MALAWI CASE STUDY: CSO COVID-19 RESPONSE ACTIVISM ON PROVISION OF PPE, RISK ALLOWANCES FOR FRONTLINE HEALTH WORKERS AND INCLUSIVE COVID-19 RESPONSE BEARS FRUIT IN MALAWI

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CONTEXT AND GENERAL ISSUES

The Covid-19 pandemic in Malawi is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus was confirmed to have reached Malawi on 2 April 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). A recent analysis of the potential impact of covid-19 in Malawi estimates that 16 million Malawians (85% of the population) could become infected over the next year, and up to 50,000 people could die directly from the virus (Coronavirus update from GAIA-Malawi, 2020)

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. Additionally, key stakeholders such as civil society organizations, the faith-based organizations, the media and other important stakeholders were excluded from decision-making processes.

Community health workers (CHWs) are often the first point of care for vulnerable and underserved populations in low and middle income countries such as Malawi ("Malawi Community Health Strategy", 2017 - 2022). The majority of Malawi's population lives in rural areas (84%), and Malawi is a global health workforce country (WHO, 2014). Personal Protective Equipment (PPE) is required for CHWs to safely support COVID-19 response efforts and maintain essential services. Unfortunately, the COVID-19 pandemic has caused a surge in demand for – and corresponding global shortage of – PPE. While this deficit affected all health workers, recent evidence suggests CHWs in low and middle income countries have been disproportionately affected due, in large part, to their incomplete integration within national health systems (Ballard & Westgate, 2020). CHWs played a vital role in the 2014 – 2016 Ebola response and are already doing the same during COVID-19. In many low and middle income countries CHWs are at the frontlines preventing, detecting, and responding to the pandemic (Wiah et al. 2020). CHWs are a significant pillar of basic public health interventions as they conduct contract tracing and support isolation, robust networks of CHWs may be one of the many reasons why some countries (e.g. Ghana, South Africa) have successfully mitigated the spread (Moore, 2020). CHWs are also critical to ensuring that the coverage of essential services does not decline – a common occurrence during crises which can ultimately kill more people than the pandemic itself. Without PPE, however, community health workers could neither stop COVID-19 nor provide health services. Most Sub-Saharan African countries such as Malawi had not prioritized CHWs in their PPE allocation in order to ensure sufficient PPE for other key stakeholders. Consequently, some CHWs were given the option to stay home or else do their job unprotected, putting themselves, their families and communities at risk (“India Coronavirus”, 2020). Although the UNICEF/WHO/IFRC guidance for community care recommends PPE for CHWs, global PPE

shortages and exorbitant price increases also negatively impacted access to the 14 PPE items prioritized in the WHO Essential Services Forecasting Tool ("Community Based Health Care", 2020) ("Shortage of personal protective equipment", 2020, Zimmet et al. ; 2020). Malawi Community Health Workers faced severe lack of PPEs for the discharge of their work.

OVERVIEW OF MALAWI'S HEALTH SYSTEM AND ITS CHALLENGES MORE ESPECIALLY ON HUMAN RESOURCES

Health service delivery: Living in a rural area of Malawi can be deadly, especially for a pregnant mother or very young child, and much of Malawi is rural. The majority of Malawi's population lives in rural areas (84%), and Malawi is a global health workforce crisis country: For every 10,000 people, there are only 0.2 doctors and 3.4 nurses and midwives (WHO, 2014) which is very low even within sub-Saharan Africa. According to the International Labor Organization (ILO), a country should have on average 41.1 health workers per 10,000 people to be able to provide essential health care to its entire population (ILO 2014). A multiyear Government of Malawi hiring freeze has constrained expansion of the health workforce and even dedicated projects to improve human resources for health (HRH) will only partially fill these deep gaps (USAID 2019).

Health outcomes: A staggering 1,100,000 Malawians are living with HIV/AIDS and 130,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Malawi—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one. Only 65.8% of all births in Malawi are attended by a skilled health worker of any kind, a reality that contributes to Malawi's high child mortality rate: for every 1,000 live births in Malawi, 64 children will die before they reach their fifth birthday (WHO, 2015). Access to health facilities remains challenging for a significant portion of Malawi's population. Approximately 46% of Malawi's rural population lives more than 5km from a health facility (WHO-AFRO, 2005). Despite Malawi's progress in recent years to improve community health, challenges remain; seventy percent of child deaths in Malawi are due to causes such as malaria, diarrhea, pneumonia, anemia, malnutrition, and neonatal complications, most of which can be effectively prevented and treated at the community level.

The emergency of COVID-19 therefore brought about enormous pressure and challenges on the already overstretched Malawi's health system and more especially on the frontline health workers as they responded to COVID-19.

CIVIL SOCIETY ACTIVISM FOR PROVISION OF PPE, RISK ALLOWANCES TO FRONTLINE HEALTH WORKERS AND INCLUSION IN COVID-19 RESPONSE

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 to provide PPE and risk allowances for the frontline health workers, the 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 the government to provide PPEs and risk allowances to frontline health workers to effectively and safely discharge their duties. Health workers in the protests were soon joined by civil society organizations led by the National Organization of Nurses and Midwives. 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.

PHM Malawi issued 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.

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 Organization 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, the 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 dilemma 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 across the country. They were also involved in awareness raising in community COVID-19 response needs.

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 a CSO court injunction led by the Human Rights Defenders Coalition (HRDC) to stop the Malawi government from imposing a safety-net-void 21-days national lockdown. This was joined because the lockdown had the potential to create a national humanitarian disaster and exacerbate the health situation in the country, because many Malawians operate on a hand-to- mouth basis and imposing a lockdown without a safety net would have heavily affected daily wage earners. ("Civil Society Successfully challenged a decision by the 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.

POSITIVE RESULTS OF THE CIVIL SOCIETY ACTIVISM FOR COVID-19 RESPONSE AND LESSONS LEARNT

GENERAL RESULTS

In response to the activism that also included reaching out to the donor community, USAID, VillageReach and Malawi Government responded quickly and within 48 hours they distributed PPEs across the country in 25 districts so that health workers should resume their work. The head of Pharmaceuticals in the Health technical Support Service Directorate, Godfrey Kadewere said, "This is an exciting development in the face of what looks like an insurmountable challenge. Thanks to USAID, we have supplies flowing to health facilities and lives are being saved." ("Distributing PPE to protect health workers in Malawi," News and Press Release, USAID; Posted 29 June 2020; www.usaid.gov). PHM nevertheless views the dependence on external donors as a long-term liability for Malawi, and any short-term benefits only highlight the need for the Malawian government to fill in the gaps in the health sector.

The frontline health workers also received support and resources from VillageReach, LastMile Health, Community Health Impact Coalition and many others through their PPE Mobilization Campaign for Health Workers. This could have not happened without a robust and well-organized campaign. Lusekelo Simwaka, a nurse and midwife working at Queen Elizabeth Central Hospital (QECH) in Blantyre city, Malawi, said, "In the past weeks my facility did not have adequate Personal Protective Equipment (PPE) for health workers but at the same time, we were supposed to be providing quality, respectful and dignified maternity care to our clients. Personally, I had a lot of fears when providing care to my clients, especially when they would cough or sneeze without covering their mouth, as I was not putting on any type of protective wear. My work became very stressful especially when going home, thinking that I might have contracted the virus." (Malawi Midwives Unite for their Rights: Safer Together; White Ribbon Alliance Malawi, May 6 2020). Furthermore, to their credit due to their fervent activism led by National Organization of Nurses and Midwives, the Malawi Government approved and increased risk allowances and subsequently granted an additional 20, 000 MK/month ($27) minimum from 2,000 MK/month ($2.40). The increase has been secured through the end of COVID-19 pandemic, while NOAM further negotiates with government to make the increase permanent (Safer Together by Newton Kalua, White Ribbon Alliance Malawi, May 6 2020)

As a result of civil society activism, CHWs who were at first sidelined in the allocation of PPEs have finally been provided with PPEs in which over 12,000 CHWs in hard to reach areas of

Malawi are well supplied with PPE doing their work effectively without exposing themselves, their families and communities to coronavirus.

The lockdown measures were overturned in court due to the CSOs activism to stop such unless the government put in place effective safety nets that respect the people's rights. The activism has also cushioned the most vulnerable and daily wage earners who could have been badly affected by a lockdown without a safety net that could have resulted in many people dying of hunger, starvation and other consequences of such a lockdown. On April 17, 2020 a high court in Malawi granted the Human Rights Defenders Coalition (HRDC) a seven day injunction stopping the government from implementing a 21-day national lockdown due to coronavirus. "Our message is simple, we are not accepting this issue of lockdown unless the government comes up with proper measures to protect the lives of Malawians. All we are saying is that different stakeholders such as religious leaders, civil society organizations should come together to digest this issue and come up with a proper solution," Said Gift Trapence, chairperson for Human Rights Defenders Coalition (https:ll91.com/africa, Malawi-courts national lockdown, 21 day lockdown, southern africa, malawi, covid 19) .

SUCCESSES DUE TO CSO ACTIVISM

1. Frontline Health Workers have been provided with PPE and their risk allowances raised from $2.40/month to $27/month as a result of the civil society activism.

2. Civil society organizations and other important stakeholders have been included in the national COVID-19 response and a National COVID-19 Response Committee that is inclusive has been set up and is functional.

3. Improved COVID-19 response as well as availability of adequate resources for COVID-19 response

4. Improved transparency and accountability in COVID-19 response and resource management.

5. Increased visibility of PHM Malawi on Malawi's CSO platform and in the health sector in health activism and health emergency response.

6. Prevention of a catastrophic safety-net-void national lockdown that could have potentially created a national humanitarian disaster.

CHALLENGES

1. It was not easy to mobilize and bring people together during COVID-19, which required social distancing. In Africa where there is intermittent and poor internet connectivity and with very few with internet access, online meetings proved tough to organize.

2. Furthermore, this time Malawi was going through a long protracted electoral battle between the government and the opposition on the conduct of the general elections. To engage the government during this time seemed difficult, especially requesting the government to dip deeper in its pockets to provide resources for PPE when it was already struggling to raise more resources for the Presidential re-elections.

3. Working together in a coalition of vast expectations brought in some challenges as other activists desired their issues of focus to be prominent than others. But since this was first and

more a health issue, the plea to put the health agenda of the people first was well-received and observed.

4. Mobilization of resources in an emergency like COVID-19 for activism was another challenge that was faced. With panic and fear, even health activists feared for their lives but this was addressed and activism was taken with a sense of duty to save lives.

It was hard for PHM Malawi to actively participate in the national COVID-19 response, but it relied mostly on its urban-based health activists that are already engaged in national health issues. This made it easier for PHM Malawi to be well-represented in coalition activism as regards to health during COVID-19 response.

LESSONS LEARNT

1. The greatest lesson is the power of working together in a coalition in a common cause. It is obvious that the activism worked very well and achieved great results in a short time due to many unified and amplified voices on a common issue that left the government with no choice but to address the issues immediately.

2. When we joined other CSOs in the activism we realized that our primary areas of interest were not the same. or participation therefore ensured that some critical health issues that could have been left but other coalition members are brought forward

3. We can also conclude that if we can mobilize ourselves and advocate for change in other well-meaning health issues that have stalled as we did in COVID-19, we can surely see meaningful responses from policy and decision-makers.

CONCLUSION

The government showed no real concern - and was failing its duties - to protect its health workers and the general public. This was evidenced by the government's unwillingness to - and their slow pace in - heeding to the demands of the frontline health workers to be provided with PPE and risk allowance when normal professional channels of dialogue were used. Until a sit-in and fervent CSO activism was used to force the government to act that's when these demands were met and the peoples rights protected. This scenario clearly shows that health rights shall not always just be given freely but in certain circumstances they have to be claimed, mostly demanded and in other circumstances fought for. It is also good to note from this Malawi experience that health activists cannot afford to rest their laurels and just expect the duty bearers always to act in the best interest of the people. Citizens, civil society organizations and activists must always be on guard to protect, demand and defend their health rights at all times if at all they are to be enjoyed by all. This chimes in with the People's Health Movement (PHM) ideals and activism to ensure Health For All Now becomes a reality!

Another lesson learnt in this case study was the obvious negligence of the Malawi government to put in place lockdown measures that respected human rights and ensure the welfare of the people is taken seriously. The lockdown was done in a way that demonstrated that those in government will not always think-through and come up with policies and practices that ensure Health for All Now and that respects the rights of the people. Civil Society Organizations and health activists such as PHM must be on guard to trace such tendencies so as to stand with and protect the people. The stand and activism by Human Rights Defenders Coalition (HRDC) and

other like-minded activists that sought and got court injunction to stop the Malawi government to implement a safety net-void national lockdown, that would have thwarted the livelihoods of daily wage-earners and the poor shows us the important role civil society activism play in the midst of irresponsible governance actions of the state. Without this activism, millions of Malawians would have died of hunger and other catastrophes coming from COVID-19 government lockdown rather than from COVID-19 itself. The impact of the shocks could have created some panic ramifications that could also be the recipe for further social and economic catastrophe such as malnutrition, reduced uptake of ART, massive avoidable deaths, increased proliferation of commercial sex work especially among the youth, which could have retracted the gains gotten from Sexual and Reproductive Health Rights (SRHR) and HIV Responses, increased social disorders including criminal activities as well as substance and alcohol abuse, and many more.

Another lesson is that in some if not in most cases the government will sideline other well-meaning and important stakeholders such as Civil Society in key issues and responses of national importance. Health Activists such as PHM must claim and use their space to break the culture of secrecy by government on issues of national importance such as health emergencies. Accountability and transparency activism cannot bear any fruit when the state hides vital information to the general public and excludes other players from state affairs. This is why Access to Information Bills and Policies are very important in the modern democratic dispensation. An example is the activism of the Treatment Action Campaign (TAC) in South Africa, which ensured the government provided people with ARVs, which saved many lives that could have been lost. Their health activism further forced pharmaceutical companies such as Pfizer to lower their ARV drug prices. Silence and inaction of health activists can be very costly!

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