



SOLIDAR MED

Annual Report

2017



SolidarMed improves health care for 1.5 million people in southern Africa.



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«SolidarMed trains health workers where they are most urgently needed – directly in rural hospitals.»

Constance Mwela
Clinical Instructor in Mpansyha, Zambia

Progress in the fight against diseases and poverty – but not everywhere and not for everyone.

Worldwide, the number of people living in extreme poverty has been decreasing for years. Maternal and child mortality is going down and fewer people are dying of Aids. But progress has been uneven across the regions of the world.

Sub-Saharan Africa still carries the main global burden of many diseases. Diseases that are fuelled by poverty yet also hamper and inhibit economic progress. A sick person cannot be economically productive and someone who lacks financial resources is at greater risk of falling ill. Breaking this downward spiral of disease and poverty must be the goal of medical development cooperation. This is also the basic principle of SolidarMed's work.

Proven partnerships for new challenges

In 2017, political tensions, unrest and even violence arose in a number of our project countries. These countries face major economic, social and health challenges. Whilst the classical diseases of poverty still claim millions of lives every year, non-communicable diseases are also increasing. Ever more patients in our partner hospitals are suffering from chronic diseases like diabetes, hypertension or heart attacks. The weak health systems now have to manage a double burden of „old“ and „new“ diseases. Building on the mutual trust developed over many years of partnership with local authorities and hospitals, SolidarMed supported its partners in both areas in this reporting year.

Development cooperation under pressure

In Switzerland, development cooperation as a whole is being increasingly questioned. Funds are reduced or invested differently. But this critical environment also has a positive side: It forc-

es organisations like SolidarMed to regularly evaluate and review their projects. As an organisation, we are duty bound to not only to our donors in Switzerland and in Liechtenstein, but above all to the population in our project countries to plan, implement, evaluate and document our programmes and projects in a serious manner. The numbers presented in this report give you a detailed impression of the successes achieved, what the current challenges are and how we use the funds.

In May, I took over the position of President from Dr. Svend Capol. Under his leadership, SolidarMed grew into a medium-sized organisation with a sharpened profile and modern country programmes. We will continue to build on this foundation. Our newly composed board together with a competent and efficient head office and our colleagues in the project countries are committed to ensuring that SolidarMed continues to contribute towards better health and thus to social and economic development in our project areas. Despite all the changes, innovations and new approaches, the goal of our work remains unchanged: better health care for the people in our project areas.

Our heartfelt thanks for your interest and your support!



Dr. med. Niklaus Labhardt
President



Our projects

SolidarMed's projects all have the goal of improving the health of the population in extremely remote regions of Africa. With 26 projects in 2017, SolidarMed ensured better health care for people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe.

LESOTHO

- Primary health care for the mountain population in Butha Buthe (incl. Seboche hospital)
- 90-90-90: Effective HIV treatment as prevention in 2 districts
- Support of Paray hospital (Thaba Tseka)
- Conducting operational research

ZAMBIA

- Training associate clinicians (Medical Licentiates)
- Training nursing staff and midwives for rural hospitals
- Housing association for health staff and income for rural hospitals

MOÇAMBIQUE

- MAMA - Health for mothers and newborn babies in 3 districts
- MUANA - Protecting children and adolescents from HIV (Ancuabe)
- Preventing and treating malaria in children (Chiúre)
- Emergency transport for remote villages (incl. e-bike ambulance) in Chiúre
- Wiwanana¹
- Conducting operational research

¹Local Mozambican partner organisation for health promotion in the villages.

ZIMBABWE

- HIV and tuberculosis treatment in 3 districts (incl. Ruponeso – saving children's lives)
- MAMA – Health for mothers and newborns in 2 districts
- Securing the provision of medical care in Musiso hospital (Zaka)
- Securing the provision of medical care in Silveira hospital (Bikita)
- Support of the nursing schools Musiso and Silveira in 2 districts
- Water for hospitals in 3 districts
- Conducting operational research

TANZANIA

- Supporting the Lugala Hospital Development Plan (incl. treatment for HIV/Aids)
- Supporting Lugala Nursing School (Malinyi)
- Supporting "Edgar Maranta" Nursing School in Ifakara (Kilombero) a mandate from the SDC
- Strengthening primary health care in Ulanga and Malinyi (PHCU)
- Strengthening primary health care in Mbulu (PHCM)
- Swiss-Tanzanian partnership on gestational diabetes (Malinyi)

«The health of children, women and adolescents is our central concern. They are particularly vulnerable.»

Jochen Ehmer, Executive Director of SolidarMed



The motto of the current SolidarMed strategy is “acting together for change”. For lasting change that favours disadvantaged people in Africa, for a healthy, fair and safe world. This is what we are dedicated to, together with our partners in Africa, in Switzerland and in Liechtenstein.

Support and challenge

Health and education are the prerequisites of self-determined development. Both are core themes of the SolidarMed programmes. Developing the skills and competencies of our local partners is again a central focus in 2017. 31 hospitals, 87 rural clinics and 7 training centres benefited from this over the past year. We are particularly proud of the 35 SolidarMed expert advisors in the field. Their efforts significantly improve care and treatment in local health facilities. In return, SolidarMed also expects a lot from our partners in Africa. We expect commitment, transparency and an efficient use of funds. Because it is very important to us that donations be used as effectively as possible. And because development will only succeed if it is locally driven .

Innovation and fresh ideas

Wanting to do good is not enough. Particularly in the medical field, one needs competence and experience. Just think of modern diagnostics, the treatment of drug-resistant tuberculosis or obstetric care. Together with a network of professionals and experts, SolidarMed develops innovative ideas, promotes their implementation and analyses their impact in cooperation with international research institutions. The introduction of modern HIV diagnostics in Lesotho, the development of a housing association for health staff in Zambia or digital solutions for community health workers in remote villages in Tanzania are some examples.

Improving health

Children, women and young people in some of the poorest regions of the world remain at the centre of our activities. Thanks to our efforts, 1.2 million patients received outpatient treatment for diseases like malaria, tuberculosis or bronchitis. 28'836 people survived thanks to life-saving HIV treatment. All of these people can now study, work and take their countries forward.

Real change only happens when people get together. And work together. With passion, sound judgement and a sense of responsibility.

Without the support of the many donors, patrons, members, testators, firms, foundations and partner organisations, our work would not be possible. My heartfelt thanks go to all of those who share our convictions. Thank you for joining us in working towards a world in which good health is possible for all.

I hope you enjoy reading our Annual Report 2017.



Jochen Ehmer
Executive Director

Primary health care

In order for people to make use of health services, they need to offer good quality medical care. Successful treatment creates trust in the population.

Rapid diagnosis, good treatment and reliable help with chronic illnesses. In countries with limited resources, district hospitals are key contributors to better primary health care for the population. They provide medical expertise, store and distribute diagnostic tools and medicines, support the surrounding health centres and gather information about the health of the population. Every hospital requires staff, equipment and medicines. Yet clinical success and quality also depend on factors which lie outside of a hospital's influence, like hospital funding or the drug supply chain. In 2017, in cooperation with our partners, SolidarMed repaired and expanded infrastructure, procured medical equipment, shared knowledge and advised the clinics in management questions.

Primary health care for **1.5 million** people.

Programmes in **14** districts

23'009 mosquito nets distributed

Better services in **87** health centres²

31 hospitals supported¹

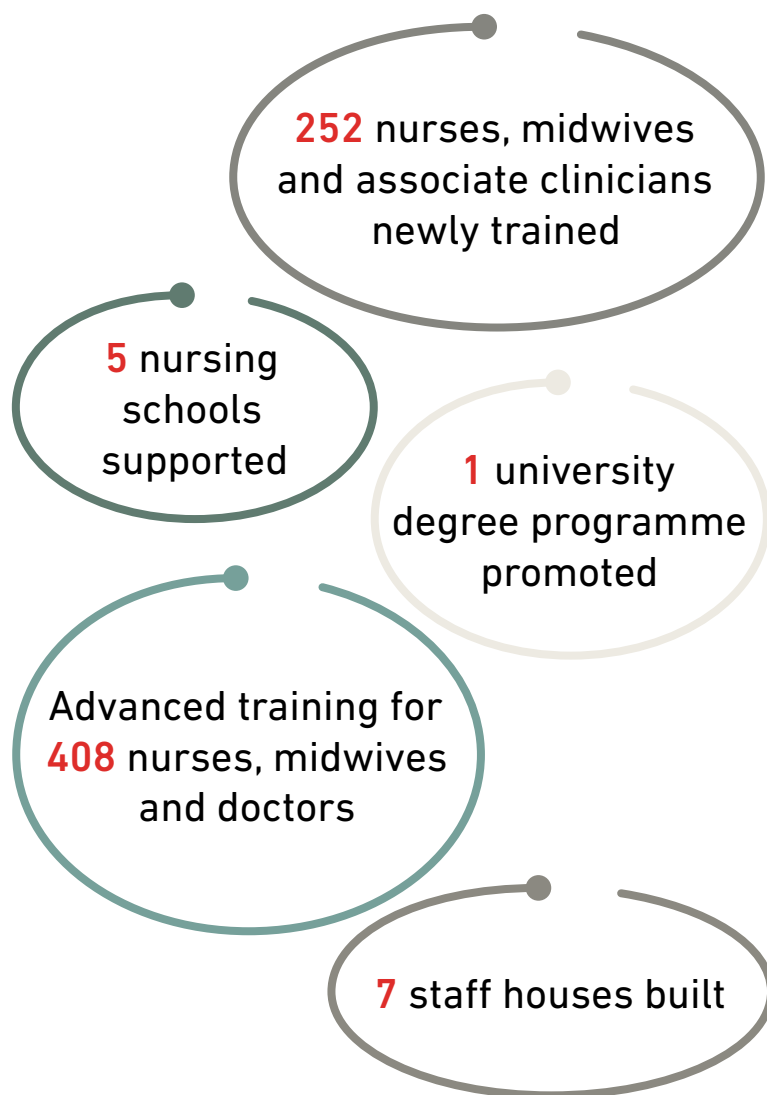
35 technical experts in the field

¹ ≥ 50 beds
² < 50 beds

2017 SPECIAL

MAMA ensures safe childbirth in health centres and hospitals. SolidarMed designed this pioneering project in cooperation with the provincial health authority of Cabo Delgado. In 2017, MAMA was successfully expanded into a third district. As part of a country exchange, MAMA was also launched in Zimbabwe.

Health workers



Attracting medical staff to very remote areas in Africa is particularly challenging. SolidarMed trains health professionals where they are needed most.

In the SolidarMed project countries, the situation is many times more precarious than in Switzerland. On average, there are only 7.5 nurses available to care for 10'000 patients. Too few training places, outdated curricula, poor living conditions and a lack of accommodation for health staff are some of the key challenges local health systems have been facing for many years. As a result, their skilled health workers leave.

To change this situation in the long-term, SolidarMed trains health workers directly in the rural areas, improves their working and living conditions and creates incentives for working in the countryside. SolidarMed offers skilled health workers opportunities for further professional development by providing advanced training and expert advice. It pays to invest in medical staff: every skilled health worker sees around 1'000 patients per year.

Practical training in rural hospitals is a new thing in Zambia. Together with St. Luke's School of Nursing, SolidarMed improved the infrastructure and the teaching quality in Mpanshya. 15 midwives have already graduated this year. In 2017, the national medical council recognised St. Luke's as the best nursing school in the country.

2017 SPECIAL

Health in the villages

Maintaining good health begins at home, in one's everyday environment, not in hospital. In 2017, SolidarMed continues to carry out crucial prevention activities in remote villages.

Many diseases are easily and effectively preventable: washing hands prevents diarrhoea, mosquito nets protect against malaria and condoms against an HIV infection. Feverish patients must lower their temperature and know when to seek medical help in a health centre.

But many people have neither clean drinking water, nor soap nor mosquito nets. They don't know why fever can be dangerous or how to lower it. And they'd rather see a traditional healer than go to hospital. Through local partner organisations, SolidarMed imparts basic medical knowledge, supports vaccination campaigns and informs families about the dangers of diarrhoea and respiratory infections. Local community health workers offer active support. In Moçambique, SolidarMed is also reviewing new and innovative forms of patient transport to reduce the distance to a hospital.

Supported
1'514
community
health
workers

Health advice for
75'700 mothers
and children

Facilitated
163'995 HIV
tests

Strengthened
234 committees and
health groups in
villages

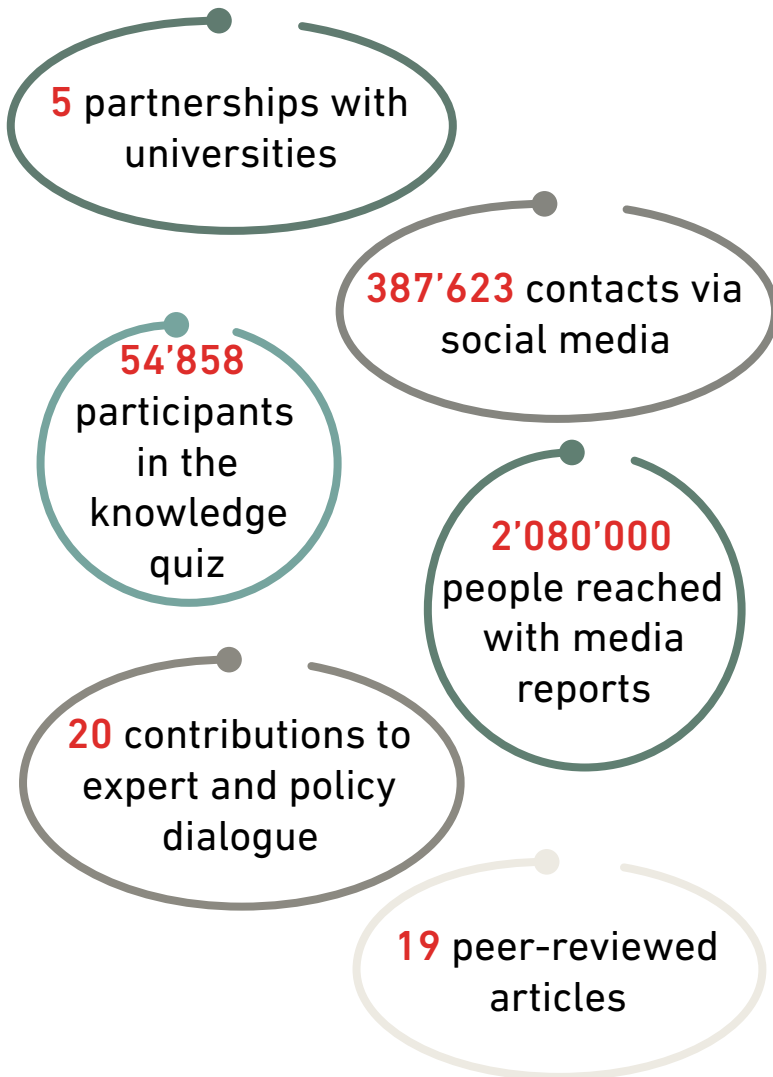
468'000 people given
the opportunity to take
active ownership of
their health

Distributed
1'309'448
condoms

2017 SPECIAL

177 community health workers care for the people in 109 remote villages in Ulanga (Tanzania). Initially financed by SolidarMed, they now receive their salary from the state. This ensures financial sustainability. In 2017, the Ministry of Health developed a national training curriculum. SolidarMed played a decisive role in its design.

Knowledge and sensitisation



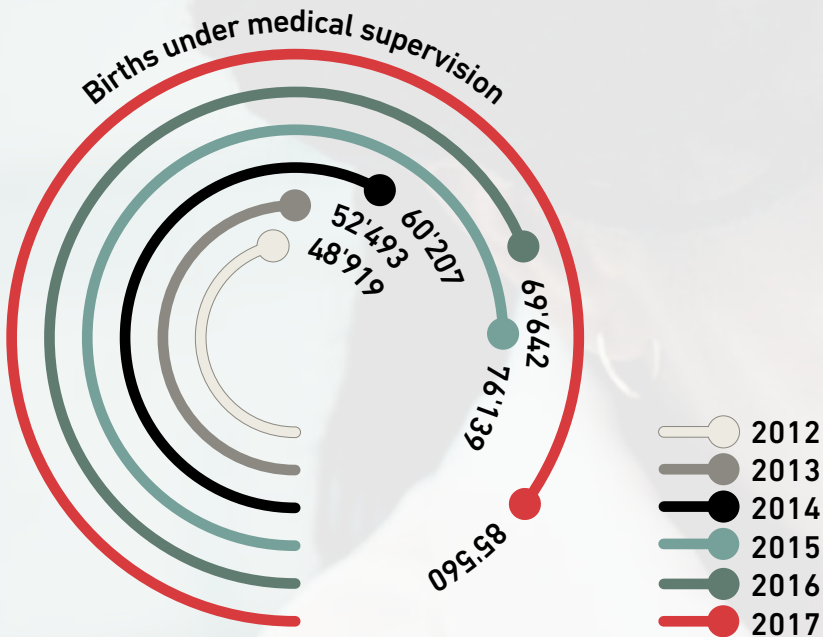
SolidarMed is a learning organisation. In every project, we gain new insights and solutions which we apply to other projects.

In conferences, publications and direct dialogue, we share our knowledge with experts, our supporters and the broader public. SolidarMed proactively manages knowledge and documents experience to make it accessible to others. In 2017, we conceptually revised our Switzerland programme to dovetail knowledge management, research and communication. In this way, SolidarMed can use its knowledge better, inform experts in a more targeted manner and more effectively sensitise the broader public. SolidarMed experts presented results and experiences from our programmes at seven national and international conferences. Four issues of the donor magazine “SolidarMed aktuell” reported news and updates, as did 186 posts on Facebook, Twitter and Instagram.

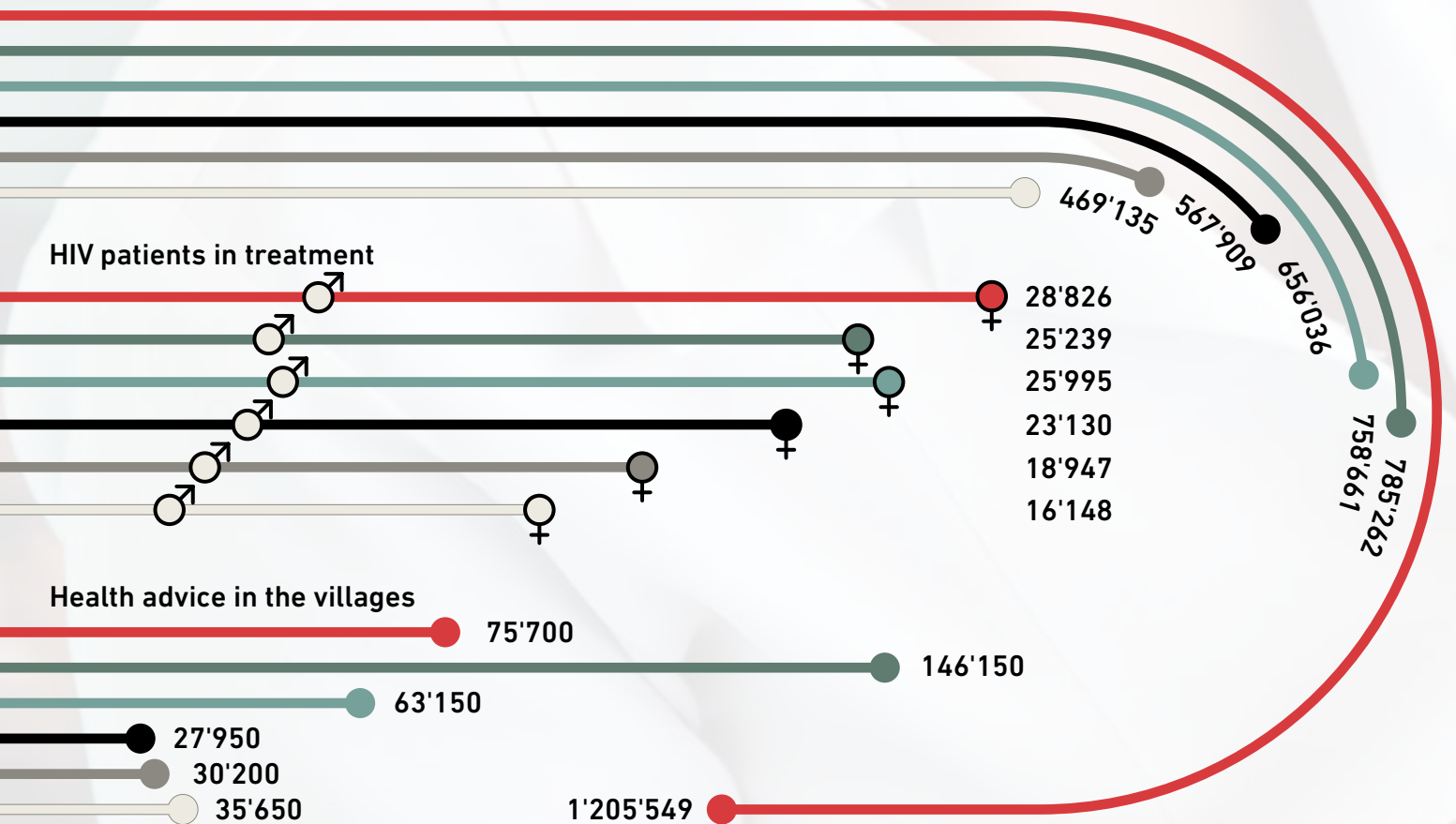
In 2017, SolidarMed launched the e-bike ambulance in Moçambique. The publicity surrounding this launch conveyed to the broader public just how difficult the journey to a health centre can be in Africa. SolidarMed is now carrying out a study to test this solar-powered vehicle. Thanks to the involvement of the SolidarMed goodwill ambassador and Olympic champion Nino Shurter, hundreds of thousands of people hear about this project via social media.

2017 SPECIAL

Effective action



Outpatient treatment in the partner hospitals



Effective action

SolidarMed is dedicated to achieving a maximum impact on the health of the people in the project areas. Many individual activities generate a leverage effect:

660'000 patients in good hands

Better quality treatment for patients thanks to well-trained health staff.

8'811 babies saved from HIV

The transmission of HIV from the mother to the baby is prevented. 1'977 children with HIV receive life-saving treatment.

1.2m children, women and men treated

Outpatient treatment of a chronic or an acute illness like malaria or pneumonia.

28'836 HIV patients in treatment

Thanks to antiretroviral medication, the immune response of those affected rises into the life-saving, normal range.

85'560 safe deliveries

Pregnant women were able to give birth safely under medical supervision and had access to professional emergency care.

7'583 successful surgical procedures

Patients needing surgery received help thanks to functioning operating theatres and trained medical personnel.

14'139 children survive a life-threatening illness

In remote villages, community health workers visit families, offer advice and treat illnesses like diarrhoea and malaria.

69% of patients remain in treatment

After 2 years, most chronically ill patients remain reliably in treatment.

Our team in Switzerland

Over the past year, we bade farewell to four of our long-standing board members.

Fortunately, a part of their valuable knowledge will remain in the association. As members, Kathi Jungen, Pepo Frick and Svend Capol will continue to shape SolidarMed. Sadly, Peter Schubarth passed away in this reporting year. His sharp mind will remain a fond memory for SolidarMed. In 2017, the board consists of twelve voluntary members. They provide a total of 1'495 hours of unpaid work. This impressive figure shows just how committed this body is to SolidarMed. Head office in Lucerne continues to count on a well-balanced mix of experts in public health, communication and administration. This motivated team plans and implements projects and diligently looks after donors, foundations and partners. Serious reporting makes the scrupulous use of funds transparent. In 2017, head office was staffed with a total of 1170 percent by position.

SolidarMed goodwill ambassadors



Nik Hartmann
TV and radio presenter



Nadine Strittmatter
Model



Nino Schurter
Mountainbiker /
Olympic champion



Stephan Lichtsteiner
Professional footballer /
national player



Board from left to right • Dr. med. Gregor Stadler (since 2013) • Dr. med. Robert van der Ploeg (since 2016) • Ruth Ospelt Niepelt, economist, Vice President (since 2013) • Prof. Guido Keel (since 2016) • Dr. med. Markus Frei (since 2016) • Maria Thies, biologist (since 2009)

Not in the photo: Dr. med. Niklaus Labhardt, President (since 2016) • Dr. med. Peter Schubarth (since 2008 † 2017) • Hansjörg Widmer, economist (since 2013)

Switzerland Front row from left to right • Jochen Ehmer MD, Executive Director • Katharine Arnold, Zimbabwe programme • Dr. med. Karolin Pfeiffer MPH Tanzania programme • Elisabeth Meier-Birchmeier, Head of Finances, HR & Administration • Middle row from left to right • Claudia Liedtke MPH, Zambia & Lesotho programme (from 01.08) • Benjamin Gross, Media & PR • Lisbeth Pembele, Project partnerships • Dr. Anne Jores, Moçambique programme (from 15.05) • Lisbeth Bühlmann, Donation Management (until 31.08) • Back row from left to right • Dr. Christian Heuss, Deputy Executive Director, Head of Communication and Fundraising (from 01.05) • Tiziana Pittini, Design & Communication • Dr. phil. Michael Hobbins, Research • Sandra Lerch, Administration

Not in the photo: Marc Birbaum, Deputy Director, Head of Communications & Fundraising (until 28.02) • Anna Häggblom, Zambia programme (until 03.11) • Eliane Jenny, Public Fundraising (until 30.11) • Lucy Kormann, Project partnerships (from 01.09) • Andrea Schneeberger, Public Fundraising (from 01.10) • Raphaela Scholz, Translations • Jacqueline Wespi, Donor management & Finances (from 01.05)



Our teams in Africa

Experts from Africa, Europe and Switzerland implement our projects in Africa .

Together with our local employees, they play an active part in planning the projects and implement them on the ground, in close cooperation with local partner organisations.



Lesotho • Country Coordinator Josephine Muhairwe (3rd from the left)



Zambia • Country Coordinator Martina Weber (3rd from the right)



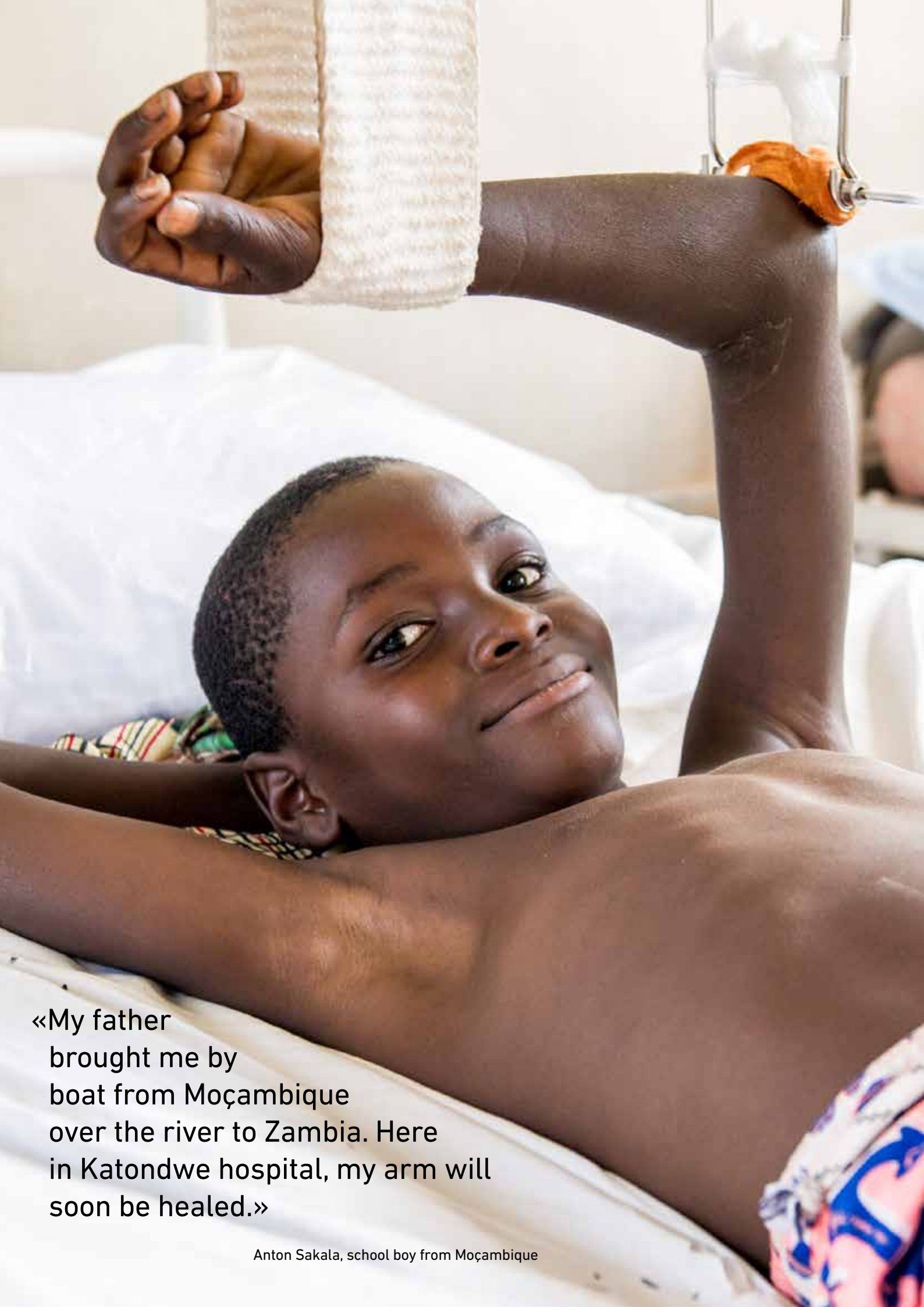
Moçambique • Country Coordinator Barbara Kruspan (middle of the back row)



Tanzania • Country Coordinator Sandra Sigrist (2nd from the right from 01.04) not in the photo: Elisa Rotzetter (until 31.03)



Zimbabwe • Country Coordinator Janneke van Dijk (below, middle right)



«My father brought me by boat from Moçambique over the river to Zambia. Here in Katondwe hospital, my arm will soon be healed.»

Anton Sakala, school boy from Moçambique

Annual Financial Statement

In this reporting year, SolidarMed succeeded in maintaining project expenditure at nearly the same level as in the previous year. Thanks to the many loyal donors, the planned projects were implemented.

As planned, SolidarMed used funds from organisational capital to finance important projects. Despite this withdrawal, SolidarMed's financial foundation is healthy. In addition to our loyal donors, we benefit from many, often long-term partnerships with institutions in Switzerland and the Principality of Liechtenstein. The contributions from the Swiss Agency for Development Cooperation SDC and the Liechtenstein Development Service amounted to a total of 3.6 million Swiss Francs. We succeeded in maintaining income from private donors at the same level as the previous years; however there were no requests this year. In addition, SolidarMed received fewer earmarked donations. An example is the discontinuation of a larger contribution from a foundation, as this organisation limits its support to 10 years per organisation. Donations are booked on receipt of income. If there are no instructions from the donor to earmark a dona-

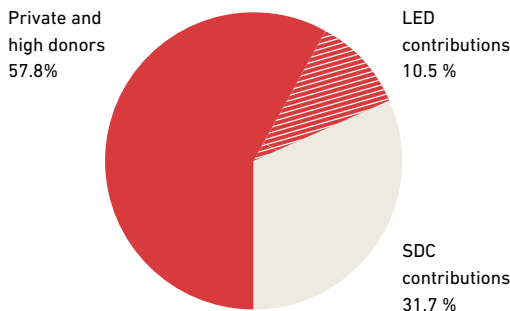
tion for a particular purpose, SolidarMed books the donation as non-earmarked. Earmarked donations that were not utilised in the respective project are deferred to fund capital and will be utilised in the following year. In the reporting year, this amounted to CHF 70'777.

In a partly challenging context, budgetary discipline ensured that the expenditure for administration (4.5 percent) and sensitisation (4.3 percent) could be kept low. Due to investments in fundraising, the expenditure in this area rose by 12 percent compared to the previous year. Despite these increases, 79.2 percent of the funds flow directly into SolidarMed projects. According to the ZEWÖ foundation, we thus remain significantly below the limits set for fundraising and administration expenditure.

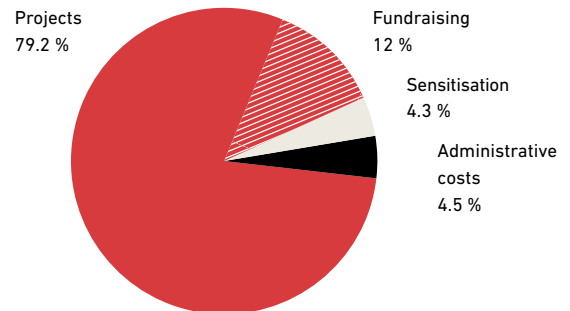


Elisabeth Meier
Head of Finance & HR

Source of funds 2017



Use of funds 2017



Note: The complete Annual Financial Statement including Audit Report and attachments can be found at solidarmed.ch/en > Info & Media > Publications



Balance sheet as of 31.12.2017

	2017		2016	
	CHF	%	CHF	%
Assets				
Current assets				
Cash	5'495'316		5'877'632	
Assets held for trading at quoted market price	1'578'628		1'616'919	
Other short-term receivables	243'416		326'031	
Project advances	157'038		433'413	
Prepaid expenses	18'374		10'7040	
	7'492'772	99.6	8'264'735	99.8
Fixed assets				
Plant and equipment	33'341		14'011	
Other investments	1		1	
	33'342	0.4	14'012	0.2
Total assets	7'526'114	100	8'278'747	100
Liabilities				
Short-term liabilities				
Liabilities from sales and services	211'848		156'980	
Accrued expenses	234'542		141'355	
	446'390	5.9	298'335	3.6
Long-term liabilities				
Provisions	188'642		188'242	
	188'642	2.5	188'242	2.3
Funds reserved for projects				
SDC projects	-1'306		-4'622	
LED projects	702'704		672'930	
SolidarMed projects	755'345		717'658	
	1'456'743	19.4	1'385'966	16.7

Balance sheet as of 31.12.2017
Income statement 1.1. - 31.12.17

	2017		2016	
	CHF	%	CHF	%
Organisational capital				
Share capital				
Paid-in capital and reserves	881'633		881'633	
Fixed capital				
Currency fluctuation fund	230'000		230'000	
Free capital				
Fund 1 unrestricted funds	2'544'017		3'051'973	
Fund 2 unrestricted funds	1'778'688		2'242'598	
	5'434'338	72.2	6'406'204	77.4
Total liabilities	7'526'114	100	8'278'747	100

	2017		2016	
	CHF	%	CHF	%
Income				
Donations, legacies, membership fees	1'450'813	16.9	1'691'012	18.8
Purpose specific income				
SolidarMed projects	3'493'387		3'806'979	
	3'493'387	40.8	3'806'979	42.2
Public sector contributions				
SDC program contribution	2'600'000		2'800'000	
SDC mandate EMSN Tanzania	111'398		37'100	
LED Chainama College Zambia	900'000		669'035	
	3'611'398	42.2	3'506'135	38.9
Other income	4'557	0.1	7'757	0.1
Total income	8'560'155	100	9'011'882	100

Income statement 1.1. - 31.12.2017

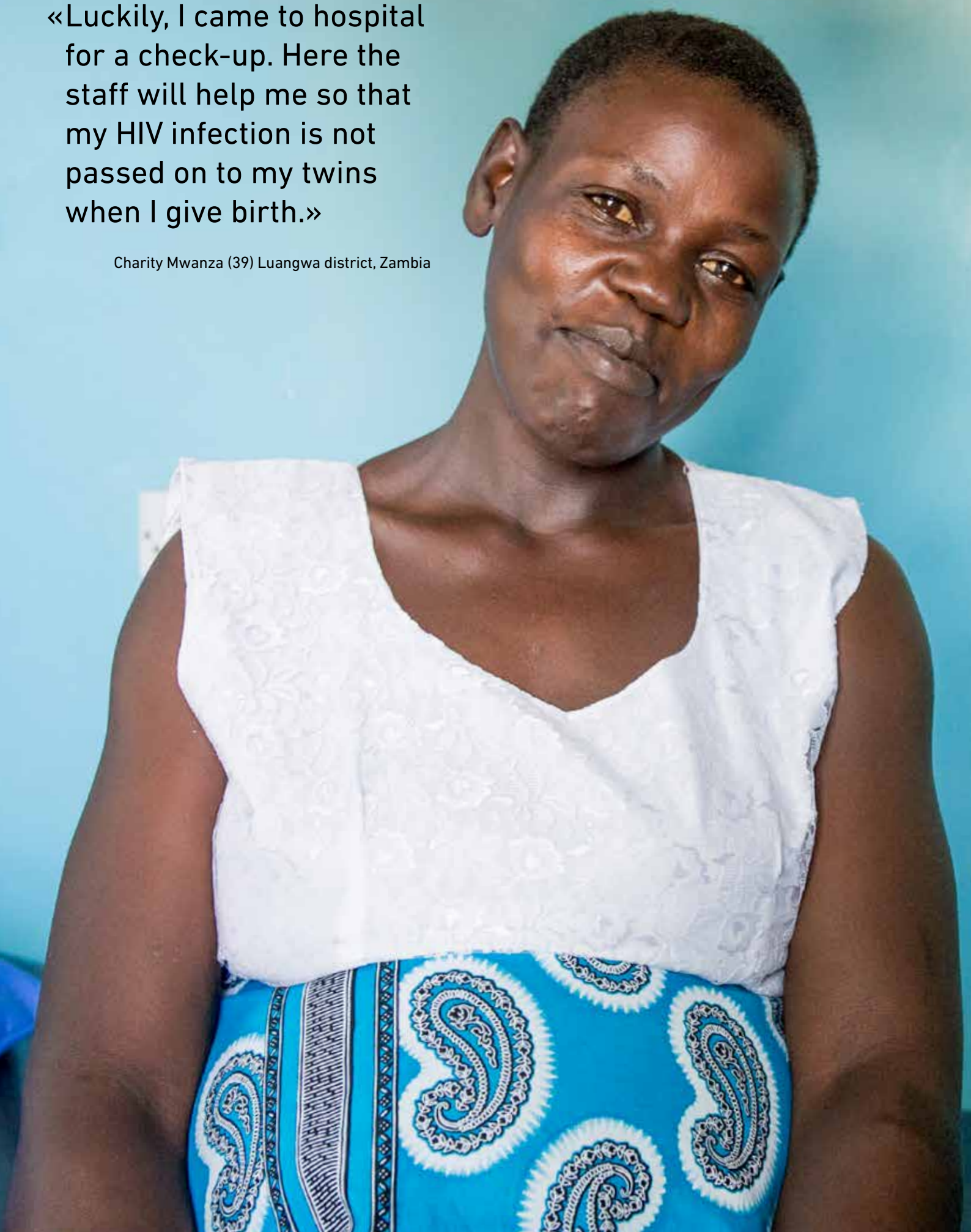
	2017		2016	
	CHF	%	CHF	%
Expenditures				
Project expenses				
Personnel expenses project management Switzerland	-689'436		-639'740	
Project visits	-32'201		-26'494	
SolidarMed projects	-5'986'291		-6'099'601	
SDC mandate EMSN Tanzania	-104'286		-319'711	
LED Chainama College Zambia	-763'356		-593'922	
	-7'575'570	79.2	-7'679'468	82.8
Public relations, awareness raising				
Personnel expenses	-205'371		-201'792	
Membership expenses	-20'062		-21'827	
Publications	-105'923		-116'037	
Public relations	-71'197		-62'831	
	-402'553	4.3	-402'487	4.3
Fundraising				
Personnel expenses	-420'220		-371'921	
Fundraising	-732'290		-461'295	
	-1'152'510	12.0	-833'216	9.0
Administrative expenses				
Personnel expenses	-249'426		-200'786	
Travel and representation expenses	-6'730		-7'600	
Banking and postage costs	-4'728		-3'939	
Rental expenses	-51'094		-51'310	
Office and operating expenses	-24'635		-21'686	
Memberships	-9'912		-9'510	
Investments and maintenance	-67'885		-59'780	
Asset depreciation	-18'559		-4'670	
	-432'969	4.5	-359'283	3.9
Total Income / Expenses	-9'563'602	100	-9'274'453	100
Operating result	-1'003'447		-262'571	

Income statement 1.1.17 - 31.12.17

	<u>2017</u>	<u>2016</u>
	CHF	CHF
Financial income		
Income from interest and securities	139'895	122'009
Expenses interest and securities	-37'536	-46'988
	102'359	75'021
Extraordinary income		
Extraordinary income	0	846'101
	0	846'101
Result before changes to restricted project funds	-901'088	658'551
Statement of changes to restricted project funds	-70'778	312'811
Result (before changes to organisational capital)	-971'866	971'362
Withdrawal from organisational capital	971'866	361'819
Allocation to paid up and acquired capital	0	0
Allocation to fund 1 unrestricted funds	0	-1'263'181
Allocation to currency fluctuation fund	0	-70'000
Total allocations / appropriations	971'866	-971'362
Results after allocation to organisational capital	0	0

«Luckily, I came to hospital for a check-up. Here the staff will help me so that my HIV infection is not passed on to my twins when I give birth.»

Charity Mwanza (39) Luangwa district, Zambia



Our heartfelt thanks

There is an African proverb that says “one person alone cannot carry a roof.” The many private individuals and institutions that supported us so generously in 2017 and contributed to the success of the projects are our bedrock. Our heartfelt thanks for your support and your trust. Due to space restrictions, only institutional donations of over 1'000 Swiss Francs are listed here. Our thanks also go to all those we could not mention or who did not wish to be named.

Public sector Swiss Agency for Development and Cooperation SDC; Liechtenstein Development Service LED; Bureau of Foreign Affairs of the Principality of Liechtenstein; German Embassy, Zimbabwe; Canton Aargau; Canton Basel-City; Canton Glarus; Canton Grison; Canton Lucerne; Canton Schaffhausen; Canton Schwyz; Canton Thurgovia; Canton Zürich; City of Lucerne; City of Zürich, Municipality Arlesheim; Municipality Baar; Municipality Bottmingen; Municipality Küsnacht ZH; Municipality Maur; Municipality Riehen; Municipality Rüslikon; Municipality Schaan; Municipality Vaduz. **Foundations and Trusts** Carl und Elise Elsener-Gut Stiftung; Christa Foundation; Cofra Foundation; Däster-Schild Stiftung; Eliseum Stiftung; Fondation Yoni; Gemeinnützige Stiftung Symphasis; Gertrud von Haller Stiftung für Drittwelthilfe; Giessenbach Stiftung; Glückskette; Gottfried und Julia Bangerter-Rhyner-Stiftung; Hilti Foundation; Josef und Margrit Killer-Schmidli-Stiftung; Jubiläumsstiftung Georg Fischer; Leopold Bachmann Stiftung; Medicor Foundation; Mondisan Stiftung; Pronoia Stiftung; Promotor Stiftung; Rowdely Stiftung; Schwarzdorn Stiftung; Seelsorge- und Kirchenmusikstiftung der Jesuitenkirche zu St. Franz Xaver; St. Anna Stiftung; Stiftung Charles North; Stiftung Fons Margarita; Stiftung Fürstl. Kommerzienrat Guido Feger; Stiftung Gesundheit und Gerechtigkeit; Stiftung Mutter Bernarda Menzinger; Stiftung Salientes; Stiftung Sonnenschein; Uniscientia Stiftung; Von Duhn Stiftung; WIR TEILEN: Fastenopfer Liechtenstein. **Companies** Bank Lombard Odier CIE SA, Genf; Baumschlagler Eberle Architekten, Vaduz; Confida

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Lisbeth Pembele Lucy Kormann
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Obergrundstrasse 97, 6005 Lucerne, Switzerland
Phone +41 41 310 66 60, contact@solidarmed.ch
solidarmed.ch/en

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SolidarMed is a politically independent and non-denominational association. The association is supported by members and patrons. The supreme body of the association is the Annual General Meeting which meets once a year. The AGM votes for the members of the board and defines the statutes. The board, as the highest governing body, is responsible for the strategy and approves the annual budget. The head office and the country offices are responsible for the planning and implementation of the programmes.

SolidarMed

For Health in Africa.

SolidarMed sustainably strengthens and meaningfully expands existing medical services. SolidarMed is committed to the five most important health concerns of Africa's rural population:

- Protecting mothers, children and newborns
- Combating infectious diseases like malaria, HIV / Aids or tuberculosis
- Improving the quality of hospitals and health centres
- Training and further education of health staff
- Strengthening village communities

In Switzerland and in Liechtenstein, SolidarMed advocates for the health concerns of people in Africa. As a non-profit organisation with the ZEWÖ certificate, SolidarMed works efficiently, diligently and transparently.

A close-up, slightly blurred photograph of a person's shoulder and arm. The person is wearing a white short-sleeved shirt with a buttoned placket. They are standing next to a large, textured tree trunk. The background is out of focus, showing a dirt path and some greenery. The overall lighting is warm and natural.

**For Health
in Africa.**