

Cross Party Group on Malawi

Wednesday 17th April 2013, 5.30pm-7pm

Scottish Parliament, Committee Room 4

Attendees

1. Maureen Watt, MSP
2. Alice McLachlan, Dundee University
3. Catriona Macrae, Dundee University
4. Charlie Ager, Scotland Malawi Partnership
5. David Hope-Jones, Scotland Malawi Partnership
6. David Stevenson, Scotland Malawi Partnership
7. David Royan, Scotland Malawi Partnership
8. Dita Wickins-Dwazkova, Dundee University
9. Ellie Hothersall, Dundee University
10. Heather Cubie, NHS Lothian
11. Joe Cooney, EMMS
12. Joyce Nicoll
13. Katie Stellard, Scotland Malawi Partnership
14. Kevin Stewart, MSP
15. Martyn Edelsten, Scotland Malawi Partnership
16. Oonagh McIntosh, Dundee University
17. Pam Wilson, Dundee University
18. Sarah Boyack, MSP
19. Siobhan MacMahon, MSP

(1) Maureen Watt MSP welcomed everyone to the meeting and introduced the speakers

(2) Apologies were noted from Ken Ross, Alex Fergusson, David Stewart, Peter West, Colin Cameron, Elaine Smith and Claudia Beamish

(3) The minutes of the 6th February 2013 were accepted as accurate by the group.

(4) Update since last meeting

A number of successful events highlighting the strength of partnership between Scotland and Malawi have taken place since the last CPG. Maureen Watt highlighted the success of the visit by Her Excellency Joyce Banda to Scotland. The efforts by the Scotland Malawi Partnership team in putting together the Livingstone's Living Legacy Event were noted. The continued efforts and support from Annie Lennox OBE and her recent attendance at the recent Livingstone debate at the Scottish Parliament was also noted with gratitude. MW also discussed the recent visit to Malawi by Alex Fergusson MSP and Sarah Boyack MSP; along with the exchange of two Malawian MPs who recently undertook a placement at the Scottish Parliament.

(5) Sarah Boyack MSP – Update on recent CPA Scotland Branch trip to Malawi

Sarah Boyack MSP and Alex Fergusson MSP undertook a 5 day visit to Malawi in March 2013. The continuing difficult economic and political situation in Malawi was highlighted – inflation remains at

30% making basics such as food and fuel unaffordable to many in Malawi. Sarah Boyack travelled to the constituency of the Malawian MP that she is paired with, Hon. Christina Chiwoko. The issue of classroom and teacher shortages was emphasised – with over 100 children per classroom at the schools she visited. In addition public investment in the constituency had been spent on the building of a head teacher's house and the set-up of a new market for local farmers to sell their produce. SB also saw the work of 'Joy for Motherhood' which had provided two nurses to ensure support for a new born orphan. However this incident also highlighted the continuing problem of maternal health in Malawi.

SB also visited the 'Theatre for Change' project which works to increase HIV/AIDs awareness through plays and radio programmes. They focus on 3 key groups – sex workers, teachers and police. Teachers are a particularly vulnerable group. SB shared recent statistics from Malawi that 1% of students has HIV/AIDs upon beginning college and by the end 20% are HIV positive.

The comparative lack of resources at the Malawian Parliament was apparent. SB and the Scottish Government are trying to offer the Malawian govt. an equivalent parliamentary scrutiny and audits model based on the resources that they have. The Malawian Parliament highlighted its wish to see where Scottish govt. spending goes in Malawi – to which NGOs, projects, etc.

SB noted the importance of retaining women's representation in Malawi. SB indicated that the best approach to this was to offer gender equality training; identification and training of female candidates; and support to autonomous women's organisations. Also, the importance of forming strategic alliances with male colleagues, civil society and party leaders was highlighted. The need to outlaw all political violence was also emphasised; all parties agreed to commit to this.

David Hope-Jones asked SB about the most effective way for the SG to communicate transparency to the Malawian govt. SB stressed the lack of resources and staff in MG and lack of information sharing. Malawi is an emerging democracy and accountability should be emphasised. Efforts should be focused on building capacity.

(5) Presentations by University of Dundee Students

David Royan introduced the presentations. All students are 3rd and 4th year medical students, who travelled to Malawi to undertake research electives. DR and Oonagh McIntosh travelled to Blantyre, while Alice McLachlan and Catriona Macrae travelled to Nkhoma.

Research undertaken by AM focused on an analysis of the use of referral forms used by district health centres to Nkhoma hospital. AM analysed which patients were referred; how well they were referred (e.g. how well referral forms were filled in). Most common reasons for referral were found to be younger groups of patients and most severely ill – malaria; pneumonia; labour obstruction; maternal issues. AM developed a scoring system for referral forms. AM found that vast majority of forms were completed to a high standard however there was a lack of fully completed forms. Form quality was found to be directly associated with adverse outcomes for patients. AM presented her findings at a district meeting with staff to discuss how findings could be addressed and make recommendations. Lack of drugs at district health centres found to be major reason for referrals.

CM's research investigated paediatric prescribing at Nkhoma hospital. CM used data from the children's ward and found 60% of outpatients were children. While there are national guidelines in

place, serious errors were reported. CM found the most important elements for improving practice to be – better adherence to guidelines; the need for more localised guidelines; additional training for all prescribers (some prescribers had not been training in paediatrics specifically).

DR undertook his six week elective programme at Queen Elizabeth Central Hospital in Blantyre. He highlighted the increasing trend of US and UK students travelling to developing countries to undertake their electives. DR investigated the level of practice undertaken by elective students. DR found some elective students practising outwith their competency levels. DR reviewed the roles and responsibilities of elective students via interviews with students and observation. DR found that lack of supervision could result in practice above competency levels – lack of supervision could be abused. DR stressed that he did not see any dangerous practice; however this could happen without the correct supervision. DR found lack of pre-departure ethics training to be a factor.

OM evaluated the exchange elective programme between the Malawian College of Medicine and the University of Dundee. 12 Malawian students have had the opportunity to come to Scotland, with 2 students per annum coming for 6 weeks. OM collected data via interviews with students. Most common observation raised by Malawian students was the level of healthcare seeking in Scotland – Scottish patients go to the doctors for more minor ailments compared with Malawian patients. Malawian elective students praised the elective programme as a highly motivating and valuable opportunity. OM found the programme acted as a retainer for graduates in Malawi, stopping brain drain. OM hoped research could be used to develop more partnerships for exchange.

(6) Questions and Answers with Dundee University Students

DS asked about the experiences of Malawian students of Scotland in general. OM explained that students found the experience to be an opportunity for comparison; seeing how Malawi fits into Global Health. Idea of the GP is different between Scotland and Malawi; relationships between consultants and students is also different. Students also enjoyed exposure to more advanced resources and technology.

AM explained that, while a standardised referral form had been developed by Nkhoma hospital, health centres were continuing to use their own forms. It was found that forms were better filled in if the new form was used. Clinical officers fill in the forms but have varied levels of experience partly due to staff rotations by the govt. ME highlighted the possibility of using computers to aid in form processing. AM agreed that while no immediate plans were in place for the use of computers, a better organisation system was needed.

MW asked whether referral was less likely in Malawi than in Scotland. AM explained that doctors were good at referring to hospitals; AM did not notice a lower or higher case of referrals. It was found that Malawian patients do not often go to the doctors until very ill which resulted in a large number of referrals. It was found patients refuse due to fees – there is a lack of funding and subsidies. Children and pregnant women are only groups well subsidised.

DHJ raised the issue of what the most effective types of electives were for Malawian institutions. DR explained that due to lack of time that issue could not be discussed with hosts in depth. However, DR explained that doctors appreciated student electives' help as additional staff.

Prescribing issues were also raised by SM. CM explained that the most common issue was treatment being given outwith guidelines; more medicines needed to be included in guidelines.

The importance of communication between health centres and Traditional Birthing Assistants was introduced by JN. TBA's needed awareness of early alerts of distress – assist with existing maternal health issues. Lessons learnt in Scotland could be passed on to Malawi. AM found that communication varied massively between districts. Greater integration between health centres and communities combined with better staffing levels could reduce the need for referrals. Technology would make a significant impact – for example in terms of improving file loss prevention.

Staffing levels were found to be the most significant factor in slowing health progress in Malawi. Efforts should be concentrated on reducing brain drain; need graduate retention. More opportunities for elective programmes could be a possible solution.

The potential for using mobile services to compensate for the lack of cable service in Malawi as a means to recording medical information was discussed. It was suggested, due to lack of infrastructure in Malawi, mobile 'cloud' services could be an effective alternative. MW highlighted the effectiveness of mobile veterinary alerts for farmers.

This issue of post-graduate medical training was also highlighted. A number of graduates leave Malawi in order to pursue further qualifications and do not return – "brain drain". Potential for online courses by accredited institutions; expansion of electives. It was argued that electives such as the one run between Dundee and the College of Medicine give graduates a more important status in Malawi; it is more advantageous to return to Malawi.

(7) Any Other Business

DHJ informed attendees about the next Further and Higher Education Forum. The latest aim of the forum is to bridge the gap between academic outputs and NGOs and raise awareness of research. All attendees were invited to attend and contribute to the forum.

(8) Date of next meeting and future topics

5th June 2013; 1.30pm-3pm confirmed as date of next CPG meeting. JN suggested a meeting to discuss improving governmental auditing in Malawi. MW also noted Ann Gloag's contribution to the visit made by Her Excellency President Joyce Banda in March. There is perhaps an opportunity to invite Ann Gloag to a future CPG to talk about her links with Malawi or the Faculty of Advocates, following their recent visit to Malawi.