Malawi Public Health Emergency and Preparedness Workshop

3 – 6 September 2018, Sunbird Capital Hotel, Lilongwe, Malawi
Malawi Public Health Emergency and Preparedness Workshop

3 – 6 September 2018, Sunbird Capital Hotel, Lilongwe, Malawi

Introduction

Over four days, workshop participants collaboratively identified opportunities to improve interagency cooperation, enhance the institutional framework, and strengthen capacity for public health emergency prevention and response in Malawi. The event included discussion on broad technical topics in water, sanitation and hygiene, preventive medicine, and societal issues. A one-day emergency response table top exercise allowed participants to work through a possible scenario and discover strengths and weaknesses of current plans. Findings and recommendations from the table top exercise focused on enhancing cooperation between civilian and military organizations in Malawi.

The first day of the event was kicked off by government officials who emphasized the critical nature of effective preparedness and response to public health emergencies. The panel of experts discussed the existing mechanisms that the Government of Malawi employs to address public health emergency preparedness and response. In the afternoon of the first day participants addressed enhancements to the existing public health emergency response framework in Malawi giving particular thought to civilian-military cooperation.

The second day of the event was focused on national and supra-national information, resources, systems and processes that can be harnessed to strengthen public health emergency prevention and response. The third day of the event consisted entirely of a table top exercise, with the final session of the third day consisting of a debriefing on the exercise.

The fourth and final day of the event included a tour of the Lilongwe Water Board facility in the morning, with participants validating findings and recommendations from the table top exercise in the afternoon. The fourth day concluded with the closing ceremony.
Expectations from participants expressed during introductions

- Money for processes like preparing a contingency plan
- Learn how to develop indicators for planning
- To learn how we can connect with different agencies in an emergencies
- Table-top exercise – how it will enhance capacity in Malawi
- National preparedness plan – how to
- Connect with different agencies
- Evaluate ourselves with regards to – we have plan – but add interagency plan aspect to it.
- Really understand the roles of the different agencies
- How we can strengthen relationships between partners and agencies – also link into military
- Partnership and co-ordination of activities during emergencies
- Increase the involvement of Malawian military and emergency services
- Co-ordination (enhance) with civilian agencies from military
- Realistic support for MDF challenges
- “Fire goes where the brush is” – identify where the fire is – and make the brush fireproof – find a way to minimize issues
- Juicy stories!
- Different stakeholders – work as a collective
- Working together to combat issues of disaster management
- Working towards supporting large scale preparedness for emergencies – link military into these plans.
- Refining the role of the military services during emergencies
- Preparedness activities – prepare, communicate, realistic solutions
- Help guide CDC in terms of needs and shape support
- Representing AFRICOM – interested in supporting partner countries – specifically countries who want to help also neighbouring countries
- Lessons learn here – take it into future engagements to share with other partner nations
- See improvement collaboration between different disciplines and sectors and to deal more effectively with health emergency scenarios
- Knowledge and skills – and work together with the military
- Enhance planning for emergencies specifically with regards to water supply
- Learn lesson ito preparedness
- Looking at the various players to come up to beset address emergencies specifically with regards to water
- Better understanding of partners in Malawi and how they can better work together
- To learn more about Malawi context re preparedness, and also water’s place in these emergencies
- Areas of realistic improvements
- Concrete actions – where do you go from here – further cooperation etc
- Combined responses – how do we come up with these
- Learning about the coordination frameworks in place and new collaborations we need to form
- Understand what are the gaps where CDC can support to detect and support Government of Malawi
- Identify weaknesses and strengthen these
- Identify our partners in the fight – when we fail we fail together as a population – thus need to strengthen our collaboration
- To see how the water sector in Malawi can reposition itself ito emergencies
- Water Board – co-host – see at the end how the networks and collaborations between the water board and present institutions can move forward.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 - 10:00</td>
<td>Government Perspective on Public Health Emergency Preparedness and Opportunities for Enhancements Through Civilian-Military Cooperation - Remarks</td>
<td>Lilongwe Water Board, CDC/ US Embassy, Malawi Defence Force, Ministry of Health</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Coffee break and workshop participants photo</td>
<td></td>
</tr>
</tbody>
</table>
Presentation on Malawi Emergency Preparedness Plan  
Mr. Allone Ganizani, Environmental Health, Malawi

**PUBLIC HEALTH EMERGENCIES PREPAREDNESS PLAN**

**PRESENTATION OUTLINE**

- B/ground to Malawi’s experience to emergency preparedness and response
- Response systems to emergencies
- Recent public health emergencies in Malawi
- Factors considered in preparedness planning process
- The 2017/18 H/Cluster Contingency Plan
- Challenges

**Cont.**

- Much as some of the public health emergencies have been impacts of natural disasters like floods and earth quakes, preparedness and response had predominantly and conspicuously been for the health sector to address health problems...
- Perhaps it was after national emergencies such as the Phalaborwa floods disaster in the early 1990s that the nation saw establishment and operations of the Department of Disasters at the national level

**SYSTMS IN THE HEALTH SECTOR**

- The IDR Strategy, introduced in 2003, captured disease outbreak management structures called epidemic management committees (EMCs) and technical committees called rapid response teams (RRTs) at the national, district and community levels
- Emergency preparedness plans have since been produced through these structures; activities in the plans have had a bias towards disease outbreaks control

**Recent Public Health Emergencies in Malawi**

- There has been dominance by natural disasters with related health impacts; questions on climate change issues for this trend
- The trend has also seen widening range of preparedness and response plan activities from disease outbreak management bias to broader health services provision such as RH, RP, continued treatment of clients of chronic conditions among others

**FACTORS CONSIDERED IN PREPAREDNESS PLANNING PROCESS**

- This is probably the most challenging task for the Health Cluster
- For quite some number of years, the practice in coming up with preparedness plans has taken some of the following factors:
  - Trends of diseases prone to epidemics
  - Known/established attack rates of some diseases
  - Health impacts of identified hazards likely to occur in a given disaster prone season

**Challenges**

- Quite a range of challenges are encountered in the course of preparing the plans and more conspicuously during implementation; some of them are as follows:
  - Limited finances and related resources
  - Tendency by some partners of supporting response and recovery activities than preparedness activities
  - Weak coordination especially during response to disasters and health impacts

**Response Systems to Emergencies**

- Government established the Department of Disaster Management Affairs (DDMA) at the national level
- Coordination structures called “clusters” established as well at the national level, replicating such at district level is being strengthened for various sectors concerned
- Recruitment and deployment of disaster management officers starting with disaster prone districts only
- Facilitating formation and capacity building of civil protection committees (CPCs) at both district and community levels...

**THE 2017/18 H/CLUSTER CONTINGENCY PLAN**

- This plan will be referred to because the 2018/19 contingency plan is not yet prepared

**Cont.**

- Number of people likely to be affected by the identified hazards
- Groups of people and health services required when disasters have separated such people (internally displaced) from areas where health services are provided

**Cont.**

- Delays to release resources in order to timely respond to disasters and concomitant health impacts
- Limited flexibility, if any, by many partners, to redirect resources to disaster response activities in their impact districts and areas

**Cont.**

- thanks/merci/zikomo/yewo
Strengths of our current situation

- Cluster systems and communication – sector plans
- Peaceful situation in the country (stability)
- Communication technology
- National leadership
- Ministerial/government buy-in and ownership
- Wide spectrum of partners
- Experience dealing with cholera
- Leadership at multiple levels – including local leadership and action
  - Role that surveillance at multiple levels play in terms of strengthening the response
- Experts
- Openness and willingness
- Progressive policy – may have taken time, but there has been an effort to get to those policies.

Challenges of our current situation

- Emergency response – bureaucracy to mobilize resources
- Dissemination of information to all levels
- Warning system
- Availability of resources specifically for preparedness – (resources immediately available)
- Good plans – but actioning them is a problem
  - To be ready for the inevitable – we keep resources for “actual” disasters
- Concrete solutions
- Cholera response maybe great – but beyond cholera preparedness?
- Operational issues such as transport – for example access and logistics
- Partner interests sometimes only in terms of response
<table>
<thead>
<tr>
<th>Session 1</th>
<th>Effectiveness of Existing Public Health Preparedness Frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13:00 - 13:30</strong></td>
<td>Presentation on existing framework, operation and opportunities for civilian-military cooperation in Malawi, Malawi Defense Force representative.</td>
</tr>
</tbody>
</table>

---

**INTRODUCTION**

While the world has many wars taking place and causing unbridled sense suffering, natural disasters and other man-made disasters or less than the full.

Health emergencies will always occur anywhere in the world and an unassailable peaceful country of Malawi.

Comprehensive approaches, pragmatic policies and the implementation mechanisms, as well as effective communication implementation and co-operation, are thus prerequisites in dealing with health emergencies.

On 14th Jan 2015, the MOD responded to the declaration of first National Disaster by deploying an, watercraft and land assets as well as personnel.

---

**MDF MANDATE**

* Primary role: providing emergency and support to civil authorities.
* The MDF participates in disaster and emergencies since it includes:
  - The Constitution of the Republic of Malawi (Section 136)
  - The Malawi Defense Force Act (Section 1)
  - The Disaster Preparedness and Relief Act of Malawi.

---

**MDF RESOURCES**

- Personnel (including medical personnel)
- Transport
- Equipment/Logistics
- Engineering equipment
- Medical supplies
- Medical equipment
- Communication

---

**MDF CAPABILITIES**

- Medical supplies
- Field medical services
- Air medical services
- Ambulance services
- Communication services

---

**CONVERSIONS OF IMPLEMENTATION DUE TO LACK OF RESOURCES AND TEAMWORK**

1. Lack of funding
2. Problems in maintenance or acquisition of equipment
3. Lack of appropriate timeframes and critical success factors for each phase
4. Lack of team work especially during relief operations & working insufficiently to focus on public health.
The future we want: 2032

- Disease no longer linked to advent of disaster
- Early warning system (effective)
- Will have adequate resources (stand-by)
- Malawi becomes the benchmark
- Effective utilization of resources
- Prevention not cure
- Its going to be boring – can commit resources to other areas (stability)
- Established networks
- Be able to deal and be prepared for new challenges like climate change (government has capability)
- More resilient communities
  - Communities draw on different knowledge systems
  - Formal and informal support systems
  - Decreasing the threat
  - Have knowledge and capacity
  - Agency promoted to take part and affect change

What can we not do without?
- Prevention and surveillance
- Plans must be put into action
- Practical realistic plans......
- We need to test these plans – maybe through scenarios???

Civil military cooperation:
- Military and community – coexisting – drills re what is happening
- MOUs that include both military and civilian

<table>
<thead>
<tr>
<th>Session 2</th>
<th>Learning from the Past, Planning for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 - 15:30</td>
<td>Perspectives on CDC operations in Africa.</td>
</tr>
<tr>
<td></td>
<td>Ms. Jennifer Brooks, US Centers for Disease Control, Office of Public Health Preparedness and Response, Division of Emergency Operations</td>
</tr>
</tbody>
</table>

**CDC’s Global Emergency Management Capacity Development Program**
- Ms. Jennifer Brooks, MPH
- Presentations on the program's objectives and achievements.

**Global Emergency Management at CDC**
- Vision:
  - To provide a flexible, scalable and effective emergency management system.
- Mission:
  - To develop and implement emergency management systems globally.

**Why is CDC providing Technical Assistance in Public Health Emergency Management**?
- Building capacity for HR implementation
- Stimulated the creation of GEMCDI
- Global Health Agenda

**Overarching Approach to Emergency Management**
- CDC’s mission to enhance global health security.
- Strategies for improving emergency management capacity.

**What We Do**
- We promote a global, integrated program to improve emergency management-related public health practices.

**How We Do It**
- Integration of emergency management and public health practices.

**In-Country Technical Assistance**
- Support for emergency management development and implementation.

**Where We Work**
- Map showing countries where CDC operates.

**Translating Learning into Action**
- Case studies of successful implementation of emergency management systems.

**Top Priorities for the Future**
- Developing a comprehensive and sustained emergency management system.
- Improving coordination and communication.
- Enhancing partnerships with local and international organizations.
- Sensing and signaling rapid response.

**Discussion & Questions**
15:30 – 16:00 Local examples and priorities; Lilongwe Water Board, a brief history, current status and plans for the future. Invited speaker
Planning for Investment

- In the view of the outlined challenges, Lilongwe Water Board conceptualized the following Programmes:
  1. Lilongwe Water Efficiency Programme (Short-term).
  2. Lilongwe Water and Sanitation Programme (Short to medium term).
  3. Lake Malawi Water Source Programme (Medium to long-term).

Planning for Investments

- The Salima-Joza Water Supply Project (USD140 million):
  - 100 MILLION to serve up to 2025 and beyond.
  - IFC Contract: 29th December 2016 (13% & US$17M).
  - Progress:
    - AIP has been finalised as an important tool to secure loan agreement.
    - No financing feasible to Government has been found to conclude the funding to kick-start the Project.
    - All activities are on hold.

Planning for Investments

- Kamara Dam 1 wall to raise the dam volume to cater for 2021 demand.
- Treatment Plant 1 will be constructed under PPP arrangement through assistance of the IFC or China Exim Bank.

PREPAREDNESS FOR EMERGENCIES

- Interventions during Urban Health and Cholera incidences or threat:
  - Supply of free safe drinking water using water bowser or Mobile Treatment Plant.
  - Provision of chlorine for use in affected areas.
  - Donations of various relief items.
  - Civic education and awareness on water quality issues.
  - Frequent Water Quality monitoring/testing.

16:00 – 16:30 WASH Cluster Malawi Invited speaker
Emergency and post-emergency WASH activities:

- Water quality management - 400,000 households participated.
- Promotion of safe water - water handwashing, chlorination of households, water points, rehabilitation of toilets, boiling of water.
- Sanitation promotion and establishment on ciphers.
- Promotion of community sanitation (CPS)
- Implantation of water meters in schools, handwashing facilities, latrines for institutions, etc.
- WASH clusters (CMTs, WASH, etc.)
- Case Study - Clusters at regional, district, and health networks.

WASH Cluster Coordination:

- WASH Cluster is led by UNICEF. Co-chair is UNFPA.
- Euth was established at the start of the peak, more than 90% coverage.
- Support to sanitation and water distribution is provided to affected districts.
- Dissemination of information (promotion, response, etc.)
- Distribution of hygiene kits and supplies.
- Participates in joint WASH and health meetings on cholera.

3W model: UN Agencies and NGOs participating (most affected districts):


Benefits of emergency response WASH services:

- Affected communities
- Communities at risk
- Schools
- Cholera Treatment Centres (CTCs)

Challenges/gaps:

- Inadequate provision of water and sanitation.
- Poor sanitation due to lack of access to clean water.
- Inadequate provision of essential supplies.
- Inadequate provision of essential supplies.
- Inadequate provision of essential supplies.

Way-forward/recommendations:

- Increase in budget for cholera response and emergency services.
- Strengthening of communication between local authorities and communities.
- WASH Cluster to continue to lead the response to cholera.
- WASH Cluster to scale up prevention and response in affected communities.
- WASH Cluster to provide training and support to local authorities and communities.
Zikomo kwambiri, thank you so much.

Questions?
16:30 - 17:00 Facilitated discussion on lessons learnt

Moderator: Dr. Marius Claassen, CSIR, South Africa

Possible future scenarios, based on participants inputs on day 1

![Diagram showing military-civil cooperation with four quadrants: Sustained prosperity, Endless investment, Local struggles, and Disastrous spiral]
Session 3  |  Water-borne diseases
--- | ---
08:30 – 8:50  | Water-borne diseases: Regional perspectives

**Mr. Wouter le Roux and Ms. L Schaefer, CSIR, South Africa**
8:50 – 9:10  Local perspective: Malawi perspective  Mr. Edward Chado, Epidemiology, Malawi

OVERVIEW OF DIARRHOEA IN MALAWI

Common Diarrhoea
- Dysentery
- Cholera
- Typhoid
- Schistosomiasis

Diagnosis and confirmation
Radical Innovations (proposed by participants)

- Free vaccines
- Enforce policies – re zoning in terms of toilets – maybe by-laws
- Provide safe water
- Latrinasation at village or traditional authority level
- Effective public innovation

“I wish ...” (as above)

- During outbreaks water is accessible and free – not only where piped water is available
- Eliminate sources of pollution
- Water kiosks be free
- Decouple power and politics from water and water provision not only internal to countries but also between countries
- Stakeholders should plan and resource according to known peak seasons
- Community be at the center of the process – everything else should serve that
- Communities have awareness and act accordingly
- Washing hands
- Water of good quality of sufficient quality
- We acknowledge that prevention is better than cure
- Target beneficiaries are part of discussions – engage them (also at their places) and taking ownership of their own safety – behavior change in a culturally sensitive manner. And bring this knowledge into the preparedness plans.
11:30 – 12:00  Culture, values and disciplinary perspectives as drivers of behavior  Ms. Karen Nortje, CSIR, South Africa
**13:00 – 15:00** Facilitated discussion on lessons learnt 

**Moderator:** Dr. Marius Claassen, CSIR, South Africa

**Group work:** “Unpack one innovation, i.e. components required

**Group 4:**

**Community awareness**

- Sanitation and hygiene
- Safe water use
- NB diseases
- Water treatment and treatment techniques
- Food safety and hygiene
- Channels available for support
How –

- Interface meetings with community
- Schools – using different kinds of media
- Extension workers
- Use of local and religious leaders
- Involvement of the military

Group 3:

Free Vaccines:

- Looking at malaria and cholera
- Logistics
- Tax on luxury items (tobacco and alcohol) to generate money for this
- Build a factory to produce the vaccines

Group 2:

Reinforcing policy and public education

- Water board need to set some minimum standards so it becomes a standard for all especially at water kiosks
- Look into allegations of bribery – for example in private homes
- Bylaws such as fishing boats and minimum standards for the fishing boats – people defecate in the water

Public education

- Use of different kinds of media
- Village education using the community
- Churches, and community radios
- Use the community structures as channels of information transfer.

Group 1:

Hand washing practices

- Baseline to understand what is happening and why
- Sustained behavioural change and communication
- Traditional and modern channels
- Opinion leaders, and other sectors
- Plus all kinds of media
- Provision of supplies for handwashing – locally available and easy to make. In future may be made through locally made
- Complete engagement of community – involved from inception to monitoring

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Country</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Derrick</td>
<td>AFRICOM</td>
<td>Germany</td>
<td><a href="mailto:David.a.derrick.mil@mail.mil">David.a.derrick.mil@mail.mil</a></td>
<td>+49-152-2446-0390</td>
</tr>
<tr>
<td>Eric Marble</td>
<td>CDC</td>
<td>USA</td>
<td><a href="mailto:emarble@cdc.gov">emarble@cdc.gov</a></td>
<td>+1-404-639-2597</td>
</tr>
<tr>
<td>Jennifer Brooks</td>
<td>CDC</td>
<td>USA</td>
<td><a href="mailto:jcbrooks@cdc.gov">jcbrooks@cdc.gov</a></td>
<td>+1-404-639-3186</td>
</tr>
<tr>
<td>Kiran Bhurtyal</td>
<td>CDC</td>
<td>USA</td>
<td><a href="mailto:Kxz6@cdc.gov">Kxz6@cdc.gov</a></td>
<td>0888991033</td>
</tr>
<tr>
<td>Mwereh Kanjo</td>
<td>CHSU</td>
<td>Malawi</td>
<td><a href="mailto:Mwerehk@gmail.com">Mwerehk@gmail.com</a></td>
<td>0999875500</td>
</tr>
<tr>
<td>Karen Nortje</td>
<td>CSIR</td>
<td>South Africa</td>
<td><a href="mailto:knortje@csir.co.za">knortje@csir.co.za</a></td>
<td>+27128414354</td>
</tr>
<tr>
<td>Marius Claassen</td>
<td>CSIR</td>
<td>South Africa</td>
<td>mclaassemalawi.co.za</td>
<td>+27128412385</td>
</tr>
<tr>
<td>Wouter le Roux</td>
<td>CSIR</td>
<td>South Africa</td>
<td><a href="mailto:wleroux@csir.co.za">wleroux@csir.co.za</a></td>
<td>+27128412189</td>
</tr>
<tr>
<td>P. Chilhngamo (?)</td>
<td>CYDT</td>
<td>Malawi</td>
<td><a href="mailto:Chilhngamo@gmail.com">Chilhngamo@gmail.com</a></td>
<td>0888951112</td>
</tr>
<tr>
<td>Madalitso Henry Mwale</td>
<td>DODMA</td>
<td>Malawi</td>
<td><a href="mailto:Madalitso.80mwale@gmail.com">Madalitso.80mwale@gmail.com</a></td>
<td>0993879036</td>
</tr>
<tr>
<td>Lakhdar Boukerrou</td>
<td>FIU</td>
<td>USA</td>
<td><a href="mailto:Lboukerr@fiu.edu">Lboukerr@fiu.edu</a></td>
<td>+1-305-348-3996</td>
</tr>
<tr>
<td>Gustaff Chikasema</td>
<td>LWB</td>
<td>Malawi</td>
<td><a href="mailto:gchikasema@lwb.mw">gchikasema@lwb.mw</a></td>
<td>+26588453720</td>
</tr>
<tr>
<td>Nelson Ngoma</td>
<td>LWB</td>
<td>Malawi</td>
<td><a href="mailto:nnngoma@lwb.mw">nnngoma@lwb.mw</a></td>
<td>+265881273763</td>
</tr>
<tr>
<td>Moses Mwenye</td>
<td>LWB</td>
<td>Malawi</td>
<td>mmweneylwb.mw</td>
<td>026588291122</td>
</tr>
<tr>
<td>Major Hartone L Phiri</td>
<td>MDF</td>
<td>Malawi</td>
<td><a href="mailto:hiphiri01@yahoo.com">hiphiri01@yahoo.com</a></td>
<td>0994022264</td>
</tr>
<tr>
<td>Captain Rodwell T Ngulube</td>
<td>MDF</td>
<td>Malawi</td>
<td><a href="mailto:rngulube4@gmail.com">rngulube4@gmail.com</a></td>
<td>0999487396</td>
</tr>
<tr>
<td>Major Lutufyo Kayange</td>
<td>MDF</td>
<td>Malawi</td>
<td><a href="mailto:lutufykayange@yahoo.com">lutufykayange@yahoo.com</a></td>
<td>0999448987</td>
</tr>
<tr>
<td>Lt Colonel FF Tembo</td>
<td>MDF</td>
<td>Malawi</td>
<td><a href="mailto:ffftembo@yahoo.com">ffftembo@yahoo.com</a></td>
<td>0881658387</td>
</tr>
<tr>
<td>Colonel PL Mijoni</td>
<td>MDF</td>
<td>Malawi</td>
<td><a href="mailto:Patrickmijoni@yahoo.co.uk">Patrickmijoni@yahoo.co.uk</a></td>
<td>0885908860</td>
</tr>
<tr>
<td>Emma Mbalane</td>
<td>MoA...</td>
<td>Malawi</td>
<td><a href="mailto:emmanuelbalane@gmail.com">emmanuelbalane@gmail.com</a></td>
<td>0999875831</td>
</tr>
<tr>
<td>Thanasius Sithole</td>
<td>MoAIWD</td>
<td>Malawi</td>
<td><a href="mailto:tsitole@gmail.com">tsitole@gmail.com</a></td>
<td>+265999275963</td>
</tr>
<tr>
<td>Edward K Chado</td>
<td>MoH</td>
<td>Malawi</td>
<td><a href="mailto:edchado@hotmail.co.uk">edchado@hotmail.co.uk</a></td>
<td>0999586324</td>
</tr>
<tr>
<td>Caseyby Banda</td>
<td>MoH</td>
<td>Malawi</td>
<td><a href="mailto:casibanda@yahoo.com">casibanda@yahoo.com</a></td>
<td>0881743511</td>
</tr>
<tr>
<td>Lazarus Juziwelo</td>
<td>MoH</td>
<td>Malawi</td>
<td><a href="mailto:juziwelolazarus@gmail.com">juziwelolazarus@gmail.com</a></td>
<td>0999936957</td>
</tr>
<tr>
<td>Allone Ganizani</td>
<td>MoH</td>
<td>Malawi</td>
<td><a href="mailto:amganizani@gmail.com">amganizani@gmail.com</a></td>
<td>0999268537</td>
</tr>
<tr>
<td>Holystone Kafanikhole</td>
<td>MoH-EH</td>
<td>Malawi</td>
<td><a href="mailto:Hkafanikhole70@gmail.com">Hkafanikhole70@gmail.com</a></td>
<td>0999851089</td>
</tr>
<tr>
<td>Irene Magongwa</td>
<td>MSH</td>
<td>Malawi</td>
<td><a href="mailto:imagongwa-temporary@onsehealth.org">imagongwa-temporary@onsehealth.org</a></td>
<td>0999360251</td>
</tr>
<tr>
<td>Erik Schouten</td>
<td>MSH</td>
<td>Malawi</td>
<td><a href="mailto:escouten@mshe.org">escouten@mshe.org</a></td>
<td>0992951468</td>
</tr>
<tr>
<td>Mtisunge Yelewa</td>
<td>PHIM</td>
<td>Malawi</td>
<td><a href="mailto:muttie2009@yahoo.com">muttie2009@yahoo.com</a></td>
<td>0995436220</td>
</tr>
<tr>
<td>Evelyn Chitsa Banda</td>
<td>PHIM/MOH</td>
<td>Malawi</td>
<td><a href="mailto:chitsabandaeva@yahoo.com">chitsabandaeva@yahoo.com</a></td>
<td>0999936937</td>
</tr>
<tr>
<td>Wiseman Chimwaza</td>
<td>PHIM/MOH</td>
<td>Malawi</td>
<td><a href="mailto:chimwazaiseman@gmail.com">chimwazaiseman@gmail.com</a></td>
<td>0888353592</td>
</tr>
<tr>
<td>Tewodros Malede</td>
<td>UNHCR</td>
<td>Malawi</td>
<td><a href="mailto:wubayehu@unhcr.org">wubayehu@unhcr.org</a></td>
<td>0993165419</td>
</tr>
<tr>
<td>Susan Grace Nsangi</td>
<td>UNICEF</td>
<td>Malawi</td>
<td>snsanginicef.org</td>
<td>0993877344</td>
</tr>
<tr>
<td>Mesfin Senbete</td>
<td>UNICEF</td>
<td>Malawi</td>
<td><a href="mailto:msenbete@unicef.org">msenbete@unicef.org</a></td>
<td>0993749227</td>
</tr>
<tr>
<td>Kathryn McNatt</td>
<td>US Embassy</td>
<td>Malawi</td>
<td><a href="mailto:mcnattke@state.gov">mcnattke@state.gov</a></td>
<td>026588565544</td>
</tr>
<tr>
<td>Major Paul Corbitt</td>
<td>US Embassy</td>
<td>USA</td>
<td><a href="mailto:corbitt@state.gov">corbitt@state.gov</a></td>
<td>0888967468</td>
</tr>
<tr>
<td>Ken Kaempffe</td>
<td>US Gov</td>
<td>USA</td>
<td><a href="mailto:ken.kempffe@navy.mil">ken.kempffe@navy.mil</a></td>
<td>+1-805-982-4893</td>
</tr>
<tr>
<td>Reuben Ligowe</td>
<td>USAID</td>
<td>Malawi</td>
<td><a href="mailto:riligowe@usaid.gov">riligowe@usaid.gov</a></td>
<td>0884245874</td>
</tr>
<tr>
<td>Kehas Msyamboza</td>
<td>WHO</td>
<td>Malawi</td>
<td><a href="mailto:msyamboza@who.int">msyamboza@who.int</a></td>
<td>0999258391</td>
</tr>
<tr>
<td>Humphreys Masuku</td>
<td>WHO</td>
<td>Malawi</td>
<td><a href="mailto:masukuh@who.int">masukuh@who.int</a></td>
<td>0999942245</td>
</tr>
</tbody>
</table>