Scotland Malawi Partnership: Zoom meeting no.7  
Wednesday 29th July, 1.30-3pm UK time / 2.30-4pm Malawi time

SUMMARY OF MEETING

Over 60 organisations and key individuals across Scotland and Malawi joined this, the seventh in our series of Zoom meetings looking at the impact and response to the Covid-19 crisis. For full details about all the SMP’s Covid-19 work, visit: www.scotland-malawipartnership.org/covid-19/

You can watch a full recording of this meeting here. There are timestamps to help you quickly find the area you are interested in, just click ‘Show More’ in the description and then click the agenda item of interest. You can also click each heading in this summary to navigate to the relevant section of the recording.

The meeting provided a space to:

- listen to our members in Scotland and partners in Malawi,
- give a clear sense of the impact of the virus in Malawi,
- share information and updates about who is doing what,
- support shared learning and future collaborative working,
- support, promote and connect the various fund-raising appeals,
- share information about what the SMP is doing so far and explore what more we can do.

The agenda was designed around requests and submissions made by members when signing-up for the meeting. The meeting was chaired by Stuart Brown, Deputy CEO of the SMP, and was split into five main sections:

Management & Treatment of Patients with COVID-19 in Malawi, Dr Jane Mallewa, College of Medicine

- Dr Mallewa, Associate Professor and Head of Medicine at the College of Medicine, shared her experiences working with Queen Elizabeth Central Hospital, which is the teaching hospital for the College. She shared that, at the beginning of the pandemic, many nurses would react with fear if a Covid-19 patient arrived at the hospital, likely resulting in deaths that could have been avoided. Extensive training has since helped to alleviate these fears. It was initially decided that district medical teams would be responsible for handling Covid-19 cases, which initially caused concern due to the junior status of many of the staff. In the last month, a specialised Covid-19 ward has been opened at Queen Elizabeth and a second ward is in the process of being opened. As of the 28th July, there were just over 3,700 confirmed cases, with 103 deaths and more than 200 new cases being confirmed per day. The recent election has likely resulted in an increase in numbers, although numbers are likely being underreported due to insufficient testing kits. There is also a major shortage of nurses, making it difficult to handle the increased number of patients. A negative psychological impact is becoming evident amongst medical personnel due to their close proximity to death and stressful conditions. To help alleviate some of the pressure, the College is also working to open a third unit on their campus.
- Dr Mallewa’s presentation was followed by a Q&A session and discussion:
o Has there been any help from the Ministry of Health or Presidential Taskforce in terms of resources needed?
The Taskforce is the apex of the coordination process and a lot of PPE has been provided by the Ministry. However, many other organisations and groups have also provided assistance, such as the Research Affiliates at the College of Medicine, particularly the Liverpool Wellcome Trust, who were responsible for bringing in an oxygen plant and, along with charities such as the Chirwa Trust, supplying scrubs.

o Can oxygen facilities in Blantyre be used to supply oxygen to Lilongwe?
Lilongwe Central Hospital is generally better equipped than Queen Elizabeth General Hospital, so this may not be necessary.

o Has there been support for the limited resources, including human resource?
The College of Medicine has temporarily employed some nurses in order to support the third unit set up at the College. However, there are still many nurses out there who have not been employed, and more resource is needed in order to utilise them.

o Are there plans to resupply testing kits, and is there any information on testing in the North?
There are very few testing kits left and these are unlikely to be resupplied soon. However, testing capacity, including in the North, has improved.

o What is being done to educate the Malawian people on Covid-19, as ambulances and medical personnel wearing PPE have been chased away or attacked?
Messaging on radio and other platforms is helping to educate people, and medical teams have changed how they approach certain procedures, such as testing or burials, in order to be more sensitive to community needs.

o Can retired nurses be reactivated to provide support?
Older people are being discouraged from being on the frontline, due to the increased risks they face from Covid-19.

o Can the Government do more to help in villages, as the people there often do not have the same access to information as those in the cities?
There are limits to Government capacity, and institutions already working at the village level are essential to distributing Covid-19 information.

o What are the plans for testing in villages?
Testing kits are being rationed, so only those with obvious symptoms will be tested. However, these directives are subject to change.

o What do you anticipate in terms of Covid-19 cases going forward?
The situation is going to escalate significantly and continue for at least a year, with a considerable increase in cases over the last few weeks.

**Innovative developments, Professor Wilson Mandala, Malawi University of Science and Technology**

- Prof Mandala, Dean of MUST, built on Dr Mallewa’s point that the situation was likely to worsen. Lack of social distancing and other preventative measures during the election has likely caused an increase in cases. Returnees from South Africa have also been a major source of bringing the virus into Malawi. He then discussed the difficulties in implementing a lockdown, as this could have a negative impact on the underprivileged. Another point he reflected on was the limited number of testing kits and the difficulties of rationing these. He also expanded on the shortage of nurses, explaining that recruitment of nurses is not something that was prioritized by the previous Government, and many nurses are now extremely overworked.
- Prof Mandala’s presentation was followed by a Q&A session and discussion:
Dr Mallewa reiterated Prof Mandala’s point that a lockdown was not advised as many people must continue to go outside in order to make a living, and there is a lack of social security protections.

Can the Government be encouraged to be more forward-facing and transparent about their plans to tackle the crisis?

Prof Mandala anticipates that the Presidential Taskforce and Ministry of Health will soon announce a detailed plan and estimated budget for how to move forward.

**Update on Scottish Government funded cervical cancer screening in Malawi, Professor Heather Cubie, University of Edinburgh**

- SMP Chair Prof Heather Cubie and her colleague Dr Christine Campbell were surprised but delighted and proud to report on positive progress with their Scottish Government funded MALSCOT programme of sustainable cervical screening and treatment in seven hubs with their associated health centres, across all three regions of Malawi. They have received many images of progress, showing good hand hygiene, protection for providers and social distancing outside. Numbers are down as women are naturally anxious about attending health facilities, but the teams have been innovative and taken the service to women in increased numbers of outreach visits. Almost 5000 women were screened in the programme between 1st April and 30th June, with 106 receiving immediate treatment and a further 34 suspect cancers being put on a relevant pathway. Thus 140 women have had the clinical management of their cervical disease and cancer mitigated during Covid-19, something which not achieved in the UK due to the suspension of the screening programme. National Coordinator, Beatrice Kabota acknowledges the dedication and enthusiasm of the providers despite Covid-19, together with funding for additional provision of PPE when it was not locally available and the on-going funding for set-up of more health centres which promotes a good working environment for both providers and clients. Beatrice also commented that the Scottish Government requirement for monthly reporting during the pandemic had helped hubs to track the impact and mitigate where needed. Heather’s slides can be found [here](#).

**Responding to COVID Challenges, Ms Lillian Nseula & Alexious Kamangila, Reprieve**

- Lillian, an energy expert and SMP member, gave a presentation on the Kuphika Kwapweka Cookstove she designed and manufactured. The cookstove is specifically designed for low income households, and is made using recycled car rims and scrap materials. Biogas is the most used source of fuel in Malawian households, but fuel prices have increased significantly since the start of the pandemic, which has disproportionately affected poor and marginalized households. As a result, many have resorted to using agricultural waste as a source of fuel, exposing them to household pollution, which in turn increases the severity of Covid-19 effects and other respiratory illnesses. Risks have also been exacerbated for women and girls, due to their roles in the Malawian household of procuring fuel for cooking and heating. The Kuphika Kwapweka Cookstove introduces many benefits for the Malawian household, including: durable, safe and energy efficient, made from 100% recycled materials, can be fueled by biogas or LBG, only costs £15 (40% less than other imported cookstoves). Additionally, the Cookstove will address UN Sustainable Development Goals 3, 5, 7 and 9-13. Lillian thanked participants for their attention and joint effort in supporting families and communities recover in these challenging and unprecedented times. Lillian’s slides are available [here](#) and she kindly provided her email address for anyone who would like to get in contact: linseula@gmail.com
Alexious is a Fellow of Reprieve, an international charity that assists those who are most vulnerable, including people who are facing execution, torture, ill treatment and are denied due process. Due to issues of overcrowding, Malawi’s prison system faces major challenges with Covid-19. Reprieve has therefore been actively engaged in the Covid-19 response, working with the Ministers of Health, Homeland Security and Justice, as well as the prison service itself and the African Commission on Human and Peoples’ Rights. While some prisoners in Malawi have been released, more must be done to fully meet the WHO guidelines, with cases of Covid-19 being confirmed in most prisons across the country. Reprieve hopes to engage all NGOs and government stakeholders in Malawi, spreading awareness of the urgent problems faced in prisons and identifying the actions needed to resolve these. Alexious and his colleague Sam Johnston Hawke kindly provided their email addresses for anyone who wishes to get in contact: alexiuskamangila@gmail.com & sam.johnstonhawke@reprieve.org.uk

Sharing of updates

Callum Wilson is part of Strathclyde Students for Covid Relief, a group of students looking to use their skills and expertise to help with Covid-19 relief efforts. Due to the University of Strathclyde’s links with Malawi, this was identified as a country where their skills could be best utilised. The group recently had a conversation with Professor Wilson Mandala and other members of the design teams at MUST, and are now in the process of finding the best ways to help with existing projects, as well as continuing with their own project of designing a CPAP device to treat patients with Covid-19. Callum kindly provided his email address for anyone looking to get in touch: contact@strathcovidrelief.com

Summary of Key points, David Hope-Jones, SMP

David summarised the key points raised in the meeting:

- Useful to know more about College of Medicine’s continued efforts in fighting Covid-19. Eight challenges to these efforts were identified:
  - Early in the crisis, there was fear among frontline nurses, but training has helped to alleviate some of these issues
  - Concerns about junior staff being given senior responsibilities, but progress has been made on this front
  - The recent election had a major impact on infection numbers
  - Concerns about the levels of PPE
  - Concerns about the lack of nurses, and important to emphasise that nurses are in country but may need funding and commissioning to be properly utilised
  - Testing kits are being rationed, and have almost entirely run out
  - Increased psychological impact on frontline workers
  - Insufficient beds in hospitals
- Good to hear about support from Liverpool Wellcome Trust, success of oxygen plant in Blantyre and role of charities in supplying PPE and research affiliates offering supplies
- Increased cultural sensitivity is helping to reduce attacks on health personnel
- Important to emphasise role of civic society in fighting Covid-19, as Government cannot be expected to resolve the situation on their own. Situation is likely to significantly worsen in next six months or so, and civic society at every level must take action
o Important to recognize that a lockdown in Malawi could have significant impact on livelihoods due to a lack of social security protections compared to Scotland and elsewhere
o Returnees from South Africa play a major role in bringing virus into Malawi
o Thanks to Professor Cubie for sharing her story. One of the Principles for Good Practice for NGOs and funders in responding to Covid-19 is continuity of essential healthcare services
o Thanks to Lillian for presentation on fuel poverty, Alexious for identifying the issues for vulnerable people in Malawi’s prisons and to Callum for role that Strathclyde University group is doing

David then gave a summary of the work the SMP has been doing since the last meeting:
  o Joint meeting was held between Westminster’s Malawi APPG and Holyrood’s Malawi CPG
  o Meeting held with Dave Beer, Head of DFID Malawi
  o Meeting held with Alister Jack MP, Secretary of State for Scotland
  o Hon. Agnes Nyalonje, Malawi’s new Minister of Education, invited to join digital meeting looking at educational links between Scotland and Malawi
  o SMP continues to highlight over a dozen different fundraising appeals from members and partners, and recognises the recent success of Classrooms for Malawi’s appeal.
  o SMP wishes to highlight the Hospital Fund mentioned by Dr Mallewa, and will make efforts to research and promote this
  o Continued promotion of the Principles of Good Practice
  o Members and partners encouraged to share their own perspectives
  o Participants encouraged to join SMP Slack group to discuss various topics in relation to Covid-19
  o Weekly bulletin and web hub will continue to include number of Covid-19 cases in Malawi and all relevant updates
  o AGM planned for Saturday 3rd October, will likely be 100% digital or hybrid event with both in-person and digital elements
  o Members to keep in touch with SMP about how we can best help you

Close, Stuart Brown, SMP

Stuart thanked speakers and participants, and closed the meeting by promoting our ‘Coffee Break Catch-ups’. We would like to gauge the interest of SMP members and their partners in online ‘Coffee Break Catch-ups’. These are likely to be smaller, shorter and even more informal than our ‘official’ Zoom meetings. We envisage these being virtual gatherings of like-minded folk, based around whatever topics or connections people have. To find out more, please email Gemma C: gemmac@scotland-malawipartnership.org