

# Focus

22/3 8.2022

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**SolidarMed makes a difference** Clean hospitals in Mozambique

**SolidarMed face-to-face** Doctor Peter Hellmold on his longstanding work in Tanzania

**Get involved** Showing solidarity – but how?



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In Lesotho, SolidarMed is training community health workers like Felile Sekoati in preventing and diagnosing non-communicable diseases. *tl*

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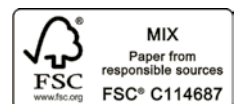
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**SolidarMed** improves healthcare for more than 2.5 million people in rural Africa and in Hyderabad, India. We systematically improve medical services and enhance local expertise through basic and further training. Our projects are developed in close 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 investment



**Prof.**  
**Niklaus Labhardt**  
President

In 2005, the World Health Organization's annual global health report was entitled 'Preventing chronic diseases: A vital investment'. The report highlighted that chronic, non-communicable diseases, such as diabetes, heart disease and cancer would also massively increase in low and middle income countries. In a foreword, then President Obasanjo of Nigeria wrote: "We cannot afford to say [that] we must tackle other diseases first – HIV/AIDS, malaria, tuberculosis – then we will deal with chronic diseases. If we wait even 10 years, we will find that the problem is even larger and more expensive to address."

But looking back, this is precisely what has happened in Africa. Because on the one hand, HIV, malaria and tuberculosis have caused such enormous suffering in many African countries in recent decades that governments have been compelled to concentrate their limited resources on these communicable diseases. And on the other, unprecedented levels of funding have led to rapid successes and made it attractive for institutions and staff to focus solely on these 'big three'.

Today, 17 years after the WHO report, chronic non-communicable diseases are the number one cause of death in Africa. But as opposed to rich countries, in many places, diagnostics, therapies and medicines are lacking. And treatment is rarely free. These diseases therefore lead to complications, disability and death even in younger people and push millions of families back into poverty.

Make no mistake: tackling the 'big three' is still as pressing as ever. But this should not overshadow other problems. Today, someone who is HIV-positive in

an African country will generally get free testing and receive modern, effective and well-tolerated medicines. But someone with diabetes or high blood pressure visiting the same clinic will not usually be so lucky. To change this, we can build on the experiences from the HIV programmes, which have taught us that we need education, prevention, early diagnosis and accessible therapies. In the area of HIV/AIDS, most of this work has been undertaken by trained and assisted community health workers. In order for this approach to have an effect on non-communicable diseases, SolidarMed is working in Lesotho on the ambitious ComBaCaL project (see pages 4–7). This is set to directly benefit over a hundred communities. And through collaboration with the Ministry of Health, all health facilities in Lesotho should soon have the necessary trained staff, diagnostic facilities and medicines.

Please support us in this important work. Because if a 50-year-old working person is treated for high blood pressure early on, they can remain fit for work for longer and provide for their family's education and health. To us, tackling chronic diseases in Africa is not an optional extra, but an absolute priority. We must treat it as such. ■



▲ Community health workers can now diagnose high blood pressure and diabetes. *ComBaCaL*

## New challenges, proven remedies

In Lesotho, too, a growing number of people are suffering from chronic diseases such as high blood pressure and diabetes. In a multi-year research project, SolidarMed is training over a hundred community health workers so that people in remote villages can access vital medical care.

**Lesotho** The most common cause of death in Lesotho remains HIV/AIDS. But in the last 20 years, this proportion has significantly decreased as most patients with HIV receive drugs and good medical care. Unfortunately the same cannot be said for non-communicable diseases such as diabetes and high blood pressure.

“Healthcare workers are lacking up-to-date knowledge and equipment to diagnose and treat these diseases,” explains research manager Thabo Lejone from Lesotho. The relevant drugs and therapies are rarely available and are very expensive. “Many people therefore don’t even know they’re sick.”



### Lesotho

Population:	2'142'250
Life expectancy at birth:	50.7 years
Poverty headcount ratio*:	49.7%

\* Percentage of the population living on less than \$ 1.95 a day

This is what happened to Chabeli Mokone\*. The 61-year-old lives with her children, daughters-in-law and grandchildren in Muela, a remote village in northern Lesotho, where she breeds pigs and grows maize. She only found out that she had diabetes in February this year when community health worker Fanroi Morobe tested the village residents for high blood pressure and diabetes on behalf of SolidarMed. He says: “Chabeli Mokone’s blood pressure was fine, but her blood sugar level was way too high at 21 mmol/litre.” In healthy people, this value should be under 8 mmol/litre. It was therefore clear that the 61-year-old was suffering from type 2 diabetes, also known as age-related diabetes.

The fact that Chabeli Mokone had not noticed any symptoms is typical for this disease as dizziness, impaired vision and wounds that won’t heal only appear after some time – if at all. But even without symptoms, the risk of a heart attack, stroke or chronic kidney

disease increases significantly. Early diagnosis and treatment are therefore critical.

### Not a disease of affluence

Like Chabeli Mokone, an increasing number of people in Lesotho are suffering from non-communicable diseases such as diabetes and high blood pressure. For example, strokes as a result of cardiovascular disease are now the third most common cause of death behind HIV/AIDS and pneumonia. Twenty years ago they were the fifth most common.

There are many different reasons for this increase: on the one hand, people in Lesotho live longer on average nowadays, also because HIV/AIDS is easier to treat than it used to be. On the other, an increasing number of people are overweight. What is dubbed a disease of affluence in countries like Switzerland, is largely caused by

**“Many people don’t even know they’re sick.”**

**Thabo Lejone,**  
research manager from Lesotho

poverty in Lesotho. Unhealthy and unbalanced diets comprising sugary drinks and heavily processed foods are often more affordable than healthy, balanced foods. In addition, people are often unaware of the consequences of an unhealthy diet, being overweight and a lack of exercise.

“But how could they be?”, asks Felix Gerber, who studied medicine in Basel and researches non-communicable diseases in Lesotho. “Healthcare workers themselves know very little about this, so people are not educated,” he says. But because access to drugs and therapies is heavily restricted in rural Lesotho, prevention is even more important. The young doctor says that these diseases urgently require more attention.



▲ Travelling around the remote villages of Butha-Buthe. ComBaCaL

### Medical care in communities

For this reason, SolidarMed is carrying out a multi-year project called ComBaCaL (Community-Based Chronic Care Lesotho) with the Swiss Tropical and Public Health Institute (Swiss TPH), the Lesotho Ministry of Health, the University of Zurich and the National University of Lesotho. The aim is to educate people on preventing diabetes and high blood pressure through exercise and a healthy diet. They should also gain access to medical treatment if necessary. Part of the project therefore also involves training of healthcare staff, adaptation of treatment guidance and provision of medical equipment and medicines.

The project is also a research project (see box). In an initial phase, the team is clarifying the actual incidence of diabetes and high blood pressure in the mountainous districts of Butha-Buthe and Mokhotlong in northern Lesotho. This will serve as a basis on which to respond as appropriately as possible to the increase in non-communicable diseases in consultation with the authorities. The initial results of the data collection show that, like 61-year-old Chabeli Mokone, many people

## Increase in non-communicable diseases in southern Africa

The number of people with non-communicable diseases such as diabetes, high blood pressure and mental illness is also sharply rising in southern Africa. However, in many places diagnostic and treatment options are lacking. Besides Lesotho (see article), SolidarMed is also working in this area in Zimbabwe. SolidarMed is training healthcare workers to recognise the symptoms early and to offer the right treatment. SolidarMed is also providing equipment and helping authorities procure medicines.

## In the spotlight

are unaware that they are sick. Others do know about their condition but receive no or insufficient treatment.

A central element of the project is the recruitment and training of community health workers like Fanroi Morobe by the ComBaCaL team. They are taught how to measure blood pressure, determine blood sugar levels, prescribe medicines and recognise potential side effects. A digital app on tablet computers assist them in this process, guiding them through the diagnosis steps, proposing appointments for follow-up consultations and helping with prescribing medicines. Community health workers also learn how to educate communities about the

importance of eating a balanced diet and taking regular exercise.

### Building on past successes

In the next three years, a total of over 100 such community health workers in Butha-Buthe and Mokhotlong will educate people in their homes, carry out tests and provide access to treatment where necessary. In a test group and a main study, various approaches are to be compared (see box).

This sort of care delivered by community health workers is nothing new: the approach has already been used for a number of years in Lesotho in the field of HIV/AIDS and has been instrumental in containing the

epidemic. Community health workers reach significantly more people this way than if villagers have to travel a long way to a health centre. This positive experience should now help with diseases such as diabetes and high blood pressure which would go undetected for a long time without screenings.

Community health workers also play an important role in supplying medicines to patients. For example, the day after Chabeli Mokone's high blood sugar level reading, Fanroi Morobe accompanied her on foot to the nearest health centre ten kilometres away. There, the newly trained specialist staff confirm the diagnosis of type 2 diabetes and prescribe the 61-year-old the drug Metformin. In the last few months, SolidarMed has provided training at a total of 23 health institutions in both districts specifically on diagnosing and treating chronic non-communicable diseases.

Since her accompanied trip to the health centre, Chabeli Mokone saves herself the long journey as she can get her diabetes medicine directly from the community health worker, Fanroi Morobe. In May 2022 – three months after the initial diagnosis – her blood sugar level has already decreased to 7.4 mmol/L – which is a good level.

The collection of data in the first months of the project and the subsequent treatment of people with chronic diseases in communities mean additional work for community health workers. They therefore receive a subsidy to the modest wage they are paid by the Ministry of Health. Additionally, in the coming months, community health workers are to be trained on how to earn a steady income in addition to their work as community health workers. This will enable them to work longer term in

## The ComBaCaL research project

### June 2021 – July 2022

Four teams collect data on the incidence of diabetes, high blood pressure, mental illness and HIV in 120 communities in the districts of Butha-Buthe and Mokhotlong.

### From April 2022

Ten newly-trained community health workers educate community members on non-communicable diseases and carry out diagnostic tests. The research team examines the effectiveness of the approach. What comes out of this test group will be studied in more detail in the larger study from the end of 2022.

### End of 2022 – end of 2025

More than 100 newly-trained community health workers will travel around Butha-Buthe and Mokhotlong. They will treat those who are sick on site directly in 50 communities and refer people to healthcare institutions in another 50 villages. As everything is precisely documented, the research team will gain valuable insights in controlling non-communicable diseases.

### From 2025

In the long term, the treatment of people with high blood pressure, diabetes and mental illness will be an integral part of the government-supported system of community health workers.





▲ Impaired vision can be a sign of diabetes. A villager receives an on-the-spot eye test with the aid of an iExaminer. *ComBaCaL*

the communities where patients know them. The ComBaCaL team is currently looking into the business areas that would be eligible.

### **Bringing the issue onto the political agenda**

As with all projects, close collaboration with the health authorities is essential. SolidarMed is an established and close partner in this area, too. For example, previously there were no uniform guidelines on the diagnosis and treatment of chronic non-communicable diseases in Lesotho. There were no national databases either, or templates to draw up reports. The ComBaCaL team therefore worked with the National Programme for Chronic Diseases to draw up guidelines for better diagnosis and treatment. They will initially be rolled

out at district level in the coming months, and subsequently presented to the Ministry of Health. On the basis of the collected data on the incidence of

prevention, detection and treatment of non-communicable diseases in Lesotho and beyond. It is an important step in tackling the increase in these diseases in southern Africa. ■ *bw*

**“Non-communicable diseases urgently require more attention.”**

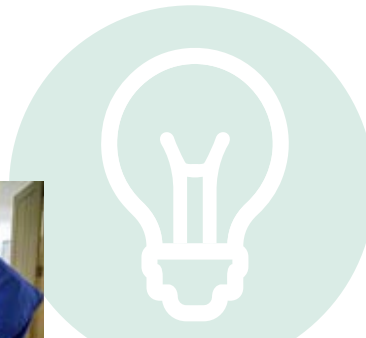
**Felix Gerber,**  
researcher at ComBaCaL

these diseases in the country, the health authorities will also be able to provide the necessary resources and therefore better support healthcare workers and those affected.

The ComBaCaL project will therefore deliver important findings on better

# A clean solution

Good hospital hygiene is crucial to prevent the spread of infections and drug-resistant pathogens in hospital settings. But in low- and middle-income regions, there is often a lack of equipment, staff and awareness. This is why SolidarMed has always provided healthcare facilities in partner countries with targeted support to comply with hygiene standards and train staff. In the Cabo Delgado Province in northern Mozambique, SolidarMed is going a step further. First, the team systematically analysed the existing infection prevention and control measures at a number of hospitals and health centres. They then used this to identify four areas to specifically promote hygiene and to better manage roles and responsibilities. ■ *bw*



## 1. Raising awareness

In low- and middle-income countries, up to 15% of all infections spread in healthcare settings. Yet staff and patients are not always aware of the dangers of a lack of hygiene and incorrect waste disposal.

**SM** **works** In the Cabo Delgado Province, for example, SolidarMed is working to make infection prevention and control measures a priority in healthcare facilities. To this end, it is training staff and educating various facility users. It is also preparing information on how hygiene can be significantly improved with little effort.



### Why is hygiene and waste management important in health facilities?

- ▶ Because operations can be performed safely using sterile equipment.
- ▶ Because it prevents the spread of communicable diseases like tuberculosis and diarrhoea.
- ▶ Because waste that is not properly disposed can cause injury.
- ▶ Because it is more environmentally friendly to properly separate and dispose of waste.
- ▶ Because it makes stays more pleasant and therefore improves the well-being of staff and patients.



## 2. Observing hygiene measures

Regular handwashing, sterilising medical devices, and using personal protective equipment (PPE) significantly reduce the risk of infections and drug-resistant pathogens. Often, however, material and equipment is not cleaned often enough, or existing equipment is defective.

**SM** **works** SolidarMed is procuring PPE, building additional toilets and handwashing stations, and repairing defective washing machines at three healthcare facilities in Cabo Delgado. Hygiene officers are being trained in sterilising equipment, and staff are being encouraged to clean all facilities more frequently.





## Waste management so hospitals?

Waste management can only be performed properly with equipment. Infections with bacteria, such as Covid-19, can be spread through waste. Waste left lying around may be a health risk. Environmentally friendly waste management and disposal of waste in hospital more improves the well-being of patients.



### 4. Managing responsibilities

In order for infection prevention and control measures to be implemented on a long-term basis, responsibilities need to be clearly managed. Hygiene committees are needed to check compliance with measures and to make changes where necessary. Devices and equipment also need to be maintained.

**SM works** SolidarMed is introducing hygiene committees at all three healthcare facilities and assisting them with the monitoring of measures. SolidarMed also promotes the exchange of knowledge with committees at other facilities, with the competent waste management authorities, and with the health authorities. This ensures that the measures are integrated in existing structures and hospital hygiene is improved in the long term.



### 3. Correctly disposing of waste

Large amounts of non-infectious and infectious waste are generated at healthcare facilities. To ensure this does not present a risk, proper disposal is crucial. However, in many places, there is no waste concept in place, or it is not sufficiently complied with.

**SM works** At the three facilities, SolidarMed is introducing a system for the separation of organic, recyclable, non-infectious and infectious waste. Infectious waste is incinerated in newly-built, solar-powered incinerators, while compost is processed on site. The rest is reused or disposed of outside of the facility.

Interview with Peter Hellmold

# “I’m not someone who sits about twiddling their thumbs”



▲ Peter Hellmold prepares for an operation at Lugala Hospital. *mh*

Peter Hellmold has been working as a doctor in Africa for a total of over 28 years, the last 13 of which at the rural Lugala Hospital in Tanzania on behalf of SolidarMed. The 68-year-old talked to us about what drives his tireless work and what has pushed him to his limits.

**Peter, you completed your medical studies in Göttingen in 1985. What sparked your interest in public health development cooperation?**

As a child, I used to look at the pictures in the magazine of Missio, a Catholic aid organisation. That was where I first

learned about diseases such as malaria, river blindness and leprosy, and I found it all fascinating. But after I finished my Abitur, I didn't know initially what I wanted to do. In the end, I travelled the world for four-and-a-half years on a very tight budget, and did various work

including helping out at a health centre in Colombia. That was when I knew that I wanted to become a doctor in tropical medicine.

**How did you end up working for SolidarMed in Tanzania?**

I had already worked as a doctor in Tanzania for various organisations between 1989 and 1995 and then again from 2003. After that, I actually would have liked to work somewhere else for personal reasons. I therefore applied to work at the German research station in the Antarctic but had to wait a few months to hear back from them. During that time, I was approached by Elisa-

## “Demand for medical support is particularly high in rural areas.”

**Peter Hellmold,**  
doctor and project manager, Tanzania

beth Rotzetter, the former SolidarMed Country Director in Tanzania. Instead of waiting even longer to hear back about the Antarctic, I became senior doctor at Lugala Hospital in Tanzania.

### **Lugala is very remote – it’s 300 kilometres from the nearest tarmac road. Why did you want to work there, of all places?**

I like remote places (laughs). When I was a boy, I used to go to the forest with my grandfather three or four times a week; I later spent several years in the Arctic, and during my studies, I worked at a remote leprosy clinic in Sierra Leone. What’s more, the demand for medical support is particularly high in rural areas. SolidarMed as an organisation also really impressed me.

### **Since 2009 you have been working in Lugala pretty much day and night. What drives you?**

Primarily it’s my interest in medicine. My work brings me immense pleasure. Also, I knew from the beginning that I wanted to use my knowledge to help disadvantaged people. I find it really unfair, for example, when children are denied the chance of a bright future just because their families are poor. In actual fact, my work here has never just

been that of a doctor or later that of a project manager in maternal and newborn health, but rather that of a social worker. Every day people come here who are living in extreme poverty and are unable to cope. So I have a lot more to do than just the medical work.

### **How do you mean?**

I find the widespread poverty very depressing. In theory there is a welfare system but in practice it doesn’t work. And anyway the poorest people slip through the cracks. Because even if schools are free, uniforms and school equipment aren’t. But I am encouraged by the great contribution we have made to enabling these people to access better healthcare. Because health is everything.

### **What are you particularly proud of?**

I’m proud of how much Lugala Hospital has changed since 2009: thanks to all the investment, we have much better infrastructure, we can offer more and better treatments, we have enough medicines and we have well-trained staff. This has been helped by the Lugala school of nursing, which was also set up by SolidarMed, at which 120 students are currently enrolled.

### **Officially you are now retiring and leaving your position as a project manager at SolidarMed. What’s next for you?**

Well I’m not someone who sits around twiddling his thumbs (laughs). Actually I’m staying at Lugala Hospital for at least another three years. The Lutheran church that runs the hospital asked me to. I’m delighted as I’ll have even more time to pass on my knowledge to the next generation.



▲ Peter Hellmold has worked as a doctor and project manager at SolidarMed for many years. *mh*

### **SolidarMed and Lugala Hospital**

SolidarMed has been supporting Lugala Hospital since 2005\* and has invested heavily in infrastructure, equipment and capacity building. This has resulted, among other things, in a specialist neonatal ward.

In the future, SolidarMed will provide the hospital with targeted support to sustain the successes it has achieved. This includes maintaining devices, and in isolated cases providing equipment and training. SolidarMed is also reviewing the establishment of an income-generating pharmacy. Lugala also remains the most important reference hospital for all SolidarMed projects in the Malinyi District.

\* And not 2010, as erroneously stated in the May issue (on p.8).

# Rising prices due to war in Ukraine

According to the World Bank, the increase in energy prices over the past two years has been the largest since the 1973 oil crisis. What started with supply bottlenecks during the coronavirus pandemic has been further fuelled by the war in Ukraine. And this also affects SolidarMed's eight partner countries. As Tanzania's Country Director, Benatus Sambili, explains: "Before the war, a bus ticket for the 1,144-kilometre journey from Dar es Salaam to Mansa cost the equivalent of CHF 20. Due to energy prices it now costs CHF 32." And the cost of consumer goods is rising sharply, too. As Operating Director Mamello Letsie reports from Lesotho, in June the price of sunflower oil had doubled and the price of bread was rising daily. In Kenya, the price of sunflower oil has more than tripled.

This is devastating, particularly for the poorest section of the population in these countries who suddenly have to contend with much higher outgoings and can no longer afford everyday essentials. They get very little support from the government. While in some cases the minimum wage has been raised, this does not affect self-employed farming families. Yet some countries are benefitting from the current situation. As John Tierney, Country Director for Zambia explains, the increased demand for green energy – and unfortunately also for military goods – has driven up

the price of copper, which has benefitted Zambia as a supplier of this raw material.

Meanwhile, SolidarMed continues to run its projects as usual as far as possible. But additional costs caused by the rising prices cannot be prevented. Benatus Sambili explains how the team in Tanzania is trying to cushion the impact of the costs where possible: "We plan our journeys more carefully than we used to so that we use less fuel. In an emergency we also have financial reserves we could fall back on." In Kenya SolidarMed is supporting families living in extreme poverty through its partner organisation DAMKA by providing additional food parcels and procuring medicines.

SolidarMed will continue to monitor the situation closely. As was the case during the coronavirus pandemic, flexibility and creativity are needed to respond rapidly to changes. SolidarMed would like to take this opportunity to thank all its donors and supporters who have not forgotten the people of southern Africa during the Ukraine war. Your support is much appreciated! ■ *bw*

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# New ambulance for the Ulanga District

**Tanzania** Ulanga is a remote and hilly district in the Morogoro region. Patients often have a long and difficult journey to reach a hospital. Even transfers between hospitals are time consuming and require off-road vehicles. For example, the journey from Mahenge District Hospital to St. Francis Hospital in the neighbouring Kilombero District is 85 kilometres on unmade roads. To allow patients to be transported rapidly in emergencies, SolidarMed presented the Ulanga District with a new ambulance at the end of May. It is a valuable addition to the existing vehicles and will allow many people to access timely medical care. ■ *bw*



▲ SolidarMed Country Director Benatus Sambili hands over the keys for the new ambulance to district official Ngolo Malenya. *sm*

# Helping girls stay in school

**Tanzania** At least 6,000 young women had to drop out of school in 2020 because they were pregnant. Others could no longer attend school because their parents had married them off early. The reasons are not only cultural, but also due to widespread poverty as many parents cannot afford to send their daughters to school for long and are reliant on a dowry. Or young women get involved with older men in the hope that they will support their families, and then fall pregnant. But early pregnancies are a health risk, and a lack of higher education reinforces gender inequality and increases poverty. SolidarMed therefore wants to improve the economic situation of parents and their daughters in a targeted way.

To this end, SolidarMed is trialling an innovative financing system in a pilot project running until 2023. In the village of Gombe, selected community health workers are receiving support to set up a microenterprise, for example in beekeeping, grocery trading or dressmaking. The revenues generated are split three ways: one part goes as a wage to community health workers whose pay was previously very modest; the second part goes into a fund to further develop the business; and the third goes to certain vulnerable local families. These are families with a low social status and modest financial means who have at least one teenaged daughter. The financial support is intended to enable the girls to stay in school for longer and to get married later. In addition, parents and young people take part in panels to discuss gender equality. If this approach proves effective, it is to be rolled out in other communities and will therefore improve the rights and health of many young women. ■ *bw*



▲ Many young women have to drop out of school because they get married or are already pregnant. *ms*

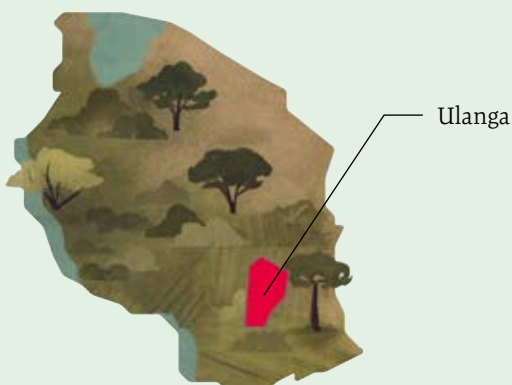


▲ Thanks to financial support, girls from families living in poverty can stay in school for longer. *ms*



▲ Group discussions are intended to help bring about a rethink in society. *ms*

Tanzania



Ulanga

# Showing solidarity – but how?

At the public panel discussion on Friday the 20<sup>th</sup> of May, SolidarMed discussed the concept of effective altruism with a range of experts. The event aimed to get an objective response to the difficult question of how to show solidarity effectively.

The word ‘solidarity’ has significantly shaped public debate in recent months. Starting with the coronavirus pandemic, the war in Ukraine has further fuelled discussions about helping others and its importance to social coexistence.

What solidarity means and who exactly should benefit from aid is the subject of critical debate. For example, does it make sense to donate money to support healthcare in a remote village in southern Africa, or is it better to get involved in helping vulnerable people closer to home?

Effective altruism attempts to answer this question. “Supporters of this movement advocate helping where they can have the greatest impact,” explained ethicist Peter Schaber in his introductory talk. Effective altruists generally do this through a monetary donation, which amounts to up to 10% of their income. The decision on whom to donate to is not a gut feeling, but a sober comparison of various measures and systematic measurement of their positive effects in order to determine the maximum impact.

The participants in the panel discussion, led by SRF presenter and philosopher

Barbara Bleisch, had plenty to say about this approach. The position of effective altruism can appear strange because it attempts to objectivise a matter of the heart – helping others. Also, many aspects of development cooperation cannot be easily broken down into impact categories. “Donations make an important contribution to alleviating poverty and suffering, but the greatest change is brought about politically rather than through donations,” stressed development expert Kristina Lanz from Alliance Sud. Political engagement is therefore a very effective form of solidarity.

But the concept of effective altruism definitely provides arguments that support monetary donations for development projects in Africa as necessary and useful. On the one hand, because many people there are living in extreme poverty and need help. On the other, because one Swiss franc invested in Africa can achieve much more than in Europe.

A challenge remains the comparability of measures, however. Because not all project impacts can be quantified in the same way. “Donors have to rely on

reports from the organisations to be able to weigh up the effectiveness of their donation,” says Christian Heuss, head of communication and fundraising at SolidarMed. The demand for transparent communication and accountable impact measurement on the part of donors has risen. This applies both to organisations such as SolidarMed, and political and state actors. A great deal of intuition is needed to strike the right balance between appealing to the head and to the heart. This is about illustrating the need for help, respecting the dignity of those affected, and showing what really works. ■ ss

**The panel discussion on solidarity took place on Friday the 20<sup>th</sup> of May after the Annual General Meeting. The speakers were Kristina Lanz, policy analyst at Alliance Sud, Peter Schaber, professor of applied ethics at the University of Zurich, and Christian Heuss, head of communications and fundraising at SolidarMed. The discussion was moderated by Barbara Bleisch, philosopher and presenter of the SRF philosophy programme *Sternstunde Philosophie*.**

## The perspectives of three country directors on solidarity and effective assistance:

“As I see it, solidarity goes beyond the moral obligation of ‘the stronger helping the weaker’. Solidarity is something that defines us as humans. Helping is to do with humanity. Because we are social beings and we are stronger when we stand together. To help others in the long term, grassroots approaches are needed. While financial resources are important, they must not be the only element. The social context and the people needing help must be involved in the process of finding solutions. For example, mosquito nets are a very effective way to protect against malaria. But if they are handed out without any instructions and ultimately used incorrectly as fishing nets, they have not achieved their objective.”



**Irene Ayakaka, Technical Director of SolidarMed Lesotho**

“When it comes to solidarity, the question of duration often arises: how long should/can/must the help last? We need to ask ourselves this question at the beginning of projects. Our goal is to strengthen local health systems and not to create long-term dependencies. I would describe my country director role as that of a bridge builder. I connect those who want to help with those who receive the help. This makes it possible for people from faraway regions to help others.”



**Kuda Madzeke, Country Director of SolidarMed Zimbabwe**

“The demand for impact assessment brings challenges: summarising the impact of a programme in two or three sentences can lead to interrelationships being oversimplified and issues being presented in a clichéd way. Nonetheless, measuring and promoting impact is an essential part of SolidarMed. Indicators and benchmarks are important to determine whether defined goals have been achieved and whether the resources provided have been deployed efficiently. We have a moral obligation to ensure that aid in the form of donations gets from A to B. This is why I feel it is important that we use authentic photos when we report on our work. Because ultimately it’s the people in those photos who our donors and supporters are helping.”



**Barbara Kruspan, Country Director of SolidarMed Mozambique**

# Where is SolidarMed heading?

SolidarMed is 96 years old – a considerable age. This year's Annual General Meeting on 20<sup>th</sup> May provided an opportunity to take stock.

Annual general meetings are an ideal opportunity to look to the past and to the future. This year's AGM on the 20<sup>th</sup> of May revolved around where SolidarMed is heading and what challenges it will have to face. Below are the four key points. You can read the full articles at [solidarmed.ch/overview2022](https://solidarmed.ch/overview2022).

## ► Preserving the old

SolidarMed has been focusing on the same four core areas for many years: strengthening healthcare and prevention in communities; providing training and continuing education for health workers; strengthening medical facilities; and continually monitoring the results of its programmes. SolidarMed will stay true to this approach going forward.

## ► Moving with the times

New topic areas such as chronic diseases are becoming more important (see p. 4–7). Digital approaches (e.g. apps) can facilitate diagnoses and save patients repeated long journeys to health centres. SolidarMed has been increasingly working in this area for a number of years and will step up its efforts in the future.

## ► Remining self-aware

The decolonisation of development cooperation remains an issue for SolidarMed, too. The process of decentralising project development is already under way and will continue to occupy SolidarMed for years to come

## ► Focussing on the good

The political and economic situation in partner countries has always been a major challenge. We have to see and acknowledge the successes, both large and small. The support of over 10,000 donors and almost a hundred foundations, cantons,



▲ This year's Annual General Meeting was held at the Neubad in Lucerne. *ob*

cities and municipalities, as well as the Swiss Agency for Development and Cooperation (SDC), and the Liechtenstein Development Service (LED) is invaluable.

## And now?

In four years SolidarMed will celebrate its centenary. This will be an opportunity to gain a broader overview and to discuss in detail where the organisation is heading. Anyone who would like to discuss something with the head office in Lucerne before then is warmly invited to attend our summer event. ■ *bw*

## Your donation makes a difference

### SolidarMed

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