

Gorey Malawi Health Partnership

St Johns Hospital, Mzuzu– The Palms GP Surgery,
Gorey



OUR THEME

“Mutu Umodzi Susenza Denga”

“One Head Does Not Lift a Roof”

Important facts (118,480 km² Vs 84,421 km²)

	Malawi	Ireland
Population	18.9 million	4.9 million
Doctors	625	17,925
Nurses	7,600	78,000

LINKS ___ - ___ - ___ -

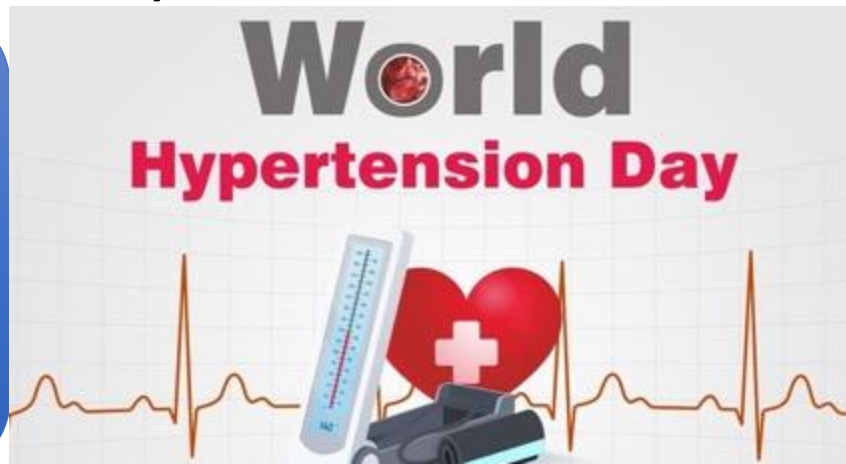
- Links since 2012
- ESTHER partnership since 2018
- Swallow symbolizes exchange of ideas and people between Malawi and Ireland



What condition is this?

- Threat currently affecting all countries in the world
- Affects adults who are otherwise healthy
- Affects marginalized and deprived most
- Overwhelming at community scale due to effect on premature morbidity and mortality
- Long term impact on society

COVID 19?



HIV?

HYPERTENSION

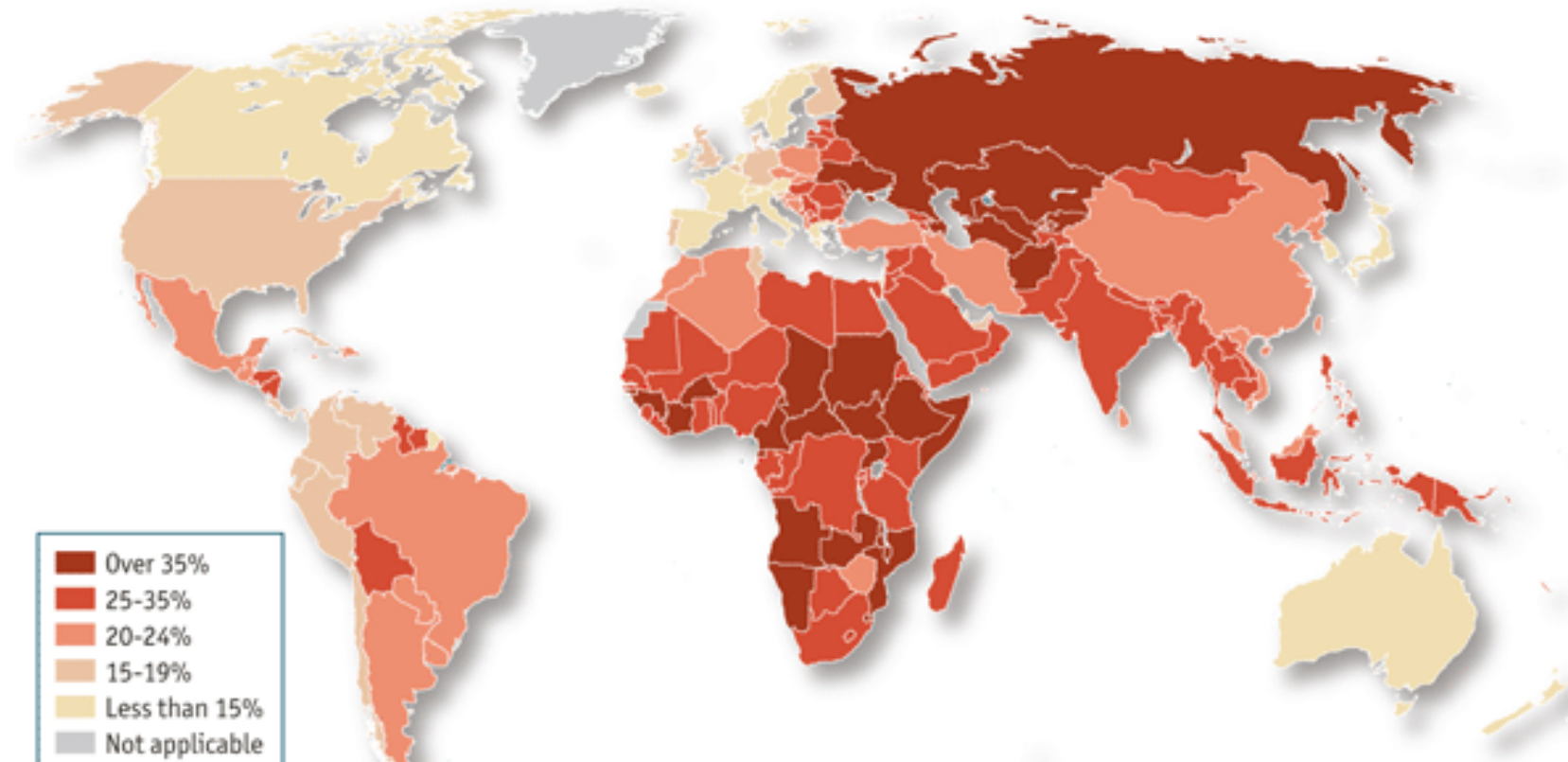
Causes 7.6 million
premature deaths per
year

Affects 46% of
adults in Africa

80% of all cardiovascular
mortality in low and
middle income countries

Why NCDs?

Probability of dying from a non-communicable disease
Between the ages of 30 and 70, 2008, %



What have we done?

Asthma

Quality improvement initiative

- Reduced admissions over six months by 65%
- Reduced readmissions by 100%.



COVID 19 videos

Viewed 2.3 million times across Africa



Selected for WHO COVID-19 Learning Hub for Essential Health Services.





Become a



**Hypertension
Hero**



Did you know 1 in 3 adults in Malawi have high blood pressure?

High blood pressure is the cause of half the strokes in Malawi and is easily treated

GMHP Moodle

ANNOUNCEMENTS undefined



COVID-19

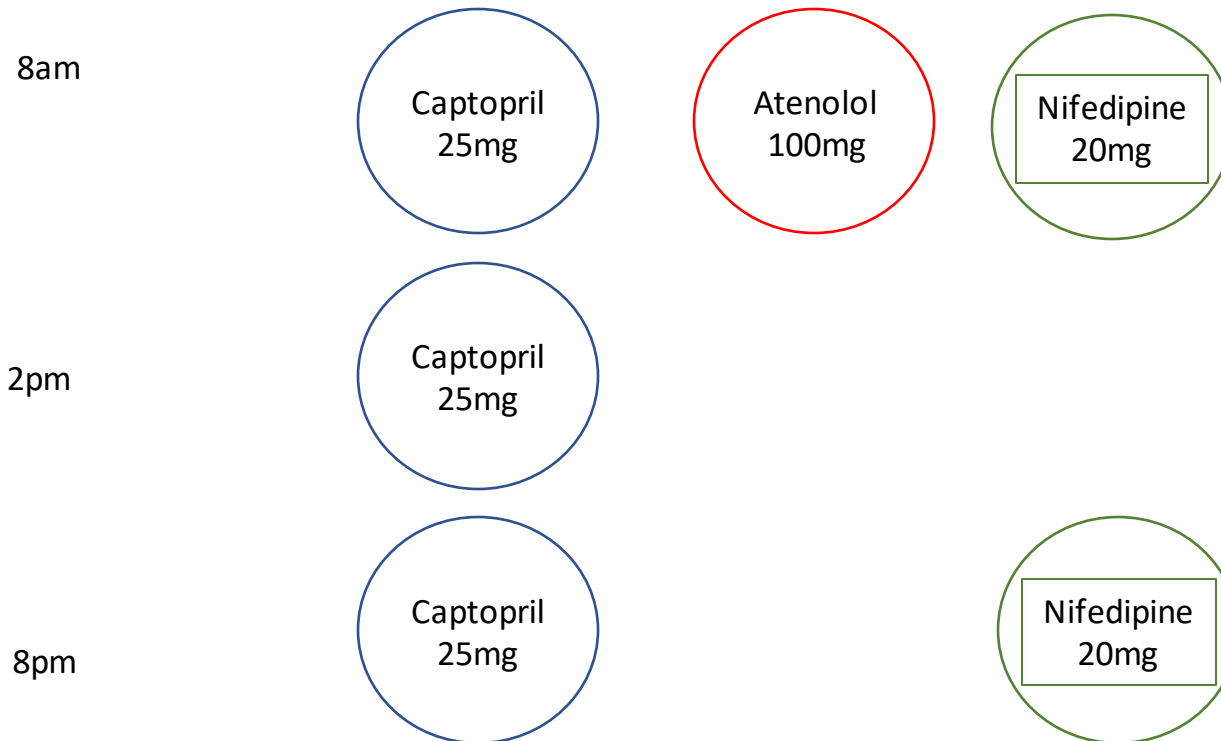
Course >



Hypertension

Course >

Gertrude, 66 year old lady with hypertension for 11 years



Cost per year:

- MKW 24,400
- €25.80

Gertrude, 66 year old lady with hypertension for 11 years

8am

Enalapril
5mg

HCT
25mg

Amlodipine
5mg

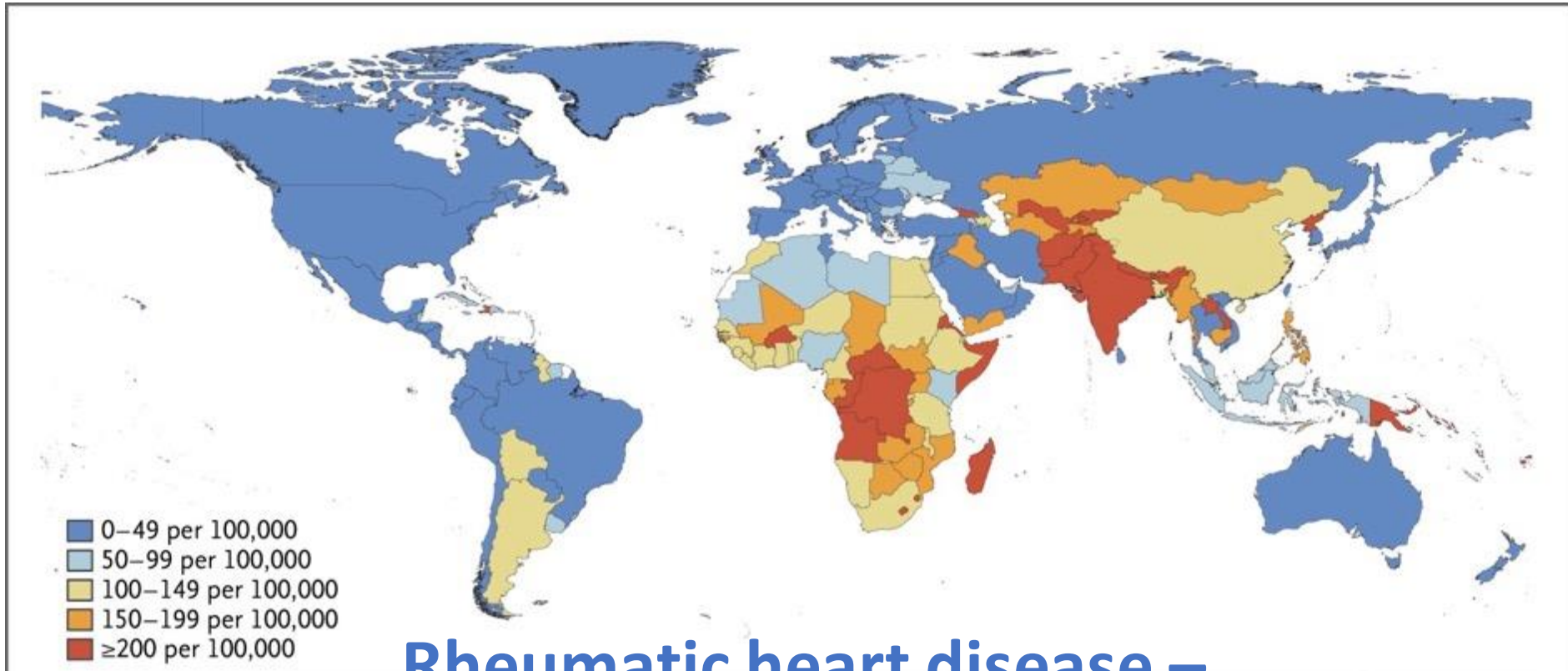


2pm

Cost per
year:

- MKW 9,400
- €10.00

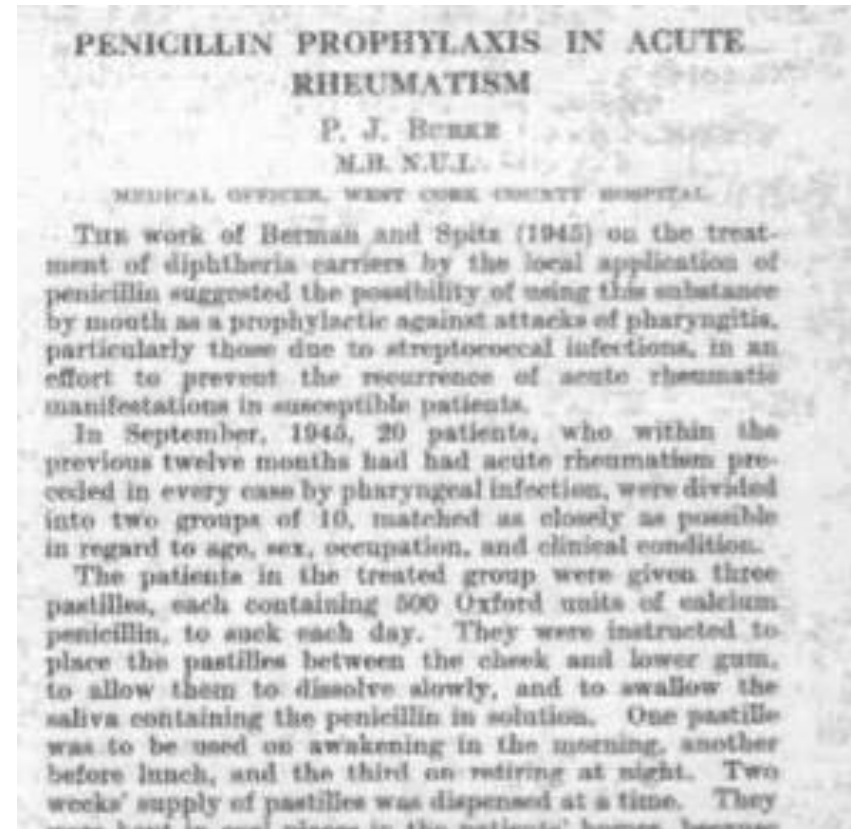
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**Rheumatic heart disease –
a marker of poverty**

The Irish link

- **1931** - Robert Collis identified group A streptococcus is associated with rheumatic fever
- **1947** - PJ Burke undertook the first controlled study demonstrating the reduction in recurrent rheumatic fever in those treated with penicillin.



Success to date



- Raising awareness among healthcare workers in St Johns
- Clinical advice on rheumatic heart disease management
- Development of community awareness campaign in Chigwere





What has this brought us?

- Teamwork
 - Gave us a broader focus
 - New skills
 - Fun!
-
- On both sides!



THE FAB FOUR
Marie's Mentors,
Katie Ann Peterson, Annette
Beechey and Lynette Beechey
with Sage of the Month and
Mentor award to Sage of the
Month, Michael Healy at West Church Derby.

Partnership Vs Collaboration

- **Partnership** is a relationships between the people, organizations, agencies, and communities that work together and share interests.
- It is an arrangement that is voluntary, mutually beneficial and entered into for the purpose of mutually agreed upon objectives.
- **Collaboration** is the process of two or more people or organizations working together to complete a task or achieve a shared goal.
- **Collaboration is a partnership**

Align with national priorities

Reciprocity

Joint and equal responsibility

Capability

Equity and respect

Transparency

Ethical



CHARTER

QUALITY OF PARTNERSHIP

Successful partnership (our experiences)

- **Priority setting by both sides**
- **Formation of MoU in line with ESTHER principles**
- **Open Communication**- backbone of any effective partnership.
Each party depends on the other to keep informed
- **Accessibility** – access to right team members
- **Flexibility** - key to overcoming curveballs
- **Mutual Benefit** - a balanced commitment & investment ensures the partnership will drive impact, innovation & longevity in overall returns
- **Measurable Results** - data should be a critical component of what's agreed upon to help measure what matters. Measuring the value of relationships between commitment and resources helps assess the success of the partnership



Umunthu-Meitheal

Mutu umodzi susenza denga (One head does not lift a roof)-mutual respect and support



Sharing experiences in Ireland



Shipment & travels

:

Offloading resources



Sickness knows no borders hence Irish & Malawian partners offer a service in Malawi & Ireland



Strength_1


- 1) A good set up of NCD clinic with a clinician and a nurse
- 2) The partnership has been in place for more than five years
- 3) Managing NCD patients on protocols which are working evidenced by many patients who have well controlled blood pressure, sugar and Asthma.
- 4) Dr Joe, Dr Peter and other doctors are always available for consultation.
- 5) Technical and financial support leading to improved management of NCDs at our facility e.g. a) Diagnostic equipment like HbA1c and spirometry are available
b) Medicines and COMPASS algorithm through Action Medeor
c) Knowledge through teaching VIA zoom and also physical
d) RHD awareness to Schools and Health Centres
e) Training of 4 staff on Patient diabetes education

Strength_2

- 6) Exchange visits
- 7) Connecting the hospital to other partners e.g. renovation of female ward
- 8) Regular supervisions and visits
- 9) Extension of NCD to other Mzuzu Diocese Facilities (Nkhamenya, Kate and Mzambazi)
- 10) The soon to start renovation of burns unit to NCD clinic
- 11) Steering Committee meeting twice or more a year through zoom and physical meeting
- 12) Formation of implementation group

Challenges

- 1) Inadequate clinic space
- 2) Non reliable/ irregular medical supplies
- 3) Patients mostly fail to pay hospital bills
- 4) Difficulties in coordinating between different parties e.g. finances with diocese, delay in paying the Honorarium to the clinical fellow and nurse.
- 5) Busy clinical jobs and other demands on both sides – needs commitment from all sides
- 6) Understanding of challenges from both sides
- 7) Engaging wider stakeholders

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- 1) Renovations of burns unit to NCD clinic
 - 2) Separate NCD budget for medical supplies and to lobby for support on medication
 - 3) Lobby for donor support to help payment of hospital bills for needy patients
 - 4) Implementation group to focus on day to day issues and provide solutions e.g Gorey to support the staff (clinical fellow and nurse) through the agreed hospital Dollar Account rather than the Diocese
 - 5) To continue with exchange visits
 - 6) Further training for the clinical fellow
 - 7) Need for strategic plan
 - 8) Good staff training plan for St John's Hospital.



Way forward

What we want to achieve in the long time

- To broaden focus beyond NCDs to primary care
- We want students from Ireland to go to Malawi through our network to practice family medicine and community pharmacy in the rural setting. We are currently organising this type of experiences. We have had Malawian clinician visiting Ireland and also working on the curriculum
- We want to pass on this working and trusting partnership to the next generation (we are currently mentoring young professionals and engaging them in our projects)
- We want to build an Irish community in Malawi and Malawian community in Ireland
- Ideas and people will travel between both countries as the Swallow –Weluwelu does each year



