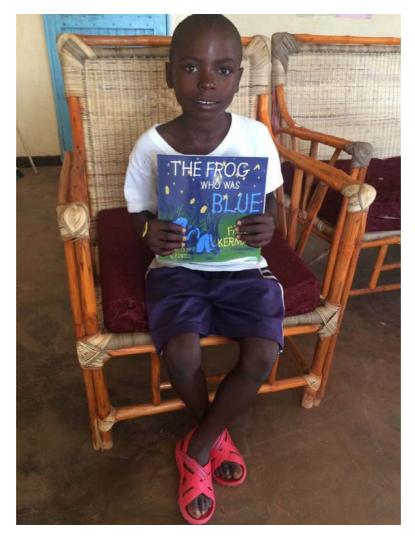


In August 2017 we shall mark up 20 years of taking medical Care to Children in the poorest nations of the world. We face many Challenges, raising funds becomes tougher than ever and it Can be immensely frustrating at times but when we reflect on our achievements – it has all been so worthwhile.

# A Special Thank you to FONDATION EAGLE.



This is George today, a very fit young man and such a talented footballer our Malawi team have christened him "Ronaldo". He is pictured here with the children's book written by Dr Faiz Kermani, one of our medical advisers and all proceeds go towards our work in Malawi. See George in June 2009 on the following page...

# world medical fund for children

Patron: Ambassador John W. McDonald, Chairman, Institute for Multi-Track Diplomacy. Advisers: Rev'd Dr Anne Bayley OBE • Dr Faiz Kermani • Dr Caroline Lockley • Dr Timothy Wiggin Member of CONGOMA. (Council for NGOs in Malawi) Member of BOND. (British Overseas NGOs for Development) Member of the UK forum for Hospice and Palliative Care Worldwide + Signatory to the International Red Cross Code of Conduct in Disaster Relief Email: info@ukwmf.org Website: www.worldmedicalfund.org

Registered charity number 1063756 in England and Wales and SC046207 in Scotland.



This was George in June 2009, a very sick child with AIDS, literally at death's door.

His mother had given up all hope for him and only Came to us because her neighbours had heard of our success in this field and persuaded her to give little George one last hope of survival.

He was very, very weak and we began his treatment with therapeutic food inputs before prescribing the life transforming antiretroviral medicine.

Our Thandizo project for children with AIDS has been certified by the Malawi HIV/AIDS National programme as a "Centre of Excellence".



To ensure the children attend for their regular Clinical assessments our Thandizo Centre is designed to be as unlike a medical facility as possible; there are football and netball pitChes, games and amusements. The Challenge is not getting Children to attend but persuading them to leave at the end of the day!

### Report from our C.E.O.

A very special and heartfelt thank you to the trustees of Fondation Eagle for their continued support. It is our very lifeblood and empowers us to do what we are good at, i.e. treating tens of thousands of sick children and saving many hundreds of young lives.

We are the only hope for the children we treat and I am delighted to report:-

- Every sick child who came to our Mobile Clinics was treated, none were turned away because we had no medicine.
- The children with AIDS we care for are all in excellent health and have received the quality of care that makes us stand out from all other providers and brings Certificate of Excellence status and our programme has been featured on Malawi TV.
- We were able to perform rapid malaria tests and prescribe the medication to treat over 10,000 children with this life-threatening illness – when the supply of these items that have always been free of charge in the past was cancelled<sup>1</sup>. No one else was treating malaria in the region.
- We were empowered to distribute one thousand quality long-life mosquito nets; the only protection against Africa's biggest killer.
- We commissioned the construction of a superb solar-powered well so that there is water at last in our compound, for the beneficiaries, our team, the 40 plus medical students and volunteer doctors and nurses can now wash after a hot and dusty day in the field. And last but not least we give access to our water to the families with infants up to five years old who live around the compound.



Whilst going through our historic images recently I came across this photo taken in Malawi 18 years ago showing Bruce Stevens (on the left), my National Health Service colleague and cofounder of this organisation with me at Nkhotakota.

He is sadly no longer with us (a victim to cancer some years ago) but he would have been so proud if he could have seen our achievements over the last twelve months in the face of monumental challenges. It has been the toughest year we have faced.

#### Yours truly,

<sup>&</sup>lt;sup>1</sup> The reason for the cessation of access to free malaria test kits and medicine is not clear; there are various reports in Malawi press and rumours but no official word. In the USAID publication "Malawi Malaria Operational Plan 2015" (ISBN 9781507801598) on page 39, table 6 it indicates Global Fund are no longer contributing to the Malawi programme thus leading to a massive shortfall of over 4 million doses in the supply of Artemether Lumefantrine (Known as LA, the very effective medicine to treat malaria). This is in our view optimistic as it is calculated with the assumption that testing will result in a 40% reduction in treatment compared to symptomatic diagnosis and a further 10% reduction due to "vector control interventions".

I contacted the information service of Global Fund by email asking if they were funding LA in Malawi and did not receive a reply after 4 weeks. I went back to them again and their reply was simply to refer me to their protocol and not answering the question.

Michael Burt, CEO.

### Challenges we face (1):

Since 2009 the water supply for Nkhotakota has deteriorated year by year by mid 2016 it had completely ceased. The cause was failure to maintain pumping equipment and there is no hope of replacement as the Malawi government is broke. We need to sterilise equipment, our clinicians need to wash their hands at our medical centre, the medical students and volunteer doctors from the U.K. Australia and New Zealand cannot shower when they return from a long, hot, dusty day treating hundreds of sick children in the villages.

It meant we had to travel to hand pumped wells and queue for hours (see image) to bring back a few buckets of water.





**Today:** Thanks to the donation of £8,750 from Fondation Eagle we now have a magnificent solar and electric powered well that feeds our offices, medical centre, staff and guest houses throughout our compound (Covered in detail in our separate report).

This has transformed life at our compound and we give access to this precious commodity to the local villagers.

Our volunteer medical students and junior doctors can now look forward to a refreshing shower after a long, hot day spent treating hundreds of sick children in the dusty villages deep in the bush.

### Challenges we face (2):

In June in the early hours a large gang of youths cut their way through our security fencing; they attacked and tied up two of our security guards.



The gang broke into our offices and stole all our computers, a large amount of medicines and did a considerable amount of damage.

They were arrested by the police three days later and were bought back to the scene of the crime and asked to demonstrate how they entered. Word spread and soon several hundred local villagers appeared on the scene. These are people whose children have benefitted over the years from our free medical care and they are very supportive of this organisation and our work.

The crowd knew we had been attacked and were very angry with the gang who had robbed us. As more and more people arrived it became clear things were turning nasty with calls from the crowed to lynch the perpetrators.

The police had brought the gang on foot as all their vehicles were off the road so it was our team who had to help out the gang members. We crammed them all into our vehicles and drove them back to the safety of the police station!

We were informed that the gang members were well known to the police; they come from broken homes and criminal families.

Ours was apparently the third attack they carried out on that one night and where they could not find anything of value they simply did as much damage as possible.

### The Donation from Fondation Eagle :

The total was £26,643 made up of:-

Sample receipts in appendix<sup>2</sup>.

The original request for £23,666 (made up of £19,500 for Medicines for our Children's Mobile Clinic and £4,166 to purchase 1,000 Mosquito nets)

Following the telephone conversation with Nazlie Chan-Wing-Yen this was increased by  $\pm 2,977$  for emergency support to deal with the completely unexpected and critical shortage of LA (Medicine to treat malaria).

This vital lifesaving medicine should always have been available through international initiatives and the reason(s) for this failing are still not clear with various claims from different parties involved.

The exchange rate Mk to  $\pm$ UK varied widely throughout this period so we are using 915Mk =  $\pm$ 1 the average exchange rate we received.

How it was spent (LA): 2,000 packs LA (malarial medicine) 2 packs Test kits	In £UK and (Mk) £3,607 (3,300,000Mk) <u>£61 (56,000Mk)</u>	
An over spend of £691.	Total	£3,668
How it was spent (Mosquito nets). 1,000 super nets	£3,888 (3,500,000Mk)	
1,000 super nets	<u>Total</u>	£3,825
An underspend of £341		
How it was spent (Medicine):		
Pharmavet	£14,288 (13,074,030Mk) £5,901 (5,400,000Mk). <b>Total</b>	£20,189
An overspend of £689		
The net outcome was an ov		

<sup>&</sup>lt;sup>2</sup>Individual drug orders often run to a dozen pages or more and can best be sent as hard copy through the post, if required.



World Medical Fund Malawi – Mobile Clinic

#### THE TEST AND TREAT STRATEGY

WMF is following the Malawi guidelines by implementing the strategy that is known as "90/90/90 test and treat".

The aim is to test as many clients as possible so that 90% of the population are aware of their HIV status. The target population at our mobile clinics are children below the age of 15 years.

Akim (pictured here) who is 12 years old is an early beneficiary of this initiative. He was brought to our Clinic at Mbalame Village by his aunt in December 2016 complaining of chronic diarrhea, weight loss and intermittent fever.





The Aunt told us that she had brought the boy to us for treatment because she had taken him to the Traditional Healers but all to no avail. She also told us she was caring for him because both his parents had died but she did not know the cause of their deaths.

On examination the child looked ill and wasted and weighed just 16kg. He had fever and a generalized skin rash that is common with patients who are HIV positive (His aunt could not remember when it began).

As Akim was symptomatic of AIDS I arranged HIV Counseling and testing straight away and as his test was positive so I immediately prescribed ARVs (antiretroviral medicines). The Aunt was shocked with the results since she couldn't believe that a child at that age could have HIV

I will be taking you through the journey with this boy until he is in good health and no longer symptomatic of HIV.

Mbalame Village is a village on the shores of Lake Malawi and the majority of villages in similar locations have a high prevalence of HIV.

Report by;

Matson Dezi

## **Chief Clinical Officer**



# Cases that present at our mobile clinics (1):

Extra digits both feet - we will see a dozen or more such cases annually.



Keloid; also quite common.

# Cases that present at our mobile clinics (2):

Larva migrans: hookworm under the skin, very irritating for the child. We treated 53 cases in 2016



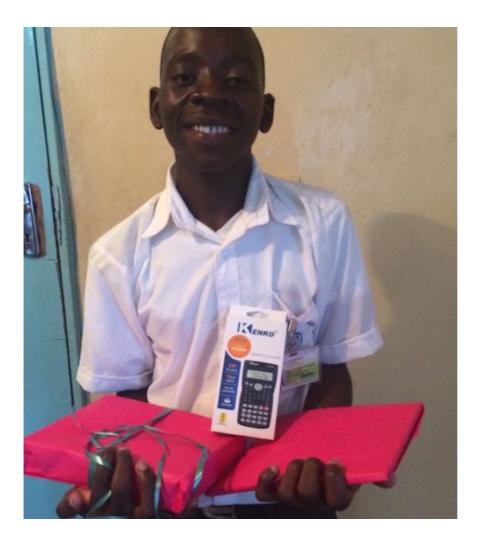
## Webbed fingers.



# **Cases treated:**

<b>Condition</b>	<u>Number</u>	<u>Percentage</u>
Malaria	10,981	37.54
RTI (Respiratory tract infection)	4,615	15.78
ABC (Acute bacterial conjunctivitis)	2,160	7.39
Malnutrition	2,102	7.32
Bilharzia	1,802	6.70
Diarrhoea	1,931	6.60
Sepsis	1,340	4.58
Worms	812	2.78
Otitis Media	602	2.06
Skin condition	434	1.48
Urinary tract infection	380	1.30
Dysentery	362	1.24
Asthma	320	1.09
Gastritis	262	0.90
Tinia capitis	189	0.65
Pneumonia	148	0.51
Tropical ulcer	162	0.55
Anaemia	165	0.56
Epilepsy	102	0.35
Abcess	66	0.23
Neuropathy	54	0.18
Larva migrans	53	0.18
Scabies	46	0.16

Oral candidiasis	43	0.15
Cold	26	0.09
Dental caries	19	0.06
Infected trauma wound	14	0.05
Blepharitis	13	0.04
Dental caries	12	0.06
Nephrotic syndrome	1	0.00
Oral sores	13	0.04
Tropical Splenomegaly Sydrome	4	0.01
Lymphoma	8	0.03
Heart condition	2	0.007
Candida vulvitis	1	0.003
Nephrotic syndrome	1	0.01
Hydrocephalus	3	0.010
Total	29,248	



To end on a high note, it is good to have a real success story to relate.

Lazarus came under our care 10 years ago as a very frail 5-yearold. He was virtually at death's door, suffering from AIDS, having been infected at birth by his HIV positive mother.

Without the Care and support of our Thandizo Centre for children with AIDS he would now be just another sad statistic of the HIV pandemic. He was transformed by the ARVs we prescribed and today is a very fit and healthy young man.

We became aware he was an exceptionally bright child whose ambition is to become a judge and when one of our donors heard of his situation she volunteered to pay for his education all the way through private secondary school and college.

Lazarus has repaid that kindness and wonderful opportunity by coming first in his year. He rushed to our offices to proudly show us the prizes he won.

Well-done Lazarus!

# Appendix:

	INV	DICE
PHARMAVET	LTD	
P.O.BOX 2037, LILONGWE, MALAWI.		
Customer Name		7
World Medical Fund		

Date Invoice No. 07+Mar-2016 32422

Tel.: 01753386

01753387 Fax.: 01753387

email: pharmavetlilongwe@gmail.com

					Our Ref.	Delivery Note	LPO No:
Item		Description	U/M		Unit Priœ	Quantity	Amount
1 2	Lonart (24 Tab) Malaria Test Kit		24T 50's		1,650.00 28,000.00	2,000	3,300,000,00
	0 Days After Invoice	Goods Received In Good Or	rder And C	Cond	ition S	ub Total MI	KW3,356,000.00
	E. & O. E. WITHHOLDING TAX		S	urtax (16.5°	<b>%)</b> мкw0.00		
CERTIFIC	ATE NO: 35522 P TO 30/6/2015	Customer's Signature			Т <b>оtal</b> МКW3,356,0		

PHARMACEUTICALS, HOSPITAL AND VENTERINARY PRODUCTS

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 FAX:\*265 01 753 387
 E-mail:pharmavetlilongue@gnail.com
 TIN: 2013084
 \*UNI REGISTERED\*

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UIN 002/004/ETR02MW202543/20139384 Central Region

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ej sn: Ej activation date	0211M20254301 : 24-04-2015

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