

# Focus

24/1 3.2024

**In the spotlight** Supporting children and adolescents with chronic diseases

**SolidarMed makes a difference** Lugala Hospital – a success story

**SolidarMed face-to-face** Abide Nego Dias celebrates a successful awareness campaign

**Engagement** Plan ahead to continue to support causes you care about



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Tawonashe Magura is happy because thanks to SolidarMed, he can now access the right medicines for ongoing treatment of his sickle cell disease and diabetes. *wm*

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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.

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## A vital lifeline for Children with non-communicable diseases



**Laura Ruckstuhl**  
Programme Zimbabwe

Non-communicable diseases (NCDs), such as diabetes, asthma, and heart disease, once predominantly seen in affluent nations and linked to aging, lifestyle choices, and urban living, are now significantly affecting children in some of the poorest parts of the world. Where infectious diseases have historically dominated the healthcare agenda, an increasing number of children are being diagnosed with life changing NCDs placing a double burden on already strained healthcare systems. The lack of healthcare infrastructure, specialised paediatric care and public awareness about NCDs in children is worsening the situation. The impact of NCDs on children's lives stretches far beyond immediate health concerns; it diminishes their educational prospects and hinders social participation. Unfortunately, most ongoing NCD programmes in these settings are geared towards adults and concentrated in urban centres, neglecting the unique needs of children living with NCDs in less developed regions.

To address this critical gap, a promising initiative known as 'PEN-Plus' (see box on p. 5) is making strides in the battle against NCDs. This World Health Organisation programme targets severe NCDs like hypertension, diabetes, and epilepsy as well as sickle cell-, heart- and respiratory diseases. These conditions, which can start early in life, have the potential to lead to fatal outcomes. SolidarMed has joined the PEN-Plus initiative to support the Ministry of Health and Childcare extend critical care for people living with severe NCDs in rural Zimbabwe, with a focus on young patients. Like the story on page 5 shows, this project is more than just a health initiative; it is a vital lifeline for children

who might otherwise face a compromised future due to preventable and treatable chronic conditions. The strategy not only enhances the capacity of district hospitals to diagnose and manage severe NCDs early, thereby reducing associated mortality but it also strengthens the overall healthcare system and takes a significant step towards equitable healthcare, particularly for children in impoverished, rural settings.

Non-communicable diseases in children are a growing burden in Zimbabwe. They also impacts societal well-being and therefore future generations and will therefore require a unified effort by leaders from governments, NGOs, international bodies, healthcare providers and communities. Collaboration, informed policies and your continued support are essential in ensuring that every child, regardless of geographic location, can lead healthier, fulfilling lives, free from the burden of non-communicable diseases. ■



▲ Belinda Vurawa is taking blood of 10-year-old Tawonashe Magura, who has sickle cell disease. *wm*

## A major impact on young lives

Severe chronic, non-communicable diseases limit young lives, and not only in health terms. To ensure that children like Tawonashe are examined earlier and can access ongoing treatment, SolidarMed is scaling up the project in Zimbabwe, which includes setting up its own hospital wards for young patients.

**Zimbabwe** Recalling the time before Tawonashe was part of the SolidarMed project, his mother Stella Magura recalls: “Because of hospital and medication costs, at one point we could barely even afford food for the whole family. Our monthly wages of around CHF 250 in total are not enough to feed a family of five and to pay hospital bills.” The now 10-year-old boy has had many health problems since he was born, and was always a regular at the

hospital. Although his symptoms were managed as well as possible, he was never properly diagnosed. By the time Tawonashe was nine months old, three of his family members had already died of sickle cell disease, as his aunt, who is a nurse, explains.

Tawonashe also tested positive for the haemoglobin disorder. This explained his breathing difficulties, jaundice, fatigue and chronic headaches.



### Zimbabwe

Population:	16.3 Mio.
Poverty rate (under 2.15 \$/day):	39.8 %
Life expectancy:	59

Source: World Bank

Once Tawonashe was diagnosed, his treatment started at Masvingo Provincial Hospital. His stays in hospital became less frequent and he suffered less pain. But the sickle cell medication was often unavailable at the hospital pharmacy, so his parents had to spend at least CHF 25 a month to buy it from a private one. Sometimes money was short so Tawonashe received too little or no medication at all. He was repeatedly hospitalised because he suffered from pain, couldn't breathe properly and had anaemia. On top of that, he was diagnosed with type 1 diabetes in 2022.

Due to a lack of equipment, medicines, and qualified health workers, people with severe chronic diseases in Zimbabwe are often unable to get an accurate diagnosis or access treatment. Hypertension, diabetes, cancer and respiratory conditions are non-communicable diseases that together are responsible for a third of deaths in the country. Often, diagnosis and treatment are only available to people in urban centres, leaving impoverished rural populations without access to care.

For children, chronic diseases are a double problem. On the one hand,

## PEN-Plus

The PEN-Plus project (PEN: Package of Essential Non-Communicable Diseases; the plus emphasises severe diseases) is a World Health Organization (WHO) programme that not only covers diseases such as hypertension and diabetes, but also non-communicable diseases such as epilepsy, sickle cell disease, heart disease and respiratory diseases, which sometimes affect children and can be fatal.



▲ A special ward for children and adolescents with severe chronic diseases has been opened at Masvingo Provincial Hospital. *wm*

there are the health issues, and on the other, the impact such diseases have on children's futures because they have to miss school and have difficulty participating in social life and later being part of society. However, most efforts to tackle such diseases are targeted at adults.

The SolidarMed project was also initially addressed at adults. Together with the World Health Organization (WHO) and the Partners in Health organisation, work is being done to firmly establish severe non-communicable diseases in primary care settings. The initiative aims to provide sufficient and appropriate medicines, technologies, and diagnostic capabilities through standardised programmes. This should improve patients' quality of life and reduce the number of new sufferers.

A SolidarMed inspection of various healthcare facilities revealed that both the Ministry of Health and other

organisations mainly focus on infectious diseases, such as tuberculosis, malaria and HIV. SolidarMed is now developing the programme in four

**“Our monthly wages of around CHF 250 in total are not enough to feed our family of five and also to pay hospital bills.”**

*Stella Magura, Tawonashe's mother*

stages in collaboration with the Ministry of Health and Child Care. In the first stage, SolidarMed set up special wards in Masvingo Hospital, Mashoko District Hospital and Ndanga District Hospital. The spaces were renovated and specialised diagnostic equipment was procured. Currently, over 500 people are being treated for diseases such as heart disease, type 1



▲ Specialist doctor Porika Nyawai and PEN-Plus nurse Audrey Chateya see adult and child patients at different locations. *wm*

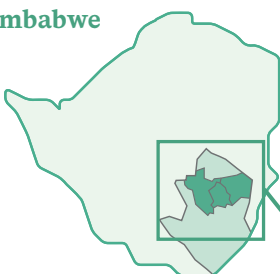
diabetes, asthma, epilepsy and sickle cell disease at the three clinics. And Tawonashe is one of them.

At Masvingo Provincial Hospital, where little Tawonashe was diagnosed and is receiving treatment, a training

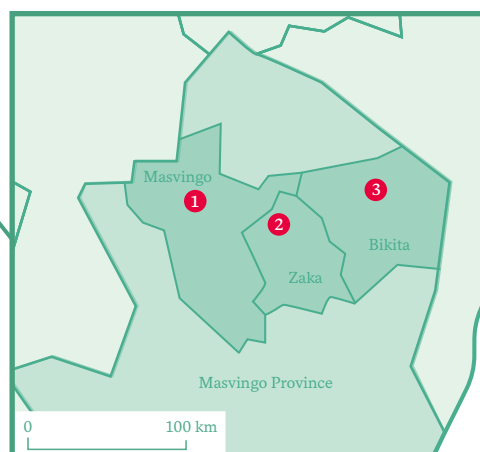
centre was also set up in a second phase. Forty-five healthcare professionals are currently learning how to treat non-communicable diseases at the centre. Besides the national postgraduate training in Masvingo, two-week clinical trainee programmes were also established. This allows nurses and junior doctors to gain practical experience. An important part of the training is to teach participants to use non-judgemental language and to empower patients to take ownership of their health in the longer term.

To be able to measure the improvements, a study at the end of this year will look at how care for patients has changed and gauge feasibility and acceptance in the hospitals. This

Zimbabwe



- ① Masvingo Provincial Hospital, Masvingo District
- ② Mashoko Distric Hospital, Zaka District
- ③ Ndanga District Hospital, Bikita District



information will allow SolidarMed and the Ministry of Health to decide how the programme can best be implemented in other parts of Zimbabwe.

The aim is to develop a plan together with partner organisations, such as the Clinton Health Access Initiative (CHAI) to roll the programme out nationally.

**“Thanks to you I’ll be able to fulfil my dream of becoming a doctor one day. Thank you!”**

**Tawonashe Magura,  
zehnjähriger Patient**

Since last June, Tawonashe has been receiving treatment at Masvingo Hospital thanks to SolidarMed. He now benefits from an uninterrupted supply of medication, such as insulin, painkillers and medicines for his sickle cell disease. Laboratory tests and x-ray examinations, as well as the expertise of the qualified nurses are crucial. “I always thought that sickle cell disease was a death sentence, but now we have hope,” says Tawonashe’s mother.

To ensure that as many health workers as possible have the knowledge to

treat more children like Tawonashe, SolidarMed is expanding the two other hospitals so they can also offer traineeships. At the same time, by scaling up the project, SolidarMed is particularly focussing on young patients as this group and their specific needs have been neglected up to now.

The project hospitals are being equipped to diagnose and treat these severe chronic diseases early on. In addition, special wards are being set up just for children and adolescents where they can feel safe and at ease. This should also prevent potential infections. The project will help deliver more equitable healthcare.

One initiative that is part of the scaled-up project are the diabetes camps for children and adolescents (see p. 12/13). And maybe, in a few years’ time, Tawonashe will be working there himself: “Thanks to you I’ll be able to fulfil my dream of becoming a doctor one day. Thank you!” ■ *ne*

 [solidarmed.ch/en/ncd-zimbabwe](https://solidarmed.ch/en/ncd-zimbabwe)



▲ To be able to monitor Tawonashe’s development, his height also has to be measured.

*wm*

## Sickle cell disease

According to WHO, sickle cell disease is a genetically inherited modification in the shape of red blood cells from a smooth, doughnut shape into a half-moon shape. The misshapen cells can block small blood vessels, impairing blood flow. This leads to shortened red blood cell survival and subsequent anaemia. Poor blood oxygen levels and blood vessel blockages can lead to chronic acute pain, bacterial

infections, and necrosis (tissue death). Early diagnosis and the right medication provide relief for sufferers. The disease predominantly occurs in African countries. It seems that carriers of sickle cell disease are protected from malaria. Patients diagnosed with sickle cell disease are not only the target group of PEN-Plus projects in Zimbabwe, but also the SolidarMed project in Kenya.

# Lugala Hospital – a success story

**Tanzania** Lugala Hospital is a whole 300 kilometres from the closest tarmac road. The hospital is located in the Malinyi District in the Morogoro region. Some 160,000 people live in the catchment area of the remote health facility, which was set up by the Lutheran Church of Denmark in 1949.

SolidarMed has been supporting rural Lugala Hospital since 2005. Following the first project on HIV, SolidarMed worked with the diocese and the local team to steadily develop the hospital. This has led to huge improvements in healthcare for the local population. A wide range of projects are still being implemented at the hospital now – also thanks to donors. ■ ne

## Background

Starting in 2005, SolidarMed supported the HIV ward at Lugala Hospital, which is owned by the Ulanga-Kilombero diocese. It was clear that the “dying rural hospital” as it was referred to at the time, was crucial to the region. In the Lugala Development Plan, physician Peter Hellmold (pictured) was tasked with transforming the hospital into a functioning part of Tanzania’s decentralised health system together with the team.



## Measures



### Infrastructure

There has been gradual investment in the hospital’s infrastructure. SolidarMed has refurbished existing buildings and built new ones: over the years, various laboratories have sprung up, as well as an obstetric ward for outpatient and inpatient care, and an operating theatre. Also, thanks to the right equipment, fractures and tuberculosis can be correctly diagnosed. Lugala Hospital also has a dental clinic, physiotherapy clinic and eye clinic. SolidarMed has also invested in the hospital’s laundry and waste disposal facilities. Work has also been carried out on an ongoing basis to renovate and upgrade the water and power supply.



### Staff

Capacity building is key to the sustainability of a development. Hospital staff therefore receive training on a continuous basis. SolidarMed’s decision in 2009 to support the creation of a nursing college had a significant impact. At first, the college had 37 students enrolled, today it is almost four times that, and the college is a recognised part of Tanzania’s education system. Because Lugala Hospital is so remote, students need on-site accommodation – and SolidarMed built that too. The college also ensures an adequate supply of well-trained young nurses.



### Management

To ensure efficient and sustainable operation of the hospital, administrative tasks must also be performed by professionals. SolidarMed therefore invested in staff training. Lugala Hospital now has a professional human resources and finance administration team.





# Outcomes

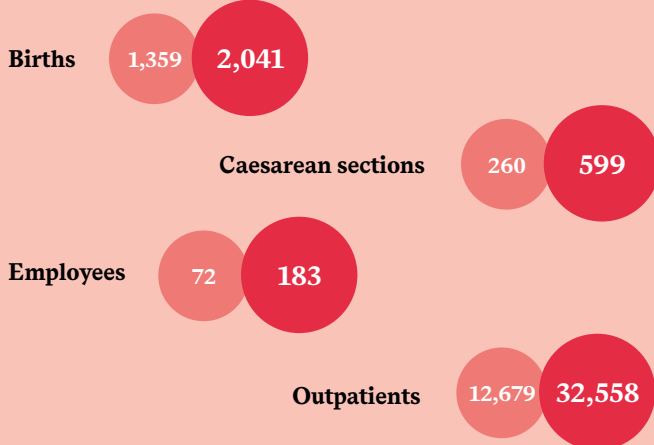
## Health

The various measures have led to a significant improvement in the health of people in the region. The hospital's goals were to reduce maternal mortality, child mortality, deaths of premature babies, and deaths from malaria. By raising awareness, the team helps prevent malaria infections, teenage pregnancies and the transmission of HIV from mother to child.



### Selected figures:

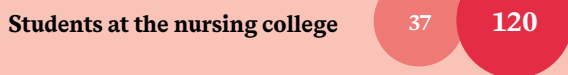
#### 2005 – 2023



#### 2006 – 2023



#### 2010 – 2022



#### 2019 – 2021



## Handover

In May 2018, after almost ten years, Peter Hellmold handed over management of Lugala Hospital to his Tanzanian colleague Stephen Kyelula (pictured). But this change doesn't mean an end to the cooperation with SolidarMed. The ongoing material support from SolidarMed plays an important part in guaranteeing basic primary healthcare for the 160,000 people living in the district.



# “Development takes time”



▲ Abide Nego Dias enjoys working with and for people. This was clear during his visit to Lucerne in December 2023. *rs*

Abide Nego Dias firmly believes that a society can only make progress if everyone plays an active part. The Mozambican has spent his whole working life campaigning to make this a reality and is working with SolidarMed to raise awareness of the importance of hospital hygiene to prevent infections.

Abide Nego Dias is a loyal champion of the SolidarMed cause. The project manager is not only working for the organisation for a second time, but has been doing so for over a quarter of a century. And his involvement is bringing him very close to achieving a childhood dream.

When Abide Nego Dias was growing up in southern Mozambique, he had two

role models: his grandfather, who was a nurse, and his mother, a nurse in a labour ward. “As a child, I also wanted to work in nursing or become a doctor,” recalls Abide Nego Dias with a smile.

But fate initially had other plans for the young man. Civil war broke out in Mozambique in 1977. “When I was about 14, the government took me and made me join the army. As I was still a

teenager, I first had to go to a military college,” he explains.

The experience of the war left such a mark on him that he became really interested in conflicts and their aftermath, and decided to study development cooperation and psychology. This gave him even more of an insight into the fact that long-term peace and progress in his country

hinged on the active involvement of everyone in Mozambique: “Conflicts cause setbacks and undermine development,” he says.

After his studies Abide Nego Dias worked for various international organisations in Mozambique and Angola. “It wasn’t always easy. But it was important to me to make a contribution to society,” he says. The father of six first came into contact with SolidarMed when he was working in the very poor northern province of Cabo Delgado on an HIV project.

When Abide Nego Dias was later working as executive director of the Wiwanana project and was asked by SolidarMed in an interview how he would feel about working in communities, he answered: “I’m very proud that I played a part in military life. It gave me the opportunity to understand the people and their love for their country. That’s why I still advocate for communities and contribute to the wellbeing of people in my country by championing human rights so that poor and excluded people – particularly women and children – can smile again.”

**“One of our achievements is that people now seek medical treatment when they’re sick.”**

Abide Nego Dias

Again, his conviction that progress is only possible through inclusion serves him well.

For five years Abide Nego Dias has been working in communities raising awareness about health topics, working with community leaders, and supporting community development in collaboration with health authorities. “One of our achievements is that

people now seek medical treatment when they’re sick,” says the 56-year-old.

“I learned a lot about project management during this time and went on to work for various organisations in the field of health, for example in the prevention of diabetes and hypertension,” says Abide Nego Dias, who has now been back at SolidarMed for over twenty years.

“The organisation has further developed and grown in this time. This growth means more can be achieved and more people can work together.

**“People have recognised the need for vaccinations and the benefits of giving birth in a health facility.”**

Abide Nego Dias

I’m happy here because we support and respect each other and work as a team,” he explains, enthusiastically. He is now a manager in charge of the infection prevention and control project in the Cabo Delgado province. The project is currently raising awareness and educating staff in health facilities and authorities about appropriate waste management and hospital hygiene.

“It really matters to me that future generations inherit a country that is doing well. It’s therefore really important that the people responsible understand the importance of, for example sterilising HIV diagnostic equipment to prevent further infections in healthcare settings,” he stresses. When considering the progress made in terms of knowledge and awareness of the topic, Abide Nego Dias points to the fact that the specialists in charge are now locals. “We used to work with

decision-makers at regional level, but now we’re talking to the Ministry of Health at national level,” he says, proudly.

He has also noticed changes in the public: “People now understand why they need to go to a health facility when they’re sick and not just to their traditional healer. They have also recognised the need for vaccinations and the benefits of giving birth in a health facility.” However, as the province is one of the country’s poorest and two thirds of the population can’t read, such progress takes time. ■ ne

#### Infection prevention and control

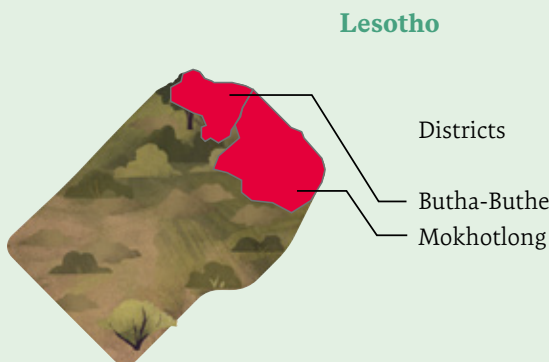
SolidarMed’s project aims to prevent the spread of infections caused by insanitary conditions in health facilities in the Cabo Delgado Province. This is being achieved through better waste management, improved sterilisation processes, environmentally-friendly cleaning, the use of protective equipment, and training and raising awareness among health workers and other managers. The project covers six health facilities in the province with a catchment area of more than 335,000 people.

## AI-assisted tuberculosis testing

**Lesotho** Tuberculosis now kills more people in sub-Saharan Africa than HIV. The tricky thing about this disease is that in many carriers it is latent and has no symptoms but they can still infect others. In order to eliminate tuberculosis, the asymptomatic infections need to be identified through mass testing and treated. This is very costly and challenging. Health systems therefore need an easier way of testing. SolidarMed is working with various partner organisations to trial the use of artificial intelligence in Butha-Buthe, a district of Lesotho with a population of around 150,000 that is particularly affected by the disease. The results of the study are expected next year. ■ *ne*



▲ Tuberculosis can be diagnosed using digital x-ray equipment like this. *my*

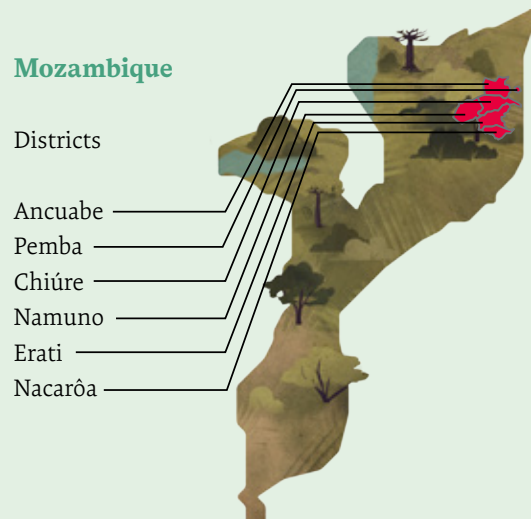


## Tracking chains of cholera infection

**Mozambique** Particularly in crisis situations where emergency assistance is required, cooperation between organisations on the ground is not only necessary but also the most effective approach. After a recent flare-up of cholera in Mozambique, SolidarMed initiated an emergency relief project on behalf of the Swiss Agency for Development and Cooperation (SDC). Back in the spring of 2023, SolidarMed already supported the health system in treating those affected by the epidemic. Because of the armed conflict that has been going on in the country for over six years, many people are internally displaced. This puts increased pressure on village populations, which contributes to the spread of cholera. SolidarMed is supporting isolation centres and tracking chains of infection back to communities in order to prevent new infections. Water shortages lead to poor hygiene, which in turn encourages the spread of diseases like cholera. Providing clean drinking water is therefore one of SolidarMed's goals. ■ *ne*



▲ Awareness work in communities is already in full swing. *sm*





▲ The type 1 diabetes camp not only empowered children, but also for the first time their parents too. *sm*

## Helping adolescents help themselves

**Zimbabwe** Severe chronic diseases are particularly debilitating for children and adolescents (see article starting on page 4). That’s why it’s all the more important to empower them to deal with their illness and give them hope for the future.

Type 1 diabetes camps have therefore been held for adolescents for six years. They are organised by the Midlands Diabetes Group, a local organisation in the neighbouring province to Masvingo, where SolidarMed operates. The camp was expanded this year in collaboration with SolidarMed.

A total of 34 girls and 20 boys aged between three and 24 took part in the camp. And this year, for the first time, parents were also invited. They too benefit from the exchange and interaction as it helps them feel less alone and isolated. Participants were supervised by doctors, nurses and dieticians, as well as a psychologist and fitness trainer.

SolidarMed provides support, particularly in the form of transportation for participants, medical equipment and specially trained healthcare professionals.

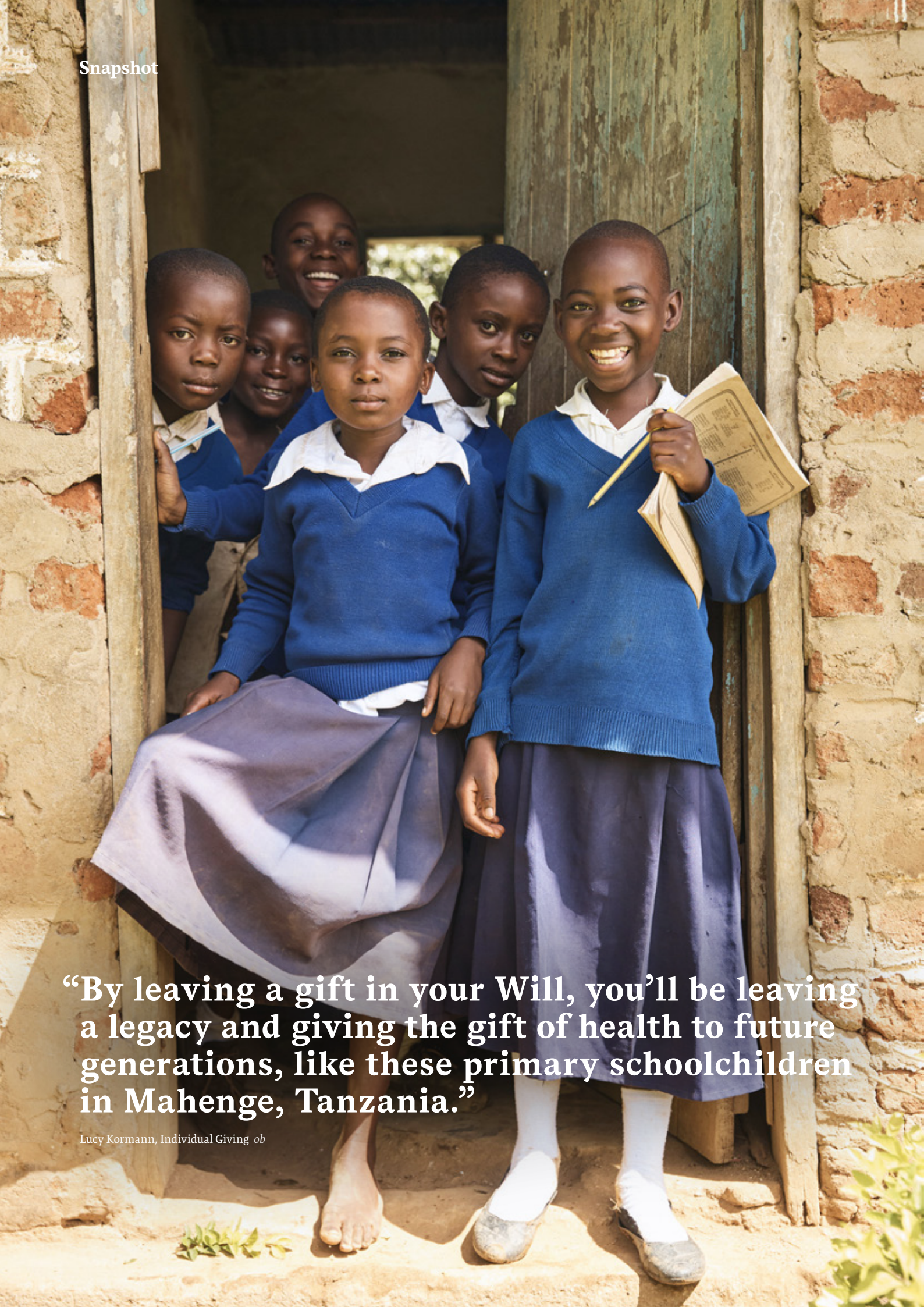
The aim of the camp is to educate and empower children and adolescents so they can learn to live with their condition. Every morning, they practise testing their blood sugar and dosing their insulin. They also learn what snacks are suitable and which exercises will benefit them. Nyasha, a 15-year-old participant, says: “I now know that I have to keep my blood sugar under control if I want to live longer and achieve my goals.” ■ *ne*



▲ The children learn about their disease. *sm*

### Zimbabwe





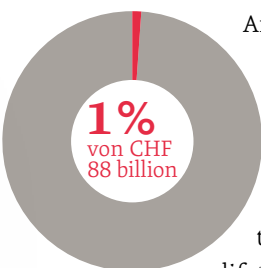
**“By leaving a gift in your Will, you’ll be leaving a legacy and giving the gift of health to future generations, like these primary schoolchildren in Mahenge, Tanzania.”**

# “He never ignored those in need”

Those who are committed to a cause their whole lives, or who cherish certain values, can take action in life to make sure that the right organisations benefit after their death. This is what Urs Wyss\* did.

Remembering her late husband, Maria Wyss says: “Urs always loved travelling and seeing the world. He went to the Himalayas and we visited Kenya twice together.” The couple were married for 30 years and both were in good health. “We enjoyed the outdoors, went hiking a lot and were active,” she says. The 85-year-old describes her husband as open minded and funny.

There was another side to Urs Wyss according to his wife: as an accountant, he was a rigorous person and he didn't shy away from thinking about what would happen after his death. That's why he also had a testamentary contract drawn up. “He never ignored those in need,” says Maria Wyss. In his testamentary contract, Urs Wyss started by ensuring his wife was financially provided for – as stipulated under inheritance law. He split the rest of his estate between SolidarMed and another organisation: “In his legacy he wanted to provide for me to make sure I was financially comfortable without him. and to give the rest to people in need. To organisations he could trust and where he knew that the money would go where it's needed,” she explains.



Around CHF 88 billion were bequeathed or donated in 2022. Although over 80% of Swiss households donate, less than 1% of the bequeathed sum benefits organisations. And this despite the fact that donors state during their lifetimes that they donate because they believe in an organisation's cause and commitment.

“There's no rule that says you have to leave a Will or have a testamentary contract drawn up. I think many people are reluctant to think about the matter – maybe because they find it unpleasant or assume it's too complicated,” says Lucy Kormann, who is responsible for individual giving at SolidarMed. In a study by Swissfundraising, the majority of respondents said they didn't leave money to organisations

or charities because family is the priority. But in fact, the two are not incompatible and it is possible to benefit both.

And that is exactly what Urs Wyss did. To continue to support values and causes he cared about after his death, he left a portion of his estate to SolidarMed in his Will, but only after making sure his wife was provided for financially. ■ *ne*

Would you like to find out more or sort out your estate?  
We can help:

- ▶ Order our guide on Wills and estates or call us for no-obligation advice.
- ▶ Take part in a free webinar offered by our partner organisation DeinAdieu or attend our event in Zurich to find out what's important in estate planning and when making a Will:

**29 May 2024 (online)**

**19 September 2024 (online)**

**25 September 2024 (in Zurich)**

**11 November 2024 (online)**

Events are taking place in german.

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



For more information, please contact Lucy Kormann.  
**Tel. +41 41 310 66 60 | [L.kormann@solidarmed.ch](mailto:L.kormann@solidarmed.ch)**

\* Names changed to protect identity.

# It's all happening at SolidarMed

Over the course of the year, SolidarMed organises various events where you can learn more about the organisation's work – whether at the Annual General Meeting in May or the webinar on cholera in June, for example.

SolidarMed also recommends the events run by its partner organisation, Dein Adieu. They explain everything you need to know about estate planning and show you how a Will needs to look, which bits are mandatory, and about the freely disposable share of your estate. ■ *ne*



▲ SolidarMed's summer event is a great opportunity to meet the team and find out more about our projects. *rs*

The dates of the first SolidarMed events this year are already fixed. Pencil them in now. We look forward to seeing you!

- 16.05.2024** **Annual General Meeting** Meeting at the Neubad in Lucerne
- 29.05.2024** **Event on estate planning** (online, with partner organisation DeinAdieu)
- 06.06.2024** **Webinar 'Cholera in Mozambique'**
- 07.09.2024** **Summer event** in the garden of SolidarMed's office in Lucerne
- 19.09.2024** **Event on estate planning** (online, with partner organisation DeinAdieu)
- 25.09.2024** **Event on estate planning** (in Zurich, with partner organisation DeinAdieu)
- 11.11.2024** **Event on estate planning** (online with partner organisation DeinAdieu)

All events are free.

## Your donation makes a difference



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