# 2017
# Interim report
# to
# Fondation Eagle

## If no one cared…

## world medical fund for children

UK registered charity number 1063756


Email: info@ukwmf.org Website: www.worldmedicalfund.org

2016 was a year in which we faced monumental challenges.

The situation in Malawi was dire:-

- Empty shelves in the hospital pharmacies
- Clinical staff went unpaid
- No malarial medicine or test kits.

The demand for our medical services to children was greater than ever before.

Without the magnificent support we received from Fondation Eagle - the donation of £45,890[1] received on the 17th November 2016 - we would not be well on the way to treating 30,000 sick children in 2017 and ensuring that at least a thousand of these children would not end up as just another sad statistic in the mortality tables.

[1] This equated to 40,612,650 at the averaged exchange we received was 885Mk = £1

## 9,000 test kits for malaria and medicine to treat 7,200 confirmed cases:


THE NATION

Anti-malaria drugs scarcity hits hospitals

Health CRISIS

NO SALARIES, NO MALARIA DRUGS

Central hospitals, Health Ministry headquarters affected

38 CoM students risk withdrawal

APM launches cancer centre construction

THE NATION REGIONAL NEWS

PAGES 8, 9 and 10

Goods-in-Transit Insurance

The donation was of £9,114 to purchase LA (Lumefantrine & Arthemether) medicine to treat 7,200 cases of malaria and £7,290 to purchase 9,000 malaria test kits.

The front page of the highly respected Nation newspaper in Malawi for the 7th March 2017 says it all.

International agencies fund these two essentials items but they are not available in Malawi.

USAID has demanded immediate action and prosecution for those responsible for these life-saving items "disappearing".

Whatever the cause, whoever was responsible is not for us to determine – we have to face the sick children with malaria who come to us for help and who may die if we cannot treat them.

**On behalf of the children we were able to diagnose and treat and the many, whose lives we were able to save we wish to pass on our immense gratitude to Fondation Eagle whose generosity made it possible and for helping us in our time of need.**

We always negotiate as hard as humanly possible to get the best deal for all our supplies and the great news is that we have negotiated a reduction in the price of the LA. The wonderful effect for us is a treatment cost per case coming down from £1.26 to £0.98. Whilst we are seeing a significant rise in demand because neither the Mission or Government Hospitals have no LA on their shelves but the end result is we will be able to treat a total of 9,257 cases of malaria in 2017.

**Progress to date at the 1st April 2017:-**
We have spent £10,734 to date; the balance of £5,670 will be spent before the end of 2017. We placed the first joint order in December 2016, the second in March 2017 we will order again in June.

In the first three months of 2017 we have treated 2,952 cases of malaria and used 4,128 test kits[2].

[2] It is a higher usage of test kits than we estimated; this is because the junior doctors/final year medical students with us tend to test more often than our experienced clinicians.

## Medicine to treat 30,000 sick children:

The donation was of £19,596; as the situation in Malawi deteriorates the demand for our services increases exponentially. We are the only hope for the children we treat and without our mobile clinics many would die.

We have to make careful clinical judgments every day; one area of particular importance is in the prescribing of antibiotics. We have seen what a massive challenge it is reducing their prescription in primary, secondary and tertiary care in England. GPs are at the forefront as they have more health interactions. The critical difference between primary care in the U.K. and our mobile clinics is that we cannot say to the child patient "Take these painkillers and come back if it has not improved in a couple of days" as our clinics operate on a four weekly schedule.

Let us take a child who presents with a throat infection. The concern is, could it be due to a group A, beta haemolytic streptococcus? We have no access to sophisticated laboratories to perform the relevant tests on throat swabs and blood samples, nor the on site availability to tell the child to return for the results in 2 to 3 days. Left untreated one possible outcome is rheumatic fever, with resultant heart valvular damage, that causes a shortened life of breathlessness without access to valve replacement.

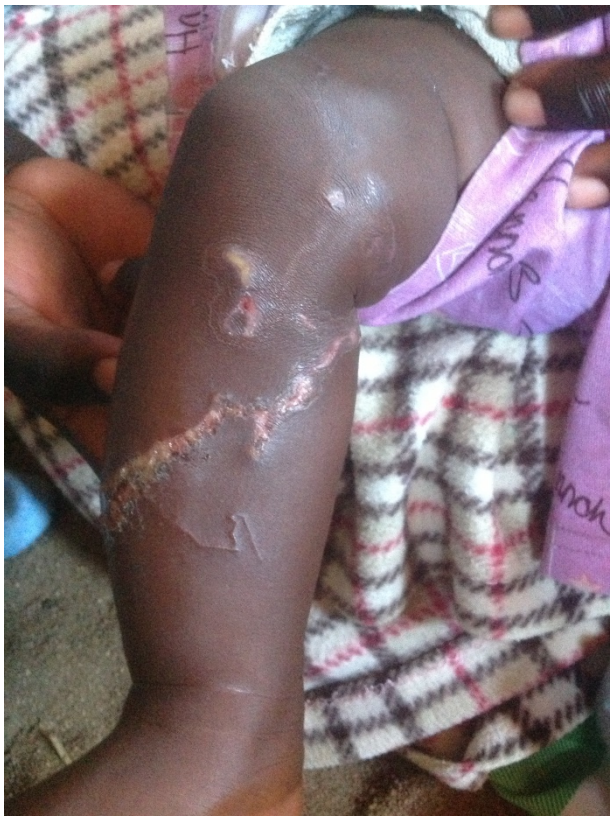
That's one of our dilemmas as plenty of youngsters still get this infection; proven by the fact that some present late with the classic Sydenham's chorea - also known as St Vitus dance; an auto-immune response to the infection that has been left untreated.

Our policy is, when faced with this difficult choice, to prescribe antibiotics to the child.

**Practical solutions:** in the field we need to use some ingenuity at times. – here a nebulizer for an asthmatic child is made up from an empty water bottle…

**A CASE STUDY**
**LARVA MIGRANS**

Only those who have once been infected with Larva migrans know how painful and uncomfortable the condition is. Larva migrans aka subcutaneous Larva migrans infect a significant number of the children in the area where we we conduct our Mobile Clinics.



This condition starts when the larva of cats or dog hookworm enters the skin of the feet, hands or buttocks and causes an itching inflammatory reaction during its trip through the skin which can be seen as a worm shaped red swelling which changes place continuously. When the larva is changing place it causes unbearable itching and the child scratches which leads into breaking of the skin. The broken skin becomes infected in majority of the children. When the child is crying due to itching, the parents cannot do anything to help apart from helping the child to scratch.

This condition is especially common at Nkhono clinic where the land is sandy which a good harbouring environment for the larva. Due to poor hygiene in most of the parts in Nkhotakota, most of the wounds become infected. This condition is very common among the children because they like playing on dust/sand.

If the patients with this condition is seen during the early stages,- before the skin is broken, it can be treated using a single dose of Albendazole, either one or two

200mg tablets dependent on age/weight. The cost of treatment at this stage is very low, less than a couple of pence (UK).

But if the child presents late in the infection process and the skin is broken and infected, it will require adding antibiotics to treat the infection.

If the patient presents at very late stage the treatment will involve more drugs such as:

**Treatment;**

1. Albendazole 200 mg top take twice per day for 3 days.
2. GV paint to cover for the infection.
3. Erythromycine 125 mg 4 times per day for 5 days.
4. Panadol 175 mg 3 times per day for 3 days.

Report by;

*Matson Dezi*

**Chief Clinical Officer**

# A CASE OF A BOY WITH EYE CONDITION

A 6 years old boy was brought to our clinic at Msindwa with complaints of pus discharge from his left eye for a month.

The mother told us that she first saw a rash on the side of her child`s right eye which increased in size and shape. Later the mother realised it was a ring worm. She started applying traditional herbs in liquids form but never improved instead the ringworm kept on increasing in size and it covered the whole of the right eye. She then told us that when the whole eye was surrounded by the ringworm, she then noticed that her child started complaining of painful eye which later become red and started discharging pus. A friend to the mother gave her tablets which she crushed and applied the powder into the child`s eye but there was no improvement. Instead the condition worsened and the child started having sleepless nights due to pain.

On the day the child was brought to our clinic at Msindwa, he was crying with pain.

On examination, the child had:
Red eye on right side with a lot of pus draining from the affected eye, infected Rash around the right eye. The child could hardly see with the affected eye, had swollen eye lids and was unable to open the eye.

The diagnosis was the child had infected ringworm which also infected the right eye.

The child was diagnosed as having infected ringworm and Fungal or Bacterial eye infection.

The child was treated with an antifungal as well as with an antibiotic to cover for the infected Tinea and eye infection.

The child was given Fluconazole tablets to take for 14 days and Flucloxacilline tablets to take for 7 days.

We advised the mother on eye care and drug adherence.

When the child was seen during the next visit, his condition had gone and the child was fine. The vision of the child is normal.

Without proper and effective treatment, the fungal eye condition can lead to loss of vision.

Report by;

*Matson Dezi*

**Chief Clinical Officer**

## 1,000 mosquito nets:

The donation was of £4,890 making it possible for us to purchase and distribute 1,000 quality mosquito nets. The purchase price was 4,275Mk each (4,500Mk with 5% discount); at the relevant exchange rate made the total cost £4,830 – leaving a small underspend of £60.

It is essential to use only quality nets as they last for many years; there are cheap nets available but they represent a false economy as after a few months or two they are no longer usable.

The cheaper nets are lightweight and green in colour and were recently given out by the Malawi government as an incentive to persuade women to give birth in hospital, rather than with the Traditional Birth Attendants whose practises have now been outlawed.

There has always been widespread misuse of these lightweight nets for illicit fishing and the Ministry of Fisheries are very active in trying to prevent this; they have advised us that the nets we distribute are far too heavy for this purpose and are not misused in this way.

**Malaria is still the greatest killer in sub Saharan Africa and the only practical preventative measure is a net that two, three or even sometimes four children can share.**


We purchased the nets from Population Services International who are seen here delivering the nets.

Before distributing the nets we demonstrate how to use them.

Most importantly, they come treated with long lasting insecticide.

The supply of mosquito nets is a very cost effective policy as testing and treating a single case of malaria is over £2.

Two newly qualified junior doctors spending their medical electives with us assisting in the distribution of mosquito nets.

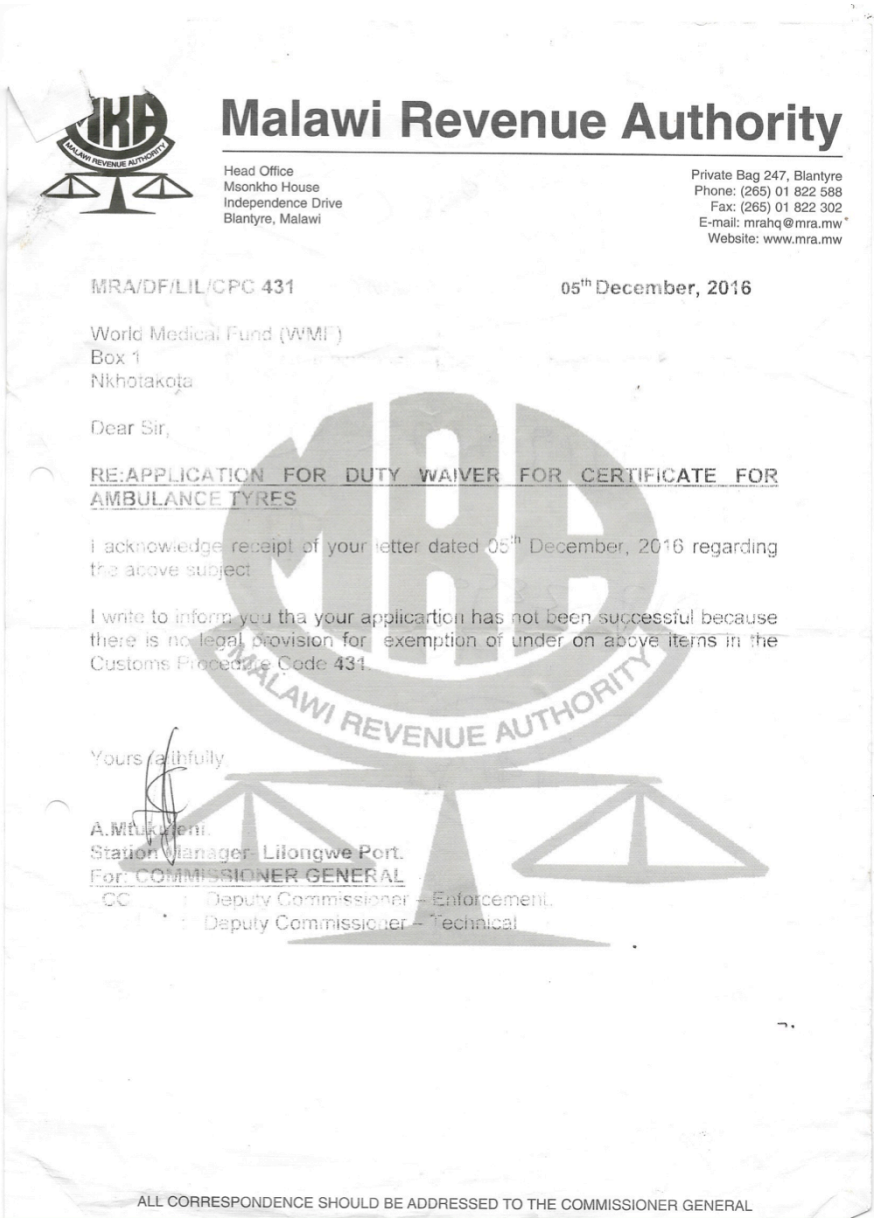
## The Tyres for the Mobile Operating Theatre:

What a battle! The tyres were ordered from Conrico Ltd at a total cost, including shipping and insurance of £4,919.10 (Made up of £4,802.75 for the tyres and £116.35 for inner tubes and valves).

The shipment arrived in Lilongwe on the 1st December; two days later our team went to collect them only to be advised that duty of 2,900,000Mk had to be paid. At the exchange rate on that day of £1 = 892Mk that equated to £3,251 plus a further £2,500 for storage.

In our MOU (Memorandum of Understanding) we signed with the Ministry of Gender in 2001 it clearly stated that we had duty free status and had never before faced demands on previous imports including vehicles.

The Malawi Revenue Authority advised us that they would not honour that agreement.



Malawi Revenue Authority

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MRA/DF/LIL/CPC 431 — 05th December, 2016

World Medical Fund (WMF)
Box 1
Nkhotakota

Dear Sir,

RE:APPLICATION FOR DUTY WAIVER FOR CERTIFICATE FOR AMBULANCE TYRES

I acknowledge receipt of your letter dated 05th December, 2016 regarding the above subject.

I write to inform you tha your applicartion has not been successful because there is no legal provision for exemption of under on above items in the Customs Procedure Code 431.

Yours faithfully,

A.Mtuk'ateni
Station Manager- Lilongwe Port.
For: COMMISSIONER GENERAL

CC : Deputy Commissioner – Enforcement.
: Deputy Commissioner – Technical

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSIONER GENERAL

# Malawi Revenue Authority

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MRA/DF/LIL/CPC 431

08th February, 2017

World Medical Fund (WMF)
Box 1
Nkhotakota.

Dear Sir,

**RE:APPLICATION FOR DUTY WAIVER ON AMBULANCE TYRES.**

I acknowledge receipt of your letter dated 05th December 2016, regarding the above subject.

I regret to inform you that your application has not been successful because there is no legal provision for exemption of duty on tyres under the above stated Customs Procedure Code.

Please note that you may appeal at Head Office if you are not satisfied with the above decision.

Yours faithfully,

**A.Mtukuleni.**
**Station Manager- Lilongwe Port.**
**For: COMMISSIONER GENERAL**

CC : Deputy Commissioner – Enforcement.
: Deputy Commissioner – Technical

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSIONER GENERAL

As we provide free medical and surgical care to the poorest children in Malawi free of charge we felt this was totally unacceptable and we had no choice other than to take a stand against it. We knew this would be a major battle but one we had to win.

1. Our Executive Director in Malawi was then approached by two individuals (one a MRA employee) who suggested the tyres could be released on payment of £2,000 in cash. This was, in our view plainly an illegal proposal; our policy is never to engage in such activities and it has now been reported to the relevant authorities.
2. We enlisted the help of an old friend VS (Mr Victor Sibale) who spent over ten years as P.A. to one of Malawi's most senior politicians who held many senior Ministerial positions including the Speaker of the Malawi Parliament. VS was a key asset as he knows the inner workings of the corridors of power and has many political contacts at high level.

3. Our first contact was with the Permanent Secretary for Health; he advised that we needed to liaise with the Minister for Health as he alone could apply to the Minister of Finance to give us full duty free status.
4. VS met with the Minister of Health, introduced our C.E.O. to him.
5. The Minister for Health, following lengthy communications by telephone and email with VS and our C.E.O. agreed to support us and stated he had written to the Minister for Finance requesting duty free status for this organisation. He also proposed that we should sign an MOU with the Ministry and collaborate in the delivery of medical care to the remote poor. He also suggested that the salaries of our Malawi team could be met wholly, or in part by the Ministry.
6. VS met with the Commissioner General and the Director of the Malawi Revenue Authority and introduced our C.E.O.
7. From this point on it became clear that negotiation on the release of the tyres was being blocked and all paperwork became unavailable.
8. Our CEO and VS pressed all key players on a daily basis for the next three months. The Commissioner General for the MRA assisted in every way he could and finally ordered the release of the tyres with the duty situation to be decided at a later date and paid in instalments.
9. This initiative however was continuously blocked at a senior level.
10. A further appeal was made to the CG who stated his displeasure that his instruction was continually being blocked. (*We are advised there can be friction between the Commissioner General who is a political appointee and the Director who holds a career position).*
11. On Friday 10th March the Director of MRA called to state the tyres were being release FREE of DUTY.
12. There were more days of delays while the "paperwork was located" then at 4pm on the 15th March the tyres were finally released. Suitable transport was ordered and the tyres arrived at last at our Nkhotakota compound at midnight that day.
13. **SUCCESS!**

**From our executive director and Chief Clinical Officer Matson Dezi.**

Our boundless thanks to Fondation Eagle; your support has made it possible for us to achieve so much and save so many young lives during challenging times.

The situation is Malawi is bad; there are shortages of all basic essentials and general discontent. The newspapers are asking the right questions, where have all the donated medicines gone? Why are salaries not being paid? There must be guilty parties in places of power and control.

Our premises have been attacked twice in the last twelve months, by a gang of youths who did an immense amount of damage and by an adult male more recently. The local magistrate told the adult male he is tired of seeing WMF being attacked as we provide free medical care for children so to make an example he sentenced him to three years imprisonment with hard labour as an example to deter others.

I am pictured with one of our groups together with Mary – our first State Registered Nurse who as part of her course studied project management at university and is a great asset.

Every day we thank you in our prayers for all your support. The well and water tank are a wonderful monument to your generosity that we appreciate every single day. Thank you again, your kindness will never be forgotten.

*Matson Dezi*