

THE HISTORY OF THE FIGHT AGAINST POLIO IN MALAWI

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INTRODUCTION

What has been put down here is an introduction to what I want to put forward to those interested in the fight against polio in Malawi. I have not just confined myself to Fighting Polio in Malawi, but have also included some details of how Malawi can fight polio fully as fighting against it in Malawi while there are people coming in and out from outside cannot help in the eradication of the epidemic at all. What has been written here is a result of researches from the internet and some reading materials available to me. Some have however come from my own memory and knowledge of the issue as some of the things happened in my life time.

Before thinking of fighting polio or any disease or outbreak in any country perhaps it will be better to know its history, geography and maybe its historical background.

Malawi is a country which the European explorers discovered. In the early days when the Europeans were exploring the world for better places to trade with, a Missionary called David Livingstone sailed into the Zambezi River which is joined by the Shire River which is the biggest river in Malawi. He sailed upwards in the Shire River until he came upon the expanse of water and asked the locals there what the expanse of water was called. The people in area are Yao by tribe who said the water was called Nyasa which is Lake. Dr. David Livingstone then called the expanse of water, Lake Nyasa. He then called the land Nyasaland or land of the lake. Seeing that the land looked good and that it would be easy to get cheap labor there Dr. Livingstone returned to England where he mobilized several missionaries to come and create missions here and later followed this up with traders. The first traders were two brothers called Fred and John Moir, These two established the first trading posts in Malawi. After that more and more traders came to Malawi which resulted in the Queen of England establishing a Government in the land in 1891 they declared the country a British protectorate. For many years the Africans or natives as they were then called suffered as they were forced to work in the farms the white settlers had established and were paid very little for their labour. One of the missionaries took one of the locals called John Chilembwe to Britain and trained him to be a missionary or reverend. On his return from there, he established his own mission and also established farms which were said to be for the development of his people. He started writing to the British Government explaining the injustices the people of Nyasaland were going through. Seeing that there was no satisfactory reply, he decided to create a small army to take over the Government by force. He and his followers invaded the armory and stole some guns from there, and started the ill-fated rebellion which ended in John Chilembwe and his colleagues being killed. That was the first attempt at nationalism in Malawi. Malawi is described as one of the poorest countries in the world and in the 2016 human development index it was rated as 171st out of 187 among the poorest with a current estimated population of seventeen million people. It is

landlocked in that on one side is the former Portuguese colony of Mozambique claiming the longest border, on the other side is the Republic of Tanzania formerly Tanganyika and Zanzibar. Formerly a British Colony, this country also has a long border with Malawi and part of its border is the Lake Malawi five hundred and eighty kilometers long one side of which Tanzania Claims to be its own. Further afield is the Border with another country formerly called Northern Rhodesia now called Zambia. The entire country covers an area of one hundred eighteen thousand square kilometers which include lakes like the Lake Malawi which takes twenty percent of the total area, then Lakes, Chilwa, Malombe and Chiuta as other water contributors. Sixty percent of the land is cultivatable.

Generally Malawi can be described as a narrow elongated plateau with rolling plains, rounded hills, and some mountains at the southern end of the Great Rift Valley. It is positioned in the south eastern region of Africa.

Administratively it is divided into four regions, The Northern Region whose headquarters is called Mzuzu this is the smallest of the four regions and has the smallest population of the country. The Central Region which is the second largest populated part of the country whose headquarters is Lilongwe the current Capital of the country, the Eastern Region whose headquarters is Zomba the former Capital of the country and the Southern Region which is the largest geographically and has the biggest population. Its administrative headquarters is Blantyre the commercial hub of the whole country. And this is where most of the industry is.

Malawi as a country does not have minerals that are known of. It is only now that mineral exploration is being taken seriously. As such Malawi still remains overwhelmingly an agro based economy and relies on exportation of tobacco, Tea, Coffee, Cotton, ground nuts and, macadamia nuts, pigeon peas a few other small scale products. As a result forty percent of the gross national income comes from this sector. Industry although expanding slowly is still a much less important source of income and employment than farming which is engaging eighty percent of the population. This has forced the country to extend its agricultural acreage to its limits. The fish from the lakes meets about seventy percent of the meat protein demand. Malawi has a subtropical climate with a rainy season from October of one year to March the following year. Cattle and other livestock rearing have joined the economy of the country and agricultural and livestock experts are busy training farmers on how to develop this sector. Government has introduced Agricultural development and engaged a number of agronomists to work on the growth of this sector.

As stated before Malawi has long borders which are very porous. One would be surprised to hear that people from as far away as Ethiopia, Democratic Republic of Congo, Rwanda, Burundi and such other countries cross the borders to seek asylum in Malawi. How they come nobody knows. The Ethiopians claim to be in transit on their way to South Africa but is Malawi the only route to South Africa all the way from Ethiopia?

It has not been established that these refugees are the ones bringing the diseases into Malawi perhaps the saying that Malawi is the warm heart of Africa is attracting foreigners into the country with its peaceful environment. Now back to fighting Polio in Malawi.

Polio is said to be an infectious deadly disease caused by a polio virus. This virus imbeds itself in the intestine and can be spread by stool. It also finds room in mucus in the nose etc. Once it attacks a person it can lead to paralysis, breathing difficulties or even death.

POLITICAL DEVELOPMENT

On return to Britain Dr. Livingstone mobilized missionaries who came to establish churches and missions in the country. Later traders led by two brothers Fred and John Moir established the first trading posts in the country then many more followed. Following this an African called John Chilembwe was taken to Britain and after training was ordained as a church reverend. John Chilembwe had been observing the atrocities that were being committed by the white masters in making the natives work like slaves on their farms. He then decided to query the British Government on the behavior of their people in Malawi. As he was not getting satisfactory answers from the British Government, he mobilized people, went to where the Government was keeping guns and ammunition, stole some and staged a short lived rebellion which ended in the death of John Chilembwe and his followers. John Chilembwe is still taken as a hero in Malawi. That was the first attempt by Malawians to take the Government into their own hands. After that failure, attempts at politics and political parties in Malawi did not work. In the late 1950s there was what was called in Britain the wind of change and African Countries started getting independence from Britain. One such country was Ghana originally called Gold Coast and Dr. Kwame Nkruma became its head of state. Dr. Banda who was one of the educated Malawians was practicing medicine in Britain followed newly independent Ghana as he was a friend to Kwame Nkruma. Some months later, the Malawian politicians who were failing to talk to the British Government asked Dr. Banda to return to Malawi and help fight for independence of Malawi.

In 1958 Dr. Banda returned to Malawi and galvanized the country into political turmoil. In 1959 the British Government arrested Dr. Banda and some of his Party officials but they were released some months later and general elections were held and the Malawi Congress Party which Dr. Banda was leading won the elections. Dr. Banda became prime Minister in a self-governing Malawi. In 1963 another bout of general elections was held and the Malawi Congress Party won nearly all seats in Parliament and in 1964 Malawi became independent from Britain with Dr. Banda as President. The Party for the Europeans called the United Federal Party led by Michael Blackwood came second with about three seats but later dissipated leaving The Malawi Congress Party alone in Government. That Government worked for a short while and some months later Dr. Banda and his Cabinet Ministers fell out and he fired some of them while others resigned in sympathy. Those who were fired and those who resigned had to leave the country as quickly as possible as there was the fear of being tried for treason. One of the fired cabinet ministers staged an armed which failed and the minister fled to United States of America where he later died. Several years later another former cabinet minister staged a military attack several kilometers from Blantyre where the President was living. He was killed by the Malawi armed forces. Since that time Malawi has remained a peaceful country. From that time the country was ruled under one party and one man rule which lasted to 1992 when at a referendum the people of Malawi chose a multi-party system of Government which ended Dr. Banda's brutal and autocratic system of Government and ushered in a new Government. The first multiparty government ruled for ten years the second one ended in the second term at the death of its president. The vice president took over and is said to have stolen billions of tax payers' money in what has come to be called cash gate in Malawi even all development partners stopped helping Malawi financially. Malawi's donor dependency was at forty percent of the national budget and the withdrawal of that funding created innumerable financial difficulties to the country. That government was booted out of office in 2014. A new Government was elected, Malawi is now into the fourth Government which is truly development oriented and is engaged in infra structural development in constructing roads, bridges, hospitals,

educational facilities etc. It has also taken agriculture as a development goal and has therefore developed a green belt initiative along the Shire River which is the largest river in Malawi. The development of the Greenbelt is to increase food production with the view of making the country food secure. Fish farming has also been introduced into the economy of the country and the fish output has increased. The development partners who stopped helping Malawi because of the Cash Gate issue have since returned and are slowly resuming aid to Malawi.

THE POLIO EPIDEMIC IN MALAWI

In 1979, there was a polio outbreak in Malawi and other countries in Southern Africa which left a lot of people men, women and children physically disabled. Something needed to be done to stop the spreading bushfire.

FIGHTING POLIO IN MALAWI

The fight against polio in Malawi started on a wrong footing. It started with immunization and immunization without the people being educated first on what epidemic had struck the country their possible implications on the lives of the people and what measures were being taken to counter it. The epidemic started in Malawi with many people not understanding what was happening. By the time the Government realized there was a polio epidemic it was somehow late and many people had already been attacked and left physically disabled. Some had lost function in the arms and legs. The Government of Malawi decided that this fight could not be restricted or be handled by Malawi alone. Malawi is not an island and even if it had been an Island, all Islands with the new travel technology, there are no isolated places which are or remain unreachable and because of this, every country is in a vulnerable situation of getting diseases from other visiting nationalities. Looking at this scenario, it was realized that the epidemic must have been imported into the country from somewhere. And fighting Polio in Malawi, while it is still endemic in other countries, was fighting a losing battle as the risk of importing the polio virus was therefore still very great and this is especially so with vulnerable countries with weak public health and immunization services and porous borders and little restriction on trade links to the outside world. There was no hope of fighting polio in Malawi successfully because until such time that all children in the world have been immunized against polio, which is a very optimistic thought, we can say that eradicating polio in Malawi is still far. However with renewed energy and focus, health experts from UNICEF its partner organizations and Governments are working together against the clock to stop transmission in the remaining countries in order to rid the world of polio. The polio outbreak in Syria is not just a tragedy for children there but an urgent alarm and crucial reminder and opportunity to reach all under immunized children wherever they are. It should also be a reminder to all countries and communities that polio anywhere is a threat to children anywhere. The Global Polio Eradication Initiative(GPEI) is a public private partnership led by governments with five core partners- the World Health Organization (WHO) Rotary International, the US Centers for Disease Control and Prevention C(DC) the United Nations Children's The Fund UNICEF) and the Bill and Melinda Gates, Foundation. Its goal is to eradicate polio worldwide. The Global Polio Eradication Initiative is financed by a wide range of public and private donors who help meet the costs of the Initiatives eradication activities. The requirements are expected to cost seven billion United States Dollars for the period between 2013 and 2019. At the polio on set, Malawi had very few hospitals. There were two Central Hospitals, the Queen Elizabeth Central Hospital in Blantyre, with at the time eight hundred and fifteen beds catering acting as the central focus point of health services for the entire Southern Region and Kamuzu Central Hospital in

Lilongwe, the current capital of the country, with three hundred and forty six beds at the time being the focal point of medical services in the Central Region. One General Hospital in Zomba the former capital city of Malawi, apart from these, Malawi had twenty one primary health centers, nineteen urban health centers, one hundred twenty five health posts or clinics (Malawi year book 1979) Apart from these, the country had mission hospitals that complimented the work of health services. These were very insufficient to deal with the polio epidemic. Its road infrastructure was very poor.

The international Organizations had to be brought in. It was therefore at this stage when OXFAM, the European Commission, Rotary International Lions Club and various other agencies came together to help wage war on polio in Malawi. Arrangements were made to start immunizing people against the polio virus. What had however been overlooked was civic education on the communities Many people everywhere do not understand anything that is new and need to be taught first. Their minds need to be attuned to anything new being brought to them They need a mindset change in order to accept the new things coming. There was however need for a lot of input. The vaccine required to be put in deep freezers as without freezing it would become useless and this meant that there was need for freezers in most of the hospitals in order to maintain what was called the cold chain. A lot of health personnel had to be recruited to help in the immunization of children in Malawi.

The fight had begun although many people had already been badly affected by the polio virus. Some people refused to have their children vaccinated for fear that instead of protecting them from the virus, they would be exposing them to the disease and as a matter of fact a child belonging to one parent who had refused her child from being vaccinated did contract the virus after vaccination and became paralyzed. Some refused to have their children immunized due to religious beliefs and other cultural beliefs. But if the fight against polio was to be won, all children had to be immunized. The war on polio is however dependent on the women of each and every country as women happen to be the drivers of families. The women bear the children, they look after them, take them to hospitals for any kind of ailments etc. This is why the fight against any disease is very dependent on the women. Mothers' education is another important determinant of immunization status of the child. Vaccination coverage is higher for those children whose mothers are more educated. This is so probably because educated mothers are in a better position to understand the importance of vaccination. Since mothers with secondary education and higher are the ones who are more likely to have their children vaccinated it may even be important to make secondary education for females compulsory for the sake of the future children. It is equally important that the Ministry of Health should ensure that vaccines are always available in the health facility and that providers should be friendly to their clients as this affects the uptake of the services. They should therefore be involved in the war. They are the ones who first notice any strange behavior on the part of the children. The war on polio may have been won, but the fight must continue as most outbreaks have a habit of resurfacing at one time or other. The work of surveillance and or monitoring must not relent but be upheld and sustained all the time.

People from all walks of life were therefore immunized or vaccinated against polio. The country did not stop there with the help of UNICEF and other International organizations the country introduced an extended programmer of immunization EPI which took in polio, measles, whooping cough etc. either at birth or soon after birth. Fewer than five clinics were introduced to ensure that all children were vaccinated against all killer diseases in order to reduce infant mortality. Ministry of Health decided to train people as health surveillance personnel. The task of these people was to reach out into the communities to ensure that there were no unimmunized children.

The extended program of immunization became so successful that in no time at all, polio was eradicated officially from the country. Reports of Polio became isolated and were restricted to those areas close to the borders with Mozambique. Let us stop here for a little while and look at some real life stories.

Vaccination as a preventive measure has been practiced in Malawi since the arrival of the Missionaries and colonial administrators. While these vaccinations were taking place vaccination against smallpox was also being practiced by local people in places like Ntchisi District of the Central Region while antigens like Bacillus Comette Guerin and Diphthereria Tatenus were provided in a few health facilities of the country. The Expanded Program of Immunization EPI was officially launched in Malawi in 1979. The Malawi policy regarding EPI was to immunize all children under twelve months old with a goal to reducing morbidity and mortality due to six preventable diseases such as measles, tuberculosis, whooping cough, diphtheria, poliomyelitis and tetanus in addition to these six killers diseases also included were Hepatitis B and HIB. While mission hospitals and other private health facilities were involved in delivery of vaccination services, The Ministry of Health was by far the largest provider of vaccination services. These services in Malawi are delivered either through static or outreach clinics. The major purpose of establishing these outreach services is to bring the services as close to the client as possible so that distance should not be used as an excuse for failing to take children for immunization and with support from donors and other civil society, Malawi has made tremendous strides in ensuring that the majority of children under the age of five are vaccinated. It is important that people involved in vaccination services should know the performance of the vaccination program so that they can better design intervention that can help improve and sustain vaccination coverage. Appropriate interventions can also be designed in order to ensure that children who are not or are less likely to be reached by vaccination services are reached. Children are supposed to be fully vaccinated before reaching the age of twelve months

A family in the Northern part of the country called Gondwe had a daughter called Grace. She narrates her story. First, I was born nicely. This was 1970. When I was two years old, I fell ill and from my illness I could not walk anymore. Grace was just one of the many people who fell victim to a plague very few understood, the curse of polio. Though physically disabled, she was determined to gain education I developed a constant feeling of fear. My mother was over protective and was always telling me to be careful. I could never do anything on my own. I therefore decided it was time to overcome fear because fear was now becoming my disabling and inhibiting factor. I was afraid to go for a bath, was afraid to make myself a meal as a result sometime when nobody was available, I would go hungry for fear that if I tried any cooking, I might cause more damage to myself to the annoyance of my mother. Initially she was carried to school on her mother's back and at times when there were some well-wishers, she would be given a ride on a bicycle. She persisted in this way until she graduated in computer sciences. Today, she is a proud mother of two girls one eighteen and the other fourteen She is now employed by a local school in her home village in Mzimba in the Northern part of Malawi and using crutches and minibuses, she is able to commute from her house to her office every day. Initially, it was believed that any family that had a disabled child was under a curse and was being punished for their wrong doings such families were being segregated in the communities and were stigmatized, but thanks to a lot of civic education, this has been reduced. This myth has now worn out and people with disabilities are now known to be reliable employees in that they have less excuses for going out to do personal things and have also come to be bread winners of their homes and some have even risen to the point of being Cabinet Ministers in Government. Then there was the Mbewe family whose second

born was a daughter, She was attacked by polio at three years of age. Her mother tried all the treatments but to no avail. She was then referred to the Malawi Red Cross Society in Blantyre where with the help of volunteer therapists from United Kingdom, she was referred to Queen Elizabeth Central Hospital where Doctors performed more than eighteen surgeries on her to try and right some of the parts that had become dysfunctional due to the polio. They ended up fitting her with calipers which were then fitted into shoes. She was also given a waist brace to support her in sitting. Her mother was determined that she should get education and eventually she was employed in the biggest bank in Malawi. She then decided that she was going to fight for other disabled women to have a place in the development of the country. She formed a group called Disabled Women in Development DEWODE a group that still works as an advocator of economic freedom for disabled women and their empowerment. She was later appointed Minister Responsible for People with Disabilities and still later was appointed Presidential Advisor on disability issues. But what is the connection between Miss Mbewe and Miss Grace Gondwe one might ask? The answer is that each of them suffered from the effects of childhood polio, the debilitating infectious disease responsible for the paralysis and disability of millions. These two are therefore just some of the people who have fought their way through the polio induced disability. There are many more. In 1979, Rotary first made efforts to eradicate polio on a widespread scale through providing humanitarian grants and hands on support from every club members, the community service organizations committed to a five year effort in partnering with Government of the Philippines to immunize six million children against polio. Buoyed by the success of this initiative, Rotary International began an initiative to eradicate polio worldwide.

In 1988, Rotary International launched polio plus and at the time more than 125 countries were still polio endemic and at least a thousand children were being paralyzed every day. And in that year alone it is said there were over three hundred and fifty thousand polio cases worldwide. Since then Rotary has been responsible for the immunization of over two billion children With Rotary's initiative providing a catalyst for the establishment of a Global Polio Eradication Initiative (GPEI).

Rotary's work alongside UNICEF and World Health Organization WHO and other partners like The Bill and Melinda Gates Foundation have led a campaign providing a total of more than ten billion doses of the oral polio vaccination (OPV).

The fight against polio in Malawi and elsewhere is not a simple task given the multi-faceted difficulties inherent in the task. First there are geographic and logistical issues. Reaching widely dispersed populations in remote areas of Malawi with its poor road networks or infrastructure is no easy task. Sheer numbers of children to immunize across the country, the lack of proper transport, lack of ready premises for the immunization to take place, in availability of vaccine at times, the unaccountability of public health staff, mistrust of medicine and medical workers and the hostility of people in some areas where rumors are rife that ambulances are there to suck blood from villagers makes the already tough venture even tougher. Or even unsafe as some health workers have been stoned in the course of their duties. The numbers struggle involves immunizing enough children so that the community gains.

The virus struggles to find another susceptible host and therefore subsequently dies out before further transmission to a broader group is possible. In other words without a next human host the polio virus ends. The aim should however be to detect and interrupt all polio virus transmission in the country.

Community skepticism and distrust due to political and cultural beliefs as well as local rumors, myths and religious decrees has also been a key obstacle in immunization efforts. Whether they are local fears

of immunization causing sterility in Malawian girls or causing actual disablement the rumors in of parental and community attitudes have been a key determinant of immunization rates. Indeed immunization health workers in Malawi have been threatened, beaten or even killed while trying to help communities protect their children from preventable deaths. While acceptance of change is slowly sinking in, hope is emerging on the horizon. The efforts to protect children in African Countries seem to be bearing fruit.

The fight against polio can be said to be won if it's after effects are also looked into. Polio leaves people with disablements. Some can be rectified either partially or completely. For example it was found that some of the people who had been attacked by the polio virus could not walk as a result their activities were restricted. It was discovered that some of them could be easily made mobile through simple surgery to release the tendons which had shrunk and after release they would need intensive rehabilitative therapy to mobilize the affected part. For others it was it was found that all they would need are crutches to get them upright and mobile. Still others were found to need wheelchairs to make them mobile. With this people would be made mobile and therefore the war on polio would be seen to have been won. But apart from leaving people with physical disabilities, polio left people stigmatized and scared of what their future held and what to expect from other people in the communities. The fight against polio should therefore include the fight against stigma, the fight against fear and furthermore the lack of self-confidence had to be dealt with these out of the way, polio would be seen as contained. I say contained but not eradicated. This is because with international trade and international relations developing in the world, travel to and into the various countries will continue to bring viruses of different kinds including polio to Malawi. Polio in Malawi will only be eradicated when each and every child has been immunized against polio in the whole world. As this is rather hard to achieve then the only thing left is to sustain routine immunization of children in Malawi and increase the number of trained and experienced health surveillance personnel so that the number of children slipping through the net is kept to a minimum. With the fast growing population, from the four million people who were there in 1979 to the current seventeen million, it shows that there are a lot more children being born every day in the world and that the need to sustain immunization remains there and shall remain there if we are ever to win the fight against polio in Malawi. More and more vaccine needs to be supplied and more health personnel need to be trained continuously so that there are no open gaps in the system.