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27th May, 2020.

The Country Representative
Action Aid Malawi
P.O. Box 30735
LILONGWE 3

Dear Sir,

DRAFT REPORT OF THE PARLIAMENTARY COMMITTEE ON HEALTH

Please, accept my sincere appreciation for the invaluable support that your institution provided to the Parliament of Malawi, in particular, the Parliamentary Committee on Health in conducting its oversight activities on the Coronavirus pandemic.

I wish to inform you Sir, that following your support, the Health Committee undertook various round table meetings and field visits to selected entry points in the country to assess the country's preparedness and response to the Covid-19 pandemic. Please, find attached a draft report that was produced by the Committee which contains findings from the activities that the Committee undertook. You may wish to note that the final report will be shared to you once it is considered and adopted by the House.

Parliament of Malawi is always grateful for your continued support which you render to it in its various activities and we look forward to strengthening our existing collaboration.

Yours faithfully,

Fiona Kalemba (Mrs.)
CLERK OF PARLIAMENT

Att'd

All Correspondence to be addressed to the Clerk of Parliament



PARLIAMENT OF MALAWI



NATIONAL ASSEMBLY

48TH SESSION

REPORT OF THE
PARLIAMENTARY COMMITTEE ON HEALTH ON ITS OVERSIGHT ACTIVITIES
ON THE COUNTRY'S PREPAREDNESS AND RESPONSE TO THE COVID-19
PANDEMIC

ADOPTED BY THE COMMITTEE ON, 2020

REPORT NO. 1

APRIL, 2020

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PANDEMIC**

This is a Report of the Parliamentary Committee on Health on its activities carried out on the country's preparedness and response to the Covid-19 pandemic. This report seeks to inform the House about the oversight activities which the Committee carried out from 14th to 24th April, 2020.

I, **Hon. Dr. Matthews Ngwale, MP**, Chairperson of the Parliamentary Committee on Health, on behalf of the Committee pursuant to Standing Order 185 (3), present this report and its recommendations to the House for consideration and adoption.

Hon. Dr. Matthews Ngwale, MP
CHAIRPERSON

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Acknowledgements

The Committee on Health would like to sincerely thank the Speaker of the Parliament of Malawi, Right Honorable Catherine Gotani Hara, MP, for her staunch support towards Parliamentary Committees and in particular, the Health Committee. In the same vein, the Committee would like to express its gratitude to the Office of the Clerk of Parliament for the logistical and technical support rendered to the Committee during its meetings.

The Committee would further wish to thank all public officials and all relevant stakeholders for their availability and valuable information provided during meetings and field visits. The Committee's findings and recommendations have benefitted significantly from these submissions.

Lastly, the Committee would also like to express its gratitude to Action Aid for funding the Committee's field visits to the country's points of entry and health facilities.

Committee Membership as at 24th April, 2020

As at 24th April, 2020, the Membership of the Committee on Health was as follows:-

1. Hon. Dr. Matthews Ngwale, MP - *Chairperson*
2. Hon. Eurita Ntiza Valeta, MP - *Vice- Chairperson*
3. Hon. Daud Chikwanje, MP
4. Hon. Malume Samuel Bokosi, MP
5. Hon. Fyness Magonjwa, MP
6. Hon. Simplex Chithyola Banda, MP
7. Hon. Enock Genasi Phale, MP
8. Hon. Abida Sidik Mia, MP
9. Hon. Lymon Bema Ziphondo, MP
10. Hon. Halima Alima Daud, MP
11. Hon. Mwisho Alexander Chilikumtima, MP
12. Hon. John Bande, MP
13. Hon. Martha Chanjo Lunji, MP

Secretariat

- Ms. Wongani Nyirenda - *Committee Clerk*
Mr. Raphael Kapalamula - *Committee Clerk*

MANDATE

The functions of the Committee on Health shall include:

- a) inquire into and report on any matter referred to it either by the Assembly, including pre legislation proposal, bill, motion, petition, vote or expenditure, other financial matter, report or document;
- b) Make any inquiry into annual reports of government ministries, departments, commissions or statutory authorities or state-owned enterprises presented to the Assembly;
- c) Study the programs and policy objectives of their respective assigned ministries, statutory corporations and public bodies funded by the Treasury and the effectiveness for their implementation.

Powers of the Committee

Just like any other Parliamentary Committee, the Parliamentary Committee on Health draws its powers from Standing Order 151 which states as follows:-

- (1) The Powers of every Committee shall include:-
 - a. Summoning or subpoenaing any person to attend and give evidence before a Committee at a stated time and place;
 - b. Requiring any person to disclose and produce to the Committee any papers and records in that person's control, possession and custody relevant to the Committee's proceedings;
 - c. Creating subcommittees of its members for specific tasks;
 - d. Delegating to its subcommittees all its powers except the power to report to the Assembly.
- (2) If any person summoned to attend before a Committee or to produce papers and records does not comply with the summons, the Committee may report this fact to the Assembly which may invoke the provisions of the National Assembly (Powers and Privileges) Act.

1.0 INTRODUCTION

- 1.1 The Novel Corona Virus (Covid-19) pandemic is spreading at an alarming rate in the World. Whilst Malawi has recorded relatively few cases, the pandemic calls for implementation of drastic measures to mitigate spread of the virus in the country. Despite the Government of Malawi indicating to have taken some measures in preparation and response to the outbreak, there is an increasing outcry from the public for assurances on the country's state of preparedness.
- 1.2 Following the declaration of a State of Disaster in Malawi by the State President on 20th March, 2020, the Health Committee undertook a number of activities as part of its oversight function from 14th to 24th April, 2020. During this period, the Committee held interface meetings with stakeholders and field visits to selected borders, airports, health facilities and testing facilities to appreciate the country's preparedness and response to the Covid-19 pandemic.
- 1.3 This report is, therefore, a product of the Committee's findings and observations from the meetings and field visits undertaken during the reporting period. It also incorporates the findings and recommendations made by the Committee.

2.0 WORK METHODOLOGY

In order to gather information surrounding the above matter, the Committee held roundtable meetings with stakeholders where it considered presentations and had discussions. The Committee further visited various relevant stakeholders actively involved in the Covid-19 response. At the end of these meetings and field visits, the Committee considered and analyzed the presentations it had received and came up with its recommendations which have culminated into this Report to the House.

3.0 ROUND TABLE MEETINGS

The Committee made the following findings from the roundtable meetings that were held with various key stakeholders in the preparedness and response to the Covid-19 pandemic.

3.1 Ministry of Health

- 3.1.1 The Committee was briefed on the measures put in place by the Ministry of Health in response to the Covid-19 pandemic. It noted that as part of the measures, the country had developed the National and Health Sector preparedness and response plan. Specifically, the National Plan was aimed at ensuring prevention of Covid-19 spread into the country, preparedness and readiness for a timely, consistent and coordinated response for the outbreak.
- 3.1.2 In terms of implementation and coordination, the Office of the President and Cabinet (OPC) had set up a Special Cabinet Minister's Committee on Covid-19 as a high-level coordination structure overseeing cross -Government preparedness and response activities of the outbreak.
- 3.1.3 There was a National Disaster Preparedness and Relief Committee (NDPRC) chaired by the Chief Secretary to Government comprising Permanent Secretaries from relevant ministries to provide policy guidance and leadership in implementation of the plan.
- 3.1.4 The Committee noted that the Ministry of Health was the lead institution for implementing Covid-19 preparedness and response activities. There were other clusters present that supported implementation of their various complimentary cluster activities in preparedness and response to the pandemic.
- 3.1.5 The public was advised to not go to the hospital when they had developed symptoms, but instead call *Chipatala Cha Pa Foni* toll free line 54747. Citizens would then be advised accordingly on which line to call to get through to the nearest care giver.
- 3.1.6 The Committee noted that the country had set up 4 laboratories for Covid-19 testing in Lilongwe, Mzuzu and Blantyre. The Committee was requested to

advocate for more funding for the Ministry of Health to be able to build capacity of Covid-19 testing laboratories across the country.

- 3.1.7 It was also noted that Standard Operating Procedures had been put in place and training of health workers had been embarked on as part of surveillance, screening and follow ups. In terms of case management, the Ministry of Health was setting up isolation facilities in districts and also renovating treatment facilities in 6 districts as part of its measures under case management;
- 3.1.8 The Committee was informed that the Ministry of Health had initiated the procurement of Personal Protective Equipment (PPE) that would be distributed to all health facilities across the country.
- 3.1.9 As a means of risk communication and community awareness, press releases, radio and television programmes were being utilized, to inform the public to adopt healthy lifestyles that would mitigate spread of the pandemic.
- 3.1.10 The Ministry of Health highlighted that all borders were closed except three borders that were left open to allow movement of essential goods. These were Mchinji, Mwanza and Songwe border. However, Malawian nationals were also allowed entry but were placed on quarantine and followed up.
- 3.1.11 On screening, the meeting noted with concern that some people were not adhering to self-quarantine. Committee urged to expedite passing of the amended Public Health Act which is very old (1948), when the Bill comes to Parliament.

3.2 World Health Organization (WHO)

- 3.2.1 The Committee was apprised on the background of the Covid-19 pandemic and that the World Health Organization had declared the Covid-19 outbreak a Public Health Emergency of International Concern on 30th January 2020. On average people were infected with the virus for 14 days before developing symptoms, as incubation period ranges from 1 to 24 days.
- 3.2.2 The Committee appreciated the signs and symptoms of the virus. It noted that 80% of the cases were mild, hence did not require any treatment facilities,

and 15% were severe and may need treatment facilities. However, these could be hospitalized just for isolation.

- 3.2.3 In terms of treatment, there was no specific medicine to prevent or treat coronavirus disease (COVID-19). However, medicines such as combination of Chloroquine, zinc and azithromycin have been shown to be effective and are being used. The Committee was informed that there was no vaccine available at this stage but efforts were underway and the vaccine would not be tried on Africans.
- 3.2.4 Globally, there were up to 2 million cases registered, with up to 120,000 deaths as at 13th April, 2020. In Africa, over 52 countries had recorded up to 15,000 cases except Lesotho. In terms of Malawi, the country had 16 registered cases and 2 deaths at the time of the meeting. Its neighbouring countries such as South Africa had 2,272 cases and 27 deaths, Zambia had 45 cases and 3 deaths. Malawi reported cases late but is catching up early.
- 3.2.5 In order to reduce risk of corona virus infections, the World Health Organization recommended the following:-
1. Frequently cleaning hands using alcohol-based hand rub or soap and water;
 2. Covering mouth and nose with flexed elbow when coughing; and
 3. Avoiding hand shaking among others.
- 3.2.6 The meeting discussed on the need for the public to wear masks. On this, the World Health Organization highlighted that masks were not needed for the people who did not have respiratory symptoms. Instead masks were needed for those that had respiratory systems such as coughing and difficulty in breathing or were taking care of patients with the said symptoms. Health workers attending to individuals with respiratory symptoms were also encouraged to wear masks;
- 3.2.7 The meeting further discussed on the stigma associated with the Covid-19 pandemic. There was concern that stigma could drive the public to hide the illness to avoid discrimination, prevent people from seeking health care immediately as well adopting health behaviours. It was therefore, imperative for the Committee to sensitize their constituents on this;

3.2.8 The Committee noted on some of the common myths surrounding treatment of the virus. These included:-

1. Use of garlic to help prevent infection from corona virus. It was indicated that there was no evidence that garlic protected people from the virus;
2. Spraying alcohol or chlorine all over the body to kill corona virus. This was declared false as the virus will have already entered the body;
3. Taking a hot shower to prevent the new corona virus disease;
4. Corona virus could be transmitted through goods manufactured in China; and
5. Corona virus only affecting older people. It was highlighted that people of all ages could be affected by the virus. However, the older people and those with pre-existing medical conditions were vulnerable to becoming severely ill with the virus.

3.2.9 The Committee was encouraged to take on the following roles in the fight against the Covid-19 outbreak:-

1. Take active role in disseminating correct info and Fight against stigma, misinformation/fake news;
2. Observe the implementation of preventive measures;
3. Advocate for more funding, treatment and isolation centres;
4. Support the revision of Public Health Act;
5. Educate the community on the importance quarantine; and
6. Procure and donate masks, handwashing materials to health facilities.

3.2.10 The meeting noted the World Health Organization, had put in place some interventions to support the Covid-19 fight. These include hiring extra personnel to assist in the country's response.

3.2.11 The World Health Organization highlighted that the country's coordination during the pandemic was strong, despite the presence of shortfalls. These included absence of isolation tents in some of the country's points of entry such as Mangochi and Biriwiri.

3.3 Central Medical Stores Trust (CMST)

- 3.3.1 The Committee met the Central Medical Stores to be briefed on the Covid-19 preparedness of the Trust in view of its role in the procurement, warehousing and distribution of medicines and medical supplies.
- 3.3.2 The CMST was created in November 2010 to replace the Old Central Medical Stores which was an operational arm of the Ministry of Health since 1968.
- 3.3.3 The Committee was informed that CMST stocked some PPE on its *Must Have List*, however, the list was not comprehensive to cover all PPE requirements for the Covid-19 response. The CMST, therefore, sought guidance from the Ministry of Health on the specifications and quantities of PPE to be procured for Covid-19 response.
- 3.3.4 In terms of donations towards the Covid-19 response, the Trust had received various donations from *Jack Ma* and *Chinese Government* on behalf of the Ministry of Health. These include surgical masks, disposable shields and medical protective clothing and infrared thermometers.
- 3.3.5 Central Medical Stores Trust had initiated emergency procurements to replenish stocks and had also initiated a procurement of Personal Protective Equipment (PPE) on behalf of the Ministry of Health through the Ministry of Disaster Management Affairs and Public Events. Deliveries on the procurement valued at MK3.9 Billion were expected to be completed within 2 weeks. However, the Trust had not been allocated resources towards logistics so that the health facilities can access the much needed PPEs.
- 3.3.6 The Trust highlighted the use of its usual distribution arrangements to distribute the procured PPE, which was using CMST own fleet to regions and central hospitals and outsource third party service providers to DHOs and Health Centres.
- 3.3.7 In terms of challenges, CMST indicated that the following negatively affected efforts to get PPEs within the shortest period of time:-
1. Scarcity of PPE on the market due to increased demand;
 2. Increased prices due to Covid-19; and
 3. Closure of manufacturing plants and countries imposing bans on exports.

- 3.3.8 The Committee expressed concern on the rumour concerning contamination of PPEs that were coming into the country. To this, the Trust highlighted that the country did not have the capacity to test and verify the material. Further, it had not received any complaints on the quality of the donations that were made.
- 3.3.9 Central Medical Stores indicated that the MK3.9 billion allocated to the Trust had not taken into account the cost of logistics to distribute commodities to health facilities. The Committee noted that CMST needed more resources to enable it distribute the medical supplies.
- 3.3.10 The meeting was informed that the Covid-19 medical supplies were being sourced from local suppliers and contracts were awarded based on the supplier's availability of excess materials in stock. This emergency procurement would not utilize the *Supply Chain Integration Project* that the CMST was implementing due to the urgency of the procurement.
- 3.3.12 In terms of innovations towards the Covid-19 response, the Committee noted that the CMST had partnered with the College of Medicine in the production of hand sanitizers.
- 3.3.13 CMST indicated that the Ministry of Finance had committed to allocating MK10 billion during the mid- year review for the capitalization of the Trust. MK5 billion had been disbursed at the time of the meeting.

3.4 Ministry of Disaster Management Affairs and Public Events

- 3.4.1 The Committee met the Ministry of Disaster Management Affairs and Public Events to be briefed apprised on the country's Covid-19 preparedness and response plan.
- 3.4.2 The Ministry of Disaster Management Affairs and Events Management was responsible for facilitating resource mobilization, effective and efficient implementation of Covid-19 preparedness and response for the country, while the Ministry of Health was the technical lead institution for implementing the Covid-19 preparedness and response activities and also provided all the necessary technical support and expertise.
- 3.4.3 The Committee noted that the National Covid-19 Preparedness and Response Plan was developed through a consultative process under the guidance of the

Ministry of Disaster Management Affairs and Public Events, and Ministry of Health through the National Cluster System.

- 3.4.4 It was indicated that the resources allocated towards the response on Covid-19 were contributed by both Government and Development Partners. Specifically, Government had contributed a total of MK7.5 billion (MK2.5 billion through the Ministry of Health and MK5 billion to DODMA for coordination), whilst resources received and pledges from Development Partners amounted to MK14 billion. The meeting noted that MK3.9 billion had been allocated to the CMST for procurement of Personal Protective Equipment.
- 3.4.5 In terms of objectives, the National Plan aimed to prevent, rapidly detect and effectively respond to any Covid-19 outbreak to reduce morbidity and mortality in the country. Hence, the plan was to be updated every 3 months or on need basis due to the evolving nature of the novel corona virus.
- 3.4.6 The Plan provided a risk classification that categorized districts to various risk levels based on specific criteria. Lilongwe, Mzimba, Mangochi and Blantyre were categorized as high risk areas for Covid-19 because of the presence of international airports that had potential of passengers coming from Covid-19 affected countries, while Mzimba and Mangochi have travel rates to and from South Africa. In addition, districts such as Mzuzu, Zomba, Dedza, Mwanza, Karonga and Mchinji were regarded to have high volume of travelers to China and other affected countries in Europe and also have crossings through which travelers get into the country.
- 3.4.7 The Committee further noted that 10 clusters were formulated as part of the national response. These include Health, Education, Coordination, Communication, Wash, Protection and Social Support, Employment, Security and Enforcement, Food Security, Transport and Logistics;
- 3.4.8 The overall cluster requirements for the Covid-19 response were pegged at MK157 billion against available resources amounting to MK14 billion. This represented a financing gap of MK142 billion. The Committee noted that the total Government funding to the Ministry of Health was MK2.5 billion, of which MK 1.6 billion had been disbursed as follows:-

1. District Councils - MK950 million;
2. Central Hospitals - MK40 million;
3. Malawi Defence Force - MK256 million;
4. Malawi Police Service - MK228 million;
5. Immigration Department - MK200 million; and
6. Supportive supervision and meetings – MK8.2 million.

3.4.9 The Committee expressed concern on the lack of prioritization of hospitals in the allocation of resources yet these needed adequate funding as they were the centre of Covid-19 response. Allocations were inadequate to meet the needs on the ground. It however noted that security institutions were allocated a huge chunk of the resources. The Committee learnt from the Ministry that huge chunk of resources in the Health Sector were allocated to District Health Offices.

3.4.10 The Social Support Sub Cluster was planning to implement an emergency cash transfer for urban and peri-urban hotspots in Blantyre, Zomba, Lilongwe and Mzuzu cities. Transfers were pegged at a minimum of MK35,000 per household.

3.4.11 The Committees implored upon the Ministry of Disaster to plan for resources to be earmarked for distribution of PPEs that were being procured through the Central Medical Stores Trust, since the resources allocated to the Trust was solely for procurement of the medical supplies.

3.5 Special Cabinet Committee on Covid-19

3.5.1 The Special Cabinet Committee on Covid-19 was set up by the Office of the President and Cabinet on 7th March 2020. It was a high level coordination structure overseeing cross-Government Preparedness and response activities of the Covid-19 pandemic.

3.5.2 In terms of response, the Humanitarian Response Committee composed of directors of government departments and heads of Humanitarian partners, Non-Governmental Organizations and Civil Society Organizations provided technical support and advice to the National Disaster Preparedness and Relief Committee that was chaired by the Chief Secretary to Government.

3.5.3 An Incident Management System had been set up at the Public Health Institute of Malawi to ensure efficient coordination of activities and Covid-19

response was decentralized to the district level through the District Civil Protection Committees.

- 3.5.4 During the meeting, the Committee bemoaned on the effects of the on-going health workers strike during the pandemic. The Chairperson of the Cabinet Committee was urged to ensure that the Ministry of Health facilitates the provision of favorable conditions for the health personnel before the country developed into chaos.
- 3.5.5 The Committee expressed concern on the lack of involvement of Parliament in the national response towards Covid-19. Specifically, there was no oversight over main stakeholders involved in implementing activities towards the fight against the Covid- 19 pandemic. The Cabinet Committee pledged its support towards Parliament and facilitate the oversight role of the Committee. Hence, the Committee would be updated and involved in the Cabinet Committee's activities undertaken in the response to the Covid-19 pandemic; and
- 3.5.6 In order to cushion the effects of the virus, a Memorandum of Understanding (MoU) had beensigned between Ministryof Gender and MEDF to provide vulnerable groups with loans in order to economically empower them during the pandemic.

3.6 Health Workers Associations

- 3.6.1 The Committee met representatives of health workers to discuss issues pertaining to the on-going health workers strike amidst the Covid-19 pandemic during which the Committee noted the following;
- 3.6.2 The Committee was informed that health workers had withdrawn their services from unsafe environments that they were subjected for the following major reasons. These were: -
1. Lack of PPES to protect themselves and their patients;
 2. Lack of training on how to manage COVID-19 cases;
 3. Shortage of staff, congestion in hospitals;
 4. Inadequate risk allowance;
 5. Lack of transport to ferry health workers to and from their duty stations; and
 6. Additional work force.

- 3.6.3 The meeting noted that Personal Protective Equipment (PPEs) were available in health facilities, but the quantities were inadequate. Health workers emphasized on the importance of having the right PPEs and in the right quantities. The Committee noted that Government had given indications that PPEs were being distributed yet facilities had not received any. Similarly, health workers were subjected to a risk allowance at the rate of K2000, which the meeting concurred was very unfortunate considering the sacrifice that health personnel were offering to the country. It was highlighted the health workers were requesting for risk allowance amounting to 70% of their basic salary, which was to apply even after the pandemic.
- 3.6.4 In terms of the country's capacity to test for Covid-19, health workers expressed concern that biosafety levels 3 and 4 were required for Covid-19 laboratory testing. Most of the laboratories in the districts were biosafety level 1, due to the lack of biosafety cabinets that were present in the four testing centers. Furthermore, intensive trainings on how to test and handle corona virus cases were required for all health personnel, as it required a different kind of approach.
- 3.6.5 The Committee noted that the Ministry of Health had responded positively to the petition that was presented by the health workers, but did not address their requested terms. It noted that the Ministry of Health had committed to providing training of health on how to respond to covid-19 cases, provision of transport and provision of a lump sum as risk allowance.
- 3.6.6 As a way forward, the meeting agreed that the Committee would engage the Ministry of Health through its meeting with the Special Cabinet Committee, in order to look into ways of facilitating the provision of the rest of the demands made by the health workers.

4.0 FIELD VISITS TO SELECTED BOARDERS

4.1 Mwanza Boarder

- 4.1.1 The Committee visited Mwanza Border on Wednesday, 15th April, 2020 to appreciate the screening mechanisms put in place at the point of entry in order to prevent the spread of Corona Virus and the following transpired;

- 4.1.2 The Committee noted that the Border was still operational and only dealing with freight. The border was processing goods that were designated for Dedza Border since the Mozambique side had closed.
- 4.1.3 The Committee observed that the border had a well-coordinated response among all the agencies namely Immigration Department, Malawi Revenue Authority (MRA), Malawi Police Service, Ministry of Health and Population and Road Traffic Directorate that intensified screening of all the travelers coming into the country and personal hygiene practices.
- 4.1.4 Furthermore, the Committee found that the agencies at the border had erected a tent that was used as a screening facility. This was being operated by health personnel from Ministry of Health.
- 4.1.4 In terms of procedure, all the persons that travelled through the border were mandated to wash their hands with soap that is put outside the screening tent. The persons then proceeded to be screened for signs of Corona Virus before they fill-up a surveillance form that contained their contact details and travel history. The form that the persons fill up is two-tie whereby they leave out a copy with the health personnel and present the other part to the Immigration officials who process their passports.
- 4.1.5 It was noted that the Ministry of Health compiled all the data that is collected through the forms on a daily basis and linked up with the health officers in areas that the persons were going to for further surveillance.
- 4.1.6 When a person showed signs of Corona Virus, they were taken into another structure that had been set as an isolation unit for further comprehensive tests. The person was then screened for other illnesses that would also cause the rise in temperature and also have their travel history checked if they have been to Corona Virus zones.
- 4.1.7 The meeting also shared concerns that people still used unchartered routes when coming into the country and they did not undergo the screening at the border. The meeting also noted that there some borders like Chiponde that did not have the prevention facilities.

- 4.1.8 The Department of Immigration assured the Members that they would set up screening facilities in all the smaller borders in the Southern Region. It was also stated that there were other borders who were maned by only police officers and that the department would put measures to stop the spread of Corona Virus.
- 4.1.9 The Department of Immigration also disclosed that they had reduced the period for transit visas from 7 days to 3 day in order to combat the spread of Corona Virus from outside.
- 4.1.10 At the time of the visit, there were still a lot of tracks packed in waiting by at border that were still processing their documentation into the country. The Members were concerned with the time the tracks stayed at the border, sighting that it put the people around them at risk. The Members were assured that the agencies at the border had intensified effects for clearing trucks in times.
- 4.1.11 The Committee observed that the agencies at the border had challenges with hygiene materials, soap, sanitizer and Personal Protection Equipment (PPE).
- 4.1.12 On the way back, the Committee stopped by a check point near Chifunga that was run by Immigration officers as well as police officers. The Members observed that the check point ensures that all the persons coming from outside have gone through Corona Virus screening at the border. If a person does not possess the surveillance form that is filled at the border, the person is sent back to undergo the whole process.
- 4.1.13 Furthermore, the Committee made observations on the operations of Malawi Revenue Authority (MRA) at Mwanza Border and Chileka International Airport and found it imperative to share their concerns and recommendations with MRA top officials. Therefore, the Committee had a meeting with MRA top management at Msokho House in Blantyre and the following was discussed:
- 4.1.13.1 The Committee appreciated that MRA has a Corona Virus Response Plan that contains the interventions that the institution had put in place to stop the spread of the virus.

- 4.1.13.2 The Committee expressed concerns on the time of processing trucks at Mwanza Border and it was clarified that MRA had engaged the transporters to clear their goods before they reached the border. MRA also stated that their system was automated not to take a lot of time. MRA also bemoaned the delay of clearing of goods to lack of funds or delayed payments by the transporters.
- 4.1.13.3 MRA also stated that during the Corona virus pandemic, they offered special delivery order for goods to be cleared in land for all materials that were related to the fight against the virus.
- 4.1.13.4 The meeting also noted that MRA was working on public awareness on Corona Virus so that the public as well as their clients were aware on how to prevent the spread of the virus.
- 4.1.13.5 The Committee also learnt that at the borders there were border joint committees that incorporated all the agencies at the borders in order to coordinate the clearing time of goods as well as passengers.
- 4.1.13.6 The meeting also noted with dismay that truck drivers consider the borders as resting places. The meeting was informed that the drivers take their time in order to delay the clearing of goods so that they find time to rest as they are not allowed to rest once they passed the borders. The agencies at the borders checked on the drivers that once they were cleared, they left the border premises.
- 4.1.13.7 On taking turns to work on shifts, MRA was complying with the Presidential Order and had put their staff on shifts. Some staff members were working from home and they had set targets that the personnel working from their houses should accomplish each week.
- 4.1.13.8 As most of government agencies were shutting down in order to combat Corona Virus, MRA was part of the essential services and would not close. As such, they had intensified personal hygiene practices for all employees as well as their clients to prevent the spread of Corona Virus.

4.2 Mchinji Border

- 4.2.1 The Committee visited Mchinji Border on Wednesday, 15th April to appreciate the screening measures put in place at the country's point of entry in view of the Covid-19.
- 4.2.2 The Committee observed that the border was operational and had put in place measures that ensured that all travelers are checked before they proceeded into the country.
- 4.2.3 It was noted that the border that an isolation tent where travelers that were screened and found to have high temperature were taken to. The isolation tent allowed for further screening by health personnel.
- 4.2.4 The Committee noted with concern that there were no any health personnel to manage any suspected cases promptly despite the free movement of passengers at the border. There was laxity in terms of preparedness to handle Covid-19 suspected cases, since Mchinji DHO officials have to be called when there was a suspected case.
- 4.2.5 In terms of availability of Personal Protective Equipment, the Committee noted that these were present yet inadequate for all the officials present at the border.
- 4.2.6 Despite the efforts put in place, the Committee expressed concern on the unchartered routes that people still used when coming into the country and they do not undergo screening at the border. These routes do not have any prevention facilities;

5.0 FIELD VISITS TO INTERNATIONAL AIRPORTS

5.1 Chileka International Airport

- 5.1.2 The Committee visited Chileka International Airport on Thursday, 16 April, 2020 to appreciate the screening measures for citizens that are entering the country from high risk countries and the following were the findings and observations: -
- 5.1.3 The Committee observed that the airport had been closed on 28th March 2020 and it only handled cargo flights. However, when airport was operational, health personnel checked the temperatures of all the travelers upon entry.

When their temperature was above normal, they were taken to the isolation centre at Kameza Blantyre for further tests as well as their travel history;

- 5.1.4 It also transpired that, since the Corona Virus had affected a lot of Malawians of Asian Origin, the District Health Office had engaged the leadership of the Asian community to implore upon their membership to ensure that the individuals who were under self-isolation were complying the safety guidelines.
- 5.1.5 It was also noted that 1773 individuals had gone through the airport, of which 8 people had tested positive to Corona Virus and one person had died. The District Environmental Health Office had tracked down all the passengers who had gone through the airport since January, 2020 for further checkups on Corona Virus.
- 5.1.6 The Members expressed concern that since most Corona Virus cases in the Southern Region had passed through the airport, the District Environmental Health Office had not fumigated or sprayed the airport with disinfectants. The Health Officers assured them that they had conducted basic hygiene practices around the airport and it was safe for individuals. The meeting, further, agreed that the District Health Office would carry out the fumigation exercise in the near future.
- 5.1.7 The meeting discovered that the infrared thermometers that were being used when the airport was operational, had been mounted during the Ebola. Further to this, the mentioned thermometers were faulty and did not correctly read body temperature. This forced airport health officials to revert to using hand held thermometers, as the infrared thermometers needed calibration in order to function.
- 5.18 The District Health Office disclosed that they had not yet received PPE for Corona Virus, they were using equipment that had been purchased in readiness for the Ebola Outbreak.
- 5.1.9 On cargo handling, the committee was concerned that apart from the personal hygiene measures that airport had intensified the cargo was not spread with disinfectants when it was being cleared. This posed health threat

to the cargo handlers on the ground and the airport officials acknowledged that they would consider that practice of disinfecting the cargo.

5.2 Kamuzu International Airport

- 5.2.1 The Committee visited Kamuzu International Airport on Thursday, 16th April, 2020 to appreciate screening measures that have been put in place at the point of entry. The Committee observed the following: -
- 5.2.2 That the airport had suspended all passenger flights since 1st April, 2020. The airport was welcoming cargo flights and air-ambulances;
- 5.2.3 Before the airport was closed, the Committee noted that thermal scanners were utilized to check for all the passengers that were arriving using the normal passenger terminal. These were able to detect and pick high temperatures, that prompted the health officials to isolate such individuals.
- 5.2.4 Following the isolation, a rapid response team was called from Lilongwe DHO to conduct further tests on the suspected cases. Contact tracing was further done for all that were in contact with a positive case;
- 5.2.5 The Committee noted that the Immigration Department had erected road blocks in high risk areas such as Chimwaza. It was however, facing challenges in terms of patrol vehicles for its officers.
- 5.2.6 The Committee noted that officials at the Airport did not have adequate Personal Protective Equipment even when the airport was operational;
- 5.2.7 During the visit, it was raised that there was a long stretch of unchartered routes making it difficult for the Immigration Department to conduct patrol;

6.0 VISIT TO COVID-19 TESTING FACILITY

6.1 Community Health Sciences Unit (CHSU)

- 6.1.1 The Committee visited the Community Health Sciences Unit on 17th April, 2020, to appreciate laboratory testing for Covid-19 as well as challenges encountered by the Unit. The Committee observed the following: -
- 6.1.2 The Unit was one of the four testing centers in the country, that served the Central Region. The Committee was informed that samples received at CHSU

indicated the travel history and other important information that would assist in providing data on whether the transmission had happened locally;

- 6.1.3 The Committee observed that the Unit received at least 18 samples on each day. Furthermore, CHSU had run 157 samples as at 16th April, 2020, of which 7 had tested positive for the Covid-19 virus;
- 6.1.4 It was highlighted that the Ministry of Health had developed a database that was used to enter laboratory testing resulting directly once the tests were concluded. Hence, it was easier to access results from all the testing centers across the country;
- 6.1.5 The Committee inquired on whether it was possible to test for Covid-19 using blood samples. It was indicated that viral load was very low in blood, hence, it would be difficult to detect;
- 6.1.6 It was further noted that the capacity for the testing machine at CHSU was able to run 96 samples at once. However, it had run at most 46 samples. Hence, capacity was being under-utilized;
- 6.1.7 Furthermore, the Committee observed that CHSU was conducting training of medical personnel that were responsible for contact tracing as well as other monitoring activities in the field;
- 6.1.8 In terms of challenges, the Committee noted the following challenges:
1. Inadequate Personal Protective Equipment (PPEs);
 2. Inadequate staff. The Committee, however noted that the Ministry of Health had embarked on a process to allocate 6 more staff to the unit;
 3. Inadequate laboratory space, as the unit was building some time back.
 4. Inadequate budgetary allocation. The Committee noted that the Unit was allocated close to MK41 million which was inadequate to run all of its services;

7.0 VISITS TO HEALTH FACILITIES AND ISOLATION UNITS

7.1 Queen Elizabeth Central Hospital (QECH)

- 7.1.1 The Committee visited Queen Elizabeth Central Hospital (QECH) in Blantyre on 17th April, 2020 to appreciate the hospital's state of preparedness against the Covid-19. The Committee met with officials who were led by the Hospital Director, Dr. Samson Ndolo and the following was discussed:

- 7.1.2 The Committee observed that the Hospital was working with Blantyre DHO in operating the isolation centre at Kameza. The Committee, further, noted that, Blantyre DHO would run the administration and QECH would provide the technical assistance.
- 7.1.3 The Committee also found out that Queens Hospital was planning to create an Intensive Care Unit (ICU) with 40 beds at the Hospital to treat medical staff that would be affected by the virus.
- 7.1.4 Furthermore, the hospital had closed all the entrances except the main gate so that all the people go through screening for Corona Virus before they enter the hospital premises.
- 7.1.5 The meeting noted that the Hospital had requested for more high flowing oxygen cylinders to help in treating patients of Corona Virus. The Hospital had also embarked on the construction of an Oxygen Plant that would be ready in July 2020 to assist in the supply of oxygen to the ventilators.
- 7.1.6 The Members were informed that the Hospital had a shortage of Personal Protective Equipment (PPE). As a hospital, they had engaged Malawi Chambers of Commerce and Industry to identify a couple of companies to be producing face masks and other protective equipment.
- 7.1.7 The Committee noted with concern that the Hospital received inadequate funding to effectively conduct its operations, as a lot of resources were directed to the DHOs since they run a lot of facilities.
- 7.1.8 The meeting was also informed that Hospital staff had staged a sit in demanding a raise of the risk allowance, a transportation allowance and provision of PPEs. The staff complained that they faced stigma in public transport and their locations. The staff members proposed for an increase in risk allowance as well as provision of PPE. To this effect, it was noted that Ministry of Health had engaged Treasury and the health personnel were only waiting to hear the approved rates and they would return to their duties.
- 7.1.9 The Committee observed that the hospital therefore, acquired 2 bus to ferry

staff to their various location. On the same, Malawi Post Corporation had provided a couple of buses that would be used to transport staff at the facility.

- 7.1.10 The Hospital had further requested for the provision of 10 ventilators. Specifically, 3 would be mounted at the Kameza isolation centre and 7 would be used at the facility to treat staff who would succumb to the virus.
- 7.1.11 The Members were assured that the high flowing oxygen that had been ordered would have the required effect as the ventilators. The Hospital Administrator highlighted that more ventilators would be useless as there were very few hospital personnel to operate them, hence ordering of oxygen cylinders.
- 7.1.12 The hospital confirmed that they would be working in partnership with Blantyre DHO when operating the isolation centre at Kameza. They would use their expertise to build the capacity of the personnel from the DHO on treating the Corona Virus patients.
- 7.1.13 At the time of the visit, the hospital had not yet started testing for Corona Virus, such that testing for Corona Virus was done at Malawi Liverpool Welcome Trust and College of Medicine. The hospital had not yet started testing for Corona Virus.
- 7.1.14 The Members were cautioned to intensify civic education on prevention of Corona Virus to their constituents as the cases were anticipated to increase during the cold months of May and June.
- 7.1.15 In terms of funding to fight against the Corona Virus, it was discovered that the hospital had only received K20 million for preparedness against the virus. The funds had been used for procurement of face masks; and
- 7.1.16 The hospital also bemoaned the delay of recruitment of medical staff that would assist in treating Corona Virus. The hospital administration stated that some of the personnel due for employment had already worked for more than 2 years in the health facilities and already had the required qualifications and experiences to operation in large institutions like Queens, therefore, the government did not have to delay in employing them.

7.2 Kameza and Kamuzu College of Nursing Isolation Unit

- 7.2.1 The Committee observed that Government had constructed an isolation centre at Kameza during the Ebola Outbreak. The facility was designed to accommodate 10 patients and had self-contained rooms to minimize contact. It also had an incinerator for disposal of all the wastes. The incinerator was also used by Médecins San Frontières (MSF) International to keep it running.
- 7.2.2 As the country was not affected by the Ebola outbreak, the isolation centre had been converted to be used for Corona Virus isolation.
- 7.2.3 The Committee noted that as the facility was going through renovations, Blantyre District Health Office was using Kamuzu College of Nursing, Kameza Campus as a Corona Virus isolation and treatment centre.
- 7.2.4 All individuals who displayed signs and symptoms of the virus were taken to Kamuzu College of Nursing isolation centre for further tests. Samples were sent to College of Medicine to test them for Corona Virus. Individuals whose results were negative were released from the facility.
- 7.2.5 The meeting was informed that the facility would be run by Blantyre District Health Office with expertise of health workers from Queen Elizabeth Central Hospital (QECH). Furthermore, an ICU had been set up at the Kamuzu College of Nursing to treat severe cases of the virus. The unit will have 3 ventilators and high flowing oxygen cylinders. One bed would be used for maternity.
- 7.2.6 The meeting observed that the health personnel clarified that they would not source a lot of ventilators as they were expensive and there were very few personnel in the country who would operate them. They assured the Committee that the high flowing oxygen cylinders were equally effective when treating Corona Virus cases; and
- 7.2.7 The Committee was, therefore, satisfied with the preparedness at the Kameza facility. They also assured the personnel that they would engage all the relevant agencies to ensure that electricity was installed at the isolation facility at Kameza.

7.3 Kamuzu International Airport Observation Unit

- 7.3.1 The Committee noted that the Observation Unit had been built together with the Kamuzu International Airport and was expected to house any Covid-19 suspected cases.
- 7.3.2 The Unit was undergoing refurbishments that were expected to finish 7 days from the day of the visit. Furthermore, the said refurbishments were aimed at incorporating all the specifications that were specified by Health Personnel from Lilongwe DHO. After the renovations, the unit was expected to have 4 rooms with 2 beds each.

8.0 RECOMMENDATIONS

Based on the observations and findings outlined above, the Committee on Health resolved on the following recommendations; -

8.1 Recommendation on the shortage of health workers

The Committee recognizes that human resources for health are a critical input in the provision of health care. Shortage of staff does not have an effect on the quality of health care, it also affects the workload and motivation of health workers.

The Committee therefore recommends that the Government through the Ministry of Health should fast track the recruitment of health workers that will be deployed across the country. This will help to alleviate the persisting shortages in all health facilities as well as cater for the arising need brought about by the Covid-19 pandemic, without over-stretching public health service.

8.2 Recommendation on inadequate Protective Equipment in health facilities

The Committee observes that the usage of Personal Protective Equipment is key to preventing spread of the Corona virus to and from health care workers and patients. From the field visits undertaken, the Committee noted that the institutions faced a common challenge of inadequate supply of all protective equipment.

The Committee, therefore, implores upon the Ministry of Health to fast track the procurement of PPEs and the necessary distribution to health facilities. It further urges the Ministry of Health to ensure that there was an efficient supply chain management must be put in place to ensure that health facilities have an adequate supply of necessities at all times.

The Committee also urges the Ministry of Disaster to plan for resources to be earmarked for distribution of PPEs that were being procured through the Central Medical Stores Trust, since the resources allocated to the Trust was solely for procurement of the medical supplies.

8.3 Recommendation on improvement of treatment facilities

The Committee observed that the Ministry of Health had earmarked treatment facilities in six (6) districts, which needed renovations and resources. It was therefore essential for the Ministry of Health to fast-track the renovations as well allocation of the necessary medical equipment required in the fight against the pandemic.

8.4 Recommendation on inadequate testing facilities

The Committee noted with concern that despite the capacity of testing facilities, the country registered slow testing pace for the Corona virus. It observed that that only 336 samples have been tested as of 12th April, 2020. Following this, the Committee urges the Government to adopt rigorous testing and contact tracing strategies in order to understand how prevalent the virus is and how it is spreading in the country.

The Committee recognizes there is need for the Ministry of Health to scale up the Covid-19 testing capacity of the country. There is need for initiatives to upgrade district hospitals to be able to test for the virus. Currently, the country relies on the four testing centres including College of Medicine, Malawi Liverpool Welcome Trust, Mzuzu and Community Health Sciences Unit in Lilongwe.

8.5 Recommendation on intensification of sensitization campaigns

The Committee noted that there was a gap in information dissemination to local communities regarding the corona virus. The Committee urges key authorities who are trusted in society such as Chiefs and Religious Leaders to assist the Government in disseminating accurate information on the safety measures against the coronavirus. These include issues of social distancing, sanitation as well as hygiene.

8.6 Recommendation to Intensify patrols

The Committee was concerned with the permeable land borders of the country, where people walk in and out freely. Apart from Mwanza, the Committee noted that there was lack of a well-coordinated response among key agencies at the borders. The Committee observes that strict measures need to be put in place in all borders to ensure that all necessary monitoring and screening of citizens entering the borders is adhered to.

The Committee, therefore urges joint collaboration among the relevant agencies including the Immigration Department, Malawi Revenue Authority, Malawi Defence Force and Malawi Police Service in order to mitigate spread of the pandemic.

8.7 Recommendation on review of the Public Health Act

The Committee observed that there was urgent need to review the outdated Public Health Act to enable it respond to the prevailing outbreak.

8.8 Recommendation on multisector collaboration

The Committee on Health is in full support of Government's efforts to respond to the virus. The Committee recommends that there be greater coordination between the Government, private sector and development partners in responding to pandemics like the Covid-19. It notes that this was a critical time for all to work together by removing political party lines.

9.0 CONCLUSION

The Committee acknowledges the initiatives that have been put in place by the Government towards the preparation and response to Covid-19. However, there are urgent gaps that still exist that need to be looked into critically in order to enhance the country's response to the pandemic. The findings, observations and recommendations are as result of serious consideration and consultations with various stakeholders. The Committee, therefore, wishes to call on Government to take note of the Committee's observations and act on the recommendations presented in this report. The recommendations contained herein should also serve to ignite a process of reflection on further interventions that stakeholders could embark upon.

This report is submitted to the House for consideration and adoption.