

Focus

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SolidarMed helps 14-year-old Sthembiso* and his family cope with their day-to-day lives in Soweto, South Africa. *mb*

**Name has been changed to protect identity.*

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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.



Suffering in silence with mental illness



Dr Narinder Bansal
Head of Project Development
for Mental Health and Wellbeing,
SolidarMed Zambia

In the field of mental health, there is a worrying therapeutic undersupply worldwide. In low-income regions such as eastern and southern Africa, it is estimated that only 10-20% of those affected receive treatment for mental health conditions. For depressive disorders, the most common form of mental illness, the figure is even lower. And even in Switzerland, only 30-50% of people who need mental health support receive adequate treatment.

In southern Africa, these shortcomings are partly due to chronic underfunding of the health system and the lack of mental health professionals. In addition, the focus is on treatment in psychiatric hospitals, where medication is often the only therapy available. Outpatient, low-threshold psychological care is neglected. The stigmatisation of mental illness also contributes to the fact that many people suffer in silence.

NGOs like SolidarMed work to close this gap in care, especially in low-income regions. It is important to work closely with local communities to ensure that all mental health interventions are culturally and socially acceptable and meaningful. This includes taking into account social, economic and political factors and their influences on mental health.

This approach is embodied by Sophiatown Community Psychological Services (SCPS), one of SolidarMed's partner organisations in Johannesburg, South Africa. The community-based

organisation is a great example of culturally and socially appropriate mental health support. You can find out more about it on page 4.

In Zambia, we are working with the local community to develop a sustainable mental health and wellbeing intervention. The aim of this project is to utilise existing community strengths to prevent mental illness and offer holistic, meaningful and non-stigmatising support for symptoms of common mental health conditions. We have also partnered with the University of Basel to deliver a unique vocational training-based intervention to address the high prevalence of alcohol and drug addiction among Zambian and Zimbabwean youth. ■



▲ 38-year-old Sarah Makwetu * (second left) with some of her family members in front of their modest home in Soweto. Thanks to support from SCPS – a local SolidarMed partner organisation – they can all laugh again. *mb*

Steps on the path to recovery

Life in the neglected neighbourhoods of Johannesburg is hard. Many residents are traumatised by violence or the loss of family members, and on top of that, unemployment is high and infrastructure is poor. Through mental health support from one of SolidarMed’s local partner organisations, those affected can process their experiences and take back control of their lives.

South Africa Staff at SolidarMed’s partner organisation SCPS are faced with difficult and sad stories on a daily basis: the young woman who grew up in an environment surrounded by AIDS and drug use who fell pregnant at 17, and who struggled to bring up her child; the 22-year-old from Zimbabwe who has HIV and is living permanently in an informal settlement in extreme poverty and without any prospects; or

the teenager who lost her mother and grandparents and shows signs of severe trauma.

They are all receiving mental health support from counsellors and community and social workers from the non-profit organisation SCPS (Sophiatown Community Psychological Services). SolidarMed’s partner organisation offers individual and group



South Africa	
Population:	60.1 million
Poverty headcount ratio*:	20.5%
Unemployment rate:	29.8%
Number of psychologists per 100,000 population:	15.3**

*Percentage of the population who live on USD 2.15 a day or less. **Switzerland: 56.3

therapy for some 700 children, adolescents and adults. The sessions are either held in one of the two offices in two different neighbourhoods of Johannesburg, or staff visit clients at home. People are encouraged to talk about their experiences and are helped to identify solutions and ways of dealing with their situations.

A safe space

For many people, the meetings are the only time in their day-to-day lives when they can focus on their own needs and express feelings such as grief and shame. Particularly for children who have lost their parents at a young age, it is a new and liberating experience, explains psychological counsellor, Tshepo Nyemba: “We often see that children aren’t used to talking about their feelings of loss. Instead, they start to exhibit behavioural problems, have major learning difficulties, drop out of school, or in the worst case, get into drugs.” But precisely for young people growing up in the toughest conditions, mental health support is particularly important. “Otherwise, they’ll turn into another generation of angry and desperate adults,” explains Johanna Kistner, psychologist and longstanding director of SCPS.

The individual and group therapy sessions enable people to deal with their own feelings, overcome obstacles, and increase self-confidence. The sessions also provide an opportunity to question role models. For example, adolescents and adults are encouraged to challenge problematic notions of masculinity, to end toxic relationships, and to break away from conservative family expectations. The SCPS also offers space for these issues as they too are steps towards recovery.

To gauge the effectiveness of the sessions in their clients, SCPS considers three criteria: “First, we look at people’s agency, in other words, how actively



▲ In group therapy sessions, young adults talk about difficulties in their personal lives and in their job searches and work together to find solutions. *mb*

that person can take back control of their life,” explains Johanna Kistner. This also includes obvious things like sticking to appointments and taking care of their appearance. “Second, we look at people’s ability to cope with stress in everyday life. And third, accepting support from family and

“We deal with children who have behavioural problems, major learning difficulties, who have dropped out of school all together, or, in the worst case, who have got into drugs.”

Tshepo Nyemba,
Mental health counsellor at SCPS.

friends is also considered an important success,” she says. All these are indications of improved mental health, healthier relationships, and enhanced skills to cope with everyday life.

Growing up stronger

However, the difficult living conditions

in which many people in Johannesburg find themselves remain a major challenge. This is why for some people, support is not only provided over weeks, but over months or years. One such recipient of support is 38-year-old Sarah Makwetu.* She lives alone with her four children, the three daughters of her sister who died of AIDS, and a younger brother in Meadowlands, which is part of Soweto. The neighbourhood is characterised by unemployment, crime, sexual violence, high HIV rates and poor infrastructure. Like almost everywhere in South Africa, it also has to contend with power cuts lasting several hours every day.

The family initially came into contact with SCPS eight years ago through another local organisation which was supplying them with food parcels. The three nieces were able to attend group therapy with other children whose parents had died of AIDS.

Later, the four eldest children joined the ‘Khula Nathi’ group, which means ‘growing together’ in Xhosa. There, they met other young people from similar backgrounds, talked about their

In the spotlight

difficulties and wishes, and took part in excursions together to open their minds to a world beyond life in Soweto. Some of the children from the family also received vocational support and were encouraged to re-take exams they had failed.

“Thanks to SCPS, my children and nieces have grown into responsible young adults,” says Sarah Makwetu with more than a hint of pride. And she says she has also become a better mother. The sessions provided her with a sympathetic ear to talk about the difficulties she has encountered as a single mother without a fixed income. She has also had the opportunity for the first time to talk about the loss of one of her twins shortly after birth. This would otherwise be taboo in her community: “People say that you shouldn’t grieve for a twin who died, otherwise it brings bad luck to the

surviving twin,” she explains. SCPS helped the 38-year-old cope with her grief and find new motivation to apply for jobs. She went on to complete a baking course. She is now training others and would like to become self-employed soon.

“Thanks to SCPS, my children and nieces are growing up to become responsible young adults.”

**Sarah Makwetu*,
single mother from the Soweto
neighbourhood in Johannesburg.**

A window of hope

The example of Sarah Makwetu and her family shows the diversity of the mental health support provided by SCPS. It not only includes handling acute crises, but also building resilience

and personal responsibility to prevent or better cope with future crises. For some clients SCPS also covers school fees or finances school uniforms. Director Johanna Kistner firmly believes that to provide long-term support, the whole range of causes behind someone’s distress need to be addressed, including family, social, educational and economic reasons. The boundary between what SCPS can deliver and what goes beyond what the organisation can do is not always clear cut (see interview on the left-hand side). SCPS therefore works with other local non-profit organisations that are more focussed on financial and material support.

When a person’s mental health has improved and they are empowered to face life again, this is down to a combination of factors: the person’s own strength and willpower, support

Interview with Johanna Kistner, SCPS director

“We’re here and we listen.”



▲ Members of the Khula-Nathi group.
Photo provided by SCPS.

Why is SCPS needed?

We’re needed because mental health is essential to a population’s wellbeing. Unfortunately we can’t rely on the

government, so we step in and provide free mental health support.

What is the goal of the therapies?

We aim to empower people to break out of the cycle of depression and powerlessness and to take back control of their lives. We can’t prevent or put an end to poverty, pain and grief. But we can be there, listen, find the words to express the unspeakable, recognise people’s pain and suffering, and take joint action towards healing and hope.

What difficulties do you encounter in your work?

Most of our clients live in extremely difficult conditions, some haven’t eaten for days, or have recently become homeless. In such cases, it’s

clear that what they need is financial support. Some only come to us for that reason. We therefore have to repeatedly explain that we primarily offer mental health services and why it can help them. That’s not always easy.

What would you like to see in future?

Unfortunately, demand for mental health support far outstrips what we can offer. Our 11-person team is therefore really stretched. To maintain the quality of our work and to be able to respond rapidly to changing situations and new needs, we are reliant on more financial resources. ■ *bw*



▲ Life in the neglected neighbourhoods of Johannesburg is hard. Besides poor infrastructure and high unemployment, residents face violence and the loss of family members. *mb*

from those around them, material and psychosocial services, and ideally a bit of luck to find a job and break out of poverty. SolidarMed's support allows SCPS to make a targeted impact. Above all, however, it allows the staff to be

there and to listen when no one else will. ■ *bw*

**Name has been changed to protect the person's identity.*

 solidarmed.ch/en/scps



Access to mental health support for all?

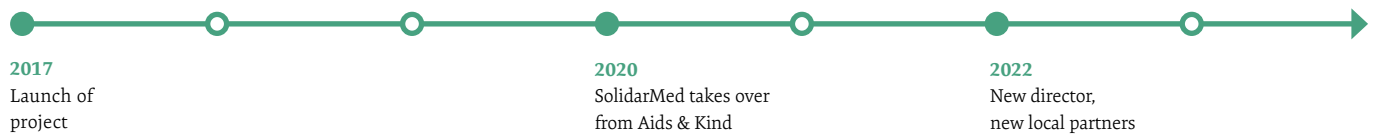
By providing free mental health support, SCPS is plugging a gap that the South African government is failing to fill. For the wealthy population of Johannesburg who live outside of the city centre and are predominantly white, mental health services are freely available for those who can pay. But for the poorer, mostly black, population in the neglected city centre, in the densely-populated townships and in informal settlements, this is not the case. In these neighbourhoods, there is barely any mental health provision apart from SCPS, although demand is particularly high owing to the precarious living conditions

and widespread violence. In addition, these neighbourhoods are home to many migrants and asylum seekers from other countries in southern Africa, which are often completely cut off from public health services. Widespread corruption means that many residents have no valid papers or they are refused access to services on xenophobic grounds. This is why SCPS mainly supports people from very poor backgrounds, many of whom are migrants or asylum seekers.

Achieving impact in partnership

South Africa Poverty, violence and debilitating apathy are widespread in the informal settlement Gonubie Farmers Hall and the surrounding area. Children and adolescents in particular are lacking psychosocial support, help with schooling and recreational activities. Since 2017, the local organisation Jika Uluntu has therefore been supporting children and their caregivers who are affected by HIV and

poverty. This improves the health and academic performance of children and adolescents and empowers families. SolidarMed took over the project from the Aids & Kind foundation in 2020. Through financial and strategic support, SolidarMed has since played a key role in the success and expansion of the project. ■ *bw*



How the project has helped improve people's health

- ▶ Through awareness campaigns and increased testing, the percentage of recipients whose HIV status is known has risen over time.

2021: 17 %, 2021: 25 %, 2022: 65 %

- ▶ The percentage of people with HIV who are in therapy is consistently high thanks to the close support.

2020: 94 %, 2021: 96 %, 2022: 98 %

- ▶ The government's mobile clinic treats twice as many people as before. On average, 25 patients are treated per visit.
- ▶ Thanks to closer cooperation with the social services, several cases of child abuse were referred to the authorities and actors worked together to identify solutions.

SolidarMed's added value

SolidarMed contributed to the growth and success of Jika Uluntu in the following ways:

Providing direct funding

Involvement in strategic planning

Support with organisational structure and HR management

Assistance with securing additional government funding

Establishing contact with other organisations

Conducting evaluations and impact assessment

Closer cooperation on the ground

Pre-2022: Jika Uluntu barely worked with local authorities and organisations.

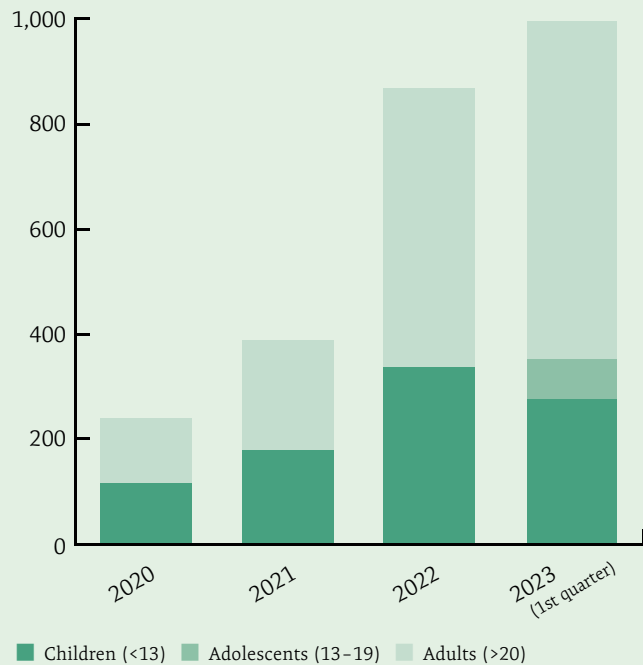


Since 2022: With the help of SolidarMed, Jika Uluntu has built up close collaboration with health and social authorities and liaises with various local organisations.

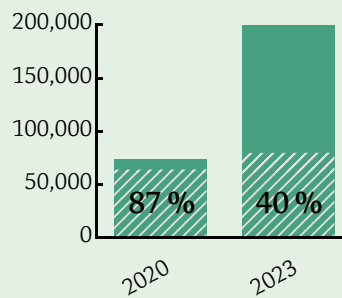
The organisation's growth

The number of recipients has been steadily growing. Since 2023 the focus is increasingly on young people who in the medium term are to account for half of all recipients.

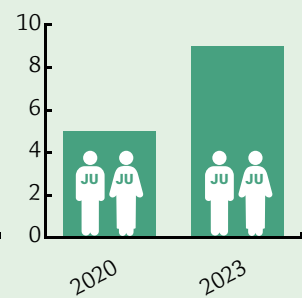
Thanks to additional external funding, Jika Uluntu's budget is growing. As a result, the share contributed by SolidarMed is becoming smaller. This is making Jika Uluntu more financially independent and resilient.



Jika Uluntu budget



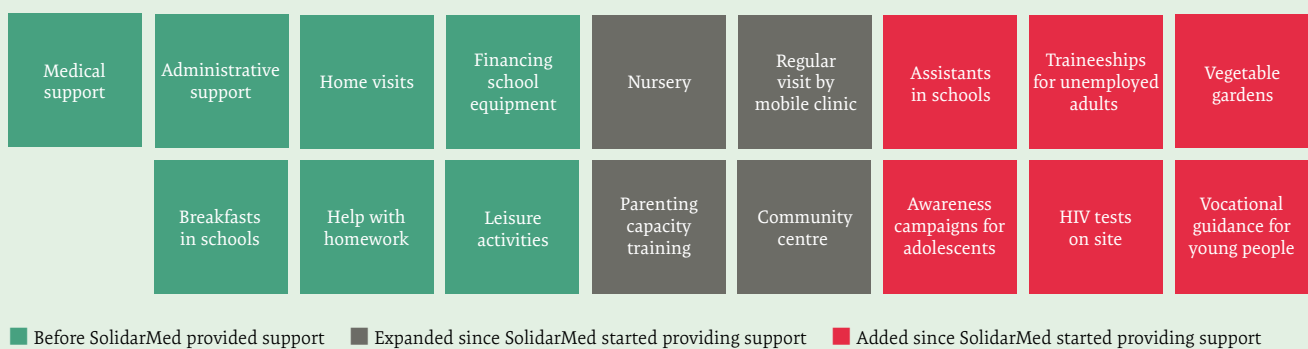
Number of staff



Scaling up of activities

The project comprises various components. The most important ones have always been the same – providing individual psychosocial and health support.

Since SolidarMed has been providing support, however, other important components have been added, such as tackling poverty through vocational guidance.



Outlook

SolidarMed will continue to work closely with Jika Uluntu and provide organisational and strategic support. Where possible, the collaboration will be further scaled up. In

the medium term, SolidarMed wants to ensure that the HIV status of all recipients is known and the viral load is low in all those who are HIV positive.

Interview with Isabel Günther

“The huge progress made often gets forgotten”



▲ At a SolidarMed public event in May, Isabel Günther spoke about the positive changes in Africa. *ob*

Development economist Isabel Günther carries out research into poverty, inequality and population growth on the African continent. She argues that the positive developments in Africa are often overlooked. We sat down with her to talk about misconceptions, progress, and how to understand the data.

According to your research, most people associate mainly negative things with Africa, such as poverty, hunger and corruption. Is that a false picture of the continent?

It's not fundamentally false as extreme poverty continues to be a reality for millions of people in the world, a disproportionate number of whom live in sub-Saharan Africa. Yet a negative

picture of Africa per se is false in two respects: first, it ignores the size and diversity of the continent, where besides the stereotyped mud huts, we also find ultra-modern cities and strong economic growth. Second, the huge progress made – in tackling poverty, in health, and in education – often gets forgotten. In this regard, most people have an outdated picture in their minds.

What are the most common misconceptions?

Let's stay on the subject of extreme poverty. At NADEL we conducted a survey of 3,000 people in Switzerland last year. Just over half of respondents said they were well to very well informed about global inequality. Yet only 13% were aware that extreme poverty had been reduced worldwide

in the last 20 years. And even fewer respondents knew that it had been halved. Most people thought that extreme poverty had risen. I find that quite remarkable. While the drop is not so sharp in Africa, even there extreme poverty has been significantly reduced. It's just that many people don't know it.

Why do many people have an overly negative view of the world?

Unfortunately, negative events attract more attention than continual progress, including in the media, where negative headlines generate more views and higher click rates. This is

“I'd like to see a greater focus on the facts.”

Isabel Günther,
development economist

why particularly in headlines, topics are often presented in a sensational and simplified way. Over time we become accustomed to that and only expect the negative. Also, we often make generalisations about what we hear. But the way we deal with figures also affects our perceptions: large

numbers impress and we often forget to put them in context. For example, if you hear that Covid-19 pushed 90 million people into extreme poverty, that sounds like an incredibly large number. And it is, but we also need to put it into perspective: how does that alter the percentage of the population living in extreme poverty? What is the general trend? If we look at this, we see that in the last 30 years, extreme poverty has been reduced from 1.6 billion to 0.8 billion – which puts that 90 million figure in context.

Where do the limits lie if we want to put a figure on social change?

Of course, not all trends and developments can be quantified as easily. For example, the success of efforts to promote democracy and equality is much more difficult to measure than economic growth. I would therefore advise those who donate to aid organisations to pay attention to how transparently the organisation talks about the impact on the ground and whether it also recognises failings.

Do you think the international community will manage to eradicate extreme poverty?

Isabel Günther has been professor of development economics and academic director of NADEL – the Centre for Development and Cooperation at ETH Zurich – since 2014. She researches and teaches in the field of empirical microeconomics, with a focus on measuring poverty and inequality, population economics, technologies for tackling poverty and evidence-based policymaking. Isabel Günther has conducted research in Benin, Burkina Faso, Ghana, Kenya, Uganda and South Africa. After SolidarMed's Annual General Meeting on 25 May 2023, she gave a talk entitled 'A change of perspective: Does your view of Africa tally with the facts?'

Economically it's possible; it's a question of political will. But there's a prejudice I'm keen to refute that repeatedly crops up in this regard: that the explosive population growth in the Global South will cancel out any efforts to tackle poverty. On that, there are two points to consider: on the one hand, global population growth has been falling since the 1960s – including in Africa. The population is therefore growing much more slowly today than it did before. On the other, it is not population growth in the Global South that is leading to overexploitation of the Earth, but consumer behaviour in the Global North, which caused the climate crisis and therefore also risks cancelling out the progress made in poverty reduction in the next few years. But here, too, I'm not trying to qualify problems, I would just like to see a greater focus on the facts. ■ bw



▲ Günther's talk entitled 'A change of perspective. Does your view of Africa tally with the facts?' at the Neubad Lucerne attracted a great deal of attention. ob

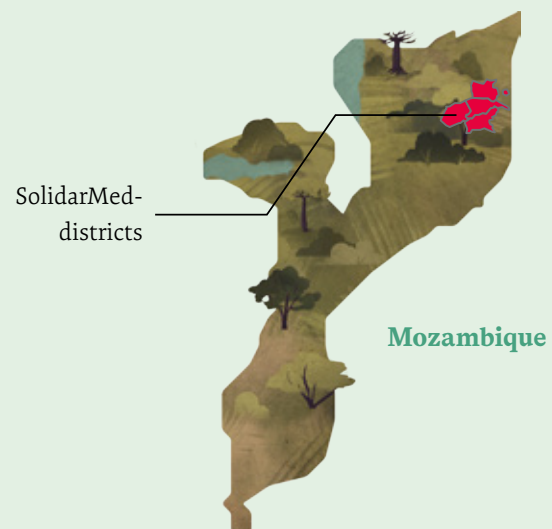
Cholera outbreak in northern Mozambique

Mozambique Many provinces of Mozambique and its neighbouring country Malawi are currently experiencing a severe cholera epidemic. Its spread has been helped by heavy flooding caused by Cyclone Freddy in the spring of this year, which contaminated drinking water. Even the Cabo Delgado Province in the north of the country where SolidarMed operates has reported several cholera cases. As the disease is highly contagious and can be deadly without treatment, healthcare facilities in Cabo Delgado are likely to soon have a large number of sick people to treat.

With the support of the Swiss Agency for Development and Cooperation SDC, SolidarMed is helping six healthcare facilities prepare for the large numbers of cholera patients. SolidarMed is also putting in place measures to tackle the further spread in the province. The team is building decontamination stations and ensuring availability of cholera tests and medicines to treat diarrhoea. Refresher courses on dealing with the highly infectious disease are being organised for healthcare workers and public awareness campaigns are being run. In addition, SolidarMed is helping coordinate healthcare

facilities, authorities and other partners on the ground. The aim is to ensure that infection figures are systematically recorded and that all actors coordinate their activities.

Previous cholera outbreaks in the region have shown that these measures can play a key part in containing the epidemic and therefore save many lives. ■ *bw*



▲ Once again, Mozambique is experiencing a cholera epidemic. In collaboration with local partners, SolidarMed is taking action to control the spread of the disease. *rf*

Dental treatment in Zimbabwe

Zimbabwe If someone has toothache in the rural Masvingo Province, they stand little chance of getting it treated. In a population of 1.5 million people there are only five dentists, and dental treatment in one of the few dental clinics is unaffordable for most people. On top of that, the necessary equipment and medicines are often lacking. Many people therefore go without treatment, suffer from severe pain and are significantly limited in their day-to-day lives as they can barely eat or sleep.

SolidarMed has been carrying out prevention work in the three districts of the Masvingo Province for three years and has enabled many people to access dental treatment. For this purpose, SolidarMed has reopened disused dental clinics at three hospitals and set up a new clinic at another hospital. SolidarMed also trains dental staff on an ongoing basis and supplies equipment such as x-ray machines, anaesthetics and painkillers. Project coordinator Dr Timothy Chifamba – himself a dentist – also assists with complicated treatments and thereby ensures a high level of quality.

Treatment is also provided to patients who are unable to visit a dental clinic on their own. A mobile dental clinic visits the remote villages of the Chikomedzi District every six months. And some 800 people in two prisons, a psychiatric institution and a school for the blind have been examined and treated on site.

Besides this important work to ensure primary dental care, SolidarMed also carries out awareness campaigns in schools. For this, project coordinator Dr Timothy Chifamba regularly visits nine primary schools, shows pupils how to brush their teeth, checks their teeth, and carries out treatments where

necessary. The percentage of children with tooth decay was previously very high – which illustrates the high demand for prevention and better dental care in the province.

SolidarMed is currently looking for new donors so that it can continue this project. ■ *bw*



▲ The project has already allowed 3,000 patients to access free treatment. This has brought great relief to those who suffered from severe pain for a long time. *lr*



▲ Fifteen-year-old Tawanda * attends a school for the blind in Masvingo. Thanks to SolidarMed, he was able to get treatment for a cavity in his tooth which had bothered him for years and made eating and sleeping difficult. *lr*

* Name has been changed to protect the person's identity.

Zimbabwe

Masvingo





▲ Historian Lukas Meier (far left) and Marcel Dreier (far right) invited 30 former SolidarMed employees to share their experiences. Participants remembered their time at SolidarMed in small groups. *ob*



▲ From left to right: Marita Haller, Irene Ebner, Marie-Therèse Jeker, Cornelia Fischer, Renate Albrecht. *ob*



▲ From left to right: Urs Fischer, Hansueli Albonico, Roman Vogt. *ob*



▲ From left to right: Arnold Bleisch, Patrick Ruckli, Marcel Dreier. *ob*



▲ From left to right: Heidi Schoch Ruckli, Rita Borer, Verena Mützenmeier, Pierina Maibach. *ob*

A look at SolidarMed's past

In recent decades, SolidarMed has constantly adapted to changing situations to continue to improve healthcare for rural populations in southern and eastern Africa as effectively as possible. As the organisation approaches its centenary, it is taking a closer look at its past.



▲ Markus Frei (second right) supported SolidarMed in various roles in the field and on the Board. From left to right: Roman Vogt, Joseph Jeker, Jochen Ehmer, Markus Frei, Lukas Meier. *ob*

SolidarMed is set to reach an important milestone in 2026: its 100th anniversary. To mark this important event, the organisation has decided to take a look at its own history. To do so, it invited a group of historians from the global North and South to shine a light on SolidarMed's history from as many different perspectives as possible. The core team comprises Dr Lukas Meier and Dr Marcel Dreier from Switzerland, Dr Glen Ncube from Zimbabwe, and Dr Andrea Azizi Kifyasi from Tanzania. All four historians have previously focused on rural healthcare provision in their research. The project has an ambitious mission: to record the history of SolidarMed over the past 30 years based on oral sources by contemporary witnesses and through intensive archive searches for the years beforehand. The first key step in this significant undertaking was carried out in Switzerland in April, when 30 former SolidarMed employees, each of whom represents a specific era, a topic or country, were

invited to the office in Lucerne to share their experiences. This gave rise to many interesting, remarkable and also depressing stories. The Swiss historians will now follow up these Swiss perspectives with the participants and other former SolidarMed staff members, and the African historians will do the same in Lesotho, Zimbabwe and Tanzania. ■ *pm*

Are you interested in the witnesses' stories?

Check out some of the former SolidarMed employees' stories at the following QR code or the following link:

 solidarmed.ch/zeitzeugen (German only)



Alex Schulze becomes new Board member



Dr Alex Schulze was unanimously elected to the SolidarMed Board of Directors at the 97th Annual General Meeting. Alex Schulze is chief programme officer at Fondation Botnar and was previously head of global health at the Swiss Agency for Development and Cooperation SDC. He brings a wealth of experience in development cooperation and through his knowledge, expertise and network, he will be a valuable addition to the whole team. "I'm very much looking forward to playing a part on the Board and getting to know as many members in person as possible," Schulze said after the event. SolidarMed extends a warm welcome to Alex Schulze and looks forward to working with him. ■ *pm*

◀ Dr Alex Schulze was elected to the Board at the 97th Annual General Meeting. *pad*

Make a note of the following dates:



In the afternoon of **5 October**, SolidarMed is organising an **event on estate planning** in Zurich.

For more info and to register: solidarmed.ch/informationsanlass *(German only)*

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