

NHS Scotland Global Citizenship Conference 2019

“Developing Sustainable Health Partnerships”

1 November 2019

Murrayfield Stadium, Edinburgh

Safeguarding - Malawi Cervical Cancer Treatment And Prevention Health Partnership And The Alliance Safeguarding Tools

Workshop outline

This session will look at the importance of formulating clear safeguarding policies and embedding them in individual and organisational health partnership work.

The Scotland International Development Alliance provide guidance on how to clearly formulate safeguarding policies and effectively implement them. A specific example will be drawn from the Malawi Cervical Cancer Screening Screen and Treat and Mentorship health project (MALSCOT).

Introduction & Discussion on What Safeguarding Is

- Went around room and everyone introduced themselves and their interests
- Discussion on definition of Safeguarding (definition on slides)
- Safeguarding term has been used in the humanitarian sector for some while but has become more mainstream in the development and aid sectors recently
- All new projects funded by the Scottish Government since 2016 must have a Safeguarding policy
- Scotland's International Development Alliance provided guidance in December 2018 including a Process Template

Discussion On Cervical Cancer Screening In Malawi

- Limited access to screening and treatment, HIV infection, low HPV awareness, and only recent introduction of HPV immunisation contribute to Malawi having one of the world's highest cervical screening rates
- Visual Inspection with Acetic Acid (VIA) involves putting 5% acetic acid on the cervix, precancerous or cancerous lesions turn white
- Thermal ablation can be used to provide same-day treatment of precancerous lesions if meet certain treatment criteria (lesion size, probe can reach lesion completely)
- Women living with HIV (WLHIV) are at 10X higher cervical cancer risk

Discussion On MALSCOT

- MALSCOT is working with CHAM hospitals, District Health Offices and an NGO called Partners In Hope
- MALSCOT works in tandem with Malawi Government Ministry of Health
- MALSCOT project focuses on rural health facilities, also plans to work in prisons and mental hospitals

Discussion on Safeguarding In Malawi

- The term Safeguarding doesn't translate directly into Chichewa, rather a synonym ('Kudziteteza') has been identified by Malawian colleagues
- Safeguarding is particularly relevant to cervical screening since intimate examination is involved, often with male nurses
- Safeguarding is also important in the care of persons living with HIV
- Although as of February 2019, Malawi had no official Safeguarding policies, there are a number of legal frameworks covering many aspects of citizen and patient protection

Discussion on Safeguarding and MALSCOT

- Working with stakeholders including the Ministry of Health, NGOs and civil society organisations, MALSCOT has developed a Safeguarding policy for cervical screening
- Something might seem obvious but if it is not written down, it might not happen in some settings
- There are difficulties in introducing some MALSCOT behaviour protocols e.g. ensuring a chaperone for male nurses isn't always straightforward
- The plan is for the MALSCOT Safeguarding documents to have been through robust enough processes for them to be used country-wide

General Discussion About Screening Programme In Malawi

- Efforts are being made to ensure screening is accessible and inclusive e.g. to women with disabilities, or persons with albinism – discussing mainstreaming, or providing dedicated clinics
- Question about HPV vaccination programme in Malawi – national programme initiated in January 2019 in schools – will shift screening in years to come
- Women who are identified during screening with a frank cancer are most often referred to palliative care
- There are reasonably strong palliative care services in Malawi due to experience with HIV
- Question if resistance amongst health workers in Malawi about increasing the screening service – answer: no resistance amongst staff, everyone very keen to improve service since cervical cancer has such high burden

Examples of training scenarios

- Scenario 1: issue of confidentiality, next steps to alert offender and to consider a training session to reinforce the importance of confidentiality
- Talk about attitudes and perceptions of having cancer in a LMIC
- Scenario 2; importance of professionalism, poor service can impact subsequent likelihood of a client access services
- Scenario 3: issue of respect for providers, ensuring community outreach so that people know about screening
- Audience discussion on Safeguarding experiences: accounts of robust mechanisms for safeguarding in the NHS, point made about people in some LMICs not knowing what their rights are or having an ability to make a complaint; Important to support those going through a Safeguarding procedure