

Annual Report

2020

Partnerships for Health



SOLIDAR
MED

95 years old

9 countries

2,776,850 people
who have access to
improved health care

75,168 infants
safely delivered

1,415 trained health
care professionals and
community health workers

235 health care
facilities assisted

38 projects

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2020 – Risks and opportunities for global health



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

In 2020, COVID-19 was a dominant topic for SolidarMed as well. The pandemic demanded great flexibility and adaptability. Within a minuscule timespan, new demands arose, priorities had to be adapted, and additional projects were quickly developed and financed. Against this backdrop, SolidarMed gave proof of its agility, efficiency and expertise. Within weeks, we equipped e.g., the teams and organisations in our partner countries with urgently needed protective equipment and oxygen concentrators and formed new cooperations with local partners. In Mozambique, SolidarMed assisted in the local production of protective equipment. In Lesotho, SolidarMed together with its partners, set up triage centres to quickly test people for COVID-19 and evaluate potential complications using rapid tests and x-ray machines.

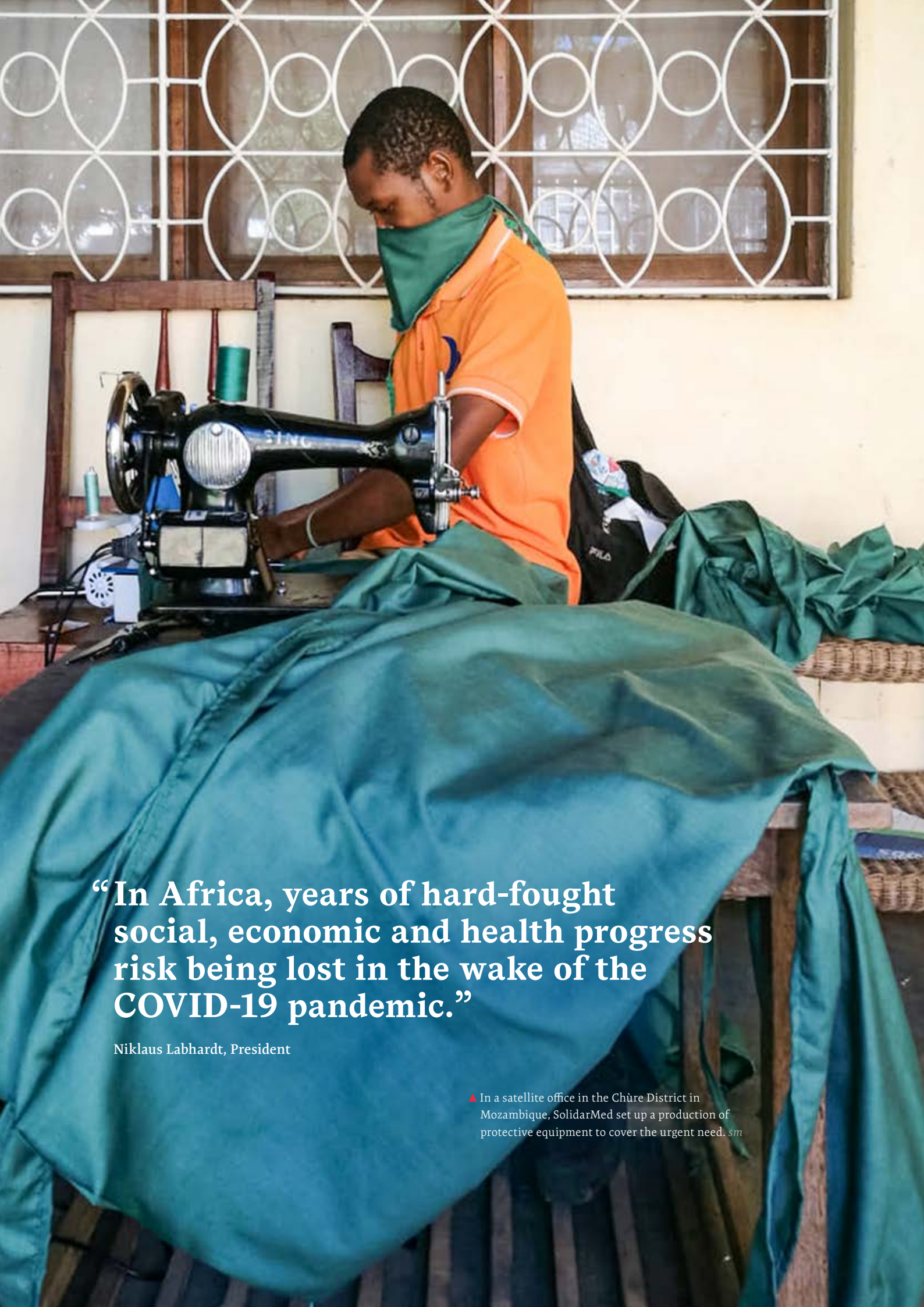
What COVID-19 will mean for our partner countries in Africa in the medium to long-term still remains to be seen. Although some African countries recorded large and highly lethal waves of infection, the direct impact of COVID-19 has to date nonetheless remained lower than initially feared. However, Africa will be most affected by the indirect consequential damages. Primary health care and health protection measures suffered enormously. Millions of children missed entire school years, families working on a self-employed or daily wage basis became impoverished.

Due to the pandemic, Africa lost years of hard-fought social, economic and health progress. The already beleaguered rural population took the brunt of it. And they will feel the consequences of an entire year of neglected or completely halted primary health care for a long time to come.

There is a great deal of catching up to do in the coming years. Health indicators show: In 2020, for example, much fewer HIV and tuberculosis tests were done in many countries, fewer immunisations were administered to children, and family planning counselling was neglected. All of these are topics which fall under SolidarMed's core expertise. Our work will thus be more required than ever in the coming years.

The pandemic put topics like health and prevention back on the global agenda. Similar to 30 years ago during the HIV/AIDS epidemic, the social consequences of infectious diseases and epidemics are once again garnering global attention. Back then, HIV/AIDS gave rise to a boost in financing and innovation in global health which extended far beyond HIV. The COVID-19 pandemic will hopefully result in similar progress. Because this pandemic clearly shows that viruses know no borders and a weak health system in one location can have dramatic global consequences.

In 2020, SolidarMed benefited from the newly awakened interest in global



“In Africa, years of hard-fought social, economic and health progress risk being lost in the wake of the COVID-19 pandemic.”

Niklaus Labhardt, President

▲ In a satellite office in the Chùre District in Mozambique, SolidarMed set up a production of protective equipment to cover the urgent need. *sm*

health among institutional and private donors. Thanks to these additional resources, we were able to respond to the pandemic and, at the same time, keep the ongoing general health care projects up and running.

Yet for SolidarMed, 2020 was not limited to the pandemic. After entering into an agreement in 2019, the Aids & Child Foundation was dissolved and transferred the responsibility for its five ongoing projects and its assets to SolidarMed. SolidarMed continued with these projects which provide direct or indirect medical and social support for HIV-suffering children and their families in South Africa, Kenya and India. In 2021, the goal is to conclude the process of integrating these projects within the organisation.

As president, I am proud of our country teams and the team in Lucerne. In 2020, they demonstrated high levels of competence, flexibility, innovation and creativity. Only thanks

to their tireless efforts was it possible to maintain our projects and respond to the pandemic-generated challenges during this demanding year.

On behalf of the Board of Directors, I thank you for your trust and support. SolidarMed will continue to dedicate itself to ensuring that every human being has access to appropriate health care regardless of his or her financial situation. ■



◀ Dr. Kevin Mawana, the senior doctor at Chikombedzi Hospital in Zimbabwe is involved in various capacity building programmes for medical professionals. *mh*

Thanks to 680 newly trained specialist advisers, SolidarMed improved diagnosis, treatment and specialist training at 190 rural health care centres and 15 training centres.

Only together can we see our way out of the crisis



Jochen Ehmer, MD
Director

What a year! Regardless of who we are, where we live or what we do – the COVID-19 pandemic turned our lives upside-down. We communicate differently, work differently and travel differently. Medical progress, which for years we tirelessly fought for in our partner countries, are suddenly in danger: Malaria, HIV and tuberculosis continue to spread. Thousands of children are malnourished due to the consequences of COVID-19. Natural disasters and armed conflicts, like the one currently in Mozambique, place an additional strain on basic medical care.

If there is anything we can learn from the 2020 crisis year, it is this: We live in a globalised world, and we must care for the weakest among us because they are the ones who suffer the most. We can only see our way out of the crisis together. The elderly lady in the nursing home, the displaced mother in Mozambique, the migrant worker in Lesotho or the pregnant 17 year-old in Tanzania – they are the ones we dedicate ourselves to helping. Out of solidarity and rooted in our fundamental conviction that health and self-determined development must be possible for all.

Primary health care for all

Amidst rough conditions in 2020, SolidarMed launched several new projects to reinforce primary health care and was able to guarantee sufficient resources for the project work. We supported 43 health care centres with a regional programme for COVID-19 emergency help, provided

medical care for approximately 80,000 refugees in Mozambique, supplied medicines and drinking water and bolstered the fight against HIV or malaria. With the help of 680 newly trained expert advisers, SolidarMed improved diagnosis, treatment and specialist training at 190 rural health care centres and 15 training centres. 1.78 million patients could be treated as outpatients thanks to SolidarMed; 34,712 people survived thanks to lifesaving HIV treatment; 75,168 children were born under medical supervision. All these people got a new chance and a better future thanks to SolidarMed.

Innovation and competence

There are challenges lying ahead of us, but there are opportunities too. Non-communicable diseases like diabetes or hypertension now account for the most frequent causes of death and mental health conditions like depression often go hand in hand with them. 75 percent of deaths from such diseases occur in poor countries, and in most cases they would have been avoidable. SolidarMed is drawing on its experience in the fight against HIV to tackle this problem over the next five years in Lesotho. A Swiss university will support the project with a research programme.

In Zimbabwe, we are supporting the Ministry of Health's digital health care agenda. In Mozambique, we are expanding our support for primary health care of those internally displaced by the violent conflict in Cabo



◀ Saida Poyo's baby had difficulty breathing after birth. Her small boy was given oxygen for 17 days at the premature infants' ward. In the picture, we can see her baby doing well again and weighing in at 3 kg. *rl*

**Thanks to SolidarMed, in 2020,
75,168 babies in our project
regions were born under medical
supervision.**

Delgado. And in Zambia, we are drawing on our experience with dual vocational training in Switzerland and Liechtenstein to improve training for health care personnel. There is no doubt about it that COVID-19 will be with us for a long time to come. In many countries, we advise our partners on diagnosis, treatment and vaccination.

SolidarMed boasts expertise and competence not only in specialist topics but also in practical implementation. Our personnel are in the field, know the situation and look for sustainable, locally anchored solutions.

Partnership and solidarity

We can only carry out our work thanks to our dedicated partners: The Swiss Agency for Development and Cooperation (SDC), which invests a programme contribution in our projects and has guaranteed it to us for four more years; the many Liechtenstein partners and the Liechtenstein Development Service (LED), which support our programmes in Zambia and continuously spur us on; the Aids & Child Foundation, which has entrusted us with advancing its projects in psycho-

logical support in Kenya, South Africa and India and the Universities of Berne, Basel and Lausanne, which support us in innovation and research.

But most of all, our programmes rely on the support we receive from our many donors, patrons, members, testators, companies, foundations and partner organisations, without which our work would simply not be possible. My profound thanks go out to all those who support our work and encourage us to keep going.

Only by working together can we create a decent, fair and healthy future for our children. SolidarMed will remain true to this promise in the future as well – for a future where no one needs to fear HIV, malaria or COVID-19. ■



Improving primary health care

Hospitals and health care centres are the backbone of health care in rural Africa. A lack of infrastructure in the medical field coupled with inadequate power and water supplies confront health care personnel with major challenges. Vaccinations, medicines and even blood banks spoil if they are not refrigerated, and operations cannot be performed without enough light. SolidarMed replaces and procures needed infrastructure, medical equipment and devices for hospitals and health care centres. Only with these resources can we ensure that babies will be safely delivered, that blood supplies refrigerated by solar

power can be drawn on and running water will be available for good hygiene. In 2020, SolidarMed partnered with 235 hospitals and health care centres to provide effective primary health care.

- ▶ 45 hospitals supported
- ▶ Improved services in 190 health care centres
- ▶ 20 operating rooms manned
- ▶ 1,779,137 outpatient consultations
- ▶ 75,168 safe births



Training and continuing education for health care personnel

Shortages of professionals in the health care sector is a growing and frequently discussed problem in Switzerland. In many African countries, however, the situation is gravely alarming. There is a shortage of qualified health care personnel, which has a direct impact on the health of the population, especially in rural areas where SolidarMed's focus primarily lies. Therefore, training and continuing education for doctors, registered nurses and midwives is the key to sustainable development and strengthening of the health care system. For many years, SolidarMed has been involved in this area and

in 2020, we provided training and continuing education to 976 registered nurses, doctors and medical licentiates and midwives. This sustainably improved the quality of medical care, especially in the rural regions in Southern Africa.

- ▶ Initial training of 311 professionals
- ▶ Continuing education of 665 professionals
- ▶ 64 experts assisting local partners
- ▶ 15 medical schools supported



Strengthening health care and prevention in villages

Preventable and curable diseases claim millions of lives. Decisive here is not only treatment but also prevention and diagnosis. Unfortunately, particularly in rural areas, access to necessary services and crucial knowledge is rare. SolidarMed systemically strengthens village communities and connects them with the existing health care system by developing knowledge, counselling and transportation options. So-called community health workers, people from the villages who receive brief training in primary medical care and prevention strategies, are invaluable for these projects. As such, in 2020, 57,960 mothers were

sensitised in villages through preventive counselling or treatment of diarrhoea. Adolescents as well, so-called peer educators, are being employed to educate their peers – a crucial piece of the puzzle on the path to sexual and reproductive health.

- ▶ Continuing education for 1,104 health care advisers
- ▶ 305 health care groups supported
- ▶ 57,960 mothers in villages counselled
- ▶ 204,124 sensitised to chronic diseases



Implementing programmes effectively

Reliable, binding and value-preserving development in which social, ecological and economic matters are dealt with in a balanced way is vital. Together with various partners, SolidarMed continuously monitors the results and impact of the programmes and projects. Interventions are based on scientifically founded strategies which are in harmony with national and international standards. Where knowledge is not yet in place or to continuously advance it, we work together with local and international partners for scientific field studies. This makes it possible to influence

health policy beyond our activity regions through the knowledge generated. SolidarMed also advocates for the health concerns of people in the project countries in Switzerland and Liechtenstein.

- ▶ 23 scientific publications (peer review)
- ▶ 54 national health strategies shaped
- ▶ 289,661 people sensitised with SolidarMed's own publications

SolidarMed did a lot of good in 2020

Health and well-being are the basis for self-determined development. SolidarMed builds its efforts to prevent disease and strengthen primary health care on this principle. In this context, good health is also a contribution to social and economic justice. It makes room to strengthen marginalised members of society and vulnerable groups of people such as women, children, pregnant women or people affected by HIV, tuberculosis, malaria and other stigmatising diseases. The positive impact of SolidarMed's programmes on the lives of many people can be quantified with the following indicators for 2020.

55,200 children and their mothers received preventive counselling or treatment of diarrhoea from community health workers in rural areas. This saved the lives of **5,310** children.

7,614 babies are alive today because HIV infection from their HIV-positive mothers was prevented through targeted interventions.

1,644 children have survived because their AIDS disease was properly treated and controlled.

16,955 lives were saved since **56,517** cases of malaria in children under 5 years old were successfully prevented with mosquito nets.

75,168 pregnant women were able to deliver their babies under medical supervision and thus had access to emergency care if necessary. This saved the lives of at least **2,631** women and their newborns.

149,973 men, women and children in rural regions were tested for HIV. As a result, **4,705** men, women and children are aware of their disease and receive access to treatment.

34,712 people can lead a normal life thanks to their regular HIV treatment.

1,779,137 children, women and men in rural areas were able to have their acute or chronic illness, e.g., malaria or pneumonia, treated as outpatients.

7,137 lives were improved or saved thanks to better access to necessary surgical procedures.

311,000 patients in rural areas will now be able to make use of primary health care services and receive qualified treatment in the event of illness.

665,000 received better treatment from trained health care personnel.

Thanks to SolidarMed, overall,

nearly 2.8 million people in some of the world's

poorest regions received better health care.

How did SolidarMed respond to the COVID-19 pandemic?



▲ In regions without running water, SolidarMed provided hand-washing stations. *sm*

The global health community was faced with never before seen problems.

Predicting the potential impact of the virus in poorer countries proved to be extremely challenging. SolidarMed quickly instituted measures to protect against Sars-CoV-2. However, treatment in Africa was pitted against major hurdles: Ventilators, intensive care beds and medicines were in short supply. Testing resources were unavailable at the start of the crisis. The shortage of health care personnel further exacerbated the situation. And health care systems are already overburdened with HIV, malaria, diarrhoea and non-communicable diseases. Clean water and soap are scarce in many places. Supplies of disinfectants are insufficient. Living conditions often rule out any social distancing. Therefore, SolidarMed followed and successfully implemented a three-stage approach:

- ▶ protection of health care personnel,
- ▶ improvement of diagnosis and management of cases and ensuring an unbroken supply of non-COVID-19-related primary health care services.
- ▶ prevention on infections at potential hotspots with a focus on high-risk groups.

SolidarMed's main aim, especially in neglected and rural regions, was to protect the population from disease and preventable deaths due to COVID-19. In total 43 health care centres in five countries received assistance with preparing for and managing the pandemic. ■

Integration of the Aids & Child Foundation projects



www.aidsundkind.ch

In July 2020, SolidarMed integrated the Aids & Child Foundation's projects with retroactive effect dating back to 1 January 2020. The purpose-specific foundation

capital of this tradition-steeped foundation was transferred to SolidarMed with the approval of the Swiss Federal Supervisory Board for Foundations, and the foundation was dissolved. The Aids & Child projects are being continued and advanced under the umbrella of SolidarMed in this spirit of the foundation (see

pages 24, 28, and 29). Bettina Maeschli, a former foundation board member, takes a seat on the Board of SolidarMed. For three decades, the Aids & Child Foundation stood up for sufferers of the HIV epidemic in Switzerland, Kenya, South Africa and India. ■

2020 annual general assembly at Bourbaki cinema



▲ The annual general meeting in Lucerne was successfully held with the required protective measures. *mr*

For the first time, the annual general assembly of 5 September 2020 was held not only locally at Bourbaki cinema in Lucerne but also simultaneously online via livestream. The applicable hygiene measures were complied with during the meeting. A highlight of the annual general assembly was meeting Laura Frick, Bernadette Peterhans and Bettina Maeschli, who were running for the board. The trio was unanimously elected to the board by the members on site and via Zoom call.

Note: The 95th annual general assembly with subsequent podium discussion on "Climate Change and Health" will take place in Basel and once again via online streaming on 18 June 2021. ■

You will find more information by visiting:

 solidarmed.ch/gv2021

Tanzania

- ▶ Inhabitants: 58,005,463
- ▶ Poverty headcount ratio*: 49.6%
- ▶ Life expectancy at birth: 65
- ▶ Infant mortality**: 50
- ▶ Number of projects: 5



Switzerland

- ▶ Inhabitants: 8,606,033
- ▶ Poverty headcount ratio*: 0%
- ▶ Life expectancy at birth: 84
- ▶ Infant mortality**: 4
- ▶ SolidarMed administrative office: Lucerne



Zambia

- ▶ Inhabitants: 17,861,030
- ▶ Poverty headcount ratio*: 58.7%
- ▶ Life expectancy at birth: 64
- ▶ Infant mortality**: 62
- ▶ Number of projects: 3



Zimbabwe

- ▶ Inhabitants: 14,645,468
- ▶ Poverty headcount ratio*: 39.5%
- ▶ Life expectancy at birth: 61
- ▶ Infant mortality**: 55
- ▶ Number of projects: 6



South Africa

- ▶ Inhabitants: 58,558,270
- ▶ Poverty headcount ratio*: 18.7%
- ▶ Life expectancy at birth: 64
- ▶ Infant mortality**: 35
- ▶ Number of projects: 3



Kenya

- ▶ Inhabitants: 52,573,973
- ▶ Poverty headcount ratio*: 37.1%
- ▶ Life expectancy at birth: 66
- ▶ Infant mortality**: 43
- ▶ Number of projects: 1

Hyderabad (India)

- ▶ Inhabitants: 6,809,970
- ▶ Poverty headcount ratio*: 22.5%
- ▶ Life expectancy at birth: 69
- ▶ Infant mortality**: 34
- ▶ Number of projects: 1

Mozambique

- ▶ Inhabitants: 30,366,036
- ▶ Poverty headcount ratio*: 63.7%
- ▶ Life expectancy at birth: 60
- ▶ Infant mortality**: 74
- ▶ Number of projects: 9

Lesotho

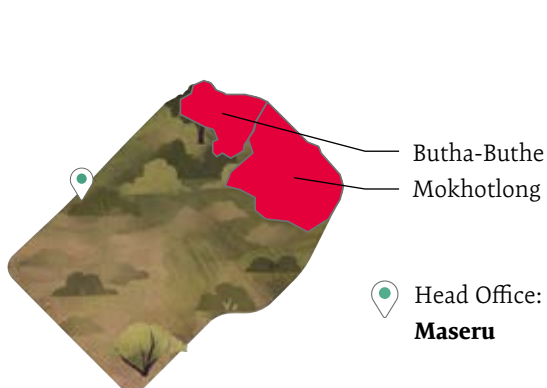
- ▶ Inhabitants: 2,125,268
- ▶ Poverty headcount ratio*: 27.2%
- ▶ Life expectancy at birth: 54
- ▶ Infant mortality**: 86
- ▶ Number of projects: 10

* Percentage of the population whose daily income is less than 1.90 US dollar

** Deaths <5 five years per 1,000 live births

Lesotho

Lesotho is a typical example of an African lower to middle-income country where cases of non-communicable diseases are overtaking HIV and other infectious diseases such as tuberculosis – a development which is resulting in a double burden for the health system.






6,631 patients had access to health care in remote areas thanks to the mobile clinic.

2,209 infants safely delivered.

134,184 lives saved by preventing new HIV infections.

Here's how SolidarMed made a difference in Lesotho

 Health for Life	 MistraL Project	 Tuberculosis "Triage+" study
<p>Project term 2020 – 2022</p> <p>Region Butha-Buthe und Mokhotlong</p> <p>Target group Pregnant women.</p> <p>Objective Despite a suitable public offer of resources for childbirth at hospitals and health care centres and pregnancy check-ups for women, there has not yet been any significant decrease in negative pregnancy outcomes in women. SolidarMed is therefore helping to expand the capacities of professionals who can offer qualified care. Better services for mothers and newborns are being offered. The goal is to reduce the number of stillbirths and reduce early neonatal deaths.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Provision of high-quality pregnancy check-ups ▶ Facilities enabling women to receive high-quality support during births and postpartum services ▶ Strengthening of the health care system through active monitoring, evaluation and analysis 	<p>Project term 2020 – 2022</p> <p>Region Butha-Buthe und Mokhotlong</p> <p>Target group More than 200,000 people in hard-to-reach villages.</p> <p>Objective SolidarMed is a partner of the multidisciplinary MistraL project, which implements COVID-19 infection mitigation strategies in settings with limited resources. The use of novel radiological rapid tests with AI-assisted diagnosis plays a major role here. The study is led by the Swiss TPH and funded by a grant from the Botnar Research Centre for Child Health.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ COVID-19 rapid tests and innovative chest radiology platforms deliver results in less than one hour. ▶ Expansion of testing capacities in villages: Adults and children will be tested without having to visit a hospital ▶ Currently approximately 500 people have participated in the project, and enrolment is scheduled to continue until the beginning of 2022 	<p>Project term 2020 – 2022</p> <p>Region Butha-Buthe Hospital</p> <p>Target group Rural population stricken by tuberculosis.</p> <p>Objective Tuberculosis is a poverty-related disease which particularly affects vulnerable and underserved population segments. The project aims to improve diagnostics for those affected in remote regions.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ The accuracy, impact and cost-effectiveness of diagnostic tools for community-based TB screening in rural and semi-rural Lesotho and KwaZulu-Natal, South Africa, will be studied ▶ The African-European TB Triage+ multicounty study will be funded by the European and Developing Countries Clinical Trials Partnership (EDCTP) over a four-year period ▶ After the preparation phase that was delayed by COVID-19 at the end of the year, the project is now moving forward in 2021



▲ The mobile clinic lets people living in remote areas access primary health care. *sm*

Spotlight Mobile clinic

With the mobile clinic, SolidarMed is improving access to primary health care in remote and hard-to-access regions of Butha-Buthe.

This project was launched thanks to the generous support of Bracelet of Hope, a Canadian non-profit organisation. The mobile clinic was purchased and equipped to travel through the remote, mountainous terrain of the Butha-Buthe District. It reaches people in remote villages who would

otherwise have difficulty accessing medical care.

The clinic's visit to a remote village is announced to the local population ahead of time so that the people can be present when the clinic comes. The SolidarMed team consists of a driver and registered nurse/midwife. The local health authorities offer additional reinforcements in the form of an assistant midwife, counsellors, local community health workers and a local

contact person. The services provided in the village cover a broad spectrum from immunisation of infants, pregnancy check-ups, HIV tests to counselling for diabetes and high blood pressure patients.

Since its launch in March of 2020, the clinic has already reached a total of 6,631 patients. In the coming years, SolidarMed is planning additional mobile clinics for the remote villages of Lesotho. ■



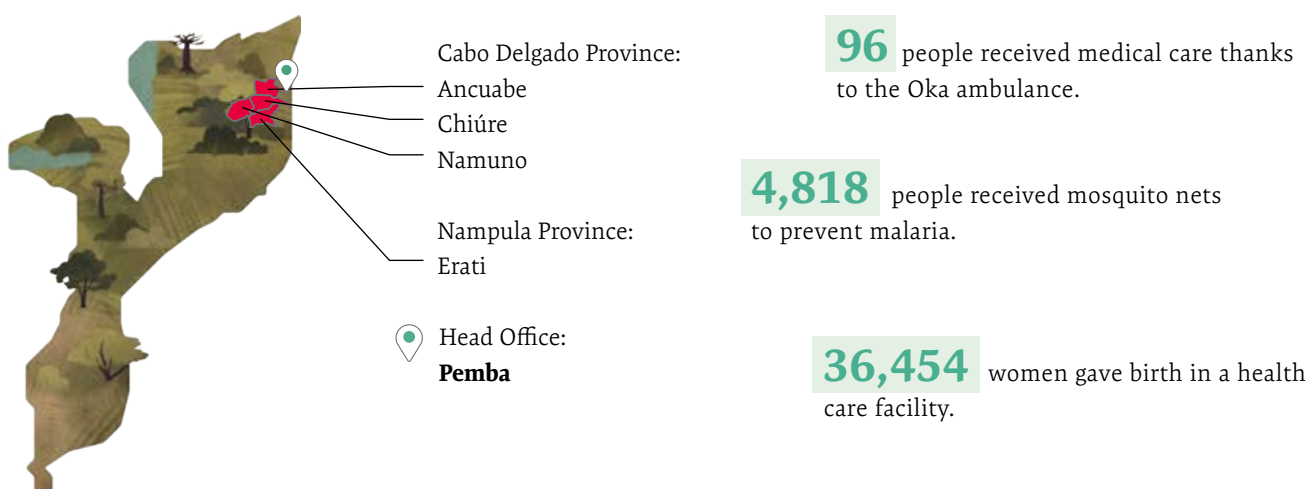
Josephine Muhairwe, Country Director

In 2020, the programme in Lesotho focused on supporting health care services for vulnerable groups amidst the COVID-19 pandemic. HIV-infected patients living in Butha-Buthe and Mokhotlong being treated for HIV received 21,245 viral load tests in the programme-supported laboratory. This enables doctors to monitor the efficacy of the treatment. We also accompanied 153 mobile outreach visits to provide comprehensive primary health care services to vulnerable women and children in




remote and hard-to-reach villages in Butha-Buthe and Mokhotlong Districts. These visits included vaccinations, HIV tests, tuberculosis screenings and distribution of contraceptives. We also supported the development of three national guidelines and strategic documents: first on management of advanced HIV disease, second on HIV drug resistance testing and third on clinical management of COVID-19.

Mozambique

In northern Mozambique, an estimated 67% of the population is multi-dimensionally poor*. In 2020, the conflict situation in the North led to 560,000 displaced persons, placing an additional burden on an already weak health system.



Here's how SolidarMed made a difference in Mozambique

<p> Reducing cervical cancer</p> <p>Project running since 2019</p> <p>Region Chiúre District</p> <p>Target group Women, aged 18-55.</p> <p>Objective Improved access to prevention and treatment of cervical cancer.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Creation of a cervical cancer prevention information system ▶ Case discussions via digital platforms to improve treatment quality ▶ Surgical training for health care personnel ▶ Follow-up examinations ▶ Advising the Ministry of Health 	<p> Healthy children in Ancuabe</p> <p>Project term 2018 - 2020</p> <p>Region Ancuabe District</p> <p>Target group Children under 5.</p> <p>Objective Sustainably improved situation for malnourished, undernourished and HIV-positive children and children with tuberculosis.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Mobile clinics for access to medical care in remote communities ▶ Village community awareness-raising on child health ▶ Early diagnosis of HIV in infants ▶ Identification and treatment of severe malnutrition ▶ Identification of children in contact with tuberculosis and provision of preventive treatment, case follow-ups 	<p> Okhahilera</p> <p>Project running since 2017</p> <p>Region Chiúre District</p> <p>Target group Rural population, in particular pregnant women, children and young people.</p> <p>Objective Providing fundamental services for the most vulnerable and promoting small business owners who can earn their living through the programme.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Oka Taxi: Free emergency transport for pregnant women. In some cases, the taxis were re-purposed to supply water during 2020 ▶ Oka Freeze: Ensuring the cold chain for food in villages without power ▶ Oka TV: Free news for the population and educational TV formats for children
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* Multidimensional poverty is an indicator published by the United Nations Development Programme (UNDP) which measures poverty through a combination of several individual indicators from the three dimensions of education, health and standard of living.



▲ In the newly built operating theatre in Namuno, surgeries can now be performed under safe and professional conditions. *sm*

Spotlight Life-saving Caesarean sections

Namuno is a typical Mozambican District: rural, poor and with a high rate of illiteracy. The population primarily relies on subsistence farming; there is no reliable water network or power grid. 260,000 people live in this District.

Every year, 22,000 mothers and newborns are exposed to high health risks due to inadequate emergency care at birth. Additionally, 15,000 people

require surgery for various reasons but have no chance of obtaining it. The nearest surgical facility is in Montepuez, located some 1–3 hours away over rough roads and is often overburdened.

In a joint initiative with the provincial and District health authorities, SolidarMed constructed an operating theatre in Namuno in 2019–2020.

The health care centre now has a fully equipped surgical wing. Caesarean sections and other emergency surgeries can be performed in the District under safe and professional conditions, thus reducing the risk of life-threatening delays. ■



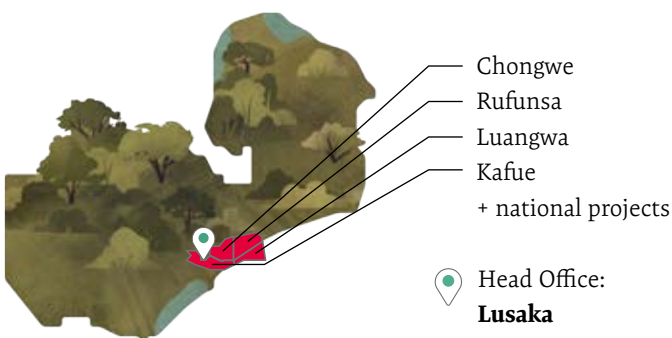
Barbara Kruspan, Country Director

The year was a challenging one with the COVID-19 pandemic, cholera outbreaks and growing insecurity concerning safety in the North of the province. The conflict situation and flows of refugees, food insecurity and the long-term financial crisis forced us to rethink the entire programme while at the same time ensuring that our colleagues are also kept safe. The team's agility made it possible to

quickly respond to emergencies in our projects. At the same time, we continued to focus on our key role as a development partner in strengthening the health care system. Partnerships with like-minded NGOs contributed to maximising our impact. 2020 taught us the meaning of resilience and brought our team even closer together.

Zambia

Zambia’s economy is crippled under an ever-growing debt burden, which now exceeds the country’s GDP. This is leading to rising inflation and ongoing devaluation of the local currency against the dollar. These economic difficulties hit people living at or under the poverty line (58%) the hardest.






263 registered nurses and midwives completed their training at partner nursing colleges.

26 houses for health care professionals in remote regions were newly built or renovated.

35 students completed their studies as medical licentiates at Levy Mwanawasa Medical University.

Here’s how SolidarMed made a difference in Zambia

 Houses for better health	 Decentralised education model	 Medical licentiates
<p>Project term 2019 - 2021</p> <p>Region Lusaka Province</p> <p>Target group Health care personnel in rural areas.</p> <p>Objective Providing high-quality housing for health care personnel to improve the attractiveness of rural jobs for professionals and raise their attachment.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Developing a standard for suitable housing for personnel in rural health care institutions which minimises construction costs, maximises local benefits and preserves the environment ▶ Improvement of living conditions for rural health care personnel and their families by building additional and renovating existing housing ▶ Training the local population on building construction skills to increase future job opportunities 	<p>Project term 2019 - 2022</p> <p>Region Selected nursing colleges in several Provinces</p> <p>Target group Nursing students.</p> <p>Objective Professional nursing training for rural Zambia through a flexible, efficient and decentralised professional training model.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Scaling up the decentralised educational model to other training institutions in Zambia and strengthening experience sharing at policy level ▶ Improving cost effectiveness and efficacy of the current model through further development with a blended learning approach (theory, practice, online, etc.) ▶ Safeguarding investments and consolidation of results by increasing the schools’ capacities 	<p>Project term 2019 - 2021</p> <p>Region Core partner is the Medical University in Lusaka; training facilities are spread out over the whole country</p> <p>Target group Students in the training programme and their trainers.</p> <p>Objective Sustainable improvement of health care for rural and underserved population groups through a professional, competence-based training programme for medical students.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Improving and maintaining training quality to ensure high performance by medical licentiates ▶ Improving learning quality through a blended learning of practice and theory and developing a revised Bachelor of Science curriculum ▶ Strengthening the Zambia Medical Licentiate Practitioners Association (ZMLPA) to better anchor and further develop medical licentiates within the health care system



▲ Students can now study anytime, anywhere thanks to professionally produced training videos. *sm*

Spotlight Digitalising education

SolidarMed's registered nurse education project aims to fast-track professional nursing for rural Zambia through a flexible, efficient and decentralised professional training model. 2020 was the second year of the current project phase where we are planning to implement this innovative training model in additional partner nursing schools.

The country's first case of COVID-19 was reported in March 2020. With the continued spread of the virus, the government introduced restrictions on movement, and we witnessed the closure of schools, colleges and universities, disrupting learning everywhere.

We used this as an opportunity to produce professional training videos of

clinical procedures. Now students can view the procedures on their tablets at any time. In addition, this enables us to ensure that nursing procedures are taught and reviewed by instructors in a standardised way. ■



John Tierney, Country Director

The focus of the Zambia programme is to strengthen the health system, so it is equipped to deal with the growing population. We work closely with the Ministry of Health in Lusaka. Our nursing programme aims to train more nurses and better prepare them for the challenges of the rural population. Last year, there were more graduates than ever, and the Ministry of Health wants to see this education model expanded. The opening of Levy Mwanawasa

Medical University also significantly bolstered the medical licentiate training programme. Our housing and infrastructure project built more houses than ever, thus contributing to greater retention of medical professionals in rural areas. It has already impacted the health of people in Zambia where these workers live and work.

Zimbabwe

Zimbabwe, a country nine times the size of Switzerland, is fighting on several fronts: growing numbers of communicable and non-communicable diseases, persistent socioeconomic hardship and a weakened health sector. Digitalisation and international cooperation offer hope for the future.



2,308 people received psychological counselling from trained lay counsellors.

1,294 people received dental treatments.

2,976 new patients started on HIV therapy.

Here's how SolidarMed made a difference in Zimbabwe

SMARTB

Project term 2019–2021

Region: Masvingo; Bikita, Chiredzi and Zaka Districts

Target group Over 400,000 people at risk for HIV and tuberculosis, including some 55,000 HIV patients. Patients with tuberculosis.

Objective Guaranteeing and developing high-quality HIV and tuberculosis treatments.

Main activities

- ▶ Mentoring and empowerment of health care personnel in treatment
- ▶ Monitoring of hearing performance in drug-resistant tuberculosis patients
- ▶ Monitoring of HIV viral load, including management of treatment failure
- ▶ Research, data quality management and innovative problem-solving
- ▶ Service provision and strengthening the entire health care system

Health of mothers and newborns

Project term 2019–2020

Region Masvingo; Bikita, Chiredzi and Zaka Districts

Target group Around 13,000 pregnant women and their newborns annually and 90,000 women and female adolescents of child-bearing age.

Objective Improving the quality of medical care of mothers and newborns in these three rural Districts.

Main activities

- ▶ Practice-oriented training of nursing staff in emergency obstetric care and family planning
- ▶ Procurement of necessary equipment and medical consumables
- ▶ Participating in the transport of laboratory samples from pregnant women and newborns
- ▶ Community engagement in the villages to raise the population's awareness about the benefits of family planning and medically assisted births

Fighting non-communicable diseases

Project term 2018–2020

Region Masvingo; Bikita, Chiredzi and Zaka Districts

Target group All patients with diabetes, high blood pressure, mental illness and oral/dental problems.

Objective Improving medical care of people with diabetes and high blood pressure and dental problems. Enhancing mental well-being through treatment of mental disorders.

Main activities

- ▶ Training of health care professionals
- ▶ Procurement of medicines, reagents and other equipment
- ▶ Sensitising the population about non-communicable diseases including prevention and control
- ▶ Training community health workers on common mental health disorders
- ▶ Bolstering dental and oral health care



▲ eHealth technologies improve the health care provided to rural communities. *bg*

Spotlight eHealth for countrywide health care

In 2018, a dedicated eHealth project was added to the Zimbabwe programme. This is a multidisciplinary project which supports the entire country programme, especially the HIV/tuberculosis, health for mothers and newborns and non-communicable diseases programmes. It aims to provide digital solutions to streamline

seamless health care processes. Information management systems are implemented to support medical treatment. These eHealth approaches improve health care provision for the rural population and contribute to achieving widespread coverage (universal health coverage). The SolidarMed eHealth project integrates

community engagement and trains workforces. Over 30 eHealth sub-projects have been designed, with 10 of these being newly implemented in 2020. ■



Janneke van Dijk, Country Director

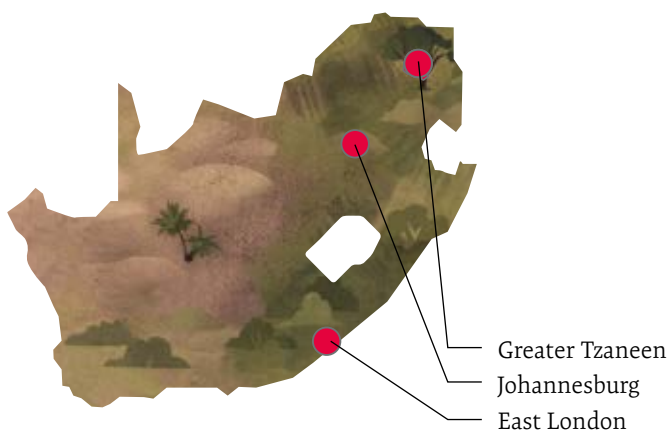
SolidarMed is strengthening the health care system at various levels with well-coordinated projects. We focus on identified gaps in health service delivery and search for concrete problem-solving approaches. Our stated objective is to improve the quality of medical services and guarantee access to health care for patients with tuberculosis, HIV, non-communicable diseases and for mothers and newborns by:

- ▶ enhancing the competence of health care personnel and the quality of health care facilities,
- ▶ ensuring the quality of all service provision data in health care facilities,
- ▶ involving village communities, e.g., through self-help groups and hackathons, etc.,
- ▶ developing innovative digital solutions.

The e-Health project was implemented across all thematic areas of the country programme. It provides digital solutions that support the seamless function of health care processes. A number of interventions being developed in Masvingo Province are being considered for scale-up to the national level. Moreover, SolidarMed is the first organisation locally to deal with oral and dental health. Mental health-related activities and solar energy projects were implemented despite the difficulties caused by COVID-19.

South Africa

South Africa holds two negative world records at once: it is first on the list of countries with the highest economic inequality while, at the same time, being the country with the highest number of HIV infections. SolidarMed gets involved for HIV-suffering children in health and education.






Over **5,000** home visits and telephone calls to HIV and poverty-stricken children and adolescents and their caregivers.

851 children received breakfast daily at school.

727 mothers and grandmothers improved their economic situation by participating in saving and lending groups, creating a home garden, or starting a small business.

Here's how SolidarMed made a difference in South Africa

 Window of Hope	 Children for Change	 Ilitha
<p>Project term since 2012</p> <p>Region Johannesburg</p> <p>Target group 481 children and adolescents and 260 adults, many traumatised by the collateral effects of HIV, poverty, violence, etc.</p> <p>Objective Trauma management and treatment of people afflicted by apathy and hopelessness.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Home visits and individual counselling for HIV-positive adults ▶ Group therapy with traumatised AIDS orphans and often overwhelmed and depressive mothers/grandmothers ▶ 4-day holiday programme for affected children and teenagers, support with instruction and training ▶ Intensive holistic psychosocial treatment of families ▶ Schooling and support of health workers 	<p>Project term since 2013</p> <p>Region Greater Tzaneen, Limpopo Province</p> <p>Target group 1,938 children and adolescents and 1,395 adults; all affected by poverty, many affected by HIV.</p> <p>Objective Improving the physical and mental health of the children and their caregivers and boosting the economic resilience of their households.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Psychosocial and medical care in monthly home visits ▶ Self-help groups for HIV-positive children/adults and mixed group activities ▶ Weekly exercise units to deal with trauma. ▶ Help with bureaucracy for government support services ▶ Group coaching on financial savings and lending models 	<p>Project term since 2018</p> <p>Region East London, Eastern Cape province</p> <p>Target group 966 children and adolescents and 125 parents; all poverty-stricken, many affected by HIV.</p> <p>Objective Improving the physical and mental health of the children and their caregivers and better education and economic resilience of their households.</p> <p>Main activities</p> <ul style="list-style-type: none"> ▶ Psychosocial and medical care of HIV-positive and poverty-stricken children and their parents ▶ Distribution of breakfast, extracurricular learning support, counselling services and educational and recreational programmes ▶ Building a kindergarten ▶ Parent workshops on HIV/AIDS/tuberculosis, child-raising, alcohol and drug use, gender-specific violence, handling money



▲ Home visits during which HIV tests are performed are vital for reducing the rate of HIV infections. *CHoiCe*

Spotlight Children for Change project

Sindi* was born as the daughter of an HIV-positive mother in 2003. Unfortunately, her mother died when Sindi was just two years old. From then on, she grew up at her grandparents' but was always ill. A test showed that she was HIV-positive. She quickly improved thanks to the medicines.

Sindi started going to school at 7 years old. The school requested her birth certificate, but her grandmother didn't have one. The Induna (traditional chief) went with the grandmother to the school administrator to ask him to let Sindi into school. She was given permission, but the matter of documents became an annual challenge: Sindi was sent home every year because she couldn't present them. Every year, she felt embarrassed and humiliated since the other children teased her because of this. When Sindi was accepted in the Children for Change project in 2014, she was going

to school, but still didn't have a certificate. This took an emotional toll on her.

In 2018, Sindi stopped taking her medicines. She felt like that it was all for nothing and she didn't belong anywhere since she didn't have identity documents like other children. Because of this, she wouldn't even take her final exams and be able to care for herself.

The project's social worker stepped in. She went to the authorities to find out what could be done to help Sindi. They needed the mother's death certificate and Sindi's vaccination card. The social worker requested the mother's documents from the morgue. Then the authorities requested a DNA test that linked Sindi to one of her parents so that a birth certificate could be issued. Her father, who was still alive, was unemployed and had no money to pay

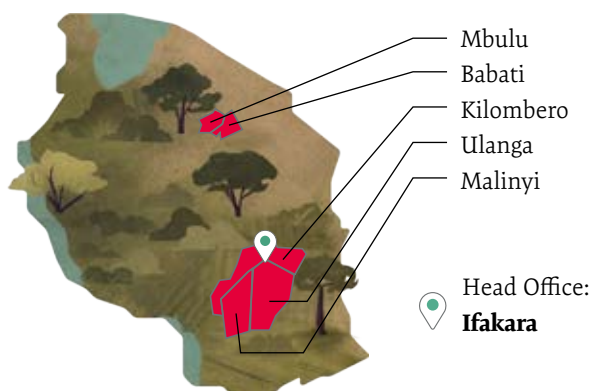
for the DNA test. The test which provided the necessary proof of family relation was funded by the project.

After an interview and an application process, which was assisted by the social worker, Sindi finally received her birth certificate in December 2020. She shed tears when she received it and said she now felt like a full-fledged member of society. She is highly motivated and now preparing for her final exams and takes her medicines daily, since now everything has a purpose again. ■

* Name was changed

Tanzania

Tanzania is characterised by huge inequalities despite being classified since 2020 as a middle-income country. The year saw an extraordinary rainy season and peaceful national elections. The impact of the COVID-19 pandemic on the population is unclear since there are no verified data from the government.



56,483 births in health care facilities within the programme area – that is an increase of 3,400 compared with the previous year.

Training for **476** health care professionals and community health workers.

436 newborns benefitted from the services of the Kangaroo Mother Care ward.

Here’s how SolidarMed made a difference in Tanzania

Healthy newborns in Malinyi

Project term 2018 – 2021
Region Malinyi District
Target group Mothers and newborns.
Objective Improving health care and survival of newborns and (often teenage) pregnant women.
Main activities

- ▶ Knowledge transfer about sexual and reproductive as well as maternal and neonatal health through education and awareness-raising campaigns in remote villages and schools
- ▶ Training of peers, groups of mothers, community health workers, art groups, sporting events
- ▶ Improving health care quality and access to health care services through mobile clinics. Provision of services specifically for adolescents and newborns closer to their homes

Women, newborns and adolescents

Project term 2018 – 2021
Region Ulanga District
Target group Pregnant women, newborns and adolescents.
Objective Improving the health of pregnant women, newborns and adolescents.
Main activities

- ▶ Enhancing the infrastructure of health care facilities (renovation of an obstetrics ward in a health centre)
- ▶ Continuing education, supervision and provision of basic medical equipment
- ▶ Awareness-raising measures at schools and in communities to draw attention to health services
- ▶ Home visits by health workers

Rehabilitation of hydroelectric power plant

Project term 2020 – 2021
Region Kilombero District
Target group Mbingu Centre, led by the Franciscan Sisters of Charity with a health centre for 20,556 inhabitants, an orphanage with 70 orphans, a kindergarten and a girls’ secondary school (440 schoolchildren).
Objective Ensuring the supply of electric power for vital health care services for the people in the catchment area.
Main activities

- ▶ Rehabilitation of the hydroelectric power plant by laying a weather-resistant steel pipe
- ▶ Training of a technical team
- ▶ Supervision and follow-up



▲ Registered nurse Habiba Nyagongo at the Kangaroo Mother Care unit takes care of a preterm infant. rl

Spotlight Kangaroo Mother Care

The Kangaroo Mother Care (KMC) project in Malinyi District was launched in 2018. The aim of the project is to save the lives of as many premature infants as possible. 48% of deaths in children under 5 years in this area happen after premature births. Specific services for premature infants and low birthweight babies began in July 2019, after the construction of the KMC ward

at Lugala Hospital. SolidarMed provided the equipment for this simple intensive care unit and facilitated training of the clinical personnel and awareness-raising in the communities. The demand for these services is so great that the unit already had to be expanded in 2020. In 2019, 195 newborns benefited from these vital services; by 2020 this figure had already risen to 436. The

neonatal mortality rate dropped from 24% in 2019 to 14% in 2020. These successes were shared with the authorities all the way to the national level, and a scale-up of the concept is currently in the pipeline. ■



Benatus Sambili, Country Director

In 2020, the focus was on strengthening the four pillars of the programme. Better infrastructure and provision of medical equipment and supplies were implemented to ensure access to medical care. In addition, we implemented health programmes which benefit hard-to-reach areas, thus creating more equitable conditions for the egregiously impoverished population. Furthermore, we strengthened already existing community groups and health workers through training and community-based outreach interventions. Another focus was assisting health workers to complete their studies and motivate

them to return to rural areas to apply their knowledge. Constant monitoring and dialogue with various stakeholders are needed to realign our existing projects with national and global contexts. We were able to achieve 90% of the original plan for the year despite the COVID-19-pandemic and floods which cut us off from some project areas for as long as four months.

Kenya

In Kenya, there are around 110,000 HIV-positive children and 660,000 AIDS orphans. In the region of Butere, in the west of the country, around 15% of the population are infected with HIV. In the Nafasi project, SolidarMed holistically supported 142 HIV-positive children and their families.



Butere,
Kakamega County

92% of the closely monitored HIV-positive children had undetectable viral loads in 2020.

127 children attended school.

948 home visits by social workers.



Nafasi – Help in Butere

Project running since 2015

Region Butere, Kakamega County

Target group 142 HIV-positive and poverty-stricken children and adolescents and their family members (780 beneficiaries in total).

Objective Improving physical and mental health for the poorest HIV-infected children and adolescents and their caregivers. Access to (vocational) training for HIV-infected and poverty-stricken children and adolescents.

Main activities

- ▶ Medical and psychological support and guidance of HIV-positive children and adolescents through home visits, monthly club meetings, adherence counselling
- ▶ Access to education through partial funding of tuition fees for schoolchildren and adolescents in vocational training and additional instruction during the long school holidays (this was severely restricted due to COVID-19 in 2020)

Spotlight Youth camp

At the end of December, 54 HIV-positive adolescents met for a three-day, COVID-19 restriction-compliant camp on a school campus. In various workshops, they avidly learned and discussed together with experts about topics like sexual rights and health, gender-specific violence, alcohol and drugs, handling stigma and coming-out about their HIV status, challenges posed by taking their medicines daily, partnership and teenage pregnancies. Common meals, football matches, a film screening and their own talent show were all part of the varied programme. Over this three-day period, the campers formed new friendships, exchanged experiences, learned a lot and offered one another mutual encouragement. The participants were thrilled and for many, little things like a “real” shower, or their



Nafasi

own toothbrush were a highlight. Gatherings like these are vital for young people’s physical and mental health and provide them long-term support on their paths. ■

India

In Hyderabad, SolidarMed gives HIV-infected and poverty-stricken children and adolescents the possibility to receive an education and vocational training and access to medical care. In 2020, the COVID-19 pandemic spurred on the digitalisation of vocational training courses.

Awareness-raising campaigns about HIV/AIDS, sexual health and human trafficking were run for adolescents and adults.

763

133 vocational training courses for adolescents with HIV were funded by our project.

During the lockdown, 1,483 food packages ensured survival for 700 families from the very poorest backgrounds.



Hyderabad/Secunderabad, Telangana State



ASHA Window of Hope

Project running since 2017

Region Telangana State, India

Target group 400 HIV/AIDS and poverty-stricken children and adolescents and 257 parents.

Objective Making a life with dignity possible for children and adolescents from HIV and poverty-stricken families in Hyderabad.

Main activities

- ▶ Holistic support for HIV/AIDS-suffering children and their parents
- ▶ Promotion of school education by operating tutoring centres and funding tuition.
- ▶ Offering vocational training courses and workforce integration of adolescents.

Spotlight Living with HIV

Ashwini was a good student and dreamed of getting a university degree to be able to give her family a life without poverty. When she completed the mandatory schooling period with the 10th form, both of her parents got sick. Diagnosis: AIDS. Ashwini's dream went up in smoke because the disease prevented her father and mother from working. She felt obliged to end her school career and started working as a day labourer on farms and in construction to feed herself and her parents. At the same time, she was pressured by pimps into the same fate as her mother, who had already been forced into sex work. At that time, luckily Ashwini came across our partner, John Foundation's field team. The John Foundation runs HIV/AIDS and human trafficking prevention campaigns. Thanks to the team's

tireless dedication, Ashwini was wrested from the grasp of the pimps. She lived for nine months in the SolidarMed-supported home for adolescents and trained to be a hairdresser/cosmetician. She received a guaranteed job offer while she was still in training and now has a fair and regular income which allows her to stand on her own two feet and support her sick parents. "I was living a life without hope, but ASHA Window of Hope gave me back a life full of hope", she said at her graduation ceremony. Armed with this hope and her clear focus, Ashwini can still go far - perhaps even to a university degree ... ■

Our vision

We are committed to a world where all people have equitable access to good and affordable health care.

Values

Solidarity

Our commitment is founded on solidarity and partnership. The name SolidarMed bears witness to this.

Social equity

We are committed to ensuring that all people can exercise their right to physical and mental health without discrimination, regardless of age, circumstance, gender, religion, place of residence or income.

Self-determined development

Health enables people to lead self-determined lives and realise their potential. We respect and promote the right to self-determined individual and social development.

Integrity

Professional competence, experience, trust and credibility form the basis and the capital of our work. SolidarMed behaves fairly, transparently and respectfully towards its employees, donors, partners and the local population.

Sustainability

We stand for reliable, binding and value-preserving development which balances social, ecological and economic concerns.

Bodies

Annual general assembly

The annual general meeting is the highest association body. It meets once a year. Its duties principally include enacting the articles of the Association, approving the annual report, the annual financial statement and the audit report and electing and dismissing the members of the Board and the President and Auditor.

The Board of Directors

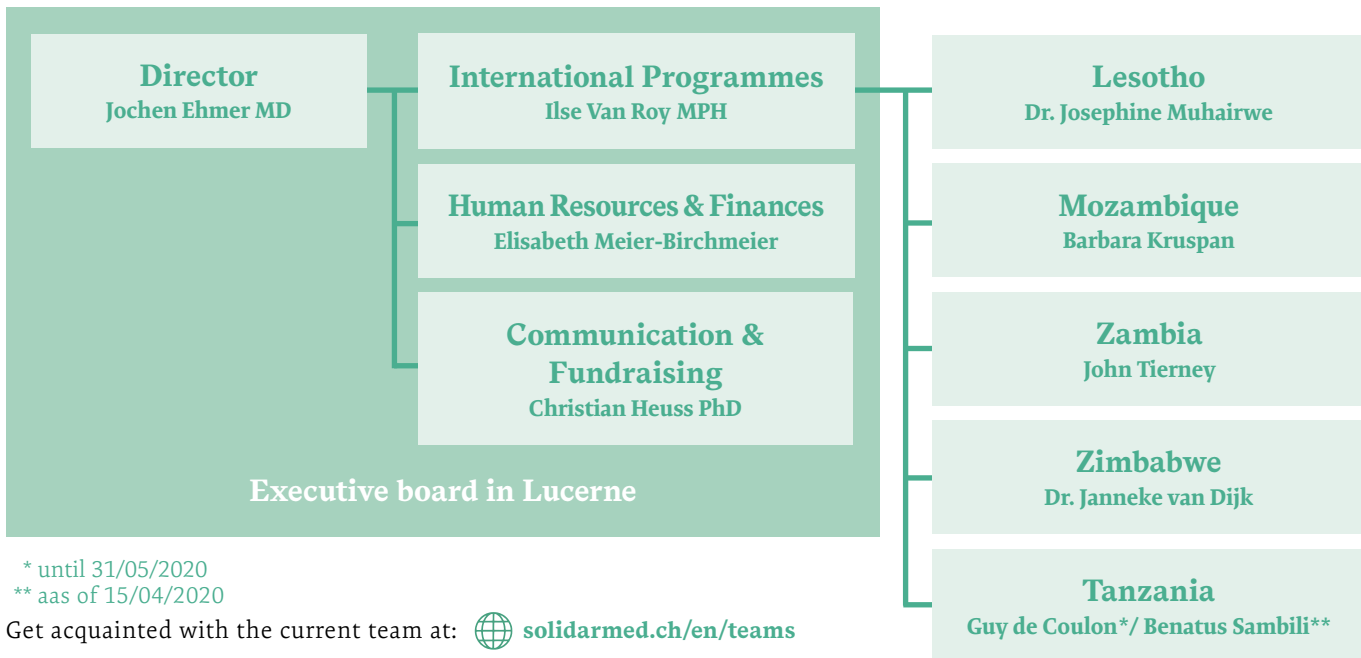
The Board of Directors represents the highest executive body and as such reports to the annual general meeting. The Board of Directors is responsible for electing the managing director, supervising the administrative office and approving the agenda, financial plan and annual budget

Head office

The administrative office carries out all of SolidarMed's activities in Switzerland and abroad according to the resolutions and guidelines of the annual general meeting and the Board of Directors. In particular, the administrative office is in charge of the planning and execution of SolidarMed's projects, programmes and activities, hiring the personnel in charge of the former, preparing the annual budget, fundraising and maintaining membership records and collecting membership dues. The programmes are implemented locally by the country offices together with our partners.

The number of employees at the administrative office in Lucerne as of year-end 2020 was 14.9 full-time positions (previous year: 13.3).

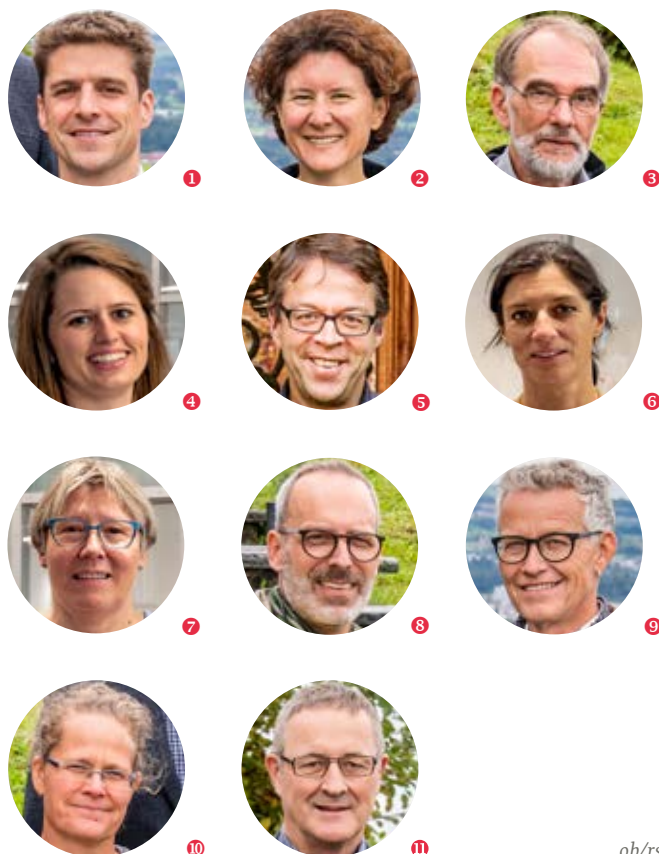
SolidarMed Association
Prof. Dr. Niklaus Labhardt, President



Members of the Board of Directors in 2020

- ▶ **President:** Niklaus Labhardt ①, Basel, Prof. Dr. med., professor and research group leader of Swiss TPH, senior physician in the department of infectious diseases & hospital epidemiology at the University Hospital Basel, since 2016; affiliations: Staff member, Swiss TPH
- ▶ **Vice-President:** Ruth Ospelt-Niepelt ②, Vaduz, economist, since 2013
- ▶ Markus Frei ③, Lucerne, Dr. med., specialist for tropical and general medicine FMH; since 2016
- ▶ Laura Frick ④, economist, since 2020
- ▶ Guido Keel ⑤, Winterthur, Prof. Dr., institute director, IAM Institute for Applied Media Science ZHAW, since 2016
- ▶ Bettina Maeschli ⑥, Zurich, Director Swiss Hepatitis, since 2020
- ▶ Bernadette Peterhans ⑦, Binningen, MPH, department head post-graduate courses and studies Swiss TPH, since 2020; affiliations: Staff member of the Swiss TPH
- ▶ Robert van der Ploeg ⑧, Dürnten, Dr. med. FMH for general internal medicine and tropical and travel medicine, since 2016
- ▶ Gregor Stadler ⑨, Uerikon, Dr. med. FMH specialist for general internal medicine, since 2013
- ▶ Maria Thiess ⑩, Lucerne, biologist, since 2009
- ▶ Hansjörg Widmer ⑪, Baar, economist, since 2013

The members of the Board of Directors performed over 900 hours of volunteer work in 2020.



According to the ZEW0 requirements and §29 of the NPO code, affiliations representing potential conflicts of interests relevant to SolidarMed's activities are listed.

ob/rs

We are SolidarMed



▲ Lesotho team *sm*



▲ Mozambique team *sm*



▲ Zambia team *sm*



▲ Switzerland team *ob*



▲ Zimbabwe team *sm*



▲ Tanzania team *sm*

Effectiveness and efficiency

“What percentage of each franc I donate actually benefits the people in Africa directly?” We're often asked this justified question. The short answer: In 2020, the figure was over 83%. A comparatively high figure. But perhaps even more decisive than the question of efficiency is the question of the effectiveness of our programmes. Only if we consider both aspects can we assess the overall impact of an organisation.

SolidarMed develops projects through a systematic planning process in conjunction with our partners in the South and based on the specific local needs. After a thorough situational and problem analysis, we prepare an impact model: With which measures can we effectively and efficiently reach a health objective? Based on this impact hypothesis, we plan the programmes and their objectives. The results we achieve are measured using a standardised monitoring and evaluation system at both the quanti-

tative and qualitative levels. This allows us to assess the effectiveness of our programmes and continuously improve them. Together with our local teams, we scientifically process our experience and inform the hospitals and authorities. Often, solutions validated by SolidarMed are integrated in national policy guidelines with a benefit for the entire country and the population at large.

SolidarMed also actively trains its employees and partner organisations in topics such as child protection, gender equality, protection from sexual harassment or prevention of corruption to guarantee the highest standards in effectiveness and integrity. Binding rules for partners, employees and contract partners formalize our “zero tolerance policy” in these areas. SolidarMed has also established independent complaint platforms and an internal control body to quickly identify indications of misconduct.

Professional management in the South and Lucerne, good organisation governance and honest and direct communication with sponsors and donors are needed so that we can make every franc you donate count as much as possible. SolidarMed's low administrative costs are a major incentive for us. For our sponsors and donors, they may serve as confirmation that SolidarMed handles the funds entrusted to it carefully and effectively. Thank you very much for your trust and support. For a future that will make a difference. ■

 solidarmed.ch/en/integrity


Sustainable development goals


SolidarMed's focus in 2020 was once again the third goal on the United Nations' agenda for sustainable development (SDG): good health and well-being. In addition, SolidarMed contributes to a total of 13 of the 17

goals. The projects contribute, for instance, to improving gender equality or quality education.



With the total of 17 sustainable development goals, the United Nations intend to tackle urgent ecological, political and economic challenges by the year 2030.

Read more about the topic of SolidarMed and SDG:  solidarmed.ch/en/sdg

A woman with short dark hair, wearing a light green t-shirt, is holding a young child. The child is wearing a striped shirt and a colorful patterned wrap. They are standing in front of a blue mosquito net. The background shows a simple room with a metal bed frame.

▼ In Namuno, Mozambique, mal- and undernourishment are a huge health issue. That's also why Angélica went with her son Lucas to the health care centre where they received help. 75

“Out of every 100 francs, 83.20 went right into our programmes. The cost of fundraising remained low at 13.2 percent and the cost of administration was only 3.6 percent.”

Elisabeth Meier, Head of Human Resources & Finances

Again more resources for projects

Despite a rough year, primarily characterised by the COVID-19 pandemic, we still managed to further intensify our project activities in the South. This enabled SolidarMed to reach a very large number of people in the project areas during this trying time.



Elisabeth Meier-Birchmeier
Head of Human Resources & Finances

Thanks to the trust of existing and new financing partners, along with the support of many private patrons, even during this very hard year, we managed to increase our purpose-specific income to CHF 12.2 million and carry out project activities in the South totalling CHF 9.5 million. Public sector funding (Swiss Agency for Development and Cooperation SDC and the Liechtenstein Development Service LED) increased by CHF 660,000.

As of 1 January 2020, the Zewo-certified Aids & Child Foundation has transferred its projects, project responsibilities and their assets to SolidarMed. These resources will now be used by SolidarMed to carry on and develop their projects in the spirit of the Aids & Child Foundation goals. It includes assets of CHF 4.0 million, short-

term liabilities of CHF 0.1 million along with organisational capital of CHF 3.9 million. Therefore, no direct comparison between 2020 figures and previous year's figures is possible.

In 2020, around CHF 383,000 purpose-specific donations were made for subsequent years which were set aside in the purpose-specific fund capital for future use.

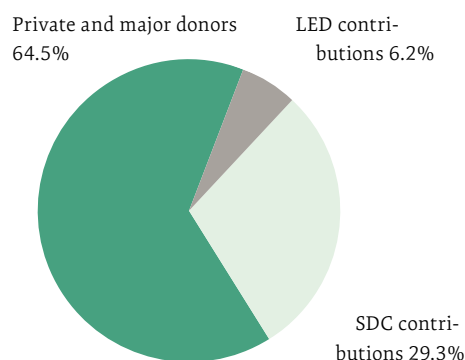
Following a major market slump in the spring, the stock market recovered, generating a profit of CHF 84,000. Of this, CHF 56,645 were allocated to the currency fluctuation fund. This allows us to cover any losses on securities amidst a poor market year.

Even in the challenging COVID-19 year of 2020, SolidarMed kept its work efficient and lean: The cost of fundraising remained low at 13.2 percent and the cost of administration was only 3.6 percent. Out of every CHF 100.00, CHF 83.20 went straight to programmes in the South and North. ■

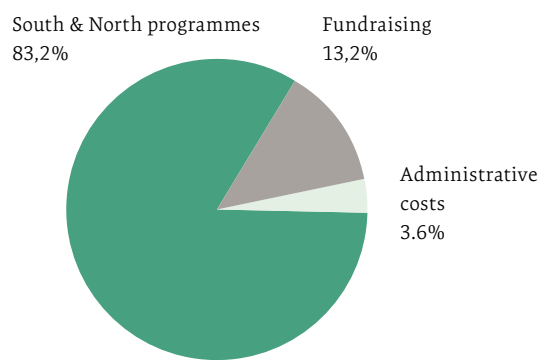
Note: The annual financial statement including the auditor's report and annexes can be found at solidarmed.ch



Origin of funds 2020



Use of funds 2020



Balance sheet as of 31.12.20

	2020		2019	
	CHF	%	CHF	%
Assets				
Current assets				
Cash and cash equivalents	7,730,676		4,144,745	
Assets held for trading at quoted market price	3,669,440		3,095,153	
Other short-term receivables	380,371		200,308	
Accounts receivables from projects (Project advances)	36,045		109,851	
Prepaid expenses	29,301		18,501	
	11,845,833	99.9	7,568,558	99.8
Fixed assets				
Plant and equipment	13,102		15,101	
Other investments	1		1	
	13,103	0.1	15,102	0.2
Total assets	11,858,936	100	7,583,660	100
Liabilities				
Short-term liabilities				
Liabilities from sales and services	98,740		239,598	
Accrued expenses	274,438		208,414	
	373,178	3.1	448,012	5.9
Long-term liabilities				
Provisions	162,842		175,642	
	162,842	1.4	175,642	2.3
Funds reserved for projects				
SDC mandates/project contributions	2,649		-30,000	
LED projects	641,015		785,422	
SolidarMed projects	1,394,092		891,088	
	2,037,756	17.2	1,646,510	21.7

	2020		2019	
	CHF	%	CHF	%
Organisational capital				
Share capital				
Paid-in capital and reserves	881,633		881,633	
Fixed capital				
Currency fluctuation fund	454,645		400,000	
Fund 3 (restricted funds): Aids & Child	3,676,477		0	
Free capital				
Fund 1 - unrestricted funds	2,968,704		2,695,241	
Fund 2 - unrestricted funds	1,303,701		1,336,622	
	9,285,160	78.3	5,313,496	70.1
Total liabilities	11,858,936	100	7,583,660	100

Income statement as of 1.1. – 31.12.20

Income				
Donations, legacies, membership fees	1,579,331	12.9	1,973,340	18.8
Purpose specific income				
SolidarMed projects	6,294,995		4,851,262	
	6,294,995	51.6	4,851,262	46.2
Public sector contributions				
SDC programme contribution	2,730,000		2,730,000	
SDC mandates/project contributions	840,617		120,000	
LED Zambia	764,150		823,715	
	4,334,767	35.5	3,673,715	35.0
Other income	1,301	0.0	367	0.0
Total income	12,210,394	100	10,498,684	100

Income statement

	2020		2019	
	CHF	%	CHF	%
Expenses				
South Programme				
Personnel expenses project management - Switzerland	-938,313		-802,610	
Project visits	-9,328		-54,832	
Share of office costs and depreciation	-57,839		-37,264	
SolidarMed projects	-7,033,882		-6,886,779	
SDC mandates/project contributions	-723,304		-150,000	
LED Zambia projects	-796,979		-600,323	
	-9,559,645	80.4	-8,531,807	80.0
North Programme				
Personnel expenses	-238,525		-208,801	
Public relations	-67,541		-241,083	
Share of office costs (incl. IT) and depreciation	-29,893		-26,825	
	-335,959	2.8	-476,709	4.5
Fundraising				
Personnel expenses	-564,678		-485,713	
Fundraising	-679,081		-508,579	
General material costs (including share of office costs/IT/depreciation)	-321,745		-254,336	
	-1,565,505	13.2	-1,248,628	11.7
Administrative expenses				
Personnel expenses	-317,285		-309,097	
Association work	-9,332		-4,786	
Office and administration expenses	-47,269		-51,371	
Travel and representation expenses	-4,033		-8,120	
Memberships	-9,837		-6,415	
Share of office costs (incl. IT) depreciation	-35,615		-32,344	
	-423,371	3.6	-412,134	3.9
Total operating expenses	-11,884,479	100	-10,669,278	100

	2020	2019
	CHF	CHF
Operating result	325,915	-170,595
Financial income		
Income from interest and securities	185,325	365,004
Expenses for interest and securities	-101,305	-30,971
	84,020	334,033
Extraordinary income		
Extraordinary income	32,310	0
Result before changes to project funds	442,244	163,438
Statement of changes to restricted project funds	-383,768	-205,593
Annual result (before changes to organisational capital)	58,476	-42,155
Withdrawal from organisational capital	335,818	397,745
Allocation to paid-up and acquired capital	0	0
Allocation to fund 1 - unrestricted funds	-339,648	-85,590
Allocation to currency fluctuation fund	-54,645	-270,000
Total allocations / appropriations	-58,476	42,155
Result after allocation to organisational capital	0	0

Thank you for your support!

“Thinking with your heart is the right way for everyone”, Albert Schweitzer once said. The countless private individuals and institutions who in 2020 worked with us for the needs in rural Africa and India were acting in the spirit of this motto. Many thanks! Unfortunately, we don’t have enough room to mention all our donors by name, which is why we only listed institutions with an annual donation of 1,000 francs or more. But our thanks nonetheless go out to everyone we could not mention or who did not wish to be named. Because every donation makes a difference.



Lisbeth Pembele
Project partnerships



Lucy Kormann
Project partnerships



Andrea Schneeberger
Donor Management

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Annual membership fee for individuals: CHF 50.00; Families and institutions: CHF 80.00

Your membership fee includes the annual print subscription (4 issues) to the “SolidarMed Focus” magazine and the annual report.

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SolidarMed

SolidarMed is a politically independent and non-denominational association which is supported by members and patrons. The annual general meeting is the highest association body and meets once a year. It elects the members of the board and determines the articles of association. The board of directors, as the highest management body, is responsible for the strategy and approves the annual budget. The administrative office is in charge, along with the country offices, for the planning and implementation of the programmes.

Legal bases

Name: SolidarMed – Swiss Organisation for Health in Africa

Legal form: Association

Articles of Association: Approved by SolidarMed’s ordinary annual general assembly dated 16 May 2009 in Lucerne.

In keeping with the core philosophy and values stated in the mission statement, SolidarMed promotes primary medical care in Southern countries and sensitises the public to topics concerned with international health and solidarity.

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◀ The picture on the front page shows the 16-year old Mariam Musa Majiji with her baby. The image was captured by photographer Roshni Lodhia (picture on the left) at the Kangaroo Mother Care Unit in Lugala, Tanzania. *rl*



MWALEMI

ASANTE
SANA!

HAMUKHESA

Kanimambo

TWALUMBA
KAPATI

KEA LEBOHA

ENKOSI
KAKHULU

LUTUMEZI
HAULU

DANKE

Asante

OBRIGADO

AJANTE

THANK YOU

TWATOTA
MWANE

Mazvita

KEA LEBOHA

"Inkomu"

ASANTE

MERCI!

TATENDA

KEA
LEBOHA

NOXUKURU

ORIO NNODI

Danke schön
&
Bitte sehr

TWATASHA
MUKWAYI

TAONGA
CHOMENE

Vielen
Dank!

Wasalipa

WASALIPA

EROKAMANO