

**UNIVERSITIES AND HIV/AIDS IN SUB-SAHARAN AFRICA - A CASE STUDY
OF THE UNIVERSITY OF GHANA, LEGON.**

BY

**JOHN K. ANARFI
INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH
UNIVERSITY OF GHANA, LEGON**

**FOR
ADEA WORKING GROUP ON HIGHER EDUCATION
THE WORLD BANK, NEW YORK**

OCTOBER 2000

UNIVERSITIES AND HIV/AIDS IN SUB-SAHARAN AFRICA - A CASE STUDY OF THE UNIVERSITY OF GHANA, LEGON.

BACKGROUND

This study is in response to the ADEA Working Group on Higher Education's decision to undertake case studies on the way HIV/AIDS affects some individual universities in Africa, and to document the responses and coping mechanisms that these institutions have developed. The purpose of the exercise is to generate understanding of the way the disease is affecting universities and to identify responses of staff, students and management that might profitably be shared with sister institutions in similar circumstances. Essentially, the studies are designed to answer five questions:

1. In what ways have the universities concerned been affected by HIV/AIDS?
2. How have the universities reacted to these impacts?
3. What steps are the universities taking to control and limit the further spread of the disease on their campuses?
4. What HIV/AIDS-related teaching, research, publication and advisory services have the universities undertaken?
5. How do the universities propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates? Should university access, including via distance education, be consciously increased to compensate for expected national losses in skilled professional personnel?

The study in the University of Ghana is one of twelve such studies of different universities in sub-Saharan Africa.

Rationale for the Study

From the foregoing the rationale for the study is obvious. HIV/AIDS can affect the life and workings of a university in multiple ways. For example, HIV/AIDS can affect the core personnel of a university by:

- depleting student and staff numbers through increasing mortality;
- reducing productivity through morbidity-related late-coming, absenteeism and inability to apply oneself intensively to a normal day's work;
- changing the mix of incoming or ongoing students, because of mortality, morbidity and personal or family circumstances;
- forcing unanticipated changes in staff composition within academic, managerial and technical areas;
- wiping out the reservoirs of knowledge, understanding and expertise located within affected individuals.

A university may respond by taking appropriate action to adapt to these consequences, to limit further spread of the disease, and to provide support and care for its affected members. It must also live up to its expected role as a knowledge-generating and knowledge-disseminating institution by actively bringing to the attention of its members, students and staff, up-to-date knowledge about the disease and its ramifications. It should also be involved in research that documents and analyses the medical, biological, social and economic aspects of the epidemic. Findings from such research should inform the functioning and welfare of society should the situation become so serious that HIV/AIDS becomes a dominant factor in national development and social life. In such situation, HIV/AIDS should feature

prominently in the teaching, research, and advisory and service activities of a university in such a country.

Data sources

The study was conducted internally, that is, it was basically limited to the main campus of the university of Ghana by an insider. As a first step, a formal notification was given to the university administration for authorisation and backing in gaining access to informants and relevant information sources. When such an authorisation was not forthcoming due to some administrative bottlenecks, the principal investigator sent out letters to a number of key personalities in the university for appointment to meet them (See Appendix I for the list of personalities written to and visited). The essence was to collect as much qualitative data as possible through structured conversation with some key individuals and some group discussions if possible. The latter was not possible due to time constraint.

A rapid appraisal kind of questionnaire was administered to 202 students as a means of getting some quantitative data to supplement the qualitative ones. The questionnaires were administered to only students who had spent at least one full year in the university. Thus, newly arrived students were excluded from the study. In fact the new students had been on campus for barely two weeks at the time of the interviews and were, therefore, not in the position to talk about the social life on campus and to know some of the events that would be relevant to the study. It was planned to get 60 per cent males and 40 per cent females. They were distributed equally among second, third and fourth year undergraduate and graduate students. That is, fifty students were targeted from each group. Two psychology graduate students with previous experience in interviewing, were assigned the responsibility of administering the questionnaires.

The structured conversation with the key individuals were planned to last from 6 to 12 September 2000. However, it went far beyond the period as many of the targeted people could not keep their appointments. In the end, eight out of the targeted 17 individuals could not be met at all despite many call backs. They included such high-ranking individuals as the Registrar and the Finance Officer (The University's Accountant). The Vice-Chancellor was not included on the list as he was on leave at the time. The meeting with the Pro-Vice Chancellor who was standing in for the Vice-Chancellor, lasted for less than ten minutes because he had to leave for a meeting. Subsequent meetings were arranged with five additional people including the Vice President of the Students Representative Council (SRC).

Constraints

The study came against a number of constraints. Chief among them was the unavailability of targeted people for appointments. A few were just unco-operative. They were not available at the appointed time and did not propose alternative dates and time either. In a way they could be forgiven because the notice that was sent out gave them very little time to respond to it. As has been explained earlier, the time constraint came about while waiting for official authorisation to conduct the study. Others were genuinely hard pressed with time, the exercise coinciding with the reopening of a new academic year with all its attendant problems which has been worsened this time by severe financial crisis. Many of the key persons, therefore, were engaged in series of meetings.

The search for documented information was also met with serious problems. Records were either not kept or where they were, they were in a very poor state. There was only one copy of the university's calendar which spells out its establishment in the public relations office and it dates back to 1978 or

thereabouts. From the university hospital records on reported diseases for students were available for only 1999 to May 2000. The explanation given by the records keeper was that he had just taken over from someone who was doing the job previously and could not trace the older records. Then also there was the general sensitivity surrounding HIV/AIDS such that people were not willing to give certain information that could be relevant to the study.

Description of the university and its programmes

The University of Ghana, which started as the University College of the Gold Coast, was founded by ordinance on August 11th 1948 on the recommendation of the Asquith Commission - a body set up in 1943 to investigate, among other things, on higher education in the then British colonies. The purpose for the University college then and still is providing for and promoting university education, learning, research, to disseminate knowledge and to foster relationships with outside persons and bodies.

Since its inception, the University College looked to two separate institutions in Great Britain, the Inter-University Council and the University of London for guidance on its broad policy and for approval and control of details of degree regulations, respectively.

However, in the 1960 - 61 academic year, the University of Ghana was set up by an Act of Parliament on 1st October, 1961, thereby metamorphosing from a university college that looked up to overseas institutions to an autonomous body with the power to award its own degrees, with the then president Dr. Kwame Nkrumah as its Chancellor. The principal officers of the University are the Chancellor, Chairman of the University council, and the Vice Chancellor.

The University lies about 14 kilometres to the north-east of Accra at an altitude of between 300 and 400 feet. From the main gate on Dodowa Road, the University avenue extends to Legon Hill. Along it are grouped five halls of residence (Akufo, Mensah Sarbah, Legon, Volta and on the brow of the hill, Commonwealth), departmental buildings, lecture rooms and laboratories. Midway, an open space with an ornamental pool is overlooked by the Balme Library; and on the other side lie the playing fields, athletic grounds, and the Central Cafeteria. There is an open air theatre behind Commonwealth Hall, with Grecian style auditorium built into the slope of Legon Hill. The Great Hall on the summit of Legon Hill, seating 1,500, is at the end of a string of buildings which contain the offices for the Central Administration of the University. Near the Great Hall is a tower built in 1959 to commemorate the independence of Ghana. It was a special donation from the Government.

The university of Ghana is a residential institution, which now has a student population of 11,865 of whom 31% are females and 69% males. Nearly all students (74%) live in halls of residence during term time. There are five halls of residence, seven annexes, and two hostels. Each hall is largely self-contained with a dining hall, chapel, library, junior and senior common rooms. Students pursuing different courses live together in the same halls of residence and attend lectures or seminars within their departments where specialised senior staff are always available with guidance and advice.

In recent times, rooms that were meant for one person now accommodate four to five students. There are no special facilities for married students. There is now a separate post-graduate hall of residence where students sleep in pairs. In one hall, Legon Hall, one of the annexes is set aside mainly for graduate students. Here the original rooms have been partitioned into two small cubicles and are used by a student each. There is just enough room in the cubicles to contain a small bed and a table. Catering services in the halls have now been commercialised and are open to all members of the

university community. Available evidence indicates that most students do not patronise the catering services in their halls of residence due to financial considerations. They find it cheaper to either cook their own meals or buy food from the open market on campus. There is, therefore, no way of controlling the nutritional and hygienic quality of the food students eat when they are in residence.

On the southern side along the Independence Avenue is a Police Station, a University Hospital and houses for member of the Junior Staff. Many of the senior staff live in houses scattered over the western section of the main university campus.

Senior members engaged in research and teaching number 702. Publications by senior members and research projects engaged in are listed in the Annual Reports of the University.

There are 47 departments, each headed by a Professor, who directs the work of Professors, Associate Professors, Senior Lecturers, Lecturers, Assistant Lecturers and Research Fellows. The departments are grouped into faculties as follows:-

Agriculture: Agricultural Economy and Farm Management, Animal Science, Home Science, Agricultural Extension.

Arts: Classics, English, Linguistics, Modern Languages, Philosophy, Study of Religions.

Law: Law

Medicine: Anaesthetics, Anatomy, Biochemistry, Chemical Pathology, Child Health, Haematology, Medicine and Therapeutics, Microbiology, Obstetrics and Gynaecology, Pathology, Pharmacology, Physiology, Community Health, Psychiatry, Surgery, Centre for Tropical Pharmacology and Therapeutics, Basic Dental Science, Community and Preventive Dentistry, Oral Surgery and Oral Radiology, Orthodontics and Paediatrics and Restorative Dentistry.

Science: Biochemistry, Nutrition and Food Science, Botany, Chemistry, Computer Science, Geology, Mathematics, Physics, Statistics, Zoology and Environmental Science.

Social Studies: Archaeology, Economics, Geography and Natural Resources, History, Library and Archival Studies, Political Science, Nursing, Psychology, Sociology.

In addition to these departments there are eight institutes/schools, namely the Institute of African Studies (IAS), the Institute of Adult Education (IAE), the Institute of Statistical, Social and Economic Research (ISSER), School of Communication Studies, Regional Institute for Population Studies (RIPS), Noguchi Memorial Institute for Medical Research (NMIMR), School of Administration (SOA) and the School of Public Health. The Institute of Adult Education is part of the Universities of Ghana and is responsible for adult education in the whole country through its extra-mural courses. The School of Administration which carries out a programme of teaching and research in the fields of Accountancy, Business Management and Public Administration, now enjoys full faculty status. The university currently houses a section of the United Nations University (UNU) responsible for Natural Resources in Africa. It has working relationship with several Universities in America, Europe and Asia.

The Balme Library named after the first Principal of the University, David Mowbray Balme, contains several books covering all disciplines undertaken in the university, including a notable Africana section

and subscribes to many periodicals. In addition to this, each department has its own Library which caters specifically for the courses offered there.

HIV/AIDS: Country situation

Ghana was among the first countries in the West African sub-region which recognised the danger posed by HIV/AIDS and took a decisive step to control its spread. Since the first official AIDS case was recorded in Ghana in 1986, the Ministry of Health (MOH) had recorded a total of 37,298 AIDS cases by December 1999. This means that between 1986 and 1999, the MOH has been recording an average of about 2,200 AIDS cases annually.

At least, for the first decade of the disease's presence in Ghana, the government through the Ministry of Health, handled the problem single-handedly. In 1987, a year after the first AIDS case was discovered in Ghana, the government established the National STDs/AIDS Control Programme (NACP) under the Ministry of Health's Diseases Control Unit to be responsible for issues relating to HIV/AIDS. NACP was charged with the responsibility of reducing the transmission of HIV infection, and to mitigate the impact of the disease on human suffering. This they do through planning and managing, monitoring and evaluating all co-ordinated HIV/AIDS prevention and control activities in the country, setting up sentinel surveillance systems to monitor the transmission of the AIDS virus. Also, they provide HIV screening and counselling facilities in all Teaching, Regional and District hospitals, develop educational programmes to create awareness and increase knowledge of the disease to enhance positive behaviour change.

However, it has come to light that the NACP has not been able to reach its goals due to the absence of a National Council for HIV/AIDS (multi-sectoral) as was revealed in a document prepared for the International Partnership Against HIV/AIDS in Africa Mission to Ghana, from Geneva, in October, 1999. The Commission has just been formed under the Chairmanship of the country's president and a team is yet to be put together to run its affairs. Another factor identified was lack of clearly defined budget line by the Ministry of Health to address the HIV/AIDS epidemic. Due to this handicap on the part of the Ministry of Health, sponsorship for HIV/AIDS control and prevention programmes in Ghana has largely come from Bilateral and Multilateral sources. Among the donors are the Canadian International Development Agency (CIDA), German Technical Co-operation/Regional AIDS Programme (GTZ), United States of Agency for International Development (USAID), the European Union (EU), UNAIDS and Japanese Fund.

Many NGOs and CBOs have also been working in partnership with the donors to bring HIV/AIDS control and prevention programmes closer to the people. They include Christian Health Association of Ghana (GHAG) comprising the Catholic Secretariat, Salvation Army and the Presbyterian Church. Others are Ghana Red Cross, Save the Children Fund (SCF) UK, Centre for Development of People (CEDEP), CARE International, Action AID and Stop the Killer AIDS.

In spite of the fact that there seems to be a lot of hands on deck, currently the MOH and NACP estimate that about 600,000 (4.6%) of the entire Ghanaian population are infected with HIV and, about 200 persons are estimated to be infected every single day. The basis for the estimates is from sentinel surveillance systems set up by the Ministry of Health in some designated hospitals and health centres in the country. Findings from the sentinel surveillance for antenatal women show that by 1994, 2.7 per cent of all pregnant women who visited these designated hospitals and health centres were tested HIV positive. The figure increased to 4.6 per cent in 1998 and is expected to increase to 6.4 per cent in 2004, 8.2 per cent in 2009 and 9.5 per cent in 2014.

Following from the projected results from the sentinel surveillance system, the Ministry of Health and National AIDS Control Programme project that with the current (2000) estimate of 600,000 PLWHA in Ghana, the number will rise to 720,000 in 2004, and 1.36 million in 2014 giving an estimated daily infected persons of 300 by the year 2004, 380 by 2009 and about 510 by 2014. Even more frightening is the fact that, the majority of the persons infected with HIV (90%), according to the official records with MOH/NACP, fall within the ages of 15 and 49 years, constituting the bulk of the workforce of the country. The concentration is, however, found within 24 years and 39 years accounting for 59 per cent of PLWHA in Ghana. Only about 1.0 per cent of all HIV/AIDS cases recorded are below 15 years, with the older persons (49 years and above) constituting 8.0 per cent.

With regard to sex distribution, females are in the majority, accounting for 64 per cent of the recorded HIV/AIDS cases while males account for 36 per cent. The peak ages for females and males also differ. That is, whereas females have a concentration of infected persons in the 25-29 years age group, males are concentrated in the 30-34 years age group, implying that more younger females are infected with HIV than their male counterparts.

HIV/AIDS, since its first appearance on the scene in the mid 1980s, has claimed many lives and rendered a number of children orphans. Official records show that as at 1994 7,000 persons within 15-49 years age group had died from AIDS-related diseases in Ghana. By 1999 the number of deaths resulting from AIDS increased to over 20,000 persons, and it is projected that by the year 2014 more than 1 million persons in Ghana will have died from AIDS-related diseases. As the most affected group are people in their reproductive age, more children keep on becoming orphans as parents continue to die from HIV/AIDS. As at June 1999, the MOH had recorded as many as 126,000 orphans resulting from the AIDS epidemic. This is expected to increase to 252,000 by the year 2004 and further increase to 603,000 by the year 2014.

Considering the modes of transmission of HIV in Ghana, data establish that at least 80 per cent of all PLWHA get it through sexual contact; about 15 per cent is mother-to-child transmission, while 5 per cent get it through blood contamination/transfusion.

To ensure that these projected increases do not become a reality, the government is now taking a more serious approach to combating the disease. As a first step, HIV/AIDS advocacy has been lifted to the highest political level with the formation of a National AIDS Commission chaired by the President. All sector Ministries have been instructed to incorporate HIV/AIDS activities into their programmes and to draw a budget line for such activities. A cabinet retreat was concluded recently devoted solely to HIV/AIDS. Even more welcoming is the MOH's sponsored collaborative effort between the NMIMR and the Centre for Scientific Research into Plant Medicine (CSRPM) at trying to develop herbal medicine that could be used to combat the disease. Preliminary results that have come out are encouraging. It thus appears that Ghana's serious effort at curbing the spread of HIV/AIDS has just began and the best perhaps lies in the future.

The HIV/AIDS situation in the university

By the nature of their establishment, universities should take the threat posed by HIV/AIDS seriously without being prompted. For a start, their principal clients are students, most of whom are in the 19-30 years old age group. This is the age range within which HIV infection normally peaks in most countries. Generally half of all those who become infected with HIV are young people under age 25. Because of the long time-lag between HIV infection and development of the life-threatening illness called AIDS, a substantial proportion of university students may become HIV-infected before any one becomes aware of it.

In addition, universities offer conditions ideal for the spread of HIV. Being a “captive” population, they may contain a pool of HIV infected people. Multiple sexual partnership is also likely on University campuses. Furthermore, partner mixing is another likely feature as students alternate between different sets of sexual partners during vacation and during academic sessions. The liberal atmosphere on University campuses is an added dimension to the whole episode. Some students may be enjoying independence from the watchful eyes of their parents for the first time. All these conditions exist within a general atmosphere of low condom use in the country (Ghana 1998).

An insidious aspect of HIV is the long incubation time before it manifests itself as full-blown AIDS. Apart from enhancing the risk of infecting others, it also means that the impacts of the disease on society or on a sector do not occur all at once. There is a slow, creeping attrition of personnel, through morbidity and mortality, one person at a time but each loss weakening a department in the performance of its functions. Thus, the presence of HIV/AIDS in the country makes it imperative that the University of Ghana examines its policies to determine whether any that are in operation may increase the vulnerability of individuals and augment the risk of HIV-infection.

As far as the records go, HIV/AIDS does not seem to have made any impact on the University of Ghana. According to the Acting Director of Health Services at the University, officially the university has not recorded any HIV-positive case nor AIDS death among students to date. This was confirmed by the Pro-Vice Chancellor of the University. However, anecdotal evidence from members of the university community points to the contrary. For example, until this year, members of a particular hall of residence had made it a tradition to donate blood as part of their annual hall week celebrations. This time around they have refused to continue with the exercise. The rumour is that somebody was careless enough to reveal that many of the students who donated last year were found to be HIV-positive. A similar situation was reported by a senior member under anonymity, about national service persons who undertook group donation of blood in a district hospital. Information leaked that many of them were found to be HIV-positive. National service persons are new graduates from the country’s tertiary institutions who undertake one year compulsory national service. Although they include polytechnic graduates, most of them are university graduates.

Some of the responses of the students interviewed confirmed some of these rumours. Out of 202 students interviewed, 8 (i.e. 4%) reported that they were aware of members of the university community who have been ill of HIV/AIDS. Another three said they were aware of people who have died of HIV/AIDS in the university. The students reported that three of the HIV-positive people were female students, three were male students and the remaining two were from among the non-academic members of the university community. They also added that the three deaths were in the ratio 2:1 male and female students.

A senior Research Fellow and a Virologist at the Noguchi Memorial Institute for Medical Research (NMIMR), who undertakes confirmatory tests for HIV-cases for the country’s Public Reference Laboratory, also hinted of cases among members of the university community including students. He could not, however, give figures as he was conscious not to break the ethical rule. Another reason why he was unable to give specific figures was that the people he screened were referred to him from the university hospital and they included non-members of the university. He only happened to know some as members of the university community. The virologist added that the students among them were very few. This was also confirmed by the Acting Director of Health Services when he said that the cases they observe at the University Hospital are mainly people from the adjoining communities.

The scanty records from the University Hospital show that in 1999, 15 HIV cases were observed among the members of staff of the university. The highest number of cases (4), was recorded in December of that year, followed by August (3) and November (2). All the other months recorded one case each except January and July when no case was recorded. The statistics do not show whether the people with HIV were from the academic or supporting staff.

The University Hospital administration intimated that there has been a strain on the health services in recent times. The acting director attributed the strain to increased number of students. The student population of the university has increased over four fold in the last ten years. One manifestation is that student rooms made to accommodate one person now house four to five students. The Director also confirmed that there is an increasing trend in diseases like tuberculosis and pneumonia. He related this new trend to the poor feeding habit of the students due to the breakdown of the catering systems of the halls of residence which has compelled students to cater for themselves. The director felt that the poor meals might have caused a reduction in the students' resistance to diseases. Thus the lowered resistance, coupled with room congestion have worked together to bring about the rising trend in the cases of the diseases above.

This is happening at a time when the university hospital's budget has been severely restricted. The university as a whole has been facing financial crisis. In the last five years the university has been getting less than 50% of its budget estimates from government. The bulk of the reduced budget goes into staff salaries and wages and what is left is distributed to the various units in the university including the hospital. One manifestation of the reduced financing to the university hospital is its failure to give drugs to patients who visit there. Now students and staff who visit the university hospital are made to buy most of their drugs on prescription. For staff, moneys spent on drugs bought on prescription are refunded to them. Towards the end of last year (1999) the university's finance office decided to shift this responsibility to the various units. While some units have been able to cope with the claims, others, including the Institute of Statistical, Social and Economic Research (ISSER), have not been able to refund staff claims since the beginning of the year 2000. ISSER's Director explains that the institute cannot pay the drug refunds out of its meagre monthly subvention of ₦4,000,000 (four million cedis) [about US \$615]. A rough estimate shows that the institute needs nearly one million cedis (about US \$ 154) to pay staff refunds for drugs in a month. Meanwhile the institute needs about three times the monthly subvention to be able to operate normally. For the second half of the year the whole university is going to go without any subvention from government. It is learnt that what should have come to the university as subvention for the period is going to be used to recover accumulated electricity bills to forestall the cutting of electricity supply to the campus.

With this background of virtual denial of existence of HIV/AIDS in the university, in a country where the rate of new infections is going up annually and a prevalence rate of close to 5 per cent, an attempt was made to find out whether social life on campus gives room for concern. The sample of 202 students interviewed for the purpose had a median age of 23.5 years and a range of between 19 and 45 years. About 85 per cent were below 30 years of age.

Three per cent of the respondents claimed that they were not aware of HIV/AIDS. The large majority who were aware of the disease had very good knowledge about the nature of it and the mode of transmission. The school (37%), the media (34%) and the home/parents (12%) were the major sources of information.

The university per se was not mentioned as a source. Although an appreciable majority (65%) felt that HIV/AIDS was a serious problem in the University, only 45% considered themselves at risk of contracting the disease. Yet most of the respondents who thought HIV/AIDS is a serious problem in

the university felt that many students engage in unprotected sex (44 per cent), some are ignorant (9 per cent) and others do not take the AIDS message seriously (2 per cent).

The sexual experience of students also confirms the concern about their exposure to HIV infection. About 39 per cent of the sample interviewed claimed that they were not sexually experienced. They were mostly female students, thus confirming the tendency for females to shy away from sexual issues in interview situations (Anarfi and Awusabo-Asare 1993). Nevertheless, the majority that reported being sexually active was quite appreciable. Between 32 per cent and 42 per cent of the sexually active respondents (i.e. between 20% and 26% of the total sample), said they were sexually active in the first six months of the year 2000.

From Table 1 we find that the sexual activity of the respondents reduced steadily from 42 per cent in January to the lowest level of 32 per cent in May, only to rise to the previous peak in June. It must be explained that students were in recess in January. From that time to the end of June they were in session. The table seems to suggest that the level of sexual activity among student goes down to some extent when the university reopens. June was an examination month and students of both sexes interact a lot as they meet at all places to study together. Such close interaction certainly creates the condition for sexual activity. Table 1 again shows that as the term progresses, students' sexual activity increasingly becomes internalised, with more inter-student relationships.

TABLE 1: The Sexually Active Respondents and their Partners Over a Given Period

(Out of the Sexually Experienced)

MONTHS	SEXUALLY ACTIVE		STUDENTS	PARTNERS	
	NUMBER	PERCENT		NON-STUDENTS	OTHERS
January	33	41.8	8 (21.1)	10 (26.3)	20 (52.6)
February	34	37.4	8 (23.8)	8 (23.5)	18 (52.9)
March	32	35.2	8 (25.0)	8 (25.0)	16 (50.0)
April	31	34.1	11 (35.5)	7 (25.6)	13 (41.9)
May	29	31.9	12 (41.4)	6 (20.7)	11 (37.9)
June	38	41.8	17 (44.7)	7 (18.4)	14 (36.8)

Apart from the on-campus sexual activities of students, their off-campus activities, particularly those of the females, have attracted media attention in recent times. It is alleged that to be able to meet their financial needs some female students get involved in disguised-commercial sexual relationship with men outside the university community. One media report stated that one of the hall marks of such students is the ownership of a mobile phone. The essence is to maintain contacts with both regular and prospective clients every time and to facilitate arrangement of meetings. One manifestation of the new development is the large number of cars parked in front of the female hall of residence on campus almost every point in time. Of course some of these could be cars of parents visiting their daughters, but a good number of them are certainly boy-friends and sugar-daddies visiting or coming to pick their partners. Cars have become so common in this particular hall on campus that it has been nick-named "Japan Motors".

Thus far, as far as records go, HIV/AIDS has not made in-roads into the university campus and, therefore, has not made any impact. To the contrary, anecdotal evidence points to the reality of the disease on campus. The acting director of health services recalled that there were one or two HIV/AIDS deaths in the university (among the workers) but, as he put it, he could not recall the

characters as he did not have good records on them. However, it was the feeling of all the people interviewed that it is important for the university to start to develop a programme whereby we can work systematically to determine a baseline. In the words of the Senior Research Fellow and a Virologist at the Noguchi Memorial Institute for Medical Research (NMIMR):

“It is important for the university authorities to know; they are training people; you turn them out every year; they go out. During the period of training, how many of them are infected? Or as they come in, how many of them are infected? How many of them get infected during the period of education on the university campus. So the people who go out, how many of them are going to be useful to the society as far as development is concerned. Is your training going to the waste paper basket? Are you training people who are going to die sooner or later? Are they going to be a problem for the community and the society? These are questions which they have to ask themselves and answer them; whether the answers are sweet or not, we need to have them”.

The words of the Senior Research Fellow suggest that much as it is important for the university authorities to know the HIV/AIDS situation on campus, it is equally important that they look at the wider implications of the disease to the general society. That presupposes that the university's response to the disease must be looked at from the same perspective.

The Response of the University Community to HIV/AIDS

It is now obvious that the response of the university to HIV/AIDS is one of virtual denial, manifested in the near absence of any omnibus activity or programme on the disease on campus overtly managed and supported from the top. A Senior Research Fellow at NMIMR remarked:

“To the best of my knowledge, the university hasn't got any programme to check the situation; whether combating the disease, offering education and information or setting up counselling services”.

The Dean of the Faculty of Law also remarked that she had never heard anybody talk about AIDS in the university and added prophetically,

“I'm always afraid that we will wake up one morning to a disaster”.

According to the Pro-Vice Chancellor, the university has not made any serious response to HIV/AIDS on campus because the Health Services Directorate has not made any report about the disease to the authorities which requires action. He demonstrated that in such matters the university takes a re-active approach. A case is a committee report on the plight of disabled students on campus, which is currently receiving attention. The formation of the committee followed a request by the disabled students themselves. The position of the Pro-Vice Chancellor is thus like a typical Manager who depends on the reports of the heads of the various units of the establishment to take an informed decision on issues.

Reacting to the Pro-Vice Chancellor's expectation of information from the University's Health Services before any action would be taken on HIV/AIDS, the Dean of the Faculty of Law remarked:

“Do they have any information? Unless we do a surveillance; anonymous, unlinked epidemiological surveillance; and do we have that?”

In his reaction, the Acting Director of Health conceded that the absence of such information is unfortunate and efforts must be made to have something like that. Hear him:

“Perhaps it is good that you have mentioned this. May be we have to institute some kind of measure; that the student coming in is compelled to undergo a blood test”.

So far, it is only for the in-coming students that some HIV/AIDS education is given as part of the orientation programme that is organised for them.

“Normally, when the fresh students come, there is a day when the Director of Health Services gives a talk; where she tells them about the hospital and the services we offer, and then of course, talk about HIV/AIDS and then sexual education in general just to make them aware”.

[The Acting Director of Health Services]

It could be deduced from the above statement that at best the HIV/AIDS education campaign to fresh students is done in passing; as part of a bigger health orientation programme. This was confirmed by the Acting Deputy Registrar in charge of academic affairs. To him there has never been a talk on HIV/AIDS during orientation exercises for new students on campus and that what is dealt with is sexual reproductive health. His fear was that HIV/AIDS is a sensitive issue and, therefore, could not be dealt with so easily. There is also evidence that, even for the new students, it is not done on a consistent basis. The Dean of the Faculty of Science, who described himself as the Chairman of a health programme for students, gave the impression that HIV/AIDS was mentioned for the first time during the orientation for new students at the beginning of last academic year (1999 - 2000). Because the substantive Director of Health Services was on leave during the orientation programme for fresh students this academic year (2000 - 2001), they did not touch on HIV/AIDS.

Two lone voices from the many senior members who were interviewed, hinted of isolated HIV/AIDS activities in which they were personally involved. Incidentally they all happened as part of the hall week celebration activities of some of the halls of residence. They all took the form of talks by some lecturers on campus and the opportunity was taken to promote condom use. The promotions, however, ended with the talks and there are no sustained HIV/AIDS-related services on campus. Some halls followed the talk with floats through the principal streets of the city distributing HIV/AIDS leaflets. The thinking behind the floats in town, according to the Vice President of the Students Representative Council (SRC), was that as they, the students, have been privileged to know more about HIV/AIDS, they must impart the knowledge to the disadvantaged public. The public spiritedness of the students goes beyond the float and distribution of leaflets to include participation in television advertisements beamed nationally. Laudable as these activities may be, they reinforce the general belief in the university that the disease is out there and not yet on campus.

So far a group which has been active in the promotion of HIV/AIDS education on campus is the women's wing of the SRC called Women's Commission. Since the last two years, it has been organising series of activities for female students almost every semester in which HIV/AIDS features prominently. They choose their resource persons from both within and without the university community. Thus it appears the students have come to realise the reality of the threat posed by HIV/AIDS to their lives and their future and they are doing something to save the situation even before help comes from the university administration. However, the extent of their activities remain limited and largely unco-ordinated.

Nonetheless, the opportunities exist, first to get a clear picture of the HIV/AIDS situation on campus and based on that, put structures in place to contain it. It is a requirement that every new student to the university is made to undergo compulsory medical examination. HIV testing is not part of the medical examination; not even common STDs although it used to be part of the exercise in the past. Various

views were expressed by the people interviewed about whether to test or not to test new students for HIV. In the view of the Dean of Faculty of Law,

“They do medical examination but they cannot do HIV test on them. It is illegal without their consent; without providing counselling, without providing them enough information to help them make an informed decision”.

The Acting Director of Health Services looked at the issue from the financial point of view. He was of the view that the university cannot take on the cost of testing new students for HIV which is very expensive. Already the university has shifted the cost of medical examination to the students, something which was free until recently. The students paid about ₦50,000 to ₦60,000 last year for medical examination (about \$15 to \$20). HIV testing alone would add more than half as much to the cost.

Added to these is what the Director of Health Services saw as the uncooperative attitude of the students to the medical examination exercise. He noted that “even the normal examinations we do for them, lots of them have problems going for them. Some of them harbour some ideas and you realise that they will not come at all because there is no way you can compel them”.

Other reservations expressed bothered on stigmatisation. The following remarks of the Dean of the Faculty of Science illustrates this:

“You see, HIV is like being sentenced to death. When you have it and you don’t know, you will assume that you will be careful and responsible but it is the responsibility of the individual, to protect himself. But asking the person who doesn’t know to go for the test and only to be told that he has HIV, I don’t think it is right It will create so much pandemonium in the society”.

Some of the people interviewed gave their views about what can be done given the situation in the university. First, the Dean of the Faculty of Law:

“What can be done is what is being done generally: the anonymous unlinked epidemiological surveillance. That one is anonymous, its unlinked and can tell you what the prevalence is.... But has the university thought of that? I’m sure they can do it but that one because it is anonymous and unlinked you don’t need anybody’s consent.”

The Dean of the Faculty of Science also added his views with some reservations:

“I’m in favour of asking people who are obviously ill to go for the test but to do it for the rank and file to see who has it and who doesn’t, I don’t think it will help our institution very much. If he has it, do you tell him to pack and go away?”

The Acting Director of Health Services added his voice to the call for anonymous testing. To him the best way will be to do random sampling and have a baseline and on that basis we can periodically know the trend of the disease on campus. But the Director of NMIMR did not fully support the idea of anonymous testing. He expressed his fears in the following words:

“If you do anonymous testing, you do it without counselling. If you find that somebody is positive you cannot go back to the person and say that you are positive. He ought to be aware; that is the snag to the anonymous testing. On the other hand, if you only look at the tip of the ice-berg and then try to infer what is happening then

you focus on the people who come to the hospital who are physically infected. But with this then you are only looking at the tip.”

It was the feeling of many that there is no need to wait to set up special units before embarking on HIV/AIDS activities on campus. We can use the existing structure to begin something. The following comments by the Dean of Faculty of Law illustrates the point.

“We all assume that we are all academics, therefore we know. But it could be that we don’t know. So we don’t need a special unit to do something. Given the structures that we have, we can begin some talk, some dialogue. I mean a general discussion of it to alert ourselves that we are susceptible to AIDS as everybody else. Because that is the thing about AIDS. It isn’t confined to a particular group. It has no respect for class, age, status, etc.”

The situation on the university campus is a direct reflection of what is happening in the country at large. Although Ghana took an early step to control the spread of HIV/AIDS, it has become painfully clear that not much has been done to contain the disease. For example, the country has not been able to stabilise the prevalence of the disease like its West African neighbour, Senegal, neither has it been able to reduce the rate of infection as Uganda has been able to do. And now as the national prevalence hovers around the critical point of 5 per cent, frantic efforts are being made to halt the upward trend. Things really started moving in 1999 and they have gathered momentum this year as has been observed earlier. The idea is to involve as many levels of society as possible in the forward march and university students have not been left out. The SRC President of the University of Ghana was invited to participate in the recent Cabinet retreat on HIV/AIDS. He has come back galvanised and is in the process of mobilizing his team of officers to form an AIDS Commission on campus. The SRC executive is still discussing the modalities of the commission but according to the Vice President, its objective will be to sustain and reinforce awareness and knowledge of HIV/AIDS and to help students to translate these into socially acceptable behavioural change. This they will do by using resource persons from wherever they will get them and to constantly send out messages on the resident radio station, Radio Universe.

Still looking into the future, as part of the Ghana Education Service’s Population and Family Life Education (POPFILE/GES) project, some senior members of the university are currently undertaking a study to look at the possibility of developing a course on HIV/AIDS which will be made compulsory for every student. Already a baseline survey has been conducted in the university and the data are still being analysed.

The University is fortunate to have on its staff the first programme manager of the National AIDS Control Programme (NACP). Since she started work as a lecturer at the School of Public Health, she has been fighting single-handedly to see that there is a programme in place for students. One of her ideas was to incorporate HIV/AIDS into the compulsory African Studies Programme taken by all first year students. A programme she drew last academic year (1999/2000) could not take off this year because she inadvertently failed to pass it through the university’s bureaucratic system for approval. From this academic year (2000/2001) she is going to run a programme for the Volta Hall, the only all-female hall of residence on campus, which will involve counselling followed with services. Her ultimate goal is to involve all health professionals in the university outside the hospital so that the services will be rendered to the whole university community. The health professionals will include the clinicians in the School of Public Health and the nurses in the Department of Nursing, both lecturers and students.

The Integration of HIV/AIDS into the University's Teaching, Research and Advisory/Consultancy Activities.

In the process of performing their normal functions as people who generate and disseminate knowledge, faculty members of the university have done a lot in the area of teaching, research, advisory and service activities. As should be expected, members of faculty have seen the epidemic as topical and as an issue that has the potential to affect the functioning and welfare of society. As in the area of interventions, there is no university policy which enjoins departments to incorporate HIV/AIDS in their teaching or outlines a research agenda. As a matter of fact, no department, school or institute has put any AIDS-specific proposal before the various boards for consideration for approval. At best HIV/AIDS is considered within a broader programme. What that means is that not all departments are involved in the teaching of issues related to HIV/AIDS. As such not all students benefit from the integration of HIV/AIDS into teaching in the university.

Teaching

For some of the departments/schools/institutes, the teaching of HIV/AIDS is a matter of course. These include the School of Public Health, the Department of Nursing and the Medical School. However, there is the tendency for such units to touch only on the medical and clinical aspects of the disease. The medical school could not be contacted because it is far removed from the main university campus. The people contacted in the two others could not immediately make copies of their syllabuses available to the investigator.

A few other departments, although not medical or health inclined, have listed HIV/AIDS in their course outlines and teach it every year. That means it will be taught every year irrespective of whoever is in charge. It must be said, however, that the importance given to HIV/AIDS in teaching depends a lot on the amount of interest an individual has for the topic and the kind of personal experiences they have had with the disease. This point may be illustrated with the personal experience of a senior member interviewed:

“I know (about AIDS) because I've had to work with AIDS. And because I lost my cousin I may have knowledge.....But as I said, it's because I have been very closely related to AIDS; I participated in the initial drafting of the National AIDS Policy in 1997 and in its subsequent revision and we are just about finishing it. So I was forced to read. And I do a lot of work in Zimbabwe and Uganda where people living with AIDS are very common. It was in Kampala that I saw the first real case of a person with AIDS.....That was before I heard that my own friend was dying. We were in Vienna together in 1993 when she had this uncomfortable cough. In 1996 I went back to Kampala and I asked where she was and I was told she died of AIDS. So when you have seen a real case of AIDS, you will have a different attitude towards it”.

In the Faculty of Law, for example, HIV/AIDS is taught under Gender and the Law. In this course, AIDS is discussed in the context of violence against women and sexual or reproductive rights, and who takes decision in the family and so on. They also discuss some of the things which we can do to protect ourselves and to educate our families at home, work places and others. It can thus be seen that HIV/AIDS is being taught in the Faculty of Law not just as an academic subject but rather every effort is made to generate in the students the desire to go out there and do something to combat the disease.

HIV/AIDS has been listed in the course outline under medical geography and has been taught for the fifth consecutive year in the Department of Geography and Natural Resources. Similarly, it has been listed extensively in the course outline of a Development And Women Studies (DAWS) Programme run by the Institute of African Studies. In some of the other departments including Home Economics, Sociology and Psychology, HIV/AIDS regularly comes out for mentioning for purposes of illustration. That is, in these departments HIV/AIDS is not listed as a course per se. Nonetheless, students from these departments write on HIV/AIDS topics for their dissertation.

Research

Some institutes and departments of the university have played a leading role in HIV/AIDS research in Ghana. Their research activities are not only in the scientific and medical areas but also in the social aspects of the disease as well as in Information, Education and Communication (I, E and C) areas.

The Noguchi Memorial Institute for Medical Research (NMIMR) has become the leading name in the scientific and medical research into HIV/AIDS in Ghana which has received international recognition. The institute was the first to conduct HIV seroprevalence studies in Ghana in 1985. In 1990, staff of the institute initiated a project to study the genomic and antigenic variations of HIV variants in Ghana. The result was the isolation of 8 HIV-1 and 14 HIV-2 strains from AIDS/ARC symptomatic and healthy individuals.

A prominent achievement of the institute has been the deriving of a new mathematical formula that takes into account the independent effect of drugs on cells to establish calorimetric method to determine the anti-HIV activities of drugs. Related to this is the research into the antiviral and antibacterial activities of Ghanaian medicinal plants. A major achievement in this area is the finding that five plants had anti-HIV activities capable of inhibiting HIV-specific reverse transcriptase. Four of the anti-HIV plants also inhibited virus production from HIV chronically infected plant. These findings, among others, have been published under the Patent Co-operation Treaty with International Publication Number W098/25633.

In addition to these, the institute has conducted a number of studies on the opportunistic infections that influence the course of HIV infection in Ghana. Studies on isolation and characterisation of HIV strains in Ghana led to the successful phylogenetic analysis of HIV-1 and HIV-2 and intra sub-type recombination of HIV-2 strains in Ghana. The results revealed that 9 HIV-1 sub-types circulate in Southern Ghana and that over 50 per cent of the strains belong to the sub-type A. These results have contributed to the care of HIV/AIDS patients and efforts to develop an effective vaccine. Results from these research activities on HIV/AIDS in the institute have been published in reputable scientific journals (See Appendix II).

In 1986, the WHO organised the first training of laboratory staff in HIV serology in West Africa at the institute. In the same year, the institute trained staff of various health facilities of the Ministry of Health (MOH) and mission hospitals in HIV ELISA and rapid assays. The institute has also hosted research scientists from the Lagos University Teaching Hospital, Nigeria, in the transfer of PCR technology.

Social scientists in the university have also worked hard to put the name of the university in particular, and Ghana in general, on the global map of HIV/AIDS research in their own small ways. Working through the Social Dimensions of HIV/AIDS Infection Project, researchers at ISSER at the university of Ghana, have conducted a number of researches into the socio-behavioural aspects of the disease in the country. The initial task of the project was to examine the feasibility of researching into sexuality

in an African setting. At that time, there was the urgent need to understand the sexual behaviour of Africans including Ghanaians as there was very little about it in the literature. Traditionally too very little was said about sex as it was considered too sensitive. But the main mode of transmission of the disease in these societies was, and still is, through heterosexual relationships. It was with this background that a West African research Group into Sexual Networking was born and a researcher from ISSER was one of the founding members. One contribution of the group to the social research into HIV/AIDS is the introduction of the sexual networking concept which has become a major focus of investigation into the social, cultural and behavioural aspects of the disease internationally.

With the support of the group an experimental research into sexual networking was conducted in Ghana. The finding of the research was that it was possible to research into sexual networking in Ghana and get reliable results. This was followed by a broader KABP study out of which a broad picture of the attitudes, behaviour and practices of Ghanaians that could predispose them to contracting the disease emerged. Out of this study specific issues related to HIV/AIDS were researched into further. Some of the studies undertaken included the following:

- The control of Ghanaian women over their sexuality
- The coping strategies of households with people with AIDS
- Out-of-school/street youth and HIV/AIDS
- Itinerant women traders and HIV/AIDS
- Long distance truck drivers and HIV/AIDS
- Migration and HIV/AIDS
- Management of AIDS by Health Workers
- Resistance/Underreaction to sexual behavioural change in the era of HIV/AIDS

Results from most of these studies have been published in international journals (See Appendix III).

Findings from these studies informed the preparation of a Strategic Plan and a Policy Document for HIV/AIDS which are about to be finalised. In addition to the publications cited in the appendix, several other individuals from other departments have also written articles on HIV/AIDS some of which have been presented at national and international conferences and others have been published. A list of all such articles are being compiled.

Service Activities

The university's extra-curricula activities on HIV/AIDS do not end with research only. Over the years, several units of the University have been undertaking various activities to help combat the spread of the disease. A few have been cited below.

School of Communication studies

At the early stages of AIDS education in Ghana, lecturers at the School of Communication Studies played an important role in shaping up the Information, Education and Communication (I,E and C) strategies used in the country. Working with AIDSCOM of the University of Pennsylvania and under the sponsorship of USAID, they conducted studies into how to demystify AIDS and to fashion out appropriate messages for mass media and other campaigns.

Institute of Adult Education (IAE)

As stated earlier, the IAE is responsible for adult education in the whole country through its extra-mural courses. For decades it has been informing public policy on major issues through the annual new year schools. Organised on a residential basis on any of the university campuses, the school serves as a forum for people from all walks of life to deliberate on topical issues in the country. In the end the school comes out with policy recommendations which are presented to government. For two consecutive years HIV/AIDS has featured prominently in the school's programmes and its Director has hinted that it is going to continue to be on the agenda in coming years. Thus, through the IAE, the university is contributing positively to the fight against HIV/AIDS in two ways;

1. By educating a cross section of the Ghanaian public who take the message to all corners of the country; and
2. By influencing policy through recommendations collated from the ordinary people in the country.

Department of Geography and Natural resources

For nearly a decade the Geography Department has been housing the Population Impact Project (PIP). The main concern of the project is to educate the general public about population and development issues and to inform policy makers about the implications of some of the trends. Over the years the project has developed the skills and techniques of putting across to the people the implications of unchecked population growth and issues related to reproductive health. In recent years, PIP has been using its expertise to educate the people on HIV/AIDS and to train people at the grassroots to continue with the education and to promote HIV/AIDS advocacy in general. The computer based models and written documents which PIP have developed in collaboration with other agencies have become invaluable tools for HIV/AIDS education and advocacy.

Department of Sociology

The Social Work unit of the Sociology Department operates an NGO called RESPONSE. The organisation seeks to provide care and support to disadvantaged children, particularly girls, who live on the streets. While they provide general advice and care, emphasis is on reproductive health including HIV/AIDS. RESPONSE uses the peer educators strategy to reach out to the needy children. The goal of RESPONSE is not only to help the young girls to cope with conditions on the street but also to be able to remove themselves out of it eventually.

Institute of Statistical, Social and Economic Research (ISSER)

In addition to the research activities undertaken, the Social Dimensions of AIDS Project of ISSER has also embarked on intervention activities over the years. The first was an attempt to bring AIDS-related education to the communities of a rural district. This followed the observation that stigmatization was so high in the area as part of the usual signs of denial when HIV/AIDS enters into a society for the first time. The level of stigmatization was so high that it was impeding attempts by health workers in the

catholic Hospital in the district's capital to embark on home based care for the few HIV/AIDS people who had been identified in the town. As a way out, a pastoral team was formed, made up of a priest and members of the church including some nurses from the hospital. These paid regular visits to people including those who were HIV-positive, prayed with them, counselled them and gave them medication. The group made scheduled visits to other churches in the district capital and the surrounding villages to educate the people on HIV/AIDS. The project provided a public address system, a television, a video and a generator for the outreach programmes and offered technical support. With time the level of stigmatization went down and we were able to get two people with HIV to come to the open to help with the education.

Since 1995 the project has been running a clinic for street youth in Accra called the Street Wise Project. This followed the discovery in one of the studies that the street youth were not patronising the mainstream health facilities although they had reproductive health problems. The clinic operates as a drop-in centre for the street youth who visit there once a week to meet resource persons with their problems. The team of resource persons includes a medical doctor and a public health nurse both of whom are trained in STD management, a clinical psychologist, a social worker and a social scientist as a co-ordinator. During the visit, each person is given health education, guidance and counselling and education on safe sex practices including condom promotion. They also undergo physical and medical examination during which samples are taken for laboratory testing for STDs including HIV. Those who present STDs are given treatment. The youth are followed up over a period to ensure that those who had STDs are completely cured and also to see the rate of new infections if possible.

To complement the activities for the out-of-school youth, the Social Dimensions Of HIV/AIDS Project also embarked on educational forums in the second cycle institutions in the city. This was deemed necessary because an earlier study on the street youth had shown that about 62 per cent of them were secondary school leavers and drop outs. So the idea was to equip them with the necessary information before they left school. The objective of the in-school programme, therefore, was to sustain and reinforce the awareness and knowledge about HIV/AIDS among the students and to help them to translate these into socially acceptable behavioural change.

A week before the forum, a rapid appraisal of the level of awareness and knowledge of HIV/AIDS was made of a sample of a chosen school using a short questionnaire. Their responses and their misconceptions in particular, formed the basis of the talk and other activities during the forum. Other activities included debates, talking points or open focus group discussions featuring some of the students, role plays and open questions from the students. The programme was organised jointly with the Schools Health Unit of the Ghana Education Service and the Health Education Unit of the Ministry of Health whose personnel helped as resource persons. Being a whole day activity, the programme had interludes for film shows on AIDS and refreshment generously sponsored by Nestle Ghana Limited.

It is worth mentioning that all the research and intervention activities were externally funded. One indication of the general acknowledgement of the good work being done by members of the university community is that some of them are called upon to play advisory and other roles related to HIV/AIDS by government ministries, departments, and other organisations. Almost all the units mentioned above have provided personnel one time or the other for such services.

Summary reflections

That HIV/AIDS can affect the life and workings of a university in many different ways cannot be gainsaid. These could include increased mortality among students and staff, reduced productivity

through latecoming, absenteeism and incapacitation, changes in mix of students and staff composition and the wiping out of the reservoir of knowledge and expertise accumulated over time. And when this happens, the university will have to respond by taking appropriate action to adapt to these consequences, limit further spread of the disease and provide support and care for its affected members. But a university is not an island in itself and will only reflect what is pertaining in the wider society of which it is a part. In this wise, what a university is doing in response to whatever situation, will be determined by the general situation of HIV/AIDS in the country.

This notwithstanding, a university has a noble role to play by taking a global view of issues and events that have the potential of affecting its own members and members of the bigger society. With respect to HIV/AIDS, the best thing any university can do to help itself and the country at large is for it to take a pro-active approach, rather than a reactive one, to combating it as a way of acting before it is too late. As far as official statistics show, there has not been any known case of HIV/AIDS among students of the university of Ghana to date. However, there is anecdotal evidence to the contrary collaborated by similar reports about new graduates from the country's tertiary institutions. Part of the problem with the uncertainty surrounding the HIV/AIDS situation in the university has to do with the poor statistics from the university hospital. While the hospital records showed a few cases of HIV among the members of staff of the university, they were not categorised. It is time the university took decisive steps to at least have an idea of the true picture of HIV/AIDS situation in the community. Cost consideration must not be made to remain an obstacle. Pushing the cost onto students will also be unfair. If the university authorities decide to make the effort, they will certainly get support from willing donors.

Since HIV/AIDS is not known to have made any impact on the university community, the natural outcome is that there is no centrally co-ordinated and sustained response to the disease. The general financial crisis the university, just as all other tertiary educational institutions in the country, has been facing in the past several years could be a factor. The university authorities are overwhelmed by the depth of the crisis which necessitated a retreat of all the principal figures (both academic and administrative) from 11 to 16 October 2000. Fortunately the students themselves have initiated some activities mainly at the level of the halls of residence. Now there is evidence that their efforts are going to be centralised and stepped up when the proposed AIDS Commission is formed in the office of the President of the SRC. The plan outlined will certainly benefit from the rich experience several senior members have acquired over the years. The university administration must give the SRC all the support they may need and ensure that all students get involved.

Maximum use must be made of the resident radio station. The School of Communication Studies where the station is located already has experience in HIV/AIDS-related I, E and C and so there should not be any problem with what to say and how. It is, however, very important that leaders of all religious groups in the university should agree, perhaps in a meeting with the executives of the in-campus AIDS Commission, on what should go into the I, E and C to prevent the possibility of any group coming out with conflicting messages in future. All HIV/AIDS activities put up on campus must have the provision of services as part of the programme.

Evidence that intra-student sexual activity goes on during academic sessions should also be given a serious thought. The way students are accommodated on campus at present clearly shows that conditions are not ideal for safe sex practices. There may be the tendency to go for a quick shot possibly at an obscure corner and there may not be time enough to use a condom for example. The university administration may think of reintroducing a 5 to 7 day mid-semester breaks as a way of giving students time to go out and "cool off".

The extra-curricular activities of senior members on HIV/AIDS are laudable and should be given further push by way of funding. The NMIMR has demonstrated that given the necessary support and encouragement, they can contribute immensely to the search for a vaccine and drugs to help combat the disease. Then also the fact that not many countries in Africa have a similar facility easily makes it a centre for collaboration in research and training. This has started on a small scale and could be expanded as a regional programme in Africa.

In every country HIV/AIDS appears to chart its own course to be followed by way of response. This is true in both the fields of physical and social sciences. Sequentially, researchers in the latter field have started from an experimental study, through a general KABP study, specific socio-behavioural and practices studies, to action research. All these have informed the kind of intervention programmes some of which are already in place. Unfortunately the scale of operation is extremely limited due to inadequate funding.

It has become generally accepted that HIV/AIDS is as much a social problem as it is a health problem. That means that for a better understanding of the disease, physical and social sciences must meet. In many parts of the world a healthy collaboration between medical/physical and social scientists has yielded rich results. Unfortunately there has been very little collaboration between medical and social scientists in the university of Ghana in the area of HIV/AIDS research. For example, a social scientist could be a useful partner in the collaborative activity between NMIMR and CSRPM in their attempt at developing HIV/AIDS drug from the country's medicinal plants. There is hope that this will become a reality if the vision of the Director of NMIMR becomes a reality in the near future. Hear him:

“But up to now we've really been research-oriented. My personal vision is for us to move our research closer to the community and closer to the public. We are hoping that we will be able to do more than research. There are lots of people out there who really need to know whether they have the virus or they don't have; so that they can plan their lives with the information that is available. And we are looking for money to buy a van that will have audio-visual equipment and at the same time equipped to enable us to do the screening tests. Then we move to the rural areas, pick a defined area and show films, educate the people, counsel them..... So that's one way for example when I say that we are trying to move away from the bench and get closer to society”.

The NMIMR Director's vision could be seen as an “SOS message”. It is indeed a great vision which certainly needs a multi-disciplinary team to be able to accomplish it. But again it confirms the fact that the university has turned its back to its own community probably out of ignorance. A little bit of inward looking may be a stitch in time which will save nine. Charity, as we are told, begins at home.

APPENDIX I

A SCHEDULE OF MEETINGS WITH SELECTED INDIVIDUALS AT THE UNIVERSITY OF GHANA

DATE/TIME	ACTIVITY
Wednesday 6 September, 2000	
8:30 A.M.	Meeting with the Pro-Vice Chancellor
10:00 A.M.	Meeting with the Registrar*
11.00 A.M.	Meeting with the Finance Officer*
Thursday 7 September, 2000	

8:30 A.M.	Meeting with Dean, Faculty of Science
9:30 A.M.	Meeting with Dean, Faculty of Social Studies*
10:30 A.M.	Meeting with Dean, Faculty of Law
Friday 8, September, 2000	
8:30 A.M.	Meeting with the Director, Institute of African Studies*
9:10 A.M.	Meeting with the Director, Institute of Adult Education*
10:00 A.M.	Meeting with the Director, RIPS
10:40 A.M.	Meeting with the Director, NMIMR
11:20 A.M.	Meeting with the Director, School of Public Health*
Monday 11, September, 2000	
8:30 A.M.	Meeting with the Head, Dept. of Geography
9:10 A.M.	Meeting with the Head, Dept. of Psychology*
10:00 A.M.	Meeting with the Head, Dept. of Sociology*
10:30 A.M.	Meeting with the Head, Dept. of Nursing
11:10 A.M.	Meeting with the Head, Dept. of Home Economics
Tuesday 12, September, 2000	
9:00 A.M.	Meeting with Medical Officer In-Charge, University Hospital

* Those who were not available for interviewing

OTHER PEOPLE INTERVIEWED

Dr. M. Osei-Kwasi	-	Virologist, NMIMR
Prof. Takyiwaa-Manu	-	Deputy Director, Institute of African Studies
Dr. Phyllis Antwi	-	Lecturer, School of Public Health and former Manager, NACP
Dr. Agyei-Mensah	-	Lecturer in Medical Geography
Acting Dean of Students		
Vice President of the Students Representative Council		

APPENDIX II

LIST OF PUBLICATIONS ON HIV/AIDS BY RESEARCHERS AT THE NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH

EPIDEMIOLOGY

J.A.M. Brandful et. al. 1997. "Predominance of HIV-1 among patients with AIDS and AIDS-related complex in Ghana". *East African Medical Journal*, 74(1): 17-20

J.E. Neequaye et. al. 1987. "Sexual habit and social factors in local Ghanaian prostitutes which could affect the spread of human immunodeficiency virus (HIV)". *Ghana Medical Journal*, 21(1): 12-15.

J.A.M. Brandful et. al. 1999. "Relationship between immunoclinical status and prevalence of viral sexually transmitted diseases among human immunodeficiency virus-1 seropositive patients in Ghana". *Viral Immunology*. 12(2): 131-137.

M. Aidoo et. al. 1994. "Differential reactivities of antibodies to HIV and HTL-I in sera suspected AIDS and ARC patients". *West African Journal of Medicine*. 13(3): 150-151.

Osamu Hishida et al. 1994. "Serological survey of HIV-1, HIV-2 and human T-cell leukaemia virus type 1 for suspected AIDS cases in Ghana". *AIDS*, 8: 1257-1261.

Nana K. Ayisi and Michael Aidoo. 1994. "Comparative analysis of HIV-1 and HIV-2 indeterminate Western blot patterns". *West African Journal of Medicine*. 13(3): 164-167.

Osamu Hishida et al. 1992. "Clinically diagnosed AIDS cases without evident association with HIV type 1 and 2 infections in Ghana". *Lancet*, 340; 971-972.

Ampofo, W. K. 1992. "Human immunodeficiency virus (HIV) serodiagnosis and virus isolation in Ghana". *bulletin NMIMR*. 5(1): 10-11.

Michell, S. W. et. al. 1991. "Field evaluation of alternative HIV testing strategy with rapid immunobinding assay and an agglutination assay". *Lancet*, 337: 1328-1331.

Masuda, T. et al. 1988: "HIV and SVI in human sera in Kenya, Gabon and Ghana". *Lancet*, 1: 297.

Neequaye A.R. et al. 1986. "A report on human immunodeficiency virus (HIV) infection in Ghana up to December 1986". *Ghana Medical Journal*, 21(1): 7-11.

PAEDIATRIC AIDS

Neequaye, J. E. et al. 1988. "Ghanaian children of women infected with immunodeficiency virus (HIV)". *Ghana Medical Journal*, 22(3): 86-89.

ISOLATION AND CHARACTERIZATION

Brandful, J.A.M. et al. 1998. "Genetic and phylogenetic analysis of HIV Type 1 strains from Southern Ghana". *AIDS Research and Human Retroviruses*. 14(9): 815-819.

Takehisha, J. et al. 1997. "Phylogenetic analysis of human immunodeficiency virus 1 in Ghana". *Acta Virologica*, 41: 51-54.

Takehisha, J. et al. 1997. "Phylogenetic Analysis of HIV Type 2 in Ghana and Intrasubtype Recombination in HIV Type 2". *AIDS Research and Human Retroviruses*, 13(7): 621-623.

Ishikawa, K. et al. 1996. "Genetic and phylogenetic analysis of HIV Type 1 env Subtypes in Ghana, West Africa". *AIDS Research and Human Retroviruses*, 12(16): 1575-1578.

Nana K. Ayisi, et al. 1995. "Serological, virological and Polymerase Chain Reaction studies of HIV Type 1 and HIV Type 2 infections in Ghanaian patients with AIDS and AIDS-related complex". *AIDS Research and Human Retroviruses*, 11(2): 319-321.

Martine Peeters, et al. 1994. "Isolation of simian immunodeficiency viruses from two Sooty Mangabeys in Cote d'Ivoire: virological and genetic characterization and relationship to other Type 2 and SIVsm/mac strains". *AIDS Research and Human Retroviruses*, 10(10): 1289-1294.

Tatsuhiko I. et al. 1993. "Isolation and Genomic Analysis of Human T Lymphotropic Virus Type II from Ghana". *AIDS Research and Human Retroviruses*, 9(10): 1039-1042.

Ishikawa, K. et al. 1988. "Isolation and characterization of HIV-2 from an AIDS patient in Ghana". *AIDS*. 2(5): 383-388.

IMMUNOLOGY

Meiko Kawamura, et al. 1989. "Immunological reactivities of Ghanaian sera with HIV-1, HIV-2 and simian immunodeficiency virus SIVagm". *AIDS*, 3: 609-611.

PATHOLOGY

Ayisi, N.K. 1997. "T-lymphocytopenia, opportunistic infections and pathological findings in Ghanaian AIDS patients and their sexual partners". *East African Medical Journal*, 74(12): 784-790.

CHEMOTHERAPY

Ayisi, N. K. 1995. "Differential cytopathicity and susceptibility of Ghanaian highly divergent HIV-2(Gh2), prototype HIV-2(Gh1), and prototype HIV-1(Gh3) to inhibition by ddCyd and ddI". *East African Medical Journal*, 72(10): 654-657.

Ayisi, N. K. 1991. "Modified tetrazolium-based calorimetric method for determining the activities of anti-HIV compounds". *Journal of Virological Methods*. 33: 335-344.

Ayisi, N. K. 1990. "Concept review of antiviral chemotherapy". *Ghana Medical Journal*, 24(1): 89-97.

APPENDIX III

PUBLICATIONS ON HIV/AIDS FROM THE SOCIAL DIMENSIONS OF HIV/AIDS INFECTION PROJECT, ISSER, UNIVERSITY OF GHANA, LEGON

1992. "Sexual networking in some selected societies in Ghana and the sexual behaviour of Ghanaian female migrants in Abidjan, cote d'Ivoire". In Dyson, T (Ed.) *Sexual Behaviour and Networking: Anthropological and Sociological studies on the Transmission of HIV*. Liege, IUSSP.
- 1993a "Sexuality, migration and AIDS in Ghana: a socio-behavioural study".
Health Transition Review, (Sexual networking and HIV/AIDS in West Africa), Supplement to Volume 3, pp. 45-68.
- 1993b [With Kofi Awusabo-Asare]. "Experimental research on sexual networking in some selected areas of Ghana". Health Transition Review, (Sexual Networking and HIV/AIDS in West Africa), Supplement to Volume 3, pp. 29-44.
- 1993c [With Kofi Awusabo-Asare and D.K. Agyemang]. "Women's control over their sexuality and the spread of STDs and HIV/AIDS in Ghana". Health Transition Review, (Sexual Networking and HIV/AIDS in West Africa), Supplement to Volume 3, pp. 69-84.
- 1993d [With J.C. Caldwell et. al.]. "African families and AIDS: context, reactions and potential interventions". Health Transition Review, (Sexual Networking and HIV/AIDS in West Africa), Supplement to Volume 3, pp. 1-16.
- 1994 HIV/AIDS in Sub-Saharan Africa - Its Demographic and Socio-economic Implications. African Population Paper No. 3, December 1994.
- 1995a "The condition and care of AIDS victims in Ghana: AIDS sufferers and their relations". In Orubuloye, I.O. et. al. (eds.) *The Third World AIDS Epidemic*. (Supplement to Health Transition Review, Vol. 5:253-263
- 1995b [With Joe Decosas et. al.] "Migration and AIDS". *The LANCET*, Vol. 346, September 23, 1995, pp. 826-828.
- 1995c [With P. Antwi] "Street youth in Accra city: sexual networking in a high-risk environment and its implications for the spread of HIV/AIDS". In Orubuloye, I.O. et. al. (eds.) *The Third World AIDS Epidemic*. (Supplement to Health Transition Review, Vol. 5:131-151)
- 1996 [With J. C. Caldwell, and Pat Caldwell] "Mobility, Migration, Sex, STDs, and AIDS: An Essay on Sub-Saharan Africa with Other Parallels". In Herdt, G. (Ed.) *Sexual Cultures and Migration in The Era of AIDS*, Clarendon Press, Oxford. Pp. 41 - 54.

- 1997a "Vulnerability to sexually transmitted disease: Street children in Accra". In Ntozi J. P. M. et al (Eds). Vulnerability to HIV Infection and Effects of AIDS in Africa and Asia/India. Supplement to Health Transition Review, Volume 7: 281- 306.
- 1997b [With Appiah, E. N. and Kofi Awusabo - Asare.] "Livelihood and the risk of HIV/AIDS infection in Ghana: the case of female itinerant traders". In Ntozi J. P. M. et al (Eds). Vulnerability to HIV Infection and Effects of AIDS in Africa and Asia/India. Supplement to Health Transition Review, Volume 7: 225 -242.
- 1997c [With K. Awusabo - Asare.] "Postpartum sexual abstinence in the era of AIDS in Ghana: Prospects for change". In Ntozi J. P. M. et al (Eds). Vulnerability to HIV Infection and Effects of AIDS in Africa and Asia/India. Supplement to Health Transition Review, Volume 7: 257-270.
- 1997d [With K. Awusabo - Asare] "Health - Seeking behaviour of persons with HIV/AIDS in Ghana " In Ntozi J. P. M. et al (Eds). Vulnerability to HIV Infection and Effects of AIDS in Africa and Asia/India. Supplement to Health Transition Review , Volume 7: 243-256.
- 1997e [With E.N. Appiah] "Sexual-behavioural factors predisposing out-of-school youth in Accra to HIV/AIDS infection". African Population Studies.
- 1999a [With K. Awusabo-Asare]. "Routes to HIV transmission and intervention: an analytical framework". In Orubuloye, I.O. et al. (eds.). The continuing HIV/AIDS Epidemic in Africa: Responses and Coping Strategies. Health Transition Centre, Australian National University, Canberra. Pp. 1-8.
- 1999b [With K. Awusabo-Asare]. "Rethinking the Circumstances surrounding the first sexual experience in the era of AIDS in Ghana". In Orubuloye, I.O. et. al. (eds.). The continuing HIV/AIDS Epidemic in Africa. Health Transition Centre. Australian National University, Canberra. Pp. 9-18.
- 1999c "Initiating behavioural change among street-involved youth: findings from a youth clinic in Accra". Pp. 81 - 90 in J. C. Caldwell et. al. (Eds.). Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries Health Transition Centre. Australian National University, Canberra.
- 1999d [With K. Awusabo-Asare et al]. "All die be die": Obstacles to change in the face of HIV infection in Ghana". Pp 125-132 in J. C. Caldwell et. al. (eds.) Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries, Health Transition Centre. Australian National University, Canberra.