Cross-Party Group on Malawi

Tuesday 03 November 2026

Minutes

Present

MSPs

Liam McArthur MSP
Jenni Minto MSP
Kate Nevens MSP

Invited guests

Lucy Mkutumula, Director of Nursing and Midwifery, Malawi
Charity Gladstone MBE, President of the Malawi UK Nurses Association
Patrick Vundule, Vice President of the Malawi UK Nurses Association
Chifundo Zimba, Chair of the Nurses Association of Malawi
Sala Khulumula, Professional Lead for International Programmes, Royal College of Nursing

Non-MSP Group Members

Tiamika Chidothe
Olivia Giles, 500 miles
Sally Rae
Dr Rachel Philips (RP)
Mick James
Kate James
Patrick Grady, SIDA
Sarah Gibson, EMMS International
Prof Heather Cubie (HC)
Aoibhe Cubie
Gavin Park
Denis Robson
Emma Wood
Lisa Luhanga
Gwen Gordon
Dr Barry Klaassen (BK)

Dorothea Nelson, Scotland Malawi Partnership (SMP)
Nasim Vadalia, SMP

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ONLINE

Amy Blake, Fair Trade Electives
Mamie Martin Fund
Hetherwick Katundu
Jamie Gentil
Dr Michael Mackenzie (DrMM)
Nellie Namame
Ninette Premdas, RCPE
Sean Rodgers on behalf of Clare Haughey MSP
Taisha Sharma

Stuart Brown, SMP
Chad Morse, SMP
Revia Bamusi, SMP

Apologies

Clare Haughey MSP
David Barratt MSP

Prof Jeremy Bagg
Dr Christine Campbell
Dr Linda Irvine
Hannah Gibson
Susan Dalgety
Oxfam Scotland
F.R.O.M Scotland

Welcome, apologies and minutes of last meeting

Liam McArthur MSP welcomed attendees, thanked the Scottish Parliament's Standards, Procedures and Public Appointments Committee for granting recognition to Holyrood's Malawi CPG and enabling it to be reconstituted. He thanked Jenni Minto MSP and her Committee and all Parliamentarians and members for their strong support.

This day marked 21 years since the signing of the intergovernmental agreement between Scotland and Malawi, signed by Former First Minister, Jack McConnell and then President of Malawi - His Excellency Bingu wa Mutharika on 3 November 2005. Liam McArthur MSP lodged a motion in the Scottish Parliament recognising and celebrating this. Patricia Ferguson MP had submitted an Early Day Motion in Westminster celebrating this anniversary and ongoing people-to-people and parliamentary links.

Liam McArthur recognised MSPs in attendance and noted apologies where these had been given. The minutes of the previous CPG were proposed by Prof Heather Cubie and seconded by Patrick Grady.

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Election of Co-Conveners

Liam McArthur thanked David Barratt MSP who is now stepping back as Vice-Convener.

- Clare Haughey MSP and Carol Mochan MSP were elected as Co-Conveners

There were no objections to the slate being approved. The Proposer was Dr Rachel Philips and the Seconder Dr Barry Klaassen.

Healthcare in Malawi

As invited guests were delayed, Prof Heather Cubie was encouraged to update the members in the room and online on the success story of the MALSCOT programme, a Scottish Government-funded cervical cancer prevention and treatment programme set up to train and support Malawian providers to deliver a same day cervical 'screen and treat' programme for a large number of rural women who have never before had access to screening, let alone treatment. This competence-assured programme had impacted the lives of thousands of women and would not have been possible without the passion and commitment to the partnership between Malawian provider colleagues and Scottish volunteers.

In a short Q&A Heather was able to respond to the following Questions:

Q (RP): What are you hoping for the future?
A (HC): As this set-up is inexpensive Malawi could make the programme available throughout the country as an alternative to HPV testing which is expensive. HC hoped that HPV vaccine uptake rates went up further reducing the need for cervical screening.

Q (DrMM): What is the secret to enduring, sustainable partnership that keeps going in times of adversity (COVID pandemic) and gets stronger?
A (HC): Adherence to the Partnership Principles as set out by the Scotland Malawi Partnership (SMP) and its sister organisation in Malawi the Malawi Scotland Partnership (MaSP); mainly equality, equity of access and working together was important in any field – wanting to interact as equals, seeing us as part of the same world. HC, as a virologist would also hope to reduce anxiety of vaccines.
In terms of the continuity of the project self-funding was open to question – in a funding hiatus one of the hubs in Nkhoma was able to continue independently and Beatrice Kabota, MALSCOT's partner in Malawi kept collecting samples.

Malawian-UK Nurses Association President, Charity Gladstone MBE

Charity Gladstone MBE, a prominent Malawi-UK healthcare leader, Head of Patient Safety at the Cornwall Partnership NHS Foundation Trust and President of the Malawian-UK Nurses Association (MUNA) spoke next. Charity is a passionate advocate for internationally educated healthcare workers and bilateral exchanges. In 2024, Charity was awarded an MBE by King Charles for her exceptional, decades-long contributions to NHS nursing, critical care, and pandemic-era community safety initiatives.

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Charity gave an overview of Healthcare and Partnership across the Nations. MUNA was able to offer support in the Covid pandemic by helping prevent misinterpretation and helping patients with easy-to-understand language.
Partnerships in nursing, midwifery and medicine offered support through leadership mentorship and community help. A particular emphasis was placed on NCDs by bringing care closer to people wherever possible, in health and faith centres.
The small organisation's work was grounded in ubunthu ('I am, because we are'), professional knowledge and the networks created were powerful instruments in healthcare.

Update on Emergency Medicine Project

Dr Barry Klaassen and Gwen Gordon reported on helping set up the first Adult Emergency Trauma Centre, a vanguard unit of Emergency care, in Malawi at Queen Elizabeth Hospital in Blantyre. It had been setup using Scottish Government funding, similar funding to MALSCOT and MalDent for which they were immensely grateful. Similar units were planned in Zomba, Mzuzu and KCH in Lilongwe. When Covid hit funding was lost. Phase 2 and 3 of the project were still outstanding meanwhile colleagues in Malawi developed knowledge and expertise in absence of Scottish colleagues.
Gwen Gordon underlined that the same themes and principles as mentioned by Charity governed their approach to the project and was heartened to hear them repeated, namely, to give foundation in the specific field, get roles to change, help with leadership development of nurses in Malawi

BK asked Charity, as funding from Scottish Government was not possible to the same extent, how could the Malawi Ministry be asked to say "we need this"?
CG answered that it was a multi-disciplinary effort and that multi-lateral learning was very important.

Chifundo Zimba, Chair of the Nurses Association of Malawi

Chifundo Zimba (CZ), offered further perspectives from Malawi's nursing sector.

Lucy Mkutumula, Director of Nursing and Midwifery for Malawi

Lucy, a high-profile healthcare leader, who advocates for global healthcare collaboration, spoke about medical workforce training partnerships, and enhanced clinical mentorship programmes. Her work focused on strengthening community health systems, expanding student opportunities, and driving strategic policy dialogue across regional and international nursing networks.
Lucy expressed her thanks for the partnership between Scotland and Malawi. Maternal mortality had reduced thanks to partnership with Scotland. Malawi Vision 2030, a strategic plan, had been helped with by Scotland. Steps were undertaken to develop centres of excellence for cancer care as well as Non-communicable Diseases (NCD)s.
A particular emphasis was placed on community health care with a specific programme created, reaching out to rural communities.

Q&A

Due to delays of speakers arriving in the room there was not much time left for Q&A.

Q, Jenni Minto MSP: JM had been delayed due to a debate on hospice care in the Main Chamber. As an MSP of an area in Scotland that may be considered "remote" (JM preferred not to use this term as it related more to a state of mind) what would the learnings in maternity care be that Scotland could take from Malawi to Scotland's rural/island areas? And, based on the recent debate in the chamber, what was the state of palliative care in Malawi?

Sarah Gibson from EMMS responded in part to this point as EMMS had a longstanding relationship with PACA and was involved in making access to morphine at community level in a palliative care setting possible. Sarah also reported on how EMMS invested in training health workers in central hubs specifically to return home and not to stay away once trained.

A, LM: Check-up facilities, Health posts close to communities, for mothers and babies were brought closer to them (as Health centres were often only accessible after a long walk) and an integrated approach was implemented where mothers and babies were checked upon in the same facility.
Support with palliative care was assured through various organisations. There was a lot of progress, even now officers had been recognised for their palliative care.

A, CZ: With regards to NCDs all district hospitals had specialised clinics, capacity building work was done especially for hypertension, diabetes as well as Mental Health.

Sala Khulumula, Professional Lead for International Programmes, Royal College of Nursing reiterated that equitable partnerships, mentorship and work across borders were essential. The lack of funding was the elephant in the room, but learning to connect across the globe, bringing expertise to remote areas in Scotland and Malawi was possible. We all had the same objectives and needed to work together in partnership across professions to share expertise and access knowledge.

AOB and Close

Thanks from Chair – Liam McArthur MSP

Liam McArthur MSP thanked all contributors, attendees and the Scotland Malawi Partnership, upcoming meetings would be advertised in good time with relevant details as to the meeting's topics.

After the meeting closed, in-person attendees had the opportunity for networking over Malawi gin and tonics or soft drink.

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