NEWSLETTER

Tidziwe POST

UNC PROJECT Lilongwe, Malawi

THIRD QUARTER

JULY - SEPTEMBER 2023

Tchangani Tembo Study Coordinator for the CAB LA study explains to Deputy Minister of Health (black head scarf) and Minister of Gender (red head scarf) about the CAB LA HIV pre-exposure injectable drug. Photo: Callisto Sekeleza

CAB LA LAUNCH

On September 19, 2023 UNC Project Malawi witnessed the launch of the injectable Cabotegravir Long Acting (CAB-LA), a drug it examined together with other sites under the umbrella of HPTN 084 study.

The launch, which took place at Likuni in Lilongwe was witnessed by various collaborators in the fight against HIV.

Malawi will be one of the few countries in the world to implement use of the drug at the moment.

CAB-LA will benefit 10,000 Malawians at high risk of infection in Blantyre and Lilongwe through 36 healthcare facilities in the implementation science initiative. Supplies of CAB-LA will be provided to the Ministry of Health through the President's Emergency Plan for AIDS Relief (PEPFAR)

Guest of honor at the launch, Deputy Minister of Health Hon. Halima Daudi, said government was excited about the news.

She said: "This marks a new era in HIV prevention, as Malawi looks at the goal to end HIV by 2030."

CAB-LA will be administered as pre-exposure prophylaxis every two months to those at risk.

UNC Project has been conducting the qualitative formative study that will guide the subsequent implementation project.

HPTN 084, the first large-scale clinical trial of a long-acting injectable (CAB-LA) medication for HIV prevention in sexually active women began in 2017. Conducted in southern and eastern Africa with UNC Project as one of the sites, the study examined whether a long-acting form of the investigational CAB-LA injected once every eight weeks can safely protect women at risk for HIV infection.

For some time the only drug regimen licensed for HIV pre-exposure prophylaxis, or PrEP, has been taken daily as an oral tablet.

'I want to be a banker' Charlie scholar aims high

Evidence Napolo who is one of the students benefitting from the Charlie (Charles van der Horst) Scholarships has said he will continue working hard in order to realise his dream of becoming a banker.

Upon his selection to start Form 1 at St. Patrick's Secondary School at Mzedi in Blantyre, Evidence said he was happy to be among three students at the primary school he went to – Victoria Gardens Academy - to be selected to a national secondary school.

"I am happy to be selected to a national secondary school because that is what I wanted," he said.

He added that he always worked hard to be among the top 10 in his class.

Out of the six subjects that he sat for in the primary school leaving certificate, he got five 'A's (distinctions)and one 'B' (strong credit)

Evidence Napolo's achievement raises the flag for UNC Project's social responsibility under the Dzama Education Development Program and the Charles van der Horst Scholarships.

Currently, six learners (three male and three female) under the programme are in secondary school, while three (two male and one female) are in primary school.

'We decided that we would take Lameck do in one week what someone in the US would do in three years'

DR. LAMECK'S IGCS EXPLOITS

From 28 to 30 August 2023 Dr. Michael Hicks was in Lilongwe to continue his work of mentoring Dr. Lameck Chinula who is the first Malawian fellow in the two-year International Gynecologic Cancer Society (IGCS) gynecologic oncology training program.

The program involves mentorship on gynecologic oncology, including surgeries, and Hicks is mentoring in Malawi and Zambia.

The program runs in Malawi, Zambia, Mozambique, Kenya, Uganda and Nigeria.

"The whole goal is to develop Lameck's skills entirely on gynecological culture so that he can do and manage all patients that have female genital track cancers such as cancer of the cervix, ovary and uterus. He would have all the expertise along with proper certification. At that point, he would then select who he wants to train; thus we have built the capacity," said Hicks.

He said the working relationship with Lameck started in 2015 but expanded into an official fellowship in January 2023 through IGCS international training program.

What were underlying factors that necessitated the establishment of the fellowship?

"I started working in Africa in 1990 and the objective was to do cancer surgery. I started in South Africa, then Zambia, and Malawi. The problem was that we would come in and do surgery but we did not build capacity; we did not train anyone to do that after we left. After we did that for 14 years, we needed to change our model and that led us to start training people and leave them in place.

Mentor and mentee: Dr. Michael Hicks and Dr. Lameck Chinula **Right:** Dr. Chinula, and others, hands on in the theatre. Photos courtesy of Dr. Lameck.

He said they started the program in Malawi in 2015 and then DRC. "We have also just started in Rwanda but have not identified anyone yet; we are just in the process."

Since Dr. Hicks started working in Africa, he has mentored eight people who are also capable of mentoring others.

"Lameck has the ability to do surgeries I can do and he no longer needs me. Malawians can now receive treatment from Lameck without waiting for me in US."

One person with one or two assistants, according to Hicks, does the surgeries.

"When we started in 2015, we did a surgical intensification programme. Lameck did that. The number one disease he sees is cervical cancer. About 20% of people with cervical cancer have curable disorders that require surgery. Someone here needs to be doing those operations.

We decided that we would take Lameck do in one week what someone in the US would do in three years. Therefore, Lameck would do 10 radical surgeries in one week. In the US, it would take 10 surgeries in three years for one to be certified," he explained.

In Malawi, the rate of cervical cancer is 63 out of 100 women while in the US it is 7 out of 100 women. The burden of the disease in Malawi is substantially high. Its not unique to Malawi but in all sub-Saharan Africa. This is mainly due to lack of screening.

90% of women receiving surgeries for stage one cervical cancer are cured, according to Hicks who has been doing the work for 32 years. He lauded the programme for saving lives of Malawian women through the skills imparted in Dr. Lameck Chinula.

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This publication is produced in-house. Its purpose is to strengthen community ties by communicating information relevant and crucial to UNC Project Malawi's operations. 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 of 400 – 600 words for events and a maximum of 1000 words for other technical issues worth sharing.

Forward your contributions to:
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UNC PROJECT Lilongwe, Malawi
COMMUNICATIONS

'Cancer to double in Southern Africa by 2040'

Guest speaker during the 5th Malawi Annual Symposium, Dr. Susan Msadabwe - Chikuni, said the number of cancer cases in Africa is expected to double by 2040 to more than 1.4 million due to infections, population growth, aging and challenges in diagnosis leading to increase in cancer deaths.

She however noted that not all is lost because if interventions are done, this may change.

Dr. Msadabwe - Chikuni is a clinical and radiation oncologist at the cancer Diseases Hospital in Zambia, heads clinical care and manages clinical, research and training at the only radiation therapy health facility in the country.

In 2020, Southern Africa registered a 106 percent increase of cancer cases, a development described by health specialists as alarming.

"If we don't come in with impactful interventions, there will be an increase of cancer cases of the 106 percent by 2040. If we intervene, however, by all those strategies i.e cancer registries, awareness, prevention and adequate treatment, then that trajectory might not happen. It's important that we are able to provide these control measures to ensure that the increase does not happen," she said.

Dr. Msadabwe - Chikuni: We need to intervene with impactful strategies

She bemoaned the lack of leadership in cancer registries as they are usually detached from national health systems and considered as separate entities. She said this lack of leadership in these cancer registries means interventions on impactful strategies do not have back-up data.

According to her, the main purpose of these registries is to collect data which informs policy, improves outcomes and to see how countries are faring in cancer control, and in making regional and international comparisons.

In the western world, close to 90 percent of patients diagnosed with childhood cancers survive unlike in low resource settings whereby less than 25 percent survive.

UNC PROJECT PEOPLE

MARIA CHIKASEMA

Nurse: Research, Oncology, Palliation

Briefly tell us your background.
I am a nurse. We are four in our family currently and I am the last born. We were all raised up by our parents. My father is late but my mum is still alive. I grew up in Lunzu where my dad was working. I did my primary school there and later went to Bakhita Secondary School in Balaka where I got my MSCE. From there I went to St. Joseph's Nursing College in Nguludi, Chiradzulu, where I did a three year diploma in nursing and midwifery. I completed in 1994.

What motivated you to be a nurse?
With lack of career awareness at that time, I cannot say I thought to be one. It just happened; I applied without any thought about it and I was selected. When I started working, I began loving the job.

How did you start your work life?
Since I grew up in Lunzu, I decided to work within the same area. I worked for Mlambe Hospital in Blantyre from 1995 to 1999.

I married in 1999 and moved to Chitawira within Blantyre. When I moved to that area, I worked for 6 months at Queen Elizabeth Central Hospital (Queen's). I used to work in the children's care ward. Then I joined Johns Hopkins Research Project in 2000. I worked there for two years from 2000 to 2002. Then my husband secured a new job in Lilongwe and that is when I followed him.

I came to Lilongwe in 2002 and applied for a job at African Bible College (ABC). By then Johns Hopkins Research Project and UNC Project had an inter-institutional staff transfer arrangement i.e. if one was working for Johns Hopkins Research Project, they would be able to transfer and work with UNC Project in Lilongwe. However, in my case, Blantyre would not give me the transfer letter. They didn't want me to move out and I lost that opportunity. However, since I had talked to UNC Project prior to that, the country director said he would collect the transfer letter himself when he traveled to Blantyre.

My appointment at UNC Project coincided with an offer from ABC. I was required to report for work on the same day (15 August 2002) at the two institutions. I chose UNC Project so that I could continue my work, which I started with Johns Hopkins Research Project. Now I have been here for 21 years.

Which other studies have you worked in?
I was assigned to Choriommionionitis study which I had also been doing at Johns Hopkins Research Project. It was also called HPTN 024.

I also worked under BAN (breastfeeding and nutrition study), 2003 to 2009. From 2009 to 2013, I was under the Cryptococcal Study Phase II. I have also worked under a number of cancer studies.

When I was working under the cryptococcal study, I was operating from Ward 2B of the Kamuzu Central Hospital (KCH). In the same room

there also used to be Dr. Dan Namarika who was seeing cancer patients. Then Dr. Agnes Moses came with CANCO (Comorbid Infections and Cancer in Malawi) and esophageal cancer studies. In CANCO we were asking patients about the risks of cancer like the type of water they used, maize storage, cooking materials, types of houses they lived in e.t.c.

During that time, there was no government nurse assigned for cancer care, so together with another colleague from UNC Project, I used to assist the government side clinical care under Dr. Namarika. Then there came Dr. Satish Gopal from UNC who started the lymphoma cancer study in 2013.

I combined these tasks with ACTG 5263, a Kaposi's sarcoma study. I had plenty on my plate and I was asked to choose one area. I opted to work under the cancer studies. To date I have been in cancer studies for 10 years.

Why did you opt to practice oncology nursing?
I saw people suffering. There was no government nurse, to handle cancer cases. I had already been there and I became passionate about the work. I saw Dr. Namarika working with dedication. Apart from being a doctor, he could review patients, compound chemotherapy drugs, and administer them, as there was no government nurse assigned for that role. He motivated me because he performed his duties without grumbling. During that time, we could compound the chemotherapy in the same treatment room without a chemotherapy hood. It was risky but we didn't know because we had no information. We did it for the passion of giving care to patients.

Further, during our nursing training, there was no curriculum for cancer but now I was seeing cancer patients. I could see some walking in at least healthier but I could see them deteriorating. Based on the type of treatment, I could also see others picking up and becoming healthier. My passion was to know more about cancer, and how it could be treated. Cancer nursing was something new.

I started using personal initiatives to learn a lot about cancer care. Before we started seeing more cancer patients, Blantyre was already seeing a lot of them. So, I communicated with them on their sources of information, and training opportunities.

We had three doctors at the ward but without government nurses. I talked with the UNC Project Cancer Program coordinator if could be sponsored for a training in Blantyre facilitated by Lineberger. After one training occasion, the trainers had plans to do more trainings in oncology nursing for government nurses. There was one vacant position for training and I was offered a place to join the government nurses in oncology nursing training although I was from UNC Project. Thus, I enrolled for a comprehensive Oncology Distance Education Course (ONDEC) for one year (2016 to 2017) under the Cross Cancer Institute, Canada. I passed all five modules, with high grade, as a certified oncology nurse. That motivated me for continuous learning. I started looking for more courses. In 2018 I also got another certificate in standardized chemotherapy and biotherapy (De Souza Institute, Canada).

Goals of cancer treatment are cure, control and palliation whéreby cure is eradication of cancer in the body.Control is containment of the growth of cancer cells, disease is not completely eradicated. Palliation is care beyond cure which gives comfort and relief of symptoms.

Thus, upon realising that chemotherapy alone cannot manage the pain and distressing symptoms, I was motivated to enrol for a palliative care initiators' course at Ndi Moyo Palliative Care Centre in Salima.

Palliative care is the active total care of the body, mind and spirit of the patient and involves giving support to the family from the time of diagnosis and beyond bereavement. From Salima, I became a certified palliative care provider and a trainer of trainees.

After the course I used to practice palliative care at OPD 2 of KCH, apart from my day to day work at the Cancer Ward 2B.

I also continued with other courses online like Inter-professional Education in Palliative Care and End of Life Care in 2019 under the De Souza Sponsorship.

When we moved from Ward 2B to the new Cancer Centre in 2020, number of patients increased greatly and we often wondered where all these cancer patients had been. On seeing more suffering of cancer patients and after what I had learned in my courses, I understood that palliative care should start from diagnosis up to bereavement.

When Dr. Alyssa Tilly came, we pushed that the cancer centre should have its own palliative care section unlike taking the patients back to KCH for palliation. We now have a palliative care unit at the cancer centre.

To further my knowledge, I applied to study a BSc in Palliative Care under the Makerere University, Uganda. I am in my third and final year now. It is delivered on-line but I go there once every year for a face-to-face interaction.

Are you satisfied working as an oncology nurse?
Yes. One of the examples I give is of my father who died of cancer within three weeks of the onset of symptoms. Some of the skills I have acquired in palliation helped me and my family early this year.

What do you like to do in you free time?
I like travelling, making new friends. I also like watching TV and playing netball.

You said you are married?
I am married and have two children; male and female.

Any final words in this interview?
There are lots of things we may not know but we need not be afraid. There is no oncology nursing curriculum in Malawi but things can start with us. We are only 13 certified oncology nurses in Malawi through ONDEC and I happen to be the only one Lilongwe. Let's not look down upon ourselves. Career advancement is important.

UNC Project People is 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.

PICTORIAL FOCUS

FROM OTHER ANGLES

COVPN 3008 Study Coordinator Allan Jumbe addressing media participants during a science cafe at the George Joaki Centre on 25 August 2023.

Facilitators and participants from implementing districts who came for the ALIGN study workshop at Tidziwe from 17-18 August.

Opening of the paeds pay ward at KCH on 2 August 2023, orchestrated by Dr. Elizabeth Fitzgerald (left) from UNC.

Leckson Zebron from the pathology lab explains to members of the youth CAB during a tour on 4 August 2023.

Accounting for the last penny: Accounts staff with a gift received for work done in the SHARP mental health study.

Deputy Minister of Health Halima Daudi tours a pavilion during the 5th Malawi Cancer Symposium.

Delegates to the 5th Malawi Cancer Symposium in Lilongwe on the opening day. Photos: Callisto Sekeleza