



The Malawi medical school — a success story

Malawi's College of Medicine in Blantyre first opened its doors in 1991 as a fifth member of the family of colleges making up the federally constituted University of Malawi. Up till then Malawi had invested considerable resources in sending its aspirant doctors overseas for medical training, the majority of whom never returned to work in the country. In the end, Malawi 'got fed up' as one Malawian professor puts it, 'of using its scarce resources to train doctors for Liverpool and Manchester'.

Malawi resolved to investigate the feasibility of establishing its own medical school, and commissioned an international advisory team of high-profile medical educators (including the SAMJ's own Professor J P van Niekerk) to provide guidance and counsel. Clearly, one of the foremost questions in this regard was whether Malawi, one of the poorest nations in the world with a population of about 12 million and a per capita GDP of \$650, could afford the high cost of establishing and sustaining a medical school.

The conclusion was that Malawi needed to establish its own medical school, and the country settled on an innovative way of going about it. Students admitted into the College of Medicine would initially be farmed out to medical schools in the UK, Australia and South Africa to do the bulk of their medical studies before returning to Malawi to complete the final clinical year of the curriculum and graduate from the University of Malawi. Subsequently, the Malawi-based component of the programme would gradually be extended as appropriate staff and facilities were recruited to provide instruction in the basic sciences and the clinical disciplines, until the College was in a position to offer all of the training. This goal was achieved on schedule, so that the group graduating in 2003 will constitute the third wave of wholly Malawi-trained doctors.

The College has avoided the temptation of new medical schools to grow student numbers too quickly. Current total enrolment in the 5-year medical curriculum is about 200. In terms of the law, the university is obliged to provide free boarding and lodging to its students, and limited capacity in respect of student accommodation serves as a further restraint on the number of admissions. On the other hand, there are plans afoot to introduce new faculties of pharmacy and physiotherapy in the medium term.

The College is engaged in serious research ranging from clinical science to molecular biology, particularly in the field of malaria, thanks to the state-of-the-art Wellcome Trust research centre located adjacent to the medical school. Also adjacent is a Bill Gates Foundation facility providing opportunities for research and outreach work in HIV/AIDS. The College is further involved in active collaborative research and other linkage activities with Johns Hopkins, the Liverpool School of Tropical Medicine, the University of Stellenbosch and a number of other universities around the world.

One of the College's achievements has been the successful

implementation of an integrated curriculum, something that has eluded older medical schools shackled by tradition and the laager mentality of academic departments. The old way of learning medicine in strictly segregated silos of anatomy, physiology, pathology and so forth is the hard way. Many of my generation will painfully recall the many hours spent in tedious and largely mindless whole-body dissection of cadavers in pursuit of obscure anatomical minutiae. What a pleasure it would have been, had some of that time been devoted to demonstrations and tutorials to give the cadaver experience a real-life clinical context!

Malawi offers a medical curriculum structured around three themes: community health, basic medical sciences and clinical practice, all covered in an integrated manner both horizontally and vertically. First-year students attend community health sessions, and are presented with clinical problems even as they learn about cell biology and body systems in an incremental basic science course integrating the disciplines of physiology, biochemistry and pharmacology. In the second year, the integrated programme incorporates microbiology, infectious diseases and the various branches of pathology. In the third year, the basic sciences continue to be taught alongside a more structured approach to the patient, including history taking and the clinical examination. In the fourth and fifth years leading up to graduation, the student acquires clinical experience in the various clinical specialties.

Community health is regarded as the backbone of the Malawi curriculum, for good reason. Malawi's disease pattern naturally reflects the country's socioeconomic profile of high illiteracy rates, unemployment, poverty (60% of the population lives below the breadline), nutritional deprivation, high child mortality, and short life expectancy, all in a predominantly rural population. Health care professionals must therefore understand and be able to deal with the health problems of these socially and economically deprived communities. They are also trained to understand and deal with Malawi's endemic conditions of malaria, schistosomiasis, and HIV and AIDS.

There is currently a revival of historically prestigious sub-Saharan medical schools which were run aground during decades of political adventurism and corruption on the continent. Uganda's Makerere is well on the way to regain its prestigious past, as are other previously illustrious medical schools in Ghana and Nigeria.

This revival opens up great opportunities for South African medical schools to establish links, and to engage in co-operative research and other mutually beneficial contacts in the spirit of the African Renaissance.

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