



## Diagnosis: Acute doctor shortage.

Editorial: Surgery successful – patient dead. **2**

Zimbabwe: Dr Hope for 170'000 people **3**

Interview: Understaffing kills **6**

Other news **8**

## Surgery successful – patient dead.



Dr med Svend Capol,  
President of SolidarMed

All patients find it unpleasant when their trusted doctor retires or moves on to pursue new challenges. We want to fill this gap as quickly as possible with another competent, trustworthy person. But particularly in rural Switzerland, the search for a suitable replacement is often in vain.

Last year in my role as cantonal physician, I wrote a report about outpatient medical care in the canton of Schwyz. The result: population trends mean that significant staff shortages are imminent. Higher than average numbers of general practitioners are retiring and more and more young doctors are training as specialised consultants. In addition, chronic diseases are an increasing burden on the health system.

The rural areas in Africa and in Switzerland are facing identical challenges. In both places, we need to improve health care provision by making the working and living conditions more attractive. Yet the numbers involved, the needs on the ground and the price of such interventions lie in completely different dimensions. In Africa, the same amount has tremendously more impact, provided the funds are invested in the sustainable development of the local health system. Highly qualified specialists from Europe fly to Africa for a number of days to carry out sophisticated surgeries, but what is the use if the patients subsequently die because there isn't enough staff for proper aftercare? Continuous

support by well-trained medical experts, who have the infrastructure and the medication to nurse the patient back to health – this is what is important.

An aeroplane can only safely land on an area that is free of obstacles. When we invest in the people in Africa, we ensure a proper landing area for our contributions to robust health care provision. Many thanks for your commitment!

### Impressum «SolidarMed aktuell» 80/2015

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:** 12'500 (only in German)

«SolidarMed aktuell» is published four times a year – the next edition will appear in May 2015. 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 the Swiss organisation for health in Africa and improves health care for 1.5 million people. SolidarMed strengthens and expands existing medical services sustainably and meaningfully. The projects pay particular attention to the health of mothers, pregnant women, newborns and children.





# Dr Hope for 170'000 people

**Underpaid, overworked and left alone: Due to poor working conditions, many African doctors are turning their backs on the continent – with catastrophic consequences for the patients. SolidarMed strengthens Silveira Hospital and gives Zimbabwean doctors a perspective.**

Sometimes, Dr Munyaradzi Wesley Sarutsodzo reaches his limit. Then the doctor at Silveira Hospital asks himself whether he hasn't taken on too much responsibility. The queue in front of his treatment room just never ends. Many, many patients wait here. Some have walked dozens of kilometres, in worn flip-flops, carrying their belongings in plastic bags or small suitcases in their hands or on their heads. They all hope that at Silveira Hospital, they will be seen by a doctor. Doctors are few and far between in the remote district of Bikita. In such moments, Dr Sarutsodzo reminds himself of his own motto: «The people here have a hard life; I want to

help them feel a little better.» Two years ago, the 27-year-old completed his training as general practitioner. After two years of working in the capital Harare, he was drawn towards Silveira Hospital in the south of the country. This rural hospital is supported by SolidarMed and is responsible for providing basic medical care for over 170'000 people. «This makes the work varied and exciting» Dr Sarutsodzo explains, whilst holding an X-Ray to a window. ►



Zimbabwe  
Inhabitants 2012: 13'061'000  
Doctors per 1000 inhabitants: 0,06  
Life expectancy: 58 years



Photo: Mitja Rietbrock

Around 130 people work at Silveira Hospital, 3 of which are doctors.

## Daily business: HIV, childbirth and tuberculosis

In his office sits a young woman. She coughs – and grimaces. She’s had chest pains for weeks. The X-ray shows a shadow on her lung. Tuberculosis is suspected. «Together with HIV and obstetrics, TB is a main aspect of our daily work» Dr Sarutsodzo explains, before sending the patient to a nurse for further tests. The doctor is expected in surgery. Up to 1’200 surgical procedures are carried out at the rural hospital every year. Today, a 17-year-old young girl needs urgent help. She accidentally poured boiling water over herself and has severe burns on her thighs and genitals. When young patients like Firita suffer a serious accident, Silveira Hospital is their only hope for medical treatment.

The team of doctors in Silveira carries out up to 1’200 surgical procedures ever year.

## Only hope of survival

Dr Sarutsodzo hurries through the hospital corridors, past the many patients who still wait for him. The 17-year-old girl is already under anaesthesia and on the operating table. Her burns are terrible. Dr Sarutsodzo takes a deep breath. «Sometimes, it is very hard for me to witness these heavy strokes of fate» he says, whilst pulling on a pair of sterile gloves. «Especially when I think of how many people in my country do not have the option of medical treatment». Dr Sarutsodzo works with concentration. Once in a while, his gaze wanders to the face of the girl under the ventilation mask. Her breathing is calm.

She will make it. The doctor is relieved. «It moves me each time we can help some of the poorest» he says, whilst drawing off the sterile gloves.



Photo: Mitja Rietbrock

The family of this young girl will never be able to pay for the cost of treatment. They are amongst the 50 percent of Zimbabwe’s inhabitants living below the poverty line, so on less than one dollar a day. But thanks to SolidarMed’s support, Silveira Hospital can also offer the poorest in Zimbabwe medical care.



Photo: Mitja Rietbrock

Dr Munyaradzi Wesley Sarutsodzo, doctor at Silveira Hospital in Zimbabwe

## Understaffing kills

With her local partners, the SolidarMed doctor Dr med Sigrid Lüders improves working conditions at Silveira Hospital, trains local doctors and given the staff shortage, herself sees many patients.

Dr Lüders, what are the consequences of the staff shortage in Silveira?

Lüders: This precarious situation results in inadequate care for the patients. In the maternity ward for example, there is only one midwife on night duty who can offer continuous care. At the hospital itself, we have the situation more or less under control, but in the remote health centres, people often die due to the lack of staff.

What is needed to hold on to qualified staff like Dr Sarutsodzo?

Lüders: In addition to being passionate about his job, Dr Sarutsodzo needs a financial incentive to stop him moving to town or emigrating to another country where he could earn considerably more. The monthly salary for a doctor in a rural hospital is only USD500 – this is alarmingly low, even for Zimbabwe. In addition, professional development and further training in diagnostics or surgical techniques are very attractive and motivating for my local colleagues. But the general conditions have to be right too.

What does this mean for SolidarMed's work?

Lüders: To retain doctors at the hospital, SolidarMed helps in the form of a «top-up» for qualified personnel, so a salary improvement. The presence of a SolidarMed doctor as project manager and trainer increases the quality of medical care in the long term and is highly valued by the local professionals. In the past, SolidarMed also built urgently needed staff houses. Furthermore, SolidarMed supports the hospital in implementing a jointly elaborated development plan to safeguard the long-term running of the hospital and the attached nursing school. SolidarMed also makes sure there are enough medical consumables and medicines available.



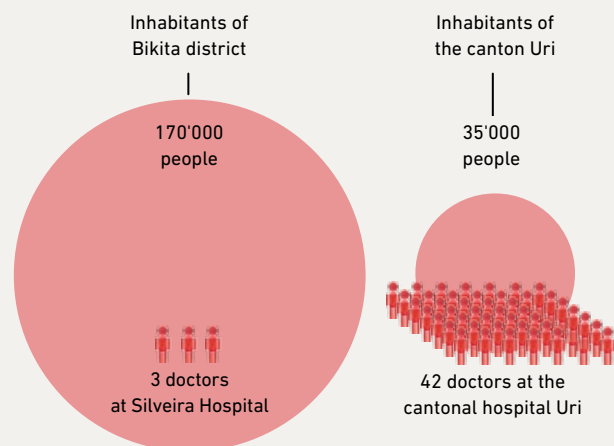
Dr Sigrid Lüders,  
doctor and project manager at  
Silveira Hospital in Zimbabwe

So in a very pragmatic way, SolidarMed supports a range of measures. Not all are strictly speaking sustainable, but all are urgently needed by the people of the region.

What will the cooperation between SolidarMed and the hospital look like in future?

Lüders: We get the impression that Silveira Hospital has reached a good level of development and that in the foreseeable future, SolidarMed will be able to draw back from Silveira and invest in another hospital in Zimbabwe, one which more urgently needs our help. At the moment, we are planning this step very carefully with the management of Silveira Hospital.

### A comparison with Switzerland



Everywhere Africa's rural areas, countless patients depend on a vanishingly small number of doctors. Rural hospitals and health centres are missing around half of the state-assigned nursing staff. Doctors are even rarer..

Learn more about SolidarMed in Zimbabwe:

[solidarmed.ch](http://solidarmed.ch) > Countries > Zimbabwe



Photo: Joanguete Sonil

## First surgeries in Metoro

Moçambique: In November 2014, Ancuabe district's very first operation took place. Before, emergencies could only be treated in distant Pemba and valuable time was lost in the long patient transfer. As Ancuabe district does not have a hospital, Metoro is now the first health centre in Moçambique which can carry out surgical operations. This operating theatre could only be built thanks to SolidarMed's help and is a remarkably exceptional case.

It was built at an important crossroads, with good accessibility for many people. Now, around 7'000 expectant mothers in the district can get a caesarean section or other life-saving emergency treatment if they need it. The rest of the population also benefits from access to surgical care.

The project was begun in 2012 in close cooperation with the health authorities. From its inception, it was embedded into the national programme for «better health for mothers and children». SolidarMed continues to support the district authorities in improving health care provision for expectant mothers and newborns in the long term. In addition, the construction of an additional operating theatre is planned in the neighbouring district of Namuno.



Photo: Olivier Brandenberg

## Health centre in Bota extended

Zimbabwe: The newly renovated and extended health centre in Bota was handed over to the village council. Every month, this bustling clinic is now able to offer suitable care and treatment to around 2'000 patients.

Bota is the busiest health centre in the whole district of Zaka. Bota's dilapidated infrastructure was not able to deal with the high numbers of patients and there were no beds available to admit the seriously ill. In response, SolidarMed in 2012 began renovating the existing buildings, extending the health centre and building staff accommodation and a mother waiting home.



Photo: Maurice Haas

## Effective HIV programme

At the 2014 HIV conference in Glasgow, SolidarMed presented a study which showed that the basic form of antiretroviral therapy does not work in only 6.9 percent of adult patients in Lesotho. The international average is 16 percent. This confirms the high quality of the SolidarMed HIV programme SMART in Lesotho. In this programme, only half as many patients do not respond to treatment.

The results of the study can be found under

[solidarmed.ch](http://solidarmed.ch) > Mediathek > Publikationen



Moçambique:  
First surgeries in Metoro

Zimbabwe:  
Health centre in Bota extended

Lesotho:  
Effective HIV programme

## Committing beyond your lifespan...

...to causes you supported in your lifetime: In addition to providing for their family, more and more people are also including charitable organisations whose work lies close to their heart in their will.

A will is necessary to ensure one's last wishes are heeded. This handwritten document provides clarity after one is gone and prevents disagreements amongst those left behind. It is definitely worthwhile to write a will.

- You decide to whom you will leave what.
- You provide clarity and prevent misunderstandings.
- You include the people that are important to you or institutions whose work you value.
- You avoid inheritance tax by including a charitable organisation.

We would be pleased to provide you with more detailed information in our «Legacies and Wills» information pack. The responsible person at SolidarMed is Ms Eliane Jenny. She would be happy to answer your questions in a personal chat or arrange for independent legal advice.

### Contact

Phone: 041 310 66 60

E-Mail: [e.jenny@solidarmed.ch](mailto:e.jenny@solidarmed.ch)



«SolidarMed projects have an impact over generations»  
Eliane Jenny, Fundraising

## Nik Hartmann visited Lesotho



Mutual curiosity: Nik and Carla Hartmann arriving in the mountain village of Ha Kokoana.

Photo: Maurice Haas

The third trip of the SolidarMed goodwill ambassador Nik Hartman took him and his wife into the mountains of Lesotho. The TV and radio presenter was accompanied by the magazine «Schweizer Illustrierte» which reported on his journey in detail in its December issue.

Nik Hartmann's prominence helps bring media attention to SolidarMed's concerns and shows how urgently people in the remote project areas need help. The presenter will share his photos, impressions and experiences with the public in Switzerland in three slide shows in autumn 2015 and appeal for donations.

## Faithful loyalty points

In the past year too, many supporters diligently collected «Pro-Bon» loyalty points and then donated them for health in Africa. This campaign collected a total of CHF 10'605 this year for children's health.

Since 2011, many different specialist shops and their customers are getting involved for health in Africa. In this campaign as elsewhere, persistence pays off. In total, over the past three years, these retail businesses have collected over 65'000 Swiss Francs. Joel Meir, Executive Director of SolidarMed, is impressed. «With these loyalty points, we could renovate the previously intolerable maternity ward of Lugala Hospital in Tanzania and provide 1'200 families with mosquito nets. Thanks to this year's campaign,

we'll be able to improve medical services in Silveira Hospital.» Particularly in southern Africa, a small amount has a big impact. So the motto of the campaign is true: Every «ProBon» does count.

SolidarMed would like to thank all the participating shops and all donors for their commitment.



## Annual General Meeting of the Association

On Saturday, 13th of June 2015, the SolidarMed Annual General Meeting will take place on the Sonnenberg in Kriens close to Lucerne. Invitations to members will follow.