

COMMENTARY

‘Colonial virus’? Creative arts and public understanding of COVID-19 in Ghana

Ama de-Graft Aikins

Abstract: In this paper I examine how responses to COVID-19 by Ghana’s creative arts communities shape public understanding of the pandemic. I focus on comedy, music, textile designs, and murals created between March and August 2020, through frameworks of the social psychology of everyday knowledge and arts and health. The art forms perform three functions: health promotion (songs), improving environmental aesthetics (murals), and memorialising (textile designs). Similar to arts-based interventions for HIV and Ebola, Ghanaian artists translate COVID-19 information in ways that connect emotionally, create social awareness, and lay the foundation for public understanding. Artists translate COVID-19 information in ways that connect emotionally, create social awareness, and lay the foundation for public understanding. Some offer socio-political critique, advocating social protection for poor communities, re-presenting collective memories of past health crises and inequitable policy responses, and theorising about the Western origins of COVID and coloniality of anti-African vaccination programmes. I consider the implications for COVID public health communication and interventions.

Keywords: COVID-19, Ebola, HIV, creative arts, collective memory, coloniality, public understanding, public health communication, Ghana.

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In March 2020, just days after partial lockdown was imposed in Ghana, a satirical video on the COVID-19 pandemic went viral on social media. The video, styled as a parody of the vox pop, featured the Ghanaian comedian and actor Clemento Suarez (real name Clement Ashiteye), playing a schoolboy called Timothy, who was walking along a road when he was suddenly accosted by a ‘journalist’ with a microphone. ‘Aha, Timothy’, the journalist said in the Akan language Twi, ‘tell me the corona ABCD’.

As Schoolboy Timothy worked his way through what he called the ‘colonial ABCD’, he made you laugh and he made you think. Hidden in the funny imagery and the sly twists of Twi expressions replacing English alphabets, were the core public health messages—endorsed by the Ghana Health Service (GHS)—of social distancing, handwashing, and respiratory hygiene. But he also told a nuanced story of the impact of the COVID pandemic in Ghana, picking apart the political, economic, and religious problems of the day, and placing them in historical context.

Suarez’s vox pop parody joins several COVID commentaries from Ghana’s creative arts communities since the first two cases were reported on 12 March 2020. These ‘COVID art forms’ have been shared on social media, traditional media, and social networks, reaching thousands of Ghanaians at home and abroad.

My British-Academy-funded project, titled *Chronicity and Care in African Contexts*, aims to explore how social responses to chronic conditions can shape public engagement models for chronic care. In the early weeks of the pandemic, studies showed that chronic conditions like diabetes, hypertension, heart disease, and obesity raised the risk of COVID infection.¹ Now, patient accounts suggest that recovery from COVID may be slow and lead to disabling and new chronic conditions, a phenomenon labelled ‘long COVID’.² I have been interested in the intersections between COVID and chronic conditions and evolving social responses to these in African communities on the continent and in the diaspora. Working with a team in Ghana, I am tracking and collating various art forms, including comedy skits, cartoons, songs, textile designs, and public art. These spontaneous, largely grassroots and self-funded, responses to COVID from Ghanaian artists, afford the opportunity to examine in real time what works for improving public health education and interventions, from the perspective of lay society, during the pandemic and beyond.

¹ Clarke *et al.* (2020).

² Mahase (2020).

Arts, collective memories, and re-presenting 'familiar alien threats'

In our everyday lives, social psychologists argue, we are often confronted with 'familiar alien threats'. These are categories of phenomena or people, like madness or the mentally ill, that we may already know but actively 'maintain in an unfamiliar position', because they represent danger, chaos, or transgression.³ Whether they are excluded from, or partially anchored into, existing systems and ways of knowing, familiar alien threats reinforce established, albeit heterogeneous, meanings, identities, and relationships in society.

Pandemics constitute a category of familiar alien threats. Communities make sense of each new pandemic through the collective memories of old ones, but never fully anchor them. At the same time, the practical responses demanded of the complex crises that ensue, change societies in fundamental ways.

These socio-psychological and structural processes are demonstrated in Ghanaian social responses to COVID-19. For some groups, COVID has been partially anchored in recent memories of the 2014–2015 Ebola Virus Disease (EVD) pandemic in West Africa. EVD killed thousands of people and caused social and economic crises in Guinea, Liberia, and Sierra Leone. Ghana did not record Ebola cases, but rumours of suspected cases, and anticipation of infection, caused anxiety, fear, and stigma in lay and healthcare communities.⁴ The stigmatisation and exoticisation of West Africa in global media had a negative impact on travel, tourism, hospitality, and other local industries with international ties.⁵ Longstanding fears and mistrust of Western medical interventions, rooted in unethical colonial and post-colonial experimentations, fuelled protests against Ebola vaccine trials in Ghana by lay communities and sections of the local scientific community.⁶

³Kalampalikis & Haas (2008); Rose (1998).

⁴Nyarko *et al.* (2015).

⁵Abeyasinghe (2016).

⁶Kummervold *et al.* (2017). The veteran Ghanaian journalist Cameron Duodu recalls his childhood days in colonial Gold Coast, when 'all the "smart" people in our villages tended to run away from vaccination' because colonial health authorities were 'uncommunicative' and 'behaved like gods' (Duodu, 2004). In February 2020, the *British Medical Journal* published a critique of a WHO-led Phase III trial of a new malaria vaccine for children, called Mosquirix, which has been rolled out in Ghana, Kenya, and Malawi without informed consent from parents (Doshi, 2020). This failure to secure informed consent is particularly egregious because Phase II trials reported serious problems, including a rate of meningitis in those who received Mosquirix 10 times the rate of those who did not, and a doubling of risk of death in girls. These forms of unethical practices feed into public anxieties and fears about participating in important public health interventions, from immunisations against childhood diseases to clinical trials for infectious disease vaccines. There are clear implications for COVID vaccination acceptance.

For others COVID has been partially anchored in the HIV/AIDS pandemic of the 1980s, which is now considered in global health to be a mature mixed epidemic. While cases in Ghana have been lower than in other parts of Africa over the four decades of the epidemic, never rising above 5 per cent prevalence nationally, HIV/AIDS was a significant public health crisis that changed Ghanaian society and transformed the landscape of healthcare.⁷ Ring-fenced funding allocated to HIV/AIDS surveillance, treatment, and governance by global health donors,⁸ strengthened local responses to the HIV/AIDS threat. But this also weakened an already compromised system of health governance—in which power struggles between policymakers, politicians, and ‘development partners’⁹ complicated the processes of naming, understanding, and funding local health problems—and created hierarchies of disease and health research priorities that continue to undermine equitable healthcare today.¹⁰ A clear example is the lack of investment in the prevention and control of a chronic condition like hypertension, which has a prevalence rate ranging from 28 per cent in rural areas to 40 per cent in urban areas, and has been a leading cause of death in hospitals for the last thirty years.

For some elderly Ghanaians, COVID-19 has been anchored in their family and social memories of the 1918 global flu pandemic. Introduced through sea ports by European travellers, this pandemic killed 100,000 people or more in the Gold Coast, Ashanti, and Northern territories over a six-month period.¹¹ Slum conditions of coastal towns, chronically understaffed and underfunded medical services, poor public health education, and limited literacy were implicated in the devastating death toll. The colonial British government implemented changes in health promotion and urban town planning following appeals by Gold Coast elites. Yet, coastal communities in Accra, Cape Coast, Keta, and Sekondi, for example, which bore the brunt of 1918

⁷ Agyei-Mensah (2001).

⁸ Including Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the World Bank.

⁹ Currently a group of fifteen global agencies and one African agency: Korea International Cooperation Agency, World Bank, World Food Programme, Japan International Agency, African Development Bank, International Labour Organization, Global Fund, European Union, UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), UK’s Department for International Development (DFID), Danish International Development Agency (DANIDA), United States Agency for International Development (USAID), GAVI, and WHO (source: <https://www.moh.gov.gh/category/health-partners/>).

¹⁰ de-Graft Aikins & Koram (2017).

¹¹ Patterson (1983); Scott (1965). For elderly relatives in my own extended maternal Fante family, the global scale and impact of the COVID pandemic evoked memories of my great grand-aunt, Florence Annan, who died in Saltpond during the flu pandemic. According to family folklore, which I first heard from my mother when I was a teenager, she died weeks before her wedding and was buried in her wedding dress. In Jamestown, Accra, where I have been conducting longitudinal research on chronic care, older community members remember being told about the 1918 flu pandemic during their childhood.

global flu pandemic, remain in a state of structural neglect today and have been disproportionately affected by public health crises over the last century. More health facilities exist today, including health facilities built soon after the flu pandemic, but health services continue to be chronically underfunded, understaffed, and ill-equipped to respond to protracted health crises. Literacy rates have improved, but health promotion still follows a didactic English-language-based format that excludes large swathes of a national population that speaks over forty languages and ignores complex cultural representations of health and disease.

Artists recognise the importance of collective memory in making sense of new public threats, and the structures within which these threats operate. The local term 'colonial virus' started as an inside cultural joke. Then some artists and public intellectuals reworked the joke as a critique of the 'colonial mentality' driving political and policy responses to the COVID pandemic, the HIV and Ebola pandemics and recurring health crises. Others reminded their audiences about past public threats: the coup years of the 1970s when curfews were enforced by the military in very similar ways to the early days of COVID lockdown in Ghanaian cities;¹² the 1983 famine that caused great hardship for many Ghanaians; and the economic impact of the energy crisis the country experienced between 2012 and 2016, which Ghanaians creatively christened '*dumsor*' ('off and on' in Twi) (Figure 1).



Figure 1. Tilapia da Cartoonist, 'Dumsor-COVID-19 economy comparison', 7 May 2020 (source: <https://www.facebook.com/TilapiaCartoons/>).

¹² Former president Jerry John Rawlings, a towering and divisive figure in Ghana's decade of deadly military coups whose subsequent twenty-year rule ushered in the neoliberal era, died on 12 November 2020 from COVID-19 and underlying chronic conditions.



Figure 2. GTP COVID designs ‘Fellow Ghanaians’ and ‘Lockdown’.

In July 2020, Ghana Textiles Printing (GTP) launched new COVID-19-inspired textile designs. Building on a long tradition of using textiles to memorialise significant national events, the designs featured recognisable symbols of the COVID pandemic: planes for airport closures, padlocks for lockdown, the medical illustration of the coronavirus, and in what appeared to be political homage, the distinctive round eyeglasses worn by Ghana’s president Nana Akufo-Addo (Figure 2).

In an interview with *BBC Focus on Africa*, the marketing director of GTP, Mr Stephen Badu, observed:

We are a business that tells stories and we tell our stories through our designs. We believe that it [COVID] is going to leave a mark in the history of the world, and it’s important that generations that come after us get to know that once upon a time, such a phenomenon occurred.¹³

Scholars of Ghanaian oral literature and popular culture draw attention to the ways art forms like folklore, folk songs, and cartoons use allusions, innuendo, satire, and subversive critique to channel collective memory, challenge social norms and authority, and confront taboos and sacred institutions.¹⁴ These COVID art forms function in similar ways. Whether evoking collective memories of past crises and official responses to these crises through comedy and political satire, or creating a new collective memory of COVID through textile design, Ghanaian artists facilitate anchoring of this new familiar alien threat.

¹³ BBC (2020).

¹⁴ Yankah (2004); Oduro-Frimpong (2014).

Arts and pandemic health communication

Objects, artefacts, costumes, singing, drumming, and theatre have been incorporated into diagnostic and healing repertoires of Ghanaian herbalists and shrine priests for centuries. Since their inception in the colonial era, official health promotion initiatives have involved collaborations between public health professionals and artists in the production of posters, billboards, murals, radio jingles, and television dramas for campaigns on a vast range of prevalent diseases.

An emerging set of studies has begun to explore the role of visual art, music, dance, storytelling, theatre/drama in improving lay understandings of HIV/AIDS, malaria, cholera, mental illness, as well as addressing general health and well-being. These studies fall under 'arts and health', a multidisciplinary field that integrates the arts into interventions that improve healthcare at the broadest level, from health promotion and illness management to policy development.¹⁵

Some COVID art forms belong to this 'arts and health' domain. At least fourteen COVID songs were circulated on social media between March and August 2020. Composed in different genres—folk, gospel, highlife, hip hop, hiplife, afro-pop and reggae—the songs recast COVID public health messages in hybrid languages, catchy melodies, and memorable lyrics aimed at distinct demographics. While the majority focus on prevention messages, some artists offer socio-political critique and weave lay conspiracy theories on the Western origins of COVID and anti-African vaccination programmes into their songs. Rapping in pidgin English, the hiplife artist Opanka asserts on his 'Corona (Freestyle)';¹⁶

Whiteman no, acreate virus,
he wan control the world
way to make money, not funny,
common sense go tell that after creating panic
them go create the anti-virus sell

Before the first two COVID cases were reported, Ghana's Kotoka International Airport, showcased COVID-prevention messages on digital billboards for international travellers. In March, Ghana Graffiti Collective with support from the International Organization for Migration (IOM), Accra Metropolitan Assembly (AMA) and the Delegation of the European Union in Ghana, painted a COVID mural in a suburb of Accra (Figure 3). Variations of the airport and mural messaging

¹⁵ Camic (2008).

¹⁶ Tulenkey, another hiplife artist, raps on his track 'Corona': 'White man always tryna find ways to eradicate the black population| Oh no| Leave the Black alone.'



Figure 3. COVID mural painted by Ghana Graffiti Collective, Accra, March 2020.



Figure 4. Makaveli, *Business & Financial Times*, 20 April 2020.

have appeared on signposts and billboards in public spaces across the country. Of the fifty-three cartoons published by three prominent cartoonists—Akosua, Makaveli, and Tilapia da Cartoonist—between March and July, almost half focused on health themes. In contrast to the official didactic health promotion approach, the cartoonists situated prevention messages within the structural determinants of COVID (Figure 4).

The ethnomusicologists Gregory Barz and Judah Cohen¹⁷ observe that 'music as medical intervention' for AIDS in Uganda worked in part because:

when technical, scientific, or medical 'AIDS talk' was abandoned in favour of 'un-translated' localized terminologies ... audiences appeared much less threatened and anxious. ... Heads nod in agreement or hands clap in laughter when particular lines resonate with the audience's experience.

Beyond their anxiety-reduction and tension-releasing functions, music and arts in HIV/AIDS also offered 'hope' and 'resilience'. The arts worked in similar socio-psychological ways for the Ebola pandemic response. Jill Sonke and Virginia Pesata report that stories and perspectives from Ebola survivors in Liberia, Sierra Leone, and Guinea offered 'hope and resilience in the midst of the ongoing epidemic'.¹⁸ Furthermore, 'when people engage emotionally with *correct information* through the arts, they share that information with others, creating an organic and meaningful dissemination of knowledge' (italics mine).

When Suarez used the term 'colonial virus' in his video, and Makaveli visualised the difficulties of maintaining a balanced diet with 'empty pockets' in his cartoon, they tapped into local terminologies and understandings of COVID that had been proliferating in public spaces for weeks. By revealing the socio-economic and political subtext to official public health messaging, they also moved beyond merely providing 'correct information' to providing *correct information in context*. Other art forms have not succeeded in this regard.

The music artists who push conspiracy theories on COVID origins and treatment in their songs also tap into local understandings, but they contribute to 'infodemics', the blend of misinformation and disinformation on public health crises typically amplified on social media, that undermines health protective behaviours. The state-sponsored mural by the Ghana Graffiti Collective is unsuccessful for another reason. The image of a tap with running water under which a woman washes her hands with a bar of soap might offer the 'correct information' on the importance of handwashing, but it neglects the complicated realities of water poverty and scarcity. The vast majority of rural Ghanaians do not have pipe-borne or safe potable water. And even in urban areas, where homes may have taps, and residents pay monthly water bills, the taps rarely produce the gushing flow of water depicted in the mural.

¹⁷ Barz & Cohen (2011, 8 and 10).

¹⁸ Sonke & Pesata (2015).

COVID-19, arts, and re-imagining healthcare in Ghana

Between 12 March and 2 December 2020 (time of writing), the official number of COVID cases in Ghana has risen from 2 to 51,667.¹⁹ The total number of deaths is 323. Ghana is tenth place in the top-ten African countries with the highest number of COVID cases, having occupied fifth place a few months ago.²⁰ After a robust response of public health and financial interventions in the early months, promises to protect frontline health workers and vulnerable communities and to develop accessible testing and treatment services have not been fully met. Daily GHS reports focus on recoveries but are silent on long-term care plans. While the government secured a US\$1 billion loan from the International Monetary Fund (IMF) for COVID-19 reliefs in April²¹ and claims that policy decisions follow the local and global science, public health interventions are now competing with political priorities, such as impending elections in December 2020.

In global health and in Ghana's health policy community, there are calls for using COVID-19 as a catalyst to re-imagine and restructure neglected healthcare and social protection systems in ways that endure beyond the pandemic. These processes, as many experts recognise, require a collaborative effort across government and society.

COVID-19 is a complex and unpredictable virus that evades neat categorisations. The science of the virus changes by the day. One can catch the virus and not show symptoms but transmit the virus to others, 'the asymptomatic super-spreader'.²² One can recover from the virus, but then live with disability and new chronic conditions, the 'long COVID'. One can recover completely after infection, but fail to develop immunity against future re-infection. Symptoms manifest differently across age categories, creating psychosocial challenges in multigenerational spaces. Until the newly developed vaccines are deployed equitably around the world, this will remain the complicated social reality of the pandemic in every country.

¹⁹ Ghana Health Service (2020). Ghana's COVID figures are estimated to be significantly higher than the official statistics. On 28 October 2020, scientists at University of Ghana's West African Centre for Cell Biology of Infectious Pathogens (WACCBIP) convened a 'Status of COVID-19 in Ghana' webinar. They presented (pre-peer-reviewed) findings of a study with 1305 individuals that applied a pre-validated antibody rapid diagnostic test (RDT) to determine exposure to the coronavirus. Extrapolations from this study suggested that at least 1.2 million people in Accra (20 per cent of the 6 million population) had 'been infected in the past'

(<https://www.wacbip.org/1-million-people-already-exposed-to-COVID-19-in-Accra-scientists-estimate/>).

²⁰ Africa CDC Dashboard (2020).

²¹ International Monetary Fund (2020).

²² Cave (2020).

While COVID is a new public health threat, living in complex and unpredictable health environments is not new for Ghanaians. A double burden of infectious and chronic diseases has been the epidemiological and social norm for decades. As chronic conditions have risen in prevalence, as they have become biologically intertwined with serious infectious diseases for some communities (particularly the urban poor), and as more people live with two or more chronic conditions (especially the ageing population), new social realities have emerged around changing identities, social relationships, healthcare practices, and economic arrangements.

The challenge for COVID public health communication and interventions will be to understand how this particular familiar alien threat is anchored over time, as the pandemic shifts as an object of hypothetical ideas, detached observations, and abstract jokes to lived experiences of infection, caregiving, bereavement, job loss, and precarity. For instance, how can 'asymptomatic super-spreader' be translated into local languages without straying into the supernatural realm of invisible spirits and forces? How can pre-pandemic experiences of co-morbidity and multi-morbidity shape psychosocial interventions for 'long COVID'? How can rational fears around COVID vaccines be transformed into acceptance, given the recent history of public rejection of Ebola vaccine trials?

The responses of Ghana's creative arts communities to COVID so far demonstrate the value of the arts in pandemic health communication. Like arts-based interventions for HIV/AIDS and Ebola, artists show how scientific information on COVID can be translated through local terminologies in ways that connect emotionally, create social awareness, and lay the foundation for public understanding. Some artists focus on the structural context of health risk and behaviour, reminding audiences that public understanding is unlikely to inform sustained behavioural change without investments in health and social protection. Others tell stories of past national crises or theorise about anti-African public health interventions through the lens of Ghana's colonial past and neoliberal present. In so doing they highlight the insidious coloniality of Ghanaian health policymaking and how its material impact filters through collective memories of previous public health crises and shapes social responses to the COVID pandemic.

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