

CANCER SYMPOSIUM



Participants during the symposium at Ufulu Gardens .

The 3rd Malawi Cancer Symposium took place from 26 to 27 May 2021 in Lilongwe and drew together various physical and online participants from across Malawi and beyond.

Themed 'Together against cancer,' the symposium was organized by the UNC Project Cancer Program and was funded by the National Institutes of Health.

Kicking off the event Malawi Minister of Health Khumbize Kandodo Chiponda said cancer was a serious issue which government was taking seriously. She said Malawi was having an increased number of cancer patients needing medical attention.

"It has been a challenge sending patients outside the country for treatment as it is expensive and the country cannot manage to send everyone. That is why we are working to have the National Cancer Centre in Lilongwe fully functional so that we can attend to more patients locally," she said.

The minister added that the country would soon start admissions for adults at the cancer centre, where during their time only children were receiving treatment.

National cancer control strategic plan

UNC Project Cancer programme co-director Dr. Tamiwe Tomoka said Malawi was moving forward in the implementation of its national cancer strategic plan despite various challenges.

She said the strategy had these main domains: prevention (screening), treatment, diagnosis and surveillance.

"For instance on the treatment domain we have the cancer treatment centre which was opened for some patients last year. However there is some infrastructure that we have to develop; for instance we don't have radiotherapy and that is in our plan to have it. We do have some chemotherapy but that needs to be increased as well," she said.

She added that under the strategy there were also plans to include breast cancer screening in the prevailing infrastructure of cervical cancer screening. She also lauded the interest which government was showing in the implementation of the national cancer strategic plan.

Lack of infrastructure

Tomoka said lack of infrastructure was affecting care at so many levels.

She said: "It is difficult for a patient who has got cancer to get to the final stages of testing. People leave in hard to reach areas and knowledge is low. Some will have a swelling and they will not know



Dr Tamiwe Tomoka speaking to the media

Photos: Callisto Sekeleza



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How Mulanje manage the NCD clinic to always come out tops



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Pictorial for the first half of 2021



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UNC Project people: Boneface Musisi



Health Minister Khumbize Chiponda (in red) and dignitaries during the opening of rgw 2021 cancer symposium.

3rd cancer symposium takes place in Lilongwe

>> FROM FRONT PAGE

it is cancer.

“For one to navigate from the hard-to-reach areas to where we give the services, it can be a challenge. We have limited pathology services; we only have three laboratories; one is private while the other two are public. The Lilongwe one alone serves the whole central region and the northern part of Malawi which is almost half of the country.

She also cited lack of oncologists in the country and equipment to enable the few available staff see a good number of patients.

“Efforts are there but we are not moving as fast as we would. What saddens me a lot is that we do have people from low socio-economic backgrounds who have nobody to voice out for them when they need referral cancer care outside Malawi. We have seen those who are privileged call for funds through friends on social media to facilitate

their treatment. But what are doing for the other ones who don't have a voice? This is where we need to put our effort so that everybody has equal care. That's the direction we want to move in,” she said.

Key stakeholders in the symposium presented on issues related to the national cancer strategy, care, advocacy and research in Malawi, including current challenges, future priorities and opportunities to work together across sections. The symposium also provided a platform for both local

and international cancer research, care and advocacy stakeholders to exchange information, highlight strategic priorities and identify opportunities for collaboration and personal development.

Keynote speaker for the symposium was Dr. Jackson Orem, director of the Uganda Cancer Institute (UCI) who has played a key role in growing UCI into a national teaching and research institute under the Government of Uganda Ministry of Health affiliated with



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:
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Graphic layout:



COMMUNICATIONS

How Mulanje manage the NCD clinic so that they always come out tops



Kandielo Chinunga,
Mulanje SHARP coordinator



In Mulanje, as a clinic, we have the nursing department, HMS (health management system) and we have the clinical department.

It starts with the coordinator who produces a roster for the clinicians and the nursing department providing nurse at the OPD. We have 3 clinic days in a week. Tuesday, Wednesday we see hypertensive patients and on Thursday we see those with diabetes.

The nurses at the clinic are those who also work at the out-patients department. It is system that was introduced so that the nurses know that on each working day they must avail a nurse at the NCD clinic.

Regarding the depression management, when the patients come, they are received by the data clerk and they are provided with the



Chinunga (first left) and fellow staff from Mulanje Hospital

master cards and when the nurses are doing the blood pressure checks, they do the first two questions of the Patient Health Questionnaire (PHQ). If they are conversant with the PHQ they complete the whole of it and hand over to the clinicians who check it and complete if there are remaining sections.

In Mulanje we have very dedicated clinicians and nurses. The OPD nursing in charge is also very dedicated. In short we have very good teamwork.

The trainings that we participate in have also helped us, as simple as they look. People may attend trainings and still not perform. There is a trend whereby people want to please people; they take someone for a training, say

a senior, but they don't come to the clinic. In Mulanje we resolved that those who should go for trainings are those who work at the clinic even if it's an intern. This has helped and we finished enrolment in December 2019 and started following up the patients. We had 1165 patients. We lost one because they missed their window period due to COVID-19 but we managed to exit the rest successfully because of the team work we have.

We also managed to have three data clerks in our training. So on each clinic day they have to be there. They own the project.

Every month I produce a roster as coordinator. In other districts it's the district medical officer who do that.

PICTORIAL FOCUS

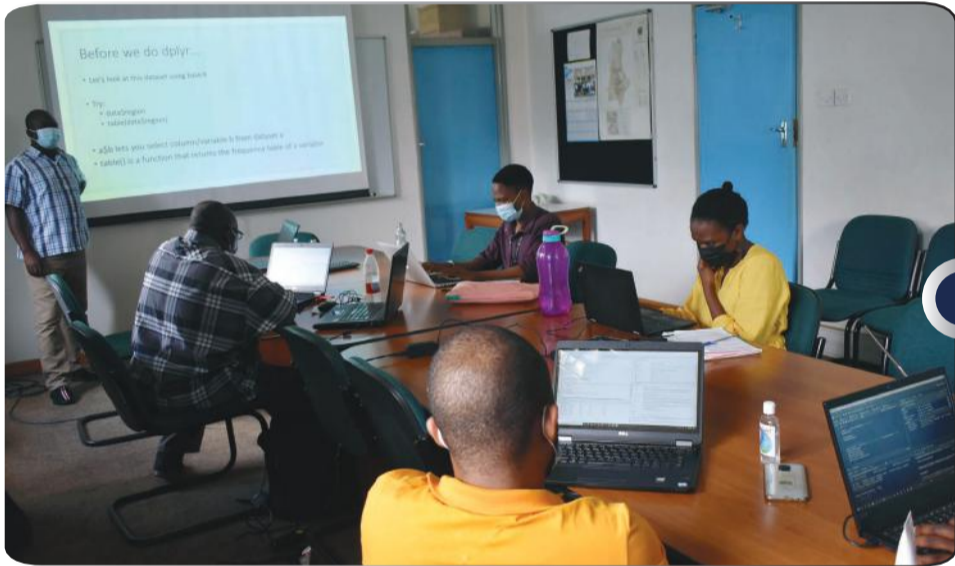
AS WE APPROCHED MID-YEAR



Peer educators, clinicians, nurses and HTC counsellors from Kawale and Kabudula health centres in a PMTCT/EID workshop under the Mphamvu Project.



Time to flaunt certificates: Staff soon after getting their AstraZeneca shots.



Participants during a training workshop in Geographical Information Systems (GIS) held at Tidziwe Centre from 15 March 19 March 2021



Facilitators and participants during the Malawi HIV Implementation Research Scientist Training (M-HIRST) Program from 26 to 28 April 2021.



Delegates to the antimicrobial resistance (AMR) surveillance protocol stakeholders' dissemination meeting held in Lilongwe on June 8 2021.



Cutting cake to celebrate research work in cervical cancer, number one killer of women among all cancers in Malawi.



Medical and clinical officers get together to talk about their work on 28 April 2021



Nightingale pride: Nurses celebrate the international day of nurses on 6 May.



Team from Chileka Health Centre in Lilongwe celebrating their certificate of recognition for their role in screening and treating women for cervical cancer

PEER cervical cancer health facilities meet for review

On Monday 21 June 2021, medical officers, clinical officers, nurses, laboratory technicians, environmental health officers, and health surveillance assistants gathered in Mangochi where they had a review meeting for the PEER cervical cancer research study.

Delegates learned about the latest updates and experiences in other participating health facilities and spotted opportunities for improvement.

The PEER project is a cluster randomized trial conducted in selected health facilities in Lilongwe and Zomba, integrating a human papillomavirus (HPV)-based screening method with voluntary family planning (VFP) services.

Addressing the participants Dr. Thokozani Liwewe from the Lilongwe District Health Office said

the essence of the gathering was to appreciate the work done under the PEER cervical cancer study, emphasizing that cervical cancer was one of the most common among women in Malawi.

“It is encouraging to note that when some facilities are doing well it also encourages others to do well,” she said.

Zomba District Nursing officer Joseph Zulu said it was very encouraging to note that in the course of project implementation there were a lot of successes registered.

“This shows that we were parts and parcel of this and have been participating actively in the implementation. Let’s us sustain the momentum. It should not end. We should continue the fight so that many women should access the services,” he said.

He congratulated all the health

facilities that had done well in the project and received certificates of recognition. He said the fight against cervical cancer requires team action and not individual approach.

“Women would want to live free of the cervical cancer and this is largely dependent on us. Let us have, the interest, the team spirit. Partners will always want to come to support us if we ourselves start.”

Principal Investigator for the PEER cervical cancer research study Dr. Lameck Chinula lauded the milestone the project was already achieving.

He said cervical cancer is the number one killer among all cancers in Malawi; 2800 women die annually due to this cancer in Malawi but it was preventable if detected and treated early.

“It’s disheartening how women die; others left alone. The amount of

pain women suffer is great. We don’t want more women to be experiencing the same,” he said.

The main agenda of the meeting included sharing of experiences from some health facilities implementing the PEER project in Zomba and Lilongwe, updates on CECAP register’s documentation, review of data, discussions, questions and answers, case studies and presentation of certificates of excellence.

Bwaila Hospital, Chileka Health Centre, Namasalima Health Centre, Ngwelero Health Centre, Nkhoma Mission Hospital and Zomba Central Hospital received certificates of recognition for being outstanding in cervical cancer Screening and preventive therapy. An individual Patrick Chigumula was also recognized for being outstanding in cervical cancer screening and



Zomba District Nursing Officer Joseph Zulu



Dr. Thokozani Liwewe from the Lilongwe District Health Office



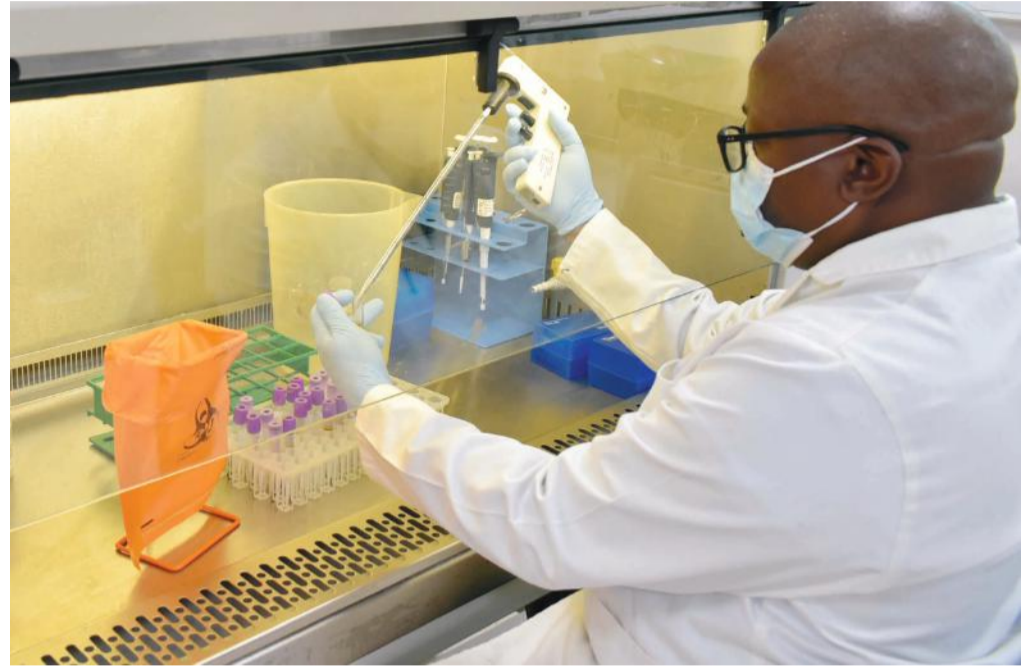
Patrick Chigumula from Domasi Health Centre who was recognised for his outstanding role in screening women for cervical cancer



“I wanted to be either a priest or a medical doctor”

BONEFACE DALITSO MUSISI

CELL PROCESSING LABORATORY SUPERVISOR



Please tell us your background?

I was born at Manolo Village, Traditional Authority Mkanda in Mulanje, just in the border between Phalombe and Mulanje districts. I was born on 21st December, 1971. I went to Kambenje Primary School in the same area. From there I was selected to Phalombe Secondary school in 1988. I did my entire secondary education there. In 1993 I came to Lilongwe when I was selected to study for a certificate in medical laboratory technology at the Lilongwe School of Health Sciences (now known as Malawi College of Health Sciences).

I graduated in 1995 and joined the Lilongwe Central Hospital in 1996. I worked as a lab assistant. I worked for one year and in 1997 I joined Southern Bottlers Malawi Limited (Sobo) in Blantyre. I worked in Blantyre for 2 years. I started out as quality controller and then was promoted to lab supervisor. I was controlling quality for mineral drink products by the company.

In 1999 I was transferred to Lilongwe, still under Sobo. While working there I again enrolled for a diploma in medical technology at the Malawi College of Health Sciences again where I graduated in 2004 with a diploma in medical laboratory technology.

I joined UNC Project in 2007.

Why did you leave work in the commercial/industrial environment and opted to rejoin the medical laboratories?

I still had passion for medical work and wanted to go back to my roots. I also thought of patients and how I could contribute to their good health.

What are the differences between an industrial and a medical lab?

Both are there to help people. However, while in the industrial lab I worked in was into production of ‘luxuries’ like soft drinks, the medical lab concentrates on saving lives. When graduating from the college of health sciences I pledged to commit my services to improving the wellbeing of patients through laboratory work.

After having worked for UNC Project from 2007, I thought of going back for studies. So in 2015 I went to Mzuzu University to pursue a degree in Biomedical Sciences and graduated in 2017. UNC Project welcomed me back. Now I work as lab supervisor at the cell processing lab. This lab has not been known by many even within UNC Project because we have mainly been operating from rented spaces. At first we were along the Likuni road at the Agriculture facilities, then came to the KCH skin department before we moved in to the Annex Building.

Why did you choose to study these biomedical sciences?

Frankly speaking when I was young, I wanted to serve God. I wanted to become a Catholic priest. My second choice was to become a medical doctor. Even when I went to secondary school I still wanted

that. Upon completing secondary school, my desire to join priesthood diminished but my second choice became apparent. However if I went to Chancellor College my plan was to study Theology so that I could later go for pastoral way, and if that failed I would study science so that I would later join the College of Medicine and do medical work. All this never worked. So I applied to join the School of Health Sciences to study clinical medicine. Unfortunately I was selected to study the medical lab technology.

So did you like to do the lab things?

I was encouraged by my psychology teacher at the school who said it was not all about me but ‘God’s calling’. My teacher, Mr. Sibale, told me that ‘we should always make what God has chosen for us.’ Frankly I did not choose to study the medical lab technology programme, I was just placed there.

What does your work entail now?

I supervise the work in the laboratory. We separate PBMCs (white blood cells) from plasma and red blood cells. The PBMCs are live cells. These are about immunity to human beings. We separate them so that they remain viable for shipment to assay labs outside

the country. In those assay labs they are reactivated and further processes are done to come up with treatment of diseases or vaccines. The plasmas and red blood cells may also be exported according to the requirements of associated studies. Basically that’s what we do.

What are your goals, having worked in labs for about 25 years?

I want to continue working in this field in the in various capacities.

I am married.

I have three children, two sons and a daughter. Nobody among them seems interested in pursuing a career in science. They are all into arts.

What do you like to do during your free time?

I like listening to local Gospel music and secular Zambian music.

What are your favourite meals?
Nsima and fish.

What is do you like about UNC Project?

I like the team work. Frankly people at UNC Project live as one community. We share a lot and are together in times of happiness and in times of sorrow.

Any last words before winding up?

I look forward to those moments we have always been having at the Project like the general staff meetings. COVID-19 pandemic has stalled such type of interactions. I also want to encourage my colleagues to work hard and know why they are here - for research purposes - so that Malawi can benefit from the research that we are doing. I always feel bad when studies are stopped midway because of various factors.

