**Interviewer:** if you could just explain to me about the path ways which were being used, which the patients were going through, so I am looking at the suspected cases and confirmed cases, from the time they arrived at the hospital to the time they get discharged, how was the pathway like?

**PF:** so, when a patient enters the gate, there are some screening qustions that they are supposed to respond for the cartegory of the symtpoms, that they have recorded, they are supposed to go to the covid tent where, two things will happen there, and they have taken the samples of covid-19 virus, assisted in terms of the management and the symptoms that we have presented

**Interviewer:** Mmmmmh

**PF:** they are supposed to stay there up until the covid test results are out

**Interviewer:** Mmmmmh

**PF:** and when they show negative, that’s when they are released and they are are sent to the ATC to continue with care

**Interviewer:** yeah

**PF:** if it happens that they are positive, they remain there, they don’t ocme to the inner circle of the hospital premises

**Interviewer:** okay

**PF:** yeah

**Interviewer:** alright, and then, I am interested in the...

**PF:** for the positive, aaaam, I think for the positives, I didn’t inquire what happens, they were kept at the tent, to the exit pathway where they were treated, that much I am not sure

**Interviewer:** okay

**PF:** but for those that have been tested negative

**Interviewer:** Mmmmmh

**PF:** were coming to the ATC reception where they get registered, they are triaged by the nurses where the vital signs and the presented compalaints are taken,

**Interviewer:** okay

**PF:** from there they are sent to 3 destinations, either they can go to the resacitation, for imergency case or they can go to the palliate area, where they can wait for atleast one hour

**Interviewer:** Mmmmmh

**PF:** to be seen by a doctor

**Interviewer:** Okay

**PF:** to wait for the approapriate area where they can go whether to the surgery or the gynae, internal medicine ward

**Interviewer:** okay

**PF:** otherwise aaah, those who came and they really need some other highly specialised care like the ENT

**Interviewer:** Mmmmmh

**PF:** those ones were sent to those areas

**Interviewer:** okay

**PF:** to receive treatment

**Interviewer:** alright

**PF:** but throughout the process, some preventive measures were observed,

**Interviewer:** okay

**PF:** like every patient was supposed to… it was a must,

**Interviewer:** Mmmmmh

**PF:** they were supposed to have a mask,

**Interviewer:** okay

**PF:** yeah, because beside the fact that they were covid negative,

**Interviewer:** Mmmmmh

**PF:** they can also catch the virus, while they are in transit

**Interviewer:** exactly

**PF:** in the process of getting assisted

**Interviewer:** yeah

**PF:** so they were supposed to have their masks put on and even for the staff,

**Interviewer:** Mmmmmh

**PF:** everybody is supposed to put on a mask and observe other hygienic proceedures like washing hands each time they get in contact with a patient

**Interviewer:** Mmmmmh, from the time the patients arrives at the hospital, so the pathway you stopped at a stage where, it’s a screened positive, where they remain at the tent

**PF:** at the tent,

**Interviewer:** yeah, so let us try to stop there, from the time they arrive at the hospital,

**PF:** Mmmmmh

**Interviewer:** they have gone through the processes of testing, and then we have the three parts, I believe that we have three stages, when they arrive, they get screened

**PF:** they get screened, yes

**Interviewer:** and then they get screened and wait until they get their results, which stage do you think things were working well?

**PF:** aaah, to me the system that was working,

**Interviewer:** Mmmmmh

**PF:** some people were escaping, those people were coming to the ATC with symptoms but escaped the screening process fearing to be captured and wait on the tent, where they are corona virus tested

**Interviewer:** Mmmmmh

**PF:** so they lied when they were asked to say: you have this, you have this, they were saying no, and at the end of the day we noticed they were breathless

**Interviewer:** Mmmmmh

**PF:** they have fever

**Interviewer:** yeah

**PF:** all their coughing, and then they were sent back to be screened

**Interviewer:** Mmmmmh

**PF:** we call the management to set up the thing, it was an effective way of catching a case, aaah, with symptoms

**Interviewer:** yeah

**PF:** so and we have noticed that they think that all the entry points that lead us to enter the hospital were closed and even up to now, there is only one entry point

**Interviewer:** Mmmmmh

**PF:** the main gate where everyone has to pass through

**Interviewer:** Mmmmmh

**PF:** so it was effective, aaam… though the sample results were supposed to take maybe a minimum of two hours, but you find that people maybe are spending 8 hours to have the results come out

**Interviewer:** Mmmmmh

**PF:** for example some people would go there 5pm

**Interviewer:** Mmmmmh

**PF:** and they will be discharged to the ATC triaged at around 8 O’clock, it is more than 2 hours, the people are just sitting there

**Interviewer:** waiting for the results

**PF:** Mmmmmh, but the system is really effective, yes

**Interviewer:** were there any management and treatment protocols that were developed?

**PF:** the treatment protocols are there mainly they are symptomatic, and currently the cure, I can say the cure recommended drug treatment to cure Covid,

**Interviewer:** Mmmmmh

**PF:** I can say there is no cure for that, it is symptoms

**Interviewer:** Mmmmmh

**PF:** you just assess the condition, if it is emergency it’s a priority case, you just need to look at the findings like the chest and getting the clinical picture of a patient, so there is no definate drug treatment for these patients, it is just symptom based management, how were these symptoms developed,

**Interviewer:** so, how do you think these protocols are developed, I am looking at and I believe Queen Elizabeth central hospital managing the treatment of Covid-19, how were they developed?

**PF:** it was a consultative process for various departments, aaah the key people from those departments they met based on the current information on the covid-19 management or treatment, and they came out to stabulate something to be used for the management of these patients

**Interviewer:** Mmmmmh

**PF:** at the ATC,

**Interviewer:** Mmmmmh

**PF:** but however on top of that, having the standard operating procedure

**Interviewer:** yeah

**PF:** we have also the main dine, which is the ministry of health

**Interviewer:** the ministry of health

**PF:** they realease, they are still releasing updated protocols for management of covid-19

**Interviewer:** Mmmmmh

**PF:** yeah, so at the moment, we are using the protocol that the Malawi government have released

**Interviewer:** Mmmmmh

**PF:** but of course when it comes to the emergency, there are some other information

**Interviewer:** Mmmmmh

**PF:** in the emergency centres for the whole whole world we have guided

**Interviewer:** Mmmmmh

**PF:** so we are into that

**Interviewer:** Mmmmmh

**PF:** because it is evidence based

**Interviewer:** Mmmmmh

**PF:** which we can appply and it can help in our setting as well

**Interviewer:** yeah, that’s true, usually when these guidelines are being developed to suit a specific context we use the international guidelines of the ministry of health, but ministry of health guidelines are, how were they fitting into the queens context of the setting, how were these these guidelines helping at queens?

**PF:** you mean helping to suit the queen Elizabeth environment?

**Interviewer:** yeah, I understand, the way they were formulated, this is the overall ministry of health guidelines

**PF:** yes

**Interviewer:** or this is the WHO guidelines to make our own

**PF:** yes

**Interviewer:** it should suit, how were they..

**PF:** they considered also issues of resource availability and even a burden of disease

**Interviewer:** yes

**PF:** was also taken into consideration

**Interviewer:** Mmmmmh

**PF:** because it doesn’t make sense to take what other people are doing yet you want to experience that, or like in Malawi, there are very few cases which were severe forms, majority of the cases were cases which needed to go home

**Interviewer:** self isolation

**PF:** and probably self isolator, be part of the community anyway, so the burden of the disease, even the resources that we have, yes they were taken into consideration and all that, otherwise, there was a guided protocol,

**Interviewer:** okay

**PF:** on how we can handle that in our local setting

**Interviewer:** alright,

**PF:** yeah

**Interviewer:** so considering the fact that there is a wide range of cadres of health workers or support staff working at the hospital, how knowledgeable were these workers or support staff to the use of these protocols or these guidelines or standard operating procedures, how accessible were these?

**PF:** there were a series of trainings that are were done and targetting both proffessionals

**Interviewer:** Mmmmmh

**PF:** and non proffessionals

**Interviewer:** Mmmmmh

**PF:** non poffessionals are supportive staffs

**Interviewer:** Mmmmmh

**PF:** so if there was anyone who was spared, I doubt, but the target was that everyone had to be trained about what is Covid, how we can prevent it

**Interviewer:** Mmmmmh

**PF:** what is the current treatment and things that are recommended?

**Interviewer:** Mmmmmh

**PF:** everybody went through a training,

**Interviewer:** okay

**PF:** unless he is just coming to join now, he was not during at that time when the training was not happening, so I am sure that the knowledge is there on how we can handle covid-19, how we can know this patient has symptoms

**Interviewer:** okay

**PF:** the criteria

**Interviewer:** alright

**PF:** but maybe because our brains learn differently anyway

**Interviewer:** Mmmmmh

**PF:** but the trainings for everybody were conducted

**Interviewer:** okay

**PF:** yes

**Interviewer:** what other approaches do senior members or other medical docotors apply to support other junior staff with these protocols or any other prevention and control measures

**PF:** we had I think aaah…some serial CPD sessions in the morning handover

**Interviewer:** yeah

**PF:** where after the trainings were done, we had now sessions with nurses and which we just had to go through and remind

**Interviewer:** yeah

**PF:** yeah, so those CPD sessions were very-very effective because they were more interractive now,

**Interviewer:** yeah

**PF:** at departmental level

**Interviewer:** yeah

**PF:** so that’s how we continued reading the knowledge so that people are updated

**Interviewer:** Mmmmmh

**PF:** and the new things that are happening

**Interviewer:** yeah

**PF:** people are aware of what is happening

**Interviewer:** okay

**PF:** up to now, the CPD sessions, they still in progress

**Interviewer:** okay, that’s nice,

**PF:** yes

**Interviewer:** alright, so, lets now talk about the preparation, if you can just explain to me, how prepared you were as an individual to respond to a higher number of the Covid-19 cases if at all we may happen to have higher numbers of Covid-19, than what we have?

**PF:** aaah… to begin with, let me begin with giving this background, when Covid-19 emerged,

**Interviewer:** yeah

**PF:** you know it is the western world and the American side

**Interviewer:** Mmmmmh

**PF:** and the pictures they presented once it came in severe form

**Interviewer:** yeah

**PF:** and people were threatened, there was fear the whole world to say: so what is going to happen to our to the low resource setting in Malawi

**Interviewer:** yeah

**PF:** because we have seen people, they have ventilators, they are dying

**Interviewer:** yeah

**PF:** Malalwi doesn’t have ventilators, so there was fear that was on going

**Interviewer:** Mmmmmh

**PF:** but we realised that the way it has attacked those populations and our settings it is different

**Interviewer:** it is different

**PF:** yeah, but at least here we had milder forms which needed, did not need intensive care or anything to do with supportive mechanical attention and e.t.c

**Interviewer:** yeah

**PF:** so there was initially panic

**Interviewer:** yeah

**PF:** because of the fear that was on going

**Interviewer:** so this is to you as an individual?

**PF:** I was just saying that background

**Interviewer:** Mmmmmh

**PF:** after being oriented on what tis Covid is all about

**Interviewer:** Mmmmmh

**PF:** what are the measures that the government has put asside?

**Interviewer:** yes

**PF:** aaah

**Interviewer:** Mmmmmh

**PF:** now, maybe I can say that I had three roles to play, the firt one was to make sure that I protect myself

**Interviewer:** Mmmmmh

**PF:** so making sure that … because to me issues of whether two metres distance didn’t work

**Interviewer:** Mmmmmh

**PF:** because everyday I am in the hospital, there is a consultation ongoing

**Interviewer:** Mmmmmh

**PF:** the use of mask all the time,

**Interviewer:** Mmmmmh

**PF:** when I am in the hospital or in the patient

**Interviewer:** Mmmmmh

**PF:** I make sure I protect myself from that

**Interviewer:** okay

**PF:** and at the same time, there are special gowns that we put on

**Interviewer:** Mmmmmh

**PF:** when working

**Interviewer:** yeah

**PF:** and those gowns are made, that once you are going home you do the donning and the doffing, the way we are trained

**Interviewer:** yes

**PF:** at the Covid training

**Interviewer:** Mmmmmh

**PF:** properly

**Interviewer:** Mmmmmh

**PF:** and you put the gown

**Interviewer:** Mmmmmh

**PF:** so that is one way of preventing this Corona virus,

**Interviewer:** yes

**PF:** whether you are to get them or spread them to others

**Interviewer:** Mmmmmh

**PF:** on top of that, each time we are touching the patient

**Interviewer:** Mmmmmh

**PF:** any single touch with the patient we wash our hands

**Interviewer:** okay

**PF:** before we wash our hands, we make sure we have put off gloves, we put on the disposable gloves

**Interviewer:** yeah

**PF:** we assist the patient, we put off the gloves, and we wash our hands, if there is no water, hand sanitizer

**Interviewer:** Mmmmmh

**PF:** and other measures put

**Interviewer:** okay

**PF:** and that was the portion on how I can disinfect myself from getitng the corona from being spread

**Interviewer:** yeah

**PF:** the other portion was aaaah… each time I find a patient, was to advocate

**Interviewer:** Mmmmmh

**PF:** to find out from the patient if they have ocme with those symptoms, what does the patient know about Covid

**Interviewer:** Mmmmmh

**PF:** how we think the covid can be prevented, what are they doing about it when they are at home, so that one was really very good because you are now assessing the social apsect of the patient,

**Interviewer:** Mmmmmh

**PF:** and again in his or her environment, so advocacy like trying to make sure that the clients that we have they know, so if they don’t know, and you think they have got symptoms when they need to test

**Interviewer:** Mmmmmh

**PF:** they might end up resisting, I cannot go there

**Interviewer:** Mmmmmh

**PF:** but everyone did not resist when we had discussions, they accepted, they said that yes, I think we need to have the test

**Interviewer:** okay

**PF:** yes, the other part was to do with… okay, I did not directly involve myself in treating the actual positives

**Interviewer:** okay

**PF:** but even for those who had symptoms

**Interviewer:** yeah

**PF:** so…aaah, conselling in terms of aaah… how can we… some sort of re-inforcing

**Interviewer:** okay

**PF:** the protocol that is there, how can they now..aaah, I notted there was a couple, how can they now prevent themselves from getting the corona virus

**Interviewer:** yeah

**PF:** it was not possible to go through everything

**Interviewer:** yeah

**PF:** so that they should understand, but atleast they should do things,

**Interviewer:** Mmmmmh

**PF:** and helping them to stress on how important is Covid virsu, to say it is real and it is killing people

**Interviewer:** Mmmmmh

**PF:** and aaah.. and they have got a part, and a role to play in preventing the spread

**Interviewer:** okay

**PF:** so that is the other part

**Interviewer:** alright, that is interesting

**PF:** Mmmmmh

**Interviewer:** so you mentioned quiet a lot on infection prevention, how readily available were these when staff needed them, I am looking at how to prevent the hospital if there was large numbers of Covid cases, so how readily available were these PPEs?

**PF:** okay, initially when we heard there is Covid

**Interviewer:** Mmmmmh

**PF:** we had some gloves available

**Interviewer:** Mmmmmh

**PF:** some masks available but they were in short supply

**Interviewer:** Mmmmmh

**PF:** but later on when we noticed the covid is in our setting, the hospital procured enough, even at the moment in time

**Interviewer:** yeah

**PF:** everyday, we are having masks, these gowns are sterilized everyday

**Interviewer:** yes

**PF:** for the staff to put on, and for those that are directly involved in the full protective personal equipment that is there, we are talking of the gogos, aaah… the gowns, aaah, the gamboots, even the gloves and everything they are supposed to do when they are taking the sample with the equipment available at the moment

**Interviewer:** yeah

**PF:** but only to notice there is scalling down of testing the Covid cases, simply, initially it was like active searching

**Interviewer:** Mmmmmh

**PF:** for the patients, but now it is only those who are presenting with Covid-19 symptoms that have been tested

**Interviewer:** Mmmmmh

**PF:** yes

**Interviewer:** alright, so being someone who works at a very busy set up in the hospital, you see a lot of patients, now in terms of covid-19 cases, if you were to have a higher number of cases how supportive is the infrastructure or set up in managing these increase numbers of covid-cases at queens?

**PF:** if we had increased number of covid cases, especially in the cartegory of patients who needed amergency,

**Interviewer:** Mmmmmh

**PF:** it would have been overwhelming, and there is a place that is for these people to be managed but the capacity cannot take more than 50 people at once, if it happened that these people needed care

**Interviewer:** yeah

**PF:**  but there is a setting and a plan that was put to say: if people are there

**Interviewer:** Mmmmmh

**PF:** they are sick, this is what we are going to do, and there is an isolation room that is available temporarily that a patient is suspected of Covid

**Interviewer:** yes

**PF:** like the ones I said they escaped the screening

**Interviewer:** Mmmmmh

**PF:** before we chanel them to the covid tent for covid testing, we put them in an isolation place,

**Interviewer:** Mmmmmh

**PF:** so there is a place for Isolation

**Interviewer:** okay

**PF:** But it cannot handle that number of people

**Interviewer:** yeah

**PF:** so if it happens that there are increasing number of cases, in the emergency cartegory that we will not be able to handle it, but there is a place that these people can wait

**Interviewer:** okay, so if we happen to have a place, how about the capacity of the hospital in terms of human resource, aaah,

**PF:** at the moment in time,I can say: fair enough,

**Interviewer:** Mmmmmh

**PF:** in terms of human resource

**Interviewer:** I know when you are saying fair enough, you are comparing it to something

**PF:** yes, I am comparing it to having strugles to find staff

**Interviewer:** okay

**PF:** I think there was a distribution

**Interviewer:** Mmmmmh

**PF:**  and diployment that was done to make sure that the covid side does not suffer as we ask you for main core functions you know

**Interviewer:** Mmmmmh

**PF:** we will also suffer, because on top of having Covid, there also diseases that

**Interviewer:** Mmmmmh

**PF:** we having HIV,

**Interviewer:** exactly,

**PF:** and things like that, so I think there was a deployment that I think we had, and I know, there is a kind of a balance,

**Interviewer:** okay

**PF:** yes

**Interviewer:** so making sure that you maintain the balance that everyone gets the care which they are supposed to get

**PF:** Mmmmmh

**Interviewer:** so I am looking at rationing care, provided to the participants, lets imagine that we had higher numbers of covid cases, how would care be rationed in reality to these, so let us have a ward, an isolation centre we have about maybe 100,

**PF:** Mmmmmh

**Interviewer:** patients who are critically ill, how would can care be rationed to that?

**PF:** are will not be rationed and quality of care will not be rationed from us

**Interviewer:** Mmmmmh

**PF:** because the fair enough that I was talking aobut is about resource setting I was talking about, now because we are not having so many cases

**Interviewer:** Mmmmmh

**PF:** its okay, but if it happens that the cases increase, that rationality and quality of care will not be there, still in terms of human resource there is no extra human resource, yes, otherwise aaah… the cases we are having now, the staff is fair enough to cater for them

**Interviewer:** Mmmmmh

**PF:** yes

**Interviewer:** but beyond that

**PF:** we do not

**Interviewer:** okay, and how could the VIP, the people with higher social status be treated in this context?

**PF:** I think, not I think but still the principles of ethics we have to play

**Interviewer:** okay

**PF:** yes, despite whatever circumstances because we are people who are proffesionals and the ethics, I know there is this issue of human rights and you know I am in Malalwi and still respect peopl who are in politics, but I will still have to say this,

**Interviewer:** Mmmmmh

**PF:** I will still talk of ethics, because it doesn’t make sense, somebody needs critical care and there is somebody, because he is a politician, who has come, just walking and stopping,so ethics, this code of ethics needs to play a role,

**Interviewer:** okay

**PF:** yes

**Interviewer:** alright, so we had covid-19 cases, though we were thinking about covid-19 cases, how do you percive your risk of getting infected with Covid-19?

**PF:** aaah, as of me, it is okay, because I observe measures, but Covid is still around

**Interviewer:** Mmmmmh

**PF:** circulating, there is still risk with that staff, if they don’t observe appropriate measures they will catch the virus

**Interviewer:** Mmmmmh

**PF:** otherwise, my message is that; let us not relax, because covid has ocme to stay, we can just relax

**Interviewer:** Mmmmmh

**PF:** I know people are saying that aaah, it is not so severe, somebody, can be in trouble get the covid and spread it and get somebody die

**Interviewer:** yeah

**PF:** so I will still continue to advocate to observe these protocols, aaah, preventive measures that have been put in place

**Interviewer:** so with all this, I don’t know whether if this has changed the way you work?

**PF:** aaah

**Interviewer:** because I am looking at the time before we didn’t have any case and now that we have started to have cases when there was no Covid, probably we were working differently, the way ou work?

**PF:** of ocurse aaah… I will treat Covid as part of sensitization

**Interviewer:** Mmmmmh

**PF:** the staff is coughing, they need to keep distance

**Interviewer:** Mmmmmh

**PF:** and make sure that they are not close if that is ossibel

**Interviewer:** Mmmmmh

**PF:** so my message is that you know there are so many problems in that setting that can cause symptoms if you have Covid

**Interviewer:** Mmmmmh

**PF:** stigmatizing someone, it is not fair enough

**Interviewer:** Mmmmmh

**PF:** it is not justice,

**Interviewer:** Mmmmmh

**PF:** up until that person is coughing and tested positive

**Interviewer:** yeah

**PF:** so, yes

**Interviewer:** okay, so, there were sometimes we used to hear people are not willing to work in the covid set ups, because of the percieved higher risks working there and then there was this issue of risk allowance, and in terms of financial incentives, so what do you see as is the relationship between the risk reduction could be at reducing risks because of receiving financial incentives in terms of risk allowances?

**PF:** actually to be honest, life exposed, ones life to patients

**Interviewer:** Mmmmmh

**PF:** it is a risk and risk allowance is supposed to be fair enough

**Interviewer:** okay

**PF:** not what we receive now,

**Interviewer:** yeah

**PF:** because if we are exposed to TB patients, we can get TB

**Interviewer:** Mmmmmh

**PF:** and all that need of drugs all that in hospital

**Interviewer:** Mmmmmh

**PF:** those that need HIV positive care

**Interviewer:** Mmmmmh

**PF:** hepatitis infection and so …yes, I think aaah… intially people took it for granted maybe because we don’t complain, but hospital is a high risk place

**Interviewer:** Mmmmmh

**PF:** where somebody’s life is in danger

**Interviewer:** Mmmmmh

**PF:** from catching any kind of disease that is transmitable

**Interviewer:** Mmmmmh

**PF:** so yes, it was fair enough to be demand for the risk allowance

**Interviewer:** Mmmmmh

**PF:** because of the mode of transmission

**Interviewer:** Mmmmmh

**PF:** you are putting your life at greatest risk, compared to somebody who is at home

**Interviewer:** Mmmmmh

**PF:** and the other ocmment I want to put is aaah… I mean when this new came, that fear I talked about

**Interviewer:** okay

**PF:** people now became demolized

**Interviewer:** Mmmmmh

**PF:** interest for work was not there, so my question was, what could have motivated them to go to work, unless there is something that is there to give them morale

**Interviewer:** Mmmmmh

**PF:** we cannot work, we cannot work, then there is somebody who has voluntered to work, then there is need to motivate that person

**Interviewer:** yeah

**PF:**  yes, should feel that: I have volunteered, I need to do this, I have the back up support, people, are also thinking about my life

**Interviewer:** okay, because I felt that people would feel that since there is this financial incentive, then my risk of getting infected will be reduced?

**PF:**  no ways, no, they can still get infected while they get allowance, but atleast, as one of getting motivating

**Interviewer:** yes

**PF:** even the whole world people go to the hospital as need arise

**Interviewer:** yes

**PF:** as people who volunteer, they get support, they should feel loved to say: I am doing this, but I am not alone, people think about me, so just motivating to make things going, otherwise for me it doesn’t make sense to work at such a high risk place

**Interviewer:** Mmmmmh

**PF:** and I mean…

**Interviewer:** get nothing

**PF:** get nothing, to motivate the people

**Interviewer:** okay

**PF:** and this issue, it happened

**Interviewer:** okay

**PF:** yes, clinicians were not coming to the hospital, yes I don’t want to get covid-19

**Interviewer:** okay

**PF:** so we needed to support these peoplewho had a good heart

**Interviewer:** okay

**PF:** at the risking of their lives

**Interviewer:** okay,

**PF:** Mmmmmh

**Interviewer:** so what has been your experience so far with the testing procedures, with the nosal swab, throat swabs, what do people say?

**PF:** there have been myths

**Interviewer:** Mmmmmh

**PF:** because initially people politicized it so much, I will not mention much about politics but they thought there were fake news to say they were Covid negative but were pushed to say: I am covid positive

**Interviewer:** Mmmmmh

**PF:** the other myth was to do with aaah… the Covid test kits

**Interviewer:** Mmmmmh

**PF:** people had contaminated them with the Covid virus

**Interviewer:** Mmmmmh

**PF:** so, everyone who is tested is coming positive,

**Interviewer:** yeah

**PF:** this was the other myth that was there in circulation, another thing that was in circulation, okay, I have mentioned of the politics issue

**Interviewer:** and then the Covid testing

**PF:** Covid testing

**Interviewer:** Mmmmmh

**PF:** was contaminated, and another issue was that aaah, probably the issue was not Covid, it was something else that would give a picture like Covid and when testing you would think it is covid, because that’s what people thought about

**Interviewer:** Mmmmmh

**PF:** I know people talk even when there is nothing to talk about

**Interviewer:** alright

**PF:** so those are osme of the myths we had in circulation but the one in politics was the one that was hot

**Interviewer:** Mmmmmh

**PF:**  anyway

**Interviewer:** but how about the procedures of getting the samples, so far what did the people say?

**PF:** aaaah.. I think for the staff, aaah… it is a simple procedure

**Interviewer:** okay

**PF:** it is a simple procedure, but the patients complained about the discomfort because mostly the swabing of the nose was irritating them and things like that, so they didn’t like the process of being swabed, it is a simple one

**Interviewer:** okay

**PF:** but it is something that is simple, as lonf as you put on the protective wears

**Interviewer:** yeah

**PF:** the other thing is also about the sensitivity of the test, the likliness of two tests to test positive if it is indeed true

**Interviewer:** Mmmmmh

**PF:** so yeah, high sensitivity, when using PCR, DNA, PCR, but I know there were anti-body testing that were in circulation

**Interviewer:** Mmmmmh

**PF:** at private hospitals they were doing that, which were later on banned

**Interviewer:** yeah

**PF:** so, yeah

**Interviewer:** so what would the recommendations be, because like… I mean… people are not very comfortable with testing procedures, what would you recommend them?

**PF:** but to me though peole were not comfortable with the swabing

**Interviewer:** yeah

**PF:** it was not an invesive procedure, the swabbing of the nose is the part that is not private, to me still, when I wear the risk benefit

**Interviewer:** Mmmmmh

**PF:** I would still say: it is wealthy to proceed with using that

**Interviewer:** okay

**PF:** but however, if there are other mwina *(maybe)* if it is serological test

**Interviewer:** yeah

**PF:** can be done, that can detect the blood

**Interviewer:** Mmmmmh

**PF:** the general PCR, of the blood sample

**Interviewer:** Mmmmmh

**PF:** that one is intensive, because you prick somebody they still feel pain… because I will say: the current testing is fair enough

**Interviewer:** alright

**PF:** it can continue as that, there are other means of helping the patients who are complaining about the discomfort that will still be good

**Interviewer:** what would you say people are proposing to use saliva test to for covid?

**PF:** aaah…

**Interviewer:** would you support that?

**PF:** I don’t know,

**Interviewer:** (laughs)

**PF:** if people propose for saliva it means that it has to go with sensitivity

**Interviewer:** and specificity

**PF:** and specificity, otherwise it will be useless, there can be many force negatives and positives

**Interviewer:** yeah

**PF:** so it has to be sensitivity and specificity tests has to be able to capture a good number who are really true positives

**Interviewer:** alright, lastly, what are your priority recommendations in the level of preparedness in any future epidemic or for Covid-19, for Queen Elizabeth, what would be your priority on this?

**PF:** I know, it is quiet challenging, on the resources

**Interviewer:** Mmmmmh

**PF:**  because they cannot just put something aside, waiting for an epidemic and other things to be done

**Interviewer:** Mmmmmh

**PF:** but aaah… otherwise I could recommend good cordination, cordination in all the departments, sitting down and planning together

**Interviewer:** yeah

**PF:** taking away issues of politics

**Interviewer:** Mmmmmh

**PF:** and deal with what is happening or what will happen it is going to help

**Interviewer:** yeah

**PF:** So in other words, I know there are plans already in disaster response plans

**Interviewer:** yeah

**PF:** at the hospital

**Interviewer:** yeah

**PF:** so it is a matter of seeing how much is allocated or spared in case there is another epidemic

**Interviewer:** yeah

**PF:** that comes in, tentatively to be put aside, but if it can be used for other things, that is also fine, but atleast there has to be funding, sort of, to make sure the relevant things that will carter for the epidemic

**Interviewer:** yeah

**PF:** are catered for

**Interviewer:** Mmmmmh

**PF:** otherwise I know it is not easy in our setting

**Interviewer:** yeah

**PF:**  to set aside that funding

**Interviewer:** yeah, that’s true, thank you so much for your time, unless if you have anything that you want to add, these are the questions which I had for you

**PF:** aaah… no

**Interviewer:** no

**PF:** there is nothing

**Interviewer:** thank you

**The End**