

Annual Report

2018

Partnerships for Health



**SOLIDAR
MED**

**SolidarMed improves
health care for 2.5 million
people in Lesotho,
Mozambique, Tanzania,
Zambia and Zimbabwe.**

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“SolidarMed is committed to a world in which all people have equal access to good health care”.

Niklaus Labhardt

► Not in the sling for once: One-year-old Kito* enjoys a little trip in the hospital wheelchair. *ob*
*Name changed

Unreported world



**Prof. Dr med.
Niklaus Labhardt**
President

Far away from the media spotlight, terrorist groups in northern Mozambique regularly attack villages close to our project area. At least 160 people have been murdered so far, hundreds have been kidnapped and thousands forced to flee. In Tanzania and Zimbabwe, severe political tensions restrict our space for action. In Zambia, the high levels of government debt are now jeopardizing the very stability of the country and in Lesotho, the long dry spell has caused severe food shortages.

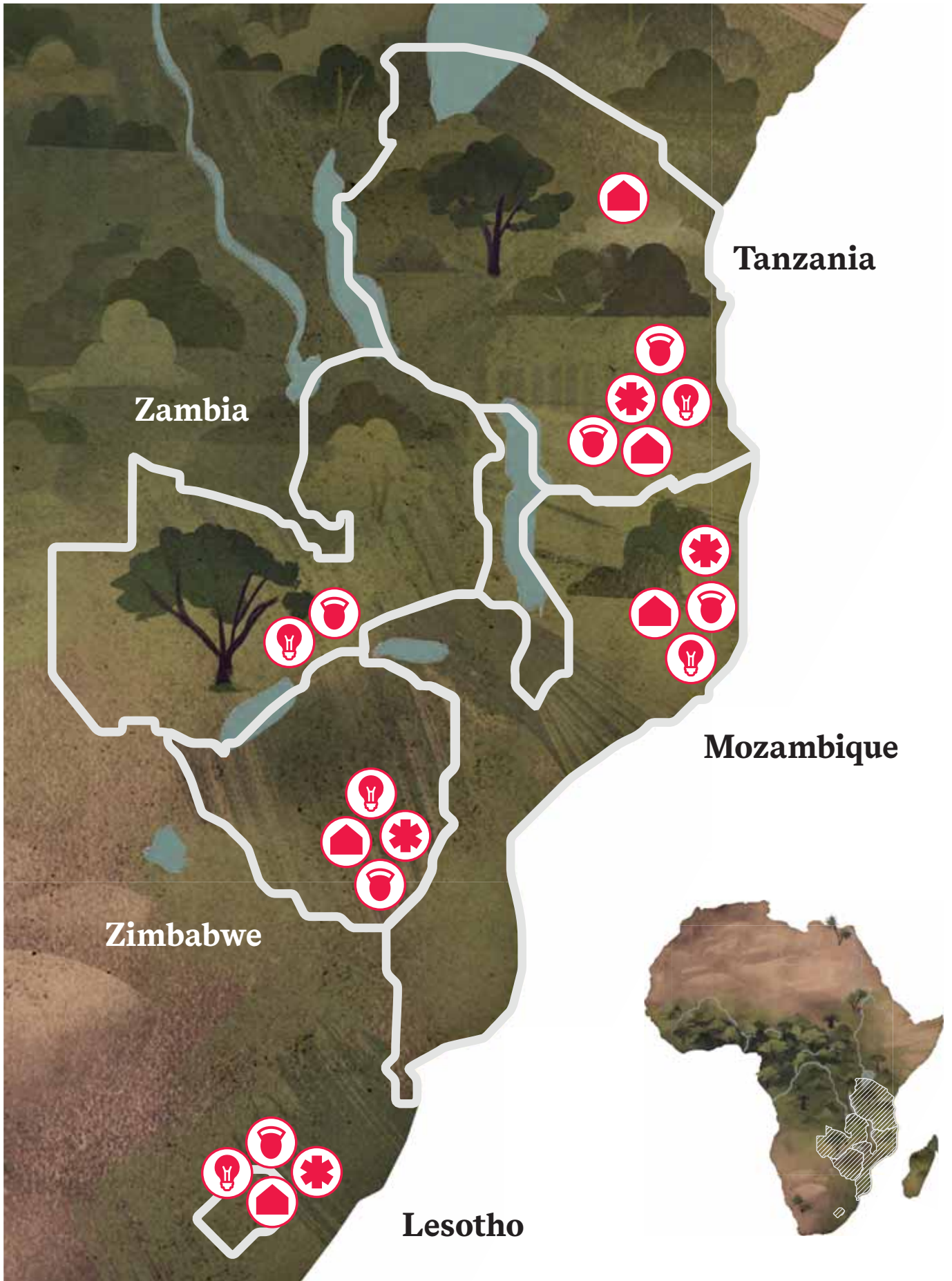
These crises in our project countries receive hardly any international media attention but put local health services to the test. It is not acceptable anywhere in the world that people have no access to the most basic health services, that women cannot decide whether they wish to become pregnant, that children are infected with HIV at birth or that mine workers die from tuberculosis.

SolidarMed does not see itself as an “aid organisation” but as a partner. Thanks to our long-term commitment within existing structures, we promote resilient, sustainable health services in all our project countries. This strengthens the health system and ensures that medical services can be maintained, even in challenging circumstances. An example is our focus on health workers as pillars of health systems.

With our help, 886 health workers received initial or further training in 2018.

Yet despite all the crises, it would be a mistake to portray Africa as a helpless or hopeless continent. In all the countries in which we work, civil society is dynamic. There are successful efforts to combat disease and poverty and we witness structures being strengthened. And in all our project countries, we are fortunate to work with competent, innovative and committed partners.

Our long-term and sustainable work is made possible by the competence and efficiency of our head office in Lucerne and the generous support of many individuals as well as private and public institutions. In 2019, we will continue to ensure that our funds are used carefully, efficiently and fairly. Our commitment is founded on the conviction that access to health care is a universal human right. ■



Topics and project regions

SolidarMed improves the health of the population in rural areas of Africa affected by poverty. Our efforts are guided by the United Nations Sustainable Development Goals. We focus on four areas:



Primary health care

Health centres and district hospitals are the backbone of the health system in rural Africa. Every hospital needs trained staff, functioning equipment and medication. This ensures that patients with acute or chronic diseases are properly diagnosed, treated and cared for.



Health staff

SolidarMed trains health staff on the ground and creates incentives for them to remain in rural health facilities. To counteract the acute shortage of health workers, SolidarMed supports medical schools. In addition, SolidarMed provides housing for health professionals to help alleviate the staff shortage in the long-term.



Health in the villages

SolidarMed supports community health workers and promotes health groups in the villages. Through local partners, SolidarMed shares life-saving knowledge. Simple and effective measures can prevent many diseases: Hand washing prevents diarrhoea, mosquito nets protect against malaria and using condoms means fewer HIV infections.



Sharing knowledge, raising awareness

SolidarMed is constantly improving its programmes and sharing its findings with other stakeholders. Active participation in scientific discourse also helps bring this knowledge to local health authorities. In Switzerland, SolidarMed uses targeted public relations work to create understanding for the health challenges facing people in southern Africa.

A woman wearing a black hijab with a red headband and a red dress with white polka dots and a floral pattern at the bottom is sitting in a granary. She is surrounded by large sacks of grain. The background shows more sacks and wooden beams.

**“In collaboration with
the local population,
SolidarMed improves
primary health care
in rural Africa.”**

Jochen Ehmer

► Halima Juma* stores her grain in a communal granary. This allows her to sell it for a better price later in the year. *ob*

*Name changed

Partnerships for Health



Jochen Ehmer, MD
Director

It's always about individual people. It's about the child with diarrhoea, the mother with malaria, the father with a stroke. What I learnt in medical school also applies to the SolidarMed projects: Whether we train midwives or combat malaria – people are at the heart of it all.

Effective medical help requires competence and experience. In Africa as in Switzerland, the cornerstones are experienced doctors and competent nursing staff.

This is precisely why we invest in the capabilities of our local partners. In 2018, 35 SolidarMed medical experts provided technical support to 31 hospitals, 156 rural health centres and 7 medical colleges. In collaboration with local health professionals, we significantly improved medical diagnosis, treatment and care.

Working with a network of subject matter experts and research institutions, SolidarMed also developed and implemented innovative solutions and analysed their impact. We are particularly proud of new approaches in the treatment of mental illness in Zimbabwe, of our projects to improve the treatment of HIV in Lesotho and of entrepreneurial concepts and educational initiatives in the health sector in Zambia.

SolidarMed also has proven expertise in the operational implementation of projects. Our staff work hand in hand with local partners, developing solutions

that meet real needs and endure beyond SolidarMed's involvement.

Children, women and young people in some of the poorest regions of the world remain at the heart of our activities. Our partner hospitals have treated 2.18 million people with diseases such as malaria or diarrhoea on an outpatient basis. Some 33'000 people survived the deadly HI virus thanks to life-saving medication. All these people can now go back to school or work and move their communities forward. On the following pages you will find many more good reasons why this commitment is worthwhile. We are proud to offer the people in the project areas more than "band-aids."

It is only together that we can create a healthy and liveable future for our children. My sincere thanks to the many donors, members, private and public organisations. Our work would be impossible without your help. I look forward to continuing this journey with you and wish you pleasant reading of this year's annual report. ■



Improving primary health care

Safeguarding primary health care is a key mission of SolidarMed. For this reason, SolidarMed invests in infrastructure, trained personnel and proper patient care.



▲ A newborn baby has its first bath in a plastic tub. Mothers who give birth under medical supervision receive a tub like this. *mh*

In the spotlight Soap and plastic tubs lower maternal mortality

Mozambique Political instability and a partly precarious humanitarian situation characterise our operational region in Mozambique. In the north of the country, SolidarMed is supporting a district hospital and 28 rural health centres with expertise, medical staff training and targeted investments in medical equipment, laboratories and hospital infrastructure. This way, SolidarMed enables proper medical care for pregnant women, mothers and newborns. Expectant mothers receive an incentive of a

“baby package” of soap, a traditional cloth and a plastic tub to encourage them to attend prenatal check-ups in a health centre. This “social marketing” not only increases the number of prenatal examinations, but also the number of births under medical supervision. Thanks to this simple measure, SolidarMed is making a significant contribution to reducing maternal mortality in this region. Thanks to awareness-raising activities in the villages, which are carried out together with village health

committees and traditional birth attendants, more women are also accessing postnatal check-ups. To further improve the quality of treatment in the health centres, SolidarMed experts offer training in emergency care for midwives and birth attendants. ■

Better primary health care for

2.5 million

people

Programmes in 14 districts

31 hospitals supported

Enhanced treatment quality in 5 countries

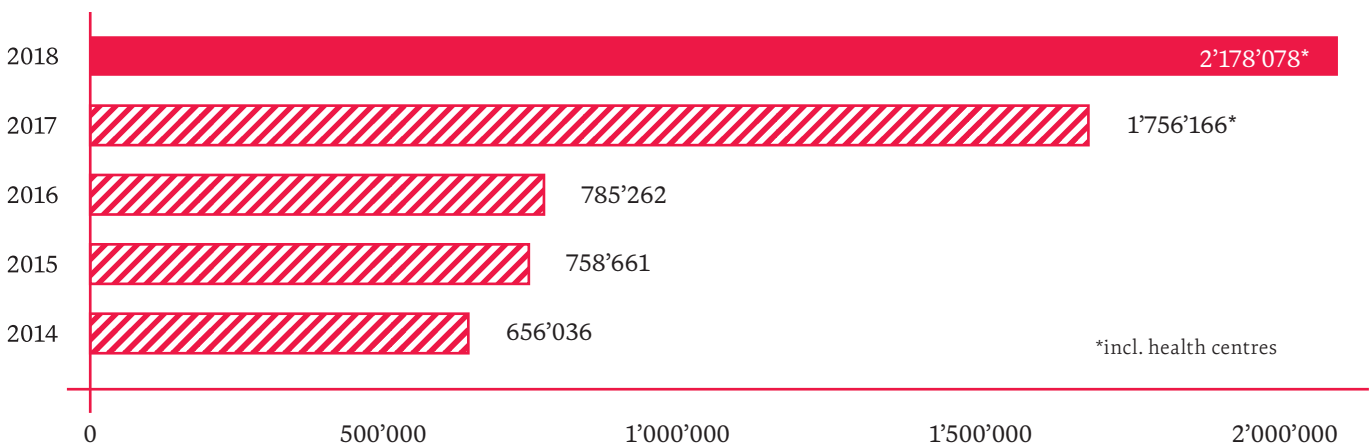
Improved medical services in 156 health centres

How SolidarMed works

SolidarMed continuously improves the quality of primary health care in the project areas. The health institutions with whom SolidarMed cooperates should provide patients with proper, functioning and effective medical care. SolidarMed not only concentrates on the quality of the medical services, but also on the quality of care and patient-friendly treatment. In addition, SolidarMed carries out infrastructure projects such as setting up or improving a health facilities' water and electricity supply. The projects range from providing technical advice and training for the health staff, equipment and training in diagnostics to support for strategic planning processes in logistics and health facility infrastructure.

Outpatient treatment

In recent years, SolidarMed expanded our project area to new districts, which meant that more patients could be treated on an outpatient basis.





Training and further education of health staff

In addition to initial and further training for health professionals, SolidarMed invests in more attractive working and living conditions. Good medical care requires qualified staff – even in remote areas.



▲ The training course for nursing staff developed by SolidarMed was integrated into Zambia's national nursing training programme in 2018. *ob*

In the spotlight Targeted training increases the number of health professionals in rural areas

Zambia The country suffers from an acute shortage of doctors and nurses, especially in rural health facilities. In response, SolidarMed is pursuing two complementary training initiatives. Firstly, SolidarMed has successfully developed training courses for midwives and nurses in rural areas. In 2018, the first 60 graduates of St. Luke's School of Nursing and Midwifery successfully completed their training. 60 percent of these graduates now work in a rural health facility. Secondly, SolidarMed is a

close partner of Chainama College of Health Sciences, the most important educational institution training Medical Licentiates. As a response to the shortage of doctors, Zambia trains non-physician clinicians in an in-depth four-year course. SolidarMed has helped to shape this training since 2009. In particular, SolidarMed has supported the clinical internships in the third and fourth year of training at accredited provincial hospitals. Modern learning methods via the Internet (so-called blended learning)

and regular on-site supervision by clinical instructors guarantee a high quality of training. Since 2018, the approach co-developed by SolidarMed has been an official part of Zambia's national training strategy for health professionals, the "National Human Resources for Health Strategic Plan." ■

166 nurses, midwives and clinical officers newly trained

18 medical schools supported

Promoted and shaped **1** university degree course

Partnership with **4** nursing schools

Technical support for **31** training hospitals

Advanced training for **720** nurses, midwives and doctors

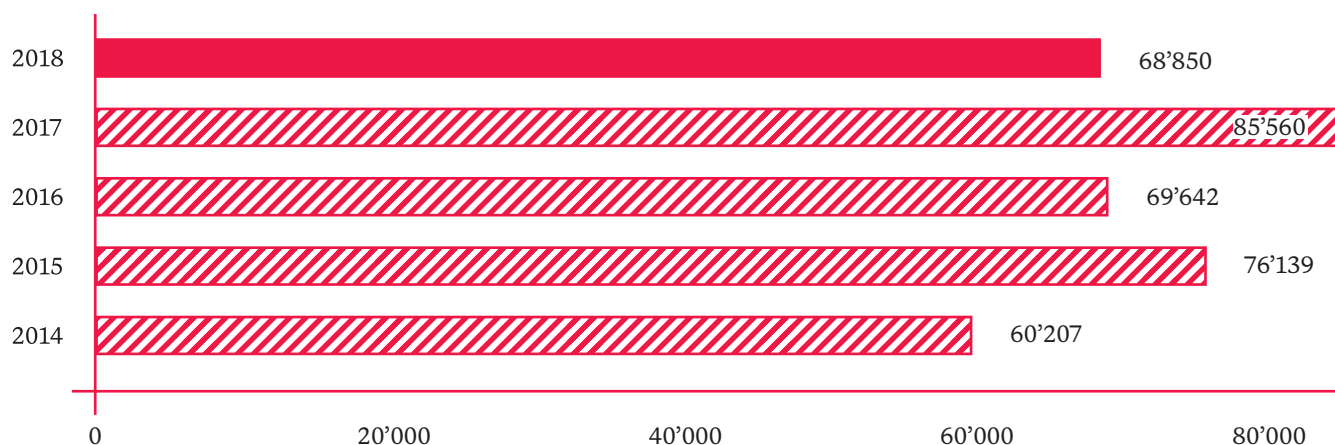
How SolidarMed works

The shortage of personnel in the health sector is an acute problem in all the countries in which SolidarMed works. Here, there are only 6.5 nurses to care for 10 000 people. This is far below the minimum of 25 demanded by the WHO. In addition to intensive training and further education for nurses and midwives, doctors and pharmacists, SolidarMed also provides incentives to improve their working and living conditions. Measures include access to the internet and a reliable electricity supply, providing access to specialist literature or constructing staff housing.

In Zambia, SolidarMed is developing a housing cooperative to provide affordable housing for health workers. This means that qualified health personnel can also be recruited in rural areas, which is a prerequisite for the lasting improvement of medical care.

Births under medical supervision

Year after year, several thousand expectant mothers and their babies benefit from a medically assisted birth in our partner hospitals.





Enhancing health care in the villages

SolidarMed promotes help for self-help. By supporting community health workers, SolidarMed shares information about the prevention and treatment of infectious diseases, as well as childbirth and family planning.



▲ This community health worker holds regular meetings with the women of the village. Here, they are discussing the proper care of newborn babies. *mh*

In the spotlight Mobile clinics care for mothers and newborns in Tanzania

Tanzania In the remote district of Malinyi in Tanzania, newborns and young mothers are exposed to a variety of health risks during pregnancy and childbirth. In this poor rural area, diseases such as malaria, diarrhoea or respiratory infections are a constant threat. SolidarMed focuses on the medical needs of young mothers in Malinyi district. Thanks to mobile clinics, pre- and postnatal care is offered near people's homes. In the villages, SolidarMed works with the village committees

to compile knowledge on pregnancy, newborn care and family planning. This includes raising awareness about the correct care of newborn babies. SolidarMed supports villages in their efforts to improve the health of mothers, newborns and young people. Young people – particularly girls – are provided with youth-friendly information about early pregnancy and how to protect themselves from communicable diseases. By training nurses and procuring the necessary equipment, SolidarMed

enables childbirth under skilled supervision in thirteen village health posts. In 2018, SolidarMed offered HIV testing and tuberculosis screening in 16 villages of the district. Thanks to these efforts, 2'100 people were tested for HIV. ■

2'130 children receive HIV treatment

168'100 people tested for HIV for the first time

94'500 mothers and children counselled their villages

72'000 condoms distributed

32'000 mosquito nets distributed

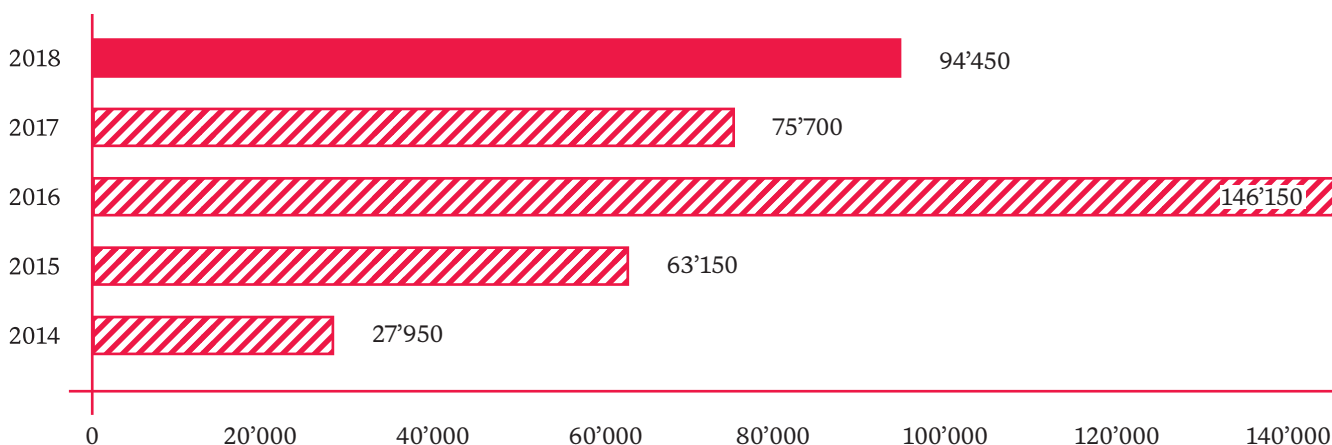
Supported 1'890 community health workers

How SolidarMed works

Improving health means fighting poverty. This is why SolidarMed works with community health workers directly in the villages. They share basic knowledge about the prevention and treatment of diseases such as malaria, tuberculosis or HIV/Aids with their fellow villagers. Questions around prenatal and postnatal care as well as family planning receive special attention. Working in village communities enhances existing knowledge and creates trust in community-based health care. Effective prevention relieves the burden on health facilities and brings about changes in behaviour with lasting effects. Working in health committees, the villagers develop their own solutions for the challenges they face.

Health advice and counselling in the villages

The number of children and women in remote villages who received counselling or treatment with the help of SolidarMed.





Implementing programmes effectively

SolidarMed is aware of the social and technological changes taking place in our partner countries. This is why SolidarMed focusses on innovative approaches to medical treatment.



▲ In Lesotho, SolidarMed tested HIV care and treatment at home. The results of this study, published in March 2018, convinced experts worldwide. *ch*

In the spotlight Groundbreaking HIV study

Lucerne / Lesotho In the mountain kingdom of Lesotho, the most pressing HIV-related challenge is no longer the availability of drugs, their cost or the effectiveness of the treatment. The biggest obstacle is providing access to diagnosis or treatment. The greater the personal or financial cost of getting to the nearest health centre, the less likely an HIV-positive person will commence treatment. In response, SolidarMed piloted the opposite approach: Field teams visited the remote mountain

villages in the north of Lesotho and went door-to-door, offering the villagers a voluntary HIV test. Approximately 90 percent of those approached were actually willing to take a test. 98 percent of people who tested positive started HIV treatment on the same day. The extremely positive response to this new way of testing people for HIV has had a lasting impact. One year after starting treatment, those tested at home showed much better adherence to their treatment plan. This study, carried out in collaboration

with the Swiss Tropical and Public Health Institute in Basel, was the first study worldwide to systematically investigate same-day treatment initiation in the village. Its publication in the scientific journal JAMA caused an international sensation. At the end of 2018, the published study was incorporated into the draft of Lesotho's national HIV guidelines. ■

13 expert meetings and conferences

Number of people reached via media reports in Switzerland:

1.9 million

15 expert contributions that directly influenced national health programmes and initiatives

8 events for interested parties and donors

Developed **1** research manual

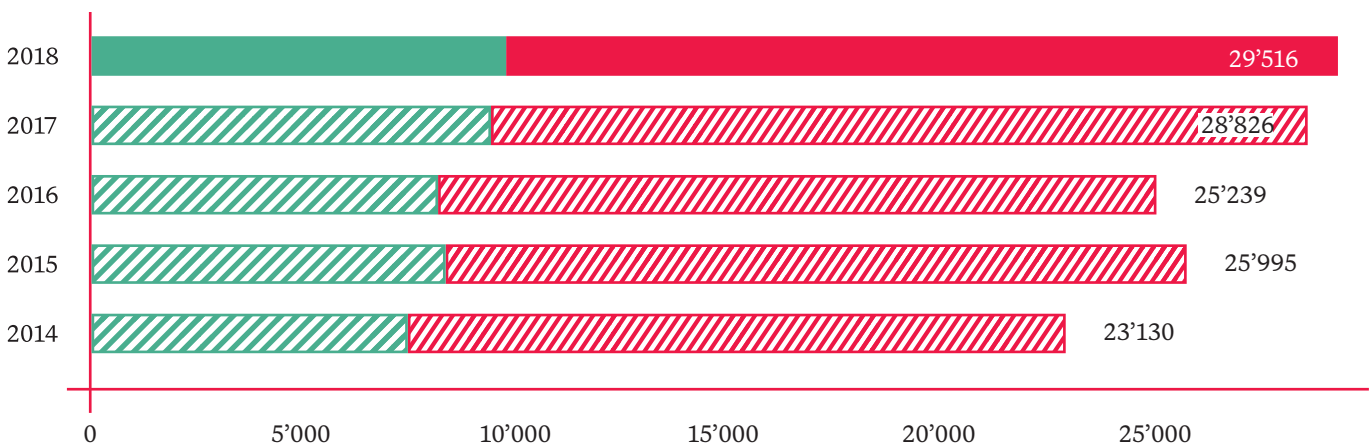
22 peer-reviewed scientific publications from the SolidarMed country programmes

How SolidarMed works

SolidarMed is a learning organisation with a high quality standard. Programmes and interventions are continuously scientifically evaluated, and progress is tracked with specific indicators. In collaboration with other partners, SolidarMed pilots new approaches to health care and publishes and shares results and experiences at international conferences and in scientific publications. SolidarMed thus actively contributes to health development both inside and outside the project countries. In Switzerland, SolidarMed's substantial public relations work creates understanding for the daily lives of people in southern Africa and the health challenges they face.

HIV patients in treatment ■ Proportion of women ■ Proportion of men

SolidarMed has been providing access to life-saving HIV treatment in rural areas in Africa since 2005.



In keeping with the motto of “leave no one behind”, SolidarMed saved many lives in 2018.

A wide range of project activities strengthened our partner hospitals. Thanks to better-equipped laboratories, well-trained personnel, the knowledge gained from new studies and through cooperation with local health groups, they were able to achieve the following in this reporting year.

886'000



patients in good hands

Thanks to training and further education,
the quality of treatment was improved.



10'100

infants protected from HIV

The transmission of the virus
from mother to child was prevented.

69 %



of chronically ill patients are treated

Most patients remain reliably
in treatment for over two years.

9'500



successful operations

Functioning operating theatres
and trained staff made life-saving
operations possible.



69'000

safe births

Expectant mothers delivered under medical supervision and had access to emergency care.

2.18 million

children, women and men received outpatient treatment

Outpatient treatment of an acute or chronic disease like malaria or diabetes.



14'500

children survive malaria or diarrhoea

Mosquito nets and the knowledge of community health workers protected children from potentially life-threatening preventable infections.

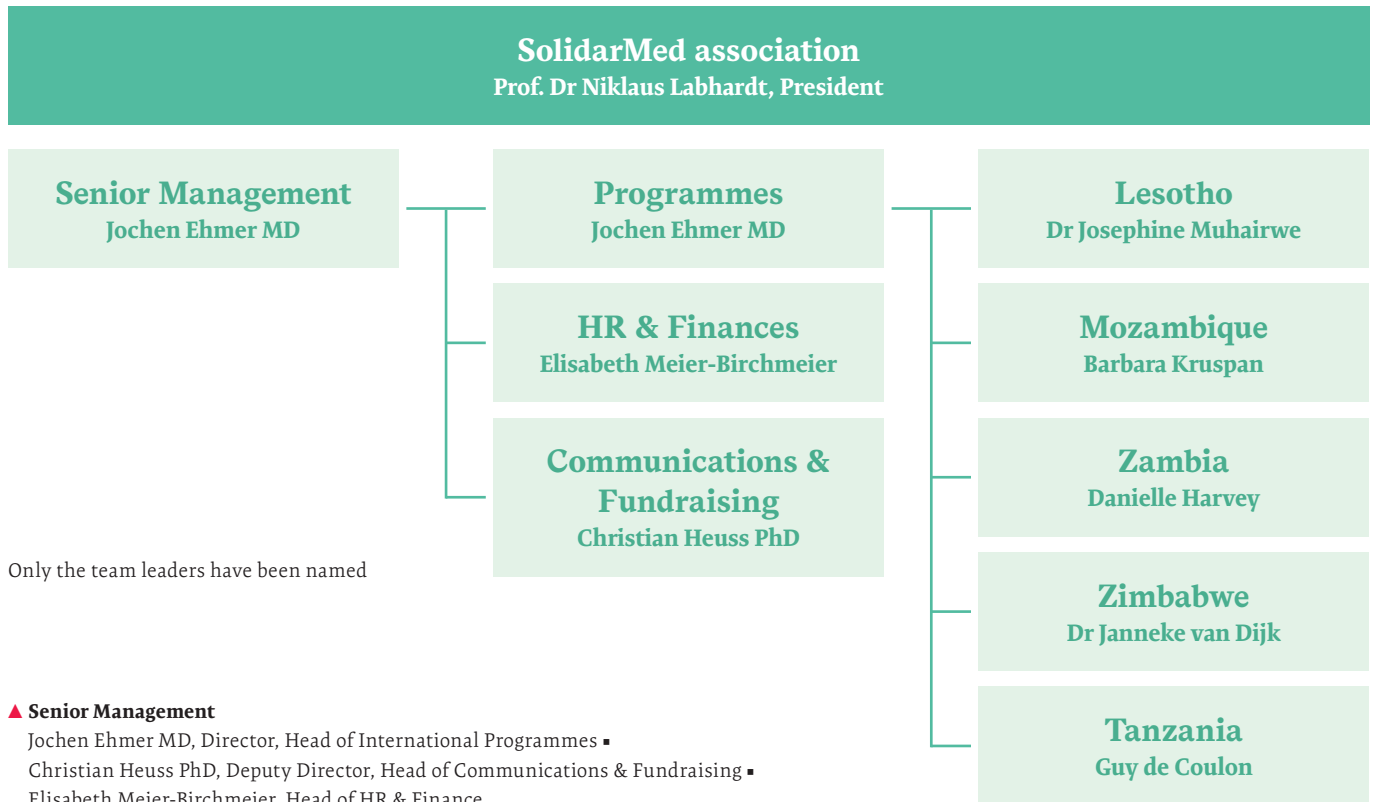
33'000

HIV infected children and adults in treatment

Effective medication enabled the life-saving recovery of their immune defences.



Our teams in Switzerland and in Africa



In 2018, the members of the Board contributed a total of 1'345 hours of unpaid voluntary work. The Senior Management team consisted of the heads of the “Programmes”, “Communication & Fundraising” and “HR & Finance” departments. Their teams secured financing for the projects, managed the donations and supported the country teams. SolidarMed filled 28 full-time positions in 2018. Around 120 employees were employed with local contracts in the project countries. These staff members implemented the projects together with their local partners.



◀ Board of the association

bottom row: Dr med. Gregor Stadler (since 2013) ▪
 Maria Thiess, biologist (since 2009) ▪ Dr med. Markus Frei (since 2016)
 upper row: Dr med. Robert van der Ploeg (since 2016) ▪
 Prof. Guido Keel (since 2016) ▪ Ruth Ospelt Niepelt, economist, Vice
 President (since 2013) ▪ Hansjörg Widmer, economist (since 2013)
 Not in the picture: Prof. Dr med. Niklaus Labhardt, President
 (since 2016) *ob*

▶ SolidarMed goodwill ambassadors

Nadine Strittmatter (Model)
 Nik Hartmann (TV and radio presenter)
 Nino Schurter (Olympic mountain bike champion)
 Stephan Lichtsteiner (professional footballer, national player)



▲ Team Lesotho *sm*



▲ Team Mozambique *sm*



▲ Team Zambia *sm*



▲ Team Switzerland *ob*



▲ Team Zimbabwe *sm*



▲ Team Tanzania *sm*

“We use our donations
effectively and sustainably.”

Elisabeth Meier

▶ Thomas Mnyeti* is a passionate football player. The picture shows him on the day his broken ankle was plastered in Lugala Hospital. *ob*
*Name changed



More funds for projects



Elisabeth Meier-Birchmeier
Head of HR & Finance

In the year under review, expenditures in the project countries were some CHF 236'000 higher than in the previous year. This is good news for the people in the project areas who benefited from additional activities. Thanks to several donations from inheritances, SolidarMed received CHF 696'000 more unrestricted income than in the previous year. The value of earmarked donations was CHF 793'000 higher.

In addition to loyal private donors, SolidarMed is fortunate to be able to rely on many years of support and partnership with institutions in Switzerland and the Principality of Liechtenstein. The contributions from the Swiss Agency for Development and Cooperation SDC and the Liechtenstein Development Service LED amounted to a total of 3.5 million Swiss Francs. SolidarMed revised its investment and reserve policy guidelines in this reporting year. In future, SolidarMed will invest even more consistently

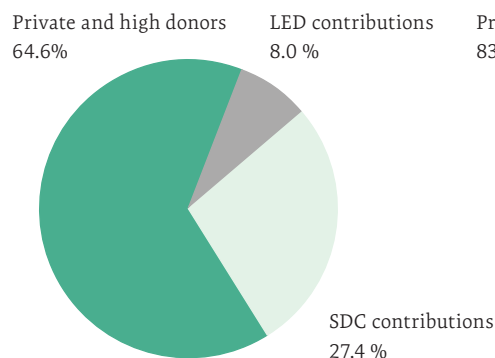
in a fund with sustainable and ethically acceptable investments.

SolidarMed complies with the newly revised recommendations of the Zewo Foundation to differentiate the costs of fundraising and administration from the programme activities in Switzerland and in Africa. Individual positions in the financial statements are therefore presented differently compared to the previous year, and the previous year's figures have been adjusted accordingly. For an organisation with long-term activities, fundraising and administration are indispensable tasks. The Zewo Foundation acknowledges that this incurs a certain amount of financial expenditure. With 12.6 percent for fundraising and 3.8 percent for administration, SolidarMed is well below the specified limits. Out of every CHF 100.00, CHF 83.60 flow into the programmes in Africa and in Switzerland. ■

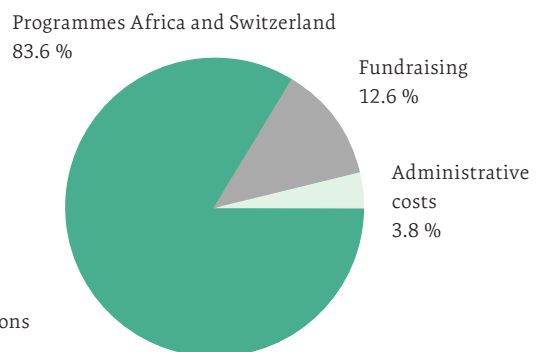
Note: The Annual Financial Statement including annexes is available at solidarmed.ch



Source of funds 2018



Use of funds 2018

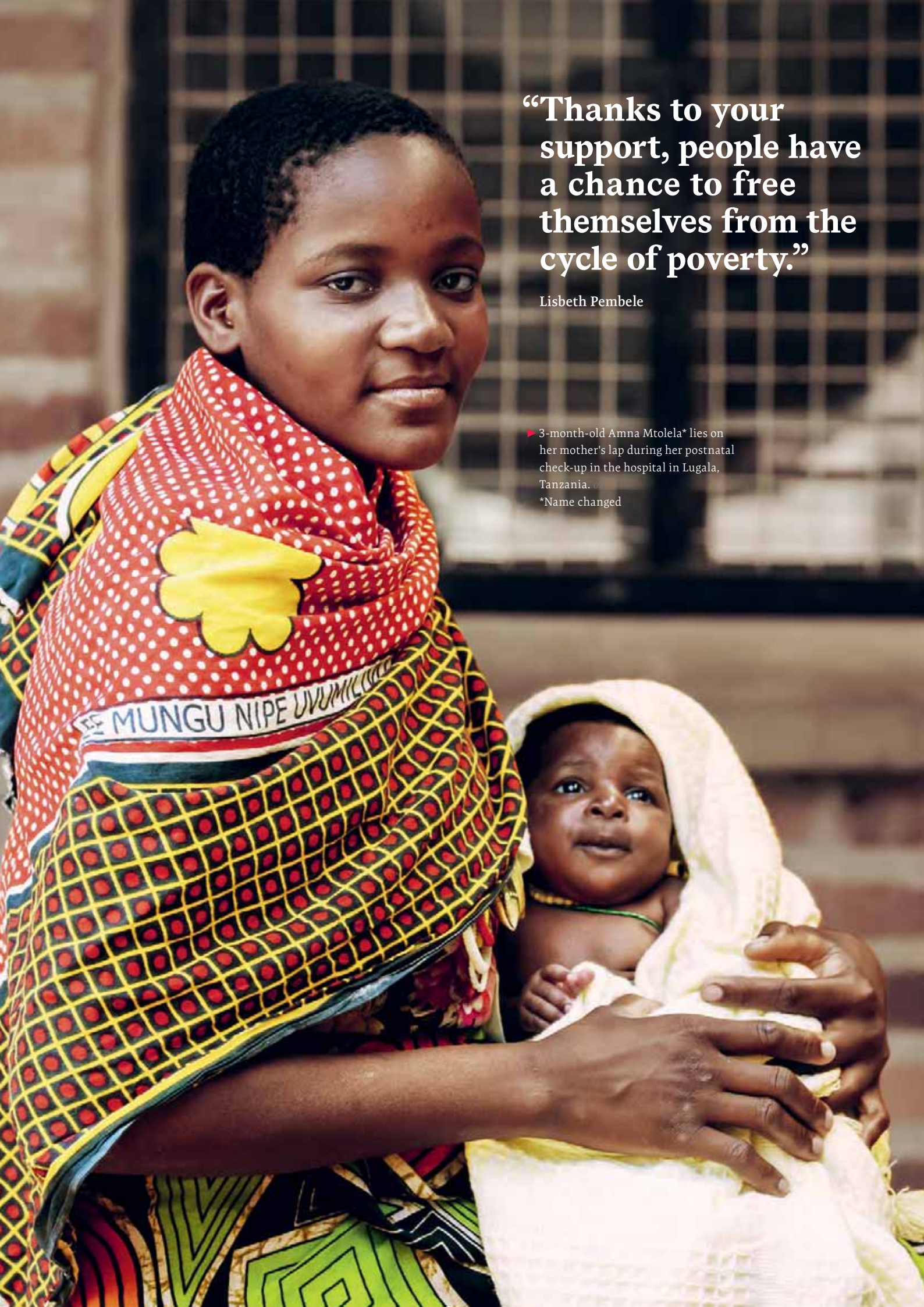


	2018		2017	
	CHF	%	CHF	%
Assets				
Current assets				
Cash	4'253'347		5'495'316	
Assets held for trading at quoted market price	3'040'535		1'578'628	
Other short-term receivables	151'376		243'416	
Project advances	286'887		157'038	
Prepaid expenses	13'632		18'374	
	7'745'777	99.8	7'492'772	99.6
Fixed assets				
Plant and equipment	16'671		33'341	
Other investments	1		1	
	16'672	0.2	33'342	0.4
Total Assets	7'762'449	100	7'526'114	100
Liabilities				
Short-term liabilities				
Liabilities from sales and services	470'122		211'848	
Accrued expenses	311'316		234'542	
	781'438	10.1	446'390	5.9
Long-term liabilities				
Provisions	184'442		188'642	
	184'442	2.4	188'642	2.5
Funds reserved for projects				
SDC projects	0		-1'306	
LED projects	646'075		702'704	
SolidarMed projects	794'843		755'345	
	1'440'918	18.5	1'456'743	19.4

	2018		2017	
	CHF	%	CHF	%
Organisational capital				
Share capital				
Paid-in capital and reserves	881'633		881'633	
Fixed capital				
Currency fluctuation fund	130'000		230'000	
Free capital				
Fund 1 unrestricted funds	2'774'842		2'544'017	
Fund 2 unrestricted funds	1'569'176		1'778'688	
	5'355'651	69.0	5'434'338	72.2
Total liabilities	7'762'449	100	7'526'114	100
Income				
Donations, legacies, membership fees	2'147'186	21.5	1'450'813	16.9
Purpose specific income				
SolidarMed projects	4'286'558		3'493'387	
	4'286'558	43.0	3'493'387	40.8
Public sector contributions				
SDC program contribution	2'730'000		2'600'000	
SDC mandate EMSN Tanzania	1'306		111'398	
LED Zambia	798'039		900'000	
	3'529'345	35.4	3'611'398	42.2
Other income	4'343	0.1	4'557	0.1
Total income	9'967'432	100	8'560'155	100

	2018		2017	
	CHF	%	CHF	%
Expenditures				
Programmes Africa				
Personnel expenses project management Switzerland	-671'205		-689'436	
Project visits	-64'235		-32'201	
Share of office costs and depreciation	-31'169		-33'903	
SolidarMed projects	-6'329'998		-5'986'291	
SDC mandate EMSN Tanzania	0		-104'286	
LED Chainama College Zambia	-749'709		-763'356	
	-7'846'316	79.7	-7'609'473	79.6
Programmes Switzerland				
Personnel expenses	-202'067		-181'570	
Public relations	-156'938		-105'721	
Share of office costs (incl. IT) and depreciation	-20'681		-20'913	
	-379'686	3.9	-308'204	3.2
Fundraising				
Personnel expenses	-472'580		-444'020	
Fundraising	-554'844		-732'290	
Share of office costs (incl. IT) and depreciation	-211'234		-131'732	
	-1'238'658	12.6	-1'308'043	13.7
Administrative expenses				
Personnel expenses	-305'196		-249'426	
Association work	-6'046		-10'869	
Office and administrative expenses	-27'741		-29'363	
Travel and representation expenses	-6'284		-6'730	
Memberships	-7'857		-9'912	
Share of office costs (incl. IT) and depreciation	-22'160		-31'582	
	-375'284	3.8	-337'882	3.5
Total income / expenses	-9'839'944	100	-9'563'602	100

	2018	2017
	CHF	CHF
Operating result	127'488	-1'003'447
Financial income		
Income from interest and securities	49'947	139'895
Expenses interest and securities	-271'948	-37'536
	-222'001	102'359
Result before changes to restricted project funds	-94'513	-901'088
Statement of changes to restricted project funds	15'826	-70'778
Result (before changes to organisational capital)	-78'687	-971'866
Withdrawal from organisational capital	367'146	971'866
Allocation to paid up and acquired capital	0	0
Allocation to fund 1 unrestricted funds	-288'459	0
Allocation to currency fluctuation fund	0	0
Total allocations / appropriations	78'687	971'866
Results after allocation to organisational capital	0	0

A young woman with short dark hair is looking slightly to the right. She is wearing a vibrant, multi-colored shawl with a red and white polka-dot pattern and a yellow and black grid pattern. A white band with the Swahili text "MUNGU NIPE UVUMILISHE" is visible on the shawl. She is holding a baby wrapped in a white cloth. The baby is looking towards the camera. The background is a blurred grid pattern.

“Thanks to your support, people have a chance to free themselves from the cycle of poverty.”

Lisbeth Pembele

▶ 3-month-old Amna Mtolela* lies on her mother's lap during her postnatal check-up in the hospital in Lugala, Tanzania. [View photo](#)

*Name changed

Our heartfelt thanks!

Wolfgang von Goethe wrote in 1797: “Alas, true gratitude cannot be expressed in words.” Nevertheless, we would like to sincerely thank all the private individuals and institutions who generously supported SolidarMed in 2018. Without them, our successes would not have been possible. Due to space restrictions, only institutional donations of over 1'000 Swiss Francs are listed here. Our thanks also to all those we could not mention or who did not wish to be named.



Lisbeth Pembele
Project partnerships

Public sector Swiss Agency for Development and Cooperation SDC; Liechtenstein Development Service LED; Bureau of Foreign Affairs of the Principality of Liechtenstein; Canton Aargau; Canton Basel-City; Canton Glarus; Canton Schaffhausen; Canton Schwyz; Canton Thurgovia; Canton Zurich; City of Lucerne; City of Rapperswil-Jona; City of St. Gallen; City of Zug; City of Zurich; Municipality Arlesheim; Municipality Baar; Municipality Bottmingen; Municipality Küsnacht ZH; Municipality Maur; Municipality Rüslikon; Municipality Vaduz.

Emmenbrücke; Hotel Sonnenberg, Kriens; LuMed AG, Luzern; Migros Genossenschafts-Bund, Zürich; Neue Bank AG, Vaduz; NeoVac ATA AG, Oberriet; Noldi Frommelt Schreinerei AG, Schaan; Oryx International Services GmbH, Cham; Permanence Basel AG, Basel; PRS Capital Solutions AG, Baar; Systec Schweiz GmbH, Cham; Union Bank AG, Vaduz; Vogt Consulting & Management AG, Vaduz; VP Bank, Vaduz;



Lucy Kormann
Project partnerships

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▲ The photo on the front cover shows 10-year-old Jennifer from Tanzania. Her mother Hilda Raspitos (photo on the back cover) is nursing tutor at the Lugala School of Nursing supported by SolidarMed. *ob*



SolidarMed improves health care for 2.5 million people in Lesotho, Mozambique, Tanzania, Zambia and Zimbabwe. We strengthen existing medical facilities and train local health personnel. Our projects are developed in close collaboration with local partners such as hospitals, health centres and health authorities, supported by our health experts on site.

SolidarMed

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- supports the training and further education of health staff

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