An international exchange: the BIA-ECSACOP fellowship

The East, Central and Southern Africa College of Physicians (ECSACOP) is an independent organisation comprising member colleges in Kenya, Malawi, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. The RCP has supported ECSACOP since its inception in 2015 and continues to provide mentorship, technical and fundraising support and access to a range of expertise.

The British Infection Association (BIA)–ECSACOP fellowship gives resident doctors from the UK and the ECSACOP region the opportunity to experience medicine in a different setting and exchange knowledge. The idea of a fellowship came about after Dr Jo Herman (BIA–ECSACOP lead), as part of the BIA Council, attended a reception for ECSACOP hosted by RCP Global in London pre-pandemic. Discussions were put on hold for a while during the pandemic, but the past few years have seen the development of this new collaborative global health partnership, including the launch of the first fellowship last year.

Commentary speaks to **Dr Matthew Beaumont**, a registrar in infectious diseases in Sheffield, UK and **Dr Samantha Musasa**, an internal medicine resident in Zomba, Malawi about their experience.

What prompted you to write a book about the sociological determinants of health?

It is something that I've wanted to do for a long time. I've been teaching medical students about how the social world impacts on health for 15 years and it became clear that we need to talk more about this – in particular, in the last 5 years since the pandemic.

I wrote this book to help shed light, not just on how the world around us can impact our health, but how you can't really escape it. It's shaping your health each and every day. If you want to practise good medicine or understand how to be healthy, you need to understand all the different aspects that go into your health – not just lifestyle, choice and genetics.'

What is your clinical background and how did you get involved in the fellowship?

Matt: I am a third-year infectious diseases and medical microbiology registrar based in Sheffield. I saw an advert through the BIA – of which I'm a member. They have developed a new partnership with ECSACOP including setting up an international exchange programme, and I thought it would be very exciting to be a part of it.

I find that, in my clinical role, one of the most stimulating aspects is seeing returning travellers with fever and travel-associated infections. So the opportunity to go and gain further clinical experience of infectious diseases that could be imported to the UK really drew me in.

Additionally, I previously spent 3 months studying in East Africa in 2019, when completing my diploma in tropical medicine and hygiene with the London School of Hygiene and Tropical Medicine, through their East African Partnership. So, when I heard about the new ECSACOP partnership, I was really keen to get involved and collaborate with our colleagues in that region.

Samantha: I am an internal medicine specialist with an interest in infectious diseases as a subspecialty. I completed my postgraduate training in 2023. I was trained under ECSACOP and attained a fellowship, and Kamuzu University of Health Sciences (KuHeS), where I attained a master's in internal medicine. I learnt about the fellowship through an email shared with ECSACOP graduates by Professor James Jowi from Kenya, former ECSACOP president. My interest in infectious diseases pushed me into applying, as this was an opportunity to learn from the developed world and get an experience of the different pathology seen in that part of the world.

Could you tell me about the BIA–ESCACOP fellowship? What was your experience?

Matt: The fellowship involved a direct exchange between the two of us who were awarded the grant – myself, based in Sheffield, and Samantha, who is based in Zomba, Malawi. Initially I hosted Samantha at Sheffield Teaching Hospitals in May 2025 for a 4-week clinical observership. Then I went to Zomba as a clinical observer a few months later in August.

Samantha: I travelled to the UK in May 2025. For the first week of my trip, I attended the BIA 27th Annual Clinical and Scientific Meeting and Spring Trainee Day in Newcastle. There, I gave a presentation on a cross-sectional study I conducted on isoniazid toxicity in people living with HIV on isoniazid preventive therapy in Malawi.

I then spent about 4 weeks in Sheffield, as I did my clinical observership at the Royal Hallamshire Hospital. The hospital has a large infectious disease unit. It was such a great experience for me, as I got to join ward rounds in the unit and intensive care unit. I also joined a couple of outpatient clinics and online multidisciplinary team (MDT) meetings.

My time in Sheffield was memorable, as the team was very accommodating and eager to engage me in most of

the activities. The observership was great, as I got to see a diversity of clinical cases and I also had the privilege of working with some of the world's best infectious disease consultants.

Matt: I spent the first 3 and a half weeks at Zomba Central Hospital, one of four national referral centres. It's a 600-bed teaching hospital that serves a population of nearly 1 million people. Zomba is the former capital of Malawi and a beautiful town, nested in the shadow of a great plateau. I spent time on the inpatient medical wards, outpatient settings and also in the microbiology laboratories.

After completing my time at the hospital, I travelled to Mombasa, Kenya, for the 10th annual ECSACOP conference. I was a speaker and presented a case series of imported infections in South Yorkshire with a One Health perspective, looking at how the cases were linked to climate change and animal health.

Overall, the exchange was great – I received a very warm welcome from my colleagues in Zomba Central Hospital and we learnt a lot from each other through the process of exchanging. It was great to meet my ECSACOP colleagues at the conference in Mombasa too. I have made some wonderful connections, and it would be great to collaborate again in future.

What were the biggest differences you noticed? Were there any unexpected similarities?

Matt: Malawi is a low-income country so although public healthcare is free, clinical services really struggle with the provision of necessary resources to provide important treatments and tests. One of the biggest challenges that I noticed was that common drugs – particularly antimicrobials – weren't available. Additionally, laboratories were really struggling with tests; they weren't always able to offer common blood tests that I do in day in, day out in my UK practice and really take for granted. So, working there is even more reliant on bedside clinical skills, which are vitally important.

As an infection doctor with an interest in antimicrobial resistance and stewardship, I noticed that there are high levels of broad-spectrum antibiotic use, due to the lack of access to appropriate alternatives and cost barriers. I was invited to the antimicrobial stewardship meeting at Zomba Central Hospital to see what we could learn from each other, and we shared strategies from our different local settings to help tackle the global threat of antimicrobial resistance.

There were a number of similarities as well. Being a microbiology registrar, I sought time in the laboratory; many of the same lab technologies and equipment are available – specifically, the machines used for HIV viral load testing, TB diagnostics, and bacterial identification and antibiotic susceptibility testing techniques. However, because of intermittent supply and lack of the necessary resources and reagents, the range of tests performed on these machines was far more limited and the lab team were unable to harness their full potential.

Samantha: Some of the biggest differences that I noted were infrastructure and resources. The UK is a developed country and they have a more developed healthcare infrastructure with better-equipped hospitals, more staff and greater access to diagnostic tests and treatment than Malawi.

The UK also has widely adopted electronic health records and digital systems, which we currently have for few programmes in Malawi. The other main difference was the disease burden, mainly the burden of infectious disease, which is still on the lower side in the UK compared to Malawi.

Despite the differences above, the health system worldwide has a couple of similarities, like clinical guidelines and protocols used to manage specific conditions. Patient-centred care is a similar approach that strives to provide compassionate and high-quality care, as well as similarities in some laboratory diagnostic tools.

What challenges did you encounter along the way?

Samantha: I am very grateful to Matt, Dr Jo Herman and [my host] Dr Danielle Cohen and her family. This team made my trip worthwhile and helped me get through some of the challenges I faced that I would not have handled alone.

My trip was faced with a couple of setbacks, from getting my first visa application denied to experiencing human resource barriers at the Royal Hallamshire. BIA, through Jo, were very helpful and they worked vigorously to get everything in place.

I enjoyed hosting Matt, though at the time of his visit Malawi was experiencing a fuel crisis that limited some of the activities we had planned.

Matt: Hosting Samantha in Sheffield was a privilege – and I am proud that we were able to offer this experience to our colleagues at ECSACOP. However, it wasn't easy to arrange, with bureaucratic hoops impacting Sam's start date. But I'm pleased to say that we were able to overcome them.

I'm grateful to Jo, without whom the exchange never would have got off the ground. As exchange lead, she has been working tirelessly since before the pandemic to set up this groundbreaking partnership and I was glad of her support in navigating any roadblocks and making sure that the exchange was a success.

While I was in Malawi, there was the challenge of an ongoing fuel crisis, which has been a persisting issue for a while. Low levels of foreign exchange reserves have meant

that it's difficult for Malawi to buy in enough supplies of fuel. There were major queues at the pump for petrol – this highlights the economic challenges that are unfortunately facing Malawi and impacting healthcare provision there.

What were some of your main insights and takeaways from this experience?

Matt: Working as a UK infection doctor, it was very helpful to gain unique clinical experience of infectious diseases that are rarely seen in the UK. In particular, I furthered my clinical experience of viral hepatitis, seeing many patients with complications, including high rates of hepatocellular carcinoma. Additionally, I spent time on the ward and outpatient clinic, seeing patients living with HIV and its complications, such as Kaposi's sarcoma or advanced immunosuppression. There were other cases, such as cerebral malaria, that I have learnt from, and will be very beneficial to my future clinical practice. That's a key takeaway.

Working in a low-resource hospital has certainly improved my diagnostic stewardship. I reflexively order fewer tests now, particularly when patients are getting better, and I'm more confident in trusting my clinical acumen alone.

Additionally, as I progress through training to become a consultant, it's helpful to have spent time in differing hospital settings from a management perspective. It made me appreciate the importance of good governance interventions such as having antimicrobial guidelines to follow, and morbidity and mortality meetings.

Samantha: It was a great experience learning different approaches beyond what I see in Malawi. The technological advancement in diagnostics and general ward management were quite insightful for me.

I enjoyed the MDT meetings, which are a very collaborative approach to patient care, and the thorough documentation and handover sessions at the Royal Hallamshire. These are some of the things I would work on implementing in Malawi.

Do you feel that it has changed or developed your career in medicine?

Samantha: Definitely, this fellowship was a prestigious opportunity. It exposed me to a wide range of complex pathology that allowed me to stay up-to-date with some of the latest treatment approaches.

I had the chance to present at the BIA Annual Meeting – this alone, plus my time at the Royal Hallamshire Hospital, provided me with the opportunity to connect with leading experts in infectious diseases, which will help me with collaborations, research opportunities and my career advancement.

Matt: Certainly, it was fantastic to work with my colleagues at Zomba Central Hospital. I was only there for a short time; I would have loved to have stayed longer and for us to continue to learn from each other and develop some of the ideas we shared. Moving into the future, there is a lot that I would like to do as a microbiologist and infection doctor. One next step that we have discussed is the benefits of setting up an antimicrobial stewardship partnership. Zomba Central Hospital currently lacks a medical microbiologist, and I would be interested to help to develop training and support the strengthening of lab capacity and antimicrobial stewardship practices.

The exchange has given me a new perspective. A great number of the patients who I met in Malawi were subsistence farmers, with 70% of the population living on less than $2.00 (USD) a day. It was meaningful to be a part of this health partnership – at a time that international funding, particularly for healthcare, is very uncertain. Big cuts to US aid and to the UK international aid budget are likely to have a very negative impact across the world. In Malawi, they could lose up to two-thirds of the health budget if cuts progress unabated. So, it felt vitally important to be part of a global health partnership now; I'm grateful for Jo and the BIA for driving this from the UK side – and it's something I'd like to help develop in the future.

What advice would you have for any physicians who are wanting to experience similar programmes?

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What advice would you have for any physicians who are wanting to experience similar programmes?

Matt: This is the first time that the BIA and ECSACOP have run this exchange. They are currently planning for one every 2 years. A good place to start is membership of ECSACOP or the BIA – and keeping an eye out for the adverts for this exchange. Or using their work as inspiration to bring a similar programme to your organisation.

Sam: Learning is a process and this fellowship was a mind-blowing opportunity for me. I would urge my colleagues to apply, should similar opportunities arise.

This feature was produced for the February 2025 edition of *Commentary* magazine. You can read a web-based version, which includes images.