



COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA



INFOCUS

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Provost's Message

It is a pleasure to introduce the 3rd Edition of the INFOCUS, the official newsletter of the University of Ghana- College of Health Sciences. The INFOCUS is designed to offer an insight into the rapid developments within the College and to provide stakeholders and the general public with news and information on our past and future events.

As a health institution it is our mandate to draw public interest towards the operations of our organization to ultimately develop the need for appropriate attitudes for good and sustainable health. The College has over the years made it a priority to open our doors to the outside community while simultaneously establishing stronger relations with our constituent schools/institute and affiliate partners. In this regard, it is important to break the notion that all affairs of the College are technical in nature and may not be readily appreciated by those outside the scientific community. To this end our Newsletter caters for a wide range of readers and provides an opportunity to immerse oneself in the fast-growing trends in academia and be abreast with important national and global health issues.

Launched in 2017, the inaugural edition of the INFOCUS, took readers through the history of the College and introduced our five constituent Schools and research



*Rev. Professor Patrick F. Ayeh-Kumi,
Provost, CHS*

Institute. The second edition of the INFOCUS included an interview with Reverend Professor Seth Ayettey, Foundation Provost of the College of Health Sciences, who provided an insight into his early years as a student, tenure as Provost, and activities after retirement. Notably, there was also a feature on predatory journals and their impact on scholarship in the global south, alongside sights and scenes from the Breast Cancer Awareness celebrations.

This current issue of the INFOCUS provides a continuation of our interview series by bringing to our esteemed readers, a one-on-one interview with Professor Clifford Nii Boi Tagoe, 2nd Provost of the College of Health Sciences and past Vice Chancellor of the University of Ghana. Prof. Tagoe walks us through his illustrious career journey and provides interesting details on the high points and challenges during his

time as Provost and Vice Chancellor. This edition of the Newsletter also brings to our readers reports on some key events that have taken place at the College since the last issue of the Infocus: these include, a report on the ceremony to launch the College of Health Sciences 5-year Strategic Plan (2019-2024) and inauguration of the Health Sciences Investigations Journal. In keeping up with our resolve to provide access to the College to our external stakeholder communities, this College Journal would provide opportunities for research publications to scientists all over the globe and to staff, faculty and students of our Institution. I seize this opportunity to show our appreciation to the Vice Chancellor, University of Ghana and all other dignitaries who responded to our invitation to this special programme.

I also wish to express my heartfelt gratitude to Members of the Newsletter Editorial Team and to everyone who contributed in one way or another towards the development of this 3rd Volume of the INFOCUS. I am very grateful to the Journal Editorial and Strategic Plan Committees for their contributions to yet another successful year for the College. As always a special thanks goes to all our faithful readers and those being introduced to the INFOCUS for the first time, we are most grateful for your continuous support and patronage. I sincerely hope you enjoy reading this edition.

Interview With Prof. Clifford Nii Boi TAGOE

The InFocus Team visited Professor Clifford Nii Boi Tagoe (CNBT), a former Head of the Department of Anatomy, former Dean of the University of Ghana Medical School, Second Provost of the College of Health Sciences, Ag. Pro-Vice-Chancellor and Vice-Chancellor of the University of Ghana in his office at the Department of Anatomy, University of Ghana Medical School. The Team had a lengthy chat with him on a variety of issues. Here are excerpts of the interview, after initial pleasantries.

Interviewers: Dr. Antoinette Bediako-Bowan & Mr. Augustine Amissare

InFocus: Can you tell us about your career as an educator in the university? When did it begin?

CNBT: I will take a step back into the past before I became an educator. In secondary school, we begin to think about our future, and like many young people, if you did well as a Science student, you thought generally about professions like Engineering, Medicine, Pharmacy and so on. Very few thought of being a lecturer then.

After my A-levels, I entered the University of Ghana, Legon in 1971. We started MB II programme here at then University of Ghana Medical School (UGMS) in September 1972 after spending a year in Legon. We were thrown into a new curriculum so instead of doing the programme for six years, it was reduced by 6 months and we finished in December, 1976.

We did one-year housemanship

in those days; six months in one of the surgical areas -Surgery, with its subspecialties and Obstetrics and Gynecology, and the other 6 months in Paediatrics or Adult Medicine. I opted to do Surgery and Paediatrics. So, in February, 1977 one month after completion of medical school, I started housemanship. Both specialties interested me because I thought I was good in them, and the lecturers / supervisors were also good with



assigned around the country, immediately after housemanship, compared to current times where post housemanship doctors are not placed even 6 months on. I ended up at the Regional Hospital in Cape Coast. I did not find life in the Cape Coast too difficult because I had my secondary education at St. Augustine's College. There had been a structural problem at the hospital, so we did the day's clinical work at the polyclinic up the hill across town, and ward work and emergencies at the Central hospital. There, I also did quite a bit of paediatrics, because the hospital did not have a paediatrician. My colleague, Kwasi Hanson and myself were in charge of the children's ward and later also, the adult wards. For emergencies, we assisted the obstetricians and surgeons and that afforded us the opportunity to do some surgery and learn to repair herniae and carry out caesarian sections. This went on for a little over a year till 1979.

teaching even at that level. In surgery the late Mr. Ampomah was the consultant on my ward. There also was a chest surgeon, Dr. Bekoe, who was very academic so he asked questions and made the surgical rotation quite interesting. In paediatrics, I did my housemanship under Professor Francis Nkrumah and Dr. S.H. Annobil. They were quite

academic also, asking us to prepare for teaching on any disease we treated; for example, if you saw a patient with Burkitt's lymphoma, we will have to prepare and have a class on Burkitt's lymphoma, although you were not a student.

This took us to early 1978, when the time came for us to be

Towards the middle of 1979, there was an advertisement from the Department of Anatomy for young doctors to become Demonstrators of Anatomy. This was a position in the UGMS, with doctors seconded by the Ministry of Health. The idea of Anatomy Demonstrators was to get young doctors to help with practical teaching while a ording

them the opportunity to decide whether they wanted to go into surgery. A colleague, Dr. Nkrumah-Mills and I applied and were appointed as Demonstrators in August that year. The Basic Sciences of the University of Ghana Medical School at that time, had hosted the Primary Fellowship Examinations of the Royal College of Surgeons, and people came from all over anglophone Africa to take it. The West Africa Postgraduate Medical College programme had also been instituted around this time in 1979, but conducted its examinations in Ibadan, Nigeria. Young doctors who became anatomy demonstrators were well placed to write the primaries for both the Royal College of Surgeons and the West African College of Surgeons, and to start residency programmes in Surgery.

In December, 1979, Professor Badoe of blessed memory asked us the anatomy demonstrators, to prepare to write the Primary Fellowship Examinations of the West Africa Postgraduate Medical College, at what we felt was very short notice. We, Dr. Nkrumah-Mills, Prof Afua Hesse, Dr. Batuure, Dr. K.O. Darko and I, used between three to four months to prepare for the examinations. We needed to study Physiology and Pathology. With the help and guidance from senior colleagues such as Drs. Ankrah-Badu, Suatey Boye and Philip Odonkor, three out of the

four of us who wrote the West African College Examinations in April, 1980 were successful. In July of the same year, we were also persuaded to write the Royal College Examinations and four out of five of us passed that examination.

It was during that period that the subject of Anatomy fascinated me, coupled with the fact that Prof Ayettey, who had come back from his PhD studies in Anatomy, provided the right inspiration. I liked the ring of the title, "MBCChB, PhD". Also, Prof Fred Engmann, who was Head of Department of Anatomy then, had a discussion with me on staying in the Department and promised he would work on a scholarship for me to further my studies in Anatomy, if I made the decision. He had developed an academic linkage with University of Leicester and in September, 1980 I was awarded a

Government of Ghana scholarship and left Ghana for my PhD studies at the University of Leicester. I completed my studies in three years, stayed on briefly for 3 months to learn a few new technologies and came back home to join the Department of Anatomy as a Lecturer in February, 1984. My studies at the University of Leicester further consolidated the linkage between the Department of Anatomy and the University of Leicester, with Professor A.L Lawson and others also being products of such collaboration, which still exists between the two departments.

InFocus: How has your journey from then being?

CNBT: My return home was timely since the Department was short on staff. With Prof Engman as Dean of the Medical School, Prof Ayettey was the only sta



Prof. Tagoe (L)
Japanese Ambassador to Ghana (M)
Prof. A.G.B Amoah (R)



Prof. Tagoe (arrowed) in a group photograph with his mates at St. Augustine's College

teaching all gross Anatomy. Dr. Ward, who was a lecturer when I was a student, was leaving the department. My teaching load upon my return was very heavy. I took on a lot of teaching responsibility because Prof Ayettey was the Head of Anatomy Department and had administrative responsibilities. We tried to maintain some level of research, which was not easy. The Medical School and British Council worked together to provide the opportunity for us to go out and have research opportunities with other institutions. In 1985, Prof Ayettey had an opportunity under the American Education Commission for Foreign Medical Graduates (ECFMG), to go to Tulane University in New Orleans, USA for a one-year research fellowship and they have since developed a link with

the Department. In 1989, I also visited Tulane University. Prof Ayettey and I were able to continue our study of the cardiac ultrastructure and had a couple of publications using this opportunity. In 1990, I was promoted to Senior Lecturer, became Associate Professor in 1995, and a Professor in 2000. Along the way, I was groomed by Prof Ayettey and acted as Head of the Department any time he travelled out of the country, including his travel for 1 year to Tulane University and when he moved to become the Vice-Dean of the UGMS in 1997, I became Head of Department of Anatomy. The work at the Department was huge but we managed to make some considerable achievements. We worked with Noguchi Memorial institute for Medical Research, which then had an electron

microscope, to do some of our research work on the ultrastructure of various tissues. I remember collaborating with Dr. Nuamah of the Dental School, to do some work on the salivary gland.

In 1999, the University gave approval for the establishment of the College of Health Sciences and Rev. Prof. Ayettey was made the Acting Provost and later the first Provost of the College. The Vice Dean, Prof Paul Nyame acted as Dean until I was appointed Dean of UGMS on 1st November, 2000 and served in that position for a little over four years.

Rev. Prof Ayettey retired early as Provost of the College of Health Sciences, to pick up another appointment and his Deputy, Prof Naaeder, took temporary charge of the College until 1st

February, 2005 when I was appointed as Provost of the College. You may recall that in December, 2004, there was a major examination malpractice scandal at the University of Ghana. Initially, one thought the issues could be resolved quickly but the situation soon began to unravel, partly because, some of the top hierarchy of the university became implicated. The then Pro Vice-Chancellor, Prof. Ofori Sarpong was asked to step aside whilst investigations were carried out. The Vice-Chancellor called Prof. Anna Barnes, then Acting Provost of the College of Agriculture and I, and asked that one of us step up to act in his stead as Pro Vice-Chancellor. I offered myself and on the 4th of April 2005, started acting as Pro Vice-Chancellor. I therefore shuttled between Korle Bu and the Legon Campus combining the two positions, as Acting Pro Vice-Chancellor and Provost of the College of Health Sciences. I was also expected to teach during this period, since such positions do not absolve one from carrying out their teaching responsibilities. You were required to carry at least 50% of your normal teaching load. Along the way, the Vice-Chancellor, Professor Kwadwo Asenso-Okyere was also asked to step aside because his own son had been implicated in the examination malpractice that had occurred so he was not well positioned to supervise the disciplinary process. Therefore, on 8th June 2005, I moved up to

act as the Vice-Chancellor, and Prof Anna Barnes became Acting Pro Vice-Chancellor and Professor A.G.B. Amoah became Acting Provost of College of Health Sciences during this period. The examination malpractice disciplinary process dragged on into 2006.

As a result of what had happened, the University Council decided not to renew the Vice-Chancellor's appointment for the extra one year he could have stayed on and rather put out an advertisement for the position of a Vice-Chancellor. The Search Panel for the new Vice-Chancellor invited me, as well as others they thought were qualified for the job, to apply for the position. On 16th March, 2006, the University Council met (recusing myself from that meeting) and appointed me as the Vice-Chancellor of the University upon the recommendation of the Search Panel. I was inducted into Office as the Vice-Chancellor of the University of Ghana on 2nd October, 2006.

That has been my rise in the University of Ghana. I am not the only medical person who has risen to the highest position in a University in Ghana (in the UG, yes). Dr. Evans Anfom, then Senior Lecturer in Surgery here at UGMS, in 1967 was recruited as Vice-Chancellor of the then University of Science and Technology, now Kwame Nkrumah University of Science and Technology (KNUST).

InFocus: What were your high points in all these positions?

CNBT: I was impressed by the American system of medical education, where they trained professional scientist anatomists or scientist physiologists and so on for the basic sciences. I felt from then on that we needed a combination of both medical scientists and non-medical scientists in this department to work. The Department had in the past, been successful in running the intercalated BSc programme in Anatomy where second year MBChB students took a year off to do Anatomy, Physiology or Biochemistry abroad. After obtaining the MBChB, some actually went on to complete their PhD studies, but did not return to the country. So, it was important to start training people from within the country. We drew up a programme and had the University advertise these programmes for applicants, but the response was not good. I varied the strategy, by writing letters to the Zoology or Biological Science Departments of the University of Ghana, to Kwame Nkrumah University of Science and Technology and the Cape Coast University, asking the Heads to place the letters on their notice boards so that their students may read these published letters; and this worked. Through that, we got our first 5 students for MPhil in Anatomy. Four of them completed the MPhil programme here and three were

appointed lecturers after their training. Of the 3 that stayed in the department, 2 were sent to Leicester and 1 to Edinburgh for their PhD studies and are all doing very well in their careers. One of them is currently the Head of the Department of Anatomy. The Department has maintained its links with Leicester and Tulane Universities.

That was how the MPhil programme started and those who took over from us have sustained it. The Department now averages 5 new graduate students in the MPhil programme every year, some years a little less, some years, a little more. Gradually these graduates will spread around the country. This is one of my achievements as Head of Anatomy Department; setting up a mentorship structure.

I served as Editor of the West Africa Journal of Anatomy for seven years and also as the

President of the Anatomical Society of West Africa.

As Dean of the UGMS, your duty is to ensure teaching, learning and research go on as expected. You are also responsible for provision and maintenance of infrastructure, as well as the welfare of staff and students. On the academic front, we carried out a full curriculum review of UGMS. The Swedru Review allowed major changes to the semester course system. I am not sure of anymore changes to the curriculum since, but there has been the introduction of clinical skills laboratory and the recent modular system of teaching, which is being run.

I revived the Research Fund, which had been in existence since Prof. Easmon era, but had become dormant.

We relocated the Medical Illustration Unit which was housed in the current building for the Department of

Psychiatry, to the Charles Easmon Building, refurbished the building and brought the psychiatrists to this compound from the Accra Psychiatry Hospital.

We converted the old Microbiology Building, which held an old electron microscope, into a Virology Laboratory, by raising funds from the Cocoa Processing Company, which gave us 50 million old cedis then. We also got a cell counting machine from the Ghana Aids Prevention Programme for the Virology Laboratory. Whilst doing that, we established research links between the School and the Washington University in St Louis, Missouri, U.S.A.

The Pathology Museum also saw a major facelift. Within a couple of years as Dean, we acquired 100 new microscopes for the Histology Laboratory of the Department of Anatomy, which then, still had microscopes I used when I was a student in 1972.



We added the international Students Hostel (ISH) of the UGMS. The building called the College Hostel was the idea of Rev. Prof. A. S. Ayettey, and as Dean, I contributed the School's GETFund allocation of 2 billion cedis to start the project.

This Medical School has always had foreign students from the 1960s, from Southern Africa, especially Swaziland. In 1999, the Governments of Botswana and Namibia sent students for training for MBChB degree, starting in Legon. It was because of these students that the ISH was built and new microscopes were bought. Rev. Prof. A. S. Ayettey, as Dean, used their first fees to buy about 20+ microscopes. This thus struck me that if we had more fee-paying students, we could do a lot. So, we got the School Board's approval to drastically increase the size of the class and establish a fee-paying student population. We were thus able to open up the place for Nigerian students, not that that was the first time we had Nigerian students. We also created Ghanaian full fee-paying category which brought in a lot of students and now more than half of students are fee-paying students, I am told. We also received clinical students from the UDS.

During this period too, we made 13 associate professorial appointments and a few full professorial appointments.

Another important achievement has been getting the year-groups to sponsor projects in the Medical School as they celebrate 25 years of graduation.

As Provost, we worked to consolidate the idea of a College. Much of the time, Professor A. G. B. Amoah ran the College because I was made to act as Pro-Vice-Chancellor and later as Vice-Chancellor and was in Legon most of the time. I would not ascribe any major changes done during my time as Provost since I was in office for a short period of time, effectively I was Provost for 6 months of my four-year tenure and I appreciate Prof Amoah's work during that time.

INFOCUS: What were your high points as Vice-Chancellor?

CNBT: The Vice-Chancellor, as the Chief Executive Officer of the University, outlines a vision when you apply for the job, and my vision was to make the University a place of 'creativity and innovation'. To drive that kind of vision, you need to do so many things, including keeping the people happy. You should have access to the report I made to Council, so you can see what we did then.

The University's primary mandate is teaching, learning, research and community service. The University may have a strategy for carrying out community service, but it is

usually individuals who do the work. The Vice-Chancellor is not directly involved in developing Masters' programmes; it was the academic personnel in the departments who were in charge. A lot of departments expanded their programmes at both the graduate and undergraduate levels.

We established two new schools, School of Pharmacy and the School of Veterinary Science. We also established, with the Ghana Atomic Energy Commission (GAEC), the Graduate School of Nuclear and Allied Sciences, which is a postgraduate school. The Distant Learning Programme of the University, which had been on the drawing board for a decade, also became a reality. Under my watch, endowed Chairs like Kwame Nkrumah Chair in African Studies and the Bentsil-Enchil Chair in Obstetrics and Gynaecology were established while funds were also sought from Cocoa Board for a Chair in Agriculture and from National Telecommunication Authority for a Chair in Communications.

In 2008, we saw an opportunity when the Chinese Prime Minister visited Ghana and gave a 30-million US dollar grant for ICT infrastructure to the Ghana Government, along with money for the Bui Dam. I give credit to the then Director of Information and Communication Technology (ICT) of the

University, Mr. Emmanuel Owusu-Oware, who put together a proposal that won the University an 8.2-million-dollar grant for an ICT project, popularly called the 'Chinese Project', in the University. This grant, the 1st phase of the project, provided the Network Operating Centre in the University, Legon, and over 300 computers for the ICT Centre and a number of faculties, as well as the Graduate School. Video conferencing facilities were also provided for the Institute of Adult Education. We also negotiated for a second phase of the project in April 2010 for 37.5 million US dollars, which was used to extend ICT infrastructure to the University's centres in other regions - Tamale, Cape Coast, Takoradi, and also in Korle Bu.

The West Africa Center for Crop Improvement (WACCI) which is now World Bank Africa Centre of Excellence and the Centre for Migration Studies and the Institute for Environment and Sanitation Studies were also established.

In 2007, the Conference of Rectors, Vice-Chancellors and Principals of African universities had a meeting in Tripoli, Libya. At that time the University was part of a group being funded by a consortium of American foundations called the Partnership for Higher Education in Africa (PHEA). There were 10 foundations which together

spent over a 10-year period, in excess of 400 million dollars on universities in Africa. The Carnegie Corporation of New York was supporting the University of Ghana, Legon and University of Education, Winneba. Every now and then there was a meeting of leaders of these universities under the Universities Leaders Forum (ULF). In Tripoli, the theme for the next meeting of ULF was agreed on as "The Next Generation of Academics" and I hosted the ULF in Accra for about 80 Universities' leaders. After the meeting we approached the PHEA for support for the "The Next Generation of Academics" project. With the help of our Chancellor then, HE Mr. Kofi Annan, we got to send them our proposal on "The next generation of academics". After re-organizing, Carnegie came back to say they liked the idea of the next generation of academics and were prepared to fund it. They were also prepared to fund the library since Andrew Carnegie himself liked the teaching profession and libraries. They gave 2 million USD for the Balm Library and 1.8 million USD for the 'next generation of academics' project. The Research Commons in the library is a product of that funding.

We had promised to solve the accommodation problems for both students and staff. All the new halls, Alexander Adum Kwapong, Jean Nelson Aka,

Elizabeth Frances Sey and Hilla Limann were nearing completion by the end of my tenure as Vice-Chancellor. As far back as 1996, when Prof Addae-Mensah was Vice-Chancellor, we had agreed with SSNIT, and I served on the University's Development Committee at that time, to design hostels for the students. At the time I became Vice-Chancellor, 8 years later, SSNIT had added on only about 500 beds. The University had adopted the idea of bringing in private investors and as many as 25-30 companies had permission to come in but nothing was happening on that front. So, even though people did not like the idea of the University involving itself in accommodation, we decided to get involved and sought funding for the construction of four new hostels, each having a 1600-bed capacity. We also added 3 annexes, each with a capacity for 240 students, one for Akafo Hall and two for Mensah-Sabah Hall. The hostels were nearing completion before I left office in 2010. In effect, we doubled students' accommodation capacity from 8000 to 16,000 in the university.

At my induction as Vice-Chancellor, I also promised to add to the stock of staff accommodation. I purchased 26 units of accommodation belonging to the defunct Ghana Airways at Kisseman. The Boys' quarters attached to these units were redesigned for short stay

lecturers. When the Millennium Development Authority (MiDA) asked for land for a site office as they constructed the George Walker Bush Highway, they also requested for space from the University to build 10 accommodation units for their project engineers. We asked them to build these accommodation units within our staff premises using the specifications/designs of the University and signed an MOU with them that after the project had ended and their engineers left, these accommodation units will be given to the University as staff residence.

Academic buildings were also constructed, the Adzei-Bekoe Building (initially constructed as a central science laboratory), the Engineering Building and the International House to accommodate all international programmes in the University. A couple of academic structures which were well advanced but had stalled, such as the Law Faculty Building for instance were also completed. We sought for support from the late President J. E. A. Mills.

The sports stadium had been planned from the 1960s and construction started by Professor Kwadwo Asenso-Okyere. We added the football pitch and running tracks to the complex and completed the swimming pool which was then only a dug-out when I took over. A lot of materials we bought are

still in storage and currently contractors are back to work there. People disagreed with Professor Kwadwo Asenso-Okyere in constructing a sports complex, but I feel that when we want to be an international university, we must have sports facilities, so he was right. Upon completion, it will be a 10,000-seater sports complex.

A library block was also constructed at the Accra City Campus along with offices for faculty and lecture rooms.

We refurbished the teaching laboratories for Departments of Physics and Chemistry and provided them with IT for simulated experiments. We also constructed an additional Physics Laboratory, now named after Prof Baeta, and equipped it with computers for electronics. In the faculty of Agriculture, an automated screen house was built along with a manual greenhouse in the Botanical gardens and provided further

equipment for the Biotechnology Laboratory.

We carried out a number of things for municipal services - boreholes were attached to some halls, such as Volta and Commonwealth.

For me, the most important of all as Vice-Chancellor was the exercise of the "Visitation of the University", which idea came from the Registrar when I was acting as Vice Chancellor. The University was started in 1948 and in 1961 the University of Ghana Act was passed, after an international panel review. From 1961 to 2006, there had not been any other visitation. With Councils' approval, we empaneled a group of international people, led by Sir John Daniel, former Vice-Chancellor of Open University, UK and the Chief Executive Officer of the organisation called the Commonwealth of Learning, an organisation funded by the



Prof. Tagoe, Dean UGMS



Prof. Tagoe, Provost at meeting with Management

Commonwealth Secretariat and based in Vancouver, Canada. People from every continent were part of the panel - from India, USA, UK, Africa and Ghana. They spent 6 months studying the University and gave their recommendations, which we started implementing. This led to the review of the semester/course-credit system in Legon and first year, initially a non-scoring year became a scoring year.

Some of the recommendations fed into our new law, The University of Ghana Act, Act 806, 2010, which was passed before I left office.

We installed Kofi Annan as Chancellor of the university.

The Vice-Chancellorship position also comes along with some other responsibilities. I became a member of the Council of Association of

Commonwealth Universities and a member of the Administrative Board of the International Association of Universities and a

For me, the most important of all as Vice-Chancellor was the exercise of the "Visitation of the University", which idea came from the Registrar when I was acting as Vice Chancellor.

member of the International Panel that drew up ethical guidelines for universities. The University of Dar-es-Salaam in 2011 asked me to lead their Visitation Panel to their university and we made some recommendations for their school which they are implementing. It also put me at the level where I could become Chairman of the National Council for Tertiary Education which I did from August, 2012 to early 2017. I was awarded the

Officer of the Order of the Volta of the country by President J.A. Kufour in 2008.

INFOCUS: What were some of the challenges you faced?

CNBT: In an institution like this, the challenges are always how to fund your programmes, including research funding. You need to get your people to do research and publish to bring further visibility to your institution and also for their own advancement. The challenges are also that of looking after other staff and students. Finding money to refurbish where they sleep and have lectures was tough. There may be people who carry out these duties, but you are looked up to provide funds for these programmes. At the time I took office as Dean, UGMS had not received money for goods and services for the previous 6 months. I had to find money.

Subventions were insufficient. I recall at some point, we were able to pay only net salary. We would not have been able to pay gross salaries; tax and Credit Union deductions were done only on paper. The Credit Union personnel marched to my office to complain once because they were not getting their monies from the sta . I also recall being summoned to the Internal Revenue Service to show why I should not be prosecuted for not paying the staffs' tax deductions. We could find money to build, but salaries which was supposed to come from government were not forthcoming.

These challenges don't give you time to really dream properly for the institution. By and large, most things were positive.

As Dean, you also have the challenge of working with the hospital because the management of the hospital is separate. Fortunately, heads of departments did their bit to get things done.

As Vice-Chancellor, you have a larger community to be responsible for; 5,000 workers and our student numbers had reached 38,000 at the end of my tenure. Ensuring the academic year runs its course with no disruptions. Dealing with Government and keeping them at length. When we announced the 'in-out-out' accommodation regime, Government was

worried. The night before a major examination started, there was smearing of excreta at the examination hall by students. We did not let that disrupt our schedule. All the laborers were gathered together and were given soap, detergents and protective clothing; the places were cleaned up quickly so that examination could go on as planned. Having to deal with students' politics was also a challenge and sometimes we needed to ban student meetings to keep peace among the students.

Apart from finding money, how the monies are effectively used, getting value for money can be a challenge. In this sense, selecting the people you can trust to do the work was crucial. The Financial Administration Act and the Procurement Act had been introduced, so one had to keep your eyes open in terms of procurement. In early 2011, the University was awarded, by the Procurement Authority, as one of the institutions that had adhered to the procurement system since its inception.

INFOCUS: As an educator, what are some of the changes you see in University education now, whether positive or negative?

CNBT: Most of my years have been in medical education and there have been changes along the line. When this institution started, it was based purely on

the UK system, because the people in charge were trained in the UK. The changes that took place included production of what we called generalist doctors, hence the addition of the large department of community health. That was a good system. As you recall 2 years after completion of medical school, I could repair a hernia or do a caesarian section. So, if you posted me to a district hospital, without any senior there, I could do some of these procedures, especially the obstetrics part.

The duration was set so you have plenty of time to learn a lot from the medical school. Now, we have reduced the duration because of the new concept that knowledge is evolving all the time so there is no need to teach a lot. So now the period for medical education is shorter. In the past, if you were referred in a clinical subject, you stayed 6 months to do it, but this is not so anymore. You now use 6 weeks to 3 months to prepare for a re-sit. The content, especially at the basic science level, has been watered down and students have difficulties at the clinical level, I do not think that is the only reason though. Things that have been stressed at the basic sciences, they find difficult at the clinical level. I once went to look for Professor E. Q. Archampong on the Surgical Block, who was then doing ward rounds, and he complained about the students

struggling with the Anatomy of the inguinal region. Students now learn in silos and after passing an examination, do not come back to that subject anymore.

Technology has also taken over and instead of students developing clinical acumen, a high index of suspicion of medical conditions (some do), most others will do only the routine things and rely on technology for diagnosis.

Another change is the examination format we use, especially now that we adopted the modular system of teaching. This is a good system on paper, but in practical terms, there are difficulties in the delivery. For example, in teaching musculoskeletal system, we should strictly be considering the upper and lower limbs, but then we also have muscles in the abdomen, thorax, etc. and need to link it with physiology (which only teaches muscle contraction during the module). You therefore, take time away from teaching of anatomy of the musculoskeletal system. So, the curriculum has changed. The time has come to review or evaluate this system and this we must do with the clinical lecturers because they are the consumers of the basic sciences products.

In terms of University education, historically we set up the university to provide higher

education to people to man the public services and the civil service. When one finished university, one walked into a job then. The numbers of those who had higher education were small. Now, we are talking about massification of university education. We have gotten to a point where we have increased student numbers, without doing anything about the facilities or faculty, hence needing to bring in masters students to teach. Laboratory facilities deteriorated. Chemistry practicals are carried out with broken test tubes or not done at all. Classrooms are packed. The first time I saw such a packed lecture hall in Legon, I thought it was the TUC having a meeting on the Legon Campus until I saw the young lecturer in front of the hall teaching and students were sitting on windowsills. Between 2002 to 2004 UG student population almost doubled from 15,000 to about 28,000. There is a huge challenge that we face. Quality of university education has gone down. Graduates are not walking into jobs because of their large numbers. Industry is small, but without practicals, what we teach does not fit the market place. So, what do you end up with? Graduate unemployment. That brings us to the issue of the relevance of what we are teaching. What we think the university should do is look at the relevance of what they teach, bring in the market to join them in designing their programmes and also help with

the teaching. In doing that, we look at the relevance of what we are teaching and give the students an entrepreneurial spirit to use the knowledge and soft skills of critical thinking, ICT skills, communication skills and so on, to do things for themselves, rather than wait for employment from others.

INFOCUS: What are you up to now?

CNBT: I do academic activities in the Department of Anatomy, teaching at both the undergraduate and postgraduate levels and help supervise postgraduate research and also mentor the young faculty.

Outside of here, I am an older person in the family now, so I lead my larger family.

I served as the Chairman of the National Council for Tertiary Education (NCTE) from August 2012 - January 2017. For quite a few years, 2010 to late 2016, I was chairman of the Vodafone Ghana Foundation, set up by Vodafone to do social responsibilities on their part.

I also do quite a bit of higher education, delivering addresses or papers at higher education conferences and have authored some papers on higher education. In recent times I have been working with the Ministry of Education to draw up the Education Strategic Plan 2018-2030, for the country. This year, I

led a small team to put together a Tertiary Education Policy for the country, which is now going through stakeholder consultation phase. Recently I was made Chairman of the Board of the Ghana Education and Research Network (GARNET). Many countries have an equivalent of GARNET and there is a West and Central African group to which we belong. It does a number of things and recently negotiated a bandwidth for the universities and provides ICT infrastructure for tertiary institutions. Hopefully it will represent all tertiary institutions in the country soon.

INFOCUS: What is your message to the College faculty?

CNBT: The College of Health Sciences has come very far. It was started under very difficult circumstances. The thing to do is for the various Schools to continue to work together, where everybody plays their part.

The College should look at their finances again. They seem to have relinquished their financial independence to the main university. When the College was set up, it was not meant to be that way. All the units of the College had initially, been financially independent. If they can, they should be working backwards towards having financial independence.

Although the School of Biomedical and Allied Health

Sciences sounds good, my recommendation was for a separate Biomedical School that works with the Medical School as a Clinical School. I share the sentiments expressed that we should go back to that concept rather than what pertains now and my advice to the Provost is to look at that concept again.

We have always had the issue of moving to the main campus. It was going to be helped with the new project, which has stalled. We should keep the dream alive, bearing in mind that the structures here will remain ours and we will continue to train our students here, especially since the University Medical Centre is not ours.

The other thing is to expand our research base. We are doing well now, but we could do more. Through that we will attract highly qualified external personnel to join us as faculty.

The young ones coming out of school prefer to work with the Ghana Health Service and do part time with the University. The College



(L-R) Mr. Anthony Obeng Gyasi, H.E Kofi Annan, H.E President J. A. Kuffour, Prof. Tagoe

should work towards making conditions attractive to faculty and staff to encourage the young ones to join the faculty.

My final point is attracting young ones to the Basics Sciences. We can also start programmes such as an MBChB/PhD programme. This sort of programme is being run elsewhere so it will not be reinventing the wheel. Harvard Medical School started an MBChB/PhD programme as far back as 1974. We in this Department have taught people at Tulane in the 1980s and 1990s who were doing an MBChB/PhD. We do not



require to admit large numbers of such students. Tulane takes in 5 students for such a programme each year. It will prolong such students' medical education a little, but the beauty of finishing medical school with a PhD also, should be encouraging.

This will allow us to have top medical scientists in Physiology, Anatomy etc. Such students could also do PhDs in medical Physics or Biomedical Engineering and better serve the Ministry of Health on completion. I am currently working on such a proposal for the department. Every effort should be made to attract the

younger people to the Basic Sciences.

The younger they are, the better for the departments. They have longevity, and we can impart our experience to them before we fully retire.

INFOCUS: Thank you very much Prof. Tagoe for your time.

COLLEGE OF HEALTH SCIENCES LAUNCHES Strategic Plan (2019-2024) and Health Sciences Investigations Journal

The College of Health Sciences has launched a five-year Strategic Plan (2019-2024) and the Health Sciences Investigations (HSI) Journal at the R.S. Amegashie Auditorium, University of Ghana.

Welcoming the audience to the launch, the Provost of the College, Reverend Professor Patrick F. Ayeh-Kumi said the occasion was a very special one in the history of the College because two very important documents that would guide decisions and actions towards institutional excellence were about to be launched. He indicated that the Strategic Plan had been crafted to withstand the expected changes in the higher educational landscape, to cater for the existing demands within the national health services and to effectively respond to global research priorities.

The Provost further noted that the launching of the Health Sciences Investigations Journal was fulfilment of a pledge he made before his appointment as the fifth Provost of the College to have a Journal that would be rightfully recognised both locally and internationally, and also provide opportunities for faculty and students to publish their research to help shape policy in the health sector. He concluded by asking all stakeholders to rally behind the College to ensure a successful execution of the College Strategic Plan and also the regular publication of the Journal.

The Vice-Chancellor, Professor Ebenezer Oduro Owusu in his remarks prior to



Reverend Professor Patrick F. Ayeh-Kumi, Provost, CHS

launching the two documents was delighted at the steady progress the College had made over the years. "Indeed the College has lived up to its accolade as the premier College of the premier University" he said.

According to the Vice-Chancellor, the success of the College Strategic Plan (2019-2024) was crucial to the achievement of the University's nine strategic priority areas. He therefore urged all stakeholders to "give their very best towards the successful achievement of the nine priority areas in the University Plan."

The Vice-Chancellor further said having a journal for the College of Health Sciences was laudable, since it would provide an outlet for faculty and students to publish their research.

"My advice to the Editorial Team is that you should ensure high standards and fairness to all and sundry at all times." Faculty and students are also encouraged to always consider publishing in this Journal. It is the only way the journal can grow to gain the acceptability". The Vice Chancellor added.

The College Strategic Plan (2019- 2024) has nine priority areas, 51 objectives and 62 key performance indicators (KPIs). The management principles that would drive the change are value based management, total quality management and performance management. It is the third strategic plan to be launched since establishment of the in 1999.



Professor Ebenezer Oduro Owusu, Vice-Chancellor launching CHS Strategic Plan and the HSI Journal



A photograph of a section of the participants after the launching

COVID-19 Pandemic Preparedness: The UGMS Covid-19 Response Team

Background

Following the outbreak of the novel Coronavirus disease (COVID-19) in December 2019, there has been an unprecedented geographical expansion to more than 210 countries and territories. Ghana recorded its first two cases of COVID-19 in the Greater Accra Region on the 12th of March, 2020

The Government announced several measures as part of the national response to the pandemic. These included the ban on public gatherings for any purpose, including educational institutions. Gradually, restrictive measures are being relaxed across the country and final year students in Junior High Schools, Senior High Schools, Universities and other tertiary training institutions are being allowed to resume academic work.

The Dean of the University of Ghana Medical School, UGMS, constituted a COVID-19 Response Team to inform and update students/staff/faculty (of the UGMS and other sister schools in the College of Health Sciences) on preventive measures as the pandemic evolves. The Committee was mandated to continually update students, faculty and staff on prevention methods, develop relevant Standard Operating Procedures (SOP's) for responding to suspected COVID-19 cases especially among students and implement the SOP's to reduce spread and facilitate favourable outcomes. In addition, the team was to monitor and address any other issues around COVID-19 that is considered to be important, in consultation with management.

Selected Thematic Areas And SOPs Developed

1) Use of facemask

Medical masks are defined as surgical or procedure masks that are flat or pleated; they are affixed to the head with straps that go around the ears or head or both. Their performance characteristics are tested according to a set of standardized test methods (ASTM F2100, EN 14683, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance.

UNIVERSITY OF GHANA MEDICAL SCHOOL (UGMS) **FIGHT AGAINST COVID-19**

STANDARD OPERATING PROCEDURES (SOPS) ON MASK WEARING

HOW TO WEAR A MEDICAL MASK SAFELY who.int/epl-win

Do's →

- Wash your hands before touching the mask.
- Inspect the mask for tears or holes.
- Find the top side, where the filter piece or stiff edge is.
- Ensure the colored side faces outwards.
- Place the metal piece or stiff edge over your nose.
- Cover your mouth, nose, and chin.
- Adjust the mask to your face without touching gaps on the sides.
- Avoid touching the mask.
- Remove the mask from behind the ears or head.
- Keep the mask away from you and surfaces while removing it.
- Discard the mask immediately after use preferably into a closed bin.
- Wash your hands after discarding the mask.

Don'ts →

- Do not use a flipped or damp mask.
- Do not wear the mask only over mouth or nose.
- Do not wear a loose mask.
- Do not touch the front of the mask.
- Do not remove the mask to talk to someone or do other things that would require touching the mask.
- Do not leave your used mask within the reach of others.
- Do not re-use the mask.

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI-WIN World Health Organization

The wearing of facemask as a preventive measure in the fight against COVID-19 has become very necessary especially because we are now experiencing community transmission and even though most of the infected individuals are asymptomatic, they still have the capacity to transmit the virus, albeit with a reduced risk. What this means in practical terms is that we ought to treat everyone as a suspected case and thus protect ourselves whenever we are with others or in public spaces. Facemasks have been proven to significantly reduce the risk of transmission of COVID-19 especially when both the susceptible host and the source individual are masked. This is the basis for the directive for ALL to wear facemask when in public or interacting with others. Based on this, a strict policy of 'No mask, no entry' is to be enforced. Cloth masks could be worn in areas outside the clinics and within the hospital environs. Only surgical masks should be worn in all clinical areas. An SOP on the proper and effective use of facemask and how to wear a medical mask safely, was developed and disseminated.

Key Notes on Facemasks:

1. Do not touch or adjust (especially in public)
2. Do not borrow or lend
3. Make sure it fits tight but comfortable
4. Make sure it's clean (daily or as needed)
5. Wear the right side out.
6. If there is hole in it throw it away.
7. If it's stained, throw it away.
8. If it's damp, change it.

- Mask should not be pulled up over the forehead at any point in time
- Mask should not be pulled down to the chin at any point in time

2) Living Areas: Students Hostel

All national and University protocols regarding COVID-19 are to be strictly adhered to by all students resident in the hostels.

General Measures

- Clean/sanitize your door handles as often as possible
- Avoid/limit visits to friends' rooms and visits from friends
- Sanitize your key before you drop it at the Porters Lodge and after you pick it up
- Practice hygienic use of washroom facilities (keeping the rooms clean for others to use)
- Students with medical conditions e.g. asthma, hypertension, diabetes, sickle cell disease or any other chronic conditions MUST call the School Clinic health emergency line (0205520288) upon arrival
- Students are entreated to have in their possession their University of Ghana Identification Cards at all times.

Specific Measures

Wearing of Mask

- Students are strictly to be in a mask before entering the hostel (No mask, no entry)
- Students are to wear masks during group discussions and all group activities within the hostel

Washing of Hands

Students are to wash their hands as often as possible:

- At the designated areas before entering the hostel

3) EFFECTIVE HAND WASHING

Proper hand washing is the single most effective way to interrupt the transmission of infections including COVID-19 and an SOP was developed for effective hand washing and key times to wash hands.

Step 1 - Wet your hands and apply enough soap (coin size)



Step 2 - Rub your palms together



Step 3 - Rub the back of each hand



Step 4 - Rub both your hands while interlocking your fingers



Step 5 - Rub the back of your fingers



Step 6 - Rub the tips of your fingers



Step 7 - Rub your thumbs and the ends of your wrists



Step 8 - Rinse both hands properly with water



And finally dry with a clean towel/disposable tissue paper.



Key times to wash your hands

- Before, during, and after preparing food
- Before eating food
- Before and after caring for a patient
- Before and after treating a cut or wound
- After using the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

Note: Proper handwashing is the single most effective way to interrupt the transmission of infections including COVID-19.

- Before and after group discussions
- After receiving parcels/deliveries
- After using the washrooms

Social Distancing/Gathering

- Social distancing of at least 2 meters to be observed
- No social gatherings of any kind (religious meetings/group sporting activities/parties /drink up etc.)
- Group discussions are not to be organized in the rooms
- Use more open areas for group discussions as practical as possible and adopt use of technology (e.g. zoom, Google meet, Microsoft team etc. for group discussions)
- Maximum of 10 students allowed in the Reading/Television Rooms at a time. All windows/doors should be opened for proper ventilation.
- All students should be in masks in the Reading and TV Rooms

Health Emergencies/ Suspected Cases

- Hostel residents who feel unwell at any time (daytime or after working hours/weekends) should call the Medical School Clinic health emergency line **(0205520288)**
- Please call the helpline only when absolutely necessary (no prank calls please)
- A student who is waiting for medical response should inform the Porters on duty so that he can be housed in a designated room(s)

Visiting/Deliveries

- No visitors/delivery persons are allowed into the students rooms
- All visitors should be received under the summer hut. A Visitor's Book will be made available for visitors to sign in.
- All deliveries should be collected at the car park

4) Students Feeling Unwell

In addition to observing all national protocols, the

following specific measures are to be strictly adhered to:

- Any student feeling unwell should call the Medical School Clinic health emergency line **(0205520288)**
- Students who are seriously ill and experiencing **respiratory symptoms (fever, cough, difficulty breathing, loss of taste and smell)** should also contact the Clinic health emergency line **0205520288**.
- Any student reporting to the Clinic must be in a facemask.
- Students must at all-times thoroughly wash their hands with soap and dry with tissue paper at the entrance of the Clinic.
- Students must properly sanitize their hands before entering any unit of the Clinic (**triage, consulting room, laboratory, pharmacy**).
- All students reporting to the Clinic will be screened for COVID-19 symptoms.
- Students experiencing respiratory symptoms on arrival at Clinic, must notify the nurse at the triage for proper screening, exemption from the normal queue and prompt management.
- All suspected COVID-19 cases that report to the clinic in cloth facemask (after thorough review) would be provided with surgical face mask /N95, as deemed appropriate.
- Suspected Covid-19 cases will be seen at the respiratory area.
- Emergency/ urgent cases that need further management would be referred and transported to Korle-Bu Teaching Hospital (KBTH) / Legon Hospital.
- Non-emergency cases that need specialist services/ services beyond the capacity of the clinic will be referred to KBTH/ Legon Hospital.
- All students are required to have valid NHIS Cards

5) Supporting your mental health during COVID

It is normal to be experiencing increased stress and anxiety as a result of the pandemic. It is important to be gentle with yourself and others, and to take steps

to support your mental well-being during this time. Psychological support is available for both students and staff: You may contact:

1. The Department of Psychiatry and be connected to a psychologist (0302665102) or access online sessions with a psychologist (0200009989, 0200009999, 0200009997)

2. The School Counselor 0555662014

6) Conclusion

These guidelines are to be reviewed regularly as the pandemic evolves. The University of Ghana Medical School and Sister schools of the College of Health

Sciences demand accountability and responsibility from all students, staff and faculty to protect each other and the entire community.

7) Members of the Committee

- Prof. Alfred Edwin Yawson - Chairman
- Prof. Kwamena Sagoe - Member
- Dr. Benedict Calys-Tagoe - Member
- Dr. Patrick Adjei - Member
- Dr. Dzifa Atta - Member
- Dr. Albert Agbi - Member
- Mrs. Irene Darkwa - Member
- Ms. Faustina Yirenkyi -
- Member/Secretary



Brief Report on the Pro Vice-Chancellor's Visit to Korle-Bu Campus

Story by Augustine Amissare

The Pro Vice-Chancellor (Academic and Student Affairs), Professor Nana Aba Appiah Amfo visited the Korle-Bu Campus of the University to interact with Management of the College of Health Sciences. The visit afforded her the opportunity to assess the state of academic and residential facilities for students of the College.

Welcoming the Pro Vice-Chancellor (ASA) and her

entourage, the Provost of the College, Reverend Professor Patrick F. Ayeh-Kumi mentioned that the College was happy to receive the Pro Vice-Chancellor and her team on the Korle-Bu Campus of the University. He stated that the College was different from the Colleges on the Legon Campus in several respects. Notable among these differences, according to the Provost, was the fact that the College's academic calendar was different from the other

Colleges for instance in the sense that the College runs a 20-week academic calendar for a semester compared with 16 weeks per semester respectively, for the others.

The Deans of the constituent institutions of the College were present to meet the Pro Vice-Chancellor (ASA). They outlined the challenges they face in the running of their schools. These include, inadequate funding, funding, lecture theatres, laboratories, hostel facilities, and ageing faculty, among others. Notably, the University of Ghana Medical School (UGMS) and the University of Ghana Dental School (UGDS) raised the issue of salary differential between faculty of the University and their counterparts in the Ghana Health Service, an issue that has made it difficult to attract prospective faculty. The Deans also appealed for a release the portion of student fees for them to be able to run their academic programmes. It was also hinted that beginning the 2020/2021 academic year, all academic programmes of the College are likely to be full fee paying.

The Pro Vice-Chancellor stated that she visited the Korle-Bu Campus to see for herself the



*Professor Nana Aba Appiah Amfo,
Pro Vice-Chancellor (ASA)*

state of academic and residential facilities to be able to understand more of what happens on the Korle-Bu Campus. She promised that the University will take steps to work on the problems enumerated. She praised the Provost, Deans, and the Administrative/Professional Staff for all the good work they have been doing even in the face of all the challenges mentioned

The Pro Vice-Chancellor later toured some academic and residential facilities on the Campus. She was accompanied by the Ag. Director of Academic Affairs, Mrs. Christy Badu, Mrs. Lydia Anowa-Danquah of the Teaching and Examination, Academic Affairs Directorate, and Mrs. Arhizah Abiti, Assistant Registrar at the Office of the Pro Vice-Chancellor (ASA).



Pro Vice-Chancellor(right) at the Skills Centre of the Medical School



Pro Vice-Chancellor at the Lecture Room with Students



A group photograph after meeting with the Pro Vice-Chancellor

Report on Bsc. Respiratory Students' visit to the USA

Story by
Augustine Amissare

First Batch

Nine students and a faculty of the BSc. Respiratory Therapy Programme in the School of Biomedical and Allied Health Sciences, College of Health Sciences went for a month's exchange programme at the University of Kansas Medical Centre in the United States of America.

Speaking prior to their departure the Course Representative Ms. Dorothy Honny thanked the Department, Management of the School, the College Administration and Ecobank Ghana for their support in making their journey a reality. She pledged on behalf of her colleagues their preparedness to study to improve the skills they have acquired so far in their studies.

The Programme Coordinator, Dr. Esther Brobby reminded the students that they were not embarking on a holiday or sight-seeing trip, rather it was part of their clinical training so they should take full advantage of the opportunity. She urged them to be good ambassadors of the Department, School, College, and the University.



The BSc. Respiratory Therapy is a newly introduced four-year Bachelor of Science degree programme at the school of Biomedical and Allied Health Sciences. The programme aims to produce professionals of the highest standards to manage and care for patients with cardiopulmonary (heart and lung) diseases and their associated complications. It is the first of its kind in Ghana and West Africa.

Second Batch

A second batch of Level 400 students from the BSc Respiratory Therapy Programme at the School of Biomedical and Allied Health Sciences also went for a month's clinical observation at the University of Kansas Medical

Center (KUMC) in the USA.

Speaking prior to the departure of the students, the course representative, Mr. Gideon Agyen expressed appreciation on behalf of his colleagues to the Department, School Management, College Administration and especially

the Ghana Scholarships Secretariat for their support towards their travel. He assured of their preparedness to improve their skills and competencies through the exchange programme in order to be able to help effectively the patients that may need the services of respiratory therapists in future.



The students with two faculty members at the KIA before departure

Dr. Esther Brobbey, the Head of the Department urged the students to make the best out of the opportunity afforded them to experience the profession elsewhere. She asked them to be

good ambassadors of the University. Dr. Brobbey added that the BSc Respiratory Therapy programme was a four-year professional programme with a curriculum based on

competencies relevant to respiratory care. It was therefore crucial for the students to get "hands on" experience in the clinical aspects of the profession.



The students with their hosts in the USA

The College of Health Sciences Second Inter-Collegiate Lecture Series: A Brief Report

Root Causes of Delays in Breast Cancer Treatment in a Teaching Hospital in Ghana

Story by Augustine Amissare

In her welcome address, the Dean of the School of Medicine and Dentistry, Professor Margaret Larrey stated that characteristic of universities, scholarly lectures were one of the ways that universities showcase their research and also excite the public about their research endeavours. She added that such lectures were also a means through which the University interacts with its immediate society and informs the general public about research activities undertaken by the University, and to bring the it closer to the society it serves.

Professor Larrey recounted that the Inter-College Lectures replaced the Inter-Faculty Lectures when the University of Ghana adopted the collegiate system of governance in 2014. She indicated that the rationale for the University of Ghana Inter-College Lecture was to create a platform for faculty members to discuss their research findings with the University community and the general public. This according to her was to give academic staff a public forum to share their ideas, unlike inaugural lectures which were only meant for Professors only.



Dr. Florence Dedey, a Senior Lecturer at the Department of Surgery has delivered the second Inter-College Lecture Series organised by the College of Health Sciences. She spoke on the topic; **“Identifying the Root Causes of Delays in Breast Cancer Treatment in a Teaching Hospital in Ghana”**.

She added that the lectures were also meant to create a forum for the discussion of presentations on findings of on-going research. The discussion will allow audience to ask questions and make contributions to improve the project design, she indicated.

The Provost of the College, Reverend Professor Patrick F. Ayeh-Kumi warmly welcomed the audience to the evening's Lecture and urged them to listen attentively to the

presentation by Dr. Dedey. He hoped that the presentation would help generate the needed discussions that will assist policy makers in taking decisions that will inure to the benefit of the citizenry. He also encouraged the audience to ask questions or make contributions to assist in the identifying the root causes of delays in the treatment of breast cancer in a teaching hospital in Ghana.

Dr. Dedey discussed the causes of delay in treating patients with breast cancer in the Korle Bu Teaching Hospital (KBTH), and some measures that have been taken to minimise the delays. She described breast cancer as the commonest female cancer in the world with increasing incidence in low and middle income countries. In Ghana, relatively younger women are affected with the peak age between 40 – 49 years. Early detection and effective treatment of breast cancer results in good outcomes but majority of patients seen in KBTH present with advanced disease. Furthermore, there are also delays in starting treatment after presentation to hospital. These delays in presentation and treatment are associated with several factors including patient, health worker and health system factors.

Dr. Dedey indicated that a hospital-based retrospective study of 205 breast cancer patients starting definitive treatment at Korle Bu Teaching Hospital between May and December 2013 was conducted to evaluate the duration and factors that influence waiting time from first presentation to start of definitive treatment of breast cancer. The patient, health system, and health worker factors associated with median waiting time were examined. A follow up qualitative study involving four focus group discussions (FGDs) with 20 breast cancer patients were conducted and the transcripts were analysed thematically.

Dr. Dedey stated that results show the mean age of the patients was 51.1 ± 11.8 years and median waiting time to start

of treatment was 5 weeks. The determinants of waiting time were level of education, age, income, marital status, ethnicity, disease stage, health insurance status, study sites, time interval between when biopsy was requested and when results were received and receipt of adequate information from health workers. The qualitative study provided insights on the multi-level causes of delay in treatment. Patient factors included misinterpretation of symptoms, fear, financial constraints, seeking alternative treatment, and spiritual causal theories of breast cancer. The health care providers' factors were poor attitudes of health workers and perceived corruption in health service provision. The health systems' factors were delays in providing pathology results, regular breakdown of machines,



Professor Margaret Lartey
Dean of School of Medicine and Dentistry

and the fragmentation of cancer treatment procedures.

Dr. Dedey showed that her findings indicate that reducing delays in breast cancer treatment will require multi-level interventions including: health systems strengthening with particular focus on improving health professionals' attitudes and diagnostic and treatment timelines, shortening time to obtain biopsy reports, psychosocial counseling, education of patients and providers on timely treatment to improve prognosis and public education on breast cancer.

She continued that as a follow up to the findings of the studies a multipronged approach to public education has been adopted by the Breast Unit of KBTH. In 2016, the 'Changing Young Minds' project was started with its main objective being to educate young girls in the secondary schools about breast cancer. Taking advantage of October being breast cancer awareness month, a massive campaign was launched in Accra and its' environs in October 2017 and 2018 and more than 5000 women were taught breast self-examination and clinically examined each year. Public education on breast cancer was also carried out using various media platforms.

The lecture which was held at the R.S. Amegashie Auditorium of the University of Ghana Business School was attended by faculty and staff mostly from the College of Health Sciences.



A section of the audience



Reverend Professor Patrick F. Ayeh-Kumi
Provost of College of Health Sciences

“Dean of Deans” Professor Simon Nemutandani pays courtesy call on the Provost of College of Health Sciences

Story by Augustine Amissare

Professor Simon Nemutandani, the Chairperson of the Association of Deans of Dental Schools in Southern Africa, CEO of Wits Oral Health Centre and Head of the School of Oral Health Sciences, South Africa has paid a courtesy call on the Provost of the College of Health Sciences, Reverend Professor Patrick F. Ayeh-Kumi to discuss issues concerning the University of Ghana Dental School,

The Provost, in his welcome remarks expressed gratitude to Professor Nemutandani for his visit to the University of Ghana Dental School and the College of Health Sciences. The Provost enumerated some of the challenges the University of Ghana Dental School was facing and his willingness to collaborate to move the College and the Dental School forward.

He was appreciative of Professor Nemutandani's effort to assist the College to seek funds to complete of the University of Ghana Dental School Building and other necessary equipment to improve effectiveness.

The Provost indicated that the Dental School lacked facilities, hence the need for support from all well-wishers. He indicated the College's readiness to make the

School more resourceful in order to be able to meet its mandate.

Professor Simon Nemutandani thanked the Provost for his warm reception. He mentioned that there had been discussions since his arrival in Ghana on the progress of the University of Ghana Dental School. He indicated that Henry Schein, a manufacturer of dental materials was willing to assist Universities to make them more resourceful.

He invited the Ag. Dean of the Dental School, Professor Ebenezer Anno-Nyako to a conference in South Africa which is expected to be an avenue to interact with prominent agencies to share ideas and seek support.

On issues of oral health, Professor Nemutandani indicated that issues of oral health needed to be addressed and taken seriously in our part of the world, stating that he was looking forward to building a strong relationship with the faculty of the College.

Present at the meeting were the Coordinator, Vice Chancellor's Strategic Teams, Professor Andrew Anthony Adjei, the Ag. Dean of the University of Ghana Dental School, Professor Ebenezer Anno-Nyako, the College Secretary, Mr. Michael Opare Atuah and the Ag. School Administrator, Mrs. Selie Ama Baiden.



From left: Mr. Atuah, Professor Adjei, Reverend Professor Ayeh-Kumi, Professor Numantandi, Mrs. Baiden and Professor Anno-Nyako

Health Professions Education Seminar



Dr. Jonathan Quartey, Head of the Health Professions Education Unit,



Dr. Patrice Matchaba

The Health Professions Education Unit of the College of Health Sciences in collaboration with the Department of Marketing and Entrepreneurship, University of Ghana Business School has organised the 1st Health Professions Seminar Series on the topic *"Sickle Cell Management and Africa's Developmental Agenda"*. The Seminar was held in the New Examinations Hall of the Charles Easmon Building, College of Health Sciences, Korle Bu. The lead Speaker at the Seminar was Dr. Patrice Matchaba, Group

Head, Global Health and Corporate Responsibility for Novartis, Switzerland.

The Head of the Health Professions Education Unit, Dr. Jonathan Quartey in his welcome address stated that "health is wealth, hence any discussion about health must be a useful discussion". He further indicated that the Health Professions Education was very essential for the development of the global workforce. He mentioned that the mandate of the Health

Professions Education Unit in the College of Health Sciences is to work on broader functions of all health professions unlike the erstwhile Medical Education Unit. He acknowledged the good work done by the erstwhile Medical Education Unit which was led by Professor Kobina Nkyerkyer.

Dr. Quartey said the Unit has a representative from all the constituent institutions of the College. He indicated that with the support from the Deans/Director and the Heads

of Department of the College, the Unit intends to gradually and systematically strengthen the education of health professionals through designing and administering academic programmes, promoting education, research and innovation that include student support, student assessment, programme evaluation, faculty development as well as policy and curriculum development.

The Chairman for the Seminar and Provost of the College of Health Sciences, Rev. Prof. Patrick F. Ayeh-Kumi was happy at the attendance. He indicated the University's preparedness to partner industry to undertake cutting-edge research that will help better the lives of people. He was delighted that Novartis was also ready to partner the College in several ways that would be mutually beneficial to all. He urged faculty to position themselves to take advantage of the opportunity Novartis wants to offer the College and make the best out of it.

Dr. Matchaba explained why the seminar was important to Novartis. He stated that Novartis was one of the largest Pharmaceutical organisations by both market capitalization and sales. He indicated that the company's purpose was to discover new medicines and make them available at the right price and make innovation affordable and accessible.

He indicated that Novartis was in the lead of manufacturing drugs for malaria, leprosy, sickle cell disease (SCD). He stated that approximately, 80% of individuals with SCD globally are born in sub-Saharan Africa, and more than half of affected individuals die before the age of five due to preventable complications. In Ghana, it is estimated that 15,000 babies are born with sickle cell disease every year. He added that the first gene therapy for sickle cell disease was done in Africa.

He was full of praise for the government of Ghana led by the

President His Excellency Nana Addo Dankwa Akuffo-Addo, the Vice-President, Alhaji Dr. Mahmood Bawumia, the Minister of Health, Hon. Kwaku Agyemang-Manu for their support and commitment to the fight against sickle cell disease.

Among the audience were Professor Kwaku Ohene-Frempong, President of the Sickle Cell Foundation of Ghana and Programme Coordinator at the National Newborn Screening Programme for Sickle Cell Disease, Professor Solomon Fiifi Ofori-Acquah, Dean of the School of Biomedical and Allied Health Sciences (SBAHS), College of Health Sciences, Professor Robert Hinson, Head of the Department of Marketing and Entrepreneurship, University of Ghana Business School and a number of representatives from Novartis, the global healthcare company based in Switzerland.



A group photograph of College officials and Novartis Representatives

Faculty of College of Health Sciences ready to Assist UGMC

Faculty of the College of Health Sciences met with the Interim Management Committee (IMC) of the University of Ghana Medical Centre (UGMC) to discuss how they could work together help run the Centre effectively and efficiently.

Speaking at the meeting, the Ag Chief Executive Officer of the UGMC, Dr. Darius Osei underscored the importance of setting up the right board to manage the facility to ensure that the Centre works effectively.

Dr. Osei emphasised that the Centre was established to offer training, research and service so the faculty of the College have a crucial role to play for the Centre to achieve these objectives. He assured that the members of the

IMC were poised to achieve those objectives with the support of the faculty of the College.

The Provost of the College of Health Sciences, Reverend Professor Patrick F. Ayeh-Kumi was delighted and urged faculty to get involved in solving all outstanding issues to get the UGMC started as soon as possible. He pleaded with the Deans and Director of the College to encourage the entire faculty who are qualified and are desirous of working at the Centre to quickly indicate their interest without any further delay so that the facility could function as expected.

According to the Provost, the Interim Board Chair, Dr. Asamoah Baah, the Ag. Chief

Executive Officer, Dr. Darius Osei and himself had made it clear to government that without the active involvement of the faculty of the College, the UGMC will not be able to run as expected. He assured that all the concerns raised in relation to the successful running of the medical facility would be addressed as soon as possible.

The University of Ghana Medical Centre is a 650 bed capacity state of the art medical facility built to provide medical care to the people of Ghana and beyond. The ultra-modern hospital was begun under the administration of the late President John Evans Atta-Mills. Some of the specialised services to be delivered by the medical centre are Gastroenterology, Trauma and Orthopedics, Urology, Ear-Nose-Throat, Cardiology, Dermatology, Neurology and Radiology and Accident and Emergency services.



Dr. Darius Osei, Ag. Chief Executive Officer, UGMC



Dr. Asamoah Baah, Interim Board Chair, UGMC



Rev. Professor Patrick F. Ayeh-Kumi, Provost, CHS

College of Health Sciences Raises Funds for Development Projects

...event yielded a total of Gh¢ 1.720m



The College of Health Sciences organised a fundraising event at the Kempinski Hotel to raise funds to undertake development projects in the College.

Welcoming invited guests to the event, the Chairperson of the College Fundraising Committee, Professor Angela Ofori-Atta noted that it was time the College diversified its sources of raising funds to complement the existing ones. She added that the aim for organising the cocktail event was to raise funds to refurbish the College Library at the Korle-Bu Campus to befit the College's status. She

encouraged all the invited guests to donate generously for a good cause.

Mrs. Adanu, the College Librarian mentioned that the estimated cost of the works to be undertaken in the Library is GH¢1.7m (One million and seven hundred thousand Ghana cedis). She called for the support and co-operation of all stakeholders to make the dream a reality.

The Provost of the College, Rev. Prof. Patrick F. Ayeh-Kumi was grateful to the invited guests who responded positively to the College's invitation. He

indicated that the College Library does not serve only staff and students of the College but also other health training institutions on the Korle-Bu Teaching Hospital compound. He added that the library was the only library on the Korle-Bu Teaching compound so some practising health professionals make use of the facility.

The Provost assured the invited guests that every amount of money they would donate would be used for the purpose for which it would be donated.

The fundraising event yielded a total of Gh¢ 1.720m.

Photo Gallery Of The Fund-raising Event



College Of Health Sciences Organises In-Service Training For Security Personnel

The Human Resource and Organisational Development (HROD) Unit of the College of Health Sciences has organised a four-day in-service training for security personnel of the College on the Korle Bu Campus.

Speaking at the opening ceremony of the training, the Assistant Registrar in charge of Education and Training Ms. Evelyn Esinam Avoxe noted that the Korle Bu Campus faces peculiar security challenges due to its location within the Korle Bu Teaching Hospital premises. She added that no major in-service training had been conducted for the security staff in the last ten

years. That according to her had brought about the situation where some security staff are not even aware of the task, duties and conduct required of them. The training according to her, sought to address those performance gaps in the security staff.

Opening the training, the College Secretary, Mr. Michael Opare-Atuah, was grateful to the HROD Unit for organising the training for the personnel. He added that the security of staff, students and clients was of prime concern to Management and that required security personnel who are imbued with

contemporary security knowledge and skills to provide adequate security for life and property.

He added that the training was part of measures to deal with emerging security issues in the College to ensure that staff and students operate in a safe and peaceful environment. He urged the personnel to endeavour to put the knowledge and skills they would learn from the training into practice to justify the investment made by the College in the training.

The security personnel were taken through both theoretical and practical lessons on the



A section of security personnel at a routine in-service training session