



Unpacking the blackbox of responsible pandemic governance: of COVID-19, multilevel governance and state capacity in Ghana – A Review

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Abstract

Attempts at mitigating COVID-19 pandemic's impact has pushed stakeholders' resolve to incept variegated measures using socially embedded multilevel government structures. Given Ghana's pandemic governance success, this paper reviews government's nuanced and disaggregated roles in galvanizing social support towards developing, implementing and coordinating pandemic measures. By highlighting the diversity of state-society inter-agency relations, the current study unearths varying stakeholder engagements and their imperativeness to pandemic governance, and acknowledges multilevel governance as critical to fighting the pandemic.

Keywords COVID-19 · Pandemic governance · State capacity · State-society relations · Ghana

Introduction

Perhaps unprecedented, the COVID-19 pandemic outbreak has dealt negative impacts on not only social relations and life, but also global health and economic systems (Arkorful, Lugu, Shuliang, 2021). Without doubt, COVID-19 has subjected the collective global corporate governance systems' response capacity to a litmus test. Given the urgent situation, various global governments have deployed a range of mechanisms principally targeted at designing and implementing effective policies, exploring opportunities and drawing cross-stakeholder potentials, whilst strengthening existing social support processes and procedures. Apparently, the quest to

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“unravel the myth” surrounding the novel COVID-19 has erupted a diversity of research interests spanning scholarly fields composed of, but not limited to governance and administration, with a significant number of these studies illuminating government’s indispensability to pandemic control and containment (Arkorful, 2021; Arkorful, Abdul-Rahaman et al., 2021; Assan et al., 2022).

Peci et al., (2020), Farazmand & Danaeefard (2020) and Hale et al., (2020) have in this breadth strongly recommended interrogating the efficacy or otherwise of pandemic governance mechanisms, actors, and institutions. The motivation thereof has consequently spurred interesting discourses among scholars, particularly social scientists, pertaining to corporate governance institutions’ salience to crises management (i.e. pandemic governance). Excited partly by observations of centralised states (for instance, the People’s Republic of China) pandemic management and containment success, vis-a-vis the relatively malnourished inroads of democratic polities in Europe and North America, the arguments in this context have to some extent converged around the notion of pandemic governance efficiency as contingent on states’ capacity to utilise a melange of strategies and social structures (Diamond, 2020).

The juxtaposition of these settings notwithstanding, much as democratic and non-democratic governance systems have inherent strengths and weaknesses in responding to and managing crises, there ostensibly appears a dearth of consensus regarding appropriate and responsive governance system for countervailing social challenges, notably, pandemics. To this end, Ghana’s enviable pandemic control, and the World Health Organisation’s (WHO) touting of its success (Taylor & Berger, 2020) has provided veritable study grounds to broach its approaches to ascertain corporate governance imperativeness to pandemic governance and state capacity definition. By engaging the state capacity theory as a heuristic framework, opposed to erstwhile studies’ (Mao, 2021) limited, yet purposeful conceptual generalisation benchmarked by centralised states’ pandemic control efficacy, the current study makes a case for democracies’ use of interagency relations and multilevel governance structures for crises management (i.e., COVID-19).

State capacity as an evolving concept has been used to study government and non-government entities’ social imbroglios mitigation potentials (Dincecco & Katz, 2016). In the current study, capacity is operationalised to reinforce states’ policy formulation and implementation capability – in response to emergency situations. Predicated on Hanson (2018), the study segments four capacity dimensions; administrative, policy design and implementation, coercive and social support solicitation, and state extractive capacity. These critical dimensions underpin government-stakeholder relationship; a typical example of which is central-sub-national state synergy, which dovetails into determining states’ variegated capacities, and overall policy response outcomes.

As earlier echoed, with the pandemic inter alia exposing centralised states’ crises management proclivities on one breadth, and democracies’ acclaimed capacity paucity on another, Ghana’s success presents an interesting case for study. In this respect, while operationalising capacity theory in reference to states’ pandemic management, the current study transcends its mere replication to contribute to literature by unearthing interagency manifestations of capacity relative to pandemic control and management. Therefore, cognisant of the dearth of studies on state pandemic

governance capacity – more especially in the Ghanaian context, the theory is applied to comprehensively illuminate actors, institutions and relations, and how their roles and powers were leveraged for COVID-19 management. To the best of the author's knowledge, this is the premier study to broach state pandemic governance capacity in Ghana. For purposes deepening understanding, the study discourses on the theoretical underpinning (i.e., state capacity theory) in the ensuing section.

2. Theoretical underpinning: *The state capacity theory under review.*

One of the longstanding lenses for ascertaining state multidimensional capacity is the state capacity theory. Its centrality to governance has spurred a panoply of scholarly conceptualisations, with classical elucidations emerging from Wu et al., (2015) who defines it as comprising political competencies and capabilities which are central to policy success. Whiles Kraay et al. (2010) accentuate state capacity in reference to state's goal execution, Williams (2021) avers to it as states' policy implementation capacity. Further, Besley & Persson (2010) conceptualise it as entailing states' revenue extraction and, development maximisation and sustenance capacity. These streams of scholarship providing evidence of state capacity imperativeness explicate its adverse potential in erupting devastating consequences on states' engagements (Dincecco & Katz, 2016).

Importantly, emerging state capacity studies have attempted creating typologies. Whiles acknowledging state capacity potency to disaster management, Christensen et al., (2016) delimit capacity advantages comprising, facilitating government's multistakeholder coordination for public service delivery, and subsequently delineates capacity dimensions including; information, coercive, decision design and execution, and mobilisation capacity. Hanson (2018) delimits state capacity into administrative, coercive and extractive strands. Precisely, administrative capacity, including Christensen et al.,'s (2016) information capacity, refers to the state's policy formulation and implementation capacity.

Common to Christensen et al., (2016) and Hanson (2018), coercive capacity refers to state control over society - by exerting dominance to counterpose dissent. Extractive capacity (referred to as mobilisation capacity according to Christensen et al., [2016]) refers to the state's revenue raising capacity for socio-economic development. Lastly, decision making and implementation capacity refers to the state capacity to design and execute responses to socio-economic challenges. These differing conceptualisations notwithstanding, the theory's replication in the current pandemic governance study context is predicated on Christensen et al., (2016) and Hanson (2018). Given its relevance, seminal studies (Lin, 2015; Hanson, 2015) have utilised the theory to appreciate pandemic governance discourses. For Christensen et al., (2016) who contend with state capacity indispensability to government coordination, public service delivery, information dissemination, social control, and policy making and implementation, capacity constitutes a pivot for crises management. Regarding pandemic management engagements, and with recourse to Christensen et al., (2016) and Hanson (2018), the study anchors capacity on a conceptual prism comprising; administrative, policy design and implementation, coercive, and social support solicitation and extractive capacity.

In this context, administrative capacity refers to the state's pandemic governance coordination using appropriate structures and arrangements. Coercive capacity

refers to the state's capacity to enforce and ensure citizens' adherence to pandemic measures. Policy design and implementation refers to the identification and deployment of policy instruments. Lastly, social support solicitation and extractive capacity refers to state's pandemic control capacity, mobilising social capital from across government and non-government spheres (Bynander & Nohrstedt, 2019). Taking a state-society perspective, this study ascertains nuanced and disaggregated state-bureaucracy-civil society roles. With autonomy shaped and conditioned by central-subnational relations, Ghana's constitution grants a range of powers to legislative (law making), executive (policy implementation) and judicial (law interpretation) bodies whose collective functions converge around the aforementioned capacity dimensions. Ensuring responsiveness has informed further decentralisation of functions across Ghana's six Metropolitan, one hundred and six Municipalities, and one hundred and forty-five (145) districts totaling, two hundred and sixty (260) administrative domains, all of which are required to facilitate efficiency and effectiveness in governance, including pandemic management.

In this study, capacity is best understood in terms of terms of liberating state-society interagency synergies, manifested in multilevel governance for pandemic governance. State capacity is defined with respect to viable institutional structures, embedded interagency relations in policy delivery, a well as development, and harnessing state-society potentials. Thus conceptualised, capacity is broadly extracted from civil society and governance literature (Arkorful, Abdul-Rahaman et al., 2021). Noteworthy, these capacity forms do not exist in isolation; they are steeped in corporate networks with leverageable potentials for pandemic control – hence the germaneness of cross-sectoral cooperation to effective pandemic policy development and implementation, and overall governance. Actually state capacity in democracies and non democracies vary. Nonetheless, state-society emblematises capacity which is critical to crises management decision-making (Christensen et al., 2016). With enduring effect on state administrative, extractive, coercive, and policy making powers and functions, states' crises management capacity is overarchingly contingent on a healthy stakeholder relationship. Whereas state capacity in non-democracies may assume a top-down approach granting government unrestricted powers, decision making in democracies may assume an all-inclusive flexible approach fashioned along flexible top-down lines incorporaing a smogasbord of civil society stakeholders.

Invariably, much as coordination is significant to eliciting capacity to confront crises, the urgency to distribute public goods in democracies may engender a purposeful creation of independent subnational structures, which could be a recipe for institutional wranglings – more especially in instances when and where there exist unclear distinction and limit to the exercise of vested powers and functions. Aware of the possible challenges of power diversifications to states and capacity exercise, it is important to recognise that offsetting inherent deficits for pandemic governance may require deploying innovative governance approaches sufficiently incorporating multilevel governance. Observing that governments have designed and implemented variegated anti-COVID-19 responses including quarantine, lockdowns, mask wearing and social distancing, as well as testing and contact tracing, reviewing measures of successful country experiences becomes relevant. Significantly, the success of

such measures cannot be discussed disparately from multilevel governance deployment – hence the capacity theory replication in this study.

Research Methodology

For the current study, the research limits its scope to reviewing and analysing stakeholder initiatives and/or responses towards COVID-19 management in Ghana. Therefore, policy making and implementation, as well as stakeholder engagements are reviewed. The particular focus on Ghana is in part due to its pandemic management success. In this study, the researcher undertook a content analysis of COVID-19 policies using secondary data like situation and news reports, as well as government data. The reliance on these options was based on Bowen (2009) and Wach et al.'s, (2013) recommendation for qualitative policy analysis. Despite saddled with health sector challenges, Ghana's pandemic governance is touted a success. The pandemic control index for instance ranked Ghana third after China and Sri Lanka respectively (Yicai, 2020). Attributed to stakeholder incorporation, the replication of a flexible pandemic governance model guided and streamlined by state-society relations, underpins the success story. Profound to the pandemic governance lies the utilisation of national and subnational government and non-government structures. With disparate, yet convergent capacities, their integration has inured overwhelming pandemic governance benefits. In view of deaths and confirmed cases, vis-a-vis rising and declining trends (Figs. 1 and 2), with intermittent ups and downs, Ghana's case is considered a success. Given the peculiarities, notably, of variegated multilevel power structures, an interrogation of these are considered veritable to illuminating state capacity and corporate governance salience to pandemic governance.

Source Ghana Health Service.

Figures 1 and 2 attests to the results-orientedness and the efficacy of concerted stakeholder engagements to pandemic management. After Ghana's first two cases on 12/3/2020, the deployment of mechanisms comprising; mask wearing, lockdown imposition, mobility restrictions, mass testing and contact tracing among others, proved effective. The intensification thereof from April-May culminated in a decline

Fig. 1 Active cases and recoveries March 2020–October 2021

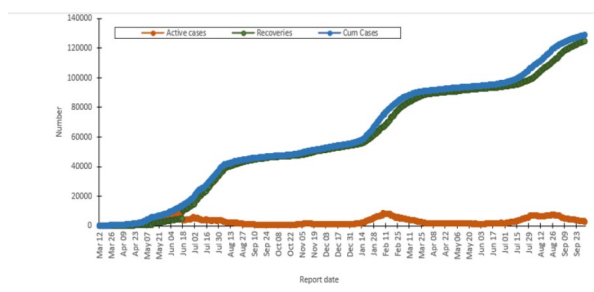
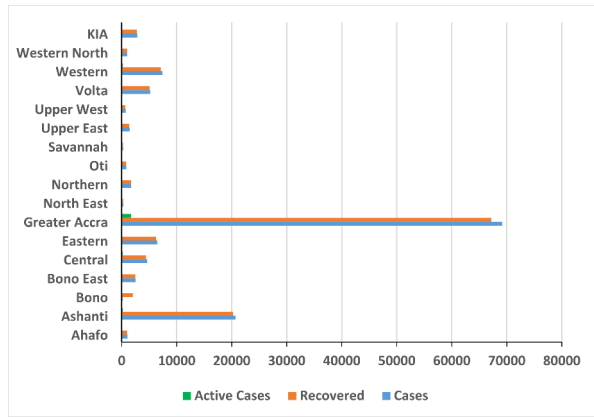


Fig. 2 Regional distribution of COVID-19 cases in Ghana



in active cases, and at the same time, a rise in recoveries - from the month of May-June onwards (Fig. 1).

Source Author computation with Ghana Health Service data.

Ghana’s success, and the peculiarities surrounding social capital harnessing using institutions to counter the pandemic across the administrative regions (Fig. 3) makes it interesting interrogating state-corporate society synergy via the state capacity perspective. To provide a panoramic view of the situation, the next section is designated to highlighting the COVID-19 in Ghana.

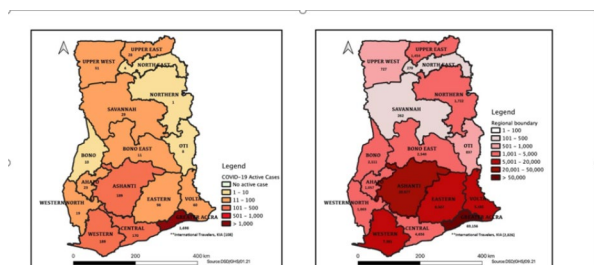
Source Ghana Health Service.

Note Active COVID-19 cases in Ghana by Region by 3/10/2021 (*left*). Cumulative cases of COVID-19 in Ghana by Region by 3/10/2021 (*right*).

Study background COVID-19 and the Government of Ghana’s response.

The Noguchi Memorial Institute for Medical Research confirmed the first COVID-19 case in Ghana on March 12, 2020. These were two imported cases from people who had disembarked from Norway and Turkey. Responding to existential risks led to

Fig. 3 COVID-19 regional distribution map



the institution of a series of health protection protocols including a lockdown imposition starting from March 20 – April 20, 2021 (Arkorful, Lugu, Shuliang 2021). Further deepening and strengthening cross-sectoral coordination and collaboration led to the formation of a COVID-19 inter-ministerial presidential task force chaired by the President of Ghana. Given the emergency situation, nationwide commercial activities were suspended; and with the exception of frontline workers defined to include health workers, national security officers, and other essential service providers, socio-economic activities were temporarily halted. With entry and exit boarder closures in force (with effect from 22/03/2020), traveling and transportation activities were suspended. The urgency to institute stringent measures led to the passage of the 2020 Imposition of Restrictions Act (IRA) pursuant to which the President of the Republic of Ghana issued an Executive Instrument (E.I. 64) declaring an emergency.

Acting in conformity with Section 169 of the Public Health Act of 2012 Act 851, the Minister of Health declared a public health emergency (Arkorful, Nurudeen et al., 2021). To facilitate tracking and contact tracing, a COVID-19 app was launched on April 12, 2021 (BBC, 2021). Taken together social distancing and mask wearing rules, these legislations helped in strengthening the institution of health protocols directed at controlling COVID-19 upsurge. As of 24/8/2021, Ghana had recorded 423 new cases, 6, 850 active cases, 115, 525 confirmed cases, 107, 693 recoveries and 982 deaths (Ghana Health Service, 2021). On 24/2/2021, Ghana received 600,000 doses of the AstraZeneca vaccine procured through the COVID-19 Vaccines Global Access Facility, known as COVAX - a World Health Organisation-led initiative, in partnership with the Coalition for Epidemic Preparedness Innovations and the Global Alliance for Vaccines and Immunisations (Gavi). Weaving together these initiatives involving varying government actors (i.e., national, subnational etc.) demonstrates institutions indispensability to state capacity harnessing and augmentation towards pandemic management - thereby underscoring multilevel corporate governance interaction relevance, as discussed below.

Central-subnational local state capacity salience

Tailored according to the stipulations of the Provisional National Defence Council (PNDC) Law 207 and Article 240 of the 1992 Decentralisation and Local Government Law, central-subnational state relations in Ghana is captured in a four-tier structure composed of efficiently interwoven Municipal, Metropolitan and District Assemblies (MMDA's) headed by Chief Executive appointees of the President of the Republic of Ghana. The appointment of these Executives is subject to two-thirds majority approval of Assembly Persons representing the electoral areas constituting the assembly's legislature. The MMDA's membership include 70% elected members (via universal adult suffrage) and 30% nominees of the President. As an extension representing government at the grassroots, MMDAs' strategic position enables them strike a balance between central and local state interests, via deepening citizens' planning and decision-making participation (Gyimah-Boadi, 2009).

The pertinence of these structures is ingrained in their efficacy to central-local state communication, and policy design and implementation. Not ending there, with

the advantage of proximity to the local state and its citizens, MMDA's find themselves strategically positioned to enhance the distribution of public goods like water, electricity and healthcare whilst enforcing central government's social, economic, cultural and health policies and programs among others (Arkorful et al., 2021). Ghana's well decentralised local governance system has over the years facilitated broader multistakeholder engagement for socio-economic development. Because this has been the case, local state structures have not only been the fulcrum around which government revolves, but also, contributed to augmenting and expediting government decision making and implementation capacity. Acting as a communication medium facilitating information flow from central government to subnational states and vice versa, central-subnational state relationship has helped increase information capital, and as such, government's capacity.

In relations to the COVID-19 pandemic in Ghana, a careful observation of engagements confirm a flexible, yet centralised approach - with information and other important directives disseminated from the central government to the grassroots. However, aware of the urgent responses required to maintain social stability whilst confronting the pandemic, the top-down approach assumed a more decentralised dimension involving already-established local state agencies. Evidence to this is the 15/03/2020 presidential directive to the Ministry of Local Government and Rural Development (MLGRD) tasking them to coordinate subnational local state activities to promote hygiene and compliance with COVID-19 protocols. The MLGRD in response, instituted measures to promote sanitation activities across the sixteen administrative regions in Ghana (Asante & Mills, 2020). Central-local relationships has strengthened and unified national COVID-19 policy design and execution.

Despite central-local state relations salience, the 2014 Ebola outbreak significantly informed the institution of comprehensive preparedness and response systems, notably, laboratory and isolation unit establishment, contact tracing, screening and temperature checks, and other communication approaches (i.e., print and electronic media) which later provided pointers for pandemic management (Oborn, 2020; Antwi-Boasiako et al., 2021). Not only were public health laboratory facilities repurposed for COVID-19 management, the complementary deployment of technology contributed to enhancing outcomes for health governance. Nonetheless, local state incorporation helped garner local citizens and institutional support for COVID-19 policy making and implementation.

Though decentralized governments are saddled with policy implementation challenges (Arkorful et al., 2021) often times stemming from resource constraints, with Ghana's local government Act 462 delimiting fiscal federalism parameters entailing revenue sources like grants and donor supports, internally generated funds (i.e., fines, taxes and rates, licenses etc.) as well as intergovernmental transfers, pandemic governance co-financing and co-production engagements received significant impetus.

And while the existence of health committees (chaired by MMDA's Chief Executives, assisted by deputies) responsible for health administration created an avenue for deliberations, the incorporation of religious bodies (i.e., Christians and Muslims), indigenous institutions (i.e., traditional chieftaincy), the Health Directorate, District Coordinating Director and Environmental Health Division, helped promote stakeholder representativeness. In essence, fusing these structures into national and sub-

national state agencies appreciably expedited decision making and implementation, and at the same time extended some degree of autonomy accordingly. Hence, embedding local structures in central structures, as done under Ghana's decentralised governance, augmented corporate coordination and integration (Asante & Mills, 2020).

The imperativeness of central-subnational state synergy to defining state capacity

Corporate governance in Ghana is characterised by top-down central-local relationship. Captured in an elaborate, effective and efficient decentralised local governance system weaving together central-subnational government structures as critical actors as far as socio-economic development is concerned (Arkorful et al., 2021), central and local states are in essence not adversaries competing for power and dominance in a zero sum game; rather, they are complexly interdependent in diverse ways - such that each others stability is dependent on not only the existence, but also, the effectiveness of the other. In this vein, central-subnational relationship is indispensable; in the sense that, whereas central government practically needs local states support to represent its interest and perform policy implementation functions, the local state on the other hand requires the central state to adequately resource and vest them with the necessary powers and functions capable of rendering them functional. These notwithstanding, it is instructive to stress corporate civil society structures as the desiderata to shaping, reshaping and sustaining these relationship forms (Antwi-Boasiako et al., 2021).

Evidence to this lies in how the longstanding central-local state relationship has contributed to socio-economic development in Ghana, and the consolidation of democracy therein. Situating these in the state capacity and COVID-19 pandemic context, this review highlights the germaneness of this relationship to state's resource solicitation and/or mobilisation capacity. Practically in the case of Ghana, with central government under pressure to control the pandemic situation, subnational local states have proven effective in generating public support, trust and confidence for government-led anti pandemic activities. Also, the local state, in concert with the COVID-19 rapid response team dotted around the administrative regions, has been instrumental in enhancing mass testing, treatment and contact tracing. While attributing local states' efficiency to its proximity to the local settings and citizens, it is important underscoring that their mobilisation, cooperation and social compliance potencies have collectively contributed to defining state capacity (Hanson 2018; Serikbayeva & Oskenbayev 2021).

Point of convergence: state capacity and responses to the COVID-19 pandemic

In view of the foregoing discussion highlighting the manifestation of state capacity in the Ghanaian context, the study proceeds to designate the next section to discourse

extensively on central-subnational state engagements in relations to the various state capacity strands relative to COVID-19.

Administrative capacity

Within broader administrative context, one strategy featuring prominently in Ghana's pandemic management remains effective communication. At the outbreak of the pandemic, given the population-wide spread of fear and panic, the search for alternatives to streamline policy actions whilst garnering social support and boosting public confidence became urgent for building social capital for pandemic management. In the "*Spread Calm not Fear*" campaign, the President of the Republic of Ghana employed communication to allay citizens' fears. In a profound statement that attracted global plaudits, the President, in an attempt to inspire hope and caution, is quoted to have said; "*we know how to bring back the economy to life; what we do not know is how to bring people back to life*". Relative to pandemic management, disseminating relevant, accurate and timely information is acknowledged efficient and effective. This is much so in the case that, important information can be relied

Table 1 Presidential address on COVID-19

Address	Date	Time	Theme
Address 1	11/03/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 2	15/03/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 3	21/03/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 4	27/03/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 5	5/04/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 6	9/04/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 7	19/04/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 8	26/04/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 9	10/05/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 10	31/05/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 11	14/06/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 12	21/06/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 13	28/06/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 14	26/07/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 15	16/08/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 16	30/08/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 17	20/08/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 18	18/10/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 19	8/11/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 20	20/12/2020	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 21	3/1/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 22	17/1/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 23	31/1/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 24	28/2/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 25	16/05/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus
Address 26	25/7/2021	8:00 pm	Measures taken to combat the spread of the Coronavirus

Source: Author Construct

upon by the general public to guide them in observing preventive measures and putting up favorable health behaviors (Moon, 2020) like social distance observation and mask wearing. The use of information and communication (by either providing or withholding it from stakeholders) for policy finds affirmation in Hood (1986). On this plane, the Ghanaian government performed creditably by engaging the citizenry and other stakeholders in regular communication, via a series of presidential address (Table 1) held to among other things dispel COVID-19 propaganda, whilst promoting transparency. Interestingly, much as this approach was top-down, it had a distinctive character of flexibility and innovativeness – one that involved various government (i.e., Ministries, Departments and Agencies) and non-government bodies (i.e., community-based, non-governmental organisations and corporate civil societies among others). The engagement of these structures as pandemic management accessories was facilitated courtesy subnational local government establishments (i.e., MMDA's) whose proximity to local citizens and institutions was enormously tapped.

In actual fact, given the potential debilitating risks of COVID-19 related propaganda to national stability, communication was instrumental in maintaining a certain degree of national stability. Here, with the Government of Ghana prioritising communication as central to fighting the pandemic, the COVID-19 dashboard was created to communicate new and confirmed cases, as well as recoveries. Subsequent to vaccine discovery and populationwide inoculation commencement, Ghana's government utilised the dashboard for stakeholder communication accordingly. Additionally, communication channels like radio, television and social media platforms (Facebook, twitter etc.) were incorporated as effective information dissemination platforms. Given these measures, Ghanaians were more informed. As such, populationwide misinformation appeared limited, if not nonexistent. To reach out to populations without necessarily leaving anyone behind, the potency of local government structures were exploited for mass communication. And much as the complementary use of central-local state entities for COVID-19 communication and information disclosure aided in allaying fears, leveraging the subnational state's proximity to local citizens helped in forging trust and galvanising social support for pandemic governance.

Policy design and implementation capacity

The outbreak of the COVID-19 pandemic in Ghana in March 2020 has engendered innovative results-oriented responses. The declining trends in confirmed cases and deaths (refer to Figs. 1 and 2) in a way confirms the positive outcomes of arrangements put in place. Practically, the inception of innovative institutional governance approaches culminating in the COVID-19 inter-ministerial presidential task force (chaired by the President of the Republic of Ghana-Nana Addo Danquah Akufo Addo) are among measures that has helped in coordinating activities and expediting related decision making procedures and processes. Specifically under this arrangement, various legislations have been enforced. Further, pursuant to the 2012 Public Health Act 851 for instance, the health minister declared the situation a pandemic, subsequent to which the IRA was triggered to impose mobility restrictions (i.e., air, sea and land). It is relevant to clarify at this point that, while the Parliament of Ghana

(as a lawmaking body) was the fountain of these constitutional provisions, the security agencies making up the executive arm of government were in charge of ensuring compliance – in concert with decentralised state bodies engaged as grassroots policy implementing partners.

Moreover, the Communication Ministry and the Presidency's intermittent televised COVID-19 updates have been critical to creating pandemic policy awareness. The complementary involvement of decentralised local state structures, thus the MLGRD, has fast-tracked local level policy design and implementation. In addition to the local government's Health Committee enhancing mass testing and contact tracing, the formation of COVID-19 rapid response teams have been helpful to mitigating negative ramifications at the local level. This has been possible, owing to Ghana robust decentralised governance system characterised by strong stakeholder relations between various Ministries, Department and Agencies. The coordination of pandemic activities by reputable entities like the MLGRD and its ancillary bodies has aided not only crowdsourcing and relief items distribution (i.e., masks, hand sanitisers, veronica buckets, food, clothing etc.) to covid-stressed households and individuals in the MMDA's, but also, ensured creating general policy awareness and compliance, which is generally relevant to state pandemic governance, and more particularly, policy design and implementation capacity.

COVID-19 and state's Coercive capacity

Another manifestation of state capacity in Ghana's COVID-19 pandemic fight is coercive capacity. To start with, the study will at this point appreciate state's coercive capacity from a constitutional point of view. Precisely, the 1992 Constitution of Ghana vests the President with excessive powers to take decisions deemed to be in the national interest. In this regard, under Ghana's presidential system of government (featuring monocephalous executive), the President doubles as the Head of State and Government, and by default acts as the Commander-in-Chief of Armed Forces – as highlighted under Article 57 of Chap. 8 of the constitution (Government of Ghana, 1992). Under this provision, the President is empowered to pass Executive Instruments – particularly in times of emergency (Government of Ghana, 1992). Vested with these powers, and acting *intra vires*, after Ghana's first two recorded cases of the COVID-19 on 12/3/2020, the President, in an address on 15/3/2020 directed the Attorney General to submit an emergency legislation to Parliament. This was in line with article 21(4) (c) (d) and (e) of the 1992 Constitution. Subsequently, the President directed the Health Minister to declare a state of public health emergency – in line with Sect. 169 of the 2012 Public Health Act 851 (Communications Bureau, 2020). Acting on the executive orders of the president, the Attorney General, within five days period, drafted and presented, under a certificate of urgency, the 2020 Imposition of Restrictions Act 1012, which was later passed by parliament after a third reading. Subsequent to receiving a presidential assent, the Act was published in the gazette on 23/3/2020 and became enforceable (Arkorful, Abdul-Rahaman et al., 2021). Interestingly, the institution of these legal arrangements were not without resistance; they encountered stiffer political opposition, with the National Democratic Congress (NDC) filing a motion against the bill - on grounds that it fell short to

merit urgency. The NDC threatened to challenge the decision by seeking interpretation from Ghana's apex court - the Supreme Court (Mordy, 2020). In other related incidents, other legal luminaries expressed dissatisfaction with the IRA's content, constitutionality, and the procedures via which it came into force.

Moreover, to enhance a population-wide adherence to pandemic protocols, Ghana's Government deployed a combined team of Police and Military force during, and even briefly after the three week lockdown period (30/3/2020–20/4/2020) in bigger cities like the Greater Accra and Greater Kumasi. Within these period, except essential service providers (i.e., food retailers, medical service providers, water and electricity distributors and retailers etc.), economic activities were halted. To avoid overcrowding in public places, not only were rotational arrangements rolled out to regulate the informal market sector as well as employees of the public Ministries, Departments and Agencies, but also, schools churches and mosques were temporarily closed. Whereas restaurant and bar operators were required to provide services through delivery, funerals, weddings and other forms of social gathering were abruptly suspended. Later after the lift of the quarantine, public gathering was allowed, but limited to 25 persons. On 5/6/2020, the restriction on religious activities were lifted with mosques and churches allowed to host not more than a hundred population.

Appraising and taken together these measures affirm that, though a democratic state, Ghana adopted stringent coercive measures composed of security and legal approaches to enforce pandemic control measures (BBC, 2021). In spite of resorting to these mechanisms, in the COVID-19 fight, the Government of Ghana stuck to democratic tenets like transparency and respect for the individual's fundamental freedom and human rights, and at the same time, safeguarding individuals' privacy (Antwi-Boasiako & Nyarkoh, 2021). Taken together, much as the foregoing discourse highlight states' adherence to constitutional processes and procedures, it also manifests the state's leveraging of coercive powers for crises era policy formulation and implementation.

Social support solicitation and state extractive capacity

The top-down bureaucratic structure of responses has helped strategically position the central state whilst bolstering its strength to coordinate, harness potentials and incorporate cross-sectoral efforts towards fighting the COVID-19 pandemic. The pandemic's spontaneity required immediate measures; and this called for cross stakeholder forces mobilisation. Much as this was driven by considerations of adequate representation, it provided an opportunity for coalescing social capital for pandemic management, profound of which is the COVID-19 Alleviation Program (CAP) establishment, meant to among other things, provide social protection against unemployment, and advancing sustenance for small businesses (Ministry of Finance, 2020). Particularly considering the employment of a larger chunk of Ghanaians in the informal sector (accommodating approximately 87% of small businesses) contributing 70% to gross domestic product (Abor & Quartey, 2010), the Government of Ghana rolled out the COVID Alleviation Program Business Support Scheme. Out of the USD 174 million seed money, USD 104 million was government's contribution. The

remaining sum targeted to be disbursed among 230, 000 business establishments from across Ghana were contributions from the ARB Apex Bank (National Board for Small Scale Industries, 2020). With decentralised local structures parlaying their proximity strengths, resources like veronica buckets, masks, sanitisers, and personal protective equipments, among others were crowdsourced from benevolent individuals and organisations within the local states dispersed across the MMDA's.

Moreover, acting on the International Labour Organisation's (2020) recommendation to provide relief for burdened populations, social protection was extended to populations including "kayayei" – a description for head porters. This was however in cities like Greater Accra and Greater Kumasi – perhaps because of their predominance in the areas. Efforts to strengthen social services informed the provision of a three-month free electricity for vulnerable populations on life line consumption, and a 50% subsidy for residential and commercial accommodation consumers. These were meant to cushion individuals and households (majority of who are in the informal sector) from negative impacts like job losses and income drops, among others. Moreover, with recommendation on frequent handwashing gaining advocacy grounds, "free water" came to be part of the social support package. The Government of Ghana extended these packages to the end of the year 2020. Regardless of the fact that these safety net measures undergirded by good intentions, they were constantly criticised imposing needless strains on an already-stressed public expenditure. Others also described it as a populist gesture of the incumbent government intended to elicit political gains and favour.

From the health sector, entities like the University of Ghana, Kumasi Center for Collaborative Research (KCCR) and the Noguchi Memorial Institute for Medical Research, among others were all incorporated into the pandemic fighting efforts. Also, the Veterinary Service Department, Public Health Reference Laboratory, the University of Health and Allied Sciences, Center for Scientific and Industrial Research were also included. To facilitate COVID-19 data handling and real time communication, the University of Ghana's Geography Department was engaged. Taken together, much as though these demonstrated state pandemic response capacity, they also signified and/or symbolised it's rallying capacity.

From the foregoing illuminations, it is important to underscore that, these engagements do not occur in a vacuum; rather, they are contingent on an appreciable state-corporate society relationship which Ostrom (1997), Arkorful, Basiru et al., (2019) and Arkorful & Lugu (2022) propose as critical to stakeholder co-production and cocreation guided by complementarity principles and ethos. More so, the relevance of state-corporate society synergy in pandemic governance is reiterated by Oh et al., (2020). By garnering support from corporate social entities, the Government of Ghana has in essence, deployed effective and efficient mechanisms tailored to bring the COVID-19 pandemic under control – hence the reputed pandemic governance success.

Conclusions

The outbreak of the COVID-19 pandemic has excited a plethora of administrative and governance related issues. Part of the discourse has significantly focused on the need to balance various interests to among other things draw cross-sectoral and institutional potentials for crises governance (Farazmand & Danaeefard, 2021). Given politics' varying approaches to battling the COVID-19, relying on Christensen et al., (2016) and Hanson's (2018) state capacity proposition (i.e., social support and solicitation, coercive, administrative and), this study reviews Ghana's approach to pandemic governance, and affirms healthy interagency relations as imperative to stakeholder interest representation and state capacity enhancement and sustenance. Stakeholder relations is imperative to creating vibrant corporate governance spaces for crises management, policy design and implementation, and it is also critical to social capital mobilization for crises management and containment. Thus, Ghana's pandemic governance has affirmed that, instituting appropriate structures and processes is one thing from establishing interagency relations and leveraging inherent strengths towards countervailing not only uncertainties (i.e., pandemics), but also, gratifying social needs and expectations, and at the same time, mitigating challenges. The review highlights engagements that characterised Ghana's anti COVID-19 efforts.

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Compliance with ethical standards

Conflict of interest None.

Ethical Approval All procedures performed in this study were reconcilable with the ethical standards of the insituational and/or national research committee and the 1964 Helsinki declaration and its later amendments or comparable ethical standards. In line with this declaration amended in 2008, study participants were informed about the study purpose.

Informed Consent Informed consent was obtained from all study participants.

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