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On the cover



Viness Kalengule is a physiotherapist at the rural Nyangwena Health Centre in Zambia. *gb*

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SolidarMed improves healthcare for more than 2.5 million people in rural Africa and in Hyderabad, India. We systematically improve medical services and enhance local expertise through basic and further training. Our projects are developed in close collaboration with local partners, and supported by our health experts on the ground. As a non-profit organisation with the ZEWo seal, SolidarMed conducts true and fair financial reporting, provides transparent information and has appropriate controls in place.

SolidarMed is supported by the Swiss Agency for Development and Cooperation SDC, which is part of the Federal Department of Foreign Affairs FDFA.



A serious skills shortage in the medical sector



Bernadette Peterhans
SolidarMed Vice President

The global skills shortage in the medical sector has long put pressure on healthcare provision. The exodus of healthcare professionals and the Covid-19 pandemic have made the situation even worse in recent years. According to the World Health Organization (WHO), there are an average of 36.6 doctors and 83 nurses and midwives per 10,000 population in Europe. In Africa, the situation is much more precarious, with 2.9 doctors and 12.9 nurses and midwives per 10,000 population. And there does not appear to be any improvement in sight as WHO predicts a global shortfall of 10 million healthcare professionals by 2030 – particularly in resource-poor countries.

Basic primary healthcare is the motor to improve global health. But it requires qualified health workers to deliver it, particularly in rural areas. Even Switzerland, with one of the best health systems in the world, is increasingly reporting skills shortages in healthcare, albeit not as dramatic as those in places like Zambia.

During my many years in basic and postgraduate training at the Swiss Tropical and Public Health Institute in Basel and in my role as an expert in developing functioning healthcare in various countries, I have seen time and again that nothing works without qualified local staff. While there is plenty of interest in basic and postgraduate training among local staff, the funding and training places are often lacking. Meanwhile, infrastructure projects, such as the construction of hospitals,

are usually easier to finance and quicker to implement, but need years until they are up and running effectively. Decision-makers therefore need a better understanding of the crucial role that staff training plays, that it requires financial resources and that basic and postgraduate training must be integrated and recognised in the national health system. This is the only way to build a system of joined-up healthcare.

In resource-poor countries – as is also the case in Switzerland – recruiting staff to work in rural areas is particularly difficult. One way of countering this problem is to offer basic and postgraduate training locally, in other words not only in big cities but also in rural areas. SolidarMed has been working for a number of years to promote these kinds of basic and postgraduate training opportunities in rural areas and is therefore making a valuable contribution to countering the skills shortage and to sustainably strengthening health systems. Read more on page 4 about our projects in Zambia to address the skills shortage in the health sector.

Thank you very much for your support, which allows us to help build sustainable health systems. ■



▲ At St. Luke's Hospital in Mpanshya, prospective nurses receive a practical lesson using a mannequin. *ch*

Holistic strengthening of Zambia's health system

SolidarMed has been supporting the health system in Zambia since 2009. In close collaboration with the Ministry of Health, SolidarMed is improving the training of nurses and clinicians and building housing to make working in rural areas more appealing.

Zambia It is a special day for the SolidarMed team in Zambia. Sylvia Masebo, Zambia's health minister, gets out of the car in front of the brand new training centre in Kafue and enthusiastically shakes hands with SolidarMed Country Director, John Tierney. In the background, the nurses' choir sings and dances a song of welcome.

"We are incredibly proud and delighted to be opening Zambia's first multidisciplinary training centre," says John Tierney as he welcomes her. Health minister Sylvia Masebo cuts the red ribbon and officially hands the building over to the district hospital and nursing college in Kafue for the training of students and clinicians.



Zambia

Population:	19.5 million
Doctors per 10,000 population:	1,2*
Nurses/midwives per 10,000 population:	10,2*

*Switzerland: 43.8 and 182.6 respectively

Project Manager Petros Andreadis has been working with a team of trainers at Kafue District Hospital and specialists from SolidarMed for over a year to plan and build the new centre. The result is a 200m² hall with more than 20 different practice stations that replicate clinical situations in midwifery, paediatrics, emergency medicine, nursing and surgery. This is where the professionals from different areas of healthcare can practise working together in an interdisciplinary way. “Delivering healthcare at a patient’s bedside is like a team sport,” says Andreadis. “Practised collaboration between the various healthcare professions improves quality of care for patients.”

Medicine is teamwork

Just after the official opening, 22-year-old Queen Musonda is practising stitching up a gaping wound with a look of deep concentration on her face. She is training to become a ‘medical licentiate’ at Levy Mwanawasa Medical University in Lusaka. Here in Kafue she is completing a clinical training module on the hospital’s paediatric ward. One stitch at a time, Queen Musonda uses a needle and thread to stitch up a cut on the mannequin’s arm which is about 4cm long. A nurse and fellow trainee assist the young student with the procedure. Besides precise stitching, this exercise is also about collaborative processes in the team and good communication between team members. A trainer is on hand to correct her and show how she and the team can improve.

“Before we perform procedures on real patients, we get to practise our skills on mannequins with the nurse or doctor. That gives us confidence and for the children on the paediatric ward, it ultimately means better quality of care,” says Queen Musonda.

A lack of healthcare workers

Zambia’s healthcare system faces huge challenges. It needs to transform

rapidly in order to cope with the growing patient numbers, says Country Director, John Tierney.

This multidisciplinary training centre in Kafue and three others that are planned for 2023 in Kabwe, Chipata and Solwezi illustrate the approach that SolidarMed has taken in Zambia for the last 15 years. In close collaboration with the ministries of health and education, and thanks to financial support from the Liechtenstein development service and the Hilti Foundation, SolidarMed has developed new training concepts to steadily increase the number of trainees and to continuously improve training quality for nurses and medical licentiates. The new training centres are designed to further train and promote cooperation between different healthcare professionals in clinical settings.

Zambia’s population is growing by about half a million people every year. The development of the health system is consistently trailing behind this rapid growth. Compared with WHO’s recommendations, over 30% of the health workers needed are lacking, and in rural areas this figure is much higher.

Strengthening healthcare professions in Zambia

SolidarMed is adopting novel approaches to the training of nurses at St. Luke’s School of Nursing in Mpanshya. Previously, student nurses could only gain clinical experience at the hospital that was directly affiliated with their training institution. Since the rollout

“We are delighted and incredibly proud to open the first multi-disciplinary training centre in Zambia.”

John Tierney,
SolidarMed Country Director, Zambia.

of a decentralised training model, trainees now rotate between different hospitals every few months.

This benefits students as it allows them to become familiar with more clinical cases. “Here in rural Chongwe Hospital, there are many patients with malaria,” explains clinical instructor, Alice Kalale. Meanwhile, in Kabwe District Hospital, there are many



▲ Health minister Sylvia Masebo opens the multidisciplinary health centre in Kafue. *ch*

A point of view



▲ Students at St. Luke's sit regular exams to assess their level of knowledge. *ch*

victims of road traffic accidents. “And at the hospital close to the river that marks the border with Mozambique in Katondwe, they sometimes even have to treat patients with bite wounds from river crocodiles,” she explains.

But the decentralised training model has not only increased the clinical breadth and quality of training. The number of graduates has grown considerably every year as several training categories can now be run in parallel.

can now also advise and support other nursing colleges. “The collaboration with SolidarMed has been a great success.”

Scaling up to all provinces

Three other nursing colleges have borrowed SolidarMed’s training model. Preparations are currently under way with the Ministry of Health to scale up this training model to all Zambia’s provinces. The idea is that the decentralised training model should be implemented in at least one nursing college in each province. “This will

“The training model that was devised in collaboration with SolidarMed has now become a model for other nursing colleges,” says Sister Valeria, principal tutor at St. Luke’s School of Nursing. Not only have they been flooded with applications, they

allow more and better trained nurses to work in Zambia’s health system,” says Beatrice Zulu, who is heading up this SolidarMed project. She herself was previously a head nurse and brings her expertise and network of contacts to the project.

Like living in the city

Anyone visiting Zambia today is bound to be struck by the stark differences between the modern, fast-growing capital Lusaka and the rural areas. In Lusaka you have modern infrastructure and housing, while elsewhere in the country people live in the most basic conditions in mud

“Providing healthcare at patients’ bedsides is like a team sport.”

Petros Andreadis,
SolidarMed project manager.

huts without electricity. Decent housing is therefore a big issue for health workers.

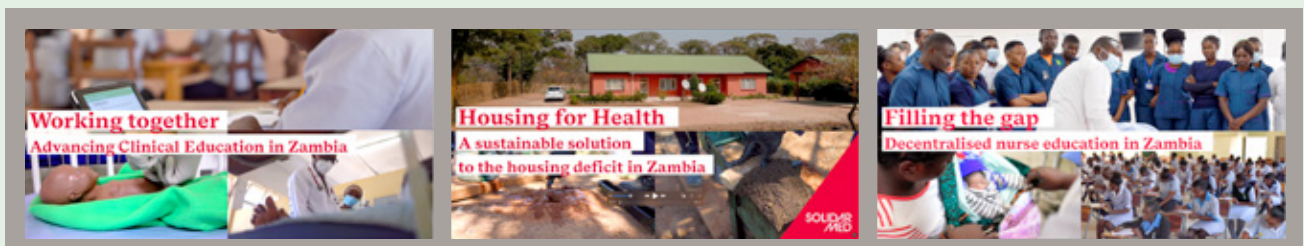
“For many healthcare professionals, living close to the hospital is more important than a good salary,” says Nzila Lubinda, housing project manager at SolidarMed.

Zambia project films

In the autumn of 2022, three short films were made about SolidarMed’s project focus areas in Zambia. They were realised by Lucius Müller on behalf of SolidarMed. The short reports provide an insight into the training of medical licentiates and nurses, and the provision of housing for health workers in Zambia. The films are in English with German subtitles.



 solidarmed.ch/en/project-films-zambia





▲ Two students learn how to handle a newborn baby at Kafue Hospital. *ch*

Decent housing with running water and electricity is therefore required to attract qualified workers to rural hospitals. “Without housing, we just can’t find people who want to work at rural hospitals for longer periods,” says Lubinda.

Over the last decade SolidarMed has therefore built flats, houses and hostels for staff and students at hospitals and healthcare institutions. The rental income covers the operation and maintenance of the properties. The 110 homes in total are to be transferred to an independent social enterprise next year.

“Our expertise allows us to take a holistic approach,” says Country

Director John Tierney, summarising SolidarMed’s work in Zambia. He explains that while SolidarMed is very

“The training model devised in collaboration with SolidarMed has now become a model for other nursing colleges.”

**Sister Valeria,
principal tutor at St. Luke’s
School of Nursing.**

well connected in Zambia, it also has strong higher education partners in the UK and Germany in the field of vocational medical training. This is how

the team has been able to make a real contribution to improving healthcare in the country. “This benefits Zambia’s fast-growing and often very poor population.” ■ *ch*

Alarming health data

Lesotho Diabetes and high blood pressure are placing a growing burden on healthcare in southern Africa. SolidarMed is therefore focusing on this issue in a collaboration with the University Hospital in Basel. The multi-year ComBaCaL project seeks to reduce the disease burden of non-communicable diseases in Lesotho. In an initial step, SolidarMed summarised the current situation with the Department of Clinical Epidemiology at the University of Basel to understand how widespread diabetes, being overweight, smoking

and high blood pressure really are in Lesotho's mountain population. The project covered over 6,000 people in the districts of Mokhotlong and Butha-Buthe. Such data has never been collected so systematically before. The results are alarming. High blood pressure and diabetes are leading to a largely ignored disease burden in the population. The quality of life and productivity of those affected are already severely limited. ■ pm

High blood pressure

In the study, 21 % of participants had high blood pressure. In women that figure was 27 %.



Diabetes

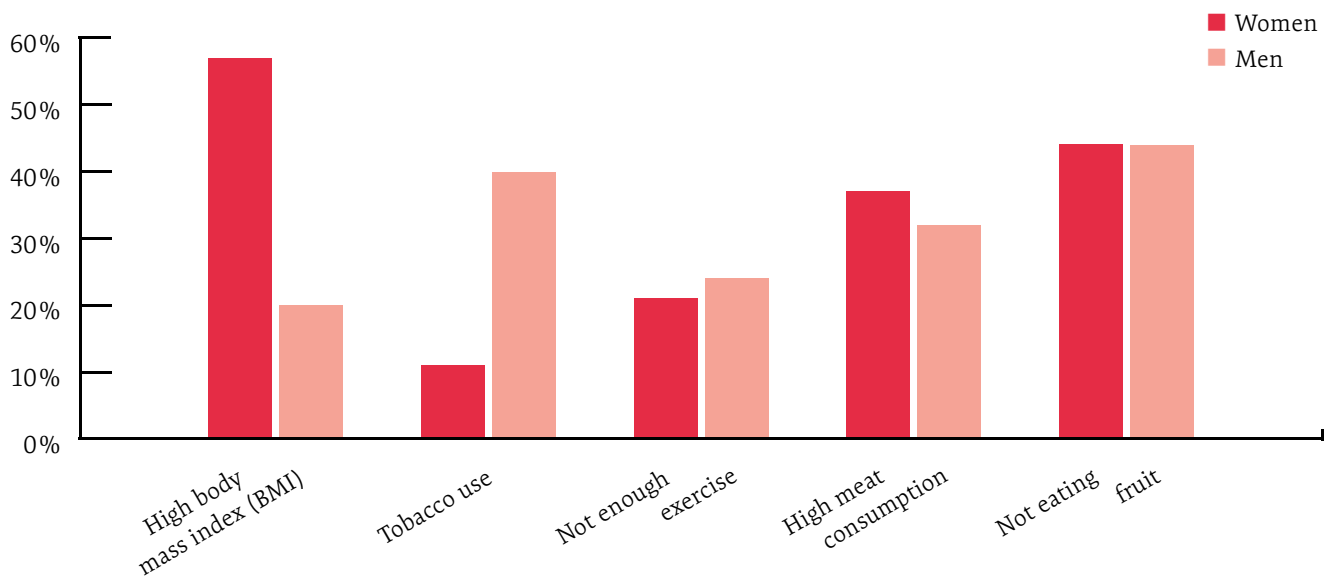
6.2 % of women and 2.8 % of men suffer from diabetes.



Reasons behind high blood pressure and diabetes

Overweight and obesity – key risk factors for cardiovascular diseases and diabetes – are widespread.

The study showed that a lack of exercise and unhealthy diet are common among women and men.



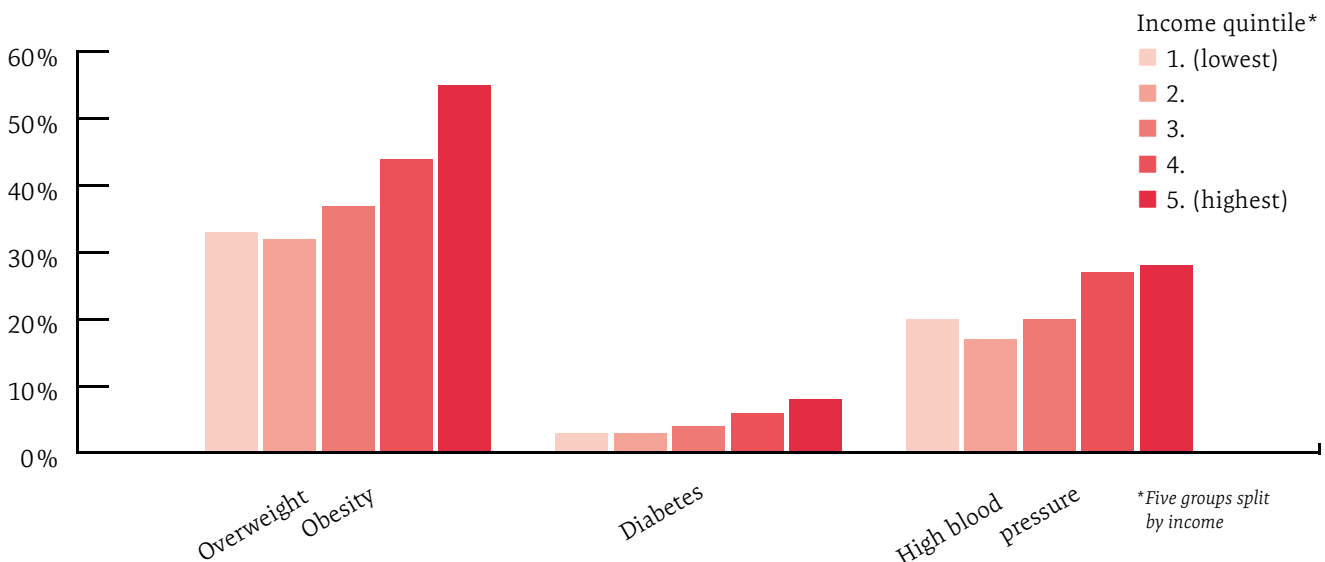
The high proportions of people who are overweight in such a poor country may seem paradoxical, particularly when up to 40 % of children in the very same communities show signs of chronic malnutrition. This is a phenomenon that is multifactorial and complex and is common in the region, whereby people who are still living in poverty but have an

income often have a very unhealthy lifestyle with a diet that contains a lot of calories for little money. Additionally, people's work and family situations leave them no time for sporting activities and exercise.

Income and disease

What we are seeing in Lesotho is a transition from the health problems associated with the traditional ‘diseases of poverty’ to a double disease burden, where we are now seeing ‘diseases of affluence’ occur alongside conditions such as HIV and tuberculosis. As the chart below shows, study participants from still poor but slightly better-off households have a higher risk of

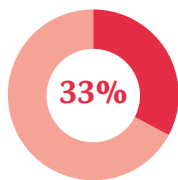
being overweight and suffering from high blood pressure or diabetes. In high-income countries this trend is reversed, with people from better-off households tending to have healthier lifestyles. Diabetes, obesity and high blood pressure are therefore more common in people with low-incomes in developed countries.



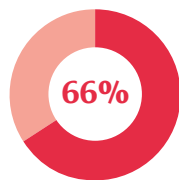
Consequences of high blood pressure and diabetes

The project is also looking at the potential complications of these diseases. The large number of participants with already apparent complications clearly shows the degree to which current healthcare provision is falling short.

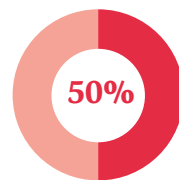
Participants with high blood pressure



Retinal damage

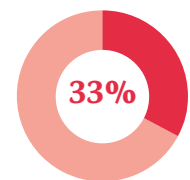


Signs of damage to the heart muscle



Kidney damage

Participants with diabetes



Nerve damage to the soles of the feet

Outlook

The results confirm the suspected high disease burden caused by high blood pressure and diabetes, which will continue to hold back Lesotho's social and economic development going forward. The average age of those affected by these two conditions is 56 – an age when people bear a great deal of responsibility within the family and in society.

The figures also confirm the importance of the ComBaCaL project to health and development in Lesotho. The newly-acquired knowledge is relevant to the whole country as it allows the Ministry of Health to better tailor its health projects to the needs of the population. Over the next three months, more than 100 community health workers in Butha-Buthe and Mokhotlong will be raising awareness in people's homes, carrying out tests and providing them with access to treatment where necessary.

Interview with Lucia Gonzáles

“Doing research is an obligation.”



▲ Lucia Gonzáles is a doctor with over 20 years' experience in international health and development. 75

Lucia Gonzáles works in SolidarMed’s Research and Development department. With her extensive experience as a clinician and researcher, she is involved in various projects. In this interview she tells us why as a doctor she feels that doing research is an obligation.

Lucia, why did you study medicine?

It’s a funny story. I’d never thought about being a doctor. I wanted to study a hard science such as astrophysics. But my mother was a paediatric nurse at a hospital and a senior doctor colleague of hers changed my mind. He said to me: “Do you want to see the world and be independent in your life? If so, then study medicine.” And in medicine I’ve found my dream.

Why have you always combined your policy and/or programme work with clinical work?

I’ve been very lucky as throughout my career I’ve always continued to have patient contact alongside other activities such as training doctors and nurses and supporting ministries and health authorities in implementing their strategies. Clinical work is like a way of life to me. I strongly believe that having

regular patient contact makes you a better doctor, researcher, decision-maker and project manager. After all, medicine is about people so human interaction is key.

You’ve lived in various countries in Africa and Asia. Why did you leave your home country, Spain?

I wanted to experience my profession from a global perspective as I like the

intercultural aspect and I'm interested in the different ways in which health-care is perceived. I've always worked in teams with at least ten different nationalities and belong to the 'global health generation'. I was also involved in one of the biggest global health movements ever: the fight against HIV.

What international experience has shaped you the most?

For a couple of years, I worked in conflict settings. Conflicts make global health even more complex. Participating in health programmes in Afghanistan or in the Kivu region of Congo, where people have been living under violent conflict for years, is a very different experience from in Europe. That reshaped the way I think about health.

What is your role at SolidarMed?

I started as a project manager for a Covid-19 research project in Lesotho (MistraL). SolidarMed now has an impressive portfolio of research activities, which are directly integrated in projects. Until the end of June, I'm supporting some of the country projects from a technical perspective, for example in the areas of non-communicable diseases, adolescent health and tuberculosis.

What motivates you to work in research?

To me, it's an obligation. Medicine has changed so much over the years. Seeing medicine only from the clinical perspective as a doctor in front of a patient is no longer enough. Nowadays, it's not just about improving the health of an individual, but so much more than that. Research completely changes your mindset by making you constantly ask the question: "Is this really good enough?"

How important is research in the field of public health development cooperation?

Very, because in this field we have to deploy financial resources as effectively as possible. And we have to make sure that we don't harm individuals or communities. Occasionally we

“Medicine is about people, so human interaction is key.”

Lucía Gonzáles,
research and development.

implement something that subsequently turns out to be a bad idea. For example, we wanted to prevent mothers transmitting HIV to their babies so we used to advise them to stop breastfeeding abruptly when the baby was six months old and switch to formula. We later learned that this increased infant mortality because women didn't have access to clean water to prepare the formula. We have to be very respectful and attentive to potential ethical issues and cultural dynamics, and proactively involve local researchers.

Is SolidarMed's connection to research unique?

SolidarMed is very relevant in many fields. Research is definitely one of them. The combination of health programmes, medical care, and knowledge generation is in my view highly unique – not many organisations deal with this complexity.

Can you tell us about a recent research finding?

For a project in Lesotho concerning non-communicable diseases, we carried out a baseline prevalence study to understand the frequency of certain conditions (see p. 8). I find it very interesting that the quantity and quality of care, for example for people with diabetes, is better than expected and better than in other comparable African countries. It showed us that the local healthcare workers are

already doing a great job. We have to think about how we can help them going forward.

What's next for you?

Maybe a role in the fight against Ebola as I've always wanted to play a part in tackling that disease. ■ pm

You can read the full interview on our website.



solidarmed.ch/en/luciagonzales



Lucía Gonzáles is a general practitioner. She is a technical advisor in SolidarMed's International Programmes department until the end of June and is currently completing a PhD at the University of Basel. She holds a Master's in Global Health Policy from the London School of Hygiene and Tropical Medicine, is a guest lecturer at the University Autónoma in Madrid, and assistant professor at the Global and Immigrant Health section at Baylor College of Medicine, Houston. She has more than 20 years of experience in international health and development and has worked in various countries in Europe, sub-Saharan Africa, Latin America, Central Asia and South-East Asia.

Opening of a youth centre in Mapholaneng

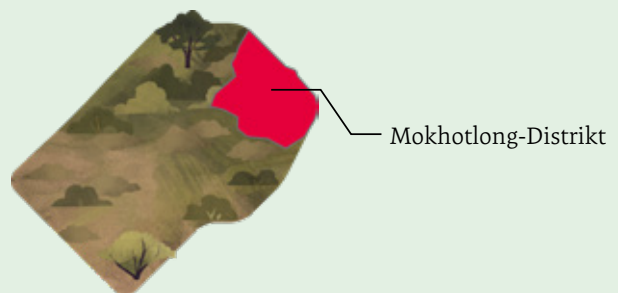
Lesotho SolidarMed built and opened a youth centre in the Mokhotlong district in 2020. The centre successfully provides sexual and reproductive health services for adolescents. The activities revolve around peer educators who support and advise other young people. A dedicated coordinator supervises this network, is in regular contact with the adolescents and holds monthly meetings.

Building on the success of the existing youth centre, SolidarMed and the Ministry of Health decided to build an additional one with financial support from the Canada Fund for Local Initiatives. This is because the construction of the PoliHali dam in the same district – a building project to improve water supply in South Africa – has had a significant impact on local youth. Particularly girls and young women living close to the dam are affected on multiple fronts: poverty forces them to drop out of school and marry before they reach high school, and some sell sex to the construction workers out of necessity. This may lead to teenage pregnancies and HIV. The additional youth centre is being built in the immediate vicinity of the dam and will therefore reach more than 1,000 adolescents. The centre coordinator and peer educators have already been selected and the centre inaugurated. It will be another comprehensive platform in the Mokhotlong district that will empower and educate young people and provide them with healthcare services. ■ *pm*



▲ Young people from the village of Tiping meet to pick a peer educator for their area. *sm*

Lesotho



A new pharmacy at Lugala Hospital



▲ The pharmacy is being built by members of the hospital's own workshop. *sm*

Tanzania As mentioned in last August's issue of Focus, SolidarMed reviewed the construction of a new pharmacy at Lugala Hospital in rural Malinyi to generate additional revenues for the hospital and make it more financially independent. The project was given the go-ahead and the pharmacy is currently being built. It is scheduled to open later this year. The range of medicines and cosmetic products is primarily aimed at wholesalers and retailers in the region and patients at surrounding public healthcare facilities. Meanwhile, outpatients and inpatients at Lugala Hospital can continue to obtain their medication from the existing non-profit pharmacy. ■ *bw*

Room for improvement in sexual health counselling

Tanzania A study that SolidarMed conducted in the Ulanga district shows that adolescents still face barriers when they seek information about sexual and reproductive health. SolidarMed sent youth volunteers to seven healthcare institutions to ask for free advice under false names on condom use, sexually-transmitted infections and family planning. The mystery clients then shared their experiences with the research group, which in turn analysed the findings.

It was encouraging to see that all six young men and women, who had previously been trained by SolidarMed, felt they were taken seriously nearly all the time and only experienced negative remarks very rarely. They did, however, describe some shortcomings in the type and quality of the counselling. Besides a lack of respect for the adolescents' privacy, incorrect and prejudiced information from healthcare professionals was particularly concerning. For example, some adolescents were categorically advised against using the pill or coil, without consideration of their individual situations. Others were even cut off from asking questions, as shown by the following quote from a male mystery client: "The healthcare assistant said he would have given me more information if my girlfriend had been there but without her he wouldn't explain any more as it didn't concern me." Brochures with further information were often lacking and the use of condoms was often only explained verbally rather than in a hands-on way using models.

SolidarMed is using these insights to systematically improve and develop sexual and reproductive health counselling

services for adolescents in Ulanga, in collaboration with the organisation Enfants du Monde. Because if we want to allow adolescents to exercise their right to sexual and reproductive health and prevent unplanned pregnancies and sexually transmitted infections, we need quality counselling services that are tailored to young people. ■ *bw*

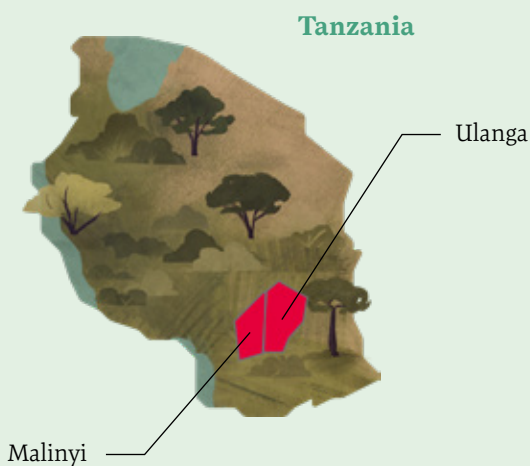
 solidarmed.ch/focus-on-adolescents



▲ Not all mystery clients received the brochures co-produced by SolidarMed. There is room for improvement here. *rl*



▲ SolidarMed is using the results of the study to develop counselling services on sexual health. Peer educators are a key part of this. *rl*



A snapshot

◀ Seventeen-year-old Kamohelo Letsoepa is one of the peer educators picked for her village in the Mokhotlong district, Lesotho. *mh*

“The first youth centre in Mokhotlong was a great success, with over 100 young people visiting every day. That just goes to show the scale and urgency of the need for adolescent-friendly health services.”

Pauline Grimm, Programme Manager Lesotho

Become a member today and have your say

Members are the foundation of SolidarMed. For just CHF 50 a year for an individual, not only can you help the association to continue making a difference but also have a say in its activities.

SolidarMed's Annual General Meeting is coming up on 25 May. This event always shows that members are the cornerstone of SolidarMed. Because while anyone can attend the Annual General Meeting, only members have voting rights. They therefore play a key role in shaping the association's future.

For example, members decide on the budget drawn up by the administrative office for the current year. They also decide whether they are happy with the work of the Board and can approve or reject additional terms. And finally, the members of the Board and administrative office are on hand at the AGM to answer questions from members.

What's special about SolidarMed's AGM is that it is not only attended by a few members of the team, as may be the case with larger associations. Usually the President Niklaus Labhardt and all six members of the Board attend, as well as all the members of the office in Lucerne. And around every two years, the country directors from SolidarMed's project countries also attend in person and represent the many members of staff in the country offices.

This allows members to discuss matters face to face. "It's really valuable to hear from members about the things they really care about," says Director Jochen Ehmer. "Some have close ties to healthcare or individual project countries. Others just want a fairer world. Both help strengthen our association in the long term." He would therefore recommend membership to everyone. ■ *bw*

Become a member today

Become a member of SolidarMed today and enjoy the following benefits:

- ▶ Voting rights at the Annual General Meeting.
- ▶ A copy of the Annual Report and all four issues of the Focus magazine.
- ▶ An invitation to all events.

Membership is open to individuals, families and institutions. The membership fee is affordable compared to other associations, at CHF 50 for individuals and CHF 80 for families and institutions.

By becoming a member, you can help SolidarMed keep making a difference and enabling people in rural Africa to enjoy decent basic primary healthcare. We appreciate your support.

Become a member today:

 solidarmed.ch/en/member



This year's **Annual General Meeting** will take place on Thursday 25 May at the Neubad in Lucerne. Everyone is cordially invited.

After the event, **Prof. Isabel Günther**, professor of development economics at NADEL (the Center for Development and Cooperation) at ETH Zurich will give a talk entitled '**Switching perspectives. Does your view of Africa tally with the facts?**'

To register and for more information:

 solidarmed.ch/generalversammlung2023

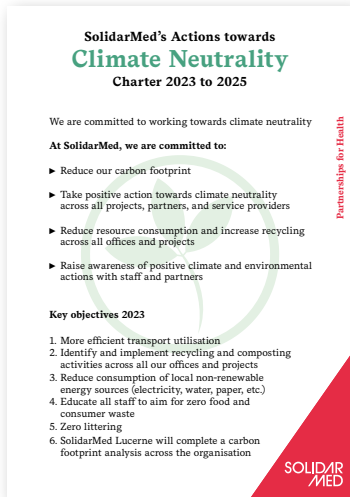


A commitment to measurable climate protection



SolidarMed has committed to make its operations climate neutral in the next few years. While the impact of climate change is clearly being felt in the programme countries in particular, there is very limited knowledge about the complex interdependencies at play. SolidarMed has therefore drawn up a Climate Charter which is the subject of intense discussion in programme countries. It includes training sessions and workshops designed to bring the content to life.

In 2023 the focus is on transport and logistics, recycling, and energy and resource consumption including food waste. The administrative office in Lucerne is also carrying out a broad-based analysis, which is externally supervised by myclimate, on the organisation's current carbon footprint. This will serve as a basis on which to define specific activities and targets for the year ahead so that SolidarMed can reduce its emissions in the long term. ■ pm





Take part in our webinar to find out more about our work in Zambia!

Join Patrick Thomas, SolidarMed programme manager, for a short virtual trip to **Zambia** on **15 June at 1 pm (CET)**.

He will give you a direct insight into our projects that seek to strengthen the health system in Zambia. You will also have the opportunity to discuss issues with him and ask questions. We'd be delighted if you could join us. Sign up now at (language German):

 solidarmed.ch/webinar-sambia



Your donation makes a difference



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