



Covid-19 Border Policing in Ghana and its Impact on Trans-border Migration and Healthcare in West Africa

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Abstract

The discourses and practices surrounding migration and health have taken a dramatic turn since the outbreak of the Covid-19 pandemic. Experts are more concerned about the consequences of the pandemic on these factors in Africa, given the continent's weak economies and poor health sector, which portends a difficult post-pandemic recovery. However, the discussions have not engaged with two key effects of the coronavirus: the health implications not only on the general populace but also along border towns, and the dilemma of a 'new' (il)legal migration. Drawing on Ghana's border policing as a Covid-19 pandemic governance strategy, coupled with existing debates on health, politics, migration and development, we argue that border policing is likely to create two emerging threats. First, it could cause a 'new' health dilemma – hindering long-standing cross-border healthcare access by ECOWAS citizens. Second, sustained border restrictions could deepen the intricacies of migration in West Africa, including the promotion of 'elite migrants' over migrants who are seeking a basic livelihood, the changing fate of undocumented migrants, new security threats at border towns, and a possible redefinition of traditional rural–urban migration in Africa.

Keywords: Covid-19, cross-border migration, health, pandemic governance, Ghana, West Africa

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Résumé

Les discours et les pratiques autour de la migration et de la santé ont pris une tournure dramatique depuis l'apparition de la pandémie de Covid-19. Les experts sont davantage préoccupés par les conséquences de la pandémie sur ces facteurs en Afrique, compte tenu de la faiblesse des économies du continent et de la faiblesse du secteur de la santé, ce qui laisse présager une difficile reprise post-pandémie. Cependant, les discussions n'ont pas abordé deux effets clés du coronavirus : les incidences sanitaires, non seulement sur la population en général, mais également sur les villes frontalières, et le dilemme d'une « nouvelle » migration (il)légal. En nous appuyant sur la police des frontières du Ghana comme stratégie de gouvernance de la pandémie de Covid-19, et les débats actuels sur la santé, la politique, la migration et le développement, nous soutenons que la police des frontières pourrait faire émerger deux menaces. Premièrement, elle pourrait provoquer un « nouveau » dilemme en matière de santé, en entravant durablement l'accès aux soins de santé transfrontaliers des citoyens de la CEDEAO. Deuxièmement, des restrictions prolongées aux frontières pourraient aggraver les complexités de la migration en Afrique de l'Ouest, notamment la promotion d'une « migration d'élite » au détriment de migrants à la recherche des moyens de subsistance de base, le sort changeant des migrants sans papiers, de nouvelles menaces sur la sécurité dans les villes frontalières et une éventuelle redéfinition de la situation de la migration rurale-urbaine traditionnelle en Afrique.

Mots-clés : Covid-19 ; migration transfrontalière ; santé ; gouvernance pandémique ; Ghana ; Afrique de l'Ouest

Introduction

At its peak, the Covid-19 pandemic threw the world into a frenzy, disrupting global and domestic governance, commerce, migration and healthcare delivery. The crisis did not respect countries' military or security sectors, economy, political institutions or healthcare sector. Consequently, the devastating effect of the coronavirus has created and exacerbated various vulnerability contexts across the globe thus creating new socioeconomic and political threats. Policy and academic research led by the World Health Organization (WHO) has mainly diagnosed the extent of the impact of the pandemic across the globe. Experts are particularly concerned about the consequences of the pandemic on Africa.

Although giant economies in the Americas, Europe and Asia have recorded more cases and deaths from the coronavirus pandemic, Africa has become the focus concerning the impact of the crisis in other respects.

Predominantly weak economies, porous institutions and the poor health sector in Africa heightened doubts about Africa's efficient handling of the pandemic and its ability to achieve a good post-pandemic recovery. For instance, in April 2020, the World Bank estimated a contraction of sub-Saharan Africa's economy of up to 5 per cent, the worst recession in the last twenty-five years (World Bank 2020). Similarly, Melinda Gates expressed fears of the likelihood of Africa's streets being littered with dead bodies due to Covid-19 (Africa Check 2020). Besides the economic and health concerns, scholarship on democracy has also expressed fears about governments' application of dictatorial tendencies globally and especially across Africa, characterised by state-sponsored attacks on the media and individuals on account of the spread of 'fake news' about how states are tackling the pandemic – causing widespread state repression. Examples of these episodes of widespread state repression could be seen in Tanzania, Nigeria and Uganda (Amat et al. 2020).

A seminal publication which captures the burgeoning challenge of Covid-19 in Africa in almost every department within the social, economic and developmental discourse is *Covid-19 in the African Continent: Sustainable Development and Socioeconomic Shocks* (Osabuohien et al. 2023). Given the earlier limited output on the pandemic in Africa, we focus on this important piece of literature to give our contribution a more nuanced perspective. In this edited volume, the authors explore the social and economic challenges and the resilience to address the complexities associated with Covid-19 in Africa, with a critical view on current and prevailing trends. They give an in-depth understanding of the societal consequences of the challenges and policy space adopted by governments and non-governmental organisations (NGOs) to boost post Covid-19 recovery.

The useful empirical discourses include a focus on women in agroforestry, especially the need to mobilise them to obtain proper financial credit, as well as price shocks and exchange rate variability and their effect on African socioeconomic practices. The volume also studies factors such as inflation, government spending, money supply and exchange rates, which created coffee price shocks in Ethiopia, for example. Further, it examines the linkage between exchange rates and palm oil export. It concludes, among other things, that exchange rates could be stabilised to favour producers' prices and improve welfare (Osabuohien et al. 2022).

The book also focuses on households and emerging socioeconomic shocks in the African continent, critical factors such as agricultural income level, value chain development, digital transformation and the effects on non-health issues faced by households, especially in the critical period of

the Covid-19 pandemic. It examines, too, the role of information and communications technology (ICT) in the food supply chain, which became very necessary during Covid-19 and calls for more investment in ICT and agricultural ICT solutions to improve the agricultural value chain. Closely related to this are the continuous challenges that the African continent faces in realising the benefits of digital transformation. The authors offer policy recommendations to shape African economies to make them more resilient and adopt a conceptual approach to explore the critical non-health effects and broad socioeconomic challenges related to the spread of the Covid-19 pandemic. They also emphasise the need to identify and engage with relevant stakeholders in the intervention processes to enhance commitment, prioritisation of issues through boundary critique and joint development of a practical approach to address the non-health effects of Covid-19 (Osabuohien et al. 2022).

Another topic covered by the book is human resource productivity in a critical and challenging period like the pandemic, as well as knowledge creation, environmental development and human welfare practices during crisis periods. The study urges learning from an African perspective, focusing on small and medium-sized enterprises (SMEs), stakeholder policy and peaceful co-existence on the continent. The edited volume discusses the disruptive effects of Covid-19 on the management of vital natural resources. It also details national policy approaches to crisis management, the strength of the legal system in managing oil wealth, and the poverty levels on the continent, and suggests emancipatory models across African countries (Osabuohien et al. 2022).

Notwithstanding the discussions on Covid-19 and the research of Osabuohien et al. (2023), including other empirical research, two key effects of the coronavirus on the African continent have received less attention. These include the implications of the pandemic along border towns and the changing meaning(s) of (il)legal migration. According to the International Organization for Migration (IOM) (2020), the coronavirus pandemic and the consequent public policies have had an unprecedented effect on human mobility, especially in Africa. This, the organisation observes, has caused dire consequences for people's movement and health, and the economy. While IOM raises this concern about Ghana and West African borders, it does not disaggregate the individual security and health dynamics. As Horton (2019) has argued, in cross-border pandemic governance, micro-level issues such as pre-existing social relations must be taken into consideration because they are central to health and economic resilience. This paper aims to address how pandemic governance in Ghana's border towns may have affected

micro-level issues such as decades of foreign migrants' access to healthcare and how the border restrictions could create 'new' migration dilemmas in the subregion. Pandemic governance refers to the policies and measures put in place to address the Covid-19 pandemic and assist socioeconomic resilience and recovery.

Using the case of Ghana's border policing against neighbouring West African countries as a Covid-19 pandemic governance strategy, we argue that such measures are likely to create two emerging threats. First, it could cause a 'new' health dilemma – hindering cross-border healthcare access by the Economic Community of West African States (ECOWAS) citizens, especially the neighbours from Côte d'Ivoire, Togo and Burkina Faso. Second, the sustained border restrictions could deepen the intricacies of migration in West Africa, including the promotion of 'elite migrants' over migrants who are seeking a basic livelihood, the changing fate of undocumented migrants, new security threats at border towns and a possible redefinition of traditional rural–urban migration in Africa.

In interpreting and analysing the above propositions, we employ a qualitative thematic analysis, using existing secondary data or theories and debates on intraregional migration, health, politics and development. The analysis indicates that the sustained closure of land borders hinders the movement of low-income and poor West African citizens to access primary healthcare in border towns in Ghana, exposes the possibility of a widening inequality between 'elite' and lifeline migrants and suggests new threats of security and the redefinition of in-country migration, among other key emerging dynamics that have a profound impact on Africa's post-pandemic recovery.

Unlike Ebola, which did not affect the people of Ghana, the Covid-19 pandemic did break out there and raised questions relating to what could be done to manage the country's borders to prevent the exacerbation of the pandemic, with its concomitant social, economic and security challenges. In 2020, the WHO Africa office warned against complacency and that relaxing vigilance could ramp up infections again (Potgieter, 2022). Among other issues, this alert foregrounded the need to look at the Ghanaian context in particular to guide future actions during pandemics that might have ramifications for neighbouring countries like Togo, Burkina Faso and Côte d'Ivoire, and the West African sub region in general.

The rest of the paper proceeds as follows. The first section examines the debates on cross-border migration and health in West Africa, which exposes the importance of micro-level analysis of how pandemic governance affects

complex cross-border relations created by colonial territorial demarcations. This is followed by an examination of the Ghana government's policies for tackling Covid-19, highlighting the issue of border restrictions. In the third section, we illustrate key themes of the emerging health and migration dynamics of pandemic governance in border towns in Ghana. Here, the vulnerabilities of ECOWAS citizens accessing healthcare in border towns, and of so-called undocumented (and low-income) migrants using road transport, uncovered important implications for holistic healthcare and migration policies in West Africa. The conclusion confirms the dual challenges created by the pandemic governance, health and migration, and recommends that some innovative policies be devised to address such difficulties to reduce the risk of unintended consequences in fighting infectious diseases in the region.

Cross-Border Migration and Health in West Africa

The West African subregion is one of the very busy cross-border migration regions in Africa owing to the ECOWAS regional bloc's 1979 protocol on the free movement of persons and trade. Over the past forty years, this has allowed increased migration and resettlement of migrants across various West African countries. In 2019, ECOWAS commemorated forty years of this protocol and cited its multisectoral benefits (ECOWAS 2019). This context provides the basis for an assessment of how cross-border migration and health management are connected.

Although this paper focuses more on the policing of Ghana's land borders to curtail the spread of Covid-19, the authors draw much information from the measures adopted during the Ebola epidemic. This is because the protocols deployed to tackle the Covid pandemic are deeply rooted in those taken to manage the spread of Ebola. This study considers the Ebola virus disease (EVD) outbreak in West Africa between 2013 and 2016 as one of the most recent and comparative reference points for an analysis of Covid-19 management policy in the region. In 2015, the United Nations Development Group (UNDG) asserted that the EVD outbreak was 'the longest, largest, deadliest and the most complex in history', lasting more than a year and causing over 22,859 EVD cases and over 9,162 deaths (UNDG 2015: ii). Though HIV/AIDs has also triggered considerable cross-border management policies across West Africa in the past (Sullivan, 1998), its mode of transmission and communicability limit its parallels with Covid-19. Besides, Ebola's outbreak in West Africa is closer in time to Covid-19.

In terms of international travel restrictions, the policy in most West African countries was heavily influenced by policies beyond the region. Organisations such as WHO and the government of the United States took a special interest in shaping travel policies to stem the tide of Ebola's transmission and keep it from reaching other countries. For instance, Joseph et al. (2019) found that the Ebola pandemic led to enhanced entry screening and post-arrival monitoring in West African states under the sponsorship of the US government. Cohen (2016) also reported that the Centre for Disease Control (CDC) staff provided in-country technical assistance for exit screening in countries in West Africa with Ebola outbreaks. Thus, because of geopolitical concerns the West African Ebola management policy became an extension of the United States policy.

The WHO largely determined regional and national policies for pandemic management in other ways. Cohen (2016: 60), for instance, identified that the organisation 'coordinated improved mapping of geo-positional landmarks, including official and informal border crossings, villages and markets and other areas of congregation, as well as mapping of population movement patterns' to improve cross-border operations. This data informed the 'preparedness checklist' that the WHO used in assessing the pandemic management competence of West African countries (Olu et al. 2020). Similarly, the IOM developed the Health, Border and Mobility Management Framework (HBMM) for use in locations where the risk of disease transmission is high between migrant and sedentary communities (IOM 2018). These international linkages and approaches became the cornerstone of the Ebola management policies in West African countries.

Within the subregion itself, the policy template adopted by most member states to contain Ebola was characterised by sustained restrictions on the movement of persons and goods. When the disease was declared a pandemic in August 2014, the three main countries hit by the outbreak (Guinea, Liberia and Sierra Leone) closed entry points and set up quarantine areas at the remaining open ports of entry. In addition, authorities were authorised to restrict anyone who exhibited symptoms of Ebola from travelling for commercial purposes (Kilberg 2014). Côte d'Ivoire also closed its borders with Liberia and Guinea on 22 August 2014 (UNDG 2015: 67). During the crisis, Roos (2014) reported concerns at the time that post-harvest migration across the region would lead to an increase in the outbreak. These concerns were used to justify border restrictions.

The restrictions affected, among others, business people and refugee populations. In the specific case of the latter, the voluntary repatriation of some 50,000 refugees in border communities between Côte d'Ivoire

and Liberia was halted and Ivorian authorities turned back a refugee convoy for fear of Ebola. Though Côte d'Ivoire reopened its borders later, there were still more than 38,000 refugees who still were awaiting repatriation (Kilberg 2014). Another area of concern was food insecurity. During the EVD outbreak, the UNDG reported that the impact on food security would be severe in the bordering communities of Guinea, Liberia and Sierra Leone. Being the most vulnerable economically among these countries, Guinea Bissau was the most affected by food insecurity (UNDG 2015: 66).

It is apparent that the regional body itself, ECOWAS, refrained from an explicit recommendation for border closure and instead recommended strategies such as border surveillance and synchronisation of cross-border activities (ECOWAS 2019). The omission of border closures was understandable considering the protocol on free movement sanctioned by ECOWAS. For member states, the health emergency and its human security implications warranted the closures.

With hindsight, however, Horton (2019: 1494) has argued that the fundamental mistakes made by governments in their Ebola response was that the policies 'were designed around the disease, not those affected. Money was invested in global surveillance and response systems, but little attention was given to standards of care and the effects of the outbreak on families, communities and health workers.' This argument is based on the observation that many border communities in West Africa are connected across borders by family and ethnic kinship ties rather than geopolitical boundaries. Therefore, any hard and fast border closures were likely to hit hard at such social ties and support systems. Meanwhile, it was these very fluid social interactions that worried governments and moved them to close borders. Indeed, governments were in a dilemma concerning the negative impact that could be felt by the local population by the closure of the borders and the equal or higher adverse impact that could be felt if they did not close the borders.

To support the border restrictions, governments introduced heightened community monitoring, especially in border communities. Yet this effort was fraught with challenges. Previous research cited that border screening difficulties included inadequate personal protective equipment and supplies, and insufficient space or isolation rooms. Other problems included delays at the border crossings, too few trained staff, lack of capacity to confirm cases locally, lack of co-operation from travellers, language barriers and multiple entry points along porous borders (Awoonor-Williams 2021).

In part, the policy panic that leads to border restrictions stems from the warnings that are issued by international organisations in times of pandemic. For Ebola, the UNDG, for instance, said the outbreak in Guinea, Sierra Leone and Liberia was a ‘warning to others in the region’ and therefore recommended ‘cross-border contact tracing’ (UNDG 2015: vii). The group also warned that cross-border activities and family travel across borders could fuel the spread of the disease and referred specifically to Guékédou, a border town between Sierra Leone and Liberia, as a case in point (UNDG 2015: 2). In 2014, a few kilometres away from the emerging Ebola epidemic in Guékédou (Guinea), infected individuals had crossed the border into Sierra Leone.

This study also notes that whereas governments quickly restricted borders based on international recommendations, they were slow to reverse those restrictions, even though the reversal was recommended by the same organisations. This inertia moved the UNDG to indicate that ‘efforts to ensure that borders are opened should be given a priority by Mano River Union, ECOWAS as well as UNDP and relevant UN agencies’ (UNDG 2015: 74). Yet many governments kept the closures in place. As Horton (2019: 2) argued, since the Ebola outbreak response was securitised and politicised, ‘the emphasis was placed on deterrence, compliance and punishment’ rather than paying attention to the principles of public health and the protection of human rights.

It is common to look for the economic impacts of cross-border restrictions. However, as this review of the Ebola situation has shown, whereas the economic implications may be limited, other impacts deserve attention. The UNDG indicates that since the three primary affected countries did not contribute much to the ECOWAS economy, the impact on trade and their economy was low. However, the group notes that:

While this may be the case at the macro and formal levels, the situation for people who depend on the informal cross-border trade may be different. It is important, therefore, to undertake some micro assessments on this issue to further examine the detailed impact on people whose livelihoods depend on cross-border trade. (UNDG 2015: 45)

Such micro-level assessments form an important objective of this study, in relation to the Ghana government’s governance of the Covid-19 pandemic.

Covid-19 Management by the Government of Ghana

As elsewhere, governments in the West Africa sub-region responded in many ways to the coronavirus pandemic. In Ghana, after the first two cases were recorded on 11 March 2020, the government adopted a

'hybrid management approach' to contain the crisis, which was grounded in several different legislations. It adopted WHO's guidelines together with domestic management measures to address the spread of this novel health threat to human and national security. The management strategies included the following:

1. Health infrastructure and national disinfection exercise
2. Border closure and movement restrictions
3. Socioeconomic needs support and financial (re)construction.

These three vital management measures were grounded in several different legislations as legal backing to the directives issued in respect of the government's containment strategy. These included:

Executive Instrument (E.I.) 63 on Establishment of Emergency Communications System Instrument, 2020, gazetted on 23 March 2020; E.I. 64 on Imposition of Restrictions (Coronavirus Disease (Covid-19) Pandemic) Instrument, 2020, gazetted on 23 March 2020; E.I. 65 on Imposition of Restrictions (Coronavirus Disease (Covid-19) Pandemic) (No.2) Instrument, 2020, gazetted on 30 March 2020; and E.I. 66 on Imposition of Restrictions (Coronavirus Disease (Covid-19) Pandemic) (No.3) Instrument, 2020, gazetted on 3 April 2020. (Nkansah 2020)

Health Infrastructure and National Disinfection Exercise

The most pertinent Covid-19 management effort by the Ghanaian government was the improvement in the healthcare system of the country. Through the Ministry of Health (MOH), Ghana Health Service (GHS) and external support, the government provided personal protective equipment (PPE) and other essential health equipment, such as oxygen concentrators and accessories, to be used in the existing and newly created Covid-19 treatment centres across the country. The government's priority was to increase testing and testing facilities, revamp existing healthcare points and construct new ones to fight the pandemic. With the support of UNICEF, the government reinforced laboratory and testing capacity for Covid-19, including the newly created Wa and Tamale Public Health Reference Laboratory (which processed approximately 2,500 samples in the course of this research) and the Public Health Reference Lab in Kumasi (UNICEF 2020; Sibiri, Prah and Zankawah 2021). This complementary effort reduced the pressure and stress on Ghana's key testing centres – Noguchi Memorial Institute for Medical Research and Kumasi Centre for Collaborating Research (KCCR) – which until then were the only two testing facilities for the entire nation. In terms of vaccination, the government of Ghana aimed at getting 20 million of its 32 million residents vaccinated by the end of

October 2021 (Quakyi et al. 2021). Indeed, Ghana was the first country in Africa to receive a vaccine shipment from the COVAX facility (600, 000 Oxford-AstraZeneca vaccine doses), which was delivered on 24 February 2021 (Quakyi et al. 2021).

Due to the crowded nature of trading and business centres in Ghana, they were highlighted as potential points where the disease could easily spread. Consequently, the Ministry of Local Government and Rural Development in collaboration with Municipal Authorities and Public Health experts designed a National Programme for Market Disinfection Exercise (NPMDE) to disinfect 1,806 marketplaces across the sixteen regions of the country. In addition, starting from the Greater Accra Metropolitan Area on 23 March 2020, all open spaces and lorry stations in Ghana were fumigated as a precautionary measure against community transmission (Nkansah 2020; Sibiri et al. 2021). In many markets across the country, all traders and shoppers were obliged to wash their hands before entering and exiting (Nyarko 2020). The NPMDE was informed by the thinking that infectious diseases such as Covid-19 spread rapidly in insanitary conditions, which are a common phenomenon in developing countries like Ghana (Asante and Mills 2020).

Border Closure and Movement Restrictions

Border closure and human movement curtailment became the central management strategies of the Ghanaian government to contain the spread of the disease. This was enforced quickly in a collaboration between the Ministry of Defence, Ministry of Interior and the Ministry of National Security and the services of the Ghana Armed Forces, Ghana Police Service, Ghana Immigration Service and national security intelligence. The closure of all land, sea and air borders to human traffic (except goods, supplies and cargo) was expected to stop bringing the disease into the country. It was also expected to help curtail transmission within communities. Yet internally there were concerns that the spread could not be stopped because new arrivals continued to engage with friends and family. Also, the border closure management effort increased the dilemmas of other nationals of neighbouring countries like Togo, Burkina Faso and Côte d'Ivoire who attempted to access healthcare in Ghana (Yendaw 2021).

Through the Imposition of Restrictions Act (2020), Act 1012, the Ghanaian government legitimised the partial lockdown of suspected disease hotspots. The temporary lockdown of major cities or epicentres of the diseases such as Greater Accra, Greater Kumasi, Tema and Kasoa, was intended to contain the disease. Similarly, all places of public gathering

(except for marketplaces and points of other essential services) were closed, including schools, churches, beaches and cinemas, and events such as funerals, parties, festivals, political activities and conferences were suspended (Asante and Mills 2020; Sibiri et al. 2021). The Ghanaian populace were mandated to wear face masks (Executive Instrument, E.I. 164) and adhere to social distancing of at least 1 metre (or 3 feet) from all other persons at home, at the marketplace and other essential service areas to prevent internal community spread of the disease. Under the law, violators faced a ten-year imprisonment or a fine between GHS 12,000.00 and GHS 60,000.00. Ghanaians were also advised by the government to use alcohol-based sanitisers regularly and wash hands frequently, as part of the personal hygiene and Covid-19 protocols put forward by WHO.

Socioeconomic Needs Support and Financial (Re)Construction

Through the Ghana Water Company, the government of Ghana designed a special initiative to supply water to the citizenry between April and June 2020, free of charge (Lartey, 2020). The free water initiative was to encourage regular handwashing, personal hygiene and frequent drinking of water to manage community spread of the disease. In addition, through the support of the government, the Electricity Company of Ghana provided electricity free of charge for at least three months, primarily for lifeline consumers, and a 50 per cent reduction in fees for all other consumers (including businesses). The aim was to support financial needs, especially those of vulnerable groups and the average Ghanaian whose daily business had been hindered by the lockdown and could not pay their electricity bills. For instance, an estimated number of 42,000 people lost their jobs in the first two months of the crisis in Ghana (Aduhene and Osei-Assibey 2021).

Moreover, through special initiatives the government and some private organisations distributed dry food packages and hot meals to needy households and communities in restricted areas (Asante and Mills, 2020). In addition, as part of the attempt to manage and prevent the community spread of Covid-19, on 26 March the President granted amnesty to 808 prisoners based on Article 72 of Ghana's Fourth Republican Constitution, which provides that in consultation with the Council of State, the president may pardon a convicted criminal (Nkansah 2020).

Furthermore, it was estimated that money used in trade and business transactions could be a source of contamination. As a result, an adjustment from cash-based transactions to digital forms of payment was encouraged. From 20 March 2020, the Bank of Ghana agreed with mobile network operators that all mobile money transfers of GHS 100 (USD 18.16) and

below would attract no fee, and cashless transactions (wire transfers, online payment) were encouraged (Asante and Mills 2020). Even though market transactions remained primarily cash-based, to some extent digital payment managed to limit person-to-person cash transfers. More importantly, commercial banks, with the support of the Bank of Ghana, granted a credit facility and a stimulus package of GHS 3 billion to local companies, particularly those in the pharmaceutical, health, services and manufacturing industries, to cushion their production efforts towards the containment of the disease (Sibiri et al. 2021).

Emerging Health and Migration Dynamics and Concerns

As the preceding sections have suggested, the discourses and practices surrounding the past and present pandemic governance in Ghana and West Africa have not addressed cross-border travel for healthcare and changing human mobility during these critical periods. Rather, since the policy focuses on preventing the spread of emerging and epidemic diseases and reducing their economic implications, this has been the focus of scholarly debate. Nonetheless, how the healthcare system of border towns with complex pre- and post-colonial relations are affected by border closures and policing is also important. As Horton (2019) opined, cross-border health policies must not concentrate only on the disease and regional macro-economic outlooks, but significant attention must be given also to the effects on families, communities and healthworkers directly affected by daily routine cross-border migration for health reasons.

Many border communities in West Africa are connected across borders by family and ethnic kinship ties, although divided by the geopolitical boundaries created by colonialism. As a result, it is common that citizens on one side of a border may be entitled to government services on the other side. The free movement of ECOWAS citizens seeks to improve such access across countries. Thus, the hard and fast border closures were likely to disrupt not only social ties but also the healthcare support systems from which border communities benefit. Literature on the historical relations between border communities across Ghana and West Africa in general (Griffiths 1986; Heath 2010; MacKenzie 2016) emphasises that assessments at this micro level could provide an important policy dynamic for discussing and governing intraregional movement in times of pandemic.

People migrate in and out of Ghana along three main routes. These are by air, via the Kotoka International Airport (the principal air entry point to Ghana), by sea through the country's two major ports (Tema Port in the Greater Accra Region and Takoradi Port located in the Western Region),

and by land through three major entry points. The Elubo border in the Western Region represents the western entry point between Ghana and Côte d'Ivoire, the Aflao border is the entry point between Ghana and Togo to the East, and in the north are the Paga and Hamile entry points between Ghana and Burkina Faso. These routes and border towns form the official access points to Ghana and are all manned by personnel from the Ghana Immigration Service.

However, there are several unofficial cross-border points into Ghana dotted across the country, especially via land, located in at least 50 per cent of Ghana's sixteen regions. These regions include Bono, Bono East, Upper West, Upper East, Northern, Savannah, Western and Volta regions (Modern Ghana 2021). At each of these points, there are long-standing social relations between communities in Ghana and others across Burkina Faso, Togo and Côte d'Ivoire. These relations and movements are important in Ghana in many arenas: politics, business and cultural activities such as festivals. For instance, during the 2020 voter registration exercise in Ghana, military forces were deployed to major border towns to prevent foreigners from registering to vote as Ghanaians, which different political parties have accused each other of encouraging.



Figure 1: The old map of Ghana depicting neighbouring West African countries

Source: Encyclopedia Britannica (1998)

Health Concerns Along Border Towns

At official and unofficial border towns, shared healthcare is central to cross-border relations. Communities across the borders, especially citizens of Ghana's neighbouring countries, access healthcare in Ghana. For instance, the Korle-Bu Teaching Hospital, the leading public hospital

in Ghana's capital, Accra, provides healthcare support to patients from Burkina Faso, Nigeria, Côte d'Ivoire and Togo. This is not only because of the hospital's relatively higher expertise in critical areas such as plastic surgery, radiotherapy, burn treatments, and cardiothoracic and nuclear medicine, among others. More importantly, it is because citizens cannot access medical care in their home countries either because it is not available or the costs are prohibitive and so they travel to other countries to meet their healthcare needs. Consequently, citizens from many West African countries travel through both approved and unapproved routes to Ghana for different healthcare services (Kuwonu 2017).

Some of these foreign citizens cannot afford the higher-priced treatment at the Korle-Bu Teaching Hospital and other modern health facilities. Most of these migrants are low-income earners from poor households who depend on the nearest clinic or Community-based Health Planning and Services (called CHPS), usually in rural communities in the country. There they seek treatment for common tropical diseases such as malaria, as well as typhoid, skin diseases, diabetes, asthma, eye and ear infections and rheumatism, among others. Confirming Kuwonu's (2017) claim that Ghana is a centre of healthcare delivery in West Africa, Teye (2019) asserts that the country has become the ideal transit and a suitable destination for migrants not only for businesses but also healthcare support. Although Teye (2019) reported on the discrimination against foreigners in accessing hospital treatment and in prices paid at pharmacies, she indicated that most foreigners are still able to receive treatment largely because of Ghana's obligation to observe the ECOWAS protocol on the free movement of West African citizens within the subregion. Besides, as Horton (2019) opines, the enduring cross-border social relations help foreigners to seek healthcare support in Ghana.

The sustained restrictions on the movement of persons during the coronavirus pandemic, therefore, signalled health challenges for communities that normally benefitted from primary healthcare in border towns. Whereas, for instance, the UNDG, IOM and scholarly works have raised concerns about food insecurity, economic challenges and the spread of infectious diseases, this research seeks to draw attention to the unintended consequences of border closures and strict policing on foreign primary healthcare seekers in and around border towns in Ghana. Although UNDG (2015) argued that border restrictions have a severe impact on the people who depend on informal cross-border movements and transactions and called for a detailed micro-level analysis of their livelihoods, its focus was on trade, as in most other accounts. The border

closures posed a dilemma for other nationals of neighbouring countries, particularly those from Togo, Burkina Faso and Côte d'Ivoire, who attempted to access healthcare in Ghana. The challenges of displaced persons as a result of emergency border closures due to the Covid could also be likened to the challenges associated with conflict-prone states. For example, the water, sanitation and hygiene (WASH) indicators are lower in displaced populations. These WASH conditions were rife for Covid-19 transmissions in displaced populations in places like South Sudan and elsewhere (Bwire et al. 2022).

Cross-border Migration Dilemmas

The management of previous pandemics and the measures against coronavirus set aside the ECOWAS protocol on the free movement of West African residents, even though the regional organisation did not explicitly or officially recommend border closure but instead suggested strategies such as border surveillance and synchronisation of cross-border activities. Member states, however, followed the health emergency panic and human security logic to effectively close borders, as in many other regions and subregions across the globe. Beyond the border closures and policing, Ghana's security heightened community monitoring, especially in border communities (Awoonor-Williams, 2021). This caused three migration-related vulnerabilities to emerge, besides the immigrants' inability to access healthcare services along border towns in Ghana.

First is the promotion of 'elite migrants'¹ over migrants seeking a basic livelihood. From March 2020, the security apparatuses in Ghana arrested ECOWAS citizens who flouted the border closure order and successfully entered Ghana (*Citi News*, 24 March 2020). Most of these immigrants had used unapproved routes or even official entry points where border policing was ineffective. As it was only land borders that were closed, the border restriction mainly affected poor households and petty traders who relied on cross-border transactions along a few kilometres for their livelihood. This threatened to widen the inequality gap because those who had the means to travel by air to Ghana and abroad for healthcare and other activities could do so, but the low-income earners and vulnerable groups who used road transport were cut off from their businesses activities and access to healthcare.

The second emerging migration issue concerns the apparent changing fate of undocumented migrants. Discrimination against migrants in Ghana increased as a result of the 'fear of the foreigner' in the spread of pandemics. Whereas Teye (2019) observed some discrimination against

migrants in access to healthcare in Ghana, the 'hostile treatment of West African nationals by Ghana's security in the Covid-19 governance, led even to increased vulnerability of so-called undocumented migrants'. This discrimination and stigmatisation arose because migrants were usually perceived as carriers of the virus from their country of origin to their destination. This caused intense community surveillance and deportation of many West African nationals from Ghana, mostly those using the road as entry points. Consequently, even those who succeeded in settling at their destination through 'illegal' migration via land mostly resisted seeking healthcare assistance for fear of detection and deportation and refused to report illness (Reissig 2020).

Third, the heightened border security slowed down migrant processing and thereby caused a new security threat due to overcrowding at border towns across West Africa. It also redefined the traditional understanding of in-country migration altogether. The IOM reported that as a result of the sustained border restriction in Ghana, groups such as merchants, farmers and itinerant traders were stranded at cross-border markets, such as Aflao, Elubo and Sampa. The IOM (2020) estimated that, in addition, more than 20,000 migrants were stranded at various borders in the West and Central Africa region, while another 1,800, including Ghanaians, were stranded in transit centres in countries such as Niger. The increasing number of migrants at the borders made it even more important for them to tighten restrictions further. The lack of security capacity at these border posts threatened to make it easier for smuggling-related activities and trafficking networks to slip by. It also threatened to increase irregular immigration routes across Ghana's borders. In addition, the securitisation of the pandemic had the propensity to exacerbate internal migration dynamics in Ghana. Instead of crossing borders to avoid being infected, people moved from crowded cities and urban areas to rural areas where the pandemic had the least effect, thus redefining the long-held understanding of the flow of migration in Africa (UN-Ghana 2020).

Notwithstanding the impact of the securitisation of the pandemic and other emerging dynamics reported by earlier studies, there was an urgent need for broad-based regional collaborations to bolster Africa's readiness to manage disease outbreaks. More importantly, argued Otu et al. (2020), there was the need for a combination of intersectoral government/community planning and collaboration and the enactment of some travel restrictions as viable strategies to combat the pandemic (Otu et al. 2020). Beyond arguing for a consideration of the burgeoning cross-border migration dilemmas highlighted in this study, earlier studies have

shown other aspects that could be considered. For example, Osabuohien et al. (2022) affirmed the need for improved social services structures that would enhance Africa's readiness to address social and economic shocks in future pandemics. Respective authors in Osabuohien et al. (2022) argued for the legal system to support social and economic recovery from the Covid-19 pandemic. Other authors in the same volume highlighted the insecurity during the Covid-19 pandemic in Nigeria, and the need to analyse the policy gaps and prospects for inclusive security outfits in the country. They identified bandits, kidnappers and violent protests as critical factors affecting security in Nigeria and concluded by recommending that government should take advantage of the existing security loopholes in the country to establish a state police force, which would lead to significant improvement in police service delivery (Osabuohien et al. 2022). Clearly, there is room for further research into cross-border arrangements and discussions of disease/pandemics as a security issue beyond the subject of epidemiology and healthcare.

Conclusion

Although initially Covid-19 might have been perceived as essentially a health crisis, the reality has proven to be dramatically different (Potgieter, 2022). We also agree with Otu et al. (2020) that the Covid-19 pandemic might provide a unique opportunity to strengthen the continent's regional health security measures (surveillance, control, treatment/mitigation, regulation).

This study, therefore, set out to examine the impact of Covid-19 pandemic governance on health and migration in West Africa. We focused on how Ghana's border policing strategy has negatively impacted long-standing practices of some ECOWAS citizens' access to primary healthcare in border towns in Ghana and how the sustained border restrictions could affect the dynamics of migration in the subregion. We engaged qualitatively with the pandemic governance policies *vis-à-vis* the literature on development, politics, health and migration in West Africa, especially during the pandemic.

The analysis indicates that the sustained closure of land borders hindered the movement of low-income and poor West African citizens to access primary healthcare in border towns in Ghana. This created a situation of unintended health consequences for families that have depended on cross-border primary healthcare for decades. Since only a few West African citizens could travel to Ghana via air or afford expensive healthcare in their countries with no or weak health insurance systems, the border restrictions exposed

the possibility of a widening inequality between 'elite' and lifeline migrants. Besides, given that many West African migrants and those in transit were stranded at border towns, the resultant overcrowding had the potential to create a new security threat characterised by increased smuggling, criminal networks and illegal routes, which could further worsen the security threat in the subregion. In addition, the situation increased the level of discrimination suffered by so-called undocumented migrants in Ghana, who were often seen as carriers of infectious diseases and were treated with contempt by Ghanaians. A further point was that as the borders remained closed, a new form of migration could have emerged, with people tending to migrate internally, from urban to rural areas within Ghana where the effect of the coronavirus was believed to be less severe.

We recommend that in the present scheme of things and for the future, some innovative policies should be devised to address the difficulties discussed above and reduce the potential for unintended consequences of fighting infectious diseases in the region. At the same time we urge academic discourses to complement macro analyses with a ground-level understanding to reduce the negative impacts of otherwise well-intended policies to address infectious diseases in Africa. Thus, we recommend that the government should continuously review the country's border closure policies to include provisions that can accommodate the health and livelihood needs of cross-border migrants.

Note

1. Elite migrants as used here refers to people from political and business classes who can afford air transport, as against those who rely solely on cheap road transport not because of choice but because of their economic circumstances.

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