

# A Deeper Look..... looking into the lives of people and projects that are making a difference in Malawi.....

**“I have a positive attitude towards health research, in general, and public health, in particular, going on in this country.....” Prof. Adamson Muula talks to Thengo Kavinya on his career**

## 1. List your background.

I was born on 29th September 1972 in Blantyre, Malawi. I went to two primary schools before proceeding to HHI Secondary School in Blantyre. Thereafter, I went to Chancellor College of the University of Malawi, where I studied science (Bachelor of Science) from 1990 to 1993. I started the usual sciences (chemistry, biology, mathematics, physics, statistics), but I also studied logic and the scientific method (philosophy) in my second and third years. From 1993 to 1995, I was at the Flinders University of South Australia, at Bedford Park, Adelaide, Australia studying medicine. I was in Australia on a Malawi Government scholarship which was being supplemented by an Australian Government fellowship, administered by the Australian International Development Assistance Bureau (AIDAB). AIDAB has now changed to AUSAID (Australia International Development). From 1996 to 1998, I was at the College of Medicine, University of Malawi to complete my medical studies. I graduated with an MBBS in 1998.

## 2. Brief me more about your professional experiences.

I started off just the same way many doctors graduating in Malawi do, which is to proceed on an internship programme in the Ministry of Health. I would like to say that I worked for the Ministry of Health from 1998 to 2000. But internship is not work. It is a training post, is it not? After I finished my internship, I only worked for a few months in the Ministry of Health before I interviewed as an assistant lecturer here at the university. I interviewed for both Internal Medicine and Community Health. I left the interview room having been asked to consider choosing one but not both. I eventually chose Community Health and that has been my department to date, although we now call ourselves Public Health.

## 3. What did your inaugural lecture focus on and what is its significance to Malawi?

I believe you are asking about the professorial inaugural lecture. My point was to explain the field of public health as to how I understand it, and what is the role of the academy in promoting public health. Some of the things were obvious, many others not so obvious, especially to colleagues outside of the discipline. This is nothing unusual, but it is important to talk about. That public health can incorporate many disciplines can be an asset. Human health cannot be siloed enough. Public health attempts to remind us that we are talking about a whole human being, not the head, the legs, and the abdomen. I am not saying that people should not specialize in these endeavours. By all means they should. On the other hand, just because public health is accommodating can be a burden. This may mean, at least to some people,

that you do not need to be smart to do public health. In fact, the opposite is true. In order to juggle all the competences that are needed in public health, one needs to be an authority in multiple areas.



## 4. What are your views on the current standards of research in the country and what should change and improve?

I have a positive attitude towards health research, in general, and public health, in particular, going on in this country. There is so much good research going on in Malawi. We are getting published in high-impact journals (for what it is worth). Perhaps I could still say that there is distorted attribution as to which institutions are contributing to this research. Take the Malawi College of Medicine and its affiliates. It is not all the time that the University of Malawi is listed as the institution for the authors. This is regrettable and it denies the university its rightful place. Many adjunct and honorary faculty to the University of Malawi choose not to mention it. Many postgraduate students jointly enrolled within our university and foreign universities choose to be identified as foreign students in their publications.

## 5. What prompted you to join this field?

It is a glorious field. But above all, mentors. When I was given the choice between internal medicine and community health, I then saw mentors in community health at the time. Internal medicine would have been great, but one cannot do all things. Some do, but I failed.

## 6. What can you say is the current relationship between researchers and the communities, in general?

It depends on which communities you are talking about. The concept of “community” can be complex and illusive. But maybe we can talk about how researchers have related to the study participants. We should be proud here in Malawi that we have always maintained high respect for study participants. Our research has contributed to health improvements around us. We still have a way to go to ensure that all that nice research is translated into something useful. Some people say that research must translate into policy. I am not so naïve to think that every piece of research should change policy. How many policies are we going to achieve if we change policies all the time? But, at least, research results should inform what we do.

**7. What are current issues/trends/challenges in your field?**

A few of the guiding epidemiologists are getting old. This is natural, but there has to be a deliberate effort to train others who can take up the mantle. The other issue is about professional recognition. This is very important. I can list many other issues but the Public Health Institute of Malawi is another hanging issue that is still taking longer than one would hope.

**8. Discuss your experiences as they relate to this field?**

My experiences have been rewarding. I am learning a lot. I find it interesting that I am even paid a salary for doing what I like.

**9. Describe your greatest achievement you are proud of?**

I have had the privilege of supervising several PhD students, dozens of master's students. This is the privilege of a few in this country. I have learned a lot from these colleagues—bright people who are respectful as they recognize that they know more than I do. But I am older so they get to listen to me!

**10. What strengths have you brought to this organization and what would you consider weaknesses?**

I would rather other people talk about this.

**11. What are your current research interests?**

I am now involved in research involving HIV among key populations (a euphemism of sorts, really). I am also involved in health systems research.

**12. Any last words?**

Are last words not reserved for the dying?