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## Assessing Whether Covid-19 Pandemic Has Brought Confidence or Trust in Health Care Delivery in Ghana or Globally

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### **Abstract:**

*Background: Coronavirus is a virus from "Large family of enveloped" RNA Coronaviruses (CoVs) that have positive-strands and infect the respiratory tract of human beings and mammals. The novel coronavirus (SARS-CoV-2) is from four (4) groups of human coronaviruses (HCoVs) such as HCoV 229E, NL63, and OC43. COVID-19 which is caused by SARS-CoV-2 has raised some issues about humans' life; researchers and the general public would like to know whether confidence/trust in health care delivery is one of them. The goal three (SDGs, 3) of the United Nations (UN) Sustainable Development Goals (SDGs), which is Health and well-being, cannot be achieved in an environment of mistrust where there is no confidence. There can be no quality health care delivery in a trustless environment, especially amongst patients and health care providers! Psychosocial problems and perceptions are open secrets that create mistrust in health care delivery or medicine. To have quality health care delivery, our perception(s) that create(s) "psychological" or "emotional" problems is/are very important and must be considered, dealing with such issues would automatically lead to increased confidence that creates a trustworthy environment. As the saying goes, your health is your wealth! If people are falling sick and cannot work, poverty will also set in: therefore, they can not have peace.*

*Aim: To assess whether COVID-19 Pandemic has revealed confidence in health care delivery in Ghana or globally and the effects of lack of confidence on health seeking or prevention behaviours.*

*Methodology: Questionnaires would be given out to nine hundred (900) consented individuals (health professionals, and the general public who are above 18 years) to answer. Reactions of people on official social media groups like WhatsApp or Facebook will also be considered. Peer reviewed published and non-published literatures will be reviewed using related online publications between 1985 to 2020 that is applicable to this project. Three strategical search approaches will be used to search for literature: data from health and social issues, custom Google searches; then consultation of experts for validation of results.*

*Hypothesis: COVID-19 Pandemic has brought confidence/trust in Health Care Delivery in Ghana or globally.*

*Expected Outcome: We expect the findings of the project to assess whether COVID-19 Pandemic brought some confidence in health care delivery in Ghana or Globally. The findings would also lead to increased trust or change of misconception(s) about health care delivery in Ghana or Globally. Findings of the project are expected to be out by the end of March, 2021.*

**Keywords:** Assessing, COVID-19 pandemic, confident, trust, health, delivery, Ghana, globally

### **1. Introduction**

This chapter will let one understand why there is the need for this project. It talks about the background to the study, the problem statement, the justification or rationale of the study, the objectives, and the hypothesis.

#### *1.1. Background*

Coronavirus, a "Large family of enveloped" RNA Coronaviruses (CoVs) with positive-strands; infects the respiratory tract of human beings and most mammals (Raoult *et al.*, 2020; Malik *et al.*, 2020). The current novel coronavirus (SARS-CoV-2) is very similar to two human coronaviruses: The Middle East Respiratory Syndrome shortened as MERS-CoV, and Severe Acute Respiratory Syndrome (SARS-CoV), now SARS-CoV-1 (Raoult *et al.*, 2020; Chen & Yu,

2020). COVID-19 caused by SARS-CoV-2 (Malik *et al.*, 2020) has raised some issues about humans' life; researchers or the general public would like to know whether confidence in health care delivery is one of them.

### 1.2. Problem Statement

Goal three (SDGs, 3) of the United Nations (UN) Sustainable Development Goals (SDGs), "Health and well-being" (Skevington & Epton, 2018; UN., 2020; Kumar *et al.*, 2016), cannot be achieved in an environment of mistrust. For quality health care delivery to be effective, there must be trust, especially amongst patients and health care providers (Smith, 2017; Birkhäuser *et al.*, 2017) and the general public! There are reports of mistrust in the Ebola outbreak in the Democratic Republic of Congo (Richardson *et al.*, 2019), this raises red flags of possible mistrust in the COVID-19 Pandemic that may create lack of confidence. Research findings have revealed that mistrust has always been a major problem in most natural disasters, like the COVID-19 Pandemic as seen in Seddighi, (2020). There are reports COVID-19 racial discrimination (Devakumar *et al.*, 2020; Coates, 2020) and stigma (Krier *et al.*, 2020), and people refer to it as a form of "Racial Justice Issue" (Evelyn, 2020); these are possible cases that can create lack of confidence.

Whether these revelations are true or not, mistrust is a possible reality that can affect our efforts to prevent COVID-19 or any infection from spreading because of it can result in lack of confidence. Discriminating alone will create mistrust amongst us and turn our attentions away from the virus or any infection to our colleagues' humans. Mistrust is already a serious challenge in quality healthcare delivery (Smith, 2017; Choy & Ismail, 2017) that must be solved. Some of our neighbors are already suffering job losses as a result of this pandemic (Kawohl & Nordt, 2020; Nicola *et al.*, 2020). But, remember that you are only safe when others are safe; that is one of the reasons why our COVID-19 Frontline Workers are sacrificing themselves to save lives, at the expense of their own lives (Steinbuch, 2020; Asamoah, 2020). What they need is trust and commitment from the people whose lives they are protecting!

Mistrust could be a serious global problem exposed by COVID-19 Pandemic, but research findings by Guadagnolo *et al.*, (2009) and Musa *et al.*, (2009) have found out that mistrust leads to poor satisfaction of health care delivery. Having trust in health care delivery is very important in the preventive/healing process (Choy & Ismail, 2017; Smith, 2017). As the saying goes, your health is really your wealth (Carlson, 2016; Pett, 2018) but without trust your health is questionable.

### 1.3. Justification or Rationale of the Study

Physical preparation is very important in our lives, like in the prevention of COVID-19 Pandemic or any infection (Niriwa, 2020), but we must always prepare psychologically or emotionally (Hammond, 2010) too. This is because, psychosocial problems (Hammond, 2010; Goold, 2002) and perceptions (Goold, 2002) are open secrets that create mistrust in health care delivery or medicine and no confidence. To have quality health care delivery, our perception(s) that create(s) "psychological" or "emotional" problems (Rand *et al.*, 2017; Hammond, 2010; Goold, 2002) is/are very important and must be considered, since they lead to mistrust. Mistrust is becoming a serious global trend that is not only found in our health care system, but in almost every aspects of human relationship (Oxman & Paulsen, 2019; Rodrigues *et al.*, 2017), especially in politics.

There have been serious debates on COVID-19 about "Science scepticism and political dogma" in Brazil which is a strong issue of mistrust (Kalache, 2020). In Ghana, we have seen cases where some citizens refused to accept test result of COVID-19 by falsely accusing government and health workers (Annang, 2020). All these issues suggest that there might be some mistrust in our health care delivery. Infectious diseases have been major sources of global threats to humans' lives and peace for a very long time, leading to antibacterial resistance as a growing public health threat (Komolafe, 2003). Amongst the reasons given for the growing antimicrobial drug resistance, is because of people self-medicating themselves with drugs that are bought over the counter (Komolafe, 2003; Jember, 2019). The prevalence of "Self-medication Practices" (SMP) globally is found to be high, ranging from 32.5% to 81.5% (Jember, 2019).

Lack of confidence as a result mistrust could be amongst the factors in these revelations, since people might resort to self-treatment because they have no confidence in our health care deliveries. Addressing these issues of mistrust would not only build confidence in health services to promote quality health care delivery, it would automatically lead to general increased of confidence that would create a trustworthy environment. This is because the findings would help us to strategize on how to create trust and confidence in our health care service delivery.

### 1.4. Main Aim

To assess whether COVID-19 Pandemic has brought confidence/trust in health care delivery in Ghana or globally and the effects of lack of confidence on health seeking or prevention behaviors.

### 1.5. Specific Objectives

- To assess the presence or absence of confidence/trust in health care service delivery during the COVID-19 Pandemic Prevention,
- To identify the effects of lack of confidence or trust on health seeking/prevention behaviors,
- To give recommendations to contribute to increased confident or trust in our health system.

### 1.6. Hypothesis

COVID-19 Pandemic has brought confidence/trust in Health Care Delivery in Ghana or globally.

## 2. Literature Review

### 2.1. Introduction

This chapter is written under five headings. The first three headings will help the reader(s) to understand what mistrust is, know whether SARS-CoV-2 can be trusted or whether it discriminates or not, and to know how to behave towards SARS-CoV-2. The last two headings are mainly about review of literatures that will help the researchers to get answers to their specific objectives, under the headings: the likelihood of mistrusts in health care service delivery during the COVID-19 Pandemic, and the effects of mistrust on health seeking/prevention behaviours. The findings from these literatures and the project, will help the researchers to recommend measures that can help contribute increased trust in our health care service delivery in Ghana and beyond.

### 2.2. What Is Mistrust, Trust, and Confidence?

Trust strongly controls how sick persons perceive the health care services that are delivered to them; by referring to the services quality delivered to them with high optimism if they trust the services more, or become pessimistic in a case of reduced trust or mistrust (Smith, 2017). Though there are many definitions of confidence, in this context it is about having “full trust” or believing that someone or something is powerful and can be trusted or relied on (Dictionary.com b. , 2020). Mistrust is the act of losing trust or confidence in someone/something, an institution/organization/company, profession/job, government and so on (Dictionary.com, 2020).

### 2.3. Can SARS-CoV-2 Be Trusted: Does It Discriminate?

SARS-CoV-2, the coronavirus that causes COVID-19 does not respect Party Membership, religion, tribe/race, body structure, location/place, profession/job, educational level or your social status; as posted, 22<sup>nd</sup> March 2020, on WhatsApp. However, manipulation by human being can let it follow any of these trends.

COVID-19 is like a drunkard, you cannot trust it; this is because of the negative effects of alcohol on the “Physical and mental health at both the individual and family level” (Patel, 2020; Ritchie, 2018). It is also because, once a drunkard is at the “Alcohol den”, he/she would over drink because, he/she cannot control the volume of alcohol to be taken (Patel *et al.*, 2020). Alcohol is found to negatively affects humans’ brains and how drunkards behave (Sullivan *et al.*, 2010), as they are known to talk without thinking (ABC, 2007; Mann, 2006), so you cannot trust a drunkard. COVID-19 shares similar characteristics by not only affecting the physical and mental/psychological statuses of only individuals and their families, but the whole world, as seen in (Rajkumar, 2020; Sun *et al.*, 2020; Thakur & Jain, 2020).

COVID-19, originating from Wuhan, 8<sup>th</sup> December 2019, has succeeded in rising to 44 cases on 8<sup>th</sup> January 2020 and subsequently reduced to only 2 cases on 19<sup>th</sup> January, 2020; there was the hope of containing it there; unfortunately, it went out of control, causing emotional pains, fear and panic (Chen & Yu, 2020). Within just eleven days, it suddenly started inflicting emotional pains in residents of Wuhan and the whole world; and has therefore, been declared by WHO on 30<sup>th</sup> Jan 2020 as a “Public Health Emergency of International Concern” (Chen & Yu, 2020). Within just a blink of our eyes, it is now ruling everywhere! A disease with a chameleonic behaviour like this cannot be trusted, as it has revealed to us the kind of promiscuous disease that it is.

### 2.4. How Should We Behave towards SARS-CoV-2?

Though SARS-CoV-2 cannot be trusted, since it is very infectious (Yi, 2020), there is no need to panic! This revelation will rather help us to create some counter-behaviour to neutralize its behaviour, since we know how it behaves. First, accept COVID-19 as a reality and as a disease that can infect everybody (Devakumar, 2020), or does not discriminate based age, gender and so on. Be ready to take your “Personal health responsibility” (Anderson, 2016; Horton, 2014; Minkler, 1999) and that of others very seriously: use more healthy health behaviours (Kelly & Barker, 2016) like observing all the COVID-19 safety protocols.

To protect yourself and others from COVID-19, you need to create your own barriers between you and SARS-CoV-2; by maintaining a physical distance always (Lewnard, 2020; WHO., 2020; Qlan, 2020). If you are the kind of person who cannot see without touching; try to temporary avoid touching things for now, because they could be infected (Yi, 2020; Raj, 2013). This is good for your own safety as well as that of others, except it is necessary to touch. You will not see and want to touch, get into crowded places, or step on infectious droplets if you maintain a distance (Yi, 2020; Lewnard, 2020) by staying safely at home.

You need to self-assess yourself for behaviours that can put you at risk of being infected, and devised your own ways of dealing with them; in addition to some experts and the WHO advice (WHO., 2020; Yi, 2020). If we all maintain social distance and stay safely at home, wash our hands regularly with soap under clean running water for at least 20seconds, sanitize our hands with 70% alcohol-based hand sanitizers regularly or before and after touching any object, SARS-CoV-2 which causes COVID-19, will have no other option than to run for its own safety.

### 2.5. Assessing the Likelihood of Confidence in Health Care Service Deliveries during the COVID-19 Pandemic Transmission

Under this heading, we are going to see whether there are possible issues of trust/mistrust brought by the COVID-19 Pandemic that could contribute to increased confidence or loss of confident.

Devakumar *et al.*, (2020) has exposed racism in our responses to prevent spread of COVID-19. This alone can generate mistrust, the reason why some people have already referred to it as a “Genocide” (Court, 2020). Asians who are residence of most white countries, are reported to have been physically attacked, with political leaders naming SARS-CoV-

2 as a “Wuhan” or “Chinese” virus (Russell, 2020). Instead of fighting the virus, we are killing ourselves (Lussenhop, 2020). All these can create mistrust and racial discrimination amongst us as one human race, thereby reducing the level of confidence amongst us! Public health which is the backbone of health and politics are like twins (Bekker *et al.*, 2018), and because of this in most cases, when there is no confidence in any health institution, political rulers are also accused. A very painful example is when a 19-year-old male is reported to have died of COVID-19, but the family rejected his lab result, suspecting a plot by managers of the hospital and government (Annang, 2020). These are possible issues that can affect the level of confidence health care service delivery in Ghana or Globally.

Example; “Science scepticism and political dogma have contaminated the debate about COVID-19” in Brazil (Kalache, 2020). The same author has revealed how the implementation of certain emergency public health policies in the US, which were supposed to be of national interest, were rather foiled with partisan interest. Research has exposed how health service deliveries by frontline health workers to the general population in Asia is foiled with corruption and politics (Naher *et al.*, 2020). These are issues that can possibly lead to loss of confidence in our health service deliveries and need to be addressed.

The stigma exposed by COVID-19 pandemic (Singh & Subedi, 2020) is another issue that can create mistrust and loss of confidence. When people do not trust that they would be accepted by the general public and their families, they might not open up for quarantine, diagnosis/testing, and isolation/treatment. In the prevention of any infection or natural disaster, trust or our level of confidence is very important! Once the public trust the system, they can help. Identifying any mistrust in every relationship and dealing with it, is the beginning of peace or happiness. The same is applicable to the prevention of any disease or natural disaster.

### 2.6. The Effects of Lack of Confidence on Health Seeking/Prevention Behaviors

Health service mistrust, alone, can also be a pandemic, as researchers have already identified self-medication (counter-the-bar treatment) as a global problem (Jember *et al.*, 2019; Prestinaci *et al.*, 2015; Selvaraj *et al.*, 2014). Loss of confidence in health services can cause this! From research, even student nurses, are victims of self-medication (Soroush *et al.*, 2018). In another project, 60-80% of sicknesses in most advancing nations are linked to counter-the-bar treatment (Awad & Eltayeb, 2007). An estimation of almost 83% Iranians is found to have been treating themselves with drugs or medications at home (Ershadpour, 2015). There are increasing prevalence of citizens in various nations, who are self-medicating; examples, 68% European nations, 77% in the USA, a whopping 92% in Kuwait, 31% Indians, and 59% in Nepal (Tabiei, 2012; Soroush, 2018).

Self-medication does not only negatively affect the one who is practicing it, but everyone; since it leads to “Drug resistance” (Jember *et al.*, 2019; Chokshi *et al.*, 2019) and other problems like the abuse of drugs (Jember *et al.*, 2019). Drug resistance, is already a pandemic (Gootz, 2010; Aslam *et al.*, 2018; Prestinaci *et al.*, 2015) that needs to be addressed. If more people are further pushed to join the trend because they have no confidence, then we are pouring kerosene into fire.

Though all the microbes globally (Aslam *et al.*, 2018) are facing antimicrobial resistance (AMR), antibacterial resistance, ABR, alone has been a major concern for years (Prestinaci *et al.*, 2015; Aslam *et al.*, 2018). There have been global reports of *Staphylococcus aureus*, *Klebsiellapneumoniae*, *Salmonella*, and *Mycobacterium tuberculosis* resistances (Prestinaci *et al.*, 2015). Lack of confidence in our health care services can make people be self-medicating themselves (Ershadpour *et al.*, 2015). It can also result in people refusing to comply with health prevention protocols as revealed in this pandemic (Anokye, 2020; Hartmann, 2020; Crabbe, 2020).

## 3. Methodology

### 3.1. Introduction

This chapter describes or explains the methods that would be used to get answers to the specific objectives/aims under the headings; study design, study site, study population, inclusion/exclusion criteria, sample size determination, data collection instrument, data collection method, data handling, statistical analysis, dissemination of results, ethical issues.

### 3.2. Study Design

The project is a cross-sectional quantitative study which would be conducted using reviews, questionnaires, and observations. Quantitative research is a formal, objective and systematic process in which numerical data is used to obtain information about the world, usually under conditions of considerable control (Polit and Hungler, 2013: p47).

### 3.3. Study Sites

The project would be done in Ghana using all the three demarcations: The Southern, Middle, and Northern belts as shown in figure 1.

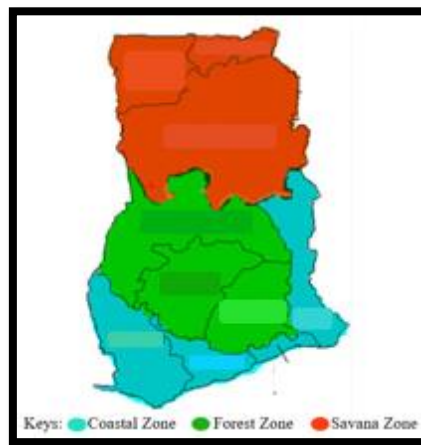


Figure 1: Map of Ghana Showing the Three Major Administrative Demarcations Where the Study Is Done  
(Retrieved From Nortey & Minkah, 2015,

[https://www.researchgate.net/profile/Ezekiel\\_Nortey/publication/281900276/figure/fig1/AS:286049935872001@1445211027367/A-Map-of-Ghana-Showing-the-Three-Zones.png](https://www.researchgate.net/profile/Ezekiel_Nortey/publication/281900276/figure/fig1/AS:286049935872001@1445211027367/A-Map-of-Ghana-Showing-the-Three-Zones.png) on 01.08.2020 at 7:02PM)

### 3.4. Study Population

Health workers, patients, and the general public who are above the ages of eighteen (18) years are the target group. Literature between the years 1985 to 2020 would be reviewed.

### 3.5. Sample Size of the Projects

With 95% confidence level and a corresponding Z-value of 1.96; using a prevalence rate, P of 11% (0.11) health workers (CDC, 2020) and 11% smokers from a "pooled prevalence rates" of 4%-14% (Alqahtani, 2020) who got COVID-19; the sample size is calculated using the Confidence interval (C) of 0.05 from the formula.  $[Z^2 \cdot P \cdot (1-P)] / C^2$  as:  
 $[1.96^2 \times 0.11 \times (1-0.11)] / 0.05^2 = (3.8416 \times 0.11 \times 0.89) / 0.0025 = 150.44 \sim 150$ .

This figure represents one hundred and fifty (150) health workers and the same number of the general public (100 patients at selected/balloted hospitals, and 50 respondents at any public place like the street or market) who would be given questionnaires at each of these three zones – Southern, Middle, and Northern respectively.

Using a prevalence rate, P, of 26.5% (0.265) COVID-19 patients in China reporting with shortness of breath in a project by Luo *et al.*, (2020), the sample size of respondents in each demarcated zone is calculated as:

$[1.96^2 \times 0.265 \times (1-0.265)] / 0.05^2 = (3.8416 \times 0.265 \times 0.735) / 0.0025 = 299.3 \sim 300$

This will give a total of three hundred (300) respondents at each zone and a total of nine hundred (900) respondents for the whole project.

### 3.6. Inclusion and Exclusion Criteria that Will Be Used

#### 3.6.1. Inclusion Criteria

- Only consented adults above 18 years who are residents of the study areas and are present at the commencement of each day's sampling, would be sampled,
- Only patients at the selected hospital out patient's departments (OPDs) would be sampled.

#### 3.6.2. Exclusion Criteria

- Incapacitated patients on admission of any sickness would not be sampled,
- Persons who are quarantined or isolated for COVID-19 would not be sampled,
- Patients and people at their various private homes would not be sampled.

### 3.7. Study Participants' Selection and Sampling Procedures

All investigators and their participants must strictly observe the COVID-19 Prevention Protocols as suggested by the WHO and GHS. Example all investigators and their participants must practice strict hand hygiene and maintain physical distance. Using a Simple Random Sampling; study areas at each of the three demarcations of Ghana would be selected by balloting. Consented respondents of the study would also be selected through the same process at each randomly selected study area so that the findings can be generalized. Questionnaires will be given out to consented individuals to answer (Page and show the Consent Form and Questionnaires respectively). Reactions of members on official social media like WhatsApp or Facebook would also be observed using a checklist (Page 31). Published and grey literatures would be reviewed using related online publications from 1985 to 2020 that are relevant to the project.

Three strategical search approaches would be used to search for literature: data from health and social issues will be reviewed, custom Google searches; then experts will be consulted for validation of results. These published information/literatures from PubMed, Scientific Webs, Science Direct, Lancet, Research Gate, and so on would be used. Some news websites like BBC, latimes, mynewsghana.net., joyonline.com and reports from WHO, CDC, and other National

Health Services; in addition to the published literature would help us to know whether the mistrust/trust found out by the project is also happening in other nations.

### *3.8. How the Research Finding Would Be Analyzed*

Data Obtained from this research would be saved and analyzed using Microsoft Office – Word or Excel Software (Microsoft® Office Professional 2010, Microsoft Corporation, USA). Data collected would be analyzed using descriptive statistics for easy understanding. Presentative techniques like Tables, graphs, frequencies, mode/mean; would be used to analyze and present the data for better understanding.

### *3.9. Quality Assurance*

To ensure that quality results or findings are achieved and that the participants and researchers are safe, all COVID-19 prevention protocols would be observed. Strict social distancing would be enforced, all researchers and participants would wear face masks. Then they will all sanitize their hands before and after picking balloting papers and questionnaires. Biases would also be avoided by using balloting or random sampling, so that the project can be generalized. Questionnaires would be used to guide the researchers on what to say to get good responses that will answer the research objectives. Ethical clearance would also be given by the Ghana Health Service (GHS) to ensure that there is no unethical issue(s) associated with the project.

To ensure that only quality and standardized literatures are used, the literature review would be done using trusted online search engines like google, PubMed, Science direct, or Google scholar. The full text of relevant article would be retrieved using Sci Hub. The search engines would be limited to only specific years from 2010 to 2020 and tags like; COVID-19, trust, mistrust, health care, and so on would also be used to limit these search engines to only searches related to the projects. Then, the ones closest in relation to the project would be selected and reviewed.

Duration to be used for the Project: This project proposal is started in April 2020 by identifying a possible problem when Ghana reported her first two COVID-19 cases in March. It would end in February, 2021 as shown on the project's time line of activities (Page 26).

### *3.10. Problem(s) Anticipation*

Our problem is funding, but we are ready to jointly fund it if there is still no funding! As a project, we never know what findings we are going to get. We might be hated by some of our own colleague health workers who might think that we are exposing them, because some of them might still not understand the importance of this study. It is also possible that we may not finish within the time, line but we hope the Ethical Clearance is given on time. Non-compliance of respondents is a possibility that we cannot ignore, but we hope to get our ideas willingly accepted by the general public so that they would be ready to participate freely. Some respondents, though they may comply, might not tell us the truth, but we can handle that using more literature and observation.

### *3.11. Project Management*

This project is made up of three members from the three administrative zones of Ghana. Their roles will vary depending on the project undertaken. They will all also participate in the collection of projects' data.

Mr. Benjamin Pulle Niriwa: Team leader or principal investigator, topic or problem identification, proposal writer,  
Mr. Mark Anthony Azongo: Secretary or organizer, editing/suggestions, submission of projects for clearance, communicate responses from ethical clearance review board to members,

Madam Mabel Kissiwah Asafo: Team member, provision of guidelines for ethical clearance, editing/suggestions.

### *3.13. Ethical Clearance*

Ethical clearance would be obtained from the Ghana Health Service for the data collection. Aside this, data would be collected at only public places. All questions must be about confidence/trust in health service delivery. Participants would also be made to consent by signing or thumb printing a consent form (as shown on Page 25) before data is collected. All COVID-19 prevention protocols such as maintenance of physical distance, wearing of clean untorn face masks, and hand hygiene (washing of hands with soap under clean running water or sanitizing them with 70% alcohol-based hand sanitizers) would be strictly observed by all participants and investigators.

### *3.14. Dissemination of Results*

The findings and the whole of this study would be submitted to the Ghana Health Service/Ministry of Health, NGOs and all stakeholders who are involved in policy formulation. The project and its findings will also be published in peer review journals and other related websites or media for the general public to use. The project's findings would be given to communities that took part that took part in the study; participants who are interested in the findings would also get it from their communities. The project would be published as: "Niriwa, B., P., Azongo, M., A., &Asafo, M., K. (Year). Title. Journal name, Volume/edition, issue number, then page numbers". God, our consultants, editors, data collectors, and all those who supported this project would be duly acknowledged.

### 3.15. Budgets and Logistics

The miscellaneous indicated in the budget is going to take care of other expenses that might unexpectedly show up during the project.

ITEMS	QUANTITY	AMOUNT (GH¢)
Hand Sanitizers	5L Gallon, 3	720.00
Face Masks	3 Boxes	150.00
T & T	For 3 People	1500.00
Hotel/Guest House Fees	For 3 People	765.00
Motivation Rural Areas Opinion Leaders	9 Villages	450.00
Phone calls, Data, etc.	For 3 People	300.00
A4 Sheets	5 Packs	115.00
Ethical Clearance Fees	2 Proposals	1000.00
Printer Cartridge	1	350.00
Detergents		75.00
Miscellaneous		700.00
Total		6,125.00

Table 1

**Financing and Insurance:** We currently have no funding or insurance for this project, but we (Benjamin Pulle Niriwa, Mark Anthony Azongo, and Mabel KissiwahAsafo) are prepared to jointly fund it if there is still no funding after the Ethical Clearance is given. We also hope to get some external support from somewhere and we would be grateful to funding organization that would be ready to fund it after Ethical Clearance is done.

#### 3.15.1. Collaborators

We currently have no collaborators except our consultants who are ready to give us their professional guidance.

### 4. Time Line of Activities or Duration

Activity	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Identifying Problem	*										
Proposal Preparation	*	*	*	*	*						
Proposal Presentation						*	*	*	*		
Ethical clearance								*	*		
Institutional Support Letter							*				
Letters to Study Sites						*	*	*			
Data collection									*	*	*
Processing of data									*	*	*
Results entry									*	*	*
Analysis of results									*	*	*
Write up						*	*	*	*	*	*
Finding's submission										*	*

Table 2

### 5. Abbreviations or Definition of Terms

AMR: ..... Antimicrobial Resistance  
 ABR: ..... Antibiotic Resistance  
 CDC: ..... Centers for Disease Control and Prevention  
 MMWR: ..... Morbidity and Mortality Weekly Report  
 SDGs: ..... Sustainable Development Goals  
 UN: ..... United Nations  
 WHO: ..... World Health Organization

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## Appendix

### Participants' Information Sheet

*Title of Research Study: Assessing Whether Covid-19 Has Exposed Trust Or Mistrust In Health Care Delivery In Ghana Or Globally*

#### Introduction

We are Ghanaian Researchers from the Norther (Mr. Mark Anthony Azongo), Middle (Mr. Benjamin Pulle Niriwa) and the Southern zones (Mad. Mabel KissiwahAsafo) who are working on this study above. The Team Leader (Benjamin Pulle Niriwa) is currently a staff of the Holy Hospital at Techiman. You can reach him on Box 36, o242015959 or pullebenjamin@gmail.com.

#### The Study's Background and Purpose

This study is about assessing Confidence or Trust during the COVID-19 Pandemic. The main purpose of this protocol is: "To assess whether COVID-19 Pandemic has brought confidence/trust in health care delivery in Ghana or globally and the effects of lack of confidence on health seeking or prevention behaviours".

#### Nature of the Study

This is a cross-sectional study and we are interested in: assessing the presence or absence of confidence/trust in health care service delivery during the COVID-19 Pandemic Prevention, identifying the effects of lack of confidence or trust on health seeking/prevention behaviors, giving recommendations from the study that can contribute to increased confidence or trust in our health system. Three Hundred (300) Respondents, made up of Health workers, patients, and the general public at each major three demarcations of Ghana; who are above eighteen (18) years would be questioned.

### Participants' Category/Involvement

- Protocol's Duration/What is Involved: Consented conscious and capable people, 18-years and above, would voluntarily prove their consents by signing to spend about 15-20 minutes responding to questionnaires.
- The Study's Benefits/Risk: Observation of all COVID-19 Preventive Measures like physical distancing, wearing of face masks, and hand hygiene by washing (for at least 20seconds) or sanitizing with 70% alcohol-based sanitizers would be strictly done by Investigators and participants to prevent them from being infected. Money will not be given to participants as benefits; however, the project's findings would benefit all.
- Costs: The study subjects may use 15-20 minutes of their precious time in the study.
- Compensating and Following-Up: Participants would not be paid compensations. But there will be three (3) weeks follow up on participants after data collection, either through phone calls or visit.
- Confidentiality's Assurance: Only numbers would be used in the data analysis, not participants' names. Participant's identity is strictly protected.
- Participants' Participating/withdrawing: Study's participants are free to participate and stop at their own will, at any time.
- Study procedure: Checklists and questionnaires would be used to get information on whether there is confidence or trust or no confidence or trust in health care delivery.
- Appropriate alternative Procedures: Study's participants can opt for recording of their voices too, without writing on questionnaires. But they can do that by selecting "Yes".

Do you want your voice to be recorded alternative, rather? Yes  No

- Providing Feedback(s) to Participants on Study's Outcome(s): Interested Participants, can contact their various Metropolitan, Municipal, and District Health Directorates for findings of the study. They can also call the PI directly for copies, using his details on the Information sheet or Consent Form. Findings can also be gotten from selected health facilities used for the study; or on the internet, by typing the protocol's topic/title.
- Funding for the Protocol: Currently, no funding is given by no funding organization, the investigators are currently jointly funding it.
- How Participants' Data Will be Shared: Findings from the study would be submitted by the Investigators to Ghana Health Service, NGOs, all stakeholders and the general public; without exposing our cherished participants' identity.
- Informing Participants and Giving Copy Consent Form to Them: Participants will have copies of the Information Sheets and the signed or thumb-printed Consent Forms.
- Questions: Participants are free to ask questions and to receive satisfactory answers to such questions. Participants with question and concerns regarding the study can contact the study team on the following numbers: 0242015959, 0200622200. For issues on ethics, please call the Ghana Health Service Ethics Committee Administrator on 0503539896. Thank you.

## Consent to Participate in a Research Study

### Consent Form

Study's Title: Assessing Whether Covid-19 Has Exposed Trust Or Mistrust In Health Care Delivery In Ghana Or Globally.  
Participants' Statement

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (Example, Twi/English). I fully understand the contents and any potential implications as well as my right to change my mind (i.e., withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name of Participant.....

Participants' Signature .....OR Thumb Print.....

Date: .....

### Questionnaires

*Administration of Questionnairesto People, 18 and Above, for Demographic Data, and Information to Assess Whether Covid-19 Pandemic Has Brought Confidence/Trust in Health Care Delivery in Ghana or Globally and to Identify the Effects of Lack of Confidence/Trust If Any; Then Recommend*

Dear Participant,

Good day! We are researchers carrying on a study to Assess Whether Covid-19 Has Exposed Trust or Mistrust in Health Care Delivery and Politics. We seek your consent to participate and share your experience(s) or concerns on this. The purpose of this project is: "To assess whether there are cases of mistrusts or trusts exposed by the COVID-19 Pandemic's Prevention in/outside Ghana".

This project's findings will help the Ghana Health Service, the Ministry of Health, NGOs and all stakeholders to know whether there is/are trust(s)/mistrust(s) in our health service delivery or governance. Addressing any issue(s) of mistrust if found would not only build confidence in our health services to promote quality health care delivery, but trust in our political system too. Findings of this project would help build a peaceful political environment in Ghana and other countries. If you are ready to participate, you will be spending 15-30mins of your time.

Whatever information you give to us would be treated with absolute confidentiality. We are not going to use your name or anything that would identify you. Whatever you say in this questionnaire is anonymous; it cannot be traced back to you after today or in future.

You are not under any form of influence to give answer(s) to any of the question(s) that you do not want to answer. You can stop the interview at any time without any form coercion. It is your own option or decision to participate or not. Thank you.

These are Specific Objectives of the Study, please.

- To assess the presence or absence of mistrusts in health care service delivery during the COVID-19 Pandemic Prevention,
- To find out the effect of mistrust on health seeking/prevention behaviors,
- To give recommendations that can help contribute to increased trust in our health systems.

#### Section A: Demographic Data

Please tick (√), where appropriate, for any or all the questionnaires

1. What is your Sex?

Male  Female

2. What is your age?

Below 20  20-40  41-60  Above 60

3. Marital status:

Single  Married  Divorced  Widowed  Separated

4. What is your highest level of education?

No Formal Education  Primary  Junior High  Senior High  College  University

5. What is your Occupation/Profession?

Farming  Construction  Teaching  Health Worker  Politician  Unemployed  Others, specify

#### Section B: Assessing Health Service Delivery Trust/Confidence during Covid-19 Pandemic

6. Do you trust the health care system or health care providers of Ghana?

A. Yes  B. No

C. Give reason(s) if any, for your answer:

.....

7. Have you identified any issue(s) of trust/mistrust in our health care delivery?

A. Yes  B. No

C. Give reason(s) for your answer(s)

I. I am satisfied with the services delivered  II. I am not satisfied with the services

III. There is discrimination  IV. There is no discrimination

V. Other(s), Specify: .....

8. Are you satisfied with our health care services delivered to you or your neighbor(s)?

A. Yes  B. No

C. Give reason(s) for your answer, if any:

9. Do you agree with comments that COVID-19 is a genocide or Man-made disease?

A. Yes  B. No

C. Give reason(s) for your answer, if any:

*Section C: Identifying Effects of Lack of Confidence or Trust on Health Seeking or Prevention Behaviours*

10. Where do you seek healing from when you fall sick?

A. Hospital/clinic  B. Buy drugs from pharmacy or chemical seller  C. Take herbs

D. Pray or visit a spiritualist  E. Other(s), Specify:

11. How many times do you visit a hospital or health facility per year?

A. Not at all  B. Once  C. 2-5 times  D. Over 5 times

E. Other(s), specify: .....

12. Apart from when you fall sick or do not feel well, do you visit the hospital for a check-up or to do screening test(s)?

A. Yes  B. No  C. Other(s), specify:

13. What will make you voluntarily visit a hospital for a general check-up or screening tests?

A. To prevent falling sick  B. To know my health status

C. I trust health workers can prevent any identified condition from deteriorating  D. I will not waste my time

14. What will make you not want to go to the hospital for a checkup or when you are sick?

A. Delay waiting time  B. Health workers don't respect  C. I don't trust their services

D. Because I am man  E. Other(s), specify: .....

15.A. Are all people wearing face masks to help prevent COVID-19 from spreading?

a. Yes  b. No  c. Not all  d. Not sure

B. Give reason(s) for your answer, if any:

16. A. If your answer to question 15 is "Yes", why will someone willingly wear face masks?

I. For Preventing COVID-19 infection  II. Because it is mandatory

III. He/she understands why, how, and when it should be worn  IV. They are accessible and affordable

Other(s), specify: .....

B. If your answer in number 15 is no, why will one refuse to wear face mask?

I. Poverty  II. Inaccessibility of face masks  III. Disbelieve about COVID-19 existence

IV. Lack of education/ignorance

V. Other(s), specify: .....

17. A. Are all people maintaining social distance to help in the prevention of COVID-19?

a. Yes  b. No  c. Not all  d. Not Sure

B. Give reason(s) for your answer, if any:

*Section D. Recommendations from People*

18. Do you have any comments/suggestion(s) for health care providers in Ghana and beyond?

A. Yes  B. No

C. If yes, gives your comments/suggestions, please:

Thank you for Participating!

**Observational Checklist**

*Checklist to Assess Confidence/Trust in Health Service Delivery in Ghana or Globally*

Date: .....

Name of Social Medium: .....

Topic Discussed: .....

Observations	Result	
	Yes	No
Is the topic being discussed, about health? If yes continue, if no stop		
Does it talk about confidence/trust/mistrust? If yes continue, if no stop		
Is there a website of link for further information? Is yes continue, if no stop		
Has the discussion given any suggestion(s) on how to increase confidence/trust? If yes continue, if no stop		
Write your observation(s) in the right boxes below, please		
What issue(s) of trust/mistrust is raised?		
Why do they think it is an issue of trust/mistrust?		
What additional information does the website or provides?		
What suggestion(s) is/are given if any?		

Table 3