

PROFILE INTERVIEW



Its not for the faint-hearted, the training and practice requires open-minded people to approach health systems from different perspectives.....Dr Martha Makwero talks to Thengo Kavinya on her career

• Background; Academic journey

Whilst in high school, I knew I had a passion for a medical career. However, my career adviser, who was also happened to be my teacher, thought that I could not qualify for any medical career. He said I should opt for education. I proceeded to enroll for a Bachelor of Science in Education in regard that I still liked sciences..

Still with the same passion I applied for medicine after two years, and against all odds, I was picked and graduated in 2000. After my internship, I was posted to Chiradzulu DHO as a district Health officer. Whilst there is when I noticed some clinical as well as leadership gaps in my daily work as a DHO and clinician.

I decided to study a specialty that allowed me to take care of district health needs holistically. I did not know what that specialty would be; later on I discovered that this was what they call Family Medicine. With the help of a colleague who had been there earlier, I registered for Family Medicine with the University of Free State in South Africa in 2007. I was sponsored by the Adventist church and placed in a rural hospital in Lesotho called Maluti Adventist Hospital, where I practiced holistic medicine and acquired a wide range of clinical and other competencies.

I enjoyed working in this kind of non-specialized rural setting where healthcare delivery was a challenge, and saving lives in this kind of environment was an honor. Additionally, after acquiring my MMed in Family Medicine in 2000, I acquired a postgraduate diploma in Obstetrics and Gynaecology from the Colleges of Medicine of South Africa(CMSA) in 2011. I then had to return home to practice at Bantyre Adventist Hospital.

I can define my practice as both General practice and obstetrics & Gynae because it includes operative care. We had to set up Family Medicine in Malawi as a program at KUHES(formerly COM) I left BAH in 2013 and joined my colleague in the development of this academic program. I was hired as a family Medicine Specialist at P4 within MOH and engaged as a clinical lecturer at COM.

We have since then worked hard to create and lead a team that has created Family Medicine from undergraduate to postgraduate, including Palliative care and entrepreneurship. From 2011 the team has championed the MBBS FM six-week clerkship at the 4th year. It has produced 8 Family Medicine specialists (with 16 currently in training), several PhDs, and BSc Palliative care since 2017.

My involvement with KUHES incited the academic side of Medicine, which is to keep learning to improve myself and what I teach my students. I enrolled in a PHD program with the University of Witwatersrand in 2019 and finished in 2024 with a PhD in Public Health.

I still do research to generate new knowledge and evidence. I have over 20 publications. My next quest is to do implementation Science in order to circle back to where I started, and cherish the plight of the people I grew up with. My goal is to improve health systems functioning and find out why well-meaning health interventions work/do not work in certain settings. We have done advocacy in Family Medicine within the MOH, academic circles, both nationally and internationally.



o Any personal aspects that have helped to shape the person you are today

I am resilient person. My mother though minimally educated developed me to the kind of person I am today. She taught me to be fighter and I hardly give up. I work resources to make an impact, thorough making healthcare delivery cost-effective (value for public service). This is attributes is because I grew up with so little.

My father did not believe girls would excel in the life. Well, maybe he was right, but not with me. I therefore use the opportunity I have with girls to empower them into realizing their full potential because it is everything is

possible despite life's challenges.

o What led you to develop an interest in the field you are in now?

My dream to become a Medical Doctor emerged from the poverty background. I grew in the Slums of Ndirande with minimal access to healthcare. I knew I wanted to correct this. I knew I wanted to help sick people who were underserved. Additionally, there was a need for more advanced skills at the district hospital where I was working. I felt there was a gap in the skill set that was needed at this level.

• What does your work entail, and how would you describe it in the Malawi hospital setting?

My work involves everything. Am a versatile pluripotent cell- (all-rounder). Well, being a clinician, I sit down to see patients both in the ambulatory setting and inpatient, including surgery with diverse patient profiles. I currently work at QECH however, my work spans across all tiers of the healthcare system.

As an academic, I teach at both undergraduate and postgraduate levels. As a researcher, supervise master's students' research. Am also an advocate for Family Medicine at all levels. I strategically define its practice, its role in the health system, attract resources and aid in maintaining its standards both nationally and internationally. Oh, I forgot, I am an entrepreneur, I own a private clinic where I apply entrepreneur/business skills.

• **What are your areas of particular clinical interest?**

Women's health, Non-communicable Diseases, mental Health, health systems strengthening. Currently, I have had a chance to deal with a lot of occupational safety and health, which is an emerging area of interest

• **What do you see as the greatest need currently facing the Malawian health sector, and what do you think it's the way out?**

We still have poor indices at the Primary Health Care (PHC) level thus a need to strengthen health systems at the PHC level.

Whilst this may be long and complex, but bringing a skill set that is fit for purpose and deploying it to the districts where it matters is a very important step. This is where prevention and Health promotion is needed to make healthcare cost-effective through capacity building and delivery of most of the integrated care needs. This is the niche where Family Medicine thrives.

Training Family Medicine physicians requires resources, which we must lobby for. Current interests and efforts are to train super-specialties.

• **What's the most challenging/rewarding about what you do?**

The biggest challenge of what I do is time for juggling all that I have described about and do it well. There had been too few of us who sing the Family Medicine language since 2012. However, the story is changing. The biggest reward is producing a team of Family Medicine physicians who can sing this song with me. and see that its happening! Most importantly is to create impact in individuals /population and advance the MOH PHC agenda!

• **What advice would you give someone considering your career?**

It's fun, people think Family Medicine is fussy and difficult to define. Well, that is because that's the strength of the specialty. It's noble and unique defined by key its principles of person-centeredness that thrives in versatility, breadth, not depth, to meet the unique needs of our Healthcare system, improve its functioning for better patient and population outcomes in a particular setting.

Its scope can evolve to meet the unique needs of the particular healthcare system! However, some functions in the healthcare system, such as gatekeeping, first contact, improved referral, health prevention, and promotion, are universal. Its versatility and nobility in working with the underserved population make it a fulfilling career choice for me.

Its not for the faint-hearted, PHC is an assemblage of multiple clinical specialties (mini- specialists). The training and practice requires open-minded people to approach health systems from different perspectives, integrating both clinical and contextual knowledge (public health, health systems, ethical etc) in delivering sustainable integrated solutions to individual or population health problems. That's what our Healthcare systems need!

• **What else would you like people to know about what you do?**

Besides all this am a wife and a mother of two. I am a Christian and also try to participate in social corporate responsibilities

• **Outside the hospital, hobbies and things you are passionate about**

Listening to music on the sabbath, and currently, small-scale farming