

SECOND QUARTER

APRIL - JUNE 2019

At the helm of the Project: Clinical Research Site Leader Dr. Lameck Chinula. File photo

Right: A cross section of delegates during the launch.

Story
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PEER CERVICAL CANCER SCREENING AND PREVENTIVE THERAPY PROJECT LAUNCHED

UNC Project continues to fight cervical cancer, a leading cause of cancer related deaths in Malawi.



'Perception of cancer has changed, just like it happened with HIV,' Dr. Satish Gopal

A lot of community awareness has significantly contributed in helping people understand more about cancer, a non-infectious disease involving abnormal cell growth which usually invade or spread to other parts of the body.

Speaking recently to a team of student journalists from UNC – Chapel Hill, Director of the Malawi Cancer Consortium Dr. Satish Gopal, said establishing of diagnostic facilities, courtesy of UNC Project has helped in achieving this.

"People's perception of cancer has changed just like it happened with HIV," he said adding that cancer is a topic the consortium is working on through various studies, and research continues to grow.

On the issue of vaccination for cancer, Gopal said researchers are making big efforts to bring a lot of

innovation in the treatment of cancer.

However, he said, cancer care is still centralized in Malawi just like other countries which makes it harder for some people in distant locations to access diagnosis and treatment.

"At least decentralizing screening services would help. Pathology, chemotherapy and screening are highly centralized. There is also need for more training of personnel to carry out all these roles," he explained and added that Malawi has few pathologists and oncologists.

UNC Project, according to Gopal, has been the centre of processing samples and interpreting samples from across Malawi and has also taken a big role in the coming of the cancer treatment centre in Lilongwe.

UNC has a 15 strong faculty member team doing various assignments in Malawi with a strong leaning

on health care and research.

"In 5 to 10 years, it will be exciting to have been part of the contribution in the treatment of cancer in Malawi," said the oncologist.

Situated at UNC Project Malawi, The Malawi Cancer Consortium was established in 2014 to develop capacity and conduct high-impact research focused on HIV-associated cancers, with support from the NCI Office of HIV/AIDS Malignancies.

In 2016, additional support was provided by the NCI Center for Global Health to establish a Regional Center of Research Excellence for NCD.

The consortium builds on longstanding collaborations between the University of North Carolina at Chapel Hill, Lighthouse Trust, Malawi Ministry of Health, University of Malawi College of Medicine, Kamuzu Central Hospital, and other partners.



Dr. Satish Gopal. File photo:



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ACTG thanks CAB members for their contribution



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Twambilile Phanga represents Malawi in WHO Innovation Challenge



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Imbokodo: One year later



Delegates during the launch of the Peer Cervical Cancer Screening and Preventive Therapy Project at the Bingu International Conference Centre. Photo: Callisto Sekeleza

War against Cervical Cancer stepped up

UNC Project Malawi on Thursday, April 4, 2019 was part of the launch of the PEER Cervical Cancer Screening and Preventive Therapy Project, a new study funded by the United States Agency for International Development (USAID) and National Academies of Science (NAS), which will be led by the University of North Carolina (UNC) at Chapel Hill and the University of Malawi – College of Medicine.

Other partners in the consortium are MSH, the Malawi Polytechnic and the University of Washington. The study will evaluate the feasibility and cost-effectiveness of integrating a human papillomavirus (HPV)-based cervical cancer screening and treatment approach with voluntary family planning. Sixteen health facilities in Lilongwe and Zomba will participate as study sites.

In a statement during the launch, USAID said Malawi had the world’s second highest incidence of cervical cancer.

“These deaths can largely be prevented through regular screening for, and timely treatment of precancerous cervical lesions. This is due in part to limited resources and health facilities that provide screening programs, as well as a shortage of medical providers trained to perform the necessary diagnostic and treatment procedures,” read the statement.

Speaking during the launch, National Coordinator for Cancer Services Twambilile Phiri, said Malawi government also felt compelled to curb the cervical cancer burden, saying there were strategies in place to help achieve this. Among these, she mentioned HPV vaccine which was being rolled nationally, screening programme in all district hospitals for women aged 25-49 years, scaling up cryotherapy and spreading of research.

According to UNC Project Malawi Clinical Site Research Leader Dr. Lameck Chinula, the cancer study is designed as a cluster randomized trial integrating HPV-based screen-and-treat algorithm with voluntary family planning (VFP) services.

There are two models which will be applied in the study: In model 1 which will be done at the clinic only, there will be cervico-vaginal self-sampling for rapid high risk – human papilloma virus (hr-HPV) testing using the GeneXpert machine. On the same day, thermocoagulation will be conducted to treat the women found positive.

In the second model (Clinic + Community), similar procedures will be followed but the difference will be that the self-sampling will be done at home and not at the clinic as in model 1. Thermocoagulation will also follow if the women are found to be hr-HPV+.

THERMOCOAGULATION

Thermocoagulation uses heat to destroy tissue (visible precancerous lesions). The superficial epithelium blisters off after treatment, and the underlying stroma and glandular crypts are destroyed by desiccation.

The maximum temperature during thermocoagulation is 120°C to control of post-LEEP bleeding.

The technology has a clinical appeal because it is user-friendly, inexpensive, and durable. The system runs entirely on electrical power and requires no gas to operate. The treatment is fast, easy to learn and the equipment has a low dependency on a service infrastructure.

The treatment requires generally no local anaesthesia and is administered within a very short treatment cycle (< 2 Minutes). The device is fairly simple to use and does not require long enduring and costly training for an operator to understand how it is done properly.

Published data shows that cold coagulation treats cervical lesions as well or better than cryotherapy.

(<https://www.thermo-coagulation.com/>)



This is an in-house publication. Its mission is to promote a sense of community by communicating information relevant and vital to the operations and staff of UNC Project Malawi.

In a drive to increase participation and bring variety to the publication, all UNC Project staff are free and encouraged to contribute articles in this publication. Write ups are welcome in the range 400 – 600 words for event stories and a maximum of 1000 words for other more technical issues worth sharing.

Forward your contributions to: csekeleza@unclilongwe.org

Graphic layout:



Thank you for contributing to ACTG studies

The Aids Clinical Trials Group (ACTG) recently recognized role of the community advisory board (CAB) of UNC Project Malawi, in the studies under the Group, through award of certificates of appreciation. The CAB consists of various people including participants in clinical trials; traditional, civic, religious and political leaders and representatives of groups with special needs such as women and youth. IN THE PHOTO: Country Director Innocent Mofolo and UNC Project staff pose together with the CAB members after presentation of certificates. Photo: Callisto Sekeleza

WHO Innovation Challenge picks 30 out of 2400 entries for the 2nd African Health Forum

Twambilile represents Malawi in Cape Verde

Twambilile Phanga's 'Youth Friendly Health Services' was among the 30 best-profiled innovations during the three-day World Health Organisation (WHO) 2nd Africa Health Forum which took place in Cape Verde from 26-28 March 2019.

According to the WHO regional office for Africa, the WHO Innovation Challenge received a total of 2 471 applications in just four weeks from 77 countries – 44 countries in Africa. A panel of independent evaluators assessed and profiled the innovations in terms of the potential for making impact as well as ability to be scaled up in a sustainable way. More than a third of the submissions came from women.

"In the WHO Innovation Challenge, the idea was that the chosen innovations that can help solve African health problems, would be given chance to go to the Africa Health Forum in Cape Verde to exhibit in front of worldwide donors, government officials to see what other people were doing in Africa," explained Phanga said who is UNC Project's Project/Study Coordinator.

Journey on

Phanga said following the Cape Verde event, WHO has written all the 30 people who participated in the Challenge to contact their home (WHO) offices so that the innovations should not be forgotten.

"In the submission, we told WHO that we had this study which had amazing results in terms of uptake of sexual and reproductive health



Cape Verde president Carlos Almeida Fonseca and WHO Regional Director for Africa Motshidiso Moeti interacting with Twambilile. Photos: Courtesy of organisers

services but we were only in one clinic in Malawi. We feel if they fund us, we can be in almost every health centre or every district. We believe these services can effectively reduce pregnancies as well as

HIV infections among the youth," she said.

She added that they also convinced the WHO that this was a model which could be implemented in resource-limited settings, and it was a model that the rest of Africa could learn from.

The problem highlighted

"The problem

that I presented was that in Malawi we have high rates of teenage pregnancies, and also high rate of HIV infections among the adolescent girls and young women. This is largely because they cannot access services at a normal clinic. When they go there they meet judgmental providers. The timing of the services is wrong, sometimes there are stock outs and many other challenges.

"Through 'Girl Power study led by Norah Rosenberg, we implemented four models of care whereby young adolescent girls and women could come and access sexual reproductive health services," she said.

The study compared three clinics that offered a model of youth friendly health services to one that did not. Participants were followed for one year to monitor uptake and adherence to services. The results were 97% HIV testing, 82% condoms, and 54% contraception uptake, compared to the low numbers from the clinic that did not offer the services.

The YFHS model proved to be

effective in increasing uptake and adherence to sexual and reproductive health support and services. The programme provides services from a young person's perspective and addresses known barriers to care in youth dedicated spaces, separate from adults. Providers are trained in the YFHS approach to improve attitudes and peer educators are used to help young clients navigate health services as well as provide free services.

More power

Following the 'Girl Power study' which was being supported by UNC Project, the Youth Friendly Health Services (YFHS) project run as a pilot project under the banner 'Mphamvu' at Kawale Health Centre from September 2018 to February 2019 with funding from Unicef. Soon the services will also be extended to Mitundu Health Centre, a facility about 36 km away from the UNC Project Tidziwe Centre.



Twambilile together with some key members at the Kawale Health Centre Youth Friendly Health Services. File photo



The four HSL librarians with UNC Project Associate Country Director Debbie Kamwendo (left), Library Associate Wongani Jumbo (centre) and Country Director Innocent Mofolo. Photos: Callisto Sekeleza

Four librarians from the University of North Carolina (UNC) at Chapel Hill Health Sciences Library (HSL) visited UNC Project Malawi from 3rd to 7th April 2019 to do a needs assessment and determine how they can support and partner with libraries, researchers, students, and clinicians in Malawi.

The four were: Dr. Nandita Mani (Associate University Librarian - HSL and Director), Michelle Cawley (HSL Head of Clinical, Academic, and Research Engagement), Rebecca McCall (Clinical Librarian), Megan Fratta (Community Outreach and Global Health Librarian).

On the 4th, the guests had a tour of the project's facilities at Tidziwe and Annex buildings. This was facilitated by the Associate Country Director. On the same day, the visitors met different members of staff to hear from them on faculty

specific issues and how best they could be assisted through partnership with the Health Sciences Library.

On the 5th, the visitors met with the Hospital Director of Kamuzu Central Hospital Dr. Jonathan Ngoma. A working partnership was established between KCH and HSL. The visitors also donated three books to KCH library through the office of the Hospital Director. The visitors toured the hospital and later donated assorted items to the paediatric department.

The visitors also spent some time with UNC Project Library Associate, Wongani

Jumbo to strengthen their working relationship. They also donated three books to the library. They also promised that HSL will support the project's library in every way possible in order to improve its service delivery to staff and the entire community around KCH.

"The four also visited the Malawi College of Health Sciences and Kamuzu College of Nursing libraries. In both libraries, the visitors met with librarians and working relationships were also established. The partnership would include collaborating in writing grants and also on different projects like research

and publications," said UNC Project Library Associate Wongani Jumbo.

Jumbo said the Project's library will benefit from the visit by the four through having access to most library materials from HSL like books, among others.

"UNC Project staff will benefit from this visit in that they can work with the HSL team directly on different research projects, a thing which was previously not possible. The team will be able to help staff with systematic reviews and other research related works," said Jumbo.

Carolina visits Malawi



For love of the camera

UNC School of Journalism students, Margaret (Left) and Emily (Right), were also in country documenting for the print and electronic media platforms at Chapel Hill. This was part of their academic assessment. In the photo children at the school sponsored by UNC Project at Dzama, could not have enough of the video and still photos that had already been taken of them.

'There have been myths and misconceptions about the HIV vaccine'

IMBOKODO ONE YEAR LATER

A year down the line, since the HVTN 705 (Imbokodo) study enrolled the first participant, the last entrant was expected to be enrolled in May, making 154 the total number of participants allocated to the Lilongwe trial site.

Upon enrolment, all participants are followed separately for the next three years to ascertain if the HIV vaccine is safe and effective.

The Imbokodo study is happening in Malawi alongside other countries in southern Africa namely: Zambia, Mozambique, Zimbabwe and South Africa with a total enrolment of 2600 participants.

HVTN 705 has total of 26 sites in all the countries, with many centres located in South Africa.

The study is investigating if two HIV vaccines administered can prevent HIV negative women of the age range 18 – 35 from getting HIV.

According to HVTN 705 Co-Investigator Dr. Terence Tafatatha, participants in this randomized, double-blind and placebo-controlled study will receive 6 vaccinations at four time points.

"We are experimenting two HIV vaccines to see if they can prevent HIV in women in Sub-Saharan Africa. First vaccination is done at enrolment, then after three months and again after another three months (six months from enrolment) with the last one after six months (1 year from enrolment)," said Tafatatha, adding that at 6 and 1 year points the participants will be getting two vaccines at one go.

He said the major criteria for enrolling participants were: women of age 19-35, HIV negative, healthy, not pregnant and not breastfeeding.

Tafatatha said upon clocking one year, all has not been all rosy in the enrolment of study participants.

"There have been myths and misconceptions about the HIV vaccine. Some people would think that



Lighter moments: Some of the staff at the George Joaki Centre relaxing. Photos: Callisto Sekeleza

we are giving HIV to people and not a vaccine. Others would think we are encouraging people to go and get HIV," he explained.

Apart from such misconceptions, Tafatatha also said there was also lack of understanding on how vaccines work especially with regards to VISP – vaccine induced seropositivity. This when the vaccine produces antibodies for HIV upon receiving a vaccine, a thing which can produce

positive results when a person undergoes a rapid HIV test.

"When we are consenting these participants to enroll, we give them all this information so that they can know that once we give the vaccine, it can induce antibodies which can lead to positive results when a rapid HIV test is conducted. So if they want to do an HIV test, they should come to the clinical site for an HIV DNA test or we shall recommend where else they can go," he explained.

He also said there were misconceptions regarding drawing of blood for various tests. However, he said the team at the centre has done its best to clear such barriers to the progress of the

study.

Women are the most affected by HIV, and Tafatatha said if this Phase II B vaccine trial achieved desired results, women would be its primary beneficiaries.

HVTN 705 is a collaboration between the HVTN and Janssen Pharmaceuticals, designed to test an HIV preventive vaccine regimen that covers the different types of HIV found across the world. For Southern Africa, the study was named "Imbokodo", an isiZulu word meaning "rock" and coming from a popular African proverb which says, "Wathint' Abafazi, Wathint' Imbokodo!" ("You Strike the Women, You Strike the Rock!")



Co-Investigator Dr. Terence Tafatatha. Inset: George Joaki Centre.



Palliative care staff trained by the Ndi Moyo Palliative Care Trust with UNC Project officials.

UNC Project hosts Ndi Moyo Palliative Care trainees

Eighteen Health professionals who were undergoing specialized training in palliative care under the Ndi Moyo Palliative Care Trust from Salima visited UNC Project - Tidziwe Centre - on 22 March 2019. This was part of their familiarisation with some establishments which provide various services in the health sector of Malawi.

According to one of the facilitators of their tour at UNC Project, Esnath Mkandawire, this was the fifth time that the Ndi Moyo Palliative Care Trust has sent people undertaking its trainings to come and visit facilities at UNC Project.

"During such visits we take the people around all the facilities at UNC Project especially the clinic area and the labs so

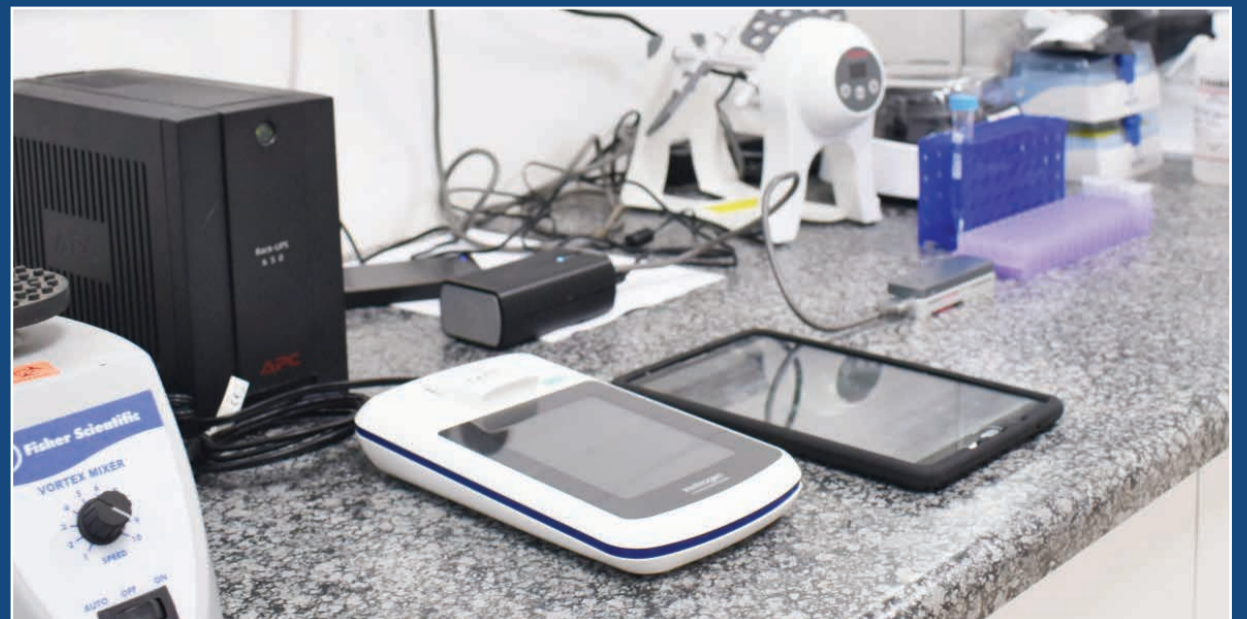
that they can appreciate the role that the Project is doing. We have been doing this in all the past visits that Ndi Moyo has requested us to host their trainees," she said.

She said initially such trainings were normally being done in Uganda but since they started administering them in

Malawi, UNC came into the loop because of the role it plays in the health sector.

Palliative care seeks to improve quality of life for both chronically ill patients and even for the affected family.

The Ndi Moyo Palliative Care Trust runs a centre in Salima district, providing palliative care across the district.



UNC LABS THINK BIG Bacterial sequencing on the cards

UNC labs want to grow their capacity with bacterial whole genome sequencing. The technology has the potential to provide in one single step, nearly all the information required to detect and characterize bacteria, to carry out antimicrobial resistance testing, to identify virulence determinants, and ultimately inform public health measures. The sequencing technology requires staff to have skills to handle all the protocols involved. In early April 2019 some UNC staff had hands on training in this field of microbiology. Lab director Gerald Tegha recently told the general staff meeting that the Project wants 'to grow capacity of the laboratories' with such technologies. Photos: Callisto Sekeleza

PICTORIAL FOCUS



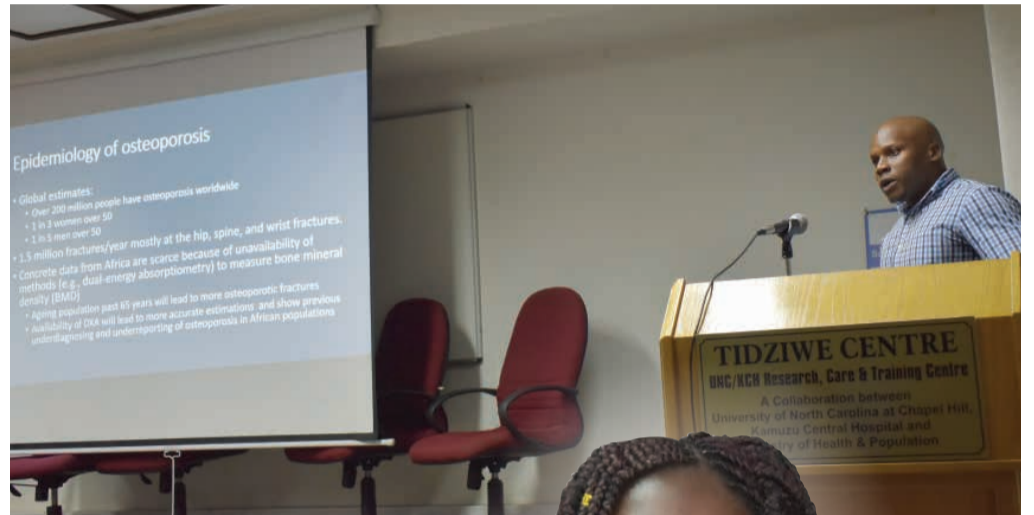
Simone Sasse and Annie Thom: *Perceptions And Alleviators Of Hiv Stigma Amongst Women On Option B+ Treatment In Lilongwe, Malawi.*



Victoria Youngblood: *A Prospective Study Of Breast Cancer At A National Teaching Hospital In Malawi.*



Jennifer Kincaid: *Mortality Of Mass Casualty Incident Patients Presenting To Kamuzu Central Hospital.*



McNeill Ngongondo: *Bone Mineral Density In Malawian Women At 1 Year Post Partum.*

2019 Research Dissemination

The afternoon of Friday 26 April was exciting and educative when an attentive audience grasped contents of 7 presentations making the 2019 UNC Project Scholar Research Dissemination. The presentations hinged on the following topics: Bone Density, Breast Cancer, Hiv, Trauma And Pneumonia.



Zachary Smith: *Validation Of Digital Auscultation And Computerised Lung Software Analysis In The Evaluation Of Pneumonia In Malawian Children: A Preliminary Report.*



Evarista Kudowa: *Incidence Rate And Predictors Of Hiv Incidence Among Adolescent Girls And Young Women In Lilongwe, Malawi.*



Laura Limarzi: *Influences Of Male Partner Support On Perinatal Depression Symptoms Among Women Enrolled In Option B+ In Malawi: A Qualitative Analysis.*



The presentors and their mentors after the day's work. Photos: Callisto Sekeleza

UNC PROJECT PEOPLE

Welcome to the column. Please tell us how your journey with UNC Project has been like.

I started working with UNC Project on 25 April 2005 and stayed up to 7 May 2007. I started out as clinic aide for the Breastfeeding and Nutrition (BAN) study. That was also the time when the UNC Project guest house was being constructed. While I worked as clinic aide, management was already aware that my career was in cooking and housekeeping. Before starting work at UNC Project, I already knew some personnel while the organisation was being housed in Amina House (opposite Cashbuild). By then I used to work at Mona's Take Away which was in the same complex as UNC Project. That's UNC Project management were aware of my real career from interactions at Amina.

When the UNC Project guest house was completed in 2007, that was when my name was recommended to move from the BAN study and assist at the guest house. By then my supervisor was late Godfrey Kamanya.

I worked as assistant guest house

JOYCE CHIULIKA CHAGWADA

GUEST HOUSE KEEPER



keeper up to April 2009 when I was promoted to guest house keeper after my boss resigned to join politics.

When you say housekeeping, what does your work involve?

When we talk about housekeeping, it's about receiving and taking care of the guests. This involves cooking, cleaning rooms, making the beds, taking care of laundry and many more. We also brief them some issues concerning their stay in Malawi like how they can conduct themselves in some places. We also tell them things like our culture.

Up to how many guests do these facilities at the Project accommodate?

Usually during summer (US), from May to August, we have many guests. Almost in every room we have two guests sharing. We can have up to 30 guests.

So do you cook for all that big number or they cook for themselves?

Of course they cook for themselves but sometimes they involve us to prepare food for them.

What's the lowest number of guests within a year?

The lowest number we can have within a year is from eight to ten guests. As of now there are seven guests but come summer we should receive more guests.

How many staff are you at the guest house?

We are three. I have my assistant and we also have one gardener. We also have two guards during the day and three during the night.

Isn't the work too much for you?

No. Like for the personal laundry, the room occupants do it on their own while we just take care of the beddings. We also plan properly on the tasks to be done both for the old guest house units and the new ones. We have washing machines in both buildings.

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The guests are adults and that makes it easier to work with them. They are ready to talk to us to deal with any issues they may have.

What work related challenges do you face?

You know we are working with different people from different countries and

cultures. Some understand us while others do not. Sometimes, others are not willing to live by the guest house guidelines, a thing which may make our work difficult.

What are the things you cherish in your work?

The guests are adults and that makes it easier to work with them. They are ready to talk to us to deal with any issues they may have. They are lovely people and are ready to help even in personal problems. Sometimes they even bring us all together with our families just to interact. We stay as one family.

So in the past 12 years what is it that you will cherish most about UNC Project?

In 2008, when the Hoffman's came to Malawi, I also had training facilitated by Mrs. Hoffman in catering. The training was done right here at the guest house and later I got certificate from UNC. This certificate raised my professional accolade and I can be rated highly anywhere else. It was written 'from University of North Carolina.'

Having learnt about your work related background, what would you want us to know about your personal background?

I was born Joyce Chiulika on 25 July 1975 in Blantyre. I did my primary school at Blantyre Girls Primary School. From there we moved to Dedza where I did classes 6 and 7. Then we moved to Ntcheu where I just

did one term of class 7 and again we moved to Blantyre where I completed my primary school at Chirimba Primary School. My father used to work for International Red Cross Federation. In 1993 I was selected to Stella Maris Secondary School where I did Forms 1 up to 4 in 1997. I did not do well in my school certificate. My family had also moved to Lilongwe where I wrote the exams again in 1998.

In 1999 I started working at Public Affairs Committee (PAC) as the country was preparing for that year's elections. I worked as elections monitor. While working there I also joined cookery training at the Malawi Institute of Tourism. I was trained for six months. In 2000 I stopped working for PAC and joined Mona's Take Away as supervisor. I worked from 2000 up to 2003. In 2005 I joined UNC Project.

I am married with one child. My son is turning 19.

What do you like to do outside your work?

I like watching television especially gospel channels. I like praying a lot.

In your general life, what are your highest and lowest moments?

My highest moment was when I heard that my son had been selected to study at MUST and the assistance he is getting until he completes his BSc in Medical Microbiology at the university. I will live to cherish this. I really enjoyed and I worship God for that. I am always praying for my bosses for the support.

One of my lowest moments was when I heard that my former guest house supervisor Godfrey Kamanya had committed firearm suicide. I feel bad every time I remember about that and what his dependents are going through.

Lastly in this interview what would you want to say?

I always thank UNC Project Malawi management; Mr. Bonomali, Mr. Mofolo for their understanding. Sometimes we do wrong things but they correct and guide us. I always pray for their families. I also thank the guests here for their understanding. I am forever grateful to the Hoffmans for their support. I also cherish all the staff I supervise at the guest house.



UNC Project People will be a regular feature in each issue of the Tidziwe POST.

Do you know someone with anything interesting or unique at UNC Project?

Please email your suggestions to csekeleza@unclilongwe.org indicating name and department the individual is working in.