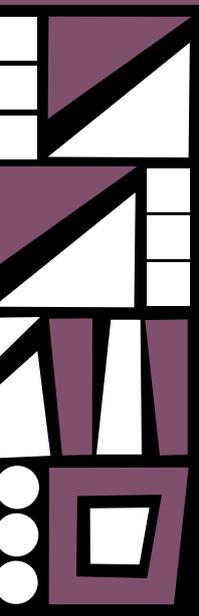




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THE UNIVERSITY OF GHANA AND THE FIGHT AGAINST HIV/AIDS AND COVID—19

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Abstract

This paper examines the University of Ghana's responses to the HIV/AIDS epidemic and the COVID-19 pandemic. It argues that the university's unique position as a testing ground for implementing rigorous health regulations has not been sufficiently theorized or historicized, leaving a gap in the historiography of health in Ghana. Anchored in the *ivory tower theory*, the study conceptualizes the university as a protected yet isolated environment—shielded from, but detached from, the wider Ghanaian society. As a staff member of the University of Ghana, I employed participant observation, focus group discussions, in-depth interviews, and documentary sources. Findings show that the university functioned as a self-contained world during both crises, effectively disseminating information and enforcing strict containment measures. Against HIV/AIDS, it adopted curriculum revisions and sustained awareness campaigns, while during COVID-19 it introduced campus closures, online learning through the Sakai platform, social distancing, and digital assessments. However, the university's strict protocols raised concerns about its growing disconnection from society, where compliance was weaker. This paper concludes that government health investments should target the broader population rather than privileging universities, as the continued spread of disease in the wider society can undermine containment efforts within the ivory tower.

Keywords: University of Ghana, COVID-19, HIV/AIDS, ivory tower theory, Covid-19 containment measures.

Introduction

This paper explores the history of epidemics and pandemics in Ghana, with a particular focus on the experiences of the University of Ghana during the HIV/AIDS and COVID-19 crises. Adopting a historical perspective enriches the health history of Ghana—a country long familiar with the devastations of disease outbreaks. Archaeological and medical historical evidence indicates that epidemics have, at various points, ravaged Ghanaian societies, resulting in mass deaths, population displacements, and significant social disruptions.¹

Since the 1990s, the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) have exacted a heavy toll on Ghana. AIDS, a chronic and

¹ Georges Chouin, "The 'Big Bang' Theory Reconsidered: Framing Early Ghanaian History," *Transactions of the Historical Society of Ghana* 14 (2012): 13; Georges Chouin, "Reflections on Plague in African History (14th–19th c.)," *Afriques: Débats, méthodes et terrains d'histoire* 9 (2018); Monica H. Green, "Emerging Diseases, Re-emerging Histories," *Centaurus* 62, no. 2 (2020): 235; A. Hassan *et al.*, "Global Survey on Telemedicine Utilization for Movement Disorders during the COVID-19 Pandemic," *Movement Disorders* 35, no. 10 (2020): 1703; and P. N. Mahama *et al.*, "Reviewing the Past, Present, and Future Risks of Pathogens in Ghana and What This Means for Rethinking Infectious Disease Surveillance for Sub-Saharan Africa," *Journal of Tropical Medicine* (2022): 5.

potentially life-threatening condition caused by HIV, weakens the immune system and diminishes the body's ability to resist infections and diseases. Among its several transmission routes, HIV is primarily a sexually transmitted infection (STI). Given that the University of Ghana's population is largely youthful, the institution's active engagement in combating the epidemic was both necessary and expected.

Similarly, the outbreak of COVID-19 in Ghana in March 2020 unleashed widespread fear and uncertainty. It represented a new wave of existential anxiety, accompanied by numerous conspiracy theories and misinformation. The pandemic destabilized Ghana, disrupting national development plans and severely affecting the educational system. It led to border closures, movement restrictions, and extensive public sensitization campaigns on preventive measures. The University of Ghana, by virtue of its academic stature and relatively enclosed environment, was particularly challenged to manage the pandemic's effects—especially as it impacted a global student population, about 91 percent of whom faced disruptions.²

This study is grounded in the “Ivory Tower” theory, which posits that universities function as distinct and semi-autonomous spaces somewhat insulated from the broader society. However, this paper argues that the University of Ghana's experiences with HIV/AIDS and COVID-19 demonstrate how deeply intertwined the institution is with the larger Ghanaian social fabric—revealing that its supposed separateness is inevitably diluted by the realities of public health crises.

Epidemics, Pandemics and Higher Education in Ghana: A Review of Scholarship

There is a substantial body of scholarly work on HIV/AIDS and COVID-19 in Ghana, produced by researchers from diverse disciplines, most of which focuses on the devastating nature of these diseases when inadequately managed.³ Medical literature emphasizes that the elderly and individuals with pre-existing conditions—such as those living with HIV/AIDS—are at greater risk of contracting and succumbing to COVID-19.⁴ Social scientists, on the other hand, have examined these diseases for their social, cultural, and economic implications.⁵

While there is an extensive range of publications on HIV/AIDS, and more recently on COVID-19, most studies have not sufficiently explored the university as a distinct institutional space in the management of these health crises, nor have they adequately analysed its interconnections with the larger Ghanaian society. This study, therefore, employs the Ivory Tower

² UNESCO, *COVID-19: Socio-Economic Impact in Ghana*, Briefing Note no. 3 (2020), accessed June 30, 2023, <https://www.unicef.org/ghana/media/3071/file/COVID-19:%20SocioEconomic%20Impact%20in%20Ghana.pdf>.

³ M. W. Ross *et al.*, “Conspiracy Beliefs about the Origin of HIV/AIDS in Four Racial/Ethnic Groups,” *Journal of Acquired Immune Deficiency Syndromes* 41, no. 3 (2006): 342; C. Volks, “The Role of Tertiary Institutions in the HIV/AIDS Epidemic,” in *AIDS and South Africa: The Social Expression of a Pandemic*, ed. by D. Posel, 163 (London: Palgrave Macmillan UK, 2004); Joseph Anarfi, “Universities and HIV/AIDS in Sub-Saharan Africa: A Case Study of the University of Ghana, Legon” (Accra: ADEA Working Group in Higher Education, 2000); and Joseph K. Anarfi and Kofi Awusabo-Asare, “HIV/AIDS in Tertiary Institutions in Ghana” (draft report, National Council for Tertiary Education, Accra, in collaboration with the World Bank, 2002).

⁴ Mercy Tagoe and R. A. Aggor, “Knowledge, Behaviour, Perceptions and Attitudes of University of Ghana Students towards HIV/AIDS: What Does Behavioural Surveillance Survey Tell Us?” *Journal of Health and Human Services Administration* (2009): 53.

⁵ Ross *et al.*, “Conspiracy Beliefs about the Origin of HIV/AIDS,” 342; Anarfi, “Universities and HIV/AIDS in Sub-Saharan Africa;” and Anarfi and Awusabo-Asare, “HIV/AIDS in Tertiary Institutions in Ghana” (2002).

theoretical framework, which posits that the university operates and is perceived as a unique and somewhat insular environment, separate from the broader social milieu. However, as this paper argues, the perceived autonomy of the university is inevitably influenced and diluted by its deep entanglement with the larger Ghanaian society.

The Ivory Tower Theoretical Framework

This study is anchored on the Ivory Tower theoretical framework. The term “ivory tower” refers to a metaphorical environment in which individuals are detached from the realities of the outside world in pursuit of intellectual or specialized activities. Since the nineteenth century, the phrase has been associated with academia, denoting a space of intellectual endeavour that is often disconnected from the practical concerns of everyday life.⁶

In the context of the HIV/AIDS epidemic and the COVID-19 pandemic, the University of Ghana can be seen as functioning within this metaphor. During these health crises, the institution adopted measures that effectively insulated it from the broader Ghanaian social environment. The university implemented stringent regulations, allocated substantial financial resources, and launched wide-ranging public health campaigns to protect its community from infection. Posters conveying health information on HIV/AIDS and COVID-19 were displayed across campus, and practices such as face masking, social distancing, and regular handwashing were vigorously enforced.

These measures transformed the University of Ghana into an ideal model of health protocol compliance—an “island” of safety amid a national landscape where such practices were not always observed. However, this very insulation highlighted a contradiction: while the university sought to protect its community, its members remained in constant interaction with the broader Ghanaian society, where protocols were less rigidly applied. Consequently, the university’s efforts to remain a self-contained “ivory tower” underscored the limitations of institutional isolation in the face of nationwide public health challenges.

Methodology

This study adopts a qualitative research design, appropriate for a topic that demands close attention to context, process, and lived experience. The approach is primarily descriptive and analytical. Data were collected through focus group discussions (FGDs) and in-depth, one-on-one interviews. As a staff member of the University of Ghana directly involved in implementing the institution’s public health directives, I was able to draw upon both firsthand experience and documentary sources.

Primary and secondary sources were extensively used, including university reports, policy documents, online materials, and relevant scholarly works such as books and journal articles.

⁶ Andrew Chesterman and Emma Wagner, *Can Theory Help Translators? A Dialogue Between the Ivory Tower and the Workplace* (London: Routledge, 2014); Alice Lam, “From ‘Ivory Tower Traditionalists’ to ‘Entrepreneurial Scientists’? Academic Scientists in Fuzzy University–Industry Boundaries,” *Social Studies of Science* 40, no. 2 (2010): 308; S. Laletas *et al.*, “Breaking Down the Walls of the ‘Ivory Tower’: Critical Reflections on How Co-Teaching Partnerships Can Bridge the Gap Between Inclusive Education Theory and Practice,” *Teachers and Teaching* 28, no. 4 (2022): 475; and Victor F. Peretomode, “Demystifying the Ivory Tower Syndrome in Universities through the Use of Transformational Leadership,” *International Journal of Educational Administration and Policy Studies* 13, no. 1 (2021): 1.

Questionnaires and interview guides served as the primary research instruments. Data collection was conducted over a period of three weeks, during which respondents were asked to complete questionnaires and participate in discussions.

The methodology was designed to meet the following objectives:

1. To examine the emergence of HIV/AIDS and COVID-19 in Ghana and the waves of fear, misinformation, and conspiracy theories that accompanied them.
2. To compare the two historical moments of these pandemics and the University of Ghana's institutional responses to each.
3. To assess the influence of international bodies—such as the Association of African Universities (AAU), the World Health Organization (WHO), and the United States Centres for Disease Control and Prevention (CDC)—on the university's public health strategies.
4. To evaluate the effectiveness of the measures adopted by the University of Ghana in addressing HIV/AIDS and COVID-19 within its campus community.

HIV/AIDS in Ghanaian Higher Education Context

Although the Equatorial African origin of HIV/AIDS remains a matter of debate,⁷ the first reported case in Ghana occurred in March 1986. By the end of that year, twenty-six cases had been confirmed. Between 1986 and 1987, the number of infections rose by thirty-five percent, and by 1988, the rate had increased by six hundred percent. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), adult HIV prevalence in Ghana was estimated at 0.9 percent by the end of 2012, with approximately 200,000 people living with the virus.⁸

The rapid spread of HIV/AIDS posed significant challenges for institutions and communities across Ghana. Educational institutions, in particular, faced a heightened risk due to their demographic structure, the concentration of large populations in confined spaces, and their critical role in national socio-economic development.⁹ As a result, universities were compelled to adopt swift and coordinated responses to mitigate the threat. The vulnerability of tertiary institutions lay not only in the potential health impacts on students and staff but also in the broader institutional implications for governance, funding, and productivity.¹⁰ Universities such as the University of Ghana therefore had to reassess their public health policies and develop preventive strategies to curb the spread and mitigate the long-term effects of the epidemic on their campuses.

The University of Ghana's Response to HIV/AIDS

The HIV/AIDS epidemic that emerged in the 1980s was widely regarded as one of the most formidable public health crises of the century, threatening to decimate the world's sexually active population. With young people aged 15 to 49 constituting the majority of infections, universities—dense with youth at their peak reproductive age—became potential hotspots for transmission.

⁷ Ross *et al.*, “Conspiracy Beliefs about the Origin of HIV/AIDS,” 342.

⁸ UNAIDS, *World AIDS Day Report* (2012), accessed November 15, 2024, https://www.unaids.org/sites/default/files/media_asset/JC2434_WorldAIDSday_results_en_1.pdf.

⁹ Anarfi, “Universities and HIV/AIDS in Sub-Saharan Africa,” and P. H. Katjavivi and B. Otaala, “African Higher Education Institutions Responding to the HIV/AIDS Pandemic,” paper presented at the AAU Conference of Rectors, Chancellors, and Presidents of African Universities, Mauritius, March 2003.

¹⁰ *Ibid.*

Rising student absenteeism and staff attrition soon underscored the disease's growing impact on higher education.¹¹

In response, coordinated institutional and continental efforts were launched. From 2002, the Association of African Universities (AAU)—representing over 230 tertiary institutions—initiated a comprehensive HIV Programme. Supported by the Swedish/Norwegian Regional HIV/AIDS Team for Africa, the AAU funded universities to develop institutional HIV/AIDS policies, integrate HIV/AIDS education into curricula, and conduct studies on the epidemic's effects on higher education. These initiatives aimed to promote the inclusion of HIV/AIDS studies either as independent courses or as part of general studies programmes.¹²

At the University of Ghana, numerous academic units incorporated HIV/AIDS education into their curricula at both undergraduate and postgraduate levels. Departments such as Sociology, Social Work, Economics, Medicine, Nursing, Psychology, Food and Nutrition, and the Institute of Adult Education played leading roles. The university also integrated HIV/AIDS sensitisation into its annual orientation programmes for new students and encouraged active student participation in World AIDS Day activities.

Public education and awareness campaigns became a central strategy. Billboards, posters, pamphlets, and books disseminated information on prevention, while public debates and lectures provided spaces for discussion. The university's "*BE CAREFUL*" campaign—marked by the slogan "*AIDS is Real*"—was instrumental in promoting awareness. Recognising the sexual mode of transmission, the university ensured the free distribution of condoms in clinics, public spaces, and toilets.¹³

These initiatives reflected a deliberate institutional effort to protect the university community and to align with national and continental strategies. The University of Ghana's campaign against HIV/AIDS benefited significantly from collaboration with the AAU and the Ghanaian government, illustrating the central role of higher education institutions in the broader public health response to global epidemics.

The Outbreak of COVID-19 in Ghana

The outbreak of COVID-19 in 2020 had profound effects on Ghanaian society as a whole and on educational institutions in particular. Fear gripped the entire University of Ghana community—including students, staff, and stakeholders—when the virus reached the country. Yet, due to its unique character and relative isolation, the university and its surrounding communities also provided an ideal setting for implementing containment and preventive strategies. The management of the university was thus compelled to develop comprehensive measures to limit the spread and impact of both the COVID-19 pandemic and the earlier HIV/AIDS epidemic, which together posed an exceptional challenge to the academic environment.

¹¹ Ibid.

¹² Tagoe and Aggor, "Knowledge, Behaviour, Perceptions and Attitudes of University of Ghana Students," 51.

¹³ J. Gobind and W. L. Uukpere, "The Use of Posters in Disseminating HIV/AIDS Awareness Information within Higher Education Institutions," *Mediterranean Journal of Social Sciences* 5, no. 20 (2014): 739; Anarfi, "Universities and HIV/AIDS in Sub-Saharan Africa;" Tagoe and Aggor, "Knowledge, Behaviour, Perceptions and Attitudes of University of Ghana Students," 51.

COVID-19, first identified in Wuhan, China's Hubei Province, in December 2019, was officially linked to a new strain of coronavirus by the World Health Organization (WHO) on January 12, 2020. On March 11, 2020,¹⁴ the WHO declared it a global pandemic. In Ghana, the first confirmed cases were announced on March 12, 2020, involving two individuals—one from Norway and another from Turkey. These cases marked the beginning of the country's contact tracing process.¹⁵

Soon after, the Ghanaian government introduced emergency measures to curb the spread. On March 15, 2020, restrictions were imposed in the Greater Accra and Ashanti regions, limiting movement and suspending public gatherings, including school activities. The following day, the University of Ghana closed its campus, sending all staff and students home. Academic activities remained suspended for eight months until a phased reopening plan was introduced. During the lockdown, graduate supervision and administrative work continued online through virtual meetings. By the end of March 2020, Ghana had recorded 152 confirmed cases—five deaths, twenty-two recoveries, and 125 active cases. The University of Ghana's response to these developments exemplified the role of higher education institutions in the national strategy to contain the pandemic.

The University of Ghana and the Containment of COVID-19

As in many other parts of the world, Ghanaian universities implemented a range of containment measures to protect their communities during the pandemic. These included online learning, hygiene and sanitation protocols, radio broadcasting, mental health interventions, and strict enforcement of mask mandates and quarantine rules.

Online Teaching and Learning

When Ghana recorded its first COVID-19 cases, all educational institutions were closed, and major examinations postponed. Although virtual learning was introduced, the closures exposed existing infrastructural inequalities between public and private schools.¹⁶ Many public institutions lacked the technology and expertise to transition quickly to remote instruction, while private institutions adapted more rapidly.¹⁷

The University of Ghana responded by expanding its use of information and communication technologies (ICTs) to support online teaching. Platforms such as Sakai, Zoom, WhatsApp, email, and text messaging were used to deliver lectures and facilitate communication.¹⁸ Physical classrooms were restructured to allow social distancing, and hybrid modes combining

¹⁴ World Health Organization, *Surveillance Case Definitions for Human Infection with Novel Coronavirus (nCoV): Interim Guidance v1, January 2020* (Report no. WHO/2019-nCoV/Surveillance/v2020.1), accessed June 30, 2023, <https://hdl.handle.net/10665/330376>.

¹⁵ Ibid.

¹⁶ O. Tawiah, "Threat of COVID-19 Third Wave Is Very Real," *MyJoyOnline*, accessed June 30, 2023, <https://www.myjoyonline.com/threat-of-covid-19-third-wave-is-very-real-director-general-of-ghana-health-service/>.

¹⁷ Joana Salifu Yendork and James Spencer, "COVID-19 in Ghana," *Journal of Comparative Family Studies* 51, no. 3–4 (2020): 371.

¹⁸ Priscilla Woode (25, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

virtual and limited in-person teaching were adopted.¹⁹ To lower the risk of transmission, major conferences and events originally planned to hold in-person were changed to virtual meetings.²⁰

This shift to digital learning improved flexibility and time management among students and faculty. It also provided greater access to courses and learning resources.²¹ However, challenges such as poor internet connectivity, high data costs, and difficulty maintaining concentration were frequently reported by students.²²

Fumigation, Hygiene, and Sanitation

To curb transmission, the university instituted regular cleaning and disinfection of high-touch surfaces in public areas such as lecture halls, libraries, dormitories, and cafeterias.²³ Staff and students were provided with sanitizers and cleaning supplies, and custodial services were expanded to ensure daily disinfection.²⁴

The Balme Library made sanitizing materials readily accessible to users,²⁵ while medical staff received additional protective equipment when handling disinfectants in enclosed spaces.²⁶ Before the phased reopening, all public facilities were thoroughly disinfected, and daily cleaning schedules were implemented to maintain hygiene standards.²⁷

The Role of Radio Univers

Radio Univers (105.7 FM), the university's radio station, became a critical communication channel during the pandemic. It broadcast daily updates on case numbers, preventive measures, and vaccination progress.²⁸ The station also hosted programmes encouraging solidarity among students and staff and provided mental health awareness messages. For many listeners, particularly those isolated from family and friends, Radio Univers offered vital connection and reassurance during the lockdown.²⁹

Mental Health Support

The University of Ghana provided extensive mental health and wellbeing support through the Centre for Guidance and Counselling and the Office of Students with Special Needs. These units

¹⁹ Abdul Raheem Tsachibara (24, final-year student, University of Ghana), interviewed by the author, Accra, July 13, 2023.

²⁰ Maxwell Omari (29, junior staff, Department of History, University of Ghana), interviewed by the author, Accra, August 2, 2023.

²¹ E. K. Agormedah, "Online Learning in Higher Education During COVID-19 Pandemic: A Case of Ghana," *Journal of Educational Technology & Online Learning* 3, no. 3 (2020): 183; E. Hussein *et al.*, "Exploring Undergraduate Students' Attitudes towards Emergency Online Learning during COVID-19: A Case from UAE," *Children and Youth Services Review* 119 (2020).

²² Hussein *et al.*, "Exploring Undergraduate Students' Attitudes towards Emergency Online Learning during COVID-19."

²³ Williams Ofori (24, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

²⁴ Bismarck Boakye Odame (National Service personnel, University of Ghana), interviewed by the author, Accra, July 3, 2023.

²⁵ Enoch Atendana (39, senior administrative assistant, Balme Library, University of Ghana), interviewed by the author, Accra, July 13, 2023.

²⁶ Adwoa Nkansah (24, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

²⁷ University of Ghana, *University Health Service COVID-19 Response Team* (Accra: University of Ghana, 2020).

²⁸ Elvina Lamptey (24, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

²⁹ Emmason Kessaw (25, final-year student of History and Geography, University of Ghana), interviewed by the author, Accra, July 3, 2023.

offered counselling on stress, substance use, sexual health, and online wellbeing resources. Free access to sports facilities, student finance guidance, and healthcare were also provided.³⁰ During the 2020–2021 academic year, many students and staff received psychological and psychotherapeutic support. Consultations were used to dispel misconceptions about COVID-19 and clarify campus safety protocols. Emergency phone lines were established for students and staff seeking help during crises.³¹

The Role of the Public Affairs Directorate

The Directorate of Public Affairs, whose major responsibility is to oversee the management of internal communication within the university,³² played a key role in disseminating accurate information about COVID-19 protocols and containment efforts. Through official websites, email bulletins, and social media, it ensured continuous sensitisation about symptoms, prevention strategies, and vaccination campaigns. These efforts helped sustain transparency and communication within the university community.³³

COVID-19 Testing and Mask Mandates

Students displaying COVID-19 symptoms were required to report to the Student Clinic or the University Hospital for testing and isolation. Participation in in-person classes or social gatherings was prohibited until test results were confirmed.³⁴ Wearing face masks was made mandatory in all university buildings.³⁵ Temperature checks and health screenings were conducted at campus entrances to prevent infected individuals from gaining access.³⁶

Facilities for Quarantine and Isolation

The University of Ghana provided quarantine and isolation facilities for students and staff who tested positive or had been in close contact with confirmed cases. Travel restrictions were imposed on academic and administrative staff, particularly for high-risk destinations.³⁷

Contact Tracing and Self-Isolation

The University Health Service collaborated with the National Contact Tracing Team to track and notify individuals exposed to confirmed cases.³⁸ Students were required to observe strict self-isolation and adhere to all preventive measures.³⁹ Violations were treated as disciplinary offences. To reduce exposure, semester lengths were shortened, shared spaces redesigned to allow physical

³⁰ Efua Hagan (37, administrative secretary, Office of Special Needs, University of Ghana), interviewed by the author, Accra, July 3, 2023.

³¹ Ibid. Bilal Abass (25, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

³² Knvul Sheikh and Roni Caryn Rabin, “The Coronavirus: What Scientists Have Learned So Far,” *The New York Times*, March 10, 2020, accessed June 30, 2023, <https://www.nytimes.com/2020/03/10/health/coronavirus-scientists.html>.

³³ Frederick Yuorkuu (Head of Teaching and Examinations, Academic Office, University of Ghana), interview by the author, Accra, June 2, 2023.

³⁴ Dorcas Akpeng (25, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

³⁵ UNESCO, *Global Education Monitoring (GEM) Report 2020*, accessed June 30, 2023, <https://www.unesco.org/en/articles/global-education-monitoring-gem-report-2020>.

³⁶ Edith Agyapong (41, administrative secretary, University of Ghana Business School), interviewed by the author, Accra, August 6, 2023.

³⁷ Kwame Adum-Kyeremeh (54, senior lecturer, Department of History, University of Ghana), interviewed by the author, Accra, August 6, 2023.

³⁸ University of Ghana, *University Health Service COVID-19 Response Team* (2020).

³⁹ Adelaide Okyere (25, final-year student, University of Ghana), interviewed by the author, Accra, July 3, 2023.

distancing, and students encouraged to maintain healthy routines. Those in isolation were advised to engage in light exercise, eat balanced meals, and practice stress management techniques.⁴⁰

Conclusion

This study examined the outbreaks of the HIV/AIDS epidemic and the COVID-19 pandemic in Ghana, focusing on the University of Ghana's responses to safeguard its community. Regarding HIV/AIDS, which primarily affected the youthful population, the University of Ghana aligned with the directives of the Ghanaian Ministry of Health, the Association of African Universities (AAU), and the World Health Organization (WHO). The university's vigorous, almost militarized public health campaign effectively disseminated preventive messages and encouraged compliance among staff and students.

The COVID-19 pandemic, however, presented an entirely different challenge. Originating from China, COVID-19 threatened all segments of society and demanded strict adherence to WHO and U.S. Centres for Disease Control (CDC) guidelines. The fear and uncertainty surrounding the pandemic disrupted academic life, prompting the university to implement rapid, large-scale containment and continuity measures. A central aspect of this response was the establishment of e-learning centres, investment in IT infrastructure, and the provision of targeted digital skills training.

Going forward, university administrators should collaborate with government agencies to ensure that students have access to assistive IT equipment for effective online participation. A dedicated technical support team should also be established to provide continuous assistance during emergencies. The pandemic underscored both the strengths and limitations of the university's mental health support system, revealing a need for expanded services and greater integration of psychological care. The relative success of online learning offers valuable lessons for rethinking classroom instruction and investing in long-term digital transformation.

Finally, the university's effective internal measures highlighted a paradox—the “Ivory Tower” divide. While strict health protocols were enforced within the campus, they were often ignored in the surrounding society. Future public health strategies should therefore aim for greater synergy between the university and the wider community to ensure that the benefits of best health practices extend to all Ghanaians.

⁴⁰ University of Ghana, *University Health Service COVID-19 Response Team*.