

Letter from Malawi

The importance of prevention in health care

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As torrential rain pelted down on the roof of a rural schoolhouse in northern Malawi, members of the local volunteer committee sang and danced for us their malaria prevention song. The men, with sticks representing the mosquito proboscis, enthusiastically played their role of biting mosquitoes. Dramatization and song effectively transmit the message of how to prevent illness to people with limited literacy.

In English, the song declares:

Fathers and mothers, let us beware
of malaria
Which is being transmitted by the
mosquito.
Let's throw broken pots away
Let's cut the grass around our houses
Let's not plant crops too close to our
houses and
Let's sleep under bed nets.
The signs and symptoms: headache,
vomiting, fever, diarrhea, shivering,
and loss of appetite.

We, the audience, were a group of doctors on a Canadian Physicians for Aid and Relief (CPAR) study tour of the health situation and CPAR projects in Malawi. We rapidly became aware of the seriousness of malaria in Malawi. It has high morbidity and is the main cause of death for children younger than 5.

Malawi, a long and narrow country hugging the western shore of Lake Malawi in southern Africa, has a population of about 10 million. It is one of the poorest countries in the world, ranked 157 out of 173 countries. Life expectancy at birth is 41 years according to United Nation's

figures. Because of the marked lack of resources for medical treatment, there is a great need for prevention of illness.

Because of the shortage of doctors, clinical officers, who have 4 years of training after high school, provide much of the care. They give medication and do some surgical procedures, including cesarean sections and appendectomies. About half of the district hospitals do not have a doctor.

Hospitals lack much-needed resources

We visited the hospitals in several of the major centres. All are overcrowded with many patients suffering from preventable illnesses. Children are most commonly admitted for malaria, gastroenteritis, and malnutrition. Many of the adult admissions are related to HIV disease. Hospitals do not have enough money for their operating expenses, and there is inadequate money for repairs. Even the university teaching hospital had only one of its four x-ray machines working.

The situation in the rural regions, where about 90% of the people live, is even worse. In the northern Nkhata Bay region, only 38% of the population have access to safe water, and only 57% have pit latrines. Of the 15 health centres in the region, only two have telephones. The main roads are good, but most of the feeder roads turn into mud when it rains heavily.

The Nkhata Bay District Hospital, with a bed capacity of 136, usually has 200 inpatients. It is understaffed but cannot afford accommodation for more clinical officers and nurses even if they were provided. Because the hospital cannot afford a replacement tube for their large x-ray machine, they are forced to rely on a small portable unit.

Maternal mortality in Malawi is high, with an officially reported 620 deaths per 100 000 deliveries. The rate, however, is probably much higher due to the low level of reporting in rural communities. There is believed to be a 1 in 20 chance of dying as a result of pregnancy. Many girls are married at age 15, and half are married by age 18. About one third of pregnant women are HIV-positive. Women with obstetric complications often have to walk to health centres because of lack of transportation. Even for deliveries in hospital, there is high morbidity due to lack of equipment and resources.

Medical school has high standards

We visited the Malawi Medical School in Blantyre and met with its enthusiastic Dean of Medicine, Dr Robin Broadhead. He was very proud of the school and the high standards it maintained. In August 1999, the school graduated its first class of 20 medical students who had been fully trained in Malawi.

Malawi depends heavily on external assistance. Such assistance can

Letter from Malawi

make a big difference in the services provided. Many foreign doctors provide short-term help. The medical school relies on expatriate staff for teaching the specialties. In the northern Nkhata Bay region, international funding provided 96.3% coverage in a measles immunization program. The Malawi Safe Motherhood Project, funded by Great Britain, has done a comprehensive study of the medical, cultural, and practical problems related to pregnancy. Starting in two southern districts, it is providing improved training to traditional birth attendants and hospital staff, as well as providing

medication and equipment, better means of communication, and improved transportation.

Activity of CPAR

Canadian Physicians for Aid and Relief has projects in Ethiopia, Malawi, and Uganda, working mainly in poor rural areas where the need is greatest. The focus of CPAR's activity is on basic preventive measures and on involving members of local communities in its projects. We visited CPAR projects focusing on increasing crop production and decreasing crop failure,

improving nutrition, reducing water-borne diseases, and improving health care. Community members told us how important their new wells were in providing them with safe water. In the capital, Lilongwe, CPAR has an anti-AIDS program involving 50 000 young people. The program incorporates recreational activities for young people, as there is often little for them to do when they are not in school.

In a previous article,¹ I tried to discourage Canadian doctors interested in working in Ethiopia. I am much more positive about Canadian



A



B



C



D



E

A. Very few wear gloves: A traditional birth attendant with the baby she delivered the previous day. Although about one third of pregnant women are HIV-positive, very few birth attendants wear gloves.

B. Showing off their new floor: Village leaders proudly show a cement slab that will be used as the floor for a new pit latrine.

C. Water project staff of CPAR build a shallow well: Clean water is very important in preventing illness. With a well close by, women do not have to walk long distances to obtain water.

D. Fish for sale at a lakeshore market: The plentiful fish of Lake Malawi provide a good source of protein.

E. Proud of her crops: A local farmer shows off her fields of beans and maize and tells us of the improved agricultural techniques she uses.

Letter from Malawi

doctors working in Malawi. It is much easier to get around in the smaller country, English is the official language, there is a great need for doctors, and the government strongly encourages outside help. We would have to resign ourselves to working with very limited laboratory facilities and very limited medication. If we were to work in Malawi, most of our group would prefer to be involved in preventive community work rather than working in overcrowded hospitals.

The study tour provided an opportunity to see the health care problems

in a very poor country, to speak to health care providers at many different levels, and to talk to local people about their hopes and difficulties. We were very impressed by the dedication and hard work of the CPAR staff and others working to improve the situation in Malawi, despite the many limitations. We became aware of how essential preventive health care is in a country with so few resources for treatment. ♣

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Reference

1. Payne D. Health care in Ethiopia. So few resources for so many needs [Letter from Ethiopia]. *Can Fam Physician* 1998;44:2069-76.

F. Dried pumpkin leaves:

Pumpkin leaves drying in the sun before being stored for later use as food.



G. Dangerous roads: Traveling on feeder roads is treacherous in the rain. The mud makes it difficult even for carts or bicycles to get through.



H. Preventing malaria in a different way: A local volunteer committee sing and dance their malaria prevention song. The men with sticks enthusiastically play their roles as biting mosquitoes.



I. The good with the bad: This farming community's simple mud dam holds back water for irrigating fields during the dry season. However, it also creates a good breeding ground for mosquitoes.



J. Young mother with her baby: Many girls are married by age 15 and half by age 18.

