The changing faces in Malawi's health care landscape

Malawi's formal health sector continues to go through enormous changes and must face substantial challenges. Just two decades ago, Malawi had no chance of producing its own doctors locally. Before 1979, registered nurses, at the time holders of certificates from the National School of Nurses in Blantyre, and others trained abroad, were the only highly trained nurses in the country. With the opening of the Kamuzu College of Nursing in September 1979, firstly training nurses at diploma level and recently to degree level, the landscape changed. The KCN is no longer dealing with three-year diplomas. The College of Medicine is establishing postgraduate programs, most notably the Master of Public Health (MPH) in the Department of Community Health. The Malawi College of Health Sciences has now undertaken the task of producing registered nurses at diploma level and plans are underway for the Malamulo College of Health Sciences to start its own diploma nursing course. The Malamulo College is talking of eventually establishing the second medical school for the training of doctors at undergraduate level in this country. Whether and when this would occur will be for posterity to judge.

The changes going on in Malawi's health care landscape are not just in the field of training. Just about five years ago, it did not seem reasonable to think that antiretrovirals (ARV's) would be made much more available and accessible to HIV infected persons in the country. When the drugs first became available in the public health sector around 1999-2000, the prices were quite higher than now. Of course, the majority of Malawians are still excluded from the publicly-funded scheme as the K2,500 that is being asked for each month is way out of reach. However, it should be noted that currently, over three thousand Malawians are on ARVs. Various organizations are implementing programs aimed at preventing mother to child transmission (PMTCT) of HIV. The ethical issues regarding such initiatives are still a challenge. Is it right just to save the life of the baby when the mother would still eventually die prematurely because of HIV/AIDS? Are we assisting in creating an orphan generation by saving children and letting parents die? What about increased drug resistance as the ARVs are planned to be used only for short periods, in many cases less than 2 years? The answers to these challenges are being sought.

In the field of policy and structure of the health sector, Malawi is now talking about the essential health package (EHP) and funding through the sector-wide approach (SWAP). Funding will no longer be for malaria or tuberculosis control but rather into and through a 'common basket'. Both the donor community and the government seem to have bought into such thinking, especially in the present climate of decentralization or devolution and returning power "back to the people". This is perhaps one of the singular instances where power is granted to the community freely as in many cases, it (power) must be grabbed! The exact implementation of the SWAP funding method is not yet clear.

In the spirit of the EHP and quality improvement, the Ministry of Health and Population (MoHP) and health professions regulatory bodies, the Medical Council of Malawi and the Nurses and Midwives Council of Malawi have been talking about improved quality of health care. There will be required evidence of continued professional education for re-registration as opposed to the current situation where practitioners are either

not registered at all or are re-registered just after paying of the annual fees. There are no other obligations attached to re-registration as long as one has not been de-registered. Evidence of continued professional development (CPD) and of course payment of annual fees, would be a requirement for registration of professional health workers. The exact how and when this would put implemented has not been agreed but the why has. In this proposed new scheme of things, the Malawi Medical Journal (MMJ) is likely to be at the forefront of providing CPD and so would the research dissemination conferences that the College of Medicine and the MoHP organize from time to time. The MMJ is already taking up its rightful role in the Malawi health sector scenario. In this issue, we are presenting the abstracts of papers presented at the 6th College of Medicine Research Dissemination Conference held in November 2002. There is a need to provide better quality of health care. The notion of "we have always done things in this way is not longer acceptable". Readers will also notice that the journals striving for excellence has been on-going. We have always adapted and will continue to do so, in order to ensure that the journal is both effective and efficient in its quest to fulfill its mandate.

Muula AS
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