



Combating malaria.

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Paralysing malaria



Dr. med. Svend Capol
President of SolidarMed

Imagine if Swiss companies had to do without their employees for an average of 3 weeks every year because of malaria. What would health insurance companies or daily sickness benefit insurers say about the costs, what would shareholders say about the loss of production? Insurance premiums would presumably rise, at the same time salaries would have to be cut, purchasing power would diminish and a recession would quickly spread throughout Switzerland. We need not fear this scenario here. Thankfully, we defeated malaria. Up until the founding of SolidarMed 90 years ago, and a few years after that, malaria took its toll in Switzerland too.

In southern Africa, malaria continues to take its daily toll. There, up to one third of primary school children miss at least one week of school every term. Malaria contributes to anaemia which in turn weakens children and makes them less active. Combined with absent teachers, this has a negative effect on their schooling. For adults in the affected areas, malaria means a long absence from work. People are particularly hard hit if they fall ill during the crucial harvest period. A working population that is incapable of actually working ties up a large part of the available resources. Resources that become unavailable for the economic and social development of the country. The resulting downward spiral has considerable consequences for health and economic development.

This year, SolidarMed celebrates its 90th anniversary. Over the many years, numerous diseases were effectively driven back or, like smallpox, eradicated completely and hardly threaten

the population in the poor parts of the world any more. This leads us to question: What has been achieved in 90 years of combatting malaria if every year, nearly 600'000 people continue to die from this disease? The answer: A lot! In Russia, Argentina, Spain, Croatia and in Switzerland, where malaria caused considerable damage deep into the 20th century, the disease has meanwhile been eradicated. That we are on the right path in the fight against the disease is also shown by the fact that between 2000 and 2015, the number of deaths from malaria went down by 60 percent.

There is no reason we have to accept the death and misery caused by malaria in the countries in southern Africa today. Rather, it needs the will and the corresponding financial resources in order to resolutely implement measures – successfully used in many countries – in the poorest countries of the world.

SolidarMed will continue to make an important contribution. Malaria need not and must not be a threat to future generations of African children. Many thanks for your support.

Impressum «SolidarMed aktuell» 85/2016

Publisher and editorial offices: SolidarMed, Obergrundstrasse 97, CH-6005 Lucerne
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Texts: Benjamin Gross, Peter Hellmold, Dan Hungerford **Layout:** Murielle Drack **Cover photo:** Sarah Hoibak (Swiss Malaria Group) **Printers:** Brunner AG, Druck und Medien, Kriens **Print run:** 14'500 (only in German)

«SolidarMed aktuell» is published four times a year – the next edition will appear in August 2016. 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:** POFICH-BEXX **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.





Photo: Sarah Hoibak

One infection is seldom alone

Fuko's lungs rattled. The little girl's breathing was rapid and shallow, she was unconscious and her tiny body was alarmingly hot. Without treatment at Lugala Hospital, Fuko would have died from malaria within two days.

The two-and-a-half-year-old had cerebral malaria. This means that the parasites had also lodged in her brain. This tropical disease, transmitted by the bite of the female *Anopheles* mosquito, is the most common diagnosis by far amongst small children at the very remote Lugala Hos-

pital in southern Tanzania. Malaria alone would be dangerous enough for Fuko. Whilst paediatricians in Europe mostly see their patients with one defined ailment, children in poor countries often have many, sometimes very serious, health problems at the same time. ►



Tanzania:
 Population 49'253'000
 Doctors per 1000 inhabitants 0,03
 Life expectancy 63 years



Photo: SolidarMed

Fuko and her mother in the children's ward of Lugala Hospital. The little girl only survived thanks to medication and knowledgeable staff.

The heart races

Only a few red blood cells remained in Fuko's blood. Her heart had to beat faster to supply her vital organs with oxygen. Malaria parasites are a key culprit. This was probably not the first time they had destroyed the red blood cells in Fuko's body. But her anaemia also had two other causes. Despite the untiring efforts of her mother to get enough food, Fuko suffered from chronic malnutrition. In addition, hook worms had found their way from the dusty ground into the girl's bare feet. Once in her body, they burrowed into the mucous membrane of the small intestine and made her anaemia worse. Severely ill, Fuko had hardly drunk anything or eaten for the past two

days and her blood sugar level was critically low. No child survives this life-threatening illness for more than two days without rapid and targeted treatment.

Children survive in Lugala

Lugala is an exception amongst rural hospitals in southern Africa. With support from SolidarMed, it has been possible to make tremendous improvements to the hospital's medical services. Fuko was cared for by a young local doctor who was able to study thanks to a scholarship from SolidarMed. After completing his degree, he now knows a lot about treating malaria. Thirty minutes after arriving in hospital, Fuko received her urgently needed blood transfusion. She also needed oxygen for many hours. Thanks to SolidarMed, Lugala's oxygen supply no longer comes out of bottles but can now be gleaned directly from the ambient air. Fuko also received all the medication she needed on time in order to stop the malaria parasites and rid her of the worms. It was her good fortune to live close to Lugala.

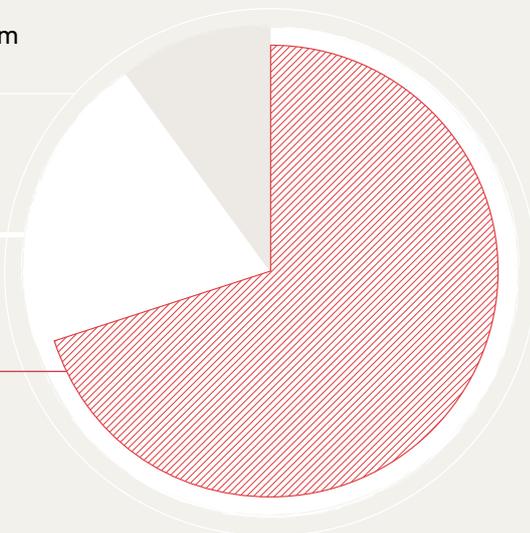
More about the SolidarMed projects:

www.solidarmed.ch > Topics

584'000 people die from malaria every year

90% of these in southern Africa

78% are children under the age of five



When mosquitos kill:

Female Anopheles mosquitos transmit malaria, one of the most deadly diseases for children. The bite leads to high fever and the malaria parasites cause life-threatening damage to the organs.

«We are responsible»

In Lugala Hospital in Tanzania, many children are already very weak before they fall ill from malaria.

SolidarMed: Why is malaria in Lugala so dangerous?

Peter Hellmold: So-called tropical malaria can, if it is not diagnosed and treated on time, lead to death. Lugala is one of those areas where this dangerous form of malaria occurs not sporadically, but throughout the year.

Where do you see the biggest problem?

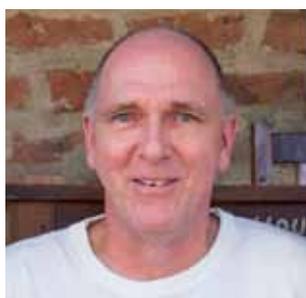
Ten African countries contain 85 percent of all the people living in high-risk malaria areas worldwide. Without exception, the general infrastructure of these ten countries is very weak and their health infrastructure is inadequate and inefficient. This means that where coherent and targeted malaria control would be most needed, it is also most difficult to implement.

Why is there no vaccine against malaria?

The malaria parasite is much older than humanity and has had a lot of time to adapt to humans. It consists of a highly differentiated cell which is similarly structured to a single cell of the human body. One of the many «tricks» of the parasite is that it mostly lives within the cells and thus tries to avoid the human antibodies which circulate in the bloodstream. A vaccine would certainly help a lot of people, but one shouldn't expect miracles. This would not relieve us of our responsibility to create a more just world in which poor people also have a chance at life.

How is Fuko doing today?

I very much hope that Fuko is doing well. She returned home to her village with her mother. Should she fall ill again, I hope that her mother brings her to hospital on time. This will depend, amongst other things, on the number of other familial and domestic problems her mother will be facing at just that time.



Dr. med. Peter Hellmold,
project manager and doctor
for SolidarMed

SolidarMed works

In four of the five SolidarMed project countries, malaria is the most common disease and one of the three most dangerous diseases for infants. In order to prevent malaria effectively, health staff in Moçambique distribute insecticide-treated nets to expectant mothers during ante-natal care. A radio show specially produced by SolidarMed and supported village meetings give parents information about how to protect their children from malaria. If a child still falls ill, support from SolidarMed makes fast transport to hospital possible, where malaria rapid tests provide clarity and trained personnel promptly initiate treatment.



Photo: Maurice Haas

SolidarMed supports a total of 16 hospitals. A SolidarMed doctor works in 10 of them. They support local staff in diagnosing and treating complicated diseases like malaria and share their knowledge.

Read the entire interview with
Peter Hellmold:
www.solidarmed.ch



SolidarMed in changing times

The glance into SolidarMed's first annual reports reveals a missionary organisation. But in the nine decades of cooperation with a changing Africa, SolidarMed has changed too.



Frl. Dr. Sendemann bei einer Untersuchung in Umlamli (Südafrika).

On the 28th of November 1926, around 60 clergymen and health professionals met in the catholic graduate club in Zurich in order to found the «Swiss catholic association for missionary medical care». Its goal was to counteract the inadequate medical help given by colonial powers to the local populations. Soon, male and female doctors were sent on lifelong postings to remote colonies of the imperial powers. With very few staff and often very simple tools, they helped with births and treated diseases like malaria, pneumonia and hookworms.

End of the colonial era

In the first decades, including during the Second World War, a comparatively constant rhythm defined the work of these doctors. Medical care with a strong religious motivation was paramount. The end of colonial rule and the post-war period brought a reorientation. Missions became fully-fledged local churches which continued to run the former mission hospitals. From the sixties onwards, the medical professionals supported by the Swiss missionary association no longer spent their life in service as missionary doctors, but were rather deployed in two or three-year contracts.

New self-image of the partners

Increasingly, the focus lay on sustainable support rather care. The term «development assistance» became increasingly common. This meant not simply sending personnel but also the long-term development of the infrastructure in neglected areas and establishing cooperation on an equal footing with partners.

Such a programme oriented approach was more resource-intensive and meant that the organisation had to focus on a few African countries.

From the 1935 annual report (Dr Sendemann during an examination in Umlamli, South Africa).



Larvenvernichtung durch Besprayung eines Anophelesbrutplatzes mit Schwefelkohlenstoff („Parisgrün“).

From the 1927 SolidarMed annual report (Destroying larvae of the Anopheles mosquito by spraying its breeding grounds with «Paris Green»)

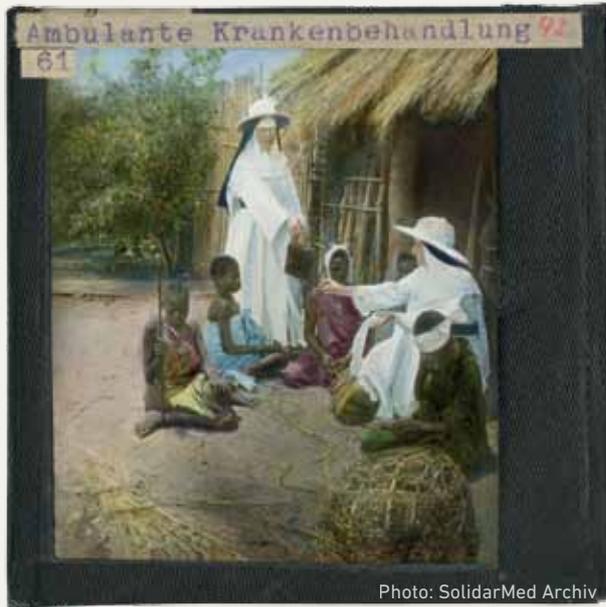


Photo: SolidarMed Archiv



Mikroskopiekurs im Spital in Ndanda.

These processes of change and reflection in the post-colonial world finally lead to the Swiss missionary medical association renaming itself in 1987 as «SolidarMed – Christian service for medical cooperation». Thus, cooperative partnerships moved to the fore.

Help for self-help

At the beginning the eighties, only one person worked at head office in Lucerne, but by 1999, this number had risen to five. In the new millennium, the team continued to grow. This allowed for more central coordination with a holistic, programmatic and evidence-based approach. In 2008, SolidarMed adopted a strategy to match, focussed on strengthening health systems at district and village level. Since then, support and «help for self-help» lie at the core of the



Photo: Marten Brit

programmes and medical activity is thus anchored into a larger context. In 2009, SolidarMed gave itself a non-denominational mission statement and since calls itself the «Swiss Organisation for Health in Africa».

The SolidarMed «photo of the year 2016»

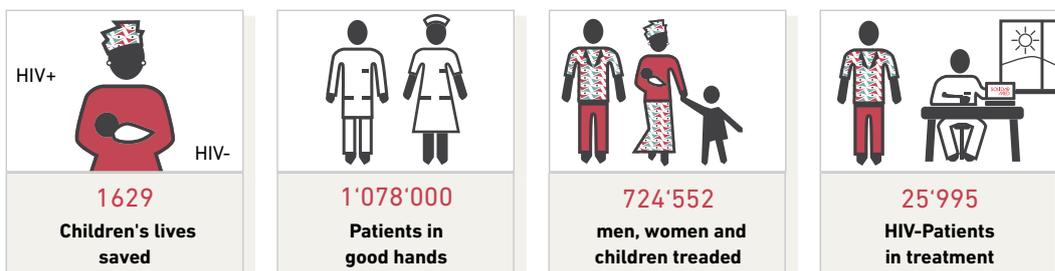
Health for all

The participants of the founding meeting in 1926 could hardly have imagined how the world would change in the next 90 years. However, the association has succeeded in adapting to new developments again and again. From a catholic association for Swiss missionary doctors, we have become a professional and multicultural organisation for international cooperation. But our vision has remained the same: that at all people – even in the poorest and most remote areas of the world – have the right to medical care.

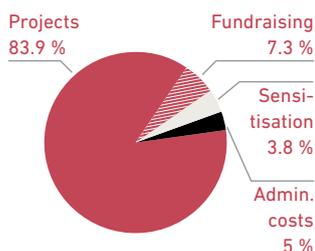
From the 1935 SolidarMed annual report.

Visit the SolidarMed
of today at:
www.solidarmed.ch

SolidarMed achieved a lot in 2015.



Use of funds 2015



You can gain a deeper insight into the successes and challenges of the year 2015 in the recently published Annual Report. Moreover, the published figures transparently reveal how SolidarMed used the donations. Thanks to consistent cooperation with local partner hospitals and organisations, SolidarMed could make significant

progress in health care for a total of 1.5 million people in southern Africa.

Annual Report as PDF:
www.solidarmed.ch > Info & Media > Publications

Photo exhibition with Nik Hartmann and Maurice Haas in Bern



Nik Hartmann



Maurice Haas



After his project visit to Lesotho, SolidarMed's prominent goodwill ambassador Nik Hartman surprised us with his beautiful photos. He sensitively captured his impressions of the African mountain state in images he is now showing in a joint exhibition with the successful Swiss

photographer Maurice Haas. For the first time, they are presenting their photos together as part of the exhibition «Art for Humanity» from the 28th of May to the 26th of June 2016.

www.parcourshumain.ch

28th May 2016 16 hrs Vernissage «Impressive Lesotho»
 14th June 2016 19 hrs Lecture evening: «Africa's art – traces of living and dying» with Dr. med. Urs Allenspach

In the tram depot Burgernziel, Thunstrasse 104–106, Bern