



Joseph Chilewani

Child Legacy International | Msungwe

60

Lifetime Treated

1

LTM Treated

50

NTM Projection

Like many of his colleagues, Joseph took an interest in fistula treatment when he realized there was a gap to fill. He was first motivated in 2006 when some American doctors came to Malawi for a short stint to treat fistula patients. “When the visiting doctors left, we might have up to 30 un-operated fistula patients waiting, with only one doctor who possessed the skills to attend to them,” he said. “So I decided to learn how to do it.”

He laments the “brain drain” phenomenon plaguing Malawi and many neighboring countries. “There are plenty of doctors trained in Malawi, but they all leave because they don’t make enough here,” he noted.

Joseph is keenly aware that some of the regions that most desperately need attention from surgeons are those that are also the least accessible. He’s hoping he can do something about that, by collaborating with a friend working at a district hospital in the north. “Right now the closest place women in the north can go is Mzuzu, which doesn’t do fistula treatment. So they either send them very, very far away – which is prohibitively expensive – or they just send them home to die.” He is determined to go where there is the most need.

He only speaks of his successes when prompted, but he quickly called to mind a woman in her 60s who had lived with a fistula for 24 years. “She had 3

children, but 4 pregnancies – the last one caused the fistula. I don’t know how she ended up getting to our facility 30km away from her village, but it turned out to be a simple repair. She didn’t have a big lesion, and was dry after day 14,” he said. He underlined his point: “We need to find ways to work in these areas where women need treatment. It is unacceptable that she lived like that for so long unnecessarily.”

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His most urgent concern was that more community health workers be educated. Many caretakers at the primary levels – community health centers – haven’t heard of fistula. “Clinicians and nurses should be aware of these conditions so that when they encounter them they know what to do,” he stressed. “If the lesion is very tiny, she can be healed with just a catheter. If more people at the health centers knew this, it could be treated much more easily. They also need to be better trained to spot when a woman needs to be transferred for a difficult labor.”