ACTs visit MAGICAL MALAWI
7-14 September 2014

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Introduction

Fig 1. Bicycle taxi

What a pleasant country with friendly people, reasonable roads, no motor bikes only a multitude of bicycles many of which were also used as taxis (fig 1).

The ACTs team were planning to visit Monrovia but after the outbreak of the terrible Ebola epidemic and the death of Ugandan surgeon Dr Sam whom we met last October at Redemption Hospital it was decided to switch to Lilongwe where the *Freedom from Fistula Foundation* has its main base and the local contacts we required to setup a three day conference for Malawian anaesthesia providers.

The Team (fig 2)

This consisted of seven UK based anaesthetists + one paediatrician, one obstetrician from Latvia, and one *Lifebox* representative.

Fig 2. The team

Dr Keith Thomson, Consultant Anaesthetist, Basingstoke (retired)
Dr Gary Dickinson, Consultant Anaesthetist, Winchester
Dr Sarah Davidson, ST4 Anaesthetist, Imperial School of Medicine
Dr Joe Masters, ST5 Anaesthetist, Imperial School of Medicine
Dr James Carvell, ST1 Anaesthetist, Imperial School of Medicine
Dr Angus Sutherland, ST3 Anaesthetist, Portsmouth
Dr Nicola Cox, ST2 Anaesthetist, Wessex
Dr Natalja Kalashnikova, Consultant Obstetrician, Riga, Latvia
Dr Ros Jones, Consultant Paediatrician, Slough (retired)
Ms Sarah Kessler, Lifebox Foundation, London

After an initial glitch caused by Natalja's bag arriving on a later flight from Frankfurt, the journey in a vast A380 aeroplane from London to Johannesburg was very smooth. We arrived at Lilongwe on schedule at lunch time on the 7th September. At the airport every passenger had their forehead temperature measured before passing through immigration – what would have happened to any-one who was febrile – perhaps a blood test for Ebola (fig 3)? For UK citizens there is no visa entry fee but Natalja had to pay $70.

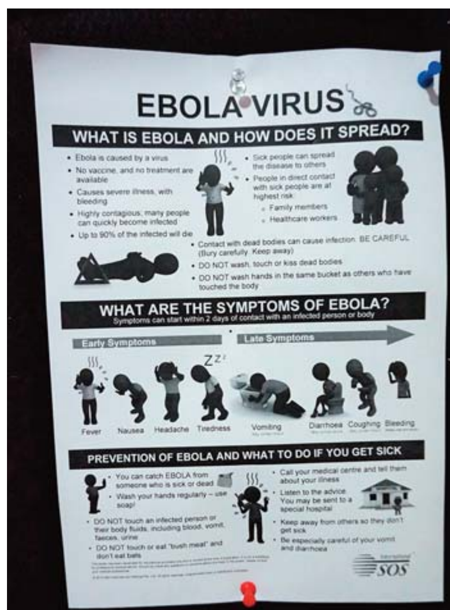

Fig 3. Ebola poster

Local facilities

We stayed at the *Crossroads Hotel* which turned out to be very suitable for our purpose – clean rooms with unlimited hot water, comfortable beds, a safe and a fridge. There was also a swimming pool, bar and a restaurant – what else did one need? The first evening a locally based German paediatrician Hans Jorg joined us for dinner. He had a friend working in Blantyre called David Place who had been a member of the 2011 ACTs team to Freetown.

Fig 3a. Sarah, Joe, Nikki, Sarah & Angus in the minibus

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The next morning we were transported (fig 3a) to Kamuzu Central Hospital (KCH) by Andrew and Grecion, our drivers for the duration of our visit. We first discussed the programme and then were shown round parts of the hospital by Onias

Fig 4. The team with Onias

(fig 4) the Anaesthetic Clinical Officer (ACO) who was head of the department consisting of 17 ACOs and one physician anaesthetist at this District Referral Hospital, one of four in the country. Apparently a Norwegian group are funding and equipping a new 11 bedded ICU and 9 bedded HDU at KCH but I wonder whether there will be money to staff it and who will pay the patient costs?

We then went to Bwaila to visit the remarkable fistula hospital run by the *Freedom from Fistula Foundation* funded by the *Gloag Foundation*.

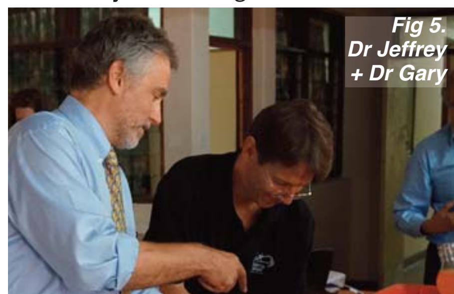
Fig 5. Dr Jeffrey + Dr Gary

The surgeons under the leadership of Dr Jeffrey Wilkinson (fig 5) from North Carolina were doing an impressive number of operations (fig 5a) –

Fig 5a. Fistula theatre

changing the lives of many, mainly young women suffering from the devastating condition vesico-vaginal fistula (VVF). I was impressed with the post op ward (fig 6) and patients who were being taught how to make bags and pillows to provide them with

Fig 6. Post-op ward

an income earning skill when they returned home (fig 6a).

Fig 6a. Post-op patients learning a craft

At 10pm that night Dr Jeffrey phoned to ask if one of us could anaesthetise the wife of his senior ACO the next morning who had bowel obstruction. Dr Gary kindly volunteered and the surgeons resected a small bowel volvulus.

After lunch, where we met delegates attending a Urinary Diversion conference, we briefly visited Bwaila Maternity Hospital (figs 7, 8) which

Fig 7. This way to deliver

Fig 8. Bwaila hospital

had 18,000 deliveries last year, 10-18 caesareans/day, but only 29 deaths – a remarkable transformation from three years before when women were dying every day. The reason for this turnaround has been the appointment of Dr Stephen Kaliti, a Kenyan doctor, and his charming wife who was also an obstetrician. He said it took him six months to train 10 clinical officers to perform caesarean sections and improve the skills of the midwives. There was a limited supply of blood but Bacri balloons and misoprostol were available. On his arrival what he will never forget was the almost continual wailing of the bereaved family and friends of all the women who had died giving birth.

The conference days

Fig 9. The postgrad centre at KCH

The Tidziwe centre (fig 9) was the most impressive such facility I have seen anywhere in Africa. It was financed by the UNC (University of North Carolina) and opened in 2003. Our conference, which was attended by 54 delegates (fig 10) representing

Fig 10. Registration

26 different hospitals, took place in the main lecture theatre which could seat at least 200. There was even a fingerprint recognition security system (fig 11) to open the door leading to

Fig 11. Fingerprint recognition lock

the stairs to the main lecture room and various offices on the first floor. Onias was in charge of the opening ceremony at which Joe, myself and the deputy hospital director, Dr Lawrence Chiwanla said a few words.

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These had to be repeated in a re-run an hour later for the benefit of a local TV crew. The course was a mixture of 20 min presentations and three rotating discussion groups/skill stations. The full programme can be seen on **www.africansmiles.co.uk** under MALAWI.

Day 1 included an interesting session on the benefits of two different anaesthesia machines available in the country: William Banda from KCH on the *Universal Anaesthetic Machine* (10 in the country) and Kenneth Katupa from Blantyre promoting the *Glostavent* (GV) (80 in the country) (fig 12).

Fig 12. William and Kenneth – best of friends

From my perspective it did seem that the GV with its built-in ventilator, production of air as well as O_2 and its lower flow requirements had a significant advantage over its rival.

Fig 13. Excellent lunch

The excellent lunch for all delegates and faculty (fig 13) was organised each day by Fanny, the local UNC representative (fig 14), who also booked the conference centre, organised the media coverage and paid the '*per diems*' to the delegates of 5000 Kwatcha daily. This seems to be a vital aspect of having a good attendance at any training venture in this country.

It was encouraging for me to see the enthusiasm with which the members

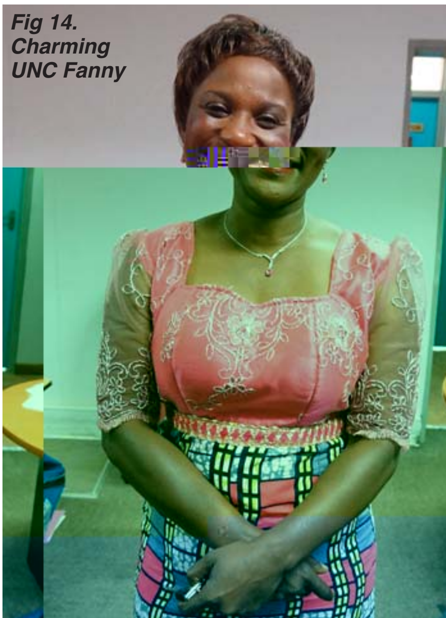

Fig 14. Charming UNC Fanny

of the team (fig 15) and especially the

Fig 15. Ros demonstrates neonatal resus

five anaesthetic trainees showed (figs 16-19) particularly in the skill stations.

Fig 16. Joe demonstrating a bougie

Fig 17. Discussion group with Angus

Fig 18. Nikki's discussion group

Fig 19. James and Sarah discussing spinals

Natalja from Riga (figs 20, 21) coped well with teaching in English, her third language.

Fig 20. Natalja lecturing

Fig 21. Natalja discusses MEWS

Each day finished with the 'prize quiz' – as always the attendees participated enthusiastically (fig 22).

Fig 22. The prize quiz

At the closing ceremony delegates were each given an attendance certificate (figs 23, 24) signed by

Fig 23. Sarah hands out a certificate

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Fig 24. Angus hands out a certificate

myself and Onias – I saved myself time by printing off all the certificates with my signature already scanned. Prizes were also awarded to the two best essays written on one of the optional topics :

1.'A patient who died who should have lived'

2.'A patient who lived but could have died'

3. 'A case where a Lifebox pulse oximeter made a difference or could have made a difference to the outcome'.

I must not forget the excellent contribution by Sarah Kessler who refreshed the delegates' knowledge about the *Lifebox* pulse oximeter and also did some filming (fig 25).

Fig 25. Sarah behind the lens

Every evening back at the hotel Sarah and Joe organised a daily debrief, accompanied by a few beers, at which team members had an opportunity to discuss how the conference had gone (fig 26).

Fig 26. The team debrief

In the country with a population of 16 million there are just over 200 ACOs, 7 national anaesthetists (3 consultants + 4 trainees) and four foreign anaesthetists. The physician anaesthetist at KCH was the charming Dr Wes Sangala (fig 27) who had had a distinguished career.

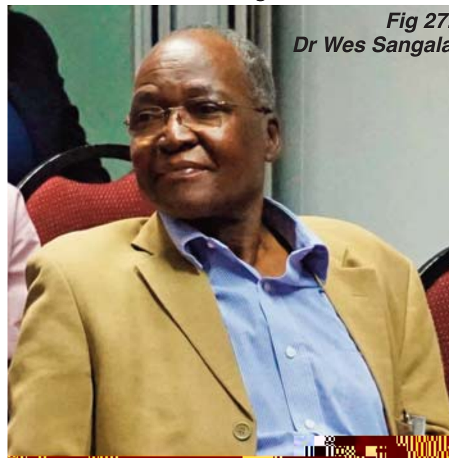
Fig 27. Dr Wes Sangala

He had studied medicine in Manchester, had both his Irish and English fellowships and was Secretary for Health in a previous Government. He and I had an interesting discussion about my (? crazy) idea of setting up an anaesthesia school for English speaking African doctors who wish to become anaesthetists. Apparently in Blantyre there is a German anaesthetist, Dr Pollack, who is running a 5 year training programme which includes one year in RSA for Malawian doctors who wish to train in anaesthesia. I also met a young consultant, Dr Samson Ndoro, at the conference who works in Blantyre.

Urinary Diversion Conference

Gary and I both helped out by providing backup for the ACOs (Johan and Ian) (fig 28) who were

Fig 28. ACO Johan

anaesthetising patients being used for clinical demonstrations. One table was for GA cases and the other for spinals. The anaesthetic equipment was reasonable, the surgery went well although the theatre was very crowded (fig 29).

Fig 29. Crowded fistula theatre

Fig 30. lifebox in recovery

My *Lifebox* proved itself in the post-op recovery area (fig 30) and the surgeons were impressed with an intubation I performed using my *McGrath video laryngoscope*.

Food

Breakfast at our hotel was a substantial event; apart from a selection of cereals, rice porridge and fresh exotic fruits like mango and guava there were cooked meats, sausages and a choice of eggs cooked on request. Lunch was provided for all the faculty and delegates by the UNC team directed by Fanny and consisted of local meat, chicken, fish and vegetarian stews with rice. In the evening we dined at various eateries including the hotel, a Korean restaurant, the local rather expensive pizza place (if you were not there on the 2 for 1 night!) and Mamma Mia complete with photos of the visit by President Clinton the previous year (fig 31). We also went to an excellent Indian restaurant along with about 20 others as guests of Ann Gloag.

Fig 31. Clinton was at Mamma Mia's

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R and R – the final 2 days

We visited the local craft market in Lilongwe where I haggled for a few carvings including an ebony Noah's Ark with 10 pairs of animals which I bought for my granddaughter. I knocked them down from $80 to $30 and the salesman seemed rather miserable but a similar carving was available at the airport for $30 on a non-negotiable basis. The main problem at the market was a significant amount of begging particularly by young boys and women carrying small babies. We then enjoyed lunch at a pleasant outdoor restaurant followed by a visit to an animal sanctuary mainly populated by animals 'rescued' from European circuses like Simba the lion (fig 32)

Fig 32. Simba

from France and a lame lioness from Romania. We also saw some gazelles, various species of apes (fig 33), an owl (fig 34) and an enclosure where a 10m python was said to be hiding, probably curled up inside one of several large vehicle tyres.

Fig 33. Baboon

Fig 34. Rather a hoot

The following day we left at 06.30 for a two hour drive to *Kuti Wildlife Reserve*. We had a pleasant visit but only saw two camels (fig 35), two giraffe, guinea fowl (fig 36), monkeys (figs 37, 37a), and the occasional antelope and sable (fig 38) but none of the 40 resident zebras, which disappointed Sarah.

Fig 35. Camel

Fig 36. Guinea fowl

Fig 37. Monkey business

Fig 37a. More monkey business

Fig 38. Sable

We continued our travels to the beautiful *Safari Beach Lodge* in Senga Bay on the banks of Lake Malawi, the third largest in Africa (fig 39).

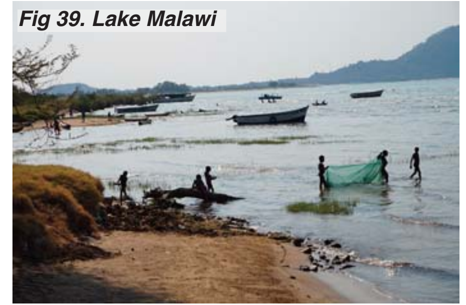
Fig 39. Lake Malawi

There we had lunch and enjoyed a few cold beers (fig 40).

Fig 40. Cheers!

Fig 41. ACT Street boys on safari

Fig 42. ACT Street boys on the beach

During this trip Nikki had been filming the four younger men in the party AKA the 'ACT Street boys' (figs 41, 42) doing an impressive karaoke to a boy band song which can be viewed on: https://vimeo.com/106195538

Feedback

The conference feedback report from the delegates co-ordinated by Dr Joe and also the two winning essays can be seen under MALAWI on the website www.africansmiles.co.uk

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Below is an email I received from Onias Mtalimanja – the main local organiser:

On behalf of anaesthesia department I would like to report on the obstetric and paediatric anaesthesia conference held from 9-11 September at the Kamuzu Central Hospital at Tidziwe UNC Conference hall. We are very grateful for the support, coordination and finding donors which made it a very successful event. We are not taking this for granted and we hope that you will keep supporting us on such type of conferences in future.

Final Comments

It had been a very worthwhile trip with a great ACTs team who not only did three full days of training which was appreciated by the 54 delegates but also enjoyed themselves. I particularly remember the many amusing antics of the duet that became known as 'Jangus' (James + Angus) (fig 43) the sad predicament of the live goat strapped on the back of a bicycle (fig 44) and the centre at Bwela which was perhaps a cut above the rest (fig 45)!

Fig 43. 'Jangus'

Fig 44. Get your goat!

Fig 45. Not today thank you!

I would also like to thank Joe and Sarah (fig 46) for organising the conference so well.

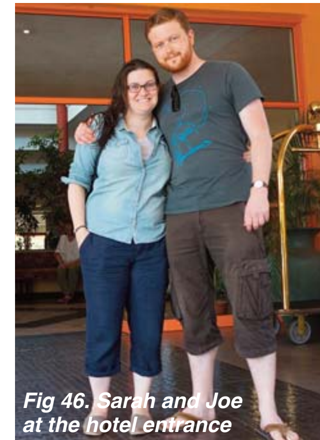

Fig 46. Sarah and Joe at the hotel entrance

People sometimes say that it is very difficult for a person to make a difference but we were privileged to meet three remarkable individuals who were all doing what they could to improve the lives of so many. ***Ann Gloag, Dr Jeffrey Wilkinson, Dr Stephen Kaliti and your colleagues – long may you continue the amazing work you all do in Lilongwe***.

Acknowledgements

Thank you to the Gloag Foundation for sponsoring the team's hotel costs and to Mrs Jean Thomson for assisting with the airfares.