

# Focus

19/1 03.2019

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**SolidarMed makes a difference** At home instead of in a health centre: HIV tests for the mountain population

**SolidarMed face-to-face** An interview with Dr med. Gaoussou Diakit 

**Good to know** New year, new ... "Focus"



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MED

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Bethseba Ndoni is a single mother and lives with her 6-year-old daughter in Malinyi, Tanzania. *ob*

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**SolidarMed** SolidarMed improves health care for 2.5 million people in rural Africa. We systematically improve medical services and sustainably promote local expertise through initial and further training. Our projects are developed in close collaboration with local partners, supported by our health experts on the ground. As a Swiss non-profit organisation with the ZEWo certificate, SolidarMed works in an efficient, conscientious and transparent manner.



## Efficient yet still fair



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

When I was working for SolidarMed in Lesotho in 2010, our donor at the time visited our project. At the end of a long and heated discussion about the project's direction, he said: "Look, when we talk about the project, I think like a banker: where and how do I get the most for my money, i.e. how do I save the most lives with my investment?"

Viewed strictly from a cost efficiency perspective, one would have to invest in the small, unspectacular interventions. According to an analysis published in 2017, distributing tried and tested cardiovascular medicines such as generic aspirin, statins and blood pressure medication gains one additional healthy year of life at a cost of one or two Swiss francs. Other interventions are far more expensive. Making caesarean sections available in developing countries costs over one thousand Swiss francs per healthy year of life gained.

Should SolidarMed limit itself to distributing cardiovascular medication to ensure that you get the most value for your money? No, because there are other considerations that drive and influence our actions. Fairness, for example: It can't be that the health of mothers is

neglected just because it costs more than treating high blood pressure. The same applies to the places where we work. It would of course be more cost-effective to improve health care in cities. But in the spirit of equality, we've made a conscious choice to focus on the socio-economically weaker rural population.

We regularly scrutinize the cost efficiency of our projects. However, medical cooperation is not a financial transaction, which is why we continue to gear our projects not only towards cost efficiency, but also towards criteria like need, fairness and equality.

Our heartfelt thanks for your continued support of SolidarMed in 2019. We promise to use your donation effectively. You can find examples of this here in our donor magazine, which now appears in a new guise and under the new name "Focus." ■





▲ Happy father, happy daughter: Salvina can live with diabetes in a rural area. *ob*

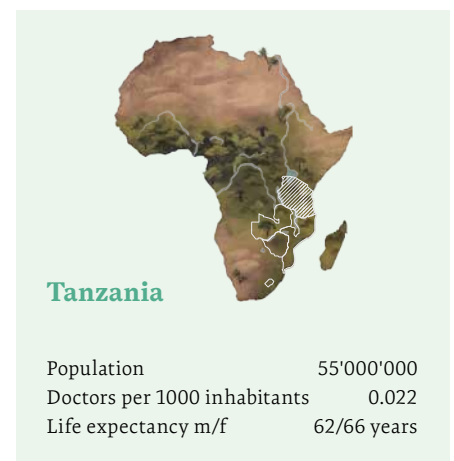
## Diabetes: A death sentence in rural Tanzania

Two doses of insulin a day and a great deal of self-discipline allow 25-year-old diabetic Salvina to lead an almost normal life today. An ingenious invention ensures her survival.

**Tanzania** Salvina beams. Her morning ritual is complete: A light breakfast. A small finger prick to measure her blood sugar level. An insulin injection into her thigh. Dressed in her red school uniform, she packs up her school books and sets off. There's no school bus here in Malinyi. Although it's early, the sun glares down. Salvina never leaves the house without her small emergency supply of glucose and her blood glucose meter. This is her life insurance on her way to school, in case her blood sugar level drops suddenly

and unexpectedly.

Salvina Kilunda is 25 years old today. In most places in sub-Saharan Africa, she would already be dead. When she reached puberty, she experienced increasingly severe pain in her legs. She suffered from recurring intestinal problems and lost weight. When she finally went to the hospital in Lugala, she was nothing but skin and bones. The diagnosis: type 1 paediatric diabetes. Salvina's body did not produce insulin



and was unable to metabolise sugar properly. Her life was in serious danger.

**In large parts of Africa, paediatric diabetes is a death sentence**

Yet Salvina Kilunda was very lucky. On that day, she met Stanislaus Makassi, an experienced clinician in Lugala Hospital. SolidarMed has invested in training this assistant medical officer over the years. He was aware of this disease that is still quite rare among young people in this region and tested Salvina's blood sugar levels. The diagnosis was clear: Salvina urgently needed insulin therapy. As Lugala is fairly well supplied, and the staff here are adequately trained, Salvina could receive this treatment. "Unfortunately, the normality in large parts of Tanzania still looks different," says Peter Hellmold who until the spring of 2018 was deployed by SolidarMed as Medical Superintendent in Lugala.

**“Chronic diseases are nearly impossible to manage in rural Africa.”**

Peter Hellmold, Project Manager in Tanzania

It starts with the cost of treatment: Most people in rural Africa must cover their own medical costs and do not have health insurance. They cannot afford the cost of lifelong treatment and thus usually die untreated or undertreated. Furthermore, the disease requires a certain understanding of one's own metabolic problems. The patients must be able to measure their own blood sugar level independently and calculate the correct dose of insulin, a major hurdle for people with little formal education.



▲ Salvina's daily companion - insulin. ob

Above all, however, the therapy fails because the vital insulin cannot be stored at home. This artificial protein requires cool storage, ideally at temperatures between 4° and 8° degrees Celsius. In rural Africa, without cooling facilities and where temperatures routinely rise above 35° C, this is unrealistic.



▲ Water evaporation cools the medication. ob

**A home-made cool box ensures survival**

The lack of cooling facilities at home was also a great challenge for Salvina. Luckily, a young doctor sponsored by SolidarMed, Behob Mballa, had just returned from a three-month training course in Dar es Salaam. He brought photocopied instructions for the construction of a small cooling unit. It is based on the physical principle of evaporative cooling, which many African communities traditionally use to cool liquids in clay pots. Due to the porous nature of clay, strong heat causes evaporation, withdrawing warmth from the contents of the clay pot. This allows liquids to be cooled down by up to 15° Celsius compared to the outside temperature.





▲ Salvina Kilunda injects herself with insulin every day. Her father constructed a cooling device in a simple bucket. *ob*

Salvina's father, Abel Kilunda, built a cool box based on this principle. He put a small metal container into a plastic bucket to store the insulin. He filled the rest of the bucket with porous charcoal. When the charcoal is now regularly moistened with water, the water evaporates and withdraws heat from the interior of the bucket. Although this does not achieve perfect storage conditions, it does allow the insulin to be stored for several days at a temperature of around 20° C. Abel Kilunda has already constructed the cool box for two more young

### Type 1 diabetes in Africa

In Europe, Africa and parts of Asia, the incidence of type 1 diabetes in children has been increasing rapidly since the middle of the 20th century. In Switzerland, around 35 in 100 000 young people develop diabetes - in Tanzania, this affects around two in 100 000. The reasons for these differences are unknown. However, missed diagnoses likely contribute to these figures. In type 1 diabetes, the immune system destroys the insulin producing cells which results in this chronic metabolic disease. Left untreated, the progression of this disease is fatal. In Switzerland, type 1 diabetics have only a slightly reduced life expectancy, in Africa they usually die at a young age.

diabetic patients in the Malinyi district. They too can now lead a more normal life despite their illness.

### Long-term commitment makes a difference

Thanks to its many years of commitment to Lugala, SolidarMed contributes to the institutional development of the hospital and supports its workforce. “As a result, we’re now fortunately able to treat people with rarer diseases who die untreated elsewhere,” stresses Peter Hellmold.

Salvina owes her life to her resourceful father and the knowledge that has been consolidated in Lugala Hospital over the years. Thanks to insulin treatment, she can continue her schooling and would soon like to pursue her dream: training as a nurse or teacher. ■ *ch*



▲ The necessary blood sugar measurements are a financial burden. *ob*

### Short interview



The medical doctor **Emmanuel Chogo** is Medical Superintendent of Lugala Hospital in southern Tanzania.

As part of a partnership with Lucerne Cantonal Hospital, SolidarMed had the opportunity to speak to Emmanuel Chogo about diabetes in rural Africa.

#### **SolidarMed: What are the differences in treatment for diabetic patients in Tanzania and Switzerland?**

Emmanuel Chogo: Sadly, there’s a world of difference. Most patients in Tanzania receive treatment much too late and cannot afford insulin therapy or regular check-ups. Their chances of survival without treatment are small.

**“Most of those affected cannot afford insulin therapy and regular check-ups.”**

#### **Do patients have to pay for their treatment themselves?**

Yes. In contrast to malaria treatment, patients must pay for the diagnosis and treatment of diabetes themselves. Most do not have health insurance. The likelihood of surviving treatable diabetes thus directly depends on the financial means of the patients..

#### **What efforts are being made to remedy this situation?**

With SolidarMed’s support, we ensure that diabetic patients at Lugala Hospital receive treatment. As there are no government programmes, we can only guarantee this with external financial support. ■ *bg*

## Projects

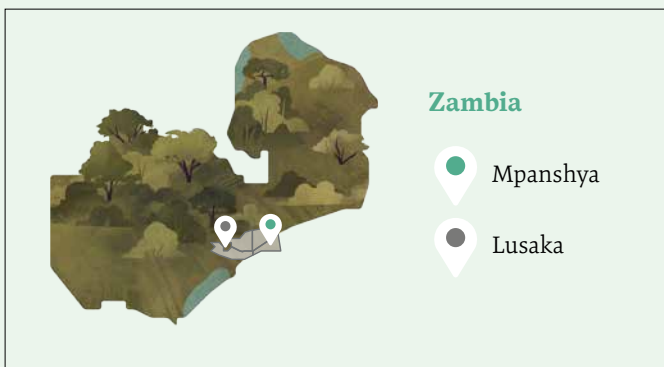


▲ Student president Mubonda felt particularly honoured to be part of the first diploma course. *ob*

### Diplomas for midwives and nurses

**Zambia** A few weeks ago, the first class of nurses trained by St. Luke's School of Nursing and Midwifery under the decentralised training model celebrated their graduation. The Minister of Health, who was present, praised the school's success and emphasised the exemplary nature of decentralised nursing training. This model will, the Minister believes, strengthen the Zambian health system in the longer term. Around 60 young Zambians start this three-year training course every year.

SolidarMed trains nurses where they are needed most. Not in the capital city but rather in rural Zambia, like at St. Luke's School of Nursing and Midwifery in Mpanshya, about 180 kilometres from the capital Lusaka. Most of these health professionals continue to work in rural areas after completing their training and make a decisive contribution to improving health care for the population. ■ *us*



### Innovative teaching methods

**Zambia** Last autumn, the 11th conference of the International Academy of Physicians Associates Educators took place at Chainama College of Health Sciences in Lusaka. This is the annual meeting of educators of physician associates, a type of health professional found in many countries across the world, including Zambia. During this conference, SolidarMed staff from the Zambia programme shared their experience of successfully training non-university doctors, so-called Medical Licentiates (MLs) and networked with other training institutions. The focus of their contribution was on innovative teaching and learning methods. In addition, Chainama College of Health Sciences, which is

## This regular exchange promotes the development and sharing of best educational practices in the training of these key health workers.

supported by SolidarMed, was strengthened in its role as an important, internationally recognised educational institution. This regular exchange promotes the development and sharing of best educational practices in the training of these key health workers. SolidarMed has been supporting the state-run ML programme for around ten years. Every year, 40-50 students are trained at the College in Lusaka and at the eleven partner hospitals. This practice-oriented training enables the graduates to carry out simpler operations such as caesarean sections independently. They play a crucial role in preventing mothers and their newborns from dying as a result of complications during pregnancy or childbirth. ■ *us*

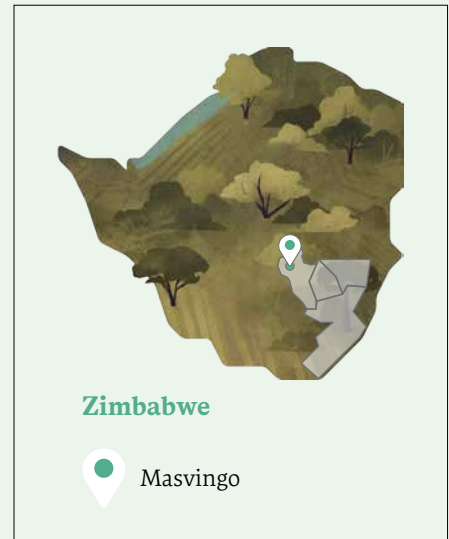


### Radio broadcast about mental illnesses

**Zimbabwe** Last autumn, SolidarMed broadcast five programmes in the local language of Shona on Hevoi radio station, sharing knowledge about mental illness with the general public. The topics dealt with were depression, psychosis, epilepsy, dementia and the abuse of intoxicating substances such as alcohol. During the broadcasts, the listeners could ask questions via WhatsApp, which a SolidarMed staff member answered on the spot.

The Country Director, Janneke van Dijk, is pleased with the impact of this

initiative. “With these broadcasts, we’ve potentially reached around 200 000 people in rural Zimbabwe, including those who do not typically encounter SolidarMed. Afterwards, we were offered the opportunity to participate in future live radio broadcasts on health topics and events.” SolidarMed would like to continue to use radio as an educational medium in the future. Janneke van Dijk is certain that there is still a lot to do in Zimbabwe to tackle non-communicable diseases such as diabetes or high blood pressure. ■ *us*



▲ After his visit to Chiúre as part of the “Every Cent Counts” fundraising campaign, SolidarMed goodwill ambassador Nik Hartmann travelled to Namuno district *bg*



### Nik Hartmann back in Mozambique

**Mozambique** TV and radio presenter Nik Hartmann has supported SolidarMed for exactly 10 years. Last November, he returned to Chiúre in Mozambique, where he first encountered SolidarMed. 10 years ago, he visited SolidarMed as a journalist for the Swiss fundraising campaign “Every Cent Counts.” Since then, he has been a goodwill ambassador for SolidarMed’s projects. He was

accompanied by the Swiss radio and television station SRF. His impressive television report on the impact of the “Every Cent Counts” fundraising campaign showed what a difference long-term health projects can make. ■ *bg*

 [solidarmed.ch/en](https://solidarmed.ch/en)

## At home instead of in the health centre: HIV tests for the mountain population

In Lesotho, SolidarMed is testing HIV care at home. Our findings convince both patients and the scientific community.



▲ In mountainous Lesotho, the journey to the next health centre is long and time-consuming.

**Lesotho** According to estimates by UNAIDS, since the year 2000, targeted HIV treatment for infected mothers has prevented two million HIV infections in children worldwide. In order to end the epidemic completely, all people infected

with HIV should be diagnosed and treated as early as possible, not just when they develop Aids-related diseases. But the financial and logistical challenges involved are enormous.

### Ground breaking for all of Africa

Today, HIV drugs are actually effective enough to end the HIV epidemic. But the best therapy is of little use if those affected cannot easily access it.

### The UNAIDS 90-90-90 targets

By 2020, 90 percent of all people living with HIV will know their HIV status and 90 percent of all people with diagnosed HIV infection will receive antiretroviral therapy. Finally, 90 percent of all people receiving treatment will have undetectable levels of the virus in their blood. UNAIDS declared this ambitious goal five years ago. Many countries south of the Sahara are still a long way from achieving these goals.

In mountainous Lesotho, for example, for many patients the nearest clinic is several hours walk or an expensive taxi ride away. In response, SolidarMed is carrying out a number of studies in collaboration with the Swiss Tropical and Public Health Institute (Swiss TPH) in search of the best way to improve treatment for people with HIV.

SolidarMed field teams visited remote villages in northern Lesotho and offered residents a voluntary HIV test. 98 percent of the people who tested positive for HIV at home and who received information about the disease were willing to start taking the medication immediately, instead of going to the health centre the next day. That this was approach would be so popular came as a surprise.

Above all, however, the study showed that one year later, significantly more of these patients were still in treatment compared to those who were sent to the nearest health facility to collect their medication.

This was the first study worldwide to systematically investigate the effects of an immediate start of treatment in the village. The first results of this CASCADE study were published last year in the renowned medical journal JAMA to international acclaim. This study one of the reasons why the WHO is now reviewing the global guidelines for HIV treatment. SolidarMed study leader Thabo Lejone recently presented the results at a high-level WHO expert meeting in Ethiopia.

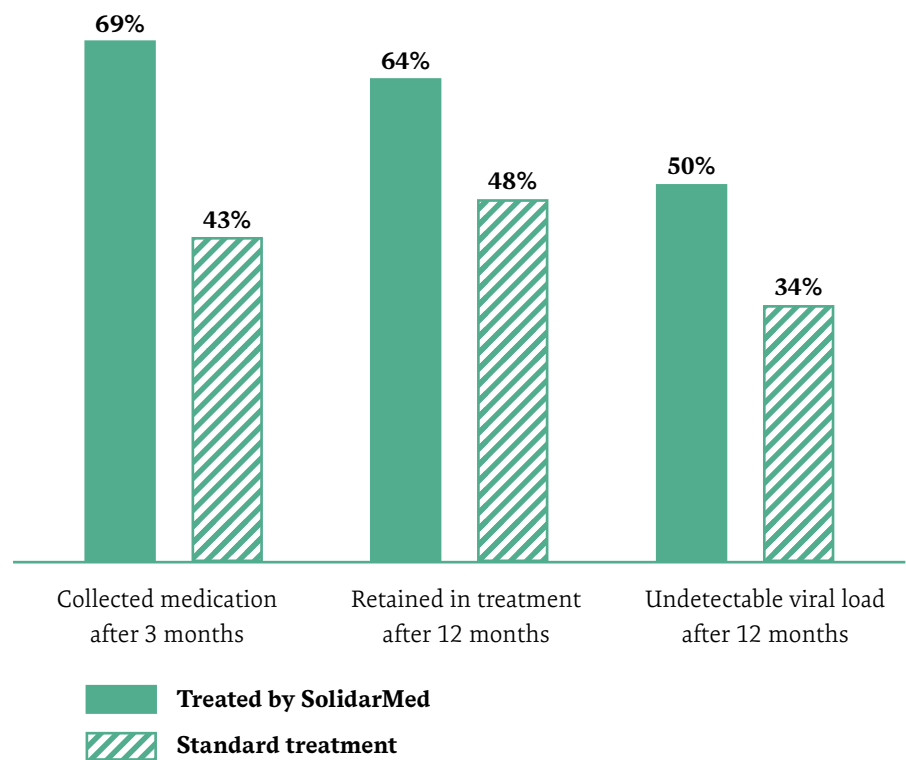
### Village health workers as pharmacists

However, the study also showed that further efforts are needed to improve the patients' adherence to treatment. SolidarMed and the Swiss TPH have therefore developed a new treatment model that incorporates the existing village health workers. They act as link between the villagers and the nearest health centre.

This new study will now examine whether these lay workers could, after a short training course, be able to dispense HIV drugs correctly. This would mean that patients could avoid the journey to a health centre. This – so the hope of this study – could improve their retention in care.

The immediate start of treatment, combined with follow-up care by village health workers, could be another important piece of the puzzle to achieve the ambitious UNAIDS goals. The results of the new study are expected by the end of 2019. ■ *alain amstutz*

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### SolidarMed and the Swiss TPH: Together against HIV

SolidarMed has been improving medical care in Lesotho for many decades and is a valued and respected partner of the authorities and local health facilities. The Swiss TPH has extensive experience in conducting complex medical studies. Together, these two institutions are discovering new treatment approaches, testing them scientifically and applying them in practice. In February, researchers from SolidarMed and the Swiss TPH were awarded the renowned Pfizer Research Prize for the study described above.



## “It’s not easy to live here, but it is important.” In conversation with Gaoussou Diakité.



▲ Fresh out of surgery: Gaoussou Diakité shortly after the successful operation. *nik hartmann*

Our interview was due to begin over 90 minutes ago. But there is still no sign of gynaecologist Gaoussou Diakité. There are minor complications with a procedure he’s performing.

Half an hour later, the door to the operating theatre opens. Four people in scrubs file out of the tiled room. Their face masks make it hard to guess whether they’re happy with their work, but Gaoussou Diakité’s warm greeting suggests the operation was successful.

**SolidarMed: Dr Diakité, you’ve just come out of the operating theatre. What was involved?**

Dr. Gaoussou Diakité: We performed a gynaecological procedure. The patient

suffered from a myoma, a benign tumour of the uterus. This is not uncommon here. We see these tumours time and again.

**Today, you performed the surgery. Which procedures do the local surgeons carry out by themselves?**

During clinical rounds, we assess the patients together and decide what the optimal treatment is. In the OR, the local surgeons perform the procedures they are familiar with. Since they already know

how to operate, they learn very quickly if they’re not yet familiar a specific technique or see a procedure for the first time.

**How did a doctor from Mali end up working here in rural northern Mozambique?**

This story is longer than the distance between Mali and Mozambique! It led me here via Burkina Faso and France. When I finished my training, I contacted the Ministry of Health in Mali to ensure I

could get a job as soon as possible. But they let me wait six months (he smiles). As a young gynaecologist, I was eager to gain practical experience and apply my knowledge as soon as possible. So, I bridged the time with short humanitarian missions, including missions abroad. During these deployments, I learned how to work and live in very different contexts. This experience helps me today in Mozambique.

#### **How is life in a remote place like Chiúre?**

(Laughs) I live here with my wife and daughter. It is not always easy, because there are many things you might want for your family that are not available here. But we have running water in our house and can even do a bit of sports. Our geographical proximity is essential to strengthen the relationship with our partners. We know the key people in the district authority and are invited to important meetings.

#### **What does one have to do to improve the quality of medical care?**

We have improved many things here in Chiúre in recent years. The staff shortage remains a major challenge. The neighbouring district of Namuno, on the other hand, lacks everything from clean sheets for the hospital beds to even electricity or water. Just imagine: How can one perform safe deliveries without something as basic as clean water? It's not possible.

#### **What do you think distinguishes SolidarMed's work?**

There are many organisations that fund something and then leave again. SolidarMed take cares of an investment like the operating theatre here until it becomes an integrated part of the health service, until it's completely functional and sustained by the local authorities. ■ *bg*



▲ The team prepares for surgery. *nik hartmann*

### **The operating theatre in Metoro: Equipped for complicated births**

**Mozambique** In northern Mozambique, the weak health system is not able to establish adequate basic health services for pregnant women and newborns without external assistance. In every district in Cabo Delgado province, at least one woman dies every week from complications during pregnancy or childbirth.



#### **Metoro**

The central location of Metoro health centre makes it optimal for an operating theatre.

With logistical and financial support from SolidarMed, the local authorities gave permission for the construction of an operating theatre in Metoro health centre. This was a milestone for health care provision in rural Mozambique. Previously, only hospitals could carry out surgical procedures. Metoro lies at a major crossroads between two districts on the way from Pemba to Montepuez. For the last two years, expectant mothers with severe birth complications can receive life-saving surgery here. Other operations can be performed as well.

### **For the last two years, expectant mothers can access surgical care in case of birth complications.**

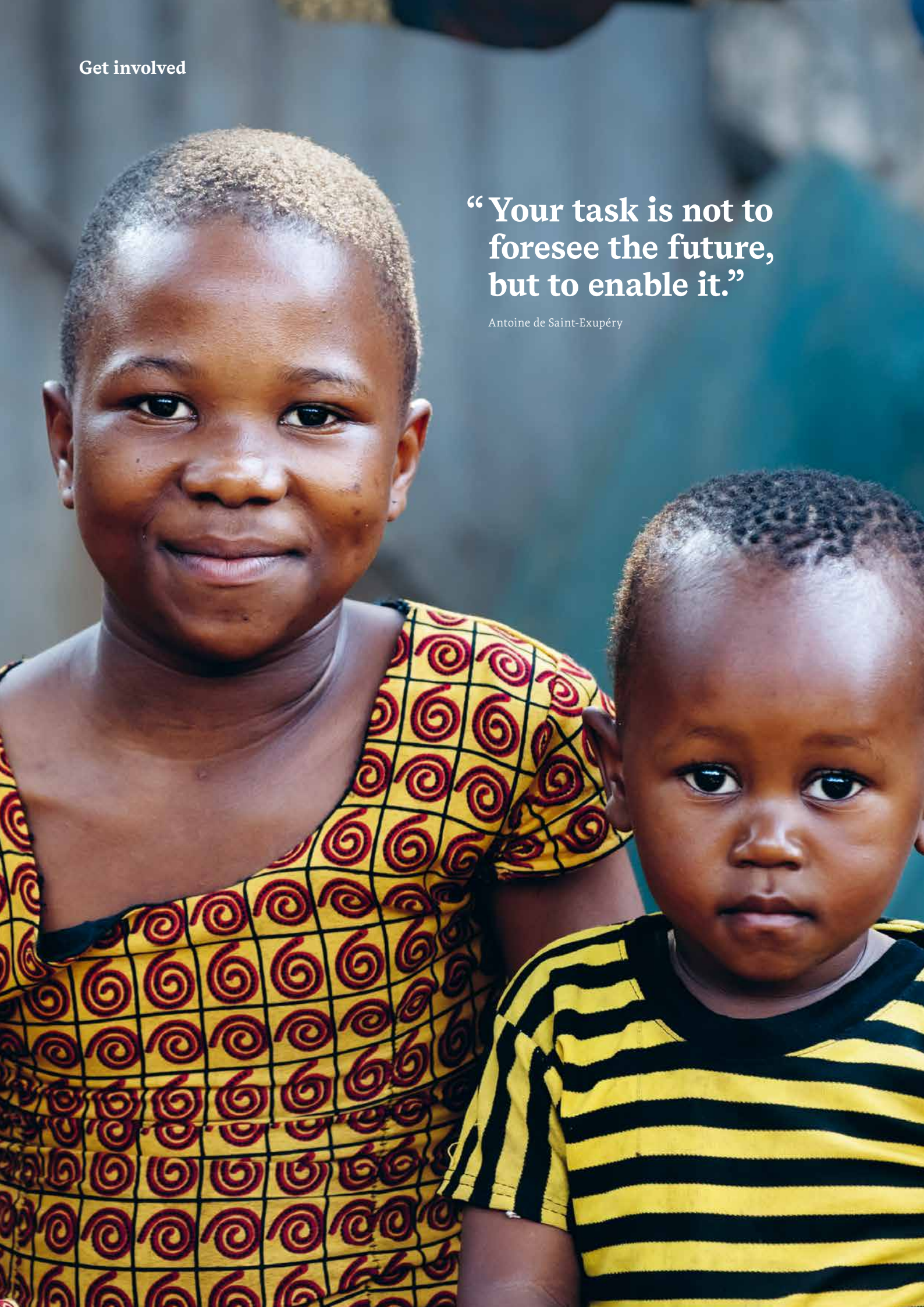
Buoyed by this success, SolidarMed plans to construct an operating theatre in the significantly less developed district of Namuno. Currently, it is not possible to save mother and child by performing an emergency caesarean section here. Though SolidarMed is currently looking for additional sources of funding, construction works will begin in Namuno health centre this year. This new surgical facility should be operational in 2020.



Get involved

**“Your task is not to  
foresee the future,  
but to enable it.”**

Antoine de Saint-Exupéry





# Leave a mark – give the gift of health

With an inheritance or a bequest, you help provide effective health care.

They often arrive quite unexpectedly: Small and large donations from the inheritances and legacies of people who want to make a difference. These amounts are hugely important for SolidarMed. Thanks to bequests like these, we're able to plan our projects for the long-term. This allows us to be a reliable partner for the organisations and people who count on us. Andre Schneeberger assists donors with their questions on the delicate subject of bequests.

## **SolidarMed: Why should I even write a will?**

Andrea Schneeberger: You create clarity. For yourself, but also for your heirs. And you have the possibility of considering an organisation that you feel close to. If there is no will, your estate will be divided by law. If there are no legal heirs, the entire estate goes to the state.

## **I want to write a will, how should I proceed?**

It would be best to get an overview first. What assets are available, who are the legal heirs in the family and are there any other people you would like to consider.

## **If I would like to consider a charitable organisation in my will, should I choose a bequest or an inheritance?**

For married people with children, the recommendation is a bequest. For unmarried people – and when there are no heirs – you could appoint an organisation like SolidarMed as an heir. ■ *bg*

### More information

Request our information pack on “Legacies & Inheritances.” Andrea Schneeberger would be pleased to answer any questions you may have – in confidence and with no obligation.



**“Your solidarity with others can live on, even after death. Considering SolidarMed in your will gives the gift of better health to many people living in poverty.”**

Andrea Schneeberger, Legacies

## Good to know

### New Year, new...“Focus”

You have now reached the last page and will have noticed that we've changed more than just the name of our magazine. This is now called “Focus.” We plan to use this new format share more in-depth and vivid information about our projects with you. The fresh look and feel of this magazine reflects the renewal and awakening we see taking place in many of our project countries. People with skills and enthusiasm are hard at work, achieving significant advances in health care. In our “Focus” magazine, we'll report on how we and our partners are searching for solutions for health problems. And we'll show you how your donation makes a difference and what sustainable projects can achieve for people's health.

By the way: Our website will be completely rebuilt this spring as well. It will include lots of background information about our projects, countries and core themes, as well as annual reports and all previous editions of the SolidarMed magazine.

You can now also make an easy and quick online donation. Use this new channel to actively support SolidarMed. Thank you very much! ■ *ch*

**PS:** We'd be happy to hear your feedback:  
contact@solidarmed.ch  
+41 41 310 66 60



▲ SolidarMed appears in a new guise.






▲ Our photographer Olivier Brandenburg visits the SolidarMed projects and profiles the people on the ground. *ch*

# Your donation makes a difference.



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