**Interviewer:** Okay alright. So as I have already said that our focus is on “learn from healthcare workers about their experience in managing Covid cases in the hospital

**PM:** Uh huh

**Interviewer:** and I think to begin with; would you be able to explain to me the management pathway, what are the different stages that a suspect or a patient who has got Covid-19 goes through at the hospital. What are the different stages and what exactly happens in those stages?

**PM:** You mean clinical management?

**Interviewer:** Yes, so from the time-

**PM:** [from the time the patient arrives to the point that they finish getting care?

**Interviewer:** Yah, to the time that they finish getting care

**PM:** Patients can come through this hospital basically via 4 pathways

**Interviewer:** okay

**PM:** One is that they are walking from home

**Interviewer:** Uh huh

**PM:** so they enter through the main gate with symptoms that are either Covid specific or not Covid

**Interviewer:** Uh huh

**PM:** But suspected to be Covid by people who are screening, as you know when you enter the gate there are some people who ask you questions and take temperatures

**Interviewer:** Yah

**PM:** So those ones can detect somebody as having symptoms suggested of Covid

**Interviewer:** Uh huh

**PM:** Or the patients can come themselves knowing they are suspecting they have Covid

**Interviewer:** uh huh

**PM:** so for those ones they go to the screening tents, so at the gate it’s asking questions and certifying whether you have a risk that you could be Covid

**Interviewer:** Okay

**PM:** so, if they suspect you have Covid, then there are some tents there, so you go to..there is one tent where there is a doctor and nurses who will then receive you and take a clinical history and if they also suspect that you may have Covid

**Interviewer:** Mmmh

**PM:** Or you could be a Covid patient, then they would ask or send you to another tent where there is laboratory people. They will take specimens from you and once they do that you will go back to the tents

**Interviewer:** Mmmh

**PM:** or if you are too sick they will come in the same tent to take specimen from you

**Interviewer:** okay

**PM:** and then you will be there whereby those doctors and the nurses will give you appropriate treatment pertinent to the problem that you have at the time

**Interviewer:** okay

**PM:** So in there, there are drugs or you can get oxygen whatever, it will happen there

**Interviewer:** yah

**PM:** and after that, then after the results come out, so normally they will come out in the next day usually

**Interviewer:** okay

**PM:** so, if results come out and you are not Covid, then you will be moved to the general accidents and emergencies care center

**Interviewer:** okay

**PM:** where now the doctors will assess you for whatever complaints and make a diagnosis and from there you will be referred

**Interviewer:** mmm

**PM:** and if you need admission, you will be sent to a ward where you will be admitted to manage you just like any other patient in Queen’s, either you go to medical ward, surgical ward wherever you should go. So that is the first part

**Interviewer:** uh huh

**PM:** then the second one is that you are a pregnant woman

**Interviewer:** mmm

**PM:** so if you are a pregnant woman and you are in labor, normally they just pass there because we don’t want them to be delayed.

**Interviewer:** to be delayed

**PM:** yah, so they will go straight to the maternity area, there they also have a pathway like would happen at the gate, so midwives are there, there are doctors there, so as you get out of the ambulance or your car to enter the ward they will give you same checks, and if they suspect you have Covid, there is another place, so, instead of the tents there is a ward we call it ward 1A

**Interviewer:** okay

**PM:** where you will be sent just like we did before, they will take specimens, and give you the care that you need at that particular time. If you are not Covid you will be moved to the general labor ward, if you have Covid then there is a place in the same ward where you will be set aside and be treated for your Covid.

**Interviewer:** okay

**PM:** yah, what I forgot is that in the tents, I mentioned that if you are not Covid you will go to the general emergency ward but if you are Covid from the tents

**Interviewer:** Mmmh

**PM:** then you go to..we have Covid wards, we have a Covid ward actually

**Interviewer:** mmmh

**PM:** which is ward 3A

**Interviewer:** okay

**PM:** where any adult with Covid will go. So I have mentioned two, the third pathway is whereby you are a child. So for children they can also pass through there but usually the children will go, after the quick screening they will go to the children’s department where they will also have their entry point, similar screening system. And just like everywhere, they also have a ward, they have an isolation ward there

**Interviewer:** okay

**PM:** where any suspects are kept and investigated, and if they are positive they will be set aside somewhere where they are helped. And if they are not, they are taken to the general pediatric ward

**Interviewer:** mmmh

**PM:** the fourth one is whereby you, for whatever reason you manage not to be picked in all these pathways

**Interviewer:** okay

**PM:** but you come to any other clinic, for example this is the skin clinic

**Interviewer:** uh huh

**PM:** so you come to a clinic like this because you have a complaint either for your skin or your eye, if it is the eye clinic or whatever clinic you go to

**Interviewer:** okay

**PM:** so while you are there, the doctor will also ask you some questions to screen you somehow. So if also there they suspect he or she could be Covid, then they will send you to the tents. So basically these areas would act as screening points

**Interviewer:** screening points

**PM:** yah, just to reaffirm that everybody that comes into this system has been assessed

**Interviewer:** mmmh

**PM:** and their risk for Covid is certified accordingly.

**Interviewer:** uh huh

**PM:** yah

**Interviewer:** Okay, just one question on that pathway. So if someone is coming as a patient, they have got Covid signs and they are screened at the gate and the results are coming the next day, do they wait right in the tent and do they get any treatment or any support for whatever they are coming for?

**PM:** so the tent is a tent because physically it is a tent

**Interviewer:** okay

**PM:** but inside there are beds, there are drug boxes

**Interviewer:** mmh

**PM:** there is a nurse and a doctor, at least a nurse and a doctor 24 hours

**Interviewer:** okay

**PM:** there is oxygen

**Interviewer:** ooh okay

**PM:** so there is everything to treat, basically it’s like a ward, but a ward housed within a tent, it’s not just a tent where people sit on the floor

**Interviewer:** Okay

**PM:** Yah, it’s basically a hospital ward

**Interviewer:** alright

**PM:** Yah

**Interviewer:** so, if you look at all those different pathways that you have talked about, what are some of the key things that; as a team that is responding Covid-19 would commend yourself that are working well and what do you think along those different pathways are some of the points of things that you still feel as a hospital, needs some improvement?

**PM:** yah, so let’s start from the screening

**Interviewer** Mmmh

**PM:** Queen’sisaverybusyplace and when they are like peak hours, at lunch time or in the morning when people are coming to work, so this is the time when there are so many people, so many cars coming at once and the gate is just small whereby only two cars can pass, one coming out and one going in

**Interviewer:** mmmh

**PM:** So, and then we have about 20 people there, so others are located in the tents, others are on the small gate there that leads to the mortuary, so it becomes very hectic because there is so much work that on average those guys are screening about 2,500 people on a day

**Interviewer:** On a day

**PM:** yah, so during those peak hours, there is so much movement and may cause congestion. Actually we would have loved if for example there were made several gates so that there is only one gate for entrance, so that if I gonna say two cars can pass, then another gate where two cars can exit at once, then it would be easy to control traffic, because then someone would stand on this side and another set of people on the other side

**Interviewer:** mmmh

**PM:** and then both routes are being used and then you have less traffic and sometimes you have people who are too fast and they pass the queue and they want to use the same exit gate to enter, and there is another car coming there and you find that you know, nothing moves. So that becomes sort of a challenge especially during peak hours

**Interviewer:** mmmh

**PM:** secondly, in the tents, so people with Covid they need a lot of oxygen, these are very hypoxic, they are failing to breathe, they are gasping for air so they need a lot of oxygen and we do have oxygen cylinders which can give quite a good flow of oxygen

**Interviewer:** okay

**PM:** Yah, but if you have for example, assuming that maybe not now but in July when we had so many people, then if you had 10 people there, all of them needing so much oxygen, it’s really difficult to give them adequately because the cylinders are not as many and also the people, the nursing team we have about four nurses working and sometimes they get sort of overwhelmed.

**Interviewer:** uh huh

**PM:** So if we were able to have more people working on the ground, I think that would be really helpful. We think because of the numbers we have, at times it may compromise quality of care when there are so many people over there.

**Interviewer:** mmmh

**PM:** and then if you go to the wards as well, same thing because I think in the wards people that we admit are not as many unlike people who just come as suspects. Most of the suspects don’t end up being Covid anyway

**Interviewer:** mmmh

**PM:** yah, but in the wards we are doing good, but in some wards which we don’t have piped oxygen so they have to use these concentrators. Concentrators do not give us much oxygen, so there we suffer with the amount of oxygen that we can deliver to the people in some wards

**Interviewer:** mmm

**PM:** yah, and secondly human resource and structures is also the availability of other equipment that we need to use

**Interviewer:** mmmh

**PM:** so we have been struggling to get the thermometers, I mean not money, we have had money to buy then you cannot find quality things, we have found some thermometers which would only work for two days and then they are gone. And they are not cheap, you buy one at K70,000 and it’s only in one week it’s gone. So I think quality of things, there’s so much fake things in the market at the moment. So I think that would be nice

**Interviewer:** uh huh

**PM:** but also like PPEs, now we’ve gone towards rains and that place is good but when there is a lot of rain, you find that there is water flooding all over-

**Interviewer:** [the place

**PM:** so that becomes a problem. So the location where the tent is, it’s good in terms that it is at the entrance but it has also its own challenges in terms of making the place nice but also managing traffic that goes in and then the availability of very important resources in there, we think we could have done better

**Interviewer:** uh huh

**PM:** yah

**Interviewer:** initially, from the DHO’s office patients are supposed to be at Kameza

**PM:** yes

**Interviewer:** what motivated a certain change there that Queen’s should now start managing patients?

**PM:** good question. So initially we were saying well Covid patients they just need oxygen

**Interviewer:** Mmmh

**PM:** and if you give them oxygen and then they will be fine and for those that do not make it they will die and then off we go

**Interviewer:** mmmh

**PM:** But when Covid was just starting up, we noted a few important things that we all realized we have been overlooking

**Interviewer:** mmm

**PM:** number one was that Kameza itself was not well equipped, remember I told you that people with Covid they need a lot of oxygen

**Interviewer:** mmmh

**PM:** and one cylinder of oxygen costs about thirty five, forty thousand a cylinder for example, so one person would for example in 24 hours they would consume 4 of those, so it’s like you are spending K120,000 or so-

**Interviewer:** on a single patient

**PM:** on a single patient, and at Kameza there is no way that they were going to cope with that

**Interviewer:** yah

**PM:** secondly also these patients will realize that it’s only breathing, most of them have other comorbidities, they have diabetes which is very difficult to control

**Interviewer:** mmmh

**PM:** they are very sick and they already have underlying heart problems, and during the time that they are struggling they need more care besides just giving them oxygen. And kameza, Blantyre DHO they does not have a lot of expertise

**Interviewer:** mmmh

**PM:** so initially we were sending our consultants to go there to do ward rounds but we realized that even the nurses there, just to administer oxygen, as obviously as you think it might be, it was becoming a challenge for them and we were worried that if we had continued that trend, we would have lost lives that would otherwise be saved

**Interviewer:** yah

**PM:** so we decided that it’s better to come here where we have more resources and in terms of equipment and some supplies, but also importantly human resource

**Interviewer:** okay, so the different stages that you earlier talked about, were there specific protocols or guidelines that were developed to guide clinicians, and if “yes” how were these developed?

**PM:** yes they were

**Interviewer:** mmmh

**PM:** so for the screening, we devised one which we basically took them from..we actually just modified it from WHO in those days

**Interviewer:** okay

**PM:** so basically, initially remember we were asking whether somebody has travelled to China or whatever. And then when the Covid became more of a pandemic, we are just asking about whether somebody has travelled

**Interviewer:** okay

**PM:** now we had even to be modifying them, now to be Covid you don’t even have to have travelled, but you just need to have somebody who was in contact with somebody that has Covid. So we have been modifying these over time based on those. So those guys who screen they have something they would need to ask you “do you have shortness of breath, or do you have what, do you have what?”

**Interviewer:** mmm

**PM:** so we developed them from there.

**Interviewer:** mmmh

**PM:** and treatment per say in the tents, we have also had some protocols which the ministry of health released

**Interviewer:** okay

**PM:** case management for Covid

**Interviewer:** okay

**PM:** how to manage diabetes, how to manage high blood pressures and people with Covid and all our nurses and doctors there have undergone these trainings, so they know how to use those tools

**Interviewer:** but if you look at those protocols or tools and if you look at our context as you said, most of them have been adopted internationally for example from WHO, do they fit into our context?

**PM:** so the management guidelines were adapted from WHO but assembled and finally agreed upon by Malawi specialists. Ministry of health invited..it’s not Queens but Ministry of Health

**Interviewer:** it’s the ministry of health

**PM:** So ministry of health has a team of experts who were tasked to be developing these tools for Malawi

**Interviewer:** mmmh

**PM:** so this team of experts met and actually formed something that is relevant to Malawi problems. So it may have similarity in terms of the general scope, but in terms of specific issues which are there, they were done by Malawian specialists

**Interviewer:** mmmh

**PM:** to tailor to the needs of the Malawian population and also in line with the resources available in the Malawian healthcare work force

**Interviewer:** it was not just wholesome

**PM:** no no no, so those specialists got trained by WHO, I know several people who went to the WHO Africa office initially when Covid was just starting

**Interviewer:** mmmh

**PM:** to train in these and then they came to Malawi and were at the forefront in helping there, together with the local specialists in how to formulate this, and they have been actually revised several times to update them or something like that, depending on the changing trends of Covid in Malawi. So, it’s not just adapted from WHO in total, no.

**Interviewer:** Okay

**PM:** yah

**Interviewer:** I have seen that there is a response committee that was structured or put in place. What is it comprised of, I mean the individuals that are there and what are your specific roles as a team?

**PM:** so the team has several roles

**Interviewer:** uh huh

**PM:** so one part of Covid is to do patient education

**Interviewer:** okay

**PM:** patient and community education, so people have to know what is happening and what is Covid, and its precautions. So we have a team that is responsible for that element

**Interviewer:** Uh huh

**PM:** and then there is also another team, which is; with Covid there is a lot of hygiene and you know, infection control

**Interviewer:** Uh huh

**PM:** so there is also a team which is infection prevention control and then there in another team that is now involved in clinical care

**Interviewer:** okay

**PM:** so all those teams are within this response team that we have at Queen’s. So education, infection control and providing clinical care and of course there is then another sort of part of that which is now administrative whereby we are making resources available and looking at how; I mean mobilizing and making resources available to all these teams

**Interviewer:** Uh huh

**PM:** yah

**Interviewer:** okay

**PM:** sure

**Interviewer:** and what are some of the things that as a hospital, initially koyambirira kuja (***at the beginning***) had put place in preparation to responding to Covid, had put in place or had done as preparatory strategies that this is how we are getting prepared for Covid?

**PM:** so, you know Covid surprised all of us, Covid did surprise all of us

**Interviewer:** uh huh

**PM:** and even before the first case of Covid

**Interviewer:** yah

**PM:** we had a few problems, one our people rightly actually, were so scared of Covid

**Interviewer:** mmm

**PM:** then we were all seeing on TV and reading in reports of how Covid was going through rich countries and killing so many people

**Interviewer:** mmmh

**PM:** so there was such fear amongst people here

**Interviewer:** okay

**PM:** so that was the first hurdle that we had to get

**Interviewer:** mmmh

**PM:** to try to calm people and also to make sure that people trust that we are there to take care of them

**Interviewer:** okay

**PM:** and to fight this battle together. So we had several meetings, not only as Queen’s but we formed these committee and we are also part of other committees with other institutions, MLW, the college

**Interviewer:** uh huh

**PM:** we sat together and mapped through sort of a response team as to how we are going to do it. So even before the first case of Covid, we had designed how the tents would work

**Interviewer:** okay

**PM:** so okay this is how we will be doing the screening

**Interviewer:** okay

**PM:** that was set and we even thought of how can we keep our patients and especially our staff also safe?

**Interviewer:** mmmh

**PM:** so we had organized then issues of transport limitations that people should sit so many in the cars, and then we should keep our staff safe and we had provided transport, we had buses where people had to be ferried to and from their locations just to reduce exposure to the community and we also went on mobilizing funds because we knew that once we open a tent like that

**Interviewer:** mmmh

**PM:** then we will need to pay people money, allowances; we need to buy a lot of oxygen, we had to make a lot of electricity and plumbing just to make that place a place where people can-

**Interviewer:** [habitable

**PM:** yah, so basically that’s what we did. So a lot of consultations and we even planned training, so everyone in Queen’s

**Interviewer:** Uh huh

**PM:** unless you didn’t want to, but everyone in Queen’s had undergone Covid-19 training. For people who care for patients like clinicians they did a general clinical training and for everyone else, a driver, a cook, a cleaner, we just did a training to understand what Covid is, to allay all their fears and all that

**Interviewer:** mmmh

**PM:** so, by the time Covid came, I think most of our staff had heard about it and it did help actually

**Interviewer:** mmmh

**PM:** yah

**Interviewer:** talking about the training, you are right that’s one of the things that almost everybody that I have interviewed has talked about. If you look at the nature, especially the way you structured it and the ability of it to relay the required skill and information, do you think there is anything that needed to have improved in the way you structured your training?

**PM:** Well, I think the way the training was structured

**Interviewer:** uh huh

**PM:** it was structured to give everyone enough information which we thought they needed at the time. So if you are a driver, if you are a physiotherapist, all you needed is what Covid is and how do you take care Covid when you are in this work environment. But if you are a physiotherapist who touches patients then you would also simply know how does a person with Covid present, what symptoms do they come with

**Interviewer:** mmmh

**PM:** but what we realized along the way is that everyone was so interested to know more, even beyond things that they-

**Interviewer:** [that they are not supposed to

**PM:** yah, so when you sent people, they sat in there, they would be told how to put on PPEs and how to remove them, how to wash hands and for most people would say “aah angotiphunzitsa zosamba basi, timafuna timve zeni zeni”, “***aah they are just teaching us how to wash hands, we want to hear the real things,***” but for them “zeni zeni” “***real things***” was that. So I think that’s one thing that I saw, that people were just eager to know as much-

**Interviewer:** [especially the clinical side

**PM:** yah yah, to know as much as possible, but you see the trainings were designed to give enough knowledge to help one at the gate and not to know too much beyond what you need but so there was that interest in people, to learn more

**Interviewer:** okay

**PM:** So yah, I guess your question is that it’s sort of a challenge probably in future, this is something that we may have to think to say well, maybe for people who work in the hospital even if they don’t touch patients, they may need probably more than just basics, but a little bit as closer to clinical things as possible. So even a driver should know that okay if you see these things, somebody with Covid, somebody this could be Covid, so you may not tell them how the chest would feel like if you put a stethoscope, but at least things that when they see somebody, they should say “ooh this might be Covid”

**Interviewer:** uh huh

**PM:** yah

**Interviewer:** How readily available is PPE in the hospital?

**PM:** well, we have done much better to be honest, than we thought

**Interviewer:** okay

**PM:** yah, so at the moment we have had supplies from…we have bought several actually on our own

**Interviewer:** mmmh

**PM:** so things like gloves, things like masks, really I would say we don’t have problems with that in the hospital

**Interviewer:** uh huh

**PM:** everywhere they need them they would get them

**Interviewer:** okay

**PM:** I think the other issues that we were having especially at the peak when there were so many deaths, was things like overalls that people have to wear when they go into the Covid wards

**Interviewer:** uh huh

**PM:** But at the moment, of course there is very less need for that

**Interviewer:** mmmh

**PM:** so I would say for now PPE is not a biggest problem and we have also had a lot of partners helping us like MSH, MLW they have given huge donations to us as well, of PPE

**Interviewer:** uh huh

**PM:** so we are doing fairly good

**Interviewer:** throughout the period

**PM:** yes yes, I would in the last 2 months I cannot recall any day when we had issues with the availability of PPE

**Interviewer:** okay

**PM:** yah

**Interviewer:** okay. Based on your own perception or the way you see fellow healthcare workers, despite the training that they have undergone and facilities that you have in the hospital, do you feel health workers are able to follow and adhere to infection prevention and control measures in the hospital?

**PM:** well, sadly I wouldn’t say 100 percent

**Interviewer:** mmmh

**PM:** yah, I think there was a time when, you know, I think people follow what is happening and when there is less deaths being reported, then people think well, it’s not as dangerous as they thought.

**Interviewer:** they are safe

**PM:** yah, so actually we have noted in the last few months, weeks that there has been laxity

**Interviewer:** mmmh

**PM:** noting frequently we see people around, even doing clinics without masks on

**Interviewer:** mmmh

**PM:** we have seen people even some areas in the clinic where there was to be water and soap

**Interviewer:** mmmh

**PM:** those things not present in most clinics and we even restricted visits to the wards

**Interviewer:** mmmh

**PM:** there are times we see people flocking in the wards, even people preaching in the wards and many people gathering around, so I would say that is another issue which is now a problem, that people are becoming less scared as it were

**Interviewer:** mmmh

**PM:** and I have to say sadly that I actually there is some laxity and I think people need to do better

**Interviewer:** okay

**PM:** yah

**Interviewer:** So is there anything that you are planning?

**PM:** yes, so due to that I think 3 weeks ago we had series of trainings

**Interviewer:** mmmh

**PM:** sort of a refresher for all healthcare workers and I think during that we managed to train not all

**Interviewer:** mmmh

**PM:** but about 600 or 700 workers from Queen’s

**Interviewer:** okay

**PM:** they were sort of refreshed

**Interviewer:** okay

**PM:** and we hope that we see an improvement

**Interviewer:** mmm

**PM:** going forward, yah

**Interviewer:** I think the way people expected, things didn’t turn the way people expected in terms of number of cases. But if you make reference to what was happening in other countries with large and large numbers of cases reported every day. If that was the case here, in reality what do you think could have happened in the hospital?

**PM:** well, we saw this during the time that Covid had peaked here

**Interviewer:** mmm

**PM:** and we didn’t even have those big numbers like those experienced in other countries

**Interviewer:** mmmh

**PM:** but I have to say that we were struggling

**Interviewer:** okay

**PM:** we had…I mean many many aspects of care had stopped

**Interviewer:** mmm

**PM:** so the biggest concern for us was that there were times when all we had to do was Covid

**Interviewer:** yah

**PM:** all the clinics, outpatient clinics, most of them were shut, all the theatres were stopped

**Interviewer:** mmm

**PM:** and we were just really doing Covid Covid Covid, and if that thing had continued until now, I think the human life that would have paid with would really not just due to Covid but really other conditions which were not receiving as much attention, would really just have been so great.

**Interviewer:** mmm

**PM:** and as I said the PPEs now we are good

**Interviewer:** mmmh

**PM:** but I think the reason is that after that initial peak, our needs have sort of dwindled now because we don’t have the Covid wards which were full, had 20 people at the time, where they were using so many of these, so we don’t have that. So I think we would probably also have been found out with challenges to keep those supplies. So I think it would really have been difficult to keep resources but also to maintain adequate care, provide medical care to patients across the board

**Interviewer:** uh huh

**PM:** yah

**Interviewer:** but what do you think could have been a better approach, saying that although there was this hike in number of cases, but at least we are providing care to those that need care equitably?

**PM:** we had tried to do that, so the biggest challenge that we have and we had then and we continue to have is staffing

**Interviewer:** okay

**PM:** yah, because to keep all those things running

**Interviewer:** mmmh

**PM:** because that time people had to work in shifts and all the people with some other challenges had to stop coming to work

**Interviewer:** mmmh

**PM:** so we had really really severe staff shortages around, so I think government tried to employ more people to come into the work force to help, but that probably should have helped to deter but it probably should be maintained

**Interviewer:** mmmh

**PM:** it should have been maintained to a higher level to fully keep those things running

**Interviewer:** mmm

**PM:** I think funding also, there were times when we were struggling for these, and then at a time with elections going on and stuff, funding coming to the hospitals was at times could delay or maybe come less than what we expect to make us run. So, I think if we had those kind of resources available, it would have helped

**Interviewer:** mmm

**PM:** and even where to buy these things at the time

**Interviewer:** mmmh

**PM:** we had reached a point whereby to get a mask like the one I am wearing in Blantyre, it was impossible

**Interviewer:** mmm

**PM:** yah, so it was just difficult, I think maybe nowadays people have, you know, evolved and they are making these fancy

**Interviewer:** mmmh

**PM:** shields which people can wear and the time the ones that we had were not as good. So, yah I think we probably should have invested more at the time, not just as a hospital but the country as well in terms of innovation

**Interviewer:** mmmh

**PM:** to make sure that all these things that we have now were sort of available. And then at the time, nowadays people are wearing cloth masks

**Interviewer:** mmm

**PM:** But in those days cloth masks were considered not useful

**Interviewer:** mmm

**PM:** so everyone was scrambling for these, and even if you put a box of masks like this in a ward

**Interviewer:** uh huh

**PM:** it would be gone within a short time, everybody wants to take for people at home and stuff like that

**Interviewer:** uh huh

**PM:** so I think if all these ideas and things had come earlier, it probably would have helped to save many people.

**Interviewer:** Do you think the hospital could have devised mechanisms of taking care for people that are VIPs, remember that time or even now everyone is coming to Queen’s, they are not going to Mwaiwathu, they are not going to Seventh Day, and you had got people that have got a higher social status. Do you feel those people should have been treated differently?

**PM:** well, I don’t think so. Not in an epidemic of a scale that we were

**Interviewer:** mmmh

**PM:** I think taking care of one patient with Covid, sitting in their own room

**Interviewer:** mmmh

**PM:** is a whole different game than having two or three of them in this room,

**Interviewer:** yes I know

**PM:** especially in a state where we are that we don’t have as much resources, staffing and other things

**Interviewer:** uh huh

**PM:** so, in fact we had sort of formed that

**Interviewer:** okay

**PM:** in the sense that we were saying that the respiratory HDU would be kind of that element on members of staff and maybe other VVIPs and then everyone will be in the general ward

**Interviewer:** mmmh

**PM:** but to say to have a suite whereby if you are a “HIM” you will be in your own room and all that, we feel that was not only impossible but also irrelevant because I think all their needs really were the same and I think at the time, all we needed was the people to get better.

**Interviewer:** mmmh

**PM:** And I think the approach that we took, manage them in this confined area, all of them

**Interviewer:** mmmh

**PM:** really helped to save many people

**Interviewer:** okay

**PM:** yah

**Interviewer:** okay, no you have finished. In case of a rise in the cases again, how supportive do you look at Queen’s as an infrastructure, the infrastructure that we have, how supportive is it to care for a large number of cases?

**PM:** well, I think we have gone a long way

**Interviewer:** mmmh

**PM:** and if you had asked me this question in April or June this year, I would say we are doomed

**Interviewer:** mmm

**PM:** but now we have actually assembled a team of doctors, a team of nurses who are actually on standby. So they have now gone to their wards but we know them, we know this team which has been taking care of Covid patients and they can be deployed at every opportunity, but also even people who were doubting, who had this fear

**Interviewer:** uh huh

**PM:** nowadays I have had so many people coming to my office to say “well, is there a Covid ward where I can go and work in?”

**Interviewer:** mmmh

**PM:** so we think in terms of staffing, we would struggle less if we had another up surge

**Interviewer:** okay

**PM:** we have a ward now which is still there and it can sit 30 people

**Interviewer:** uh huh

**PM:** it’s still available and the respiratory HDU certainly can be converted in any way, now there are no more patients that if need be, it can also be converted to Covid

**Interviewer:** okay

**PM:** so I think now we have learnt and we are more prepared, maybe not fully but better prepared I think to manage surge if it were to come

**Interviewer:** okay, if you look at the level of preparedness that the hospital has, what are you most worried about or what are your main concerns in providing care for increased number of cases?

**PM:** so, my concern is mostly the theatres

**Interviewer:** okay

**PM:** yah, so we don’t have a theatre that we can set aside that if we had a patient with Covid and they needed surgery for bowel obstruction, with the theatres that we have can we say okay we have only this theatre for Covid?

**Interviewer:** mmmh

**PM:** that is still a problem, we are using a theatre in ENT but as I said when we closed

**Interviewer:** mmmh

**PM:** the backlog of patients that we had

**Interviewer:** yah

**PM:** it was just too much. So my main worry is the surgical component of caring for patients

**Interviewer:** mmmh

**PM:** and also other wards where we are managing those patients don’t have piped oxygen, for example the 1A which is a maternity ward. And if you have oxygen from the pipe, it means you can use oxygen from the plant.

**Interviewer:** uh huh

**PM:** So for those places which do not have that, now if we had an up surge and we needed to admit many people there, that would be a problem to keep all those people oxygenated.

**Interviewer:** okay

**PM:** Sure

**Interviewer:** alright, you have talked about that you have got a team of healthcare workers that can provide care at any time. I know that in terms of healthcare workers, there are others that are specialized for certain fields and in case of such epidemic, for such healthcare workers, because there is need that you have healthcare workers who can be able to help at basic care despite the area of their specialization. Is that the case with the hospital, maybe you have some that are more specialized that would not be able to provide basic care?

**PM:** so the way we had assembled the team, we had the medicine and anesthesiology, anesthesia and intensive care department as the lead departments in terms of clinical care

**Interviewer:** mmmh

**PM:** so per shift we could have a consultant who is either an anesthesiologist or one who is an internal medicine specialist leads the team on that particular day

**Interviewer:** mmmh

**PM:** but with him or her, he would have surgeon or an obstetrician or whoever, so we made sure that every..and when we say a team of nurses and clinicians, I mean people from all these departments not just one department and we deliberately set it out like that so that you have these people complimenting each other and provide best care possible.

**Interviewer:** okay

**PM:** yah

**Interviewer:** my last but one question, in your plans and delivery of your programs, how far have you involved the community, has there been community engagement cand involvement in the process?

**PM:** I think we haven’t done that much for two reasons; one is that I think we as a hospital, we are supposed to have a community liaison team

**Interviewer:** yah

**PM:** and this hasn’t been functional for so long and I think it’s a mistake, it’s a deficiency on our part that we haven’t taken much efforts to resurrect it.

**Interviewer:** mmmh

**PM:** So our interaction with the community has been limited to our experts speaking on the radio and when invited to this special program. So, we have done something in that regard, but I think we probably should have done more as a biggest health institution in Malawi, to reach out to the community and tell them about Covid. There are so many things that people don’t know or fear about Covid which we haven’t really done well to address

**Interviewer:** mmmh

**PM:** so, I think that’s an element which we haven’t sadly done so well in that we recognize that we need to continue beyond just doing these radio interviews and attending to these programs

**Interviewer:** uh huh

**PM:** yah

**Interviewer:** you just reminded me about the issue of fear, because that’s one thing that came up among most healthcare workers that in the beginning there was a lot of fear, the healthcare workers running away from attending to patients sometimes. Were there any strategies that, especially in your team, had put in place to address that and counsel health provide support to these healthcare workers?

**PM:** yes, so through the College of Medicine they had also a cluster that was looking at mental health

**Interviewer:** mmmh

**PM:** so it was open to us, I mean to Queen’s staff to say that if you have any mental issues you are free to consult the College of Medicine Psychiatrist for any mental counseling

**Interviewer:** uh huh

**PM:** but also for all our healthcare workers who were found Covid positive. We made it a point that communication to them should be through the head of department and/or the chief matron for the unit

**Interviewer:** mmmh

**PM:** so they would even go to their homes

**Interviewer:** mmm

**PM:** so if I am unwell and then I test positive, then I say okay I submitted my sample but I will be at home as I wait for sample’s results. If the result is positive then I would inform the head of department who will go to the home of that person to tell them “your result came out like this, how do you want us to help you?”

**Interviewer:** mmmh

**PM:** So, for people that needed to be quarantined elsewhere, we had College of Medicine where they could go to and we would provide food to them and these heads were constantly in communication with them just to see how best to support them. So we did try in a way to provide any possible mental outlet for people that were in danger of mental meltdown

**Interviewer:** okay, my last question, what would be your two or three key priorities that you would make, that if we are to experience again a high number of cases, these are my first three priority recommendations?

**PM:** Let’s make sure that we tighten preventive measures because at the moment we are lucky that Covid is not as ravaging as it was before

**Interviewer:** mmmh

**PM:** or as it is doing in other countries that people have really been relaxed.

**Interviewer:** uh huh

**PM:** Let’s close our wards, let’s continue, everybody should really get into washing hands and all that

**Interviewer:** mmm

**PM:** people must not forget this, Covid is around and it will come, so I would really try to make sure that we really emphasize this aspect of education to people, but also reinforcing these structures whereby there are guards, there are locks in places that should be locked

**Interviewer:** okay

**PM:** so that this should not be a zone where everybody just comes and leaves like it is now

**Interviewer:** mmmh

**PM:** it’s becoming really difficult to control

**Interviewer:** mmm

**PM:** secondly, I would also urge that maybe we continue speaking to the authority centrally

**Interviewer:** okay

**PM:** that I think nowadays our budget passed, but there hasn’t been a special ready fund enough to cover for Covid

**Interviewer:** mmmh

**PM:** so now this is an opportunity because we don’t have that pressing need as cases are low, but time will come or could come, hopefully it doesn’t, when there is a surge and we will need 10 or 20 tons more the PPE stocks that we use now

**Interviewer:** mmmh

**PM:** even transport, we will need more ambulances to carry sick people to and from places. I think at the moment, that’s in terms of planning in that sense, we think it hasn’t happened so well and we could be surprised again next time should this disaster sort of come. And thirdly, I think not just for Queen’s

**Interviewer:** mmmh

**PM:** but I think nationally as well, I would say, I mean there were times when there were all these by-laws always being passed, all these things you know, I think also there is this relaxation because we are talking of communication from within Queen’s, but I think at the moment there was the time of elections maybe you could understand

**Interviewer:** mmm

**PM:** but I think at the moment there have been some actions which show that even up there, people don’t appreciate the seriousness of this

**Interviewer:** they relaxed, yah

**PM:** yah, it appears they are going back to normal in that way and I think this is the time now to say okay the issue of reinforcing wearing masks, it should happen now okay, the issue of making sure that in all government offices there is a place where people can wash hands or whatever, those legal battles we should be fighting now not when thousands of people die, and then you should say “okay, ma minibus aja titere chani chani,” this is the time. So I think people..I would want people to wake up to say “let’s do more now, not when under pressure

**Interviewer:** mmmh

**PM:** we can debate now, we can go to court, get injunctions and all that, so that when time comes, we have made all the necessary preparations and the mistakes that we have made would have been corrected and we are a country that is safe to go forward

**Interviewer:** mmm

**PM:** I think our only chance as Malawi is to prevent, we cannot afford a lockdown that much

**Interviewer:** mmmh

**PM:** yah, so I think if we do well now, it would save many lives in the recent future

**Interviewer:** alright

**PM:** yah

**Interviewer:** No, I think I appreciate your time {laughing}

**PM:** thank you so much

**Interviewer:** I don’t know if you have got any last comment or anything to say

**PM:** No, I have spoken too much {laughter} more than I thought I would

**Interviewer:** alright

**PM:** sure

**Interviewer:** okay