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People's Health Movement

PHM MALAWI 2023 CASE REPORT:

MALAWI CASE REPORT: **"Surviving Two Deadly Pandemics Amidst Breaking International Solidarity and Weak Health Systems"** by Wilson Damien Asibu, PHM Malawi

BACKGROUND

The COVID-19 virus was confirmed by Malawi Government to have reached Malawi on 2 April 2020. By December 2020, it has spread to all the districts of Malawi. As of 16 October 2020, Malawi had 5, 836 cases with 927 active cases (Wikipedia, 2020). It was projected in a COVID-19 Potential Impact analysis in Malawi estimated that 16 million Malawians (85% of the population) could become infected over the two years, and up to 50,000 people could die directly from the virus (Coronavirus update from GAIA-Malawi, 2020). These staggering statistics brought contagious fear, desperation and apprehension, not only to the citizenry but also the government and other stakeholders.

Weak and overstretched health system is seriously overwhelmed by emergence of covid-19

COVID-19 has exerted enormous pressure on the already overwhelmed health system and already heavy burdened and exhausted health workforce, which is already in a health workforce crisis ("Malawi Community Health Strategy", 2017 - 2023). Malawi is among 57 countries with a crisis in human resources for health (HRH). The coming of covid-19 meant the additional long working hours for most frontline health workers who did not have personal protective equipment (PPEs) and no risk allowance to covid-19.

Hospitals and health facilities in Malawi did not know how to deal with COVID-19. Some health personnel were afraid to handle COVID-19 patients because they were afraid of catching it themselves, they didn't have PPEs and most importantly, they didn't know what to do with COVID-19 patients. Many hospitals I toured, one of which was Bwaila District hospital, had no oxygen, which was required for those suffering from COVID-19. Only central and some designated district hospitals were admitting covid-19 patients. The unavailability of covid-19 treatment in health centers and rural hospitals sidelined 84% of Malawian population who lives in rural areas. In Malawi, Ambulances is a big challenge, a very important but scarce commodity in most rural hospitals. This posed another big challenge for those found with covid-19 symptoms in rural areas to get medical attention or to be referred to either designated district or central hospitals. Worse, in most of these district hospitals lacked oxygen as well as space to admit the influx of covid-19 patients. The Malawi health system was overstretched and overwhelmed. Videos and stories of covid-19 patients wriggling, violently shaking on hospital bed and sometimes on the floor, gasping for air due to unavailability of oxygen, sent out shockwaves, fear and resignation in most Malawians to get support from Government. News and announcements of unavailability of cure, vaccines for covid-19 made people to look for other alternatives. Whilst others turned to faith for healing, miracles, deliverances and prayers, others settled for natural remedies and others sought witchdoctors for covid-assistance. Whilst ginger and oranges were used very much and

many businesses sprung up and many cashed on these, one interesting remedy was Bluegum leaves. People were instructed to pluck Bluegum leaves and put them on fire so that the smoke coming out from them should drive out covid-19. Another desperate but interesting covid-19 treatment was an instruction for people to boil water, sit around the boiling pot, and put your face congruent to the steam, and the steam that comes from the boiling water, will cure covid-19. In another incident, some people were advised by traditional doctors that they need to put on ashes from head to toe. There we also bizzare remedies in dealing with covid and some of them were detrimental and damaging to people's health. There was also a mushrooming of many industries that produced and sold unauthorized Covid-19 medicines and supplements. Out of desperation, people tried everything, even unproven methods, to salvage the situation.

The Malawi government, which confirmed its first COVID-19 case on 2nd April, 2020 made no provision for distribution of PPE to its frontline health workers who were at risk of contracting and spreading the virus. When the health workers engaged the government for the Malawi government to provide PPE and risk allowances for the frontline health workers, government did not comply. This led to health workers stage sit-ins in Malawi's major central and district referral hospitals as a way to force government to provide PPEs and risk allowances to frontline health workers to effectively and safely discharge their duties. Doctors were soon joined by civil society organizations led by National Organization of Nurses and Midwives, which I personally and gladly joined with other PHM Malawi Colleagues. Doctors also demanded a 70% increase on their risk allowance which was at $2.40 a month. "Most of our public hospitals are lacking protective wear, and most of our frontline staff are exposed to the risk of contracting the virus," said Collins Mitambo, President of Medical Doctors Union of Malawi ("Malawi Health Workers protest against lack of protective gear" by Charles Pensulo, Aljazeera News, 14 April 2020). Furthermore, the Malawi government had just set up the Cabinet COVID-19 Taskforce, which did not have national representation of key stakeholders that could assist in COVID-19 response and decision-making processes.

I led PHM Malawi in issuing a Statement on COVID-19 on April 8, 2020, among which it called for Malawi government to provide PPE to frontline health workers, depoliticization of COVID-19 response, and provision of adequate resources towards COVID-19 response in all the regions of Malawi including screening services in all borders and airports.

The rich and the poor, controversies and myth-mongering

The rich and well-to-do looking at the unavailability of oxygen in most designated public health facilities they turned to private hospitals, who were also charging exorbitant prices for such incomplete covid-19 service, which many out of desperation, gladly paid. They opted to lose money than life. I saw many poor people who died of covid-19 simply because they didn't have money to access good health services. Some faith communities brought also their own little drama to the covid-19 experience/scene. The 666 Biblical narrative resurfaced, pointing to the second coming of Jesus Christ. The lockdowns were interpreted as the Great Tribulation and end time persecution of Christians as foretold in the book of Revelation. The compulsory testing and call for vaccination was interpreted as the Mark of the beast, who is the devil. Stories were rampant that all who would take the vaccine would be selling their souls

to the devil and risk hell-fire in the afterlife. This narrative greatly discouraged many from getting tested and vaccinated. This made it difficult for public health authorities to administer covid-19 response, testing, contact-tracing and vaccination. Due to these myths, beliefs, misinformation and misconception, many health personnel in line of discharging their covid-19 duties were harassed, some stoned and mortally wounded, whilst Ambulances and health personnel houses were smashed and ransacked.

The public health precaution of not allowing the deceased who died with covid-19 to be buried by relatives brought another controversy. Many thought that some fishy business was going on. Whilst others mused about the government had sold us to Satan and some big pharmaceutical companies, others said that the government was doing some rituals with the bodies of covid-19 patients. Some said that the people had no sickness but the effect of conspiracy and electro-magnet power that was deliberately induced to force people to go for an evil demonic vaccine, whose bodies were being sold to the devil. This caused some pandemonium to the extent that some violently fought for the bodies of their dead loved ones, and some Ambulances were smashed. It was very hard for the Malawi Government and public health personnel to respond to covid-19 effectively with these myths, beliefs, misinformation and misconceptions around covid-19.

Impact of broken global solidarity on health emergencies, poor governance systems and weak economies

Due to breaking down of global solidarity in dealing with covid-19, many Malawians living in diaspora started coming back home and some of them by force. Whilst other came by air others came by road. Some of them came in Malawi with mild covid-19 symptoms and in other cases passing it on to their relatives and friends. Early on Malawi had little capacity to test covid-19, do contact tracing and in most borders most Malawians living in diaspora entered the borders without properly being screened. Often in many border districts there are areas that security is lux and people are either smuggled in and out and during covid-19 entered this way without being screened. The lakeshore district of Mangochi, which has a large number of people working in South Africa, with many porous and unmanned borders, became covid-19 hotspots. Because of myths, misconceptions and negative beliefs, many relatives could not report to authorities that either their relatives had come in or even when they were showing covid-19 symptoms. This too created another dilemma until Wilson Damien Asibu of PHM Malawi noticed the challenge and with resources from the Regional Network for Equity in health in east and southern Africa (EQUINET) implemented a covid-19 awareness campaign on the need for authorities to strengthen porous borders, communities to report new entrants including those showing covid-19 positive symptoms, go for covid-19 status testing, to following stipulated covid-19 guidelines. The results were amazing and were scaled to other border districts of Mchinji, Mulanje, Karonga, Chikwawa/Nsanje and others.

Effects of Breaking Global Solidarity in the Face of Covid-19

The failure of advanced countries and pharmaceutical companies to share knowledge, expertise, vaccines and resources had put poor countries with weak health systems and poor economies like Malawi in breaking despair. During the beginning stages of covid-19, Malawi's health system was already weak with a struggling economy that was in recession, health worker shortages coming from a

long human resource hiring freeze and inadequate budget allocation to the health sector, which had been below the 15% Abuja Declaration recommendation. The dwindling of donor aid and budgetary support from development partners due covid-19 and change of foreign policies to countries like Malawi during this critical time overwhelmed and some instances paralyzed Malawi's health system and service delivery. Malawi's health system was already weary from a long protracted fight with HIV/AIDS and the ferocious emergency of covid-19 frustrated all efforts to revamp the Malawi's health system.

Politicization and profiteering of covid-19

Covid-19 emerged when Malawi was in the middle of a fierce political upheaval and a cut-throat campaign period and heavily contested General Elections. The elections were preceded by fierce mass demonstrations, violence and police brutality. For political reasons and mileage, both the ruling party and the opposition parties down-played the covid-19 situation. To enforce lockdowns was difficult because the anti-government demonstrators viewed this as government's deliberate move to silence them than as a covid-19 preventive measure. Government also looked relieved from covid-19 because it gave them a scapegoat for their poor performance, struggling economy, fuel and forex shortages, electricity blackouts and water problems, just to mention some. So, when in 2020 covid-19 was escalating and shutting down most parts of the world, in Malawi it was a different scenario totally oblivious from the catastrophized global community and their neighbors. This also contributed to general public's disregard of covid-19 guidelines looking at how politicians and their leaders were behaving. It gave rise to misconceptions and myth-mongering about covid-19. When the Malawi government enforced a lockdown without putting measures to curshion the smaller traders, who survive on hand-to-mouth economic activities, it was immediately challenged in court with massive demonstrations. Politics and human survival seemed to be at loggerheads in Malawi and it seemed politics was swallowing human existence, and one wonders who they could government in the face of human extinction. To make matters worse, the Malawi courts nullified the Presidential election results due to irregularities and called for fresh Presidential elections. This obviously did not clearly factor in covid-19 problem which was at hand. It surely had put the political interest of elite few ahead of the millions of Malawians. What we have learned from this covid-19 experience, just as in many similar cases, is that selfish interests of few individuals can and do put millions of lives in danger. This is also seen how the big pharmaceuticals planned to cash on covid-19 by refusing to share scientific know-how to produce cheaper generic versions of covid-19 vaccine, thereby risking billions of lives.

Need for health system strengthening and health emergence preparedness

Covid-19 exposed how weak most health systems are and how unprepared they are in the face of health emergencies. Covid-19 has also shown that lack of sound health emergency plans, systems and resources can expose millions of lives to imminent death. Covid-19 has openly shown how politics can be put ahead of people s survival and profit can be advanced at the expense of millions of lives. As Malawi is reeling with unprecedented cholera outbreak since time immemorial, which has left over 1,350 people dead and affected hundreds of thousands of people as well as a series of tropical storms, the most recent and devastating being Cyclone Freddy that has left over 500 dead, wounded hundreds of thousands of people and displaced over half a million people, it is clear that times have changed.

Governments, civil society organizations, international development and bilateral organizations together with global citizens must embrace climate change, natural disasters and health emergencies as normal. This therefore, calls for diverse and sound emergency plans, systems, resources, commitments and global solidarity in place if the human race is to survive in the next century.

Activism in the face of a deadly pandemic

On 16 April, 2020, PHM Malawi joined the rest of the civil society organizations in Malawi in drafting and issuing a joint statement on COVID-19 Response that was led by the Council for Non-Governmental Organizations in Malawi (CONGOMA). The CSO Joint Statement called upon the Malawi government to ensure inclusion of CSOs and other stakeholders in COVID-19 response. It also called upon the Malawi government to establish a well-represented and inclusive National COVID-19 Response Committee. By this time, Malawi government had only established a Cabinet Taskforce on COVID-19 that was not inclusive. It further demanded the Malawi government to provide PPE to health workers and ensure transparency and accountability in the COVID-19 response. (CSO Joint Statement on COVID-19, Press Release, 16 April 2020).

Seeing the dilema of Malawi Community Health Workers in regards to PPE, PHM Malawi led by Mr. Wilson Damien Asibu had several engagement meetings with organizations working with community health workers to amplify their call for support to CHWs in COVID-19 response as well as to map the way forward in mobilizing COVID-19 resources for CHWs. Some of the organizations that were engaged are VillageReach, LastMile Health, Community Health Impact Coalition (CHIC), ProDental, Masks4Africa, Malawi Network of Community Health Workers. Their aim was to raise over 1 million PPE to cater for frontline health workers in Malawi including over 15, 000 plus community health workers in underserved and hard to reach areas of Malawi.

Some members of PHM Malawi such as Maziko Matemba who is also Malawi's Community Health Ambassador, and Wilson Damien Asibu, who is the Chairperson of the Malawi Network of Community Health Workers, participated in resource mobilization, COVID-19 Resource inventory and distribution of PPE to community health workers accross the country. They were also involved in awareness raising in community COVID-19 response needs.

Mr. Wilson Damien Asibu, one of the active PHM Malawi members assisted in the drafting of COVID-19 Resource Needs Tool in collaboration with Community Health Impact Coalition (CHIC), LastMile Health and VillageReach, which was used to engage donors, governments and support organizations on the need to also prioritize CHWs in PPE allocation.

PHM Malawi members were also part of the Health Civil Society Organizations on COVID-19 in Malawi led by the Malawi Health Equity Network (MHEN) that engaged the Malawi government and the donor community in May 2020 and developed protocol for CSO participation in COVID-19 response and decision-making processes. PHM Malawi was represented in this platform by Mr. Wilson Damien Asibu.

Members of PHM Malawi also joined CSO court injunction led by the Human Rights Defenders Coalition (HRDC) to stop the Malawi government to impose a safety-net-void 21-days national lockdown. This was

joined because the lockdown had the potential to create a national humanitarian disaster and exercebate the health situation in the country, because many Malawians operate on a hand-to- mouth basis and imposing a lockdown without safety net would have heavily affected daily wage earners. ("Civil Society Successfully challenged a decision by government to impose lockdown", CIVICUS, 05.08. 2020). The civil society campaign was strengthened by peaceful demonstrations by Informal Traders in the three cities of Blantyre, Lilongwe and Mzuzu and some districts, who fearlessly shouted "We would rather die of corona than die of hunger!" Most of these vendors are daily wage earners and a lockdown could have badly affected them.

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