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Abel Carlos is the director of the health centre in Murrebue, Mozambique, where he gives consultations and performs treatments. <sup>rs</sup>

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## Covid-19: Silent disasters persist



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

As of the editorial deadline for this magazine, we couldn't yet answer the question of how quickly the virus would spread across the African continent and what percentage of cases would be serious. At this time, most of Africa's politicians had taken measures similar to those in the rest of the world: Borders, schools, universities, markets and stores were closed.

The direct health consequences of Covid-19 in Africa are hard to estimate. Some experts hope that there will be fewer serious cases due to the very young population on the continent, while others fear that immunodeficiency caused by HIV or malnutrition will result in a higher number of Covid-19-caused deaths.

What most concerns us here at Solidar-Med is that crises in Sub-Saharan Africa always weaken the health care system as a whole. During the Ebola crisis in West Africa, 11,316 died due to the infection. Many more people died from indirect consequences since all of the health care system's energy went into fighting Ebola, while there were no more health care personnel left to help women give birth, immunise children, treat malaria and encephalitis and administer treatment to HIV patients.

Currently, the only treatment for serious Covid-19 cases is artificial ventilation and intensive care until the inflammation in the lungs has receded. There is no infrastructure in our partner hospitals for such. Prevention in many parts of Africa is not very realistic either. In townships, social distancing is a pipe dream,

self-quarantining means financial ruin for the majority of Africans and there is a shortage of protective equipment and disinfectants. Thus, we have to assume that most of the population will have been infected before a vaccine or treatment is available. We hope that the optimistic experts prove to be right and the vast majority of cases will be mild.

We will do everything we can to maintain health care in our partner countries despite the corona pandemic in order to dampen the indirect damages as much as possible. Even if we here in Europe have our own serious problems, we mustn't forget that even in 2020, many "silent" epidemics continue to exist. Tuberculosis alone claims over a million victims every year. Nearly 400,000 children die of malaria – both of which are curable diseases. Over 2 million new-borns die in the first month of their lives; over 300,000 women die due to complications during pregnancy.

No, we mustn't forget these tragedies during Covid-19 times either. Thank you for helping us to maintain primary health care in our project countries. ■

## Covid-19: Facing the impending crisis head-on



▲ Making hygiene possible in remote villages: Hand-washing with the Tuk-Tuk ambulance. *Sonil Joanguete*

Africa is not immune to the Covid-19 pandemic. It strikes at full force at the heart of an already weak health care system. There is an impending collapse of the health care system with health and social effects far beyond the corona crisis.

The coronavirus poses fierce challenges for health care around the world. In Southern Africa too, many people will die of Covid-19. There is a shortage of intensive care, there is a lack of expensive ventilation equipment and not enough staff. People with severe Covid-19 infections in Southern Africa have little chance of survival.

In this difficult situation, SolidarMed is focusing on protecting health care personnel. “We must ensure that people

who are in charge with providing medical care to the population are adequately protected from Covid-19”, says Jochen Ehmer, director of SolidarMed. “Only thus can we guarantee health care for other diseases as well.”

### **Preventing a collapse of health care**

The Ebola crisis of 2014/2015 in West Africa brought about tremendous health care consequences. During the epidemic, tens of thousands of people died of treatable diseases due to overloading of the health care system

and resource shortages. We have to prevent this from happening now.

For this reason, SolidarMed drafted an emergency aid program back in the beginning of April for all five project countries. Thanks to the rapid approval of the Swiss Agency for Development and Cooperation (SDC) and its local country representatives, SolidarMed now assists 19 hospitals and 38 health care centres in all 5 deployment countries in handling the Covid-19 crisis.

SolidarMed supplied the health care facilities with protective equipment, helped set up isolation areas and trained the personnel in screening

## « Covid-19 has the potential to wreak economic and social havoc. »

**Dr. Matshidiso Moeti,**  
WHO Regional Director for Africa

suspected cases. “Thanks to its ties with Basel University Hospital, SolidarMed is equipped to transfer Covid-19 experience from Switzerland to its African partner institutions”, says SolidarMed president Niklaus Labhardt, who works as an infectious disease specialist at Basel University Hospital.

### A look at Lesotho

A look at Lesotho shows the dramatic character of the situation. Following South Africa’s lead, Lesotho brought public life to a halt on 30 March. The government closed markets, bars and restaurants and asked the population to stay at home. Two weeks later,

according to official reports, the country was still deemed to be Covid-19-free. Yet the real number of infections was likely to have significantly increased. “Until mid-April, Lesotho was unable to test in its country”, says Alain Amstutz, an infectious disease specialist working in the districts of Butha Buthe and Mokhotlong for Swiss TPH and SolidarMed. Potential focuses of infection remained undetected.

Personnel at the country’s health care centres and hospitals were accordingly concerned and annoyed. Two weeks after declaring a state of emergency, protective measures for the health care personnel were still lacking. Masks, gloves, and hygienic materials were not available from the ministry of health. At the same time, soldiers and police were already traipsing through the streets with protective masks. “The situation was a powder keg”, says Alain Amstutz. On 4 April, the health care personnel called for a countrywide strike out of protest. Only urgent medical emergencies were still being treated. The entire health care system was on the verge of collapse.

## Covid-19 emergency aid

SolidarMed country teams in Mozambique, Zimbabwe, Lesotho, Tanzania, and Zambia are pursuing three goals in this emergency situation: 1. Optimally protect the highly at risk health care personnel from Corona infections. 2. Assisting partner hospitals and health care centres in diagnosing and treating Covid-19 patients. At the same time, ensuring that patients with other diseases continue to be treated. 3. Protecting high-risk groups with other diseases such as tuberculosis or HIV. The emergency aid programme is continuously adapted to the requirements. These crucial activities are supported by the Swiss Agency for Development and Cooperation, foundations and donors. ■ *ch*

Thanks to the SDC’s financial resources, SolidarMed was able to take swift action. Urgently needed equipment such as masks, gloves, protective goggles, infra-red fever thermometers and disinfectants were able to be obtained through distributors in South Africa. Alain Amstutz and SolidarMed project leader Thabo Leone and their teams began equipping hospitals and health care centres even before Easter. “This support was absolutely indispensable in this situation”, says Amstutz. Amstutz is convinced that this swift emergency aid will further strengthen the relationship between the institutions and SolidarMed even after the crisis.

But equipment and materials were not the only things in short supply. Hospitals and health care centres were not equipped to detect suspected cases



▲ Waiting area in a health care centre in Mozambique. Social distancing is a one of the biggest challenges SolidarMed is tackling. *rs*

## Corona crisis

in a timely manner and isolate them accordingly. Thabo Leone and his team therefore trained the personnel in every health care centre in the two districts of Mokhotlong and Butha-Buthe. In conjunction with the local supervisors, they defined admission areas and set up isolation tents. “During this initial phase, at least, there was no help whatsoever from the ministry of health”, says Alain Amstutz. “The substantive and financial support from SolidarMed was absolutely essential.”

### Protecting the population

Functional health care centres are a crucial goal of SolidarMed’s interventions. At the same time, at-risk groups must be protected from infections: People afflicted with other severe health issues such as tuberculosis, malnutrition, or HIV. And that is a tremendous challenge in many deployment regions. Cohabitation of three to four generations of African communities in a single household doesn’t provide a lot of latitude for measures such as social distancing and at-home isolation. Without running water, hygiene measures are

also difficult to implement. Soap is often a luxury item.

The SolidarMed teams got active with flyers, radio commercials and especially with personal visits to village communities. For example, in Chiúre, Mozambique, the 13 SolidarMed motorcycle ambulances were converted to hygiene stations. Armed with water canisters and soap, the Tuk-Tuk vehicles were deployed at key junctions around the city, thus making it possible for people to wash their hands. In addition, 18 villages in the surrounding area were equipped with water canisters for hand hygiene. They are now under the strict supervision of the local village leaders. “We will continue to promote hand-washing culture with village campaigns”, says Sonil Juangete, who oversees these activities. Small, but crucial contributions to containing the epidemic.

The overall health situation will quickly and dynamically change in every country. As such, SolidarMed is also facing a tremendous challenge. Thanks to the medical and financial support from throughout Switzerland,

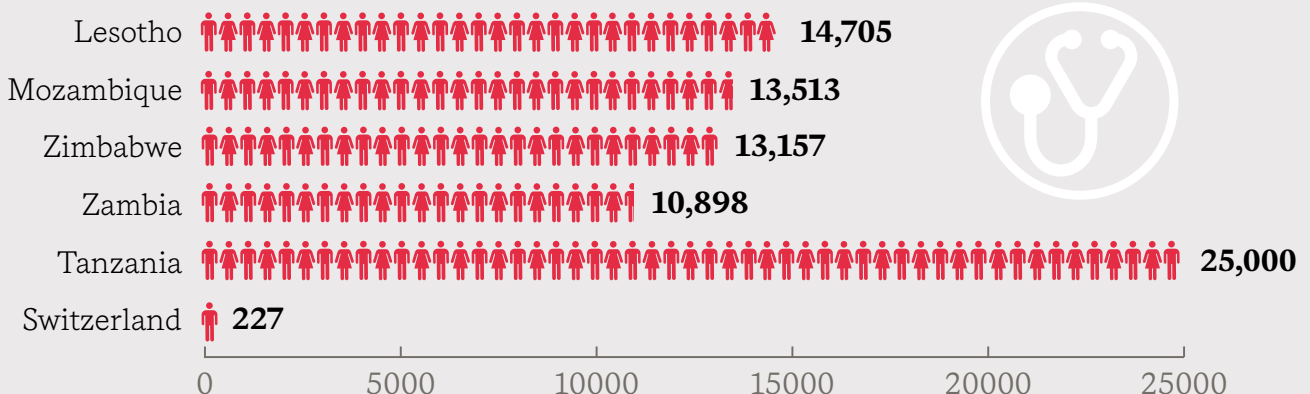


▲ Making hygiene possible in remote villages: Hand-washing with the Tuk Tuk ambulance. Sonil Joanguete

the local teams are equipped to deal with these urgently needed efforts. (as of 9 April 2020). ■ Christian Heuss

## Number of inhabitants per doctor

The amazing efforts of the Swiss health services are essential during this Corona pandemic. There is an acute shortage of medically-trained personnel in SolidarMed’s partner countries.



# Unafaham Corona?

Only football stars like Messi or Ronaldo achieve as high a degree of recognition here as “Corona”.

**Tanzania** When I was getting ready to leave the house this morning, Joram, our son who just turned two, was coming out of the bedroom and holding his half-full baby’s bottle as usual, but with the teat in the right corner of his mouth. Rhythmically sounding from the left half of his mouth: “Corona, Corona, Corona.” In front of my house, I met a neighbour boy, who’s around four years old and who was standing there with another boy who must be around two or three years old. And I heard the older boy say to the younger one: “Unafaham Corona?” (Do you know Corona?)

## The greatest fear

In the district of Malinyi, where Lugala hospital is located, around 60 percent of the population is illiterate. And of those who claim to be able to read and write, many have tremendous difficulties writing their names in capital black letters. Nonetheless, not only children, but likely everyone in this rural part of the district know the word “Corona” (no one mentions the word “virus”). Currently, there’s probably nothing that people in Lugala fear more.

## Knee-deep through the water

Compared to Corona, the population here accepts the floods that have cut us off from the outside world for over two months now with amazing tranquillity, with the resigned submissiveness and serenity when faced with the inevitable, the all too familiar fatalism.

This year, like four years ago last time, the heavy rains began to fall unusually early. From then on, it rained for weeks without reprieve. The water rose and rose such that, for instance, there is only a radius of action of 1.2 km max. around

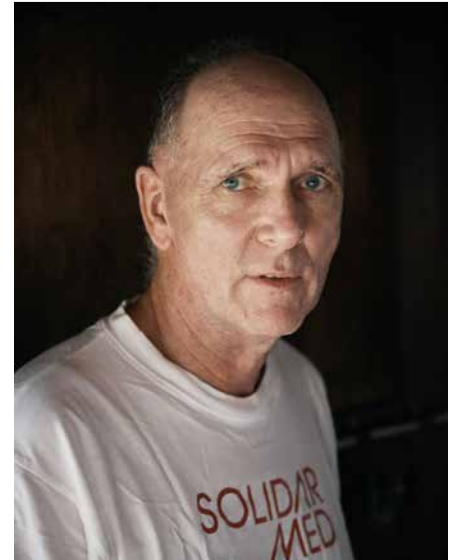
the hospital. The roads and paths leading to the surrounding villages have been completely washed away. The bridges were ripped away and the drainage system which had just been installed last year was carried away by the flow of the water rushing in from all sides. The simple dwellings made of clay with straw or corrugated iron roofs are in the water, children drowned, and our project staff members wade knee-deep through the water every morning to get to the SolidarMed office.

## Rice and corn in short supply

Here in the Kilombero valley, rice is the basic food staple. But unlike in Asia, there are no terraces for growing rice. People plant the rice reserved from the last harvest before the rain sets in, in the low and wide river valley. During the heavy rainy season which lasts from around February until May, the valley is flooded, and the rice begins to grow. This year, the rain began to fall unexpectedly early and ever since it’s been raining for several weeks nearly without end. This made it impossible to plant the rice. And not even the last corn crop could be harvested in dry conditions.

## Chronic physical weakness

This situation will exacerbate the chronic malnourishment of many people. 48 percent of Tanzanian population eats only carbohydrates. In addition, many people suffer from worms and other intestinal parasites which can result in anaemia, especially in children and pregnant women. Add to these diseases such as malaria and respiratory infections or acute intestinal infections. The result is chronic physical weakness, restricted growth, and poor school performance in many children.



▲ Dr. med. Peter Hellmold is the project leader for SolidarMed in Tanzania . mh

The discrepancy between the perception of the danger of “Corona” and the catastrophic nutrition situation that affects people’s well-being and health could not be any greater. The fact that these people grew up in poverty and that the diseases they know, such as malaria, are part of their day-to-day life may contribute to their general sense of calm. “Corona” comes as an unknown danger from outside and is perceived as a threat. As to whether “Corona” will truly become the greatest challenge of this continent, well, that’s something I’d like to set aside for the moment. ■ *Peter Hellmold*



▲ Solohu Sebo in front of her house that she rebuilt after last year's hurricanes *rs*

**The wounds have healed. The scars remain.**

## One year after Hurricane Kenneth

Hurricanes Kenneth and Idai left countless people without livelihood. SolidarMed supported the reconstruction efforts with emergency aid and awareness-raising programmes.

**Mozambique** Bumpy, sandy streets. Simple clay houses with roofs made of long, bundled blades of grass. You can see corn and pumpkins growing on tiny areas. What sounds like lamentable living conditions is the reality in the North of Mozambique. A reality which reflects a simple life. And yet, this is the positive result of a tireless reconstruction after cyclones Idai and Kenneth swept through the country. The way things were before the hurricanes seems to have been restored.

Yet it would be wrong to say that everything's back to normal now. According to Dr. Gaoussou Diakité, a doctor and technical adviser on the MAMA project, it will still be a while before the status quo which existed prior to the natural disasters will be achieved. The situation before the cyclones was in no way an easy one, however. Which is why the population was hit all the harder by the hurricanes.

And even if much has been done towards rebuilding, we still see destroyed streets



### Mozambique

Inhabitants	28,829,000
Doctors per 1,000 inhabitants	0,074
Life expectancy m/f	58/62 years



and houses. The hurricanes also left their tracks in the power grid and the water system. Yet neither the necessary funds nor the appropriate personnel are available to repair them.

### Destroyed livelihoods

We meet Solohu Sebo and her husband Majasa Francisco in Mecúfi in the province of Cabo Delgado in the North of Mozambique. They welcome us in

«The situation before the two hurricanes was not easy, and as a result, the consequences for the population were all the more devastating.»

Dr. Gaoussou Diakité

the garden of their home. Chairs were set out for us. The married couple themselves sit on little wooden stools. They decline our attempt to sit next to them on the sandy floor with a smile and politely point to the alternative seating.

Last year's cyclones robbed this couple of their livelihood. Their house was razed to the ground by the hurricane and massive flooding. Their stored harvest was destroyed. As if this weren't tragic enough, their field and with it, their future means of feeding themselves was destroyed. Only once the masses of mud were removed and the farmland restored could they resume cultivating corn and vegetables.

At first glance, we see nothing in the couple's garden of the consequences of last year's natural disasters. Even on this little speck of land, we find little areas, no larger than two square metres on which corn, pumpkin and cassava are growing. Yet this idyll is misleading. The roof has still not been fully restored since there's no money to do

so. The couple can't afford the drive to the place where they can find the grasses they need to repair the roof.

### Preparation for future natural disasters

In preparation for future natural disasters, this married couple reinforced the walls of their clay house with stones in addition to the bamboo poles. They however would really like to cement the walls of the house. An understandable desire since a future natural disaster could cost them their house and livelihood once again. But the funds they need for that are lacking as well. Solohu looks off into the distance and her consternation about the future seems to be written on this otherwise strong-looking woman's face. Her glance is not surprising, new cyclones are a real possibility in the coming months.

The tragic part, adds Dr. Gaoussou Diakité, is that the local population has a lot of good ideas on how to protect themselves from other natural disasters. However, their very modest financial resources prevent them from effectively protecting themselves from hurricanes.

### Support where it's urgently needed

When asked about SolidarMed's support, the spouses' faces light up and Solohu explains how important it was for her that she had access to health care services via the mobile clinic. Due to the destroyed roads, the route to the nearest health care centre is even more arduous especially for her since she has trouble with her leg.

During the conversation, her husband Majasa Francisco explains how valuable the work with the SolidarMed-trained village health advisers was for him and his village. With their awareness-raising work, they contributed to improving the hygienic conditions and thus counteracting epidemics like cholera.

## Looking back: Spring 2019

In the spring of last year, cyclones "Idai" and "Kenneth" swept across Mozambique. Until that, there had never been a hurricane so far north in the country. These forces of nature had devastating consequences for one of the poorest countries in the world: over 374,000 people were affected, 35,000 houses were swept away or partially destroyed, as were crop lands measuring at least 31,000 hectares. One reason for this is climate change. As the ocean temperature increases, more water evaporates and the hurricanes become more powerful, in turn causing more damage ■ *bg*



▲ On 25 April, hurricane Kenneth swept across Mozambique at 200 km/h causing heavy rainfalls. WFP

And by distributing mosquito nets, curbing malaria insofar as possible. At the end of our conversation Solohu Sebo adds how grateful she is not only for the concrete support of SolidarMed but also for the fact that she was able to speak openly about her concerns since these two hurricanes.



▲ Solohu Sebo and her husband Majasa Francisco in front of their house in Mecufi Sede. *rs*

needed. Always with the goal of replacing the emergency aid as quickly as possible with long-term support.

For us, solidarity is characterised by expanding our knowledge and skills and recognising what support will be required in the future. The next hurricanes will come. It is therefore vital to further increase the population's resilience to impending natural disasters. ■ *ab*

### Increasing resilience

For the population, but also for SolidarMed as an NPO, enhanced resilience is an important goal. SolidarMed is not an emergency aid organisation and yet compelling natural disasters such as Idai and Kenneth force us to act. After the

cyclones, simply continuing the ongoing projects was out of the question. Now, we had to see to treating patients on a large scale, preventing the further spread of epidemics, performing awareness-raising work concerning hygiene and helping where help was urgently



▲ Shortly after the cyclone, SolidarMed's partners set up latrines. Hygiene is crucial to containing the spread of cholera and typhus. *Wiwana*

## Emergency aid after Kenneth: How SolidarMed makes a difference

Hurricane Kenneth destroyed paths and road connections to the health care centres. In an initial phase, SolidarMed therefore intensified medical care with mobile clinics right in the villages. The health care centres were supplemented with treatment tents to treat cholera and typhus. The work of SolidarMed-trained village health advisers was also crucial. They rose awareness among their fellow human beings about improving hygiene measures in order to prevent local disease outbreaks.

# The intervals between natural phenomena are getting shorter.

## Was hurricane Kenneth a consequence of climate change?

I've been living in Mozambique for just under 30 years, and there were cyclones in the past, but none so powerful as these two. To date, this is the first time that two hurricanes this powerful ravaged the country. The UN already warned us about further hurricanes as of March. That never happened before.

## What impact did it have on the SolidarMed projects?

With Kenneth, we observed that you couldn't simply continue working. Everyone's attention turned to such an event in order to repair the damage and save lives. The health care system also completely shifted its focus to the affected areas. This is positive on the one hand; however, this meant that

health care personnel were lacking elsewhere for people who also needed urgent assistance.

## How can SolidarMed respond to such disasters in the future?

Emergency aid is always designed to achieve a development stage as quickly as possible. The intervals between natural phenomena will, I think, become shorter, and we have to become more flexible and also gain more experience. After all, we are not an emergency aid organisation, we're a development organisation. That's a huge difference. We tend to think long-term and with emergency aid, you have to respond quickly. Accordingly, structures and logistics have to be in place and sufficient funds available so that we can respond quickly and effectively. ■ *ab*



▲ The very busy Mozambique country coordinator finds time for a joint interview during breakfast. *rs*

## Blue School: Good hygiene and healthy food

Help in the district of Mecúfi, which was strongly impacted by the hurricane, goes beyond reconstruction. In collaboration with the water experts from Helvetas, SolidarMed promotes children's resilience to better equip them to handle future challenges. With a combination of hygiene and nutrition measures, these two organisations

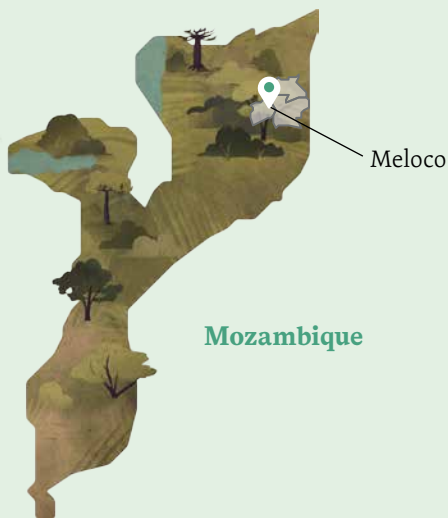


ensure that the children here become and stay healthier. The schools are regularly visited by mobile clinics whose personnel immediately detect when a child is malnourished, requires food supplements or medical assistance.

The project also promotes teaching staff and school-age pupils with the "Blue School" concept. The children learn how to use water to efficiently irrigate their school garden and how to prepare varied meals from the harvest. The "Blue School" inspires the children to make a positive change in their villages, thus creating a new generation of experts in the hygiene and environment sector.

Immediately after the devastating cyclone, the joint "WASH" project sought to ensure access to clean water, improve hygienic conditions and raise awareness. The "Blue School" builds on this project.

## Projects



### A new roof for Meloco

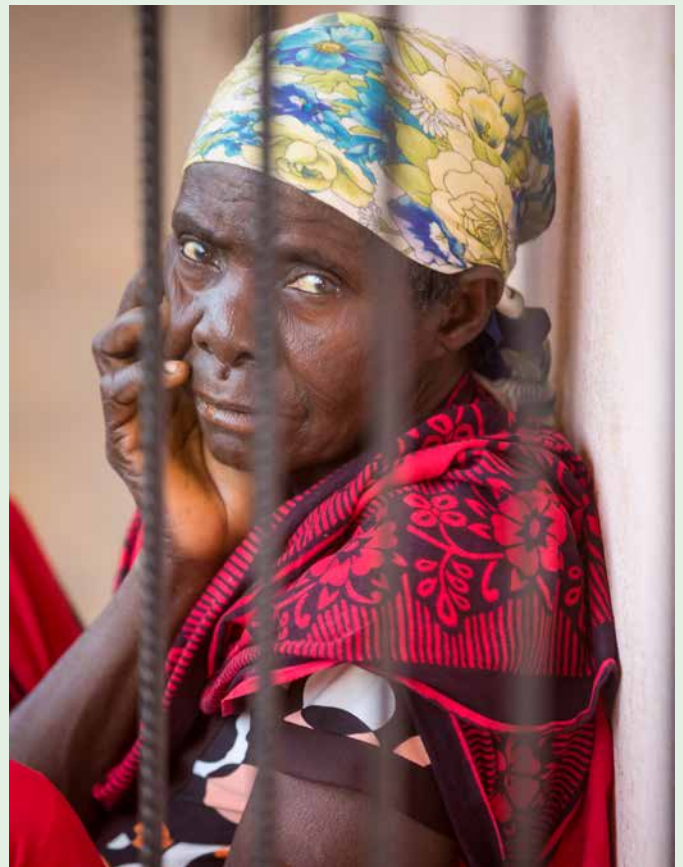
**Mozambique** The health care centre in Meloco now finally has an intact roof again. Until recently, water would drip through a plate-sized hole right into the treatment room. This room could no longer be used during the rainy season. As part of the renovation, the roof of the personnel building was also replaced. New doors replaced the old ones. Fresh paint brightens up the whole health care centre. Meloco is located between the district's two main towns Chiúre and Namuno where the two major health care centres are located. Due to the long distance to these centres, Meloco is one of the most visited health care centres in the region with over 130 births a month. ■ *ab*

### Rise of militant attacks

**Mozambique** Militant terrorist groups have increased their attacks against security forces and civilians in the province of Cabo Delgado in the north of the country. People have reported beheadings, kidnappings and disappearances of women and children. Rumour has it that the terrorists are planning attacks on Ancuabe. SolidarMed acted accordingly and ordered all its staff to return to the main town.

Since 2017, militant forces in Cabo Delgado have carried out deadly attacks against the military and the population in which hundreds of people were killed and thousands displaced. Such attacks have intensified very recently. Since the beginning of this year alone, at least 28 attacks have been perpetrated in Cabo Delgado.

Anne Jores, who is responsible for the programme, does not anticipate an improvement in the situation, especially if there is an outbreak of Covid-19 in the north of the country. The reason she gives for this is that people are hard to reach especially those who have been driven out of their villages. Considering the current political and health situation in the country and the intense hurricanes in April of last year, Jores hopes that the population will finally find peace. ■ *ab*



▲ The people in Ancuabe live in constant fear of new attacks. *mh*



## Flooding impacts projects

**Tanzania** The rainy season came unusually early this year. Ever since, it has been raining for weeks without pause. SolidarMed staff members wade through the knee-deep water on their way to work. The main road to Ifakara is not passable. The roads and paths leading to the surrounding villages have been completely washed away.

Since remote health care centres cannot be reached, training of nurses has to be suspended. Insofar as possible SolidarMed uses motorcycles to ensure that HIV and TB medications are available for the people in the villages.

We are continuing the expansion of the new-borns ward as best we can. However, not without delays, since the poor road conditions are causing difficulties in delivering the necessary materials. A supply of the windows ready to be delivered in Ifakara is not expected until the end of the rainy season, which is not anticipated until the end of April. ■ *ab*



## Expansion of the new-borns ward

**Tanzania** At Lugala hospital in the remote Malinyi district, the expansion of the department for premature infants and sick new-borns lies ahead. This will create more space to treat a larger number of preemies. The expansion will also include procuring new equipment such as ventilators and a blood sugar measuring machine.

In addition, SolidarMed is training additional specialist personnel in the so-called kangaroo care method. In places with a lack of incubators, the new-borns, thanks to this simple technique, receive the heat they so sorely need thanks to skin contact with their mothers. In addition, the method involves consistent breast-feeding within the first six months of life.

During the current project phase, there are also theatre groups on tour who, with their plays, focus on the health of mothers and babies and serve to raise awareness. SolidarMed promotes regular meetings between mothers and broaches the issue of pre and postnatal examinations. ■ *ab*



A snapshot



**Where there's no hospital kitchen, family members bring food to the patients.**

► Woman in the Lugala Relative Shelter. *mh*

# SolidarMed makes a difference

SolidarMed's Annual Report is coming out soon. Seeing the work performed day after day in 2019 in the form of figures makes us proud and grateful.

With the support of our donors, SolidarMed strengthened primary health care in the project countries in Southern Africa, treated malnourished children, trained health care personnel, provided professional supervision, ensured that there is clean drinking water and offered psychosocial assistance. We have treated malaria, fought HIV, and enabled safe births.

Together with our partners locally, in Switzerland and Liechtenstein, we have worked for those who need our solidarity the most: women, children and poor people in the rural regions of Africa.

**1.71 million** children, women and men were treated on an outpatient basis

**74%** of HIV patients stay on therapy for at least two years

**8,860** successful operations were carried out in a SolidarMed-supported OR

**33,000** HIV infected children and adults are receiving treatment

**1.22 million** patients benefit from the training and further education of health care personnel.

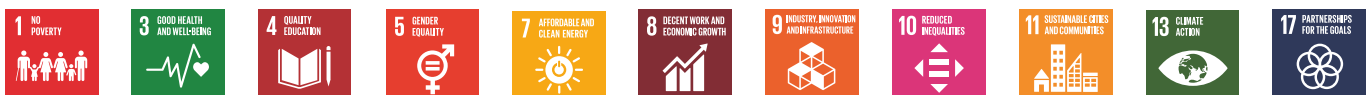
**2,593** new-borns survived thanks to medical assistance

**6,695** infants were protected from contracting HIV

**5,310** children survived malaria or diarrhoea



SolidarMed's projects in 2019 contributed to the following SDGs:



Good to know

# The Aids & Child Foundation joins SolidarMed

SolidarMed gets reinforcements. After careful analysis, the Aids & Child Foundation realised that, as long as its income and expenses remained constant, it could only continue its five projects in India, Kenya, and South Africa until 2026. The foundation board therefore decided to join SolidarMed and transfer the capital and projects to the latter, retroactively as of 1/1/2020.

With its local partners, Aids & Child provides for training, economic stability, sex education and HIV prevention. Aids orphans, HIV-positive children and their carers all benefit. The five projects in the area of HIV/AIDS in children and adolescents are being continued under the umbrella of SolidarMed and headed by the previous programme leader Martin Ramsauer. He is moving to the SolidarMed team in Lucerne. With these new projects, SolidarMed will be able to expand its spectrum of impact in terms of both content and topic. We are happy about the trust placed in us and look forward to this worthwhile mission. ■ *ch*



▲ Social worker Thando during a home visit to families affected by HIV/AIDS in the informal settlements of East London, South Africa. *ak*



**Aids & Kind**

Under the impression of the AIDS epidemic and the open drug scene, the Aids & Child Foundation was established over 30 years ago in Zurich with the goal of supporting children with HIV/AIDS in Switzerland. Since 2014, the foundation has focused on five HIV/AIDS projects in countries which are still seriously impacted by the virus.

## 94th Annual General Meeting postponed

Due to the Corona epidemic, SolidarMed's annual general meeting has been postponed to Saturday, 5 September 2020 in order to officially conclude the 2019 association year. Our members will receive a timely invitation. ■ *bg*

**Your donation makes a difference.**

**SolidarMed**

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