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Malawi: Healing the Heart of Africa Through Self-Sufficient Medical Care

Nicknamed the “Warm Heart of Africa,” Malawi appears to be a beautiful tourist destination, but, in reality, 50.7% of the population lives below the poverty line and 25% live in extreme poverty (International Monetary Fund, 2017). In 2019, Malawi was the 4th poorest nation in the world (Ventura, 2019). Besides its poor economy, Malawi also suffers from a nutrient-deficient diet, constrained water resources, and various infectious diseases that exacerbate their ever-growing problem of food insecurity.

Of the 19.3 million people living in Malawi, 16% reside in urban communities while 84% live in rural areas because Malawi is a primarily agricultural country with over 90% of its population involved in agriculture (World Population Review, 2020). Although Malawi’s economy relies heavily on its agricultural imports, such as maize, cassava, rice, and sorghum, only about one-third of the land is cultivable, so its economy is in poor shape. In addition, there are approximately 4.5 million hectares of land, making it about the size of Pennsylvania. However, each family owns less than a hectare of land. To put this into perspective, the size would be comparable to two American football fields or four times the length of the 100-meter sprint (New Agriculturalist, 2012). With this minuscule section of land, families are expected to support every member of their family.

Furthermore, there are also factors that Malawian people can’t control, such as the weather. Bordered by Mozambique, Zambia, and Tanzania, Malawi is a sub-tropical country located in southeast Africa, so it has a warm-wet season from November to April in which the country receives 95% of its annual rainfall (World Climate Guide, 2020). Throughout the rest of the months, the nation goes through dry and windy seasons. If its crops fail, many people are left with nothing to eat but lily tubers and poisonous roots (Ripple Africa, 2020).

For the typical family in Africa, hours of strenuous labor isn’t the exception but the standard. In the average household, many families have to support 4.4 children; sadly, 48% of the population is under the age of 15, so many children have to provide for themselves or their families (Demographic and Health Survey, 2017). In order to support the household, most days in the field start at 5 a.m. and finish around 7 p.m. (Mogha, 2020).

However, the Malawians’ diet doesn’t always support their long days, resulting in nearly 4 in 10 children being stunted because of malnutrition (Demographic and Health Survey, 2017). Typical meals are generally composed of potatoes and maize; the latter constitutes two-thirds of the caloric intake for Malawians. Their diet also consists of fruit and pumpkins, but it lacks vegetables like leafy greens.

Sadly, many Malawians aren't able to have breakfast, eating just two meals a day that aren't dense enough in nutrients to satisfy their needs. The iron, vitamin A, and other essential nutrient intake levels are below requirements (Pauw, 2018).

Typically, Malawian families cook their food over a wood or charcoal fire in a separate building from their house; this smaller building has a hole in the roof that accommodates the smoke from cooking. (Mogha, 2020). The typical dwelling for the Malawian family has about one to three rooms, and the floor is made up of dirt or cow dung. Constructed of mud bricks with a grass-thatched roof, the houses are often in need of repair. The roofs frequently leak, attracting insects that spread diseases (Habitat for Humanity, 2020).

In addition, Malawian families have limited access to education, electricity, and clean water. Education is difficult to access because many students have to walk eighteen miles to the nearest school. 90% of students begin school, but only 10% are able to complete it, primarily due to many students having to drop out to support their families. Furthermore, only 12.7% of Malawian people have access to electricity. Additionally, 9.9 million people, or about half the population, don't have access to basic sanitation, such as safe water and toilets (Hands at Work, 2014).

Sadly, infectious diseases are the most prevalent problems facing the Malawian people. The spread of diseases is incessant because there is limited access to proper doctors and sufficient hospitals. HIV/AIDS, tuberculosis, and malaria are the leading causes of death, amounting to nearly half of the deaths in Malawi (RippleAfrica, 2012). With an estimated 1 million people living with HIV and 170,000 children suffering from the disease, it has become a crisis that affects a massive majority of the population, leaving 790,000 children without parents (UNAIDS, 2018). Globally, Malawi has the 5th highest rate of deaths from AIDS. In addition, tuberculosis also ravages the lives of many Malawians. For every 100,000 people in Malawi, 1,014 suffer from tuberculosis (USAID, 2018). Finally, malaria affects every citizen because the entire population lives in a region of high malaria transmission. In 2012, there were over 5 million reported cases; children under the age of 5 constituted 50% of that number (Mathanga, 2012).

Although the trend for the three diseases has improved in recent years, infectious diseases are still affecting the lives and well-being of almost every individual in Malawi. The cases of HIV and AIDS have decreased by about half over the recent years, but the numbers are still dangerously high (UNAIDS, 2019). In addition, deaths caused by tuberculosis have decreased by about 1.5%, but the transmission rates still remain high (USAID, 2016). In the past several years, the number of deaths associated with malaria have decreased by about 15%, but the number of cases has increased to 350,000 (Severe Malaria Observatory, 2018).

Caused by a lack of proper education over prevention techniques, sparse access to hospitals and physicians, and the absence of safe dwellings, Malawi has harbored deadly, infectious diseases for far too long. From the children who may never get the chance to lead a prosperous life to the parents who watch their children work in the fields because they are too sick to leave their beds, these infectious diseases have scarred the lives of many Malawians. Despite international relief efforts, the majority of

the population will continue to suffer from debilitating diseases unless the country is able to build a self-sufficient medical system.

Currently, one of Malawi's greatest assets is its beautiful landscape, making it a premier tourist destination. However, Malawi has done little to invest in tourism, but it can be the solution to their infectious diseases. Although it may seem counterintuitive to put money toward tourism when infectious diseases are rampant, the long term benefits would be able to outweigh any short term repercussions. There are several other solutions that Malawi can implement in order to eradicate diseases.

The efforts to build the Malawian medical system would involve a three-tier approach: building the tourism sector in order to generate more money to build hospitals, create a program that allows aspiring Malawian doctors to study in international countries until a medical school is constructed and staffed, and provide citizens with effective education about diseases and proper tools to repair homes through generating money by diversifying exports.

With only 26 district hospitals, Malawi is in desperate need of health care centers. Health centres, which are intended to serve 10,000 people, have to serve up to 237,000 in some urban areas of Malawi. In addition, Malawi has a lack of funding for primary care hospitals and their four tertiary hospitals, meaning that they don't have adequate medicine or supplies to assist ill individuals (Makwero, 2018).

With 835,000 international tourists visiting Malawi, there is room for Malawi to expand its tourism capabilities. Currently, only 22% of tourists are visiting for leisure, so the nation can capitalize on this number in order to solidify its name as a beautiful tourist destination (Association for the Promotion of Tourism to Africa, 2019). By redirecting funds to the tourism sector, Malawi would be able to build stunning hotels, designate more land for wildlife reserves, and accentuate their cultural heritage, maximizing on the reasons tourists come to Malawi.

In order to amass more money, Malawi also needs to promote tourism to their country by working with foreign nations to set up tourism programs. For instance, if Malawi worked with the United States, tourism guides from the United States could take groups of citizens to Malawi and lead the vacations, meaning that there would be less planning, less ticket and hotel booking, and less stress for foreign tourists coming to Malawi. Instead, the citizens from other countries would be presented with one bill that would pay for their entire trip, so it would encourage tourism to Malawi, especially if the foreign nations promote tourism. Using the money accumulated from increased tourism, Malawi would be able to build hospitals, buy supplies, and increase pay for medical professionals.

In addition to building new hospitals, Malawi has a desperate need to provide their community with more doctors. In Malawi, there are 2 physicians for every 100,000 people, meaning that there are less than 400 doctors to serve a population of 19.3 million (Central Intelligence Agency, 2020). In order to combat this severe shortage of doctors, a program can be created that would help aspiring Malawian doctors. Utilizing 15% of the money generated for tourism, Malawi could provide scholarships for doctors, sending them to international schools that would be able to provide them with extensive training. In

exchange for receiving this scholarship, the Malawian doctors would have to return to Malawi, and, in addition to serving as a doctor, they would have to work with high-ranking officials to build a medical curriculum that would be implemented into Malawi's medical school. Therefore, by providing this scholarship, Malawi would be able to provide a handful of doctors with a better life and prepare future generations for a complete and advanced medical school experience.

The final step to provide Malawi with a self-sufficient medical care system is to proactively solve problems before they even occur. As stated previously, many of the homes in Malawi leak, attracting insects. In order to combat this problem, there should be a program that provides Malawians with free tools for them to fix their homes. In addition, there should be effective education implemented in order to prevent the spread of infectious diseases.

In order to finance these programs, the money would need to come from a federal fund. Due to an export slowdown and limited diversification of products, Malawi has economically suffered the consequences of its growing trade deficit since 2005. To put this to an end, Malawi needs to focus on diversifying its exports. In 2013, Malawi had 3.6 times the number of imports as exports. Currently, tobacco constitutes 48% of all exports, but textiles and wood products are declining (Spies, 2018).

In order to improve the economy, Malawi is going to have to provide more jobs for textile makers and wood craftsmen by setting up programs with the Malawian people in order to export their products, giving money back to the Malawian people and using the other money to provide them with free education about the prevention of diseases and providing them with free tools to fix their houses.

With the majority of its citizens suffering from infectious diseases, Malawi desperately needs to build a self-sufficient medical system in which they can support their citizens. Through solving the problem of infectious diseases, it will be able to affect other areas of the Malawians' lives, such as their food insecurity. By promoting tourism to build hospitals, providing aspiring Malawian doctors with jobs by working with international nations, and giving Malawians effective education and safe homes, Malawi can eradicate food insecurity by healing the "Warm Heart of Africa."

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