June 2020 Newsletter

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Dear MLW,

COVID is now among us and upon us – at least 11 MLW staff are either ill or have recovered. It is of the greatest importance that we care for each other and for ourselves.

Many thanks to Team 1 who have provided excellent advice to all staff and will continue to do so. Many thanks to Team 2 - please report any symptoms you have and DO NOT come to work if you are symptomatic at all! **I strongly advise all MLW staff with symptoms to get a COVID test – it makes it much easier to help you if you become ill.**

Team 3 have now admitted 3 staff and offered excellent, expert, advanced care in the ENT ward. I will continue to take a personal interest in Team 3, supporting all MLW staff as I am able. The best advice, however, is not to get sick at all. Please be careful.

We have a clear plan for the next 2 months. Our first priority is staff safety – do not come to work with symptoms, report to Team 2, get a test. Next priority is “Make MLW Safe, Keep MLW Safe”. Our Operations team, including all Heads of Departments, are working on both general and specific means to make MLW safe. When we are sure of safety, a necessary minimum staff from each Department will work on the main campus and other sites.

At that point, we will allow a few well-justified project plans to emerge from mothballing – these projects will work safely in situations where direct patient benefit will result. The first few projects involve fever and coma in children, COVID contamination in the environment, and TB diagnostics. These teams must Keep MLW Safe, or projects will again be temporarily suspended.

Several families are travelling – we wish them safety. Particularly, we wish Liz Corbett and family and Nic Desmond and family safe travels. It would have been good to have a big farewell after so many years but this has not been possible. We look forward to welcoming Liz and Nic back to MLW when COVID has gone; see you soon!

Best,
Stephen.
Acting COO’s Remarks

From the general operational point of view, this month has been a hectic one on a number of fronts. Together with the Security committee and help of Senior Management Team (SMT) we were working on trying to ensure security of staff during the fresh election period and thankfully the event has passed with peace and calm. On the return to work plans, we have been working with Heads of Departments (HoDs) to map out requirements which will help us follow when resuming work, as indicated in my last month’s commentary, COVID will be with us for sometime and we need to work around it.

As we plan for resumption of activities in the coming months under “new normal” we (HoDs and SMT) considered 7 key points around; Working space, Shift working (skeleton staffing), General hygiene practices, Cafeteria service, visitors/group meetings and enforcement of rules agreed and I am pleased that the broader plan was approved by SMT on 25th June and now it will be up to each HoD to formulate detailed plans from this. The key guiding principles under this arrangement are to ensure; that MLW remains a safe working environment, that staff safety and health remains paramount and that functionality of the departments is almost back to normal.

To ensure staff safety key mandatory requirements have been introduced and will be enforced at the gates and that is wearing of face masks while inside MLW premises, wearing of your staff ID and sanitization of your hands. Without these, no staff member will be allowed to access the building.

As a reminder, the provisional arrangement MLW put on ensuring that staff contracts remain intact will cease on 31st July 2020. Lastly lets pray and wish a quick recovery for our colleagues who are ill with this disease and celebrate with those who have recovered.

Make MLW safe! Keep MLW safe!

Limbani Medi,
Acting COO.
The first ever oxygen generating plant has been installed at the Queen Elizabeth Central Hospital in Blantyre courtesy of the Malawi Liverpool Wellcome Trust. The plant will generate over a million litres of oxygen daily saving the lives of patients with Pneumonia, Tuberculosis, HIV and other lung conditions including COVID-19.

Minister of Local Government and Rural Development, Dr. Ben Phiri has described the development as a ‘milestone’. Speaking during the official launch of the plant, Dr. Phiri said that the oxygen plant is a great asset towards the fight against COVID-19.

“The oxygen plant is a gift that will keep giving even after the COVID-19 pandemic. I urge other organisations to follow this noble example and to give towards COVID-19 to ease the challenges that the pandemic has brought on Malawi,” Dr. Phiri said.

Echoing the words of the Minister, Hospital Director for QECH Dr. Samson Mndolo said the oxygen plant ‘is a big sacrifice by MLW and not a mean achievement’.

“What we are seeing now is the oxygen plant but there is a lot more that MLW has done,” Mndolo said.

On average, the hospital was spending about MK25 million to MK30 Million a month to buy oxygen which it will now no longer have to spend thanks to the plant. In addition to supplying oxygen to QECH, the plant will also supply oxygen to surrounding health facilities as well.

Speaking at the oxygen inauguration event, MLW Director Professor Stephen Gordon acknowledged the support from Illovo Group of companies for providing their jet to bring the engineers who installed the plant to Malawi from Cape Town, South Africa. The Director then appealed to the government to install similar plants at Zomba, Lilongwe and Mzuzu central hospitals. The oxygen plant project, was initially began by the government but left incomplete. MLW has been able to complete it using a grant of £2.1 million from the Wellcome Trust. The grant has also been used to purchase personal protective equipment for frontline health workers during this time of COVID-19.
On March 18, 2020, MLW opened a High Dependency Unit in Ward 3A of Queen Elizabeth Central Hospital to fight various respiratory challenges in adult patients. The HD unit will have continuous patient physiological monitoring and oxygen provision in addition to HDU trained and skilled nursing and clinical staff. It also has piped oxygen, new beds, furniture and IT equipment. The unit is being managed by Jamie Rylance, Peter Banda and Ben Morton.

The HDU refurbishment commenced on 12 February and the unit was opened to accept its first patients in the week commencing 16 March 2020, which included installation of fixtures, fittings, furniture and equipment. The refurbishment on the HDU cost about MK 15 million, however, there was also medical equipment and furniture which was in excess of MK60 million. The total refurbishment of the main ward and the HDU in 3A was MK 92 million.

According to High Dependency and Respiratory Unit Lead Research Nurse Edna Nsomba, the HDU has helped reduce congestion in other existing HDUs, and improved patient care due to availability of patient monitoring equipment.

“Before the refurbishment, there was congestion in wards 3A and 4B. There was also last of patient monitoring equipment and lack of nurses training in HDU care,” said Nsomba.

The HDU was conceived as part of the last renewal grant and is intended to fill an unmet need for vulnerable severely unwell adult patients admitted to hospital. Patients with multiple acute conditions will be admitted and cared for in an area specifically designed for high acuity illness.
1. Cardiovascular Outcomes After pulmonary–Tuberculosis (COAT) study by Jamilah Meghji is an observational cross sectional study. Its main aim is to provide pilot data on the burden of pulmonary hypertension and cardiovascular pathology amongst adult of pulmonary tuberculosis treatment in urban Blantyre. 100 post TB and TB naïve participants will be recruited. The study will run for 2 years and is sponsored by Liverpool School of Tropical Medicine.

3. The Influence of Pneumococcal Conjugate Vaccine-13 on Nasal Colonisation in a Controlled Human Infection Model of Pneumococcal Carriage in Malawi (MARVELS PCV 13) by Prof Stephen Gordon. It’s a double blinded randomised trial which will recruit 200 adult participants. Some of the study aims are to determine if PCV-13 vaccine is protective against pneumococcal carriage in healthy adult Malawian volunteers and how the vaccine influences carriage in PCV 13 vaccinated adult. The study will run for 26 months and is sponsored by Liverpool School of Tropical Medicine.

4. ISARIC/WHO Clinical Characterisaton Protocol for Sever Emerging Infections (COVID 19 ISARIC) study by Dr Ben Morton is a Prospective observational cohort study. The study rationale is to investigate how COVID-19 infection interacts with infectious diseases of relevance to the Malawian population and to understand how these conditions impact on severity and risk of transmission. The study will recruit adults and children suspected or with proven coronavirus infection as the main reason of admission to hospital. The study is sponsored by Liverpool School of Tropical Medicine.

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**Highlights from our Publications**


The study explored adolescents’ perceptions on the ban of alcohol sachets towards reducing alcohol underage use in Malawi through qualitative approaches. Data stemmed from 44 adolescents, 15-17 years old recruited through snowball sampling using a descriptive phenomenological school-based approach set in high alcohol prevalence area and largely youthful population. It conducted 12 individual semi-structured interviews and four Focus group discussions differentiated by sex. College of Medicine Ethics Committee (COMREC) granted a waiver to use verbal consent. It employed thematic analysis. Emerging data indicates aggressive packaging, marketing tendencies and lack of restrictive measures in Malawi as barriers to reduced alcohol intake among underage populations despite the ban. Notably, although adolescents perceive the ban as a significant step towards reducing under age alcohol use, personality and drinking motives precede any interventions. It recommend strict alcohol policy enforcement and enhanced adolescent personality development through schools and families.

Cheryl Johnson, PhD Student at LSHTM, MLW HIV/TB Group, and at the World Health Organization led this secondary analysis of data from national Demographic and Health Surveys conducted in Malawi and Zimbabwe. Although considerable gaps in HIV testing still exist, HIV self-testing interventions (developed at MLW) can reach population groups who otherwise find it difficult to access HIV testing. This analysis aimed evaluate the awareness, use of, and willingness to HIV self-test and explored sociodemographic associations before large-scale implementation of HIVST in Malawi and Zimbabwe. The main findings were that in 2015–16, many Malawian and Zimbabwean men had never tested for HIV. Despite low awareness and minimal HIVST experience, willingness to self-test was high among Zimbabwean men, especially older men with moderate-to-high HIV-related sexual risk. These data provide a valuable baseline against which to investigate population-level uptake of HIVST as programmes scale up. Programmes introducing, or planning to introduce, HIVST should consider including relevant questions in population-based surveys.


Antimicrobial resistance and tuberculosis are both serious threats that together cause 2.5 million deaths each year, are part of the 2030 agenda for sustainable development, and are two of only five health issues to ever secure a dedicated United Nations High Level Meeting. Apart from drug resistant tuberculosis, a less discussed but key overlap between these two threats is that tens of millions of doses of broad-spectrum antibiotics are used in the diagnostic work-up for tuberculosis, with the so-called trial of antibiotics probably being the most used tuberculosis diagnostic globally. The trial of antibiotics reflects the suboptimal nature of current tuberculosis diagnostics, which miss a substantial fraction of tuberculosis cases. The underlying assumptions are that symptoms that respond to antibiotics are attributable to other respiratory infections (assumed to be sensitive to the broad-spectrum antibiotic used), whereas non-responsive symptoms are likely to be due to tuberculosis.

Our study is the first systematic review and meta-analysis, and the most comprehensive assessment, of the performance of the trial of antibiotics in tuberculosis diagnostic algorithms. Our study found that despite being part of global recommendations for over three decades, trial of antibiotics is yet to be supported by evidence. Considering poor diagnostic performance, potential to increase antimicrobial resistance, and public health consequences of the misclassification of tuberculosis status, we recommended urgent and well designed prospective trials. In response to this evidence gap, we conducted the ACT-TB study, a randomised controlled trial that has just completed recruiting and we will soon start analysing the data.
An Update from Training

Donnie Mategula and Mphatso Phiri were each awarded an African Oxford Collaborative Fellowship Travel Grant (each £5000.00). Between 9th to 20th March 2020. They visited the Malaria Atlas Project at Big Data Institute in Oxford, to start a collaboration between Malaria Atlas Project at the University of Oxford and MLW. The aim was to share skills, experience and expertise in the application of advance geospatial models for malaria elimination efforts in Malawi. “In the two weeks' stay we experienced and understood the activities, expertise, key research priorities within the MAP in order to further define how a win-win collaboration between MAP and MLW would look like in the coming years. We also started training in spatial analysis using DHID2 Malawi data and output will be risk maps that will be used in our discussions with the NMCP on this work”, said Donnie. Donnie's PhD work will be along these lines.

An exciting moment for MLW as we submitted six Wellcome application, four master's and two International Training Fellowship (Donnie Mategula and Clifford Banda) who both have been invited for a second round application. We await the outcome.

Thank You, Anja!

The Training Committee would like to appreciate Dr Anja Terlouw for the great contrition to MLW training. Anja has served as MLW Training Committee Co-Chair and her service has come to an end in June 2020. Dr Kondwani Jambo takes over as the new Co-Chair. There has been much growth and visibility of training activities during Anja's tenure. Thank you, Anja. We wish Kondwani all the best as he continues to grow training at MLW.

Dealing with Anxiety During the COVID-19 Pandemic

Feeling stressed or anxious can be normal at times like this but here are a few things that could help:

1. Try to maintain social connections as much as possible – for example, calling friends and family on the phone.

2. Try as far as possible to maintain normal daily activities – including gentle exercising, eating healthy food and maintaining good sleep routines.

3. Constant news and social media can create more anxiety – try to limit your exposure to these, ensure you avoid rumours and follow only credible information sources.

4. If you feel the need for further support connect with the counselling service available at MLW. This service is by Vintage Health Wellness center and is for free for MLW staff. It is specific to anxiety and stress due to COVID. The service can be booked through +265995 260 153.

Side Note: Remember to take the MLW COVID-19 Symptom Checker Survey everyday:
Pictorial Focus of the Oxygen Plant Launch

In the photos: The Oxygen Plant launch at Queen Elizabeth Central Hospital on 19 June 2020
Invitation to Prayers

“You are invited to join MLW’s regular prayer group, that pray for the people and work of MLW. We have been meeting for nearly 2 years, and are made up of members from across many parts of MLW. We are an inclusive group for people of any faith or denomination. We usually share and reflect together on a passage of scripture or reading, and pray together. Can we pray for you? We are delighted to take prayer requests from anyone who would like prayer for any reason.

In the current times, when we cannot meet physically, we meet by Zoom early on Tuesday mornings at 07.30am, and also share reflections and prayer requests through a whatsapp group on other days of the week. If you wish to join either the Zoom meeting or the whatsapp group, or if you wish to send a prayer request (named or confidentially), please contact any of the following group members, so we can add you or pray for you: JaneLisa Musaya +265 995 67 35 05, Melita Gordon +44 7707 321447, Priyanka Patel +265 881 71 64 73, Happy Banda +265 881 38 17 84.


