Cross-Party Group on Malawi

Wednesday, 29 May 2024

Minutes

Present

MSPs

Alasdair Allan MSP Sarah Boyack MSP Liam McArthur MSP

Invited guests

IN-PERSON:

Prof. Liz Grant, University of Edinburgh Prof. Edward Duncan, University of Stirling Dr Jen Dickie, University of Stirling

ONLINE:

Lusizi Kambalame, Malawi University of Business and Applied Sciences (MUBAS)

Non-MSP Group Members

Jeremy Bagg Enock Bamusi Cecily Borgstein Chimwemwe Chisembe Rebecca Foster Louise Honeybul Dr Barry Klaassen Rachel Phillips Colin Reilly

Stuart Brown, SMP Natasha Maluza, SMP Dorothea Nelson, SMP Chad Morse, SMP

ONLINE

Blanka Bartkowiak, Mamie Martin Fund Gertrude Chirambo Heather Cubie, Chair of Board SMP Linda Dembo, MaSP Moira Dunworth, Mamie Martin Fund Roselyn Dzanja Sarah Gibson Frances Guy, SIDA Eve Hartswood Dr Charles Leyman Kachitsa Karen Kumakanga Mick McMillan Ian Mitchell, SMP Elizabeth Mnenula Namaona **Skhue Ncube** Magdalene Sacranie Stephanie Sharkey Peter West, Honorary Consul for Malawi Pam Wilson Prof. Jain Woodhouse

Apologies

Katy Clark MSP Alexander Stewart MSP Kevin Stewart MSP Brian Kerr, Soko Fund Ross Macnab Robert Aldridge, The Rt Hon Lord Provost of the City of Edinburgh

Welcome, apologies and minutes of last meeting

Liam McArthur MSP welcomed attendees, recognised MSPs in attendance and noted apologies where these had been given. The minutes of the previous CPG were proposed by Sarah Boyack MSP and seconded by Alasdair Allan MSP.

The Global Health Context

Prof Liz Grant set the scene with an overview of Global Health and the major global challenges that the world was facing. Road Traffic injuries were the eighth-leading cause of death worldwide and 93% of deaths occurred in low-income and middle-income countries. The International commitments on road safety had a target for a

50% reduction of Road traffic injuries by 2030 but a clear mismatch continued to exist between the global dialogue on road traffic injuries and action in tackling them. Road traffic injuries depended on many risk factors and some consistently increased the risk of road injuries and deaths worldwide. Addressing the risks could avert up to 40% of deaths occurring every year.

Chitetezo Project – an Overview

Chitetezo was a multifaceted, arts-mediated, rights-based advocacy intervention designed to decrease the frequency of road traffic collisions.

It was founded on evidence from three previously unconnected areas: rights-based youth work, road safety education, and intergenerational approaches to co-producing local development. There were good theoretical grounds for taking an intergenerational approach to learning and education in the co-production of community-based solutions. The research sought to draw on young people's own expertise to co-produce solutions to road safety.

Prof. Edward Duncan gave an overview of the project and reported on the pilot project which ran from 2018-2019 together with Jacaranda School for Orphans and some of the immediate changes that were implemented as a result of it.

Working with Young People in Schools

Lusizi Kambalame was a Lecturer in Communication at Malawi University of Business and Applied Sciences in Blantyre, Malawi. Her recent community engagement assignment was the SafeRoads Africa Project – a multidisciplinary project aimed at creating local solutions for preventing road traffic collisions in Malawi. Most of her work had been focused on working with communities to create local and contextual solutions to existing development problems. With a big emphasis on training youth peer facilitators to lead and assist the road safety champions with Chitetezo intervention activities. These could be face to face interviews, focus groups, community mapping exercises as well as walking interviews and incident reporting boards. Through art and interactive learning young people developed art-based murals that depicted road challenges and possible solutions. Using these murals the young people would then hold an intergenerational dialogue event with community, government and civic society leaders. A toolkit that could be shared with other schools and stakeholders was also being produced.

Analysis of road traffic collision data in Blantyre, Malawi

Dr Jennifer Dickie was an environmental geographer who specialised in using mixedmethod approaches to bridge the disciplinary boundaries between the natural and social sciences. She was particularly interested in socio-spatial approaches to understanding how people interacted with different environments.

Working together with DRTSS (Directorate of Road Traffic & Safety Services) who provided the road traffic collision dataset (records of accidents & associated information) Dr Dickie and her team used Open Source Software to map road traffic

accidents. The process followed three steps, geocoding, visualisation and analysis. Dr Dickie showed some of the maps that had been produced, explaining how the map illustrating hot/cold spots could help with identifying patterns to help with prevention of further accidents.

In presenting the maps back to the DRTSS there was an opportunity to get feedback on interpretation of data, behaviours, responsibilities, data quality & challenges and solutions.

The outcomes of traffic data analysis were threefold, targeted interventions, reduction in fatalities and reduction of economic burden.

Q&A

Q: Dr Jen, how do you make those graphs? And is this how we would approach this in Scotland?

A: The piece of software was Mapping QGIS. The map had been produced in Scotland but there was material to teach school children in Malawi about maps. Next step for the app would be to train up people in Malawi to train themselves. This app technology was quite sustainable, the relative cost low in return for high sustainability.

In the Scottish context mapping could be used for insurance purposes and could be linked with health care data sets. Whereas in Malawi there is no such emergency care infrastructure as members of public take victims to hospital.

LG This takes us back to what was said at the beginning of the meeting, this would be part of the activity to building health and economic resilience. Bringing together different sectors.

JD mentioned that there were issues in data quality as there was a high chance that accidents were under-reported but the data used was the same data as used by WHO. There was a call to improve data quality for higher impact.

Q: As a member of the Church of Scotland who has many partnerships with churches in Malawi. Through all these partnerships could there be a response initiated by small interventions multiplied through partnerships – solar and/or visible lights, visibility jackets could that be amplified through existing partnerships?

ED It is relevant to note that there is not a lot of street lighting on arterial highways. Evidence of lighting would help but not much there anything with reflection would be useful thing. Road infrastructure was invested in but not road architecture, pedestrians not often separated from road. Rural Malawi 2 hours walking to and from school try and enact to help their safety that could be done easily.

Lusizi Kambalame: Data collected from young people meant they were able to say things about pedestrian behaviour, how the infrastructure was not right. They also reported on motorists' behaviour, lack of visibility, young people would not be seen as cars have things piled up high and often also can't be seen by pedestrians. Young people raised points that they often prefer shortcuts (avoiding the roads), reflective jackets are good but they are staying away from roads. Some solutions may require multi-sectoral approach.

Q: With the increase of motorcycles, was there any evidence of over-loading of vehicles as well as legislation?

Data sets have option to give information on vehicle but that does not often get completed. Predictions within short number of years the increase of deaths on motorcycles will overtake deaths of pedestrians. Motorcyclists often have no helmet and/or driving skills. Increase exponential due to cheap import of motorbikes SE part of Africa.

Statement by Dr Barry Klaassen: Road traffic collisions account for 90% globally for lower income countries' deaths. Those who survive are often left with Life-changing injuries. Road traffic accident prevention needs to be an integrated part of the whole health journey. Support needed to continue in the reduction of life-changing injuries by developing quality emergency care in Malawi. Access to emergency care is basic human right.

ED and BK are aware of each other's projects and are working together.

Q: Some school children depend on motorbikes as means of transport to getting to school. There can be careless drivers with about five children on a motorbike. What is done to address that problem?

ED There was no specific data on that group but he will take the query back to Malawi.

AOB and Close

Thanks from Chair – Liam McArthur MSP

Liam McArthur MSP thanked speakers, attendees and the Scotland Malawi Partnership. After the meeting closed, in-person attendees had the opportunity for networking over Malawi gin and tonics or soft drink.

Minutes approved at Malawi CPG meeting on 25.09.24