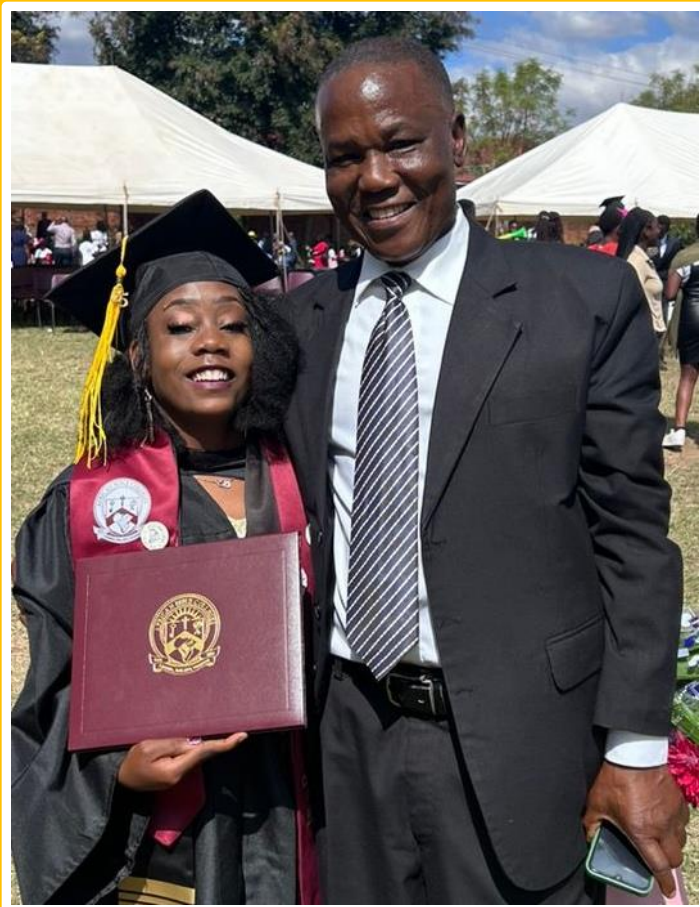




# Medic to Medic



## Annual Report & Financial Statement

July 1<sup>st</sup> 2024 – June 30<sup>th</sup> 2025



# Contents

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# What does Medic to Medic do?

**The aim of Medic to Medic is to support healthcare students in low-income countries who are at risk of dropping out of their training. With our support, students can focus on their studies until graduation, and countries gain the expertise of health professionals who are so desperately needed.**

Medic to Medic works like “sponsor a child” schemes – except we sponsor healthcare students. Each donor is linked to an individual student, who sends updates on his or her progress. Donations are pooled so that even if a donor withdraws, no student is disadvantaged.

We support students training to become doctors, pharmacists, physiotherapists, nurse midwives, mental health workers, clinical officers and optometrists in their home countries. Scholarships cover each student’s tuition fees, and other necessary allowances, as well as providing them with medical equipment, a laptop and textbooks, so that they have everything they need to successfully qualify from their courses.

Without the support of Medic to Medic, many of these healthcare students would spend their spare time trying to find extra funding rather than focusing on their studies. With a scholarship, students can concentrate on their studies, and they are more likely to stay and work in their home country following graduation, which is of great importance to the sustainability and development of their countries’ fragile health systems.

## 4 priorities

### *Health Workers*

We support trainee healthcare workers throughout their education, so that they can perform to the best of their ability. We want to add to the absolute numbers of health workers in training so that there are more graduates in countries with critical shortages.

### *Equity and Access*

We target those who are underrepresented in the health professions, such as women or those from rural areas. We want to increase the number of health workers working in rural areas, so that everyone has equal access to healthcare.

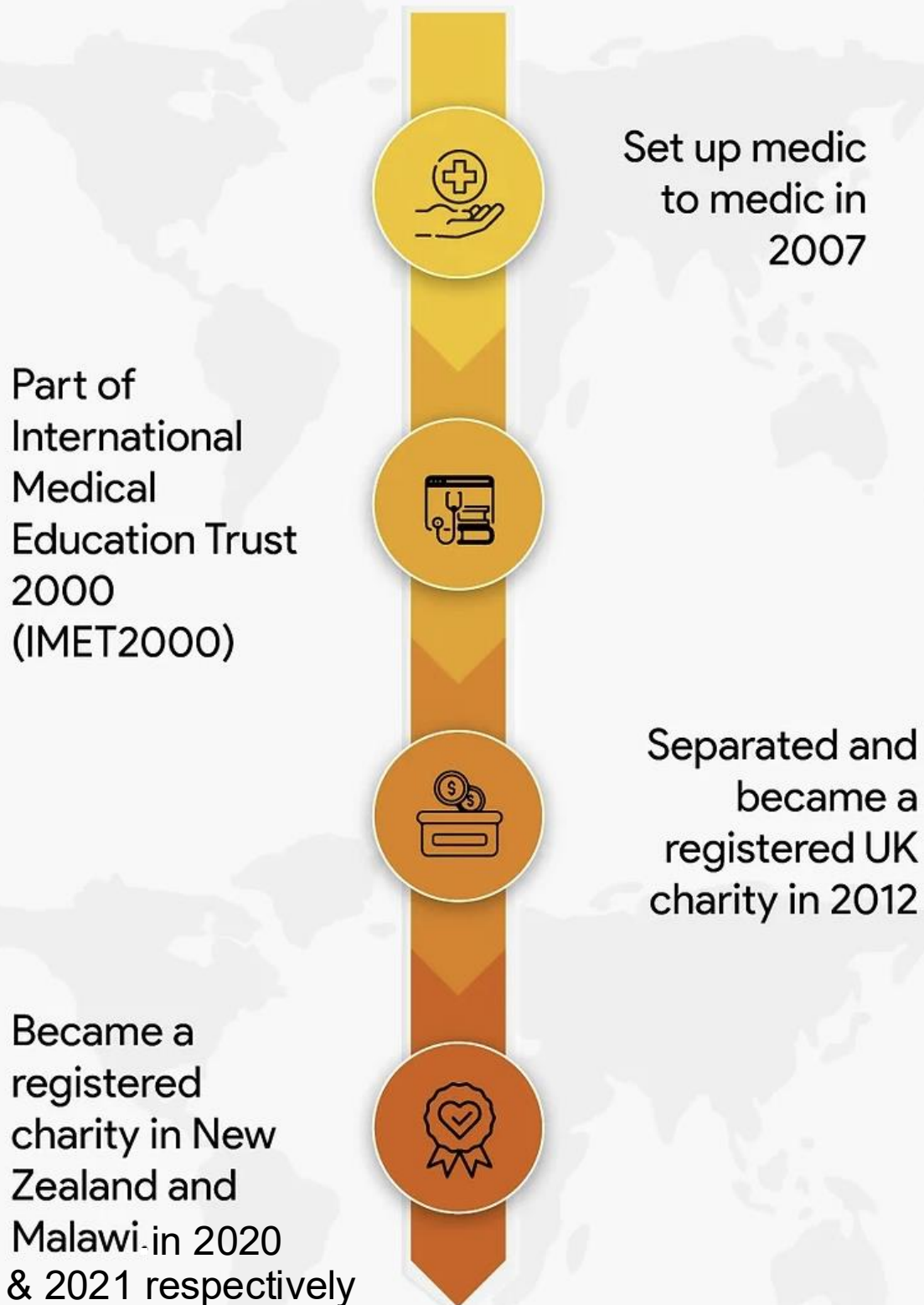
### *Awareness*

We hope to raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.

### *Leadership Skills*

We support our student community to gain leadership and empowerment skills through small-scale, locally led projects related to health and wellbeing.

# CHARITY HISTORY



# Mission Statement

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Medic to Medic believes that access to healthcare is a human right but is unequal both between and within nation states. Shortage of trained healthcare professionals is a major driver of such inequalities. We strive to address this issue by supporting healthcare students in Africa and low- and middle-income countries who can no longer afford to continue their studies. We value gender equality and seek to support women who are underrepresented in the healthcare professions. We seek to support students from disadvantaged backgrounds.





# Report from Chief Executive Officer

During 1<sup>st</sup> July 2024 – 30<sup>th</sup> June 2025, Medic to Medic supported a total of 101 students across 15 universities and 5 countries.

Our student community in Malawi included 9 dental students, 5 medical students, 3 nursing students, and 1 palliative care nurse, training at the Kamuzu University of Health Sciences; 4 nursing students and 7 optometry students training at Mzuzu University; 1 clinical officer and 1 registered nursing student training at Ekwendeni College of Health Sciences; 13 students training at St John of God University – 6 studying BSc psychotherapy, 4 students studying clinical medicine and 3 students studying a BSc in nursing and midwifery. 28 students were supported at the Malawi College of Health Sciences, including 8 clinical medicine students, 5 dental therapy students, 4 students respectively in biomedical sciences, pharmacy, and optometry, 2 radiographer technicians and 1 environmental health trainee. 10 students training as nurse midwife technicians with 7 students at Trinity nursing college, 2 students at St Johns Institute for health, and 1 student at Mulanje Mission College. Two additional students were training in the certificate in clinical medicine at St Johns Institute for health. Two audiology students at the African Bible College; and one student studying respectively a BSc in medical microbiology and BSc in immunology at Malawi University of Science and Technology.

Our students outside of Malawi included 1 postgraduate student completing the Master of Paediatrics in Ethiopia; 1 dentist training at the University of Nairobi; 3 medical students in Uganda (2 at Mbarara University of Science & Technology and 1 student at Kampala International University Western Campus); 5 medical students in Zambia (3 at Eden University, and 1 each at University of Zambia and University of Lusaka); 2 pharmacy students at Eden University and 1 student training in Environmental Health at Levy Mwanawasa Medical University. 22 of our students finished their courses, bringing our total alumni to 248 graduates.

This year saw growth in our international elective programme. We have increased our partnerships to 6 hospitals in Malawi; Zomba Central Hospital, Mwanza District Hospital, Mwaiwathu Private Hospital and three Christian Health Association of Malawi (CHAM) hospitals (St Peter's Hospital, Trinity Hospital and St Johns). In the next 12 months we hope to formalise a partnership with Mzuzu Central Hospital as we receive more student enquiries. This year, we hosted 16 elective students through our elective programme. We have also developed partnerships with the Optometry

department at Mzuzu University and the Audiology department at the African Bible College to provide optometry and audiology electives, respectively, for international allied health students.

Through our elective fundraising we have so far been able to sponsor 1 new student at Trinity College of Nursing, 5 new students at both St John of God University and Malawi College of Health Sciences, as well as undertake training for 28 graduates to become peer mentors to their student colleagues. Our mentorship programme has been a fantastic opportunity to increase our holistic support to our community by providing peer mentors, whilst engaging our alumni in leadership roles. We hope that our mentorship program will be able to prevent student crises from occurring and help students develop into confident health professionals by improving student academic performance which ultimately secures our investment in student scholarships.

During May 2025, we hosted our first sports event – the Medic to Medic Malawi marathon, held at Satemwa tea estate in Thyolo, Southern Malawi. A total of 60 runners ran in our 3 events (5k, 10k and 42k). Our graduate alumni helped provide medical cover, and our in-country elective students volunteered at water stations throughout the course. We are pleased to say that no medical events occurred despite it being a challenging course. Each participant enjoyed a short sports massage at the finish line from our physios and took home a custom-made medal, made and designed at Dedza pottery and by artisans in Mulanje. Our post event, southern Malawi tour hosted 3 international runners and enabled us to maximise fundraising and show our guests the *Warm Heart of Africa*. We will repeat this event next year and hopefully push for even more participants.

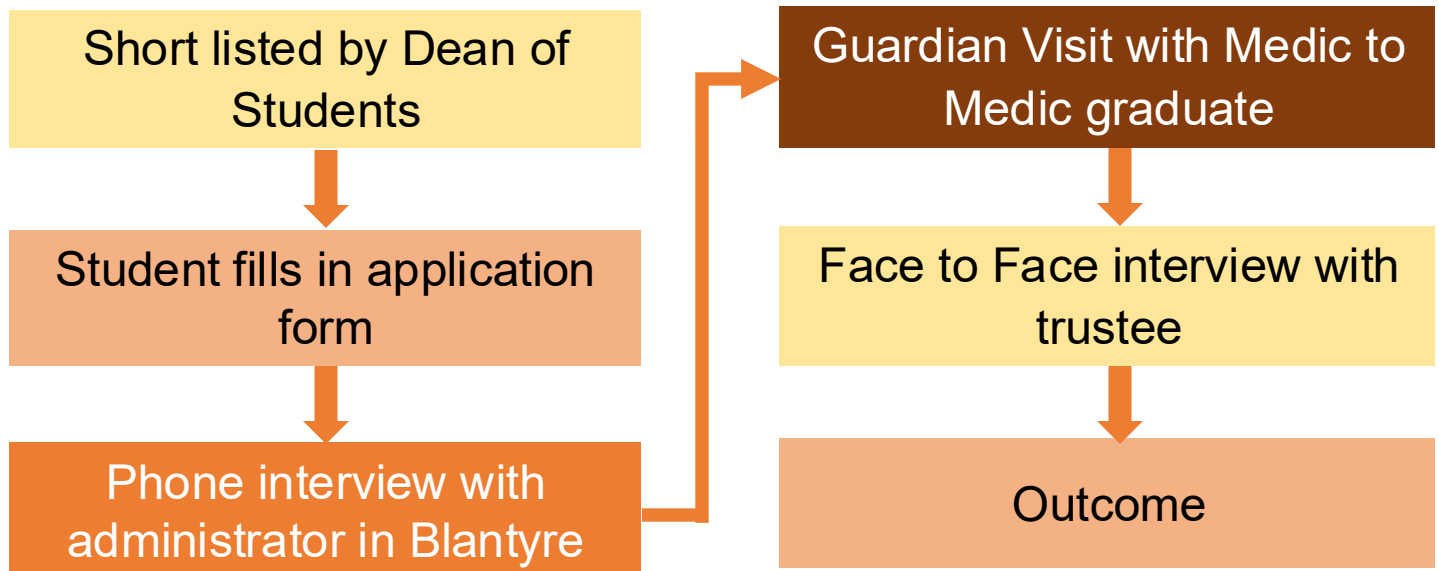
We look forward to the year ahead as our elective programme and in-country fundraising continue to strengthen and self-sustain. Over the next 12 months we are aiming to increase our student community – expanding to 120 student scholarships annually. We are privileged to have walked alongside students at the start of their journey and can't wait to see what the future has in store!



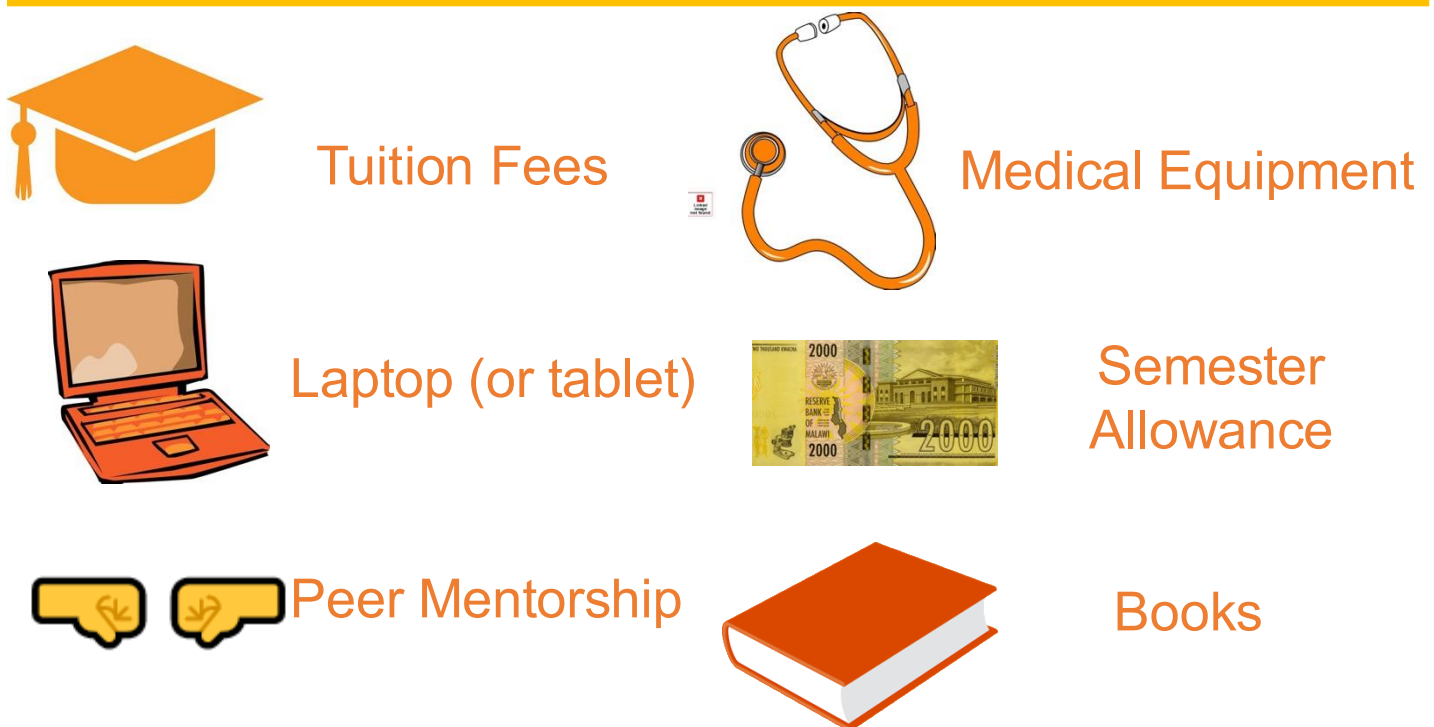
A handwritten signature in black ink that reads "Lillie".

Dr Tamsin Lillie  
MBBS MPH DTM&H EMC  
DCH DOMG FRNZCUC  
Chief Executive Officer

# What is the application process for a Medic to Medic scholarship?



## What is included in a Medic to Medic scholarship?



### Priority 1: Health Workers

We support trainee healthcare workers throughout their education, so that they can perform to the best of their ability. We want to add to the absolute number of health workers in training so that there are more graduates in countries with critical shortages.

# Student Update: Chifuniro Witness

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I am a final-year student at Malawi College of Health Sciences studying Biomedical Sciences. As I reflect on the past semester, I am filled with pride and a deep sense of purpose. My academic journey has been one of determination, curiosity, and constant growth.

As a Biomedical Sciences student, I take immense pride in being able to explore the microscopic world that lies beyond the naked eye. Through the microscope, I gain a deeper understanding of the human body and its intricate mechanisms. Working with human samples can be challenging, but I believe it's a calling that requires dedication, precision, and compassion. I'm grateful for the opportunity to study Biomedical Sciences and contribute to the healthcare field, where every detail matters and every decision can have a significant impact on patient care.

College life at Malawi College of Health Sciences has been a transformative experience. The environment has pushed me to grow not only intellectually but also personally. I've learned how to manage pressure, meet deadlines, and maintain discipline. Living on campus has taught me independence and responsibility. The diversity of students has expanded my perspective on different cultures and backgrounds, making me more open-minded and compassionate. My instructors and classmates have become like a second family, and their support has been vital in helping me overcome academic challenges. I've gained skills in laboratory techniques, ethics, clinical communication, and professional conduct — all of which have prepared me for real-world settings.

During my first clinical rotation at Dedza District Hospital, I was assigned to five different laboratory departments these are haematology, parasitology, microbiology, clinical chemistry, and blood transfusion. While every department taught me something new, one unforgettable experience occurred in the Blood Transfusion department.

One day, we received a critical case — a patient sample with severe anaemia. After testing haemoglobin level was just 4g/dL, which required an urgent blood transfusion. I performed blood grouping and cross-matching. Moments after starting the procedure, the patient developed a rash and showed signs of distress — classic symptoms of a transfusion reaction. Immediately

the nurse called me to see what happened to the patient and I stopped the transfusion. I had never seen such an emergency before and I was scared but I was remembering my training to investigate the cause. Working with the senior lab staff, we discovered the patient had a weak antigen that had caused the incompatibility. After repeating tests and finding a perfectly matched unit, we resumed the transfusion — and the patient stabilized. That moment reminded me how important precision and teamwork are in saving lives.

From that incident, I learned never to underestimate the importance of thorough pre-transfusion testing and close patient monitoring. It also taught me the need to communicate effectively with clinicians and other lab staff during emergencies.

Another lesson came from outside the lab — the challenge of securing affordable accommodation. During the allocation, I faced high rental costs that exceeded my expectations. Being posted away from home, I had to rent a room close to the hospital. The cost was higher than I expected, and it was a stressful experience juggling between rent, transport, and meals — all while trying to stay focused in a demanding clinical setting.

Outside of my academic responsibilities, I enjoy reading motivational and spiritual books. They help me reflect and stay focused. I also love listening to music, especially during study breaks. In my free time, I participate in community health campaigns and volunteer programs. These activities not only keep me grounded but also give me the chance to serve others and apply my growing knowledge in real-life contexts.

My family is doing good. They continue to support me emotionally and spiritually, and also they are grateful for the support from Medic to Medic. Without this scholarship, my dream of becoming a biomedical scientist would not have been possible. This scholarship didn't just fund my education — it gave my entire family hope. We are all deeply grateful for this life-changing opportunity.

I hope to continue learning, growing, and one day serve in a national hospital or research institution — giving back to the society that helped raise me.





# Where does Medic to Medic work?

Additionally, we have a pilot student at the University of Nairobi and one postgraduate student in Ethiopia being sponsored by a restricted donation.

**MALAWI** – Kamuzu University of Health Sciences (KUHS) in Blantyre was set up in 1991. Initially a medical school, it now trains a range of health professionals in Blantyre, Lilongwe, and Mangochi campuses. Mzuzu University opened its nursing faculty in 2006. Students undertake clinical placements in the more rural northern region of Malawi, and their training is centred on the health needs of the local population. St John of God College, also in the north of Malawi, provides a unique training course for clinical officers (a type of health professional common in sub-Saharan Africa who do basic medical training) specialising in the provision of psychiatric care to the rural population. Ekwendeni College of Health Sciences trains students in a diploma of clinical medicine. Students graduate as clinical officers and run missionary hospitals and clinics in rural areas where there are no doctors. We continue to partner with Malawi College of Health Sciences, Mulanje Mission College, St Johns Institute of Nursing, Trinity Nursing College, Malawi University of Science & Technology, and African Bible College.

**UGANDA** – Mbarara University of Science & Technology  
Mbarara University was founded in 1989 to address the shortage of scientists in Uganda and to instil a sense of community service in its students. It has approximately 6043 students and employs over 200 staff members. We have 1 pilot student at International University of Kampala.



**ZAMBIA** – The University of Zambia, based in Lusaka, is one of four government-run institutions in Zambia that train doctors and other health professionals. It was established in 1965 and has as its motto "*Service and Excellence*". The medical school was the first in Zambia and is set opposite University Teaching Hospital, a tertiary referral hospital in Lusaka. We have 1 pilot student at Levy Mwanawasa Medical University in Lusaka. We are also supporting Malawian students to finish their studies at Eden University.

# 2024 – 2025 in Numbers

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**101 students supported**

**52%**

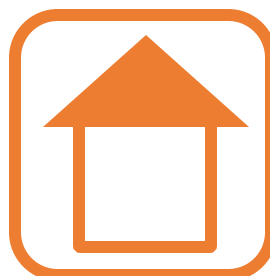
**48%**



**5 countries**



**25 laptops distributed**



**18 Universities**



**16 Elective  
students visited  
Malawi**

**22 Graduations**



**414 kg of medical textbooks & equipment  
transported to Malawi through international  
visitors**

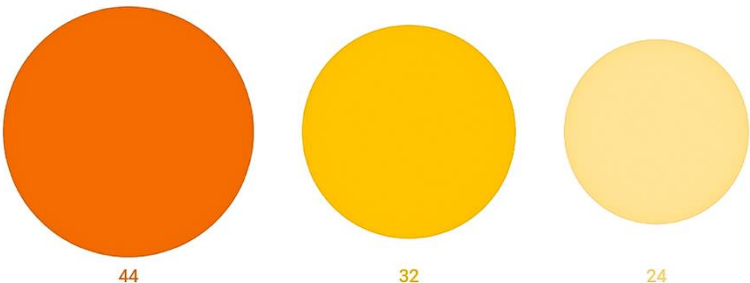


“Your timely assistance has eased a significant burden off my shoulders, and I'm deeply thankful for your willingness to help. Your selflessness and compassion are a shining example of the kindness and generosity that makes a real difference in people's lives.”

# Guardian Visits Summary 2024

## There were 25 Guardian Visits conducted

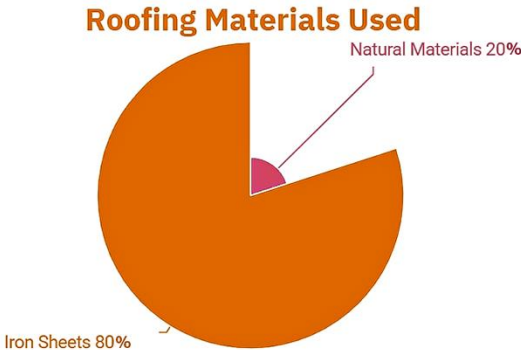
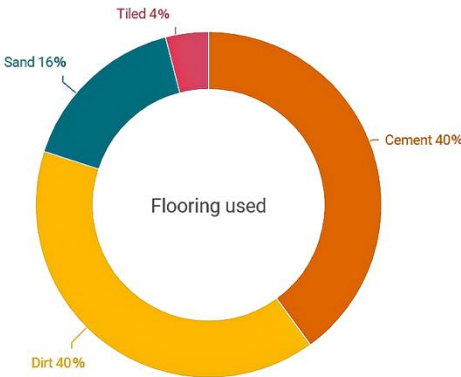
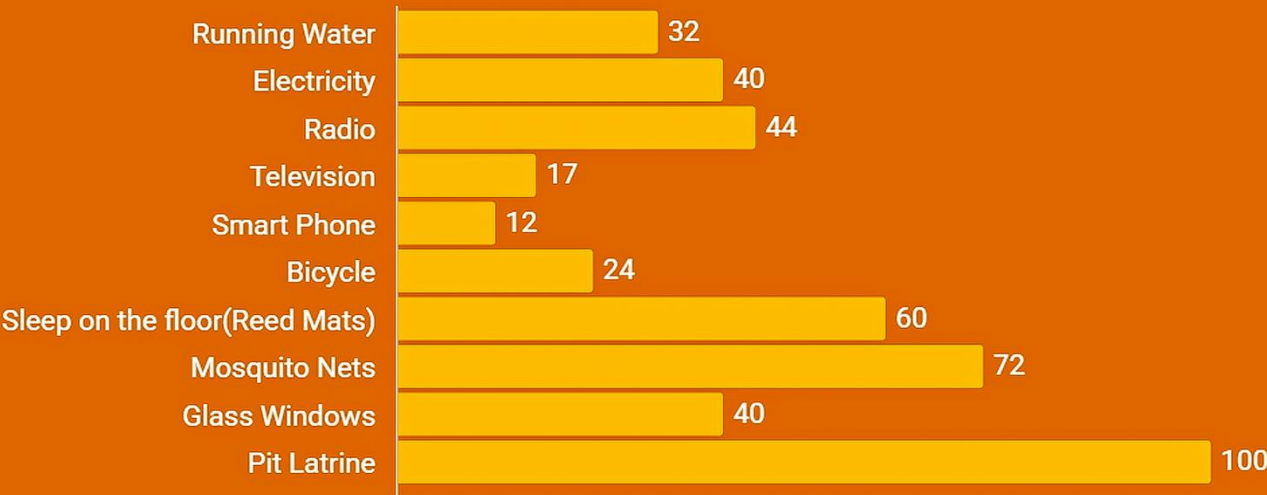
● Central ● Southern ● Northern



## Demographics of the households

- Average of **2.2 adults & 4.2 children** per household.  
(range 1-4 and 1-9 respectively)
- **46% of households** have chronic health conditions
- The most common level of education reached in adults of the household was secondary education.

## Percentage of Households With Access



## Priority 2: Equity and Access

We target those who are under-represented in the health professions, such as women and those from rural areas. We want to increase the number of health workers working in rural areas, so that everyone has equal access to healthcare.



# Guardian Visits Summary 2024

## Distribution of Residents by Distance from the Main Road



13%

of people live within 100 meters, very close to the main road.



17%

reside moderately close, within 100 to 500 meters from the road.



9%

live at some distance, between 500 meters and 1 kilometer away.



61%

61% live more than 1 kilometer from the main road, farthest among all groups.



## Eating Habits in Daily Life

Understanding eating patterns helps reveal how much households have access to food. Only 28% of households consume three meals daily, while a significant 68% eat meat less than once a week. Nsima remains the primary staple food in these diets.

28 percent of households have three meals a day



68 percent eat meat less than once per week



Nsima is the main staple food for most households



## Household Finances Overview

87%

of families live in their own homes.



48%

own agricultural land for farming.



60%

of households have working adults.



76%

earn 0-150,000 MK monthly income.



42%

of households have active loans.



83%

have financial duties beyond family.



40%

of household earnings was from 151,000 - 500,000 MK (£75 - £200)





# Peer Mentoring

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During July 2024, we trained 28 Medic to Medic graduates as mentors for our student mentoring programme in a series of online tutorials. The training covered student budgeting, debriefing skills, psychological first aid and orientation on policies and procedures for the initiative.

It is a huge milestone for us to move forward with this initiative. We have long noticed the challenges students face despite having scholarships. Students continue to have financial challenges and encounter issues living away from their families for the first time whilst having the weight of expectation and family hope on their shoulders.

We often hear of student concerns when students reach crisis point, by which time we are playing catch-up to offer adequate support. We hope that through this initiative, we will be able to be proactive rather than reactive, and in doing so prevent student crises from occurring and help students develop into confident health professionals by achieving a better academic performance, which ultimately secures our investment in their education.

The mentoring programme also gives an opportunity for our graduates to support their younger peers and helps share the lived experience and collective lessons learned when walking similar paths. In doing so they develop their leadership skills and confidence.

Mentor, Spain Chimaliro states, *“My motivation for the student mentorship program comes from the lack of this*

*program in our health care system. I am proud to be part of the first cohort of Medic to Medic mentors. I believe mentees will have a proper transitioning experience from their junior years at college to graduation. I believe graduates will be more confident and will be able to work effectively in the health care system, improving service delivery in our country.”*

Each mentor is given a small stipend for their time and provides mentorship support for 2-5 students at any given time.

Our expectation is that each of our students will have 2-3 mentoring sessions per year and can reach out to their mentors via WhatsApp at other times should the need arise.

Each of our mentors has a buddy to offer them feedback should they require support. We have hosted 3 peer review sessions this year (quarterly) with a continuous professional development presentation and an opportunity to discuss specific circumstances to learn from the collective experience.

## **Priority 1: Health Workers**

We support trainee healthcare workers throughout their education, so that they can perform to the best of their ability. We want to add to the absolute numbers of health workers in training so that there are more graduates in countries with critical shortages.



# Global Gathering

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On the 22<sup>nd</sup> March 2025 we hosted our third online Global Gathering to share presentations from our students, graduates, colleges and trustees. Watch the recorded session via the YouTube link.

<https://youtu.be/-Dmpkbe7xE0>

Our guest speakers included:

- Esmie Mkwinda - Principal at St John of God University Mzuzu
- Yohane Magalasi - Medical Graduate, alumnus of Medic to Medic
- Charles Nyirenda - BSc psychotherapy student at St John of God University, Medic to Medic student
- Dr Liz Howard - Medic to Medic trustee (UK)

Our Global Gathering takes place annually! Keep an eye out on our social media channels for times and dates.



Medic to Medic Global Gathering 2025



Medic To Medic  
172 subscribers

Analytics

Edit video

6



Share

Promote

## Priority 3: Awareness

Raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.



## Listen to our Podcasts!

On Spotify: "Malawi Matters"  
<https://anchor.fm/medic-to-medic>



# Meet the Team UK & New Zealand

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**Tamsin Lillie** *Chief Executive Officer, NZ Trustee*

Tamsin is an Urgent Care doctor working in Rotorua New Zealand with an interest in global health. She has been involved with Medic to Medic since 2009 having set up and run the Norwich medical school student branch. She has completed a Masters in International Public Health and the East African Diploma of Hygiene and Tropical Medicine. She has been CEO since January 2015.

**David Howells** *UK Trustee*

As a qualified accountant, Dave has spent his career in both the petrochemical & automotive industries. In the last phase of his career, he focused mainly on driving large digital transformations. Dave developed an interest and fascination with Africa while working in South Africa and now wants to help bring sustainable medical capability to Malawi.



**Sheena Jaggiwan** *Gift Aid Manager*

Sheena volunteers for Medic to Medic. She works full time at a Hospice charity in London. Sheena helps run the yearly monitoring visits in Malawi and submits our gift aid claim each year.



**Liz Howard** *UK Trustee*

Liz is a GP and clinician for NHS Practitioner Health who lived in Malawi for 3 years. During this time, she became interested in the wellbeing of medical students, helping to set up a student peer support group as part of the College of Medicine's student wellbeing programme. She was touched by the students' stories; learning to deliver health care in a resource poor setting as well as dealing with considerable financial and family issues. Through this group she became aware of the amazing support Medic to Medic give and the real difference that it makes.



**Bryony Hamel** *UK Trustee & Salisbury Recycles for Medic to Medic Coordinator*  
Bryony first travelled to Malawi in 2010 to do her elective as a medical student. She was struck by the vast differences in healthcare provision in comparison to the NHS. She has been promoting the charity to anyone that will listen and runs the *Salisbury recycles for Medic to Medic* Terracycle collection point.



# Meet the Team UK & New Zealand

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## **William Stones** *UK Trustee*

William Stones is a UK trained obstetrician-gynaecologist with global and public health interests. He has been affiliated with Kamuzu University of Health Sciences (formerly the College of Medicine) in Malawi since 2014. He currently lives and works in Nevis (Caribbean) and maintains online teaching and research links with Malawian university colleagues and postgraduate students.

## **Alice Namanja** *UK Volunteer Malawi Trustee*

Alice is a lecturer in Cardiorespiratory Physiotherapy at Kamuzu University of Health Sciences. After pursuing her Master of Science in Cardiovascular health and rehabilitation at the University of Chester, Alice is now doing her PhD studies in cardiac rehabilitation at the University of Hull in United Kingdom. Her focus is on primary and secondary prevention of cardiovascular disease among people living with HIV in Malawi. Her ambition is to establish approaches which could be used by Malawians living in both rural and urban settings to access and utilize the cardiovascular disease targeted preventive interventions such as exercise therapy, education, and counselling.



## **Melissa Brittle** *NZ Trustee*

Melissa is an Urgent Care Doctor working in Christchurch, New Zealand. Her interest in global health began when she was travelling in Asia in 2011. This led her to make a career change into medicine. While working in Myanmar with Yangon Medical school, she saw the additional challenges medical students face in countries where there is a lack of accessible funding. This can determine between those who can complete their studies and go on to contribute to the healthcare in their country and those who are unable to. She joined Medic to Medic to help address these inequalities in accessing medical education in other countries.

## **Anisha Palanivelu Viswanathan** *NZ Trustee*

Anisha is a doctor working at Hutt Hospital in Wellington. She first got involved with Medic to Medic as a 4th year medical student in Rotorua, helping sell masks as a fundraiser during the pandemic. Anisha has since been involved with raising awareness about Medic to Medic amongst medical students and junior doctors.



## **Sophie Rogers** *NZ Trustee*

Sophie is an accountant in Auckland and recently joined the NZ team as a trustee in early 2023. Having completed her bachelor's degree in accounting and commercial law in 2020, she has been completing her accounting qualifications with CPA Australia. Being the daughter of a nurse who has previously worked for a medical charity, Sophie has heard firsthand how greatly a community can benefit from the support of charities such as Medic to Medic.





# Meet the Team Malawi

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## **Helen Dzamalala** *Blantyre Office Coordinator*

Helen runs the Medic to Medic Blantyre based office in New Naperi. She runs regular Malawi based initiatives including the medical textbook shop, student study space and the Blantyre guest bedroom. Prior to working for Medic to Medic she was secretary to the Dean of Students. In this role, she has been working alongside Medic to Medic since 2009.



## **Hawah Mbali** *Trustee*

Hawah is a Medical officer at Mzuzu Central Hospital, northern Malawi. She has worked with Medic to Medic since 2017 as a Medic to Medic representative in the northern region. She is currently studying Masters in Dermatology and Venereology at Regional Dermatology Center in Tanzania. She is passionate about dermatology and global health dermatology.

## **Fanuel Bickton** *Trustee*

Fanuel graduated as a physiotherapist in 2018. He completed a Masters of cardio-respiratory studies with distinction in 2022 from UCL. He is now based at the Malawi-Liverpool-Wellcome Programme and is a physiotherapy lecturer at the Kamuzu University of Health Sciences. He is also an Editor for the Malawi Medical Journal.

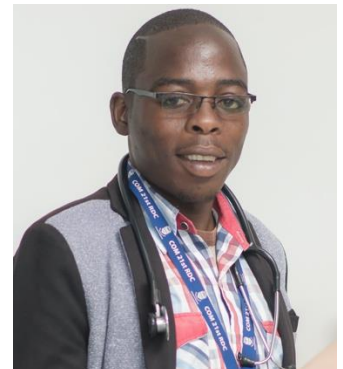


## **Thokozire Phiri-Makanjira** *Trustee*

Thokozire is a pharmacist, currently working in a retail pharmacy in Blantyre Limbe Malawi. She was a Medic to Medic beneficiary from 2015 to 2017. Now a trustee and a volunteer for the Malawi team. She is also volunteering with *iMind* youth organisation which focuses on mental health awareness to the youth in the country.

## **Jeremiah Kabaghe** *Trustee*

Jeremiah is a pharmacist and works as a retail pharmacist at Pharmacare in Blantyre. He volunteered to be part of the Malawi team and has been helpful in looking after students who have had welfare concerns. Additionally he has helped run health checks for fundraising in Blantyre.



Interested in being on the Medic to Medic team? We're always looking for more volunteers interested in fundraising, administration and grant writing. If you'd like to get involved, email us: [info@medictomedic.org.uk](mailto:info@medictomedic.org.uk)





“Please know that your contribution has not only helped me financially but has also given me hope and renewed my faith in the goodness of people. I'm grateful for your trust in me and for being a source of support during a challenging time.”

# School Talks

During the last 12 months, we reached **800** students across 7 schools in Malawi.

- ✓ Encourage learners to continue with education.
- ✓ Improve health literacy amongst students.
- ✓ Teach basic first aid skills (CPR, recovery position & choking).

We do this by working with our existing **Medic to Medic** students who give a motivational talk to the learners. Our students share their educational journey and the challenges they experienced, and how they overcame them. By giving students role models, we hope to inspire and encourage younger students to continue with their education and consider health-related courses. We've long since heard that students with a lack of role models can lose focus resulting in school dropouts and teenage pregnancies.

After the motivational talks we teach and demonstrate first aid skills. Our elective students visiting Malawi get involved in teaching these skills.



## Priority 3: Awareness

Raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.

## Priority 4: Leadership Skills

We support our student community to gain leadership and empowerment skills through small-scale, locally led projects related to health and wellbeing.

*"I really enjoyed the session. The preparations for the session helped me to reflect some aspects of my academic journey, goals and life in general. The mere exposure to different ideas from fellow speakers and their experiences and the opportunity to revisit my secondary school life through the eyes of the attenders made me appreciate how much support has been rendered for me to be where I am today and not to take it for granted."*

**Medic to Medic Student 2024**



# Hurst Essay Winners

## Priority 3: Awareness

Raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.

Every year, Medic to Medic runs an annual essay competition. This is a chance for the students to practise their essay writing skills as well as an extra opportunity to win some prize money. This year, we ran two essay competitions; one for certificate and diploma level students and one for degree level students.

### This year's essay titles were:

#### *Certificate & Diploma Entry*

**“Addressing the shortage of healthcare workers in Malawi: causes and solutions.**

Discuss the factors contributing to the shortage of healthcare professionals in Malawi and propose the ways to retain and attract more talent into the healthcare system.”

#### *Degree Entry*

**“The integration of traditional medicine with modern healthcare in Malawi.**

Examine the coexistence of traditional and modern medicine in Malawi, its potential benefits and the challenges in integrating the two systems for better healthcare outcomes.”

*“I am very grateful for what Medic to Medic through different platforms has helped me become. The writing competitions have strongly contributed to what I am today and have become one of my strongest skills I have now.”*

### Medic to Medic Graduate

Certificate & Diploma Level	Degree Level
<b>1<sup>st</sup> Prize</b> Priscilla Mtambo	<b>1<sup>st</sup> Prize</b> Chitsanzo Makoloni
<b>2<sup>nd</sup> Prize</b> Diverson Kaphiri	<b>2<sup>nd</sup> Prize (Joint)</b> Teddy Nakabiri Rhon Phiri
<b>3<sup>rd</sup> Prize</b> Grace Nkhonya	
<b>Highly Commended</b> Josephy Banda	<b>Highly Commended</b> Aubrey Matope & Moses White

Thank you to Dr Hurst whose continued donations provide the prize money for this competition and to our markers – Samuel Mpinganjira, Isaac Yiwombe, William Stones and Elizabeth Howard





# Degree Level Hurst Essay Competition Winner

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## The integration of traditional medicine with modern healthcare in Malawi

In Malawi, like many other African countries, people use both traditional and modern medicine to meet their health needs. Traditional medicine, including herbal remedies and spiritual healing, has been practiced for generations and is deeply rooted in culture. On the other hand, modern healthcare offers scientific treatments through hospitals and clinics. Although both systems operate side by side, they are not yet fully integrated. This essay explores how traditional and modern medicine can work together, the benefits of their integration, and the challenges that come with it.

Traditional medicine is based on cultural beliefs and practices passed down through generations. In Malawi, traditional healers—commonly called "asing'anga"—use herbs, animal parts, and spiritual methods to treat various illnesses (Green, 1999). For example, herbal mixtures may be used to treat fever or stomach problems, while rituals may be performed to remove curses or bad spirits believed to cause sickness. According to the World Health Organization, traditional medicine is "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures" (WHO, 2002). It is estimated that more than 80% of the African population uses traditional medicine as a first option for health issues (Peltzer & Mngqundaniso, 2008).

Modern medicine, also called conventional or Western medicine, is based on science and clinical evidence. It includes practices such as surgeries, vaccines, diagnostics, and prescription medications. In Malawi, modern healthcare is delivered through public and private health facilities. However, there are challenges like shortages of medical staff, lack of medicines, and long distances to clinics (Malawi Ministry of Health, 2017).

Many Malawians use both types of medicine. For example, someone may visit a traditional healer for chest pain and still go to the hospital for an X-ray. This shows that both systems are already coexisting informally. Proper integration can make this relationship stronger and more beneficial to patients.

### 1. Increased Access to Healthcare

Traditional healers are widely available even in rural areas where clinics are far. In places like Chikwawa and Nsanje, people often rely on traditional healers because they cannot afford transport to hospitals. Integrating these healers into the formal system means more people can receive basic care close to home (Kayombo et al., 2007).

### 2. Cultural Relevance and Trust

Traditional medicine reflects local beliefs. People trust traditional healers because they speak the same language, understand their culture, and sometimes even live in the same community. For example, in Dedza District, a woman may prefer a traditional birth attendant during delivery because she feels more comfortable and respected. Integrating culturally accepted practices can increase trust in the overall healthcare system (Green, 1999).

### 3. Health Promotion and Disease Prevention

Traditional healers can support public health efforts. For instance, during the early days of HIV/AIDS awareness campaigns, some programs trained healers to educate communities about safe sex and prevention. In Malawi, healers helped reduce stigma and encouraged patients to get tested (Homsy et al., 2004).

### 4. Research and Discovery of New Treatments

Many modern medicines have roots in traditional practices. A famous example is *Artemisia annua*, a plant used in traditional medicine, which led to the development of artemisinin—a drug now used to treat malaria (White, 2008). In Malawi, researchers are studying local plants like *Moringa oleifera* for their possible use in treating malnutrition and infections. By supporting such research, we can find affordable and effective treatments that are locally available.

Even though integration sounds helpful, there are serious issues that must be addressed for it to work.

# Degree Level Hurst Essay Competition Winner

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## 1. Lack of Regulation

Traditional healers are not licensed or supervised by any formal authority. Anyone can call themselves a healer, which makes it hard to control harmful practices. For example, there have been cases where herbal mixtures caused liver damage, or where patients with tuberculosis were treated with herbs instead of being referred to hospitals (WHO, 2013). Without regulations, patients are at risk.

## 2. Conflicts in Belief Systems

Modern doctors rely on scientific evidence, while traditional healers may use spiritual beliefs. This difference can cause mistrust. For instance, a doctor may think that treating epilepsy with spiritual rituals is dangerous, while a healer may believe that giving tablets without addressing spiritual causes is useless (Langwick, 2011). These conflicting views make it hard to cooperate.

## 3. Limited Scientific Evidence

Many herbal treatments used by traditional healers have not been tested in laboratories or clinical trials. Without evidence, it is hard to prove their safety or effectiveness. For example, some herbs used to treat diarrhea in children may stop symptoms temporarily but can also cause dehydration (Veale et al., 1992). Without proper testing, it is unsafe to recommend these remedies widely.

## 4. Risk of Exploitation

Traditional knowledge can be taken and used by companies without giving credit or payment to local communities. This has happened in other African countries where pharmaceutical companies used indigenous knowledge to make profit without sharing benefits (Munyi et al., 2012). Malawi must create legal protections to prevent this exploitation.

To successfully integrate both systems, we must take deliberate steps. First, Malawi can set up a national registration system for traditional healers, similar to how nurses and doctors are licensed. This can help eliminate fake healers.

Second, the government and health NGOs can organize training sessions where traditional healers are taught basic medical knowledge, like how to recognize signs of malaria or HIV and when to refer patients to a clinic.

Third, universities like College of Medicine in Blantyre can partner with local communities to research traditional herbs. This can lead to new, affordable medicines that are safe and effective. Finally, there should be regular meetings between traditional healers and modern health workers to build respect and understanding. This has worked in some pilot projects in Malawi where both sides agreed to refer patients when needed (THAM, 2021).

In Mangochi District, traditional birth attendants often assist women during pregnancy and childbirth. While they offer emotional support, they may not have the skills to manage complications like breech delivery. By training these attendants and linking them with midwives in health centres, the number of maternal deaths has been reduced (Sialubanje et al., 2015). This is a successful example of integration that can be copied in other areas.

Traditional and modern medicine are both valuable. In Malawi, they are already coexisting, but not in an organized way. By integrating them properly, we can make healthcare more accessible, affordable, and culturally acceptable. However, integration should be done carefully, with respect for local beliefs, but also with a strong focus on safety, evidence, and regulation. If we do this right, Malawi can become a model for combining ancient wisdom with modern science for the benefit of all.

### ***Chitsanzo Makoloni***

***Optometry student, degree level, Mzuzu University. Winner of the 2025 annual Hurst essay competition, degree level category.***





# Environmental Action

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## Priority 4

### *Leadership Skills*

We support our student community to gain leadership and empowerment skills through small scale, locally led projects related to health and wellbeing.

Climate change is having and will continue to have a detrimental impact on health outcomes for people globally. Malawi is one of the top 3 countries to be affected by climate change, despite having contributed very little per capita in terms of global carbon emissions. As an international NGO, we feel we have a role to play in advocacy for the environment since society trust health workers – they stand against death and disease and their knowledge and skills are trusted by the public who are reliant on them when they are needed most. As such, the public listen to health workers. They have a unique position in society for ensuring environmental integrity.

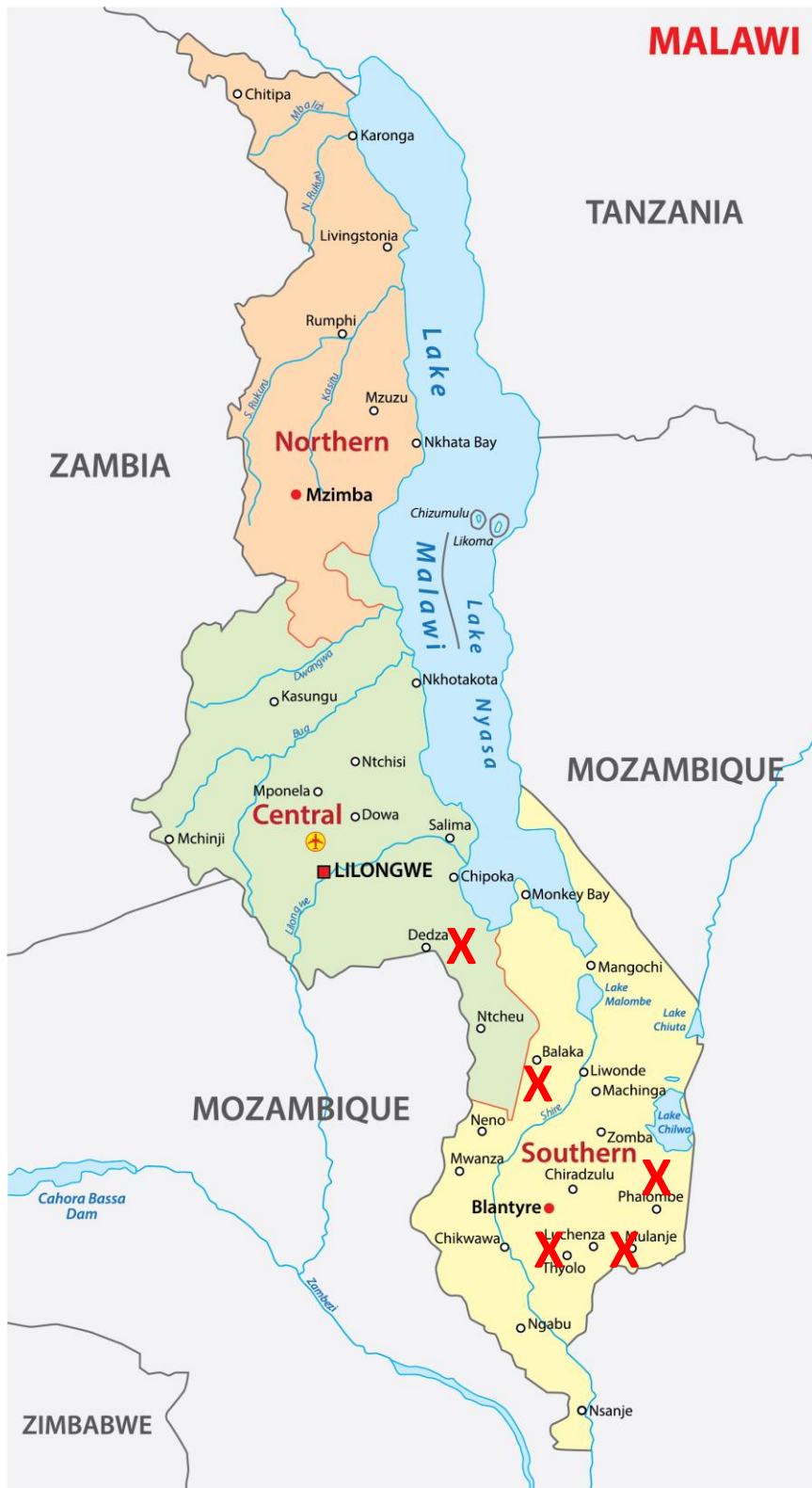
All our students are given the opportunity to apply for grants during the rainy season to conduct forestry projects in their villages. Trees provide shade, reduce soil erosion and prevent flooding as well as reduce carbon dioxide from the atmosphere. Malawi has huge amounts of deforestation and it is hoped through environmental practices we can help respond positively to some concerning statistics.

Projects enable us to work with our students on a shared initiative, with students developing leadership roles. Students are required to write a short report, fill out an online survey at 6 months and visit a fellow students' forest to learn from their experience and build friendships for the future.

During 2024-2025, 6 of our community applied for funding for environmental action grants. We supported 5 student projects and distributed 2,261,000 MK in grants. A total of 4401 trees were planted and 3921 trees survived at 6 months (89% survival rate).



# 2025 Student Forest Map



## M2M Environmental Action Mission Statement

Medic to Medic Environmental Action believes that health and wellbeing is linked to the environment. We strive to protect, restore and enhance environmental initiatives at community level in Malawi.

### Northern Region

No projects were completed in the northern region this year.

### Central Region

Peter Samuel

### Southern Region

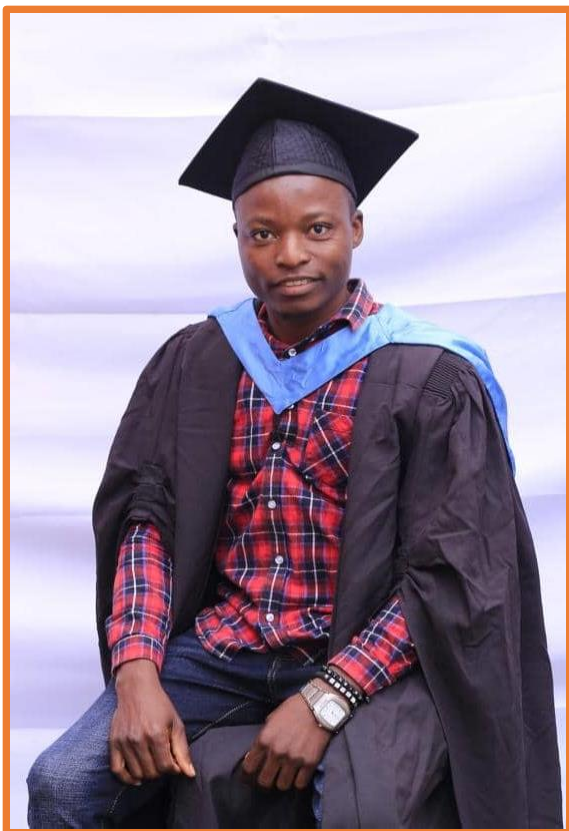
Takondwa Likumbo

Edward Chimenya

Andrew Nkhoma

Moses White

**Total Trees Planted: 4401**  
**Total Trees Survived: 3921**  
**(Survival Rate 89%)**



# Edward Chimenya

## BSc Nursing & Midwifery

Mzuzu University

"I just wanted to express my deep gratitude for the support you rendered to my education. Today, I'm called a graduate because of your support, and soon I'll be called a servant because of your caring heart. I wouldn't have achieved this dream without you. Thank you, dear M2M, for your everlasting support."

# Ruth Kalimbira

## Dental Surgeon

Kamuzu University of Health Sciences

"I express my deepest gratitude for your generous support during my academic Journey. Your kindness has made a significant impact on my education and my life, and I am truly grateful."

Thank you for being part of my journey. I will carry this opportunity with a deep sense of responsibility and purpose, and I hope one day to pay it forward to others in need, just as you have done for me."







## Falaness Kasalika

**BSc Nursing & Midwifery**  
Kamuzu University of Health Sciences

"I just wanted to express my heartfelt gratitude for your kindness and generosity in providing me with a scholarship to pursue my education. Your support has been a game-changer for me, covering my school fees and allowing me to focus on my studies.

Thank you so much for believing in me and investing in my future. I'm thrilled to have this opportunity, and I'm committed to making the most of it. Your contribution will have a lasting impact on my life, and I'm forever grateful.

I'm excited to see where my education takes me, and I'll always be thankful for your role in helping me achieve my goals. My family members are grateful as well for your unwavering support."



# Our alumni community – where are they now?

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Each year we carry out an alumni survey to assess the long-term impact of undergraduate scholarship support in our community. At the time of data collection, we had a community of 229 graduates. Our 2024 graduate survey achieved a response rate of 99% with 2 graduates choosing not to fill in the survey.

*91% of Medic to Medic alumni remain in their country of training (Malawi & Uganda).*

Of those outside their country of training, 60% remain in sub-Saharan Africa with postgraduate training being the main reason for leaving. Overall, 3% of graduates are currently working in high income countries (Australia, UK, USA).

54% of graduates have a driving license, 36% of graduates own a car, and 10% of graduates own a house. 77% of graduates are providing school fees to children, with the number of children supported ranging from 1 to 5. These results show the long-term impacts and ripple effects of Medic to Medic scholarships.

*“Before I was a stressed person because there was no one back home to support me financially in my studies. I used to lack transport to go back to school after holidays. After Medic to Medic, I was a happy person. I never lacked transport anymore, I was feeding well in school, I got a laptop and other medical equipments. In general my life became softer.”*

*97% of graduates continue to reside in Africa with 88% of graduates currently employed.*

## Keep Updated!

Follow our blog to keep updated with our latest news and activities:  
<https://healthprofessionalmalawi.wordpress.com/>



## Priority 3: Awareness

Raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.



“Let me thank you for giving her the opportunity, the day I called her to tell her that you have paid the fees for the whole year she could not believe and she cried because of joy. You made what she felt like impossible to be possible. You made her to have hope. May God bless you.”

# Electives

Find out more via our electives leaflet  
[medictomedic.org.uk/electives](http://medictomedic.org.uk/electives)

The elective initiative started in 2023 to sustainably fundraise the expansion of **Medic to Medic** student scholarships in Malawi. For every visiting elective student, a Malawian student can be provided with a scholarship for one year.

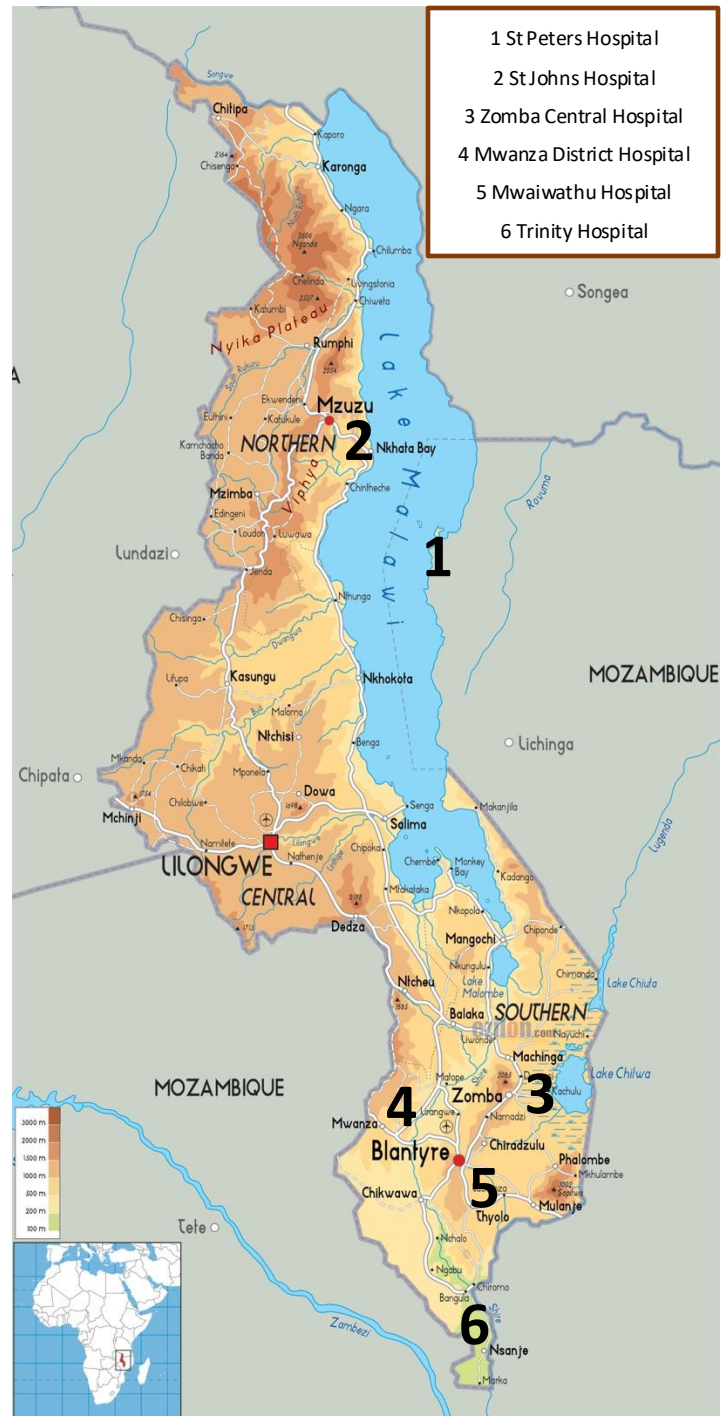
The more elective students hosted in Malawi – the more scholarships that can be provided to students in need. Each elective student is encouraged to undertake an elective project and contribute positively to the community in which they will be spending their time.

**24,000,000 Malawi Kwacha raised from our 16 visiting elective students and a further 22,000,000 MK raised from student projects.**

- **Pre-departure support** – we provide Chichewa language lessons and tropical medicine tutorials provided by our student community and alumni in Malawi.
- **Alumni mentorship.**
- **Carbon Offset** – we give a donation to plant 200 trees per elective student through Mount Soche Conservation Trust and Sumphiwi Women and Youth Reforestation Initiative.
- **Elective adjuncts are provided** – Oxford Handbook of Tropical Medicine, Malawi guidebook, M2M luggage label and M2M t-shirt.
- **De-briefing support** on return to home location.



**8 students from New Zealand  
8 students from the UK**



## Priority 3: Awareness

Raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.



# Electives

## Student Projects 2025

Provided 125 young women at School on Likoma Island with period poverty packs

Provided 520 mosquito nets to Likoma Secondary School students

500+ school students on Likoma island taught first aid, namely CPR, recovery position and choking management

Audit of sexual assault attendances at Mzuzu One Stop Service during 2024

Individual fundraising has provided a house for health workers at Ndala Village Clinic and fetal dopplers at Zomba Central Hospital

Audit of Mwanza District Hospital clinical services

Teaching at Trinity Hospital in Fatima

Provided 50 mother and baby kits to women in need on the labour ward at St Peters hospital





# Marathon and Southern Malawi Tour 2025 in Review

"With my current studies in Medicine and Global Health, I've always been interested in how healthcare systems operate around the world. I first heard about *Medic to Medic* through my course, and when I saw the opportunity to take part in this marathon and sightseeing trip, it felt like the perfect chance to explore a country I'd been curious about, while also raising money for a truly vital cause.

The trip was organised brilliantly. The itinerary was thoughtfully tailored to our interests, balancing travel and cultural learning in a way that felt meaningful and respectful. I especially appreciated the effort to minimise our impact on local communities and the inclusion of Chichewa lessons, which helped us engage more deeply with our surroundings.

This was my first time in Malawi and I was blown away by the beauty of every place we visited. The marathon at Satemwa Tea Estate was a definite highlight, offering breathtaking views throughout the course (though my lack of training may have added to the breathlessness!). The warm support from volunteers and staff made the experience even more special, and relaxing at the idyllic Huntington House afterwards was the perfect way to unwind.

Despite having only a short time in the country, the itinerary made every day count. We went on several hikes with knowledgeable and engaging guides who not only shared key historical and environmental insights but made the walks genuinely fun. Our safari days were another standout, packed with delicious food, stunning accommodation, and unforgettable excursions. An evening boat ride and swim on Lake Malawi was magical, only rivalled by celebrating a group member Pam's birthday in Zomba at one of the friendliest, most nature-immersed accommodations I've ever stayed in.

A heartfelt thank you also goes to our host family in the village, who looked after us with such kindness and generosity. Their hospitality made us feel truly at home, and they were far too generous in praising my attempts at making nsima, despite my very obvious struggles! Whilst we witnessed some of the lasting impact of the devastating Cyclone Freddy from 2023, what stood out even more was the deep sense of community and resilience woven through..."

"... village life. Seeing firsthand the strength and connectedness of the community, and knowing the support that *Medic to Medic* has provided here during the immediate aftermath and through the ongoing medical elective programme, only deepened my appreciation for the charity's work and its lasting impact.

This focus on local resilience was also reflected during our final afternoon at the briquette-making workshop. Meeting the women leading this initiative was a valuable insight into how communities are responding to environmental challenges. Their work offers a practical, sustainable alternative to tree felling, which has contributed to issues like mudslides during increasingly frequent extreme weather events.

Although I didn't know anyone before signing up, I had the pleasure of travelling with a truly wonderful group of women who made the experience all the more memorable. I can't recommend this trip highly enough, and I'm sure I'll be talking about it for a long time to come!"

**Morven Ross**  
*International Participant*



Above: Marathon runners 2025 doing our signature "M"



Above: Our on site marathon medical team comprised of our graduate alumni. From left to right, Dr Takondwa Namalima, Physiotherapist Matthews Mlongoti, Physiotherapist Funny Saiwa (colleague), Physiotherapist Patricia Chuimia and Dr Rose Kamphandule

Sign up for our 2026 event via this link!  
[medictomedic.org.uk/marathon](https://medictomedic.org.uk/marathon)



Raising funds for scholarships of trainee health workers



medictomedic  
CONGOMA C1609/2022

# MALAWI MARATHON EVENT

**Sunday 24th May 2026**

**5k, 10k, half or full  
marathon options**

**Local entries from  
25,000MK**

prices include lunch

For enquiries: [info@medictomedic.org.uk](mailto:info@medictomedic.org.uk)



**Run through  
Thyolo Tea  
Estates in  
Southern Malawi**

**INTERNATIONAL PARTICIPANT** - join our Southern Malawi tour  
featuring a village visit, Mount Mulanje, Zomba, Liwonde  
National Park, Cape Maclear and Dedza. £2150 (excluding flights)  
Arriving Friday 22nd May 2026 leaving Sunday 31st May 2026.

# 2026 Southern Malawi Tour Itinerary

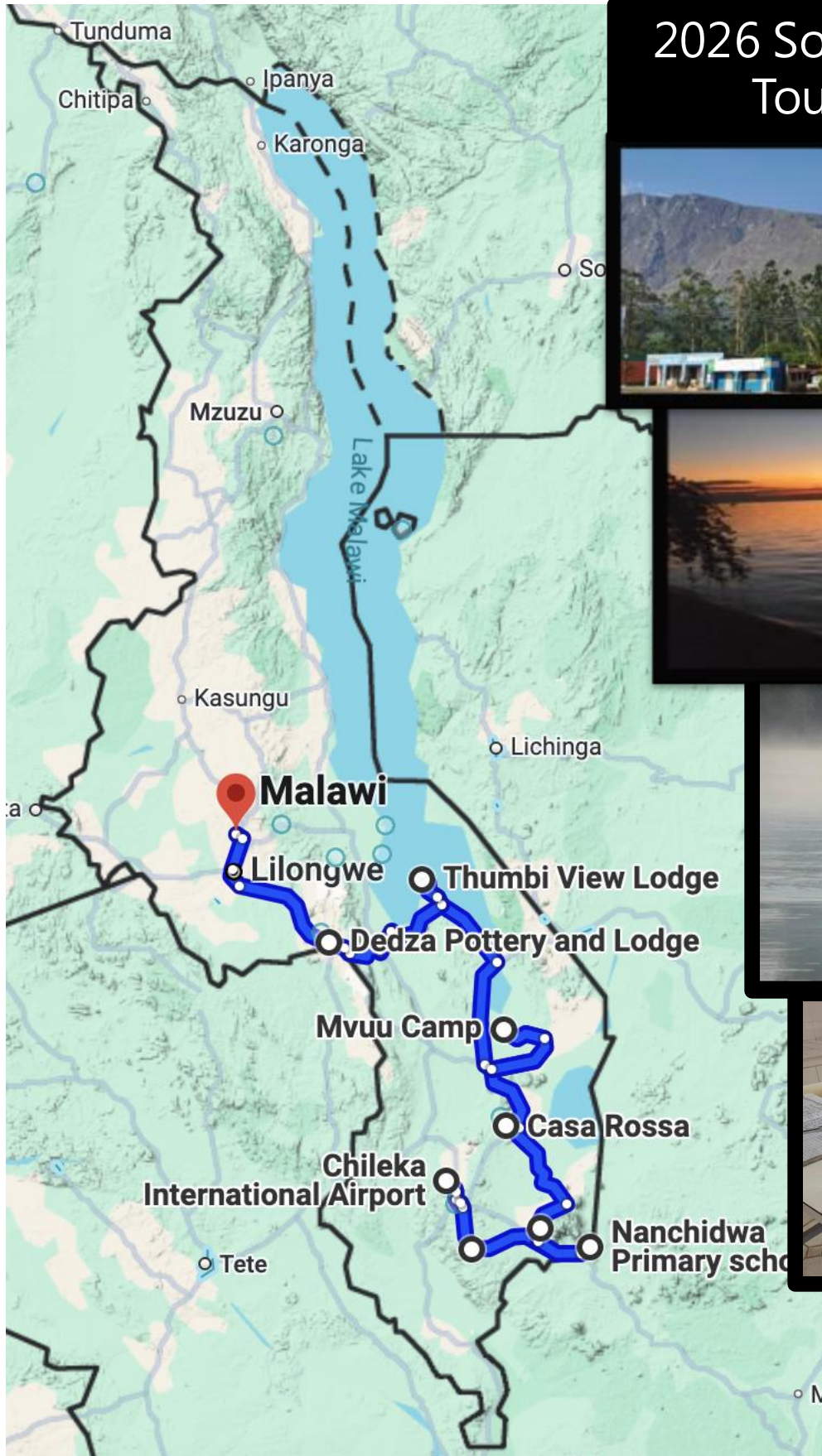
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<b>Friday 22<sup>nd</sup> May</b>	Arrive in Blantyre. Collected from the airport by M2M team. Given local SIM card and Malawi Kwacha spending money. Afternoon walk to Mount Soche with local guides and visit the carbon offset project with Mount Soche Conservation Trust. Stay overnight in Blantyre at one of the local lodges.
<b>Saturday 23<sup>rd</sup> May</b>	Travel from Blantyre to Satemwa tea estate in Thyolo (approximately 1 hour by car). Tea tasting in the afternoon and free time to explore the tea estate. Overnight at Huntington House on Satemwa tea estate.
<b>Sunday 24<sup>th</sup> May</b>	Event day! Take part in your scheduled event. Overnight at Huntington House.
<b>Monday 25<sup>th</sup> May</b>	Travel from Huntington House to Ndala village (approximately 90 minutes) and learn about village life. Stay overnight with a host family. Activities include making nsima and playing Bawo.
<b>Tuesday 26<sup>th</sup> May</b>	Travel from Ndala village to Zomba via Mulanje (approximately 90 minutes). Day hike to Mulanje waterfall from the Likhubula side of the mountain. Stay overnight at Cassa Rosa half way up Zomba plateau. There may be opportunities for day walks here depending on arrival time.
<b>Wednesday 27<sup>th</sup> May</b>	Travel from Zomba to Liwonde National Park (approximately 2.5 hours). Overnight in Mvuu Camp. Safari activities in the afternoon (choice of boat or game drive)
<b>Thursday 28<sup>th</sup> May</b>	Morning hours, safari game drive. Travel to Cape Maclear (approximately 3 hours). Sunset cruise and snorkeling. Curio shopping at the local market. Overnight at Thumbi View Lodge.
<b>Friday 29<sup>th</sup> May</b>	Travel from Cape Maclear to Dedza. Meet the local women's group and learn about briquette making. Overnight at Dedza Pottery.
<b>Saturday 30<sup>th</sup> May</b>	Travel to Chongoni Rock Art (UNESCO World Heritage Site). Pottery tour +/- hike to Dedza Mountain +/- painting own pottery (optional activities). Overnight at Dedza Pottery.
<b>Sunday 31<sup>st</sup> May</b>	Leave Malawi from Kamuzu International Airport in Lilongwe.





# 2026 Southern Malawi Tour Itinerary



[medictomedic.org.uk/marathon](https://medictomedic.org.uk/marathon)

# Statement of Financial Activities UK

The next two pages show a statement of Medic to Medic's financial activities for the year 2024 – 2025. For more information please see our Financial report on our website or the UK charity commission:

<https://www.medictomedic.org.uk/charity-information>

## Medic to Medic

### Statement of financial activities

For the year ended 30 June 2025

	Note	Restricted £	Unrestricted £	2025 Total £	2024 Total £
<b>Income from:</b>					
Donations	3	26,318	110,355	<b>136,673</b>	105,116
Charitable activities	4		10,959	<b>10,959</b>	-
Other trading activities	5	-	8,927	<b>8,927</b>	3,391
Investments		-	119	<b>119</b>	91
<b>Total income</b>		<b>26,318</b>	<b>130,360</b>	<b>156,678</b>	<b>108,598</b>
<b>Expenditure on:</b>					
Raising funds		-	9,350	<b>9,350</b>	6,763
Charitable activities		29,318	74,645	<b>103,963</b>	92,330
<b>Total expenditure</b>	7	<b>29,318</b>	<b>83,995</b>	<b>113,313</b>	<b>99,093</b>
<b>Net income / (expenditure) and net movement in funds</b>	9	<b>(3,000)</b>	<b>46,365</b>	<b>43,365</b>	<b>9,505</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		4,000	63,909	<b>67,909</b>	58,404
<b>Total funds carried forward</b>		<b>1,000</b>	<b>110,274</b>	<b>111,274</b>	<b>67,909</b>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 15 to the accounts.





# Balance sheet UK

## Medic to Medic

### Balance sheet

As at 30 June 2025

	Note	2025 £	2024 £
<b>Current assets</b>			
Debtors	12	5,219	3,711
Cash at bank and in hand		<u>108,275</u>	<u>66,238</u>
		<b>113,494</b>	<b>69,949</b>
<b>Liabilities</b>			
Creditors: amounts falling due within 1 year	13	<u>(2,220)</u>	<u>(2,040)</u>
<b>Net assets</b>	14	<u><b>111,274</b></u>	<u><b>67,909</b></u>
<b>Funds</b>	15		
Restricted funds		1,000	4,000
Unrestricted funds			
Designated funds		15,000	12,000
General funds		<u>95,274</u>	<u>51,909</u>
<b>Total charity funds</b>		<u><b>111,274</b></u>	<u><b>67,909</b></u>

Approved by the trustees on 29 November 2025 and signed on their behalf by

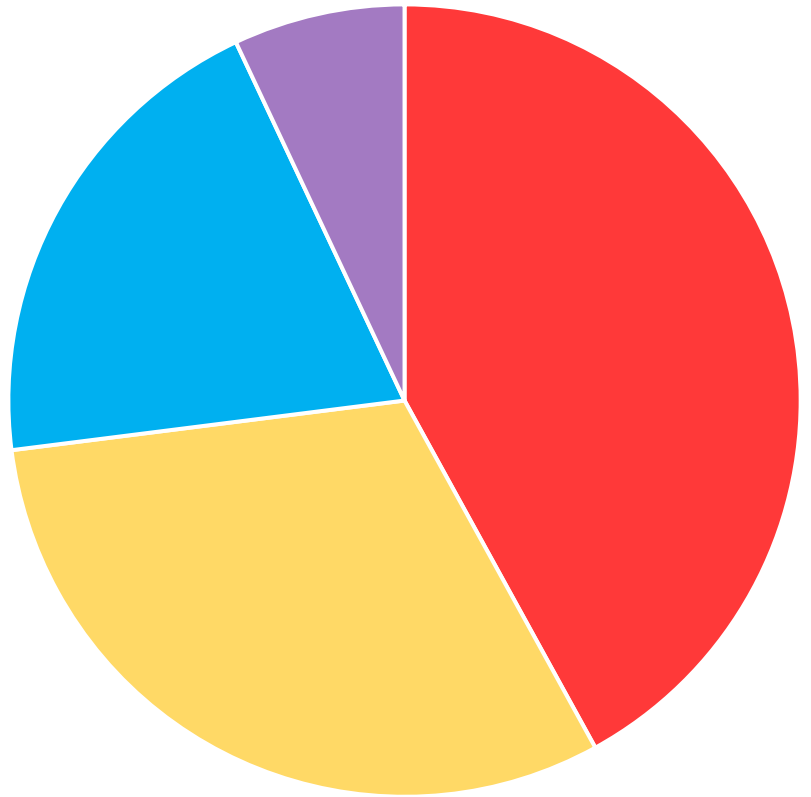
David Howells - Trustee



# Income 2024 – 2025 UK

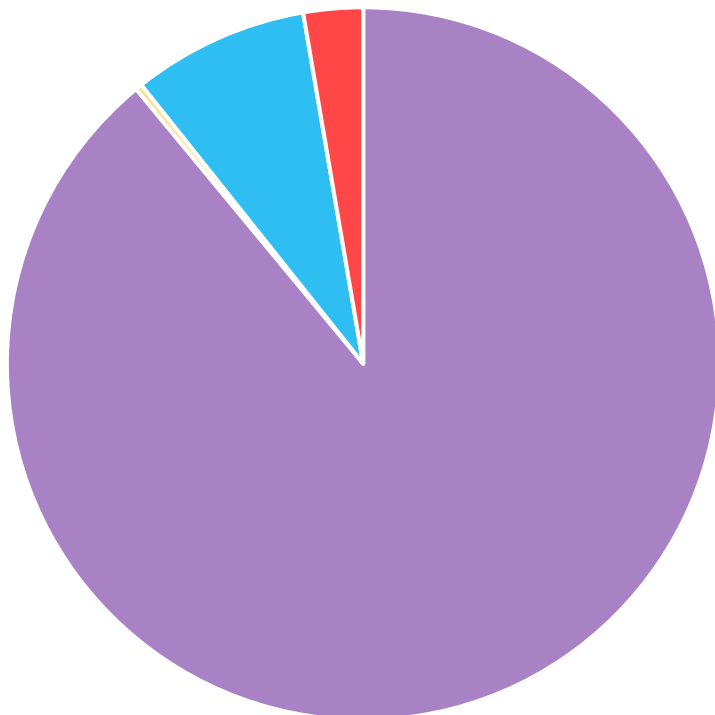
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42% Regular Giving  
31% Grant Income  
20% Fundraising  
7% Gift Aid



# Expenditure 2024 – 2025 UK

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89% Student  
Scholarships  
8% Fundraising  
2.7% Governance  
0.3% Programme  
Coordination



# Statement of Financial Activities NZ

## Medic to Medic Performance Report For the year ended 30 June 2025

### FINANCIAL INFORMATION Receipts and Payments

	Current year	Last year
<b>Operating receipts (money deposited into the bank account)</b>		
Donations and fundraising	55 932	45 862
Grants	-	2 488
Bank account interest	7	19
<b>Total receipts</b>	<b>55 939</b>	<b>48 369</b>
<b>Less operating payments (money withdrawn from your bank account)</b>		
Key activities (Service performance)	44 172	47 090
Fundraising costs	2 806	1 534
Payment to employees	-	-
Other operating and overhead costs	378	783
<b>Total payments</b>	<b>47 356</b>	<b>49 407</b>
Operating surplus/(deficit) for the year	8 583	- 1 038
Plus opening total of all bank accounts and cash on hand	3 427	4 465
<b>Closing total of all bank account balances and cash on hand</b>	<b>12 010</b>	<b>3 427</b>

During July 2024 – June 2025, NZ Medic to Medic paid for the following:

NB: Currency NZ\$

- **Elective Expenses:** 8 New Zealand medical students came to Malawi during this period. \$25,398 was transferred to our operational account in Malawi. Elective student fees translated to 25,817,251 MK. 19,080,780 MK was spent directly on student elective expenses (medical council registration, hospital hosting fee, accommodation and breakfast, in country transport). 6,736,470.88 MK contributed towards Medic to Medic fundraising in Malawi. This helped us provide tuition fees to 9 more students in Malawi - 5 students studying the BSc in Psychotherapy at St John of God College; and 4 students studying the Diploma in Clinical Medicine at Malawi College of Health Sciences. NZ elective expenses included distribution of Malawi Guidebook and Tropical Medicine Oxford Handbook - totalling \$591.
- **Scholarships:** We supported 5 trainee health workers with scholarships during our charity year; 3 students in Uganda, 1 in Zambia and 1 in Kenya. Student scholarships accounted for \$15,726.
- **Elective Projects:** \$2574 was raised for elective projects during this charity year - \$2011 went to building a house for health workers in Ndala Village, Mulanje and \$994 was used to make up period poverty kits for young women on Likoma Island (this project was carried forward from fundraising that started in our last accounting year).
- **Operational and fundraising expenses:** \$1963 was used for reimbursement of our website domain name, dropbox business account, elective administration, charity services fee and our chitenje scrub top project.
- **Environmental Projects:** \$324 supported a student reforestation project in Malawi.
- **Mentoring:** \$150 provided a stipend to one of our Ugandan graduates to provide mentorship to our 3 students in Uganda.



# Income 2024 – 2025 NZ

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**Elective Fees 50%**

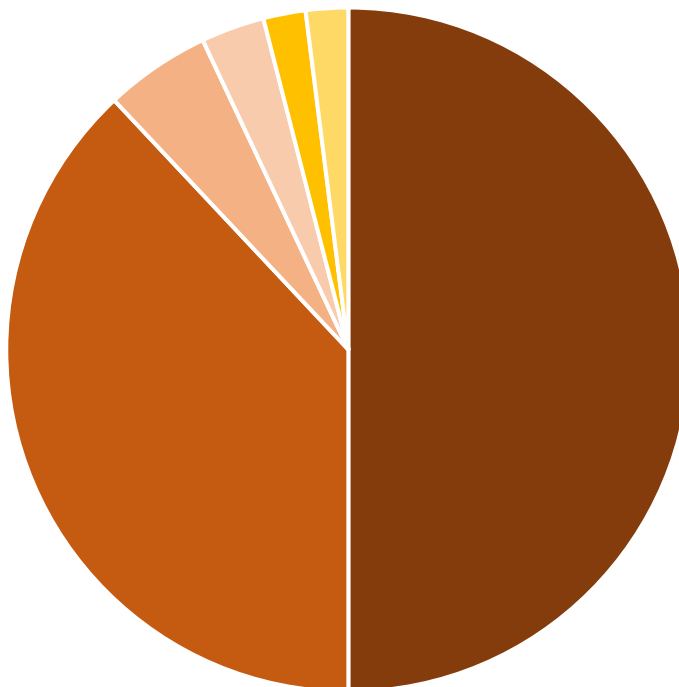
**Donations 38%**

**Elective Project 5%**

**Chitenje scrubs 3%**

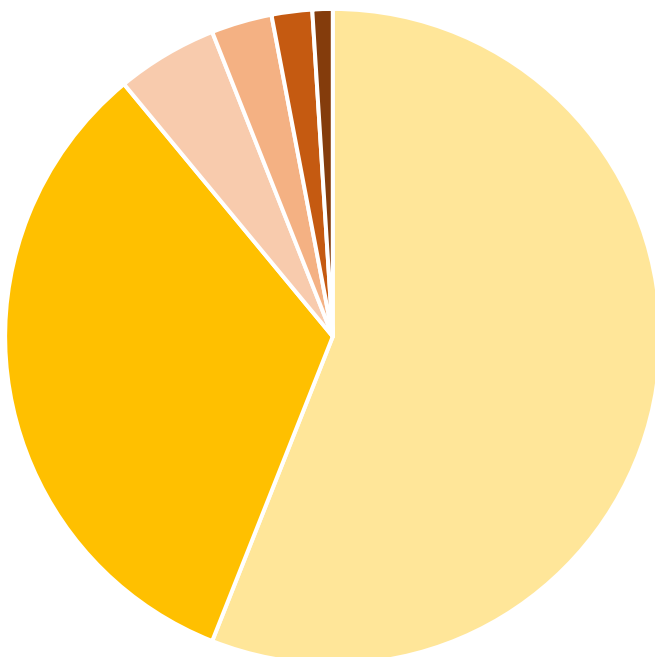
**Market Stall 2%**

**Rotorua Raffle 2%**



# Expenditure 2024 – 2025 NZ

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**Elective Fees 56%**

**Scholarships 33%**

**Elective Project 5%**

**Chitenje scrubs 3%**

**Operating Costs 2%**

**Environmental Project  
& Mentoring 1%**





# Administrative Details

## Medic to Medic

c/o Rosanne, 7 Shortway, Amersham, HP6 6AQ. UK.

c/o 112 Otonga Road, Rotorua, 3015. NZ.

c/o PO Box 31717, Chichiri, Blantyre 3.

Email: [info@medictomedic.org.uk](mailto:info@medictomedic.org.uk)

For comments, questions and errata regarding this annual report, please contact the editor at the email address above. Every effort has been made to credit contributors to this report. Where omissions have occurred, please advise and they will be rectified at the earliest possible opportunity.



Medic to Medic



@MedictoMedic



Medic to Medic



tamsinlillie



Registered with



## How you can help

Most of our donors give just £5—20 (NZ\$10 – 40) per month. If you feel you can sponsor a student, please visit [www.medictomedic.org.uk](http://www.medictomedic.org.uk) to set up a direct debit online. You will be linked with an individual student and receive regular updates from them on their progress. You are welcome to enter into email correspondence with them and many of our students find this very motivating. Please note that although you will be allocated a particular student, our donations are pooled so that no student is disadvantaged if a donor withdraws. For more information, please contact us (details above).

**Medic to Medic Bankers** Lloyds TSB Bank PLC; 286-288 Station Road; Harrow; Middlesex; HA1 2EB

**Independent Examiners:** Godfrey Wilson Limited; Chartered accountants and statutory auditors; 5th Floor Mariner House, 62 Prince Street, Bristol, BS1 4QD.

UK registered charity No: 1149904

NZ registered charity No. CC58085

Malawi registered charity C1609/2022

[www.medictomedic.org.uk](http://www.medictomedic.org.uk)





Medic to Medic was founded in 2007 to address the problems of training and retaining health workers in some of the world's poorest countries. Like many sub-Saharan countries, Malawi is desperately short of doctors with just two doctors per 100 000 people.

We support resource-limited but dedicated students through their training, supporting the sustainability of the health systems in their home countries. We cover tuition fees, allowances, medical equipment, books and a laptop so that students have everything they need to reach their full potential.



**Medic to Medic**

