SolidarMed improves health care for 2.5 million people in Lesotho, Mozambique, Tanzania, Zambia and Zimbabwe.
SolidarMed in 2019

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“In the coming decade as well, SolidarMed will continue to focus on the needs of those whose health would otherwise suffer.”

Niklaus Labhardt

*A few days after an operation in Lugala, Tanzania. Abel Chambua* will only need the wheelchair until he has recovered from his accident.*

*Name changed*
Health care for all

In 1978, the World Health Organisation published the declaration of Alma-Ata. To this day, the principles of primary health care stated therein serve as a guideline for SolidarMed and our project partners in the South. In particular in SolidarMed’s rural, often remote project areas, primary medical care is still the main necessary focus: clean water, mosquito nets, family planning resources, safe births, as well as prevention and treatment for infectious diseases.

Our partner countries have fortunately advanced and the decades of collaboration is bearing fruit. In many regions in our project countries, the government health care system can sustain primary health care. At the same time, new challenges have arisen for the health care system. As such, chronic diseases such as diabetes, high blood pressure, HIV, tuberculosis and mental illnesses requiring complex treatment have in some cases significantly increased. Under fair access, these diseases too must be included as part of primary health care.

Together with our partners, we have taken on these new challenges over the past decade. We have consistently contributed to making HIV treatment part of primary health care in many locations and to ensuring that patients received appropriate therapy. Through consistent training and supervision of village health care workers, we strengthen the ties between the population and health care workers. Our training and further education programmes for health personnel and direct equipping of hospitals ensure that the clinics and health care centres are ready to accept patients and their medical problems.

SolidarMed in the new decade
Where is SolidarMed heading and how will our projects look in the coming decade? SolidarMed is bound by the international goal of universally accessible health care “Universal Health Coverage” (UHC). This means that prevention and treatment of all major diseases in a population are accessible to everyone. The costs of treatment, however, should not result in impoverishment. We will continue to work towards UHC, firm in our conviction that it must be possible for every person to receive health care of appropriate quality. We cannot achieve this goal alone. Together with our partners, we analyse where there are gaps in health care and align our projects accordingly.

“Aids & Child” joins SolidarMed
We would specifically like to highlight the fact that the Swiss foundation “Aids & Child” decided to disband and transfer its foundation assets and responsibility for continuation of the projects to SolidarMed. These projects, with a psychosocial focus, support children in Kenya, South Africa and India who are directly or indirectly affected by HIV.

SolidarMed will continue these projects in the interests of the donors and partner organisations. This too under the motto of fair access to prevention and health care for everyone.

SolidarMed in times of global pandemic
At the time this annual financial statement is going to press, the world is being ravaged by the COVID-19 crisis. As of the editorial deadline, it is still uncertain how strongly the novel coronavirus will affect Africa’s popula-
tion. It is possible that the impact may be less severe than feared due to the very young average age of the population. It is, however, more likely that a rapid spread and high numbers of victims will arise in the overpopulated metropolises, townships and slums, especially in population segments that are immunocompromised due to HIV or malnutrition. COVID-19 will (over-) burden the health care system in Africa and regular primary health care will severely suffer as a result. SolidarMed therefore supports all of its partner countries in making certain that despite the novel coronavirus, children continue to be immunised, HIV patients continue to receive their medicines and mothers continue to safely give birth.

The COVID-19 example shows how important it is for SolidarMed to remain an agile organisation in the coming decade, one that adapts to the health needs of the population and takes on those health problems that are otherwise not or inadequately covered.

We can only do our work towards fairer access to good health care thanks to your support. I would like to extend our gratitude to you here for your support over the past several years. I hope we will be able to continue to count on you in the coming decade as well.

My thanks also go out our dedicated teams and partners in Lesotho, Mozambique, Zambia, Zimbabwe and Tanzania and our staff in Switzerland. Together, we will get one step closer to our vision of universal health coverage. Many thanks!
**Responsibility for sustainable development**

What do you do when a government is unable to care for its sick? When it is overloaded because the challenges in health care are large and the budgets are small? When health care personnel work to the breaking point? And hospitals cannot keep up because they are overloaded with ebola, cholera and corona? Esther Duflo searched for answers to these questions and in 2019, she received the Nobel Prize in Economic Sciences for her efforts. This distinction inspired us since these questions accompany our work day after day.

**For women and children**

We have responded to these questions with our projects. We have strengthened primary health care, treated malnourished children, promoted education for girls, provided clean drinking water and offered psychosocial support. We have treated malaria, fought HIV and enabled safe births.

And we have always ensured that those who need our solidarity the most are the focus of our projects: women, children and poor people. The rural population, the weak. We are committed to their health. Together with our partners in the South, in Switzerland and in Liechtenstein.

**Rapid help in humanitarian crises**

Women and children bore the brunt of the numerous humanitarian emergencies that plagued us in 2019. In Zimbabwe and Mozambique, for instance, hurricanes Idai and Kenneth destroyed the livelihoods of hundreds of thousands of people within an extremely short period - of people who are already fighting for survival every day. Here, SolidarMed, together with other Swiss partners, rapidly and pragmatically provided humanitarian aid to more than 400,000 affected people, organised clean drinking water, created protection and refuge. Together with the authorities, we also ensured that hospitals and health centres were better equipped to handle future crises after these catastrophes.

**Training, jobs and strong hospitals**

Occupational training of health personnel is a cornerstone of all that. It not only increases the quality of medical treatment. Trained people find work more easily, earn an income and feed their families. Promoting the skills of our local partners therefore remained an integral part of our programmes. 36 hospitals, 156 rural clinics, 25 training centres and a university course of study, all benefited in 2019 from SolidarMed’s support. Moreover, we are proud of the newly trained specialist advisers who together with our partners significantly improved diagnosis, treatment and care in hospitals.

**Swiss expertise, a breath of fresh air and new ideas**

Effective development cooperation draws life from skill and experience. This concerns both specialist medical topics and related areas such as climate-friendly construction or digital schooling methods. SolidarMed collaborates with a network of Swiss specialist advisers, universities and private companies to provide this expertise. Together with them, in 2019, we developed, implemented and scientifically worked through numerous innovative solutions. We are particularly proud of our partnership with EPFL Lausanne to establish an ambulance system in Mozambique, our research partnership with the Swiss Tropical and Public Health Institute and our collaboration with the Institute of Social and Preventive Medicine of the...
“After cyclone Kenneth, SolidarMed ensured that the health services in the north of Mozambique are better equipped to handle future crises.”

Jochen Ehmer
University of Berne for enhanced diagnosis and treatment of HIV. The approaches we developed with our Liechtenstein partners in the field of health education and social entrepreneurship in Zambia were also milestones in the past year.

SolidarMed not only boasts expertise and competence in specialist questions, but also in implementation. Our staff members on site, are familiar with the situation and seek sustainable solutions that continue in place once our projects have ended.

**Responsibility for sustainable development**

Day in, day out, we observe how fast the world is changing. SolidarMed is also changing. In order to enable a healthy future for our children, more and more, SolidarMed is also considering “new” topics such as the impact of climate change, migration and emerging epidemics as part of the Sustainable Development Goals (SDGs).

Our activities, however, continue to focus on the health of children, women and adolescents in the world’s most impoverished regions. 1.7 million patients received outpatient treatment for diseases such as malaria, tuberculosis or asthma thanks to our work. And 32,900 people survived thanks to life-saving HIV treatment. All these people were given a second chance thanks to SolidarMed.

Only if we work together can we create a liveable, fair and healthy future for our children.

Our work would not be possible without the support of our numerous donors, patrons, members, testators, companies, foundations and partner organisations. My profound gratitude goes out to all who make our work possible and encourage us to keep going. Working towards a healthy world and a liveable future.

I hope you enjoy reading the annual report.
In the spotlight  Kangaroo care for premature infants

In 2019, SolidarMed trained the hospital personal and over 60 so-called health agents in the kangaroo care method for premature infants at Lugala Hospital in Tanzania. In addition, the team renovated the maternity department and set up a room for intensive care of newborns. 145 premature babies, who would likely have died a year prior, were able to leave the hospital in healthy condition thanks to the new medical possibilities.

Kangaroo care is a simple, economical resource against the high level of child mortality in Tanzania where 25 out of 1,000 newborns still die within the first 28 days after birth. Of these, around 25% are premature babies and almost always underweight. The core of the method is the protective warmth via persistent skin contact between the mother and child and consistent breast-feeding. Scientific studies have already shown what this simple, cost-effective method has now achieved in clinical practice: infant mortality and morbidity rates considerably decreased in 2019. Acceptance by the mothers in the region is so widespread that the department is already at capacity in its second year.
How SolidarMed makes a difference

In collaboration with partner districts and hospitals, in 2019, SolidarMed performed a wide range of services: expansion of infrastructure, procurement of equipment, clinical training and medical coaching, new treatment strategies, hospital management, measures to combat personnel shortages and for patient transport and much more. The key to the success of our interventions lies in respectful partnership. SolidarMed takes its partners’ concerns to heart and helps them achieve their goals. At the same time, we expect a great deal from our partners: good medical quality, maintenance and servicing of the equipment provided and ensuring that agreements made are kept.

SolidarMed contributes to the following SDGs in this core area:
In the reporting year, SolidarMed developed a new app in cooperation with the Zimbabwean Ministry of Health and the nursing staff with the involvement of the civilian population. This app made it possible to support and train nursing staff remotely and ensures monitoring by specialised personnel. Using this app for mobile phones and tablet computers, the nursing staff can rely on the experience of their professional colleagues. They are advised and supported on a regular basis and in a structured manner via the app. This improves the quality of care.

This digital support is invaluable, for instance, for complex treatment such as that required by HIV patients. Regular controls are extremely important for therapeutic success, to check the state of health of the infected patients and to optimise their treatment. In addition to the specialist support, the app ensures that the patient data is centrally stored and always accessible. In 2019, SolidarMed availed itself of the experiences garnered with this app to develop the national “eHealth Strategic Plan.”

Training and further education of health personnel

More than half of the required health personnel is lacking in the rural regions of Africa. In 2019, SolidarMed trained specialised medical personnel, supported their further education and improved their working and living conditions.

A registered nurse in the emergency department of Chiüre in Mozambique. The personnel use a triage system implemented by SolidarMed in order to make optimal use of the few beds.
How SolidarMed makes a difference

In 2019, in SolidarMed’s project regions, only 13 health care professionals took care of 10,000 people. The WHO recommends at least 45 in order to ensure that health care is largely guaranteed. Therefore, many developing countries outsource the tasks of higher-level specialist personnel to less qualified care personnel. This strategy allows to cushion the shortage of specialists, especially in rural areas. The prerequisite for this however is suitable training and specialist accompaniment of the personnel in these new tasks. In 2019, SolidarMed tackled the deficit of qualifications with training and further education. Over 1,200 doctors, midwives and nurses benefited from this. In order to ensure that the personnel remained at the hospitals in rural areas, we built additional living space and provided the personnel with specialist expertise.

SolidarMed contributes to the following SDGs in this core area:
In the spotlight Tuk-Tuk ambulance with taxi function

In 2019, SolidarMed tested an emergency transport system in its second year; this system is adapted to the needs and possibilities in rural Africa. Selected drivers transported just under 120 very pregnant women free of charge to the health care centre using Tuk-Tuks. The rest of the time, the independent taxi operators used the vehicle for transporting people or goods. This combined model of medical and economic use enables emergency transport and provides drivers with an income.

In conjunction with EPFL Lausanne, in 2019 SolidarMed worked on the business plan of the ambulance system in order to create an independent economic foundation. To this end, SolidarMed founded the not-for-profit company Okalihera. The Tuk-Tuks’ fluorescent yellow colour is designed to attract taxi customers for transporting goods and people to remote villages. This produces additional revenues aimed at making the Tuk-Tuks, and thus the ambulance system, economically self-sustainable.
How SolidarMed makes a difference

In 2019, SolidarMed promoted more than 2,000 health advisers and groups in remote villages. They serve as an important liaison between the health care system and village community. They talk about topics such as family planning, safe birthing or protection against infectious diseases and facilitate access to medical aid.

The collaboration with village groups fosters the resilience of these communities through knowledge about health. Health advisers and committees observe the health of their village residents, support them in detecting early warning signals for serious diseases and calling for medical care in hospitals.

SolidarMed contributes to the following SDGs in this core area:
Implementing programmes effectively

In 2019, SolidarMed conducted field studies in conjunction with partners in order to check the effectiveness of the projects. The knowledge we gained was incorporated into the health policies of our partner countries.

In three partner countries, SolidarMed was invited in the reporting year to take part in developing national health care strategies. This trust is the result of close, long-term collaboration with the local health authorities.

SolidarMed was asked to contribute its experience from its own projects and the knowledge gained from scientific studies on committees in which strategic decisions for the health care policy of the entire country are made.

Our experts in Zambia were part of the national expert group for health personnel. In Zimbabwe, SolidarMed contributed to implementing countrywide e-health solutions.

Based on SolidarMed’s many years of experience in the treatment of HIV in Lesotho, the Minister of Health, Nhaku Kabi, called SolidarMed to join the National Expert Committee to work out the new HIV treatment guidelines. Thus, SolidarMed made a difference far beyond the project regions. With the elaboration of the new treatment guidelines, Lesotho is taking an important step towards the goal of getting the HIV epidemic under control by 2030. SolidarMed’s experience is incorporated into the country-wide strategy.
How SolidarMed makes a difference

We collaborate on scientific studies with both local and international partners in order to generate the necessary knowledge. In 2019, as a member and partner of networks such as Medicus Mundi Switzerland, the Swiss Malaria Group or the NGO Platform Switzerland, SolidarMed engaged in advocacy efforts here in Switzerland and Liechtenstein to promote the health concerns of people in the project countries. We did this through publications, a public information campaign (see page 18), events, lectures, media relations and social media communication. Scientific publications allow the knowledge gained to be taken up in scientific discourse. Cross-country exchange was also promoted last year: Employees from Zimbabwe and Mozambique came together to attend a multi-day exchange on mother-child care and eHealth.

SolidarMed contributes to the following SDGs in this core area:
SolidarMed did a lot of good in 2019

In its five partner countries in Southern and Eastern Africa, SolidarMed is strengthening the health care system. Within just one year, numerous people were able to benefit from enhanced medical care. With a very tangible effect:

- **1.71 million** children, women and men were treated on an outpatient basis
- **1.22 million** patients benefited from the training and further education of the health personnel
- **2,593** newborns survived thanks to medical assistance
- **74%** of HIV patients stayed on therapy for at least two years
- **5,310** children survived malaria or diarrhoea
- **2,593** newborns survived thanks to medical assistance
- **8,860** successful operations were performed in a SolidarMed-supported OR
- **5,310** children survived malaria or diarrhoea
- **8,860** successful operations were performed in a SolidarMed-supported OR
- **6,695** infants were spared an HIV infection
- **33,000** HIV patients stayed on therapy for at least two years
- **1.22 million** patients benefited from the training and further education of the health personnel

SolidarMed’s projects in 2019 were focused once again on number three of the Sustainable Development Goals (SDGs): good health and well-being. In addition, SolidarMed contributed to a total of 11 of the 17 goals. The projects contributed for instance to improving gender equality or quality education.

SolidarMed’s projects in 2019 contributed to the following SDGs:

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

More on the topic of SDG: solidarmed.ch
SolidarMed’s awareness-raising work is quite varied. In 2019, it was supplemented for the first time with a cross-media campaign to emphasise how important endurance is for effective development projects.

We don’t just distribute bandages...

Conceição Alexandre was the second face of the awareness-raising campaign. This registered nurse works in a health care centre in Mozambique and is specialised in mothers and newborns.

Zacharia Charles is an experienced registered nurse in Mahenge in Tanzania.

SolidarMed doesn’t need any models. Gynaecologist Gaoussou Diakité works for SolidarMed as a project leader and trainer in Mozambique.

SolidarMed doesn’t need any medication. Instead, they provide the necessary infrastructure.

Aktuell mit Coachings von Ärztinnen und Ärzten in Simbabwe. Helfen Sie mit: solidarmed.ch

Zusammenarbeit, die wirkt.

Wir liefern keine Medikamente. Sondern medizinisches Fachwissen.

Wir stellen keine Diagnosen. Sondern die nötige Infrastruktur.

Wir verbinden keine Wunden. Sondern Patienten und Spitäler.
The 2019 campaign focused on local personnel in the partner hospitals. Cremilde Pedro Mafongoane learns how to perform new procedures by herself during operations in Metoro (Mozambique).

In 2019, SolidarMed reached a large audience with a cross-media campaign in eight Swiss train stations, in pharmacies, on billboards and in social media.

SolidarMed employee Gaoussou Diakité has worked for SolidarMed for three years. Diakité trains the local surgeons at the health care centre in Metoro where SolidarMed made it possible to build an operating room.
Our teams in the North and South

The members of the Board of Directors performed over 1,233 hours of volunteer work in 2019. The management was composed of the director and the head of the departments of “programmes”, “communication & fund-raising” and “human resources & finances”. In 2019, SolidarMed filled 13 full-time positions in Switzerland and 13 in the project countries. Around 120 staff members were employed on site with local contracts.

* Member of the Board of Directors

The Board of the Association
From left: Dr med. Robert van der Ploeg (since 2016) • Dr med. Markus Frei (since 2016) • Maria Thiess (since 2009) • Hansjörg Widmer (since 2013) • Prof. Dr med. Niklaus Labhardt, President (since 2016) • Ruth Ospelt Niepelt, Vice-President (since 2013) • Dr med. Gregor Stadler (since 2013) •
Not pictured: Prof. Guido Keel (since 2016)

SolidarMed Ambassadors
Nadine Strittmatter (model)
Nik Hartmann (moderator, journalist)
Nino Schurter (mountain bike Olympic medallist)
Stephan Lichtsteiner (professional footballer, national player)
Partnerships for Health
Registered Nurse Zenaiba Martins during a prenatal exam. During a prenatal exam, not only the child's health but also the expectant mother's health is checked.

"During the reporting year, 84.4% of the funds went directly to the programmes."

Elisabeth Meier
More resources for projects once again

Just like in the previous year, project expenditures also fortunately increased in 2019, this time by CHF 685,000. This in turn benefited more people in the project regions.

SolidarMed was able to implement its project activities thanks to its earnings of nearly CHF 10.5 million. Revenues from donations and legacies slightly decreased at CHF 174,000; however, proceeds from earmarked donations rose by CHF 565,000 and revenues from the public sector (Liechtenstein Development Service LED and the Swiss Agency for Development and Cooperation SDC) increased by around CHF 145,000.

In the current year, a total of CHF 205,000 in earmarked donations for the following years were transferred and therefore set aside in the funds reserved for projects for subsequent use. SolidarMed withdrew CHF 312,000 for current project activities from organisational capital in order to offset these movements.

The highly successful stock market year was evident in the financial income of CHF 334,000, thus making it possible to allocate CHF 270,000 to the currency fluctuation fund. There are now CHF 400,000 available to cover any securities losses in a bad stock market year.

Thanks to budgetary discipline, SolidarMed kept fundraising (11.7 percent) and administration (3.9 percent) costs low and was considerably below the threshold values set by the Zewo Foundation. Out of every CHF 100.00, CHF 84.40 (previous year: CHF 83.60) went to the programmes in the South and North.

Note: The Annual Financial Statement and the report of the auditors including annexes are available at solidarmed.ch

### Source of funds 2019

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private and high donors</td>
<td>65%</td>
</tr>
<tr>
<td>LED contributions</td>
<td>7.9%</td>
</tr>
<tr>
<td>SDC contributions</td>
<td>27.1%</td>
</tr>
<tr>
<td>South and North programmes</td>
<td>84.4%</td>
</tr>
</tbody>
</table>

### Use of funds 2019

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>11.7%</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>3.9%</td>
</tr>
<tr>
<td>South and North programmes</td>
<td>84.4%</td>
</tr>
<tr>
<td>SDC contributions</td>
<td>27.1%</td>
</tr>
</tbody>
</table>
### Assets

#### Current assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>4,144,745</td>
<td>4,253,347</td>
</tr>
<tr>
<td>Assets held for trading at quoted market price</td>
<td>3,095,153</td>
<td>3,040,535</td>
</tr>
<tr>
<td>Other short-term receivables</td>
<td>200,308</td>
<td>151,376</td>
</tr>
<tr>
<td>Project advances</td>
<td>109,851</td>
<td>286,887</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>18,501</td>
<td>13,632</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,568,558</strong></td>
<td><strong>7,745,777</strong></td>
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</table>

#### Fixed assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment</td>
<td>15,101</td>
<td>16,671</td>
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<tr>
<td>Other investments</td>
<td>1</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15,102</strong></td>
<td><strong>16,672</strong></td>
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</table>

**Total Assets**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7,583,660</td>
<td>7,762,449</td>
</tr>
</tbody>
</table>

### Liabilities

#### Short-term liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities from sales and services</td>
<td>239,598</td>
<td>470,122</td>
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<tr>
<td>Accrued expenses</td>
<td>208,414</td>
<td>311,316</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>448,012</strong></td>
<td><strong>781,438</strong></td>
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#### Long-term liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions</td>
<td>175,642</td>
<td>184,442</td>
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<tr>
<td><strong>Total</strong></td>
<td>175,642</td>
<td>184,442</td>
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#### Funds reserved for projects

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDC projects</td>
<td>-30,000</td>
<td>0</td>
</tr>
<tr>
<td>LED projects</td>
<td>785,422</td>
<td>646,075</td>
</tr>
<tr>
<td>SolidarMed projects</td>
<td>891,088</td>
<td>794,843</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,646,510</strong></td>
<td><strong>1,440,918</strong></td>
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### Organisational capital

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>%</th>
<th>2018</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational capital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Share capital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid-in capital and reserves</td>
<td>881,633</td>
<td></td>
<td>881,633</td>
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<tr>
<td><strong>Fixed capital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currency fluctuation fund</td>
<td>400,000</td>
<td></td>
<td>130,000</td>
<td></td>
</tr>
<tr>
<td><strong>Free capital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund 1 unrestricted funds</td>
<td>2,695,241</td>
<td></td>
<td>2,774,841</td>
<td></td>
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<tr>
<td>Fund 2 unrestricted funds</td>
<td>1,336,622</td>
<td></td>
<td>1,569,177</td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>7,583,660</td>
<td>100</td>
<td>7,762,449</td>
<td>100</td>
</tr>
</tbody>
</table>

### Earnings

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>%</th>
<th>2018</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations, legacies, membership fees</td>
<td>1,973,340</td>
<td>18.8</td>
<td>2,147,186</td>
<td>21.5</td>
</tr>
<tr>
<td><strong>Purpose specific income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SolidarMed projects</td>
<td>4,851,262</td>
<td></td>
<td>4,286,558</td>
<td></td>
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<tr>
<td><strong>Total income</strong></td>
<td>10,498,684</td>
<td>100</td>
<td>9,967,432</td>
<td>100</td>
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</tbody>
</table>
## Expenditures

### South programme

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses project management Switzerland</td>
<td>-802,610</td>
<td>-671,205</td>
</tr>
<tr>
<td>Project visits</td>
<td>-54,832</td>
<td>-64,235</td>
</tr>
<tr>
<td>Share of office costs and depreciation</td>
<td>-37,264</td>
<td>-31,169</td>
</tr>
<tr>
<td>SolidarMed projects</td>
<td>-6,886,779</td>
<td>-6,329,998</td>
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<tr>
<td>SDC mandates</td>
<td>-150,000</td>
<td>0</td>
</tr>
<tr>
<td>LED Zambia</td>
<td>-600,323</td>
<td>-749,709</td>
</tr>
<tr>
<td></td>
<td><strong>-8,531,807</strong></td>
<td><strong>-7,846,316</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80.0</strong></td>
<td><strong>79.7</strong></td>
</tr>
</tbody>
</table>

### North programme

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-208,801</td>
<td>-202,067</td>
</tr>
<tr>
<td>Public relations</td>
<td>-241,083</td>
<td>-156,938</td>
</tr>
<tr>
<td>Share of office costs (incl. IT) and depreciation</td>
<td>-26,825</td>
<td>-20,681</td>
</tr>
<tr>
<td></td>
<td><strong>-476,709</strong></td>
<td><strong>-379,686</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.4</strong></td>
<td><strong>3.9</strong></td>
</tr>
</tbody>
</table>

### Fundraising

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-485,713</td>
<td>-472,580</td>
</tr>
<tr>
<td>Fundraising</td>
<td>-508,579</td>
<td>-554,844</td>
</tr>
<tr>
<td>Share of office costs (incl. IT) and depreciation</td>
<td>-254,336</td>
<td>-211,234</td>
</tr>
<tr>
<td></td>
<td><strong>-1,248,628</strong></td>
<td><strong>-1,238,658</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11.7</strong></td>
<td><strong>12.6</strong></td>
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</tbody>
</table>

### Administrative expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-309,097</td>
<td>-305,196</td>
</tr>
<tr>
<td>Association work</td>
<td>-4,786</td>
<td>-6,046</td>
</tr>
<tr>
<td>Office and administrative expenses</td>
<td>-51,371</td>
<td>-27,741</td>
</tr>
<tr>
<td>Travel and representation expenses</td>
<td>-8,120</td>
<td>-6,284</td>
</tr>
<tr>
<td>Memberships</td>
<td>-6,415</td>
<td>-7,857</td>
</tr>
<tr>
<td>Share of office costs (incl. IT) and depreciation</td>
<td>-32,344</td>
<td>-22,160</td>
</tr>
<tr>
<td></td>
<td><strong>-412,134</strong></td>
<td><strong>-375,284</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.9</strong></td>
<td><strong>3.8</strong></td>
</tr>
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</table>

### Total expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenses</td>
<td>-10,669,278</td>
<td>-9,839,944</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
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</tbody>
</table>
### Income Statement 1.1. – 31.12.19

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>-170,595</td>
<td>127,488</td>
</tr>
<tr>
<td><strong>Financial income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from interest and securities</td>
<td>365,004</td>
<td>49,947</td>
</tr>
<tr>
<td>Expenses interest and securities</td>
<td>-30,971</td>
<td>-271,948</td>
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<tr>
<td><strong>Result before changes to</strong></td>
<td>334,033</td>
<td>-222,001</td>
</tr>
<tr>
<td>restricted project funds**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statement of changes to</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>restricted project funds**</td>
<td>-205,593</td>
<td>15,826</td>
</tr>
<tr>
<td><strong>Result (before changes to</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organisational capital)**</td>
<td>-42,155</td>
<td>-78,687</td>
</tr>
<tr>
<td>Withdrawal from organisational capital</td>
<td>397,745</td>
<td>367,146</td>
</tr>
<tr>
<td>Allocation to paid up and acquired capital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Allocation to fund 1 unrestricted funds</td>
<td>-85,590</td>
<td>-288,459</td>
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<tr>
<td>Allocation to currency fluctuation fund</td>
<td>-270,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total allocations / appropriations</strong></td>
<td>42,155</td>
<td>78,687</td>
</tr>
<tr>
<td>Results after allocation to organisational capital</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
“Thanks to your invaluable dedication, newborns and young mothers in rural Africa are given a second chance.”

Lisbeth Pembele
Thank you for your support

Thank you for your generous support. Together with you, in 2019 we were able to offer thousands of families in rural Africa medical help which they urgently need. Unfortunately, we do not have enough room to mention all our donors by name, which is why we only listed institutions with an annual donation of CHF 1,000 or more. Therefore, we extend our thanks to everyone we could not mention or who did not wish to be named. Because every donation makes a difference.

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Swiss Agency for Development and Cooperation SDC; Liechtenstein Development Service LED; Bureau of Foreign Affairs of the Principality of Liechtenstein; Canton of Aargau; Canton of Basel-Stadt; Canton of Grisons; Canton of Lucerne; Canton of Schaffhausen; Canton of Schwyz; Canton of Thurgau; Canton of Uri; Canton of Zurich; Canton of Frauenfeld; City of Lucerne, City of Opfikon; City of Zurich; Municipality of Arlesheim; Municipality of Baar; Municipality of Bottmingen; Municipality of Küsnacht ZH; Municipality of Maur; Municipality of Rüschlikon; Municipality of Schaan; Municipality of Urtenen-Schönbühl; Municipality of Vaduz

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Brockmeyer Foundation; Carl and Elise Elsener-Gut Foundation; Christa Foundation; Christian Bachschuster Foundation Jona; COFRA Foundation; Däster-Schild Foundation; David Bruderer Foundation; Dr. Ernst-Günther Bröder Foundation; Eliseum Stiftung; Fetivolife Foundation; Rosylund Foundation; Yoni Foundation; Symphasis Non-Profit Foundation; Gertrud von Haller Foundation for Third-World Help; Glückskette; Hilti Foundation; J & K Wonderland Foundation; Josef and Margrit Killer-Schmidli Foundation; Mary’s Mercy Foundation; Medicor Foundation; Mondisan Foundation; Pronoia Foundation; Promotor Foundation; R. Geigy Foundation; Radoweldy Foundation; Schwartzordon Foundation; St. Anna Foundation; Fürstl Foundation. Kommerzienrat Guido Feger; Mother Bernarda Menzingen Foundation; Liechtenstein Open Youth Work Foundation; Pfizer Research Award Foundation; Sunshine Foundation; Valüna Foundation; Von Duhn Foundation.

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Roman-Catholic Parish Offices
Heilig Kreuz, Zurich; Heiliggeist, Interlaken; St. Martin, Zurich.

Protestant Parishes
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- ETH Zurich, NADEL - Centre for Development and Cooperation
- Helvetas
- Lucerne Canton Hospital
- Medicus Mundi Switzerland
- Pharmacists without Borders Switzerland
- Swiss Red Cross
- Solidar Suisse
- Swiss Tropical and Public Health Institute
- Swiss Malaria Group
- University of Basel, Department of Biomedicine
- University of Lucerne, Health Sciences & Health Policy
- University of Berne, Institute for Social and Preventive Medicine & Institute for Infectious Diseases
- Tanzanian Training Centre for International Health
- Universidade Catolica de Moçambique
- University of Zambia School of Medicine, Department of Nursing
- Voluntary Services Overseas
- World Food Program, Moçambique
- Zambia Medical Licentiates Practitioner Association
- Zimbabwe Association of Church Hospitals

**International partnerships**
- Action Dareda Tanzania
- African Network for Associate Clinicians
- BHASO, Batani HIV & AIDS Service Organisation
- Chainama College of Health Sciences, Lusaka
- Clinton Health Access Initiative
- Diocese of Masvingo
- Elisabeth Glazer Paediatric Aids Foundation Zimbabwe
- Evangelical Lutheran Church, Ulanga
- Kilombero Diocese
- Foundation Wiwanana
- General Nursing Council and Health Professional Council, Zambia
- Great Zimbabwe University, Masvingo
- Heidelberg Institute of Global Health, University of Heidelberg
- IeDEA-SA Network
- Ifakara and Mbulu Catholic Dioceses
- Ifakara Health Institute
- International Academy for Physician Assistant Educators
- Levy Mwanawasa Medical University
- Médecins Sans Frontières
- National Aids Council of Zimbabwe
- Newlands Clinic, Harare
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- Leuchter IT Solutions, Lucerne
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SolidarMed improves health care for 2.5 million people in Lesotho, Mozambique, Tanzania, Zambia and Zimbabwe. We specifically strengthen existing medical facilities and train and further educate the local health personnel. Our projects are developed in close collaboration with hospitals, health centres and authorities, accompanied by local health care professionals.

SolidarMed

- protects mothers, children and adolescents.
- fights diseases such as malaria, tuberculosis and diabetes.
- improves the quality of hospitals and health centres.
- trains and further educates health personnel.

In Switzerland, SolidarMed raises awareness for the urgent need for medical care in rural Africa. As a Swiss non-profit organisation with a Zewo certificate, SolidarMed works efficiently, conscientiously and transparently. SolidarMed continuously reviews all projects for their effectiveness and improves them accordingly.

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Imprint

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the board and determines the articles of association. The board of directors,
as the highest management body, is responsible for the strategy and appro-
vess the annual budget. The business office is in charge, along with the country-
offices, for the planning and implementation of the programmes.
The picture on the cover page shows Solohu Sebo from Mozambique. In a conversation with Gaoussou Diakité and Anna-Katharina Bagemiel she reports on the consequences of Hurricane Kenneth on their lives and the subsequent support by SolidarMed in 2019.
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