republic could have served as watershed moments, or critical junctures from the perspective of HI scholars. Unfortunately, this has not been the case. Independence resulted in significant political changes, particularly a shift in leadership from foreign to local. Besides, the first president of Ghana, Kwame Nkrumah believed that equitable social policies were pivotal to development. This led to the development of a number of policies including universal basic education, the Ghana Education Trust to promote secondary education, free healthcare, a housing scheme to provide affordable housing, and a pension scheme (Béland et al., 2018). Unfortunately, these programs were not consolidated into a unified social welfare structure.

Another watershed moment that could have led to the transformation of the SWS was the economic crisis from the late 1970s to the early 1980s, which resulted in the adoption of SAPs underpinned by neoliberalism. In terms of social policy, changes introduced under the SAPs included the introduction of user fees for social services, which were otherwise free of charge or highly subsidized, and the retrenchment of workers motivated by the mantra of limiting the role of government in social provision. The SAPs failed to produce the expected economic and social outcomes that could have served as the springboard to create a more harmonized social support system. Thus, another opportunity for a good welfare system was lost. Since the early 1980s, the logic of neoliberalism has largely underpinned
social policies and programs in Ghana, even with the inauguration of the Fourth Republic in January 1993. Consequently, social programs continue to be still isolated and subjected to political calculations, resulting in the introduction of new programs whenever a new government comes to power.

In view of these missed opportunities, the existing social programs are fragmented and, thus, could not adequately cater to the needs of citizens when the pandemic struck, and the lockdown was imposed. The negative impact of the lockdown has resulted in the call for improvement in the country’s SWS, especially social assistance and social insurance programs and community-/family-based support systems. The survival of most informal sector workers is underpinned by daily work, described as working from "hand to mouth." For most of these people, being locked down meant no means of survival. For instance, most people who are in vulnerable employment were disadvantaged by the COVID restrictions, and some stated that due to the restrictions “we were really hungry” (Akinwotu & Asiedu, 2020).

Although there are social programs to support the vulnerable and extremely poor, the population covered by these programs is small compared to the number of people who need assistance. Besides, although the NSPP “provides a framework for delivering social protection coherently, effectively and efficiently in a way that is holistic and properly targeted” (MGCSP, 2015, p. 1), it is yet to be fully implemented due to a governmental turnover.

The absence of a well-coordinated social policy framework to deal with vulnerabilities and the need for one was strongly signaled by the impact of the COVID-19 pandemic, especially on the poor in the informal sector. This was more so when the lockdown was implemented. It was in this milieu that people started advocating for the lifting of the lockdown to enable them to earn a living.

HI has shown that colonial policies have created multiple inequalities in the country. These inequalities continue to persist due to the absence of a systematically well-coordinated change in the social policies and programs for the country. Consecutively, government continue to add to existing social policies and programs without restructuring and/or harmonizing them in the form of policy layering. Layering, in the long run, has not resulted in policy changes to the SWS but rather policy and institutional padding, which have led to social policy fragmentation. Similarly, effectively engaging stakeholders in social policy development, which has not been well done over the year, has deprived the existing social policies the significance of ideational elements of norms, values, policy options, and framing process in facilitating the adoption of specific social programs, which has led to policy layering as the “only game in town” when it comes to social policies and the SWS. To change this trajectory, the country needs a policy proposal framed by a policy entrepreneur who can mobilize stakeholders to support a well-harmonized SWS built from different institutional and ideational perspectives.

**Conclusion: social policy beyond COVID-19**

The COVID-19 pandemic has once again brought forth the need for effective social policies across the globe, which includes countries that were once seen to have adequately institutionalized welfare systems (Béland et al., 2020; Pereirinha & Pereira, 2021). The inability of the existing systems to address the social needs of citizens has led to calls for new ways of thinking about the development of social policies. For instance, in Canada, there are now growing demands for the federal government to develop a Universal Basic Income Policy, as a response to the inadequacies of the existing unemployment insurance and other welfare programs (Segal et al., 2021). Similarly, in developing countries, the lack of effective social welfare regimes continues to be exposed by the pandemic. It is not surprising, therefore, that governments in these countries are struggling to effectively address the socioeconomic problems that have risen due to the pandemic. Yet, to better explain these problems requires better research that will provide a clear understanding of the issues and what needs to be accomplished.

This paper endeavored to contribute to the research by examining the Ghanaian case. The Ghanaian case merited our attention in view of the praise the government received in 2020 regarding its handling of the pandemic. Unfortunately, it seems the government’s response has not been stellar after all, despite the praise (Quakyi et al., 2021; Zhang et al., 2020). Consequently, the paper sought to answer the questions: what explains the response of the government in meeting the social needs of the citizenry? How did the lack of effective social policy affect the government’s lockdown measures? How can Ghana, and by extension other SSA countries, better prepare to serve their citizens beyond COVID-19?

This paper has argued that the government’s response has exposed the existing inequalities in the Ghanaian society, as a result of the inadequacy of the existing SWS. These inequalities and the
limitations of the SWS can be traced to persistent social norms and colonial policy legacies, confirming the notion that “history matters” in understanding the present. More so, the fragmented nature of the current social welfare regime may be due to the practice of layering as a path to policy change. From our discussion, layering may thus account for the inadequacy of the existing SWS. While COVID-19 presents an uncharted policy terrain for policy actors globally, having a well-structured SWS framework could improve response. What we observed in Ghana’s case is that although the governmental response to the pandemic is appreciated and applauded (Quakyi et al., 2021), it neglected some social groups, particularly those in the informal sector. In dealing with heightening inequalities (Cooke et al., 2016; Oxfam; SEND; GACC, 2018), which may have been further deepened by the COVID-19 pandemic, we propose the need for a well-developed and harmonized SWS devoid of partisan motivations.

Nkrumah’s belief in social citizenship resulted in social policies and programs to bridge the divide created by colonial policies and gender norms since Nkrumah, political motivations, and neoliberal ideas have shaped social policy in the country, leading various governments to continuously pad existing social policies with new ones, without addressing the inadequacies of the existing ones. Consequently, although social programs continue to be developed and implemented, especially in supporting the vulnerable, they are fragmented and not adequately linked. It is this recognition that led the Ministry of Gender, Children, and Social Protection to recently launch the Integrated Social Services Initiative and other digital tools to help people access social programs more easily. These digital tools need to be accessible, activated, and used to properly coordinate social welfare issues in the country.

Additionally, Ghana needs to adopt a transformative social policy (TSP) approach that moves beyond the current segregated programs driven mainly by the political fortunes of political parties. Such an approach may lead to a paradigm shift in how social policies continue to be developed and implemented. From this perspective, social provisioning is not a drain on the resources of the nation but an active means of boosting its fortunes. Motivated by positive transformation, TSP is “concerned with the redistributive effects of economic policy, the protection of people from the vagaries of the market and the changing circumstances of age, the enhancement of the productive potential of members of society, and the reconciliation of the burden of reproduction with that of other social tasks” (Mkandawire, 2011, p. 150). From this perspective, economic policy is not at odds with social policy, but rather complementary. Future research should explore how to establish a transformative social welfare regime, which is national in nature and well-coordinated to facilitate the productive capabilities of citizens.

Conflict of interest
None declared.

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