



Fighting Against the Odds: Extreme Events and Building Resilience in Family Medicine Training in Malawi

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Introduction

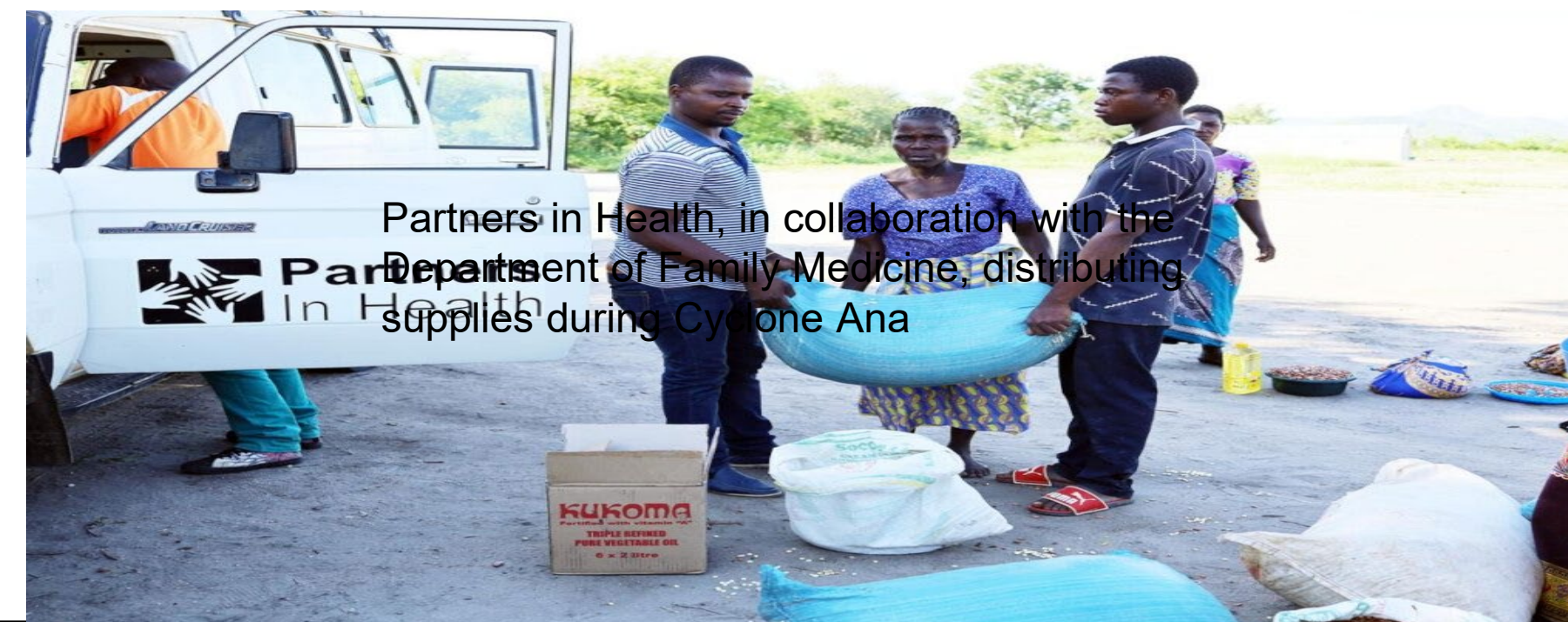
Malawi has experienced a surge not only in natural disasters such as cyclones but also a rise in the frequency of epidemics, of note in recent years COVID-19 and cholera.

The resilience of the already-stretched healthcare system is tested

FM Trainees therefore expected to have a high degree of competency in preparing for, responding to, and recovering from public health emergencies. And building resilient healthcare systems



COVID-19 vaccine administration at primary care level



Partners in Health, in collaboration with the Department of Family Medicine, distributing supplies during Cyclone Ana

Experiences and Results

Better coordination and improved responses were witnessed in subsequent responses as significant events in both Nkhoma and Mangochi.

Significantly fewer deaths from cholera,

Resource mobilization for the improvement of Health systems

The FM Department was given a positive public image, an advocacy and visibility tool



Source: [PDNA 2023 Team]

Methods

Flexibility in curricular adjustments to include modules and the practice in disaster preparedness, with integration of relevant topics in other rotations.

Training sites assuming an active role in disaster response during recent public health emergencies, in particular the COVID-19 and cholera outbreaks. Opportunity to put theory into practice

Community Oriented Primary Care (COPC) principles have also been employed to ensure adequate community engagement during disaster situations.

District-based training with integrated multisectoral PHC teams

Significant event analysis as an resilience building tool

Lessons from external elective exposures; time for cross learning !



Further discussion

Adverse outcomes are a unique opportunity for family physicians-in-training to showcase both their relevance in building resilience of the healthcare system and in sustaining healthcare quality during a crisis.

Further refinement of these skills in other rotations (such as palliative care), as well as formalising such training to ensure a unique primary care response, can further improve this ability.