The twinning of Scottish general practices and Malawian clinics: the provision of email and internet services

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ABSTRACT

Many patients and health care professionals in the developed world are uncomfortable about doing nothing in the face of the glaring inequities in health care between their own environment and that of Africa. In an effort to ‘think global, act local’ a Scottish GP practice used personal contacts to build a twinning link with a clinic serving a township in Malawi. This article describes the experience of establishing e-mail and internet services for Malawian health care staff to afford them the same level of access as developed world staff enjoy in accessing educational materials and professional supports. Using our twin link as an exemplar we are now matching other Scottish General Practices to Malawian Clinics around a common theme of modern communication media.

Why did we become involved?

In the face of the African debt burden, the human immunodeficiency virus (HIV) problem, and a continual stream of negative media stories to emerge from Africa, we felt ‘doing nothing’ was no longer an option. The public National Health Service (NHS) in Scotland and private care home facilities are increasingly benefiting from the influx of skilled healthcare workers from Africa. This flow of talented people is a further exodus from resource-poor Africa to the resource-rich West. As a Scottish NHS general practice, we felt we had a moral responsibility to ponder for a moment, consider our options, and try to do something practical to make the relationship between the people of Africa and the people of Scotland more equitable. We considered a range of options, and decided to follow the World Health Organization (WHO) mantra to ‘Think Global, Act Local’. Our global mission was thus to help our healthcare colleagues in Africa, and our local task to find a clinic to twin with.

The Scotland–Malawi Partnership

The people of Scotland and the people of Malawi have many links, going back to the time of David Livingstone. Recently, the First Minister of Scotland and the President of Malawi signed a partnership agreement to work
together. Under the broad umbrella of the Scotland–Malawi Partnership, a series of projects working with schools, hospitals and aid projects have been set up.1

We thought the idea of twinning Scottish general practitioner (GP) practices and Malawian clinics would give healthcare workers in Scotland and in Malawi a chance to share experiences and help each other on an equal and equitable basis. Rather than follow the traditional path of fundraising for hospitals, orphanages or non-governmental organisations (NGOs), we opted for a low-key approach to establish links between people first, and to see how we could help each other. We planned to proceed slowly, respecting local traditions, to build a dialogue between healthcare workers in Scotland and Malawi in a long-term, low-key, sustainable way.

Choosing a clinic

Pam Wilson, a district nurse from Westgate Health Centre on a Voluntary Service Overseas (VSO) placement in Zomba, Malawi, met with a personal contact of one of the practice GPs, Paul Nkhoma (PN), in Blantyre. PW and PN visited a series of clinics in Southern Malawi. Private and NGO clinics invariably had an agenda, including one-way receipt of more aid, or the optimistic hope that we had come to pay off their debts. In contrast, the Ministry of Health clinics we visited offered a chance for us to work alongside existing services in a two-way long-term relationship. We chose Zingwangwa Clinic, which serves the 110 000 people in a township adjacent to Blantyre. The clinic tries to manage a full range of health conditions, but in a resource-poor environment, without resident medical staff. Westgate Health Centre, Dundee, on the other hand, serves an urban population of 11 000 people, has eight medical partners and a full range of support staff and equipment.

Twinning network

We were successful in a bid to the Scotland–Malawi Partnership to try to develop a network of 20 Scottish practices twinned with 20 Malawian clinics, based around a theme of access to technology to improve health care. The Westgate, Dundee and Zingwangwa, Blantyre link is being used as an exemplar to offer other practices and clinics the chance to work together and share experiences. Westgate has helped to pioneer the introduction of email and SMS/text messaging access to clinical services and encouraged staff and patients to use the internet. We felt that offering the same range of modern ‘high-tech’ services to the staff and patients at Zingwangwa would make the experience of working at Zingwangwa rewarding and encourage staff to stay serving their local community.2

Wish list

A staff meeting in Scotland concluded that the best way we could support and learn together with our colleagues in Malawi would be to provide the staff at Zingwangwa with access to a full range of medical and nursing journals, together with patient education materials. A reciprocal meeting in Malawi highlighted the need for basic medical equipment and a means to communicate with each other and with Scotland. A state-of-the-art laptop computer and digital camera was thus placed top of the ‘equipment list’. 
A technical partner in Africa

We felt that providing email and internet services to Zingwangwa should be an early priority. After an extensive search, testing of helplines and a technical survey, we contracted a Malawian company to install signal-boosting equipment, a transmitter and all the necessary equipment to allow broadband internet to reach the clinic, situated in a hollow behind a hill. After a series of polite negotiations resolved by our Malawian project ambassador (PN), signal boosting, and the erection of a large mast in the midst of the rainy season, our connection was established. We deliberately chose a wireless broadband system and are hopeful that local schools and businesses will take advantage of the opportunity to use our signal to obtain free broadband internet.

‘Malawian cheer’

Malawian TV filmed the handover of computing equipment at Zingwangwa. The staff from Westgate watched a clip of this. The joyful celebration from Malawian staff has led Scottish staff to adopt a ‘Malawian cheer’ for any favourable announcements from our managerial staff.

Emails

Scottish staff have delighted in receiving emails from their Malawian colleagues. Many of these emails begin with ‘Hello, this is my first email ...’. In time, healthcare staff, nurses and midwives at Zingwangwa will use email to share clinical experiences and seek advice and support, and vice versa. We are looking at the feasibility of equipping colleagues in Malawi with mobile phones. SMS/text messaging is an inexpensive way of communicating in remote rural Africa where landlines are often unreliable or non-existent.

Journals online

We have made a link to the WHO Hinari site accessible to healthcare staff in Malawi. This allows access to most of the world’s medical and nursing journals, free, online. It is important for healthcare staff to be able to keep up to date and share learning experiences with their colleagues without having to migrate to cities, or move abroad to enhance skills.

Prevention of corruption

We have appointed a project ambassador in Malawi (PN) to oversee personally the smooth running of the project and to act as our ‘eyes and ears’. We have found that employing a respected figure in the local community allows us to develop the project in a sustainable way, working within the traditions and sensibilities of Malawian culture. Paul is able to meet with politicians, clinic administrators and suppliers to make sure all aspects of the project are integrated with Malawian Ministry of Health priorities and respect local sensibilities. It is vital that we can demonstrate that every UK pound or Malawian Kwacha is well spent.

Photo diary

A core theme of our project is for the people of Scotland to learn from and share experiences with the people of Malawi. We have constructed a series of ‘photo diaries’ for staff and patients in Scotland and Malawi. Participants must supply a digital photograph of themselves, state one thing they do that is good for their health or for that of others, and state one aspect of health they would like to improve. In time, this should become a common currency for people to share their views and experiences. An early emergent theme is that people in Scotland miss having extended family support, and struggle with excess nutritional intake. Preliminary reaction to this initiative in Malawi supports the view that a person’s story, cultural background and village contacts are integral to their understanding of health and wellbeing. In the future, we hope that groups of staff and patients in Scotland and Malawi will meet and discuss things they do that are good for health, and things they can individually and collectively change.

Join us

If you work in Scotland or Malawi and would like a twin, let us know and we shall match you with a suitable clinic. We can help with setting up the basics of email and SMS infrastructure for you. You can then choose how best to help each other in a long-term, low-key, sustainable way.
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CONFLICTS OF INTEREST
None.

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