

A new beginning: pharmacy in Malawi

Brian Lockwood describes how stakeholders are trying to set up a badly needed school of pharmacy in Malawi

Malawi needs pharmacists. There is no school of pharmacy in the country and currently there are around 60 pharmacists for a population of 10 million. A school of pharmacy is therefore required and, in January 2005, I was invited to the college of medicine, University of Malawi, at Blantyre, to take part in discussions about the setting up just such a school.

The announcement of final government assurance of the necessary funding for the plans is imminent. Teaching facilities and staff salaries (at least for the first two years) will be covered by the proposed government funding but attracting foreign staff will be a major problem. Although a number of suitable modules presently taught to first- and second-year medical students will be suitable for foundation courses, the teaching of additional pharmacy modules in the first two years will require trained pharmacy staff. Likewise, nearly all third and fourth year modules will need specialist pharmaceutical staff.

It is proposed that a professor and head of school will be recruited soon to prepare for the first entrance in January 2006 and to plan and carry through further detailed curriculum planning and day-to-day management of the project.

Requirements of the pharmacy course

Courses run by both the college of medicine and the proposed school of pharmacy are intended specifically to address problems caused by the uncontrolled HIV/AIDS epidemic in the country. There is also a large incidence of tropical disease which requires continual intervention. Provision of health care is currently being addressed in the MB BS course and will also form a major part of the pharmacy course, requiring co-operation between all parties involved.

In addition to controlling supply of medicines, pharmacists will be required to educate the local population about indiscriminate supply and widespread use of single doses of medicines, which are commercially available but which are inadequate for disease treatment and probably lead to resistant infections.

There is also a long-standing use of traditional Malawi plant medicines, particularly in rural areas. This is possibly beneficial but no regard is paid to adverse effects and interactions with conventional medicines. These issues will also be addressed in the planned curriculum, by examining the evidence base available to substantiate current use of traditional medicines.

A concerted effort will be made, particularly in the first two years of training, to integrate teaching between medicine and pharmacy students so that they will become colleagues right from the start. In the follow-

About Malawi

Malawi is one of Africa's poorest countries. Blantyre, the commercial capital, is situated in the southern part of the country, 150 miles from Lake Malawi. It experiences a mild tropical climate owing to its altitude of 3,000 feet and temperatures range from 8–30°C. The wettest months are December to March. Blantyre is surrounded by the agricultural land that makes up the greater part of the country and but there are also a number of natural reserves nearby.

Malawi has a Pharmacy, Medicines and Poisons Board, which regulates the activities of pharmacists; there is also a Pharmacy, Medicines and Poisons Act and a code of ethics.

Most people in Malawi do not have access to pharmaceutical services, particularly in rural areas. There are also difficulties in obtaining medicines from urban hospitals and from Central Medical Stores, which is responsible for administration and distribution of medicines on Malawi's essential drugs list. Although such medicines are free to patients in the government health care scheme, many problems exist regarding their supply.

The government in Malawi has for a number of years concentrated its pharmaceutical procurement policy on the locally instigated essential drugs list, the purpose of which is to make available the most cost-effective treatments. These medicines are available in government hospitals and mission hospitals but patients outside their catchment areas rely on rural health centres and district assembly health facilities. This latter source of medicines is the mainstay for a large section of the population and plans are in hand to increase co-operation between doctors, pharmacists and local leaders in order to improve supplies.

ing two years, pharmacy students will learn traditional pharmacy subjects, but will also be trained in the culture of effective procurement, distribution and supply of the medicines on the essential drugs list.

It is envisaged that the course will also include practice placements in hospital pharmacies, community pharmacy and Central Medical Stores, together with rural health centres in conjunction with medical students, where they will share equally in making decisions about the supply and delivery of medicines. These rural placements last 10 days and involve living in the rural community and taking a responsible role.

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The Malawi Pharmaceutical Association represents the interests of its members and organises continuing professional development. The Pharmacy Medicines and Poisons Board administers preregistration training, which involves time spent roughly equally in the four main areas of practice: hospital, community, Central Medical Stores and rural health care. Their input into discussions is therefore of great value.

Input from the country's Ministry of Health is also essential because it is responsible for overall health care provision, including production of the essential drugs list.

In my role as visiting consultant for the future school of pharmacy, I needed to seek the ministry's views on essential teaching modules, because its input and co-operation has been essential in the planning stage and will continue to be in future implementation. Discussion on areas of expertise considered necessary revealed a need for veterinary pharmacy because veterinary medicines, specifically for agricultural animals kept by households, are widespread in the community. The ministry also requested co-operation with the future school of pharmacy in establishing a drug information service at the Queen Elizabeth Hospital in Blantyre.

It is envisaged that a number of selected experts in these three organisations will be keen to teach as guest lecturers, particularly in the area of pharmacy law modules.

Funding the school of pharmacy

Because of the lack of financial resources in Malawi, any capital and human resource projects require help from outside donors. This is particularly important in the area of health care projects.

The principal of the college of medicine, Robin Broadhead, has campaigned tirelessly over a number of years, particularly since the failure of a similar project to set up a school of pharmacy in 1999 failed due to lack of funds. His dedicated persistence has resulted in funds being allocated by the Global Fund for HIV via the National AIDS Commission of Malawi, for the completion of new teaching and laboratory facilities for the pharmacy course.

In conjunction with Professor Broadhead, the future head of the school of pharmacy should be able to start producing pharmacists specifically trained to deal with Malawian health care provision in an environment of equally shared participation and responsibility between pharmacists and medical officers. Let us hope that this joint effort between the school of pharmacy and the college of medicine will have a dramatic effect on the crippling effect of HIV/AIDS on both Malawian individuals and on the national economy.