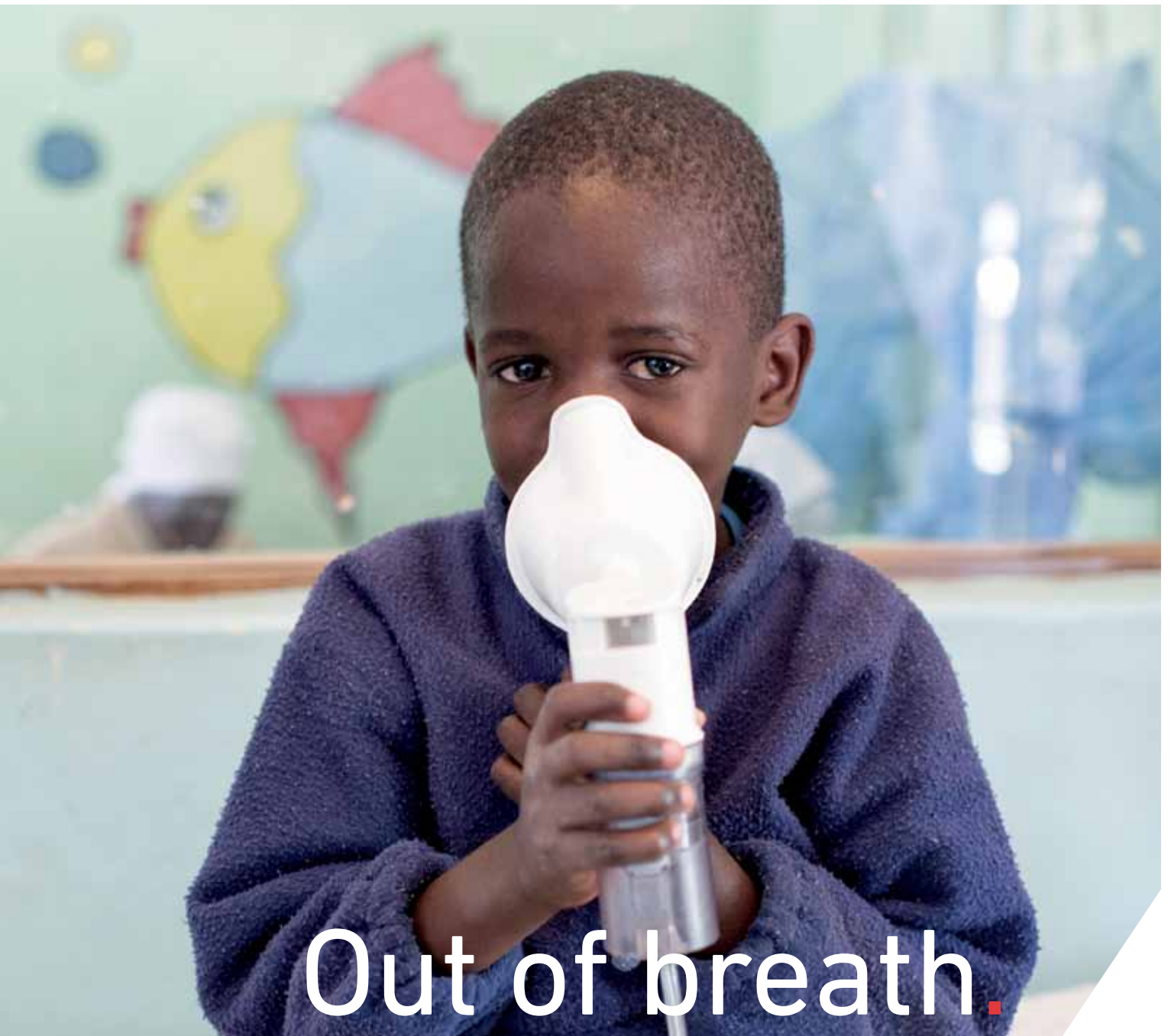


**SOLIDAR
MED**

aktuell



Out of breath.

Editorial: More attention **2**

Moçambique: Permanently ill **3**

Interview: «There is no fridge for the insulin» **6**

Other news: Bite-size stories **8**



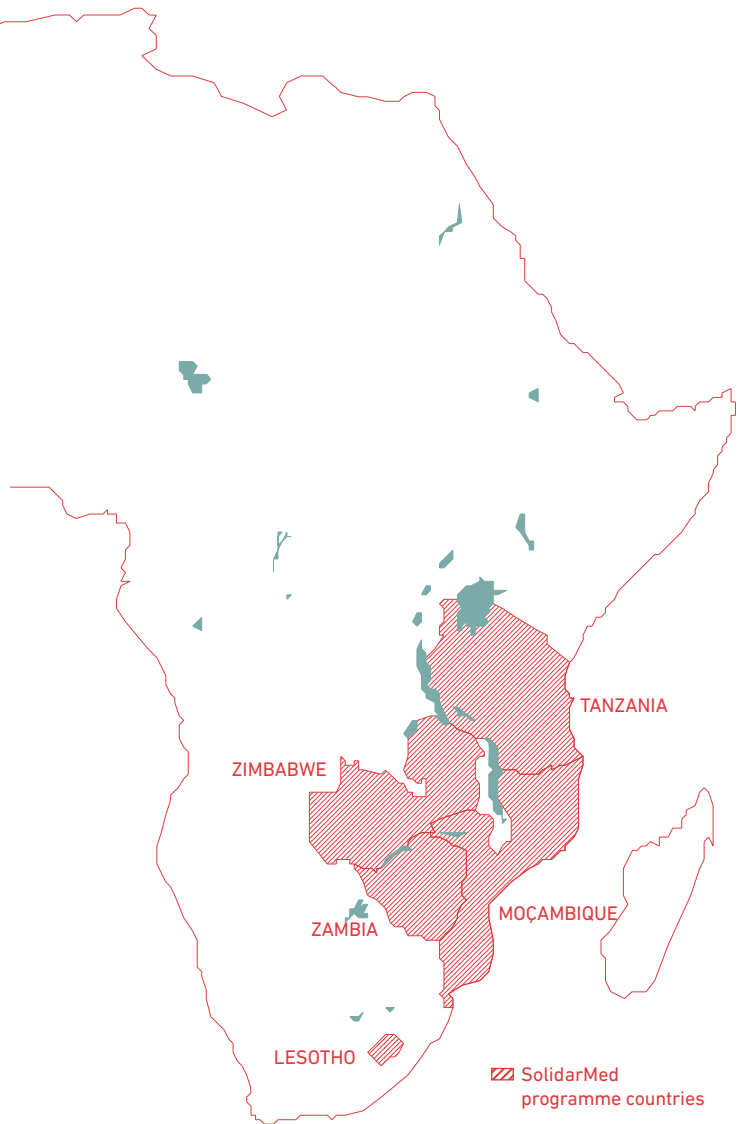
Dr med. Svend Capol,
President of SolidarMed

More attention

Obstetrics, surgery, infectiology: These were the areas in which I expected the biggest challenges when I was preparing myself for deployment with SolidarMed in Lesotho in the 90s. To my surprise, it was very often patients with high blood pressure, diabetes or chronic breathing difficulties which sought help at Paray Hospital in Lesotho. Of course, I dealt with these non-communicable diseases daily in Switzerland. But I did not expect that I would have so much to do with chronic, incurable diseases in Africa.

I had to recognise that for a hospital without special lab tests, x-ray, ultrasound and specialist medical investigations, these diseases were the most difficult challenges then – and remain so today. Medication that is constantly available over a long period of time is what is missing for permanent treatment. If you call patients for urgent follow-up consultations, they often don't come as there is no transport or they don't have the money to pay for it. Until now, there are hardly any projects targeting these issues, as they have only recently started receiving the required attention.

Although perseverance and endurance are strengths of many Africans, we know the consequences of untreated hypertension, of poorly controlled diabetes or chronic asthma all too well. The art lies in strengthening the local health system in such a way that it is able to carry the burden of chronic diseases. When we invest in the treatment



of non-communicable diseases, the people affected gain many productive years.

Your loyal support makes long-term help possible. Thank you so much!

Impressum «SolidarMed aktuell» 78/2014

SolidarMed, Obergrundstrasse 97, CH-6005 Lucerne
Phone +41 41 310 66 60, contact@solidarmed.ch, www.solidarmed.ch

Editorial Team: Murielle Drack, Benjamin Gross, Joel Meir **Texts:** Benjamin Gross **Layout:** Murielle Drack **Cover photo:** Olivier Brandenburg **Printers:** Brunner AG, Druck und Medien, Kriens **Print run:** 13'000 (only in German)

«SolidarMed aktuell» is published four times a year – the next edition will appear in November 2014. **An annual print subscription** costs CHF 5.— and is deducted as a one-off from your donation. For members it is included in the annual fee.

Membership: CHF 50.— for individual members, CHF 80.— for families and institutions.

Donations and membership fees can be transferred with the appropriate reference to: **Postal account** 60-1443-9, made out to: SolidarMed, CH-6005 Lucerne

IBAN: CH0909000000600014339, **BIC:** POFICHBEXXX **Online donations:** www.solidarmed.ch «Get involved» **Direct debit:** www.solidarmed.ch «Get involved» or by telephone order

Thank you for your support!

SolidarMed is accredited by ZEW0 which stands for the diligent and appropriate use of your donation. Donations to ZEW0 accredited organisations are tax deductible in most Swiss cantons. Further information can be found on our website: www.solidarmed.ch or directly at your local Swiss tax office.





Permanently ill

Zimbabwe: In those difficult times when Forget fought for air, his mother gave him medicine she had received from the doctor. This usually eased his breathlessness. But for severe asthma attacks, only the long and arduous journey to the SolidarMed supported Musiso Hospital could help. ►



Photo: Olivier Brandenberg

Chronic diseases are actually more widespread in industrialised countries than in Africa. But because for a long time these diseases received hardly any attention in developing countries, the knowledge and medication to treat patients effectively is usually lacking. Until today, the services of rural hospitals and health centres are geared towards acute ailments which can be treated relatively quickly and well and are mostly cured within a short space of time. As a result, people in southern Africa die significantly more often from chronic diseases than here in Europe.

Thanks to improved diagnostics, non-communicable diseases are being detected better and earlier. The better health care on offer means the trust of the population in the hospitals is growing.

Permanent inflammation

Asthma, like Forget had, is a cramp of the windpipe. There are various causes of asthma, like an allergy for example. Most often, asthma goes hand in hand with a chronic inflammation. Today, asthma can be treated so that no one has to die from it. A decent and dignified life is possible, as countless patients in Switzerland prove.

Usually, Forget's breathlessness was also successfully treated in the outpatient clinic and mother and son could return home the same day. Sometimes, however, Forget's asthma attacks were so severe that he was hospitalised and needed treatment for a number of days before he was able to breathe freely again. Thanks to SolidarMed's support of Musiso Hospital, today it is possible for asthma patients with a severe attack to receive effective medication with an inhaler or per injection.

A feeling of drowning

If, during an asthma attack, patients do not receive medication in time, the cramps can lead to severe dyspnoea – which patients describe as a feeling of drowning – or, in the worst case, lead to death by asphyxiation. Open fires in the huts and increased air pollution mean that also in Zimbabwe, more and more people are suffering from chronic respiratory tract infections. This places correspondingly high demands on the medical services of the health centres and hospitals.

In Zimbabwe, many medical facilities lack a reliable supply of suitable asthma medication. If and when it is available, hospital staff are often not sufficiently trained to show patients or parents how the medicine should be inhaled. An additional difficulty with children is that the treatments available are not geared towards them. Child-suitable equipment – even if available – is not affordable for most parents in Zimbabwe.

New challenges for the health services

In order to treat asthma and other chronic diseases, reliable long-term treatments are needed. Health services must be able to maintain the required treatment over a number of years and those afflicted must regularly participate.



The long-term treatment of asthma is also possible in African hospitals. However, this requires improvements in a number of areas.

Thanks to SolidarMed's support, this young patient of Musiso Hospital has a fair chance of a livable future despite asthma.



This requires a new form of cooperation between patients and health staff in which both sides have to show responsibility.

On the 27th of March 2014, at 12.30, Forget's mother brought him to hospital. He had been having asthma attacks the whole morning. He was gasping when he arrived. This time, the journey to the hospital took too long. Despite immediate treatment, he passed away at 12.45.

Enabling life-long treatment

That the doctors could do nothing further for Forget shows that other factors need to be considered in addition to basic medical services. It needs well-qualified health staff to inform and support the population so that people seek medical attention in time. SolidarMed is committed, now and in future, to ensuring that Forget's sad fate remains the exception and that patients with chronic diseases receive long-term medical support.

SolidarMed helps long-term

Chronic diseases like asthma, hypertension or diabetes have little in common, apart from the fact that the patient needs reliable treatment and supervision over a long period of time. Standardised treatment processes are needed which allow for treatments adapted to the course of the disease.

SolidarMed supports 19 rural hospitals and 102 health centres in southern Africa and improves their medical services. Together with local partners, SolidarMed develops structures which also allow ever more chronic diseases to be reliably medically treated.

SolidarMed improves services through:

- Drawing up treatment guidelines
- Initial and further training of staff
- Improved diagnostics
- Long-term treatment services
- Cooperation with patient groups

Learn more about SolidarMed in Zimbabwe:

www.solidarmed.ch > countries > Zimbabwe

«There is no fridge for the insulin»

Chronic diseases in rural Zambia

In Zambia, SolidarMed is training Medical Licentiates (MLs)* with the Ministry of Health. These are non-academic doctors geared towards medical and surgical emergencies. One of them is Victor Bowa, who for the past three years has been in daily contact with patients at Mpanshya Hospital and knows the danger of chronic diseases in rural Africa at firsthand.



Photo: Nik Hartmann

SolidarMed: Which chronic diseases are most widespread in Mpanshya?

Victor Bowa: Most often, I see patients with high blood pressure. But also cardiac disease, diabetes, asthma, epilepsy and sickle-cell diseases are widespread.

Do you have the impression that the number of patients with these illnesses is increasing?

Yes, definitely.

Why? Are the diagnostic capacities better today, or are people exposed to new risks?

There are a number of reasons why we treat more patients with chronic diseases here in the very rural area of Mpanshya. Thanks to various kinds of support, the quality of our hospital has improved significantly over the past years. Word gets around and patients come from far away to be treated here. This is particularly the case for chronic diseases: here, we are prepared for medical emergencies like diabetic ketoacidosis or asthma attacks. Better diagnostics – thanks to training and technology – also result in more chronic diseases detected and thus to more treatments of the chronically ill. When we get the required medication and sufficient staff is available, we can really help people. A problem of many people with a chronic illness is a lack of knowledge and that they only seek medical help quite late. Most first go to a traditional healer, take herbs and other traditional treatments and only then come to the hospital.

As an example: What does diabetes mean for patients in your region?

People here know diabetes as the «sugar disease» and would say that they are «suffering from sugar». For the mostly very poor population, it is a big challenge to follow the dietary advice. The local market has no special foods for sale. In addition, most people do not have the possibility to store medicine properly, as they have neither electricity nor a fridge in which to store insulin.

What impact can Medical Licentiates have on rural hospitals?

Wherever a Medical Licentiate is working, fewer patients have to be referred to a larger hospital for emergencies and specialised treatments like caesarean sections, hernia repairs or complicated fractures. The same applies to chronic diseases. Many patients cannot afford the transport to the capital.

Medical Licentiates are also trained here in Mpanshya. During theoretical training, SolidarMed doctors teach the required background knowledge in a number of specialised areas. Since 2009, for example, the students learn from a SolidarMed expert about comprehensive emergency obstetric care. The improved quality of training has a positive impact on the health of the population. This can be seen most impressively in the reduction of maternal and newborn mortality in rural areas. A measurable success!

What should be done to help those in Zambia's rural areas suffering from chronic diseases?

We have to encourage people to seek medical help in time. This requires good sensitisation on the causes of disease and on the treatment possibilities. Only the well-informed understand that it is vital to take medication regularly and reliably. For this, more and very well trained staff is urgently needed – nurses, MLs, doctors, clinical officers and other medical support staff, so that patients can receive proper treatment. To ensure these professionals then stay in the rural areas and don't seek better living- and working conditions in the towns, performance incentives are needed for rural service. This is why SolidarMed supports the Zambian health system not only by training medical staff, but is also by building additional houses for the hospital staff, so that they are happy to remain in the rural areas.



Photo: Nik Hartmann

SolidarMed in Zambia

* Since 2009, SolidarMed has been supporting the national programme for the training of associate clinicians. The training focusses on initial and emergency care. The project is financed by the Liechtenstein Development Service LED.

Read more about the training programme for Medical Licentiates:

www.solidarmed.ch > countries > Zambia

Effective help with «chronic donations»

More and more people worldwide suffer from chronic diseases. But Africa's rural areas are where the most die from asthma, diabetes or cardiovascular disease, because they receive no treatment. Rural hospitals in Africa cannot cope with the challenges posed by long-term treatment.

In order to treat chronic diseases effectively, medical staff have to reliably document patients' disease progression. Just as important is that medication is always available, over many years.

In order to develop the necessary structures, SolidarMed has to be a reliable partner for these hospitals and health centres over a number of years. With a regular donation, you too will become a reliable part of this help.

Become a reliable partner and help with a regular «chronic donation».

www.solidarmed.ch > engagement > donatenow

Bite-size stories on facebook

Every week, there are stories from the SolidarMed projects – some us happy, some make us chuckle, others make us think.

Our staff in Lesotho, Zambia, Tanzania, Moçambique and Zimbabwe share such moments with us on facebook.

Become a «friend» of SolidarMed and read along.

www.facebook.com/SolidarMed

The image shows a screenshot of a Facebook post from the page 'SolidarMed'. The post is dated '25. Februar um 16:34' and has been edited. The title of the post is 'Neue Wasserleitungen für das Lugala Spital (15 Fotos)'. The text of the post states: 'Obwohl SolidarMed die dringendsten Mängel behoben hat, sorgt das komplett veraltete Wassersystem immer wieder für gefährliche Situationen und muss dringend erneuert werden.' Below this, it says 'Die unzuverlässige Wasserversorgung ist ein erhebliches Problem im...' and provides a link to 'Mehr anzeigen — in Lugala, Tanzania.' The post includes a large photo of a water tower under construction with workers on top, and a row of three smaller photos showing different views of the water infrastructure. At the bottom of the post, there are options to 'Gefällt mir', 'Kommentieren', and 'Teilen'. On the right side of the screenshot, a vertical navigation menu shows the years from 2014 to 2009, with 'Aktuell' at the top and 'Gegründet' at the bottom.