

*A Deeper Look.... looking into the lives of people and projects that are making a difference in Malawi.....*

## Tribute to Professor E.E Zijlstra: A decade in the College of Medicine

*Thengo Kavinya talks to Prof. Zijlstra about his time in Malawi with the College of Medicine.*



The departure of Prof Ed Zijlstra will be felt by many; students of the College of Medicine, staff in the Medicine Department, and patients in the medicine ward at Queen Elizabeth Central Hospital, and of course the Malawi Medical Journal where he was a board member. Prof Zijlstra came to Malawi a little over ten years ago, initially on a three-year contract with the Dutch Ministry of Foreign Affairs. He explains that the main objective of the Dutch programme was to provide the College with senior teaching staff, with the overall goal to train Malawian students to become doctors and for those doctors to become specialists and senior academics who would take the place of expatriate staff in the future. The programme was not continued after July 2007 because of a change in priorities in the Dutch developmental aid activities.

Since his arrival in September 1998, Prof Zijlstra has given himself selflessly to his work in the Medicine department, coping with the shortage of staff and lack of resources. He explains more about his career and life in Malawi.

On asked why he chose to study Medicine, "I have always been fascinated why people become ill and what doctors could do to help them, so I wanted to be in contact with patients in order to find out the background of diseases and how to help them, so this drew my attention".

He did his training at the Medical Faculty at the University of Rotterdam in the Netherlands, and became a specialist in Internal Medicine in 1986. Thereafter, he pursued a Master's course in tropical medicine. Following this, he worked for a research project on leishmaniasis in Sudan and completed his PhD thesis at the Academic Medical Centre in Amsterdam. After this research project had come to an end, a friend who had worked in Malawi informed him that the College of Medicine in Malawi was looking for senior staff.

Prof. Zijlstra points out the shortage of academic staff has

been the greatest challenge that he has met during his stay in the country. "During the early years it was difficult to recruit staff; except for Dr Johnstone Kumwenda we depended on expatriate doctors who wanted to come and work with us for 6-12 months, sometimes longer. It was unavoidable that sometimes there were gaps after the departure of a member of staff and the arrival of a successor. Fortunately, our colleagues at the Wellcome Trust Research Laboratories, who have part time appointments in our department helped out in these difficult times".

The Prof mentions that there have been great strides in the health sector in Malawi despite being a limited resource setting, "The College of Medicine has an excellent academic environment and is a knowledge centre in particular for HIV related issues. This is based on research that was done in the past, and which is still ongoing. It also has many interactions with visitors and many collaborative research projects". He also pointed out the increase in student intake by the College of Medicine as another good development, "the number of doctors that graduate each year has increased from an average of 17 to double that number; it is reassuring that most of our graduates are in the country and are serving either in government or mission hospitals. The start of the postgraduate programme is another very important development to further train doctors to become specialists. With regard to clinical service I feel the government should be commended for providing free antiretroviral for HIV and AIDS patients in the country so successfully".

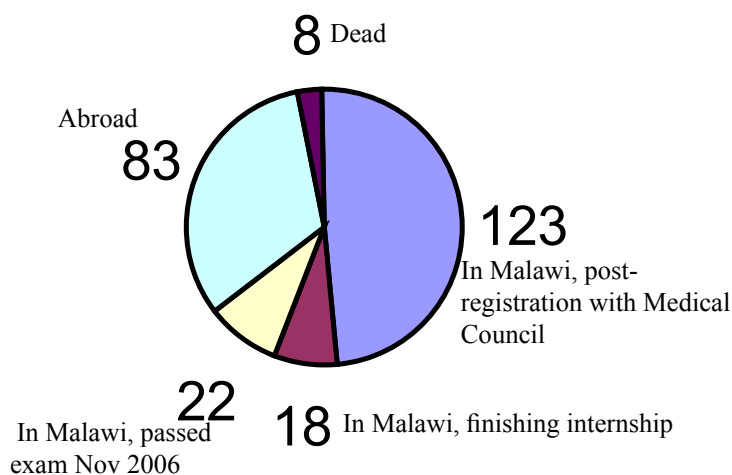
The next priority should be to improve conditions in QECH with regard to overcrowding, shortage of drugs, hygiene and sanitation and laboratory and radiology services support. Important steps have already been taken such as joint management of the hospital with the College of Medicine that may lead to more efficient use of resources. Furthermore an adult emergency and accident unit and a new ART clinic will be built in the near future.

Prof Zijlstra's departure is mainly based on family reasons but the end of the Dutch program has played an important role. He is to take a position as a Professor in Tropical Medicine at the Erasmus University in Rotterdam in Netherlands. He is keen to continue the link with the College; priorities will be the exchange of students and doctors (in both directions), research and support for undergraduate and postgraduate teaching programmes. He will also continue to contribute to the Malawi Medical Journal.

Excerpts from Professor Zijlstra's farewell presentation on 22 January 2009:

*"From the original 9 Dutch medical specialists now only 2 remain. If I am not mistaken, with my departure there are no full time academics*

Survey in 2006: breakdown of number graduated since 1992 (N = 254)



left who hold the rank of full professor, except for the principal himself. This worries me, but it should not be seen as ominous sign; it is just the way things are developing and hopefully there will be a better balance in the future”.

“No discrepancies should exist between members of staff who hold the same academic rank whether expert or Malawian; the salary structure should be harmonized. This means that a new program that supports expatriate staff should indeed offer salary support to others as well or perhaps to the finance office as a whole in a format of miniature “sector-wide approach”.

“Politicians currently question the impact of developmental aid, and in particular its financial accountability. It may just be the right time now that Universities show so much interest to focus more on collaboration through research. I consider research in the health sector as probably the most durable form of developmental aid you can think of; it is completely transparent, it potentially has a major impact on people’s health and it is relatively cheap.”

“The teaching programme however places an enormous and ever increasing burden on the staff. Some departments can hardly cope. Part of the solution is not to focus on attracting more staff only (we are unlikely to be able to do so) but in restructuring the curriculum. We should do away with our routine practice of entertaining our students every day from 8 to 5 and adopt much more self-learning approach with computer-based learning, e-learning etc”

“With regard to curriculum reform, .....it is absolutely essential to first define the Malawian doctor; the doctor who we want to train and then design a curriculum to achieve that goal.”

“The College should behave more as an academic institution. It should be common practice that full professors should give inaugural lecture in an academic ceremony within 3 months of taking up their post. ....Similarly when they leave or retire it should be a standard practice that they should give a farewell or valedictory lecture in which they leave their vision on certain issues or developments”.

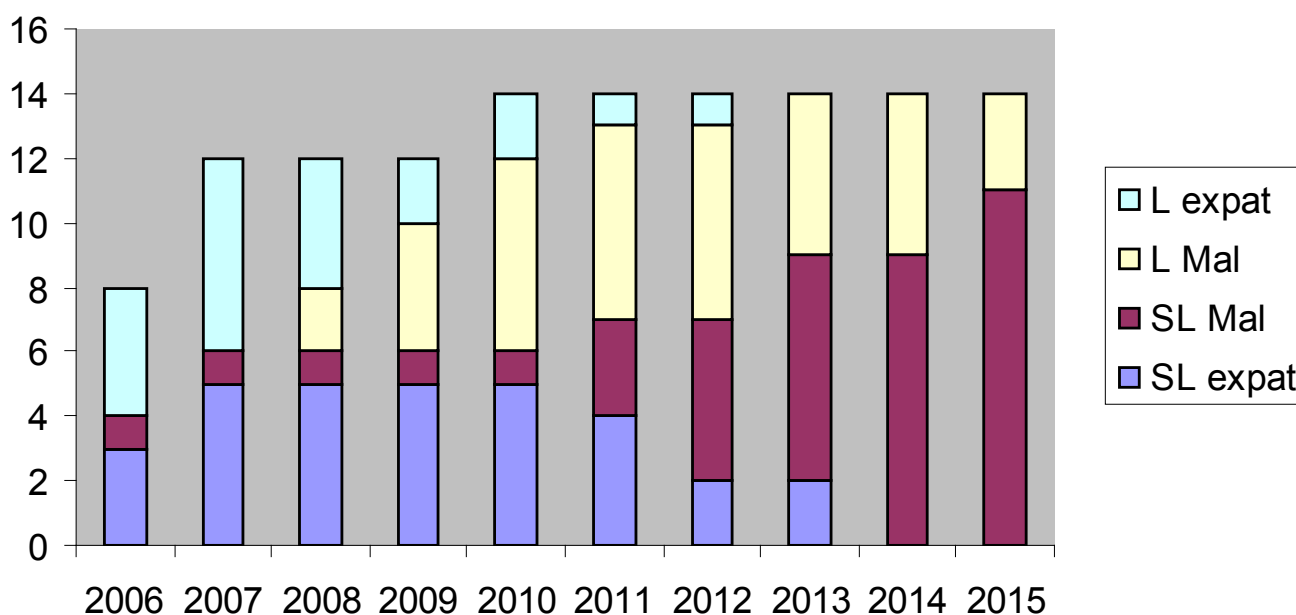
“I was on call last week and I still saw the same degree of human suffering as 10 years ago largely due to HIV/ AIDS. The list of most common diagnoses is still the same. But things have changed. ....Few patients at the time knew their HIV status and few were willing to go for testing. This was largely caused by the stigma that was associated with HIV infection and the fact that there was no treatment available. The number of patients who know their HIV status on admission has increased considerably. This is an extremely important development.”

“A lot has changed in a positive way. We now have a flourishing ARV clinic and a new bigger building is planned for. There will be an adult accident & emergency clinic generously funded by the Wellcome trust. There are more and better-organized specialized clinics such as the neuro clinic, diabetes clinic and renal clinic. The management structure has changed and we have now a joint management with COM.”

“These last 4 months I kept a low profile in the department as well as in the college. It gave me time to collect material for my book that will summarize 10 years of clinical experience in Malawi in the format of case discussions and that it will be a useful learning tool.”

### Department of Medicine

Staff expansion from 8 to 14 at current rate of postgraduate training



L = lecturer; SL = senior lecturer or professor