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For many years now, shops have been collecting Probon discount stickers for SolidarMed.

The person on the cover



"HIV is constantly with me. Even so, I'm going to be a pilot", Maiba* (15) says at a meeting at Youth Corner in Chikombedzi, Zimbabwe. There she met with other infected young people. *mh*

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SolidarMed improves health care for 2.5 million people in rural Africa. We systematically improve medical services and sustainably enhance local expertise through initial and further training. Our projects are developed in close collaboration with local partners, supported by our health experts on the ground. As a non-profit organisation with the ZEWo certificate, SolidarMed works in an efficient, conscientious and transparent manner.



The end of the road is still a way off



Jochen Ehmer MD
Managing Director of SolidarMed

When I travelled to Mozambique for SolidarMed in 2004, there were 30 million people infected with HIV, most of them in Africa. In SolidarMed's project countries, one out of every 10 people carried the virus. The paediatric department was full of children who didn't have much time left due to HIV. No one knew who would be affected next, and you could physically sense the fear in the population. The relief was all the greater when SolidarMed started a programme to treat HIV in eight hospitals. What joy we experienced when we treated the first patient!

And what feeling of helplessness followed the initial joy. How were we to reach the huge numbers of infected people? How could we measure treatment success? How were we to treat children where there were only medicines for adults? And how could we prevent the virus from spreading? There were more questions than answers. What we knew: We'd taken a first step, others needed to follow. It was a start, which was followed by long, steadfast engagement.

Today, 16 years later, we see how much SolidarMed's HIV programme has done. The number of new infections has dropped by a third. HIV tests can be taken at home, even by the affected people themselves. The medicines are easier to take, have fewer side effects and can be dosed for children. They are available in villages, so that the long road to the hospital is no longer needed. Compe-

tent staff in clinics measures whether a treatment needs to be adapted if the patient stops responding.

Despite these successes, HIV/AIDS remains a bitter reality, especially in Lesotho, Zimbabwe and Mozambique. The end of the road is still a way off. 770,000 women, men and children die of AIDS every year. Of the 38 million people infected today, almost one out of two has no effective treatment. And every three minutes, a child is born with HIV. In Southern Africa, HIV remains one of the most crucial obstacles to development. This is unacceptable for SolidarMed.

In collaboration with our partner hospitals, we therefore rely on innovative and professional approaches. New forms of treatment make life-long medicine intake easier. Digital solutions enable access to information, even in remote areas. Coordinated diagnosis and treatment of HIV, high blood pressure and diabetes allow people to stay healthier longer. In collaboration with schools, we are able to reach young people. And in dialogue with health ministries, we are able to successfully scale approaches for the whole country.

SolidarMed will not let up in its engagement for HIV/AIDS in Africa. Because together, we can create a world free of HIV/AIDS. Thank you for your support. ■



▲ These two sisters carry the burden of the HIV virus. They'd like a watch so they always know when they need to take their medicines. *mh*

A life-long patient

2.8 million children worldwide live with HIV. Many receive therapy. But the therapy is not adapted to children. Therefore, many young people stop taking medicines and are subject to life-threatening resistance.

Zimbabwe With a tense smile, mother Mhlava Makhese sits with her 10-year old son Ripfumelo in front of the Clinic for Infectious Diseases at Chikombedzi Hospital. Yesterday, she received an SMS on her mobile with a request to visit the HIV clinic at the hospital with her second-oldest son as soon as possible. Ripfumelo has been HIV-positive since birth and is receiving therapy.

During the conversation with Dr. Kevin Mawana, the head of infectious diseases, Mhlava's smile disappears,

replaced by extreme shock and concern. Ripfumelo has stopped responding to his HIV therapy. The viral load in his blood has dramatically increased over the last few months: From 1,532 virus cells per millilitre of blood to 17,332 during the last measurement a few weeks prior – an alarm signal. Aids could quickly develop. As a consequence of low immunity, the boy could develop other severe infections such as pneumonia or tuberculosis.

“Ripfumelo urgently needs a switch to a so-called second line therapy,” Kevin



Zimbabwe

Population	16'150'000
Doctors per 1000 inhabitants	0,05
Life expectancy m/f	60/63 years

Mawana explains to the mother. Unfortunately, this therapy is only available at the district hospital in the district capital of Chiredzi, located around 150 km away. Ripfumelo will receive this treatment free of charge as well. However, Mhlava Makhese will have to bear the costs of the bus journey to this hospital with her son herself. And these 80 Zimbabwean dollars, around 20 cents, are an existential burden for the single mother of five.

It is unfortunately not rare that children Ripfumelo's age develop resistance to

HIV therapy, says Dr. Kevin Mawana. "During puberty, many children no longer take their medicines regularly and mutations occur in the virus cells, and resistance develops. In this case, we have to switch to another combination of active ingredients as quickly as possible." However, his second-line therapy is much more expensive and thus is often lacking in health centres and hospitals in the south of the country.

The last mile

Zimbabwe has made great strides in the fight against HIV. However, this

so-called last mile remains rocky in many parts of rural Africa. However, that is right where HIV is especially widespread. SolidarMed therefore focuses on the most remote parts of the country. Thanks to these efforts, HIV therapy is now also accessible to all affected in the rural districts of Zaka and Bikita. Pregnant women are tested for the virus by default, and immediately treated in case of an infection. "During pregnancy, they receive the highly effective anti-retroviral treatment whose active ingredients lower their viral load within a few weeks so much, that the virus is no longer detectable," explains Jochen Ehmer, MD and managing director of SolidarMed. This prevents transmission to the child during pregnancy and labour, and later via breast milk.

SMS appointments

Successful and sustainable HIV treatment requires regular monitoring of patients. Like Ripfumelo, patients must come into the hospital once a year for a so-called viral load measurement to measure the viral load in their bodies and thus the effectiveness of the treatment. When resistance occurs, treatment can be quickly switched to other medicines. In Zimbabwe SolidarMed supports this monitoring of patients in the province of Masvingo. SolidarMed also provides training to care staff in remote health centres.

SolidarMed developed the INYASHA* SMS system together with local programmers. The results of a test can quickly be communicated to the patient directly via SMS. Or – as with Ripfumelo – the patient can be called

► Ripfumelo Makhese got the virus from his mother who is also HIV positive. The 24-year old woman was unaware of her infection. Thus, during labour, blood was exchanged with the baby, which means that Ripfumelo has been an HIV carrier since birth. *bg*



In the spotlight



▲ Mhlava Makhese received a text message sent to her mobile with the information that she should take her son to the hospital as soon as possible. *bg*

in for the next exam appointment. The viral load measurements, which SolidarMed introduced as a new standard for monitoring therapeutic success, enables all patients, including children, to be tested once a year to

monitor the efficacy of therapy. That way Ripfumelo's resistance was discovered right in time to switch to the second-line therapy that is saving his life.

“During puberty, many children no longer take the drugs regularly and dangerous mutations in the virus start to develop.”

Making therapy available to everyone

Over the past three years, over 37 million people have died from the immune deficiency AIDS, which is triggered by HIV. HIV/AIDS is thus among the deadliest diseases. Effective therapies are now, luckily, widely available. However, it remains a huge challenge to reach and follow affected persons in remote regions of the world. The need for action is very

great. SolidarMed will thus continue to dedicate itself strongly to treating HIV in Southern Africa ■ *ch*

* INYASHA stands for “Iyi Ndiyo Yedu Aid and Support Health App” and means “I produce apps” in the Shona language. This app allows communication between a hospital's IT system and a patient's mobile phone.

Measuring viral load – Detecting resistance



When HIV viruses replicate, there are always “construction mistakes.” If patients do not take their medicines regularly, the virus cells become resistant to the medicine. They thus form resistance. Laboratory resistance tests can be used to determine whether or not there are resistant viruses.

During HIV therapy monitoring, patients must have their viral load tested once a year. The viral count per millimetre of blood can be measured using a diagnostic test. A low count means the therapy is working. If the viral load rises despite therapy, this suggests resistance.

On the right path – thanks to SolidarMed too

Zimbabwe is one of the countries most affected by the HIV/AIDS epidemic worldwide. An estimated 1.3 million people live with the virus. In the province of Masvingo, one out of every seven people is infected.

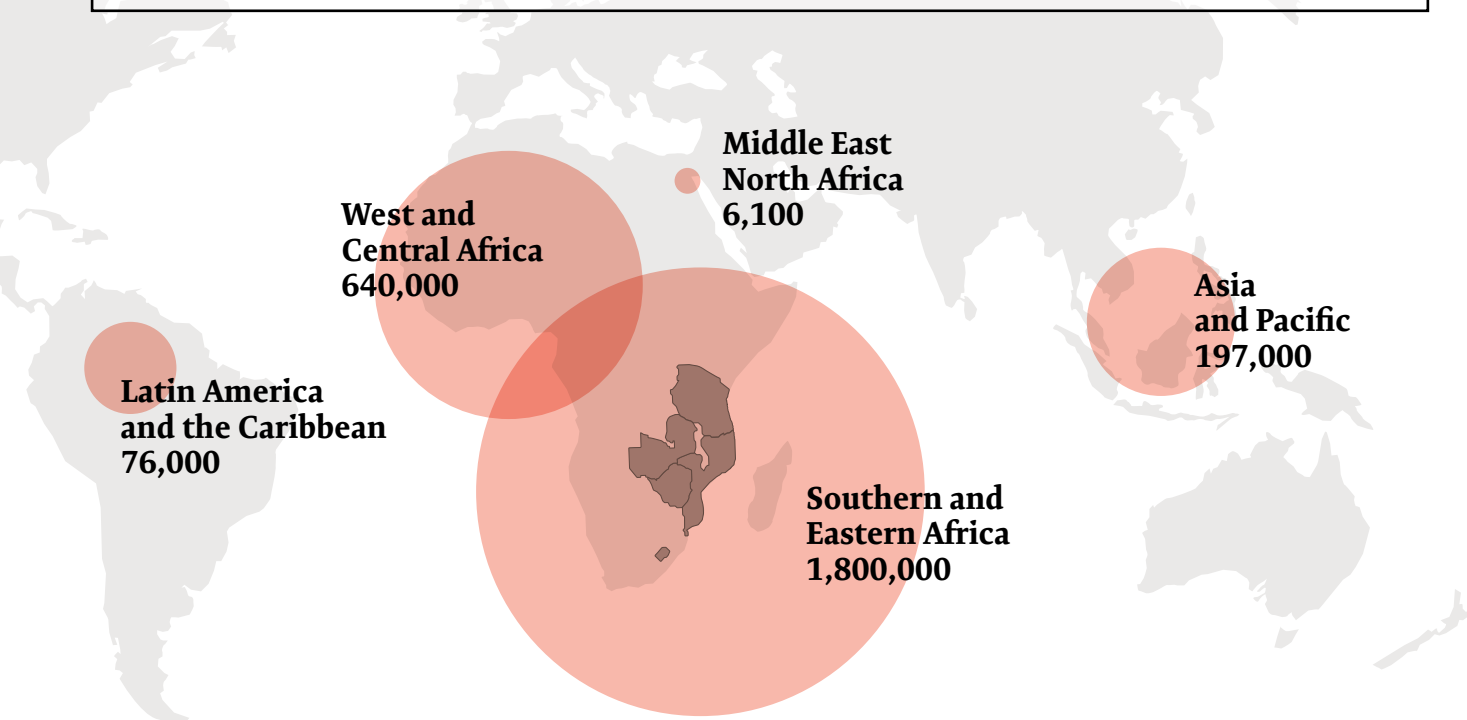
The country has made tremendous strides: More than a million patients are receiving anti-retroviral therapy. 84 percent of HIV-infected children survive thanks to the medicines and 92 percent of HIV-positive pregnant women receive treatment to prevent transmission of the HIV-virus to their children.



Regular viral load measurement remains a challenge. The diagnostic method is expensive and requires qualified laboratory personnel. SolidarMed supports hospitals in Zaka, Bikita and Chiredzi (province of Masvingo), so that the approximately 105,000 HIV-positive adults and children can be tested regularly.

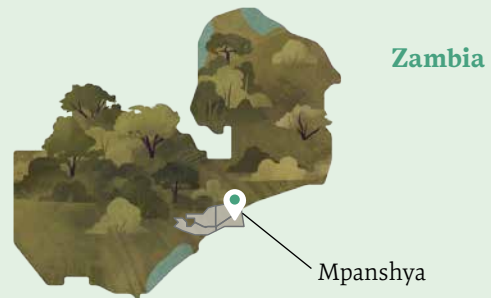
Children with HIV in figures

90% of children with HIV live in Sub-Saharan Africa. Annually, 190,000 children are newly infected, although this could be prevented. As a result, 300 children die from AIDS each day. In this region, SolidarMed ensures that all children get access to therapy.



Children with HIV in figures. Source: UNAIDS 2019 estimates. Data for Eastern Europe, Central Asia and Western Europe not available.

Ecological construction



Zambia Recently, SolidarMed has been building staff homes in Zambia with compressed earth blocks (CEBs) instead of concrete or fired bricks. This permits less expensive, higher-quality and more CO₂ neutral buildings. The production of these ecological bricks could be pioneering for the infrastructure of the Zambian healthcare system. CEBs are moulded on

the construction site from clay and only 5–8% cement in a press. A team of six people produces around 450–500 blocks a day. Two people sieve the soil and mix it with cement, two workers operate the press and two others stack the moulded blocks for drying. Around 8,000 blocks are required to build a house. The manufacture of these compressed earth blocks is more ecological than cement blocks or fired bricks. The low percentage of cement ensures a considerably better CO₂ footprint than cement. In addition, lower transport emissions are generated due to the production on-site. Compared to fired bricks, CEBs also offer the benefit that local forests are not cleared, and CO₂ is not released from the wood. There are clear benefits during construction as well. Thanks to their structure, they fit together and offer enough stability and thus render cement mortar joints unnecessary. This also contributes to a small CO₂ footprint. Overall, up to 50% of the costs of a house are saved. ■ *ab*



▲ At the turn of the year, the roof slab of the operating theatre was concreted and the electrical cables protected. *SolidarMed*



▲ The foundation was cast by hand by local workers. The iron rods and cables for the load-bearing columns are highly visible. *SolidarMed*

Digital X-Ray machine for Chikombedzi

Zimbabwe The hospital in remote Chikombedzi finally has an X-Ray machine again. This was enabled through a collaboration between the Japanese embassy and SolidarMed. For seven years, this remote hospital did not have the option to diagnose broken bones and other internal injuries with x-rays. Thanks to a modern, digital device this diagnosis can now be done

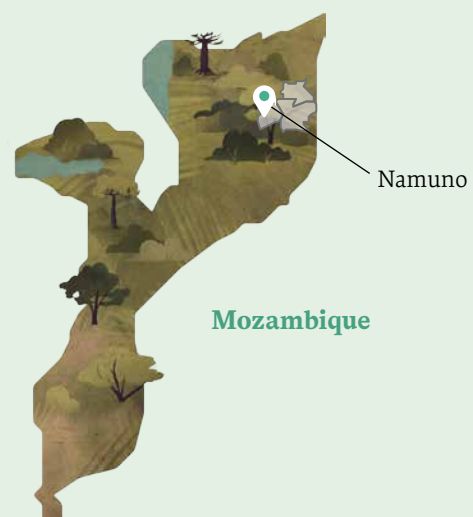


economically. The x-ray images are shown directly on a screen. Developing the images is no longer necessary. The Japanese ambassador to Zimbabwe, Toshiyuki Iwado, travelled to the extremely remote region of Chikombedzi, a region which suffered a severe drought last year, for the inauguration of the machine. The ambassador thanked SolidarMed for setting up the new x-ray room, which was financed by Japan, and for training the staff. ■ *bg*



Operating theatre takes form

Mozambique To date, there is no operating theatre anywhere in the district of Namuno. Up to now, emergencies had to be transported to Montepuez, located two hours away. SolidarMed is changing this together with the Ministry of Health. The construction is advancing. The first operation in Namuno will take place this year. ■ *bg*



▲ On 12 November 2019, the minister of health of Namuno laid the cornerstone. *SolidarMed*

“Important and relevant answers to challenges”

By 2030, the international community of nations intends to achieve the Sustainable Development Goals. SolidarMed contributes to this to this endeavour with its projects. Achieving the goals will be not be easy.

Poverty, hunger, plagues, lack of education: from 2000 to 2015, the so-called Millennium Development Goals of the United Nations defined the global measures with which to approach urgent problems of the global south. As such, for instance, child mortality has been cut in in half since 1990.

These goals were replaced with the Sustainable Development Goals, the SDGs, which define the the 2030 Agenda for Sustainable Development. In contrast to the previous goals, the SDGs adopted at the Conference on Sustainable Development in Rio do not only apply to the global south, but rather to the entire community of nations. With the total of 17 universal goals, the United Nations intend to tackle the urgent ecological, political and economic challenges.

Networked goals

The particular thing about the new goals is that they are interwoven and can mutually influence one another. Improving access to medical care helps combat poverty. Managing resources sustainably also serves indirectly to promote peace.

SolidarMed works in the scope of the SDGs as well: “The SDGs are a crucial and relevant answer to the challenges facing the global community”, insists Jochen Ehmer, managing director of SolidarMed. However, the organisation does not exclusively align its projects to these goals. “We have already worked in a multisectoral way prior to the SDGs,” says the health expert. “Our programmes are aligned to need and effectiveness.”

Contribution to various goals

Jochen Ehmer appreciates the SDGs as a framework for a vision. Yet he also sees critical points. “For the monitoring of the SDGs, too many and also too vaguely formulated indicators were defined. The SDGs’ strength, i.e. the broad and networked goals, is their weakness at the same time, because of the difficulty in monitoring them,” he regrets. There is also a lack of political will in many places to truly reach the SDGs.

Not at SolidarMed. “The SDGs confirm our goal framework and help us position ourselves with an orientation towards the future. They also trigger a thinking process. We always ask: what specific added value can we contribute?” explains Jochen Ehmer. SolidarMed is not only active in the third goal “Good Health and Well-Being.” With its work, SolidarMed also contributes to reaching other goals, such as “Gender Equality” or “Quality Education” (see figure). ■ *Natalie Ehrenzweig*



SolidarMed contributes to the following goals:



Goal 3 – Good Health and Well-Being

SolidarMed ensures that life-saving caesarean sections are possible even in outlying regions and that the necessary equipment for safe labour is present.



Goal 4 - Quality Education

SolidarMed trains healthcare staff and specialists in handling infectious and non-communicable diseases. Trained doctors, nurses and midwives are receiving mentoring, coaching and post-graduate courses.



Goal 5 – Gender Equality

In remote villages, SolidarMed raises awareness on topics such as pregnancy, labour or family planning. Girls and young women are informed of the risks of early pregnancies.



Goal 6 – Clean Water and Sanitation

Thanks to solar energy, health centres in rural areas benefit from running water from drill holes and electricity.



Goal 8 – Decent Work and Economic Growth

SolidarMed enables young people to receive recognised education in the medical field.



Goal 9 – Industry, Innovation and Infrastructure

All the projects are infused with innovation. SolidarMed measures its success with scientific methods and shares its discoveries with specialists. Infrastructures obtain structural improvements such as an operating theatre.



Goal 13 – Climate Action

Solar energy is often the most economical power supply. Solar plants replace diesel generators in clinics and ensure operation when fuel is not available.



Goal 17 - Partnerships for the Goals

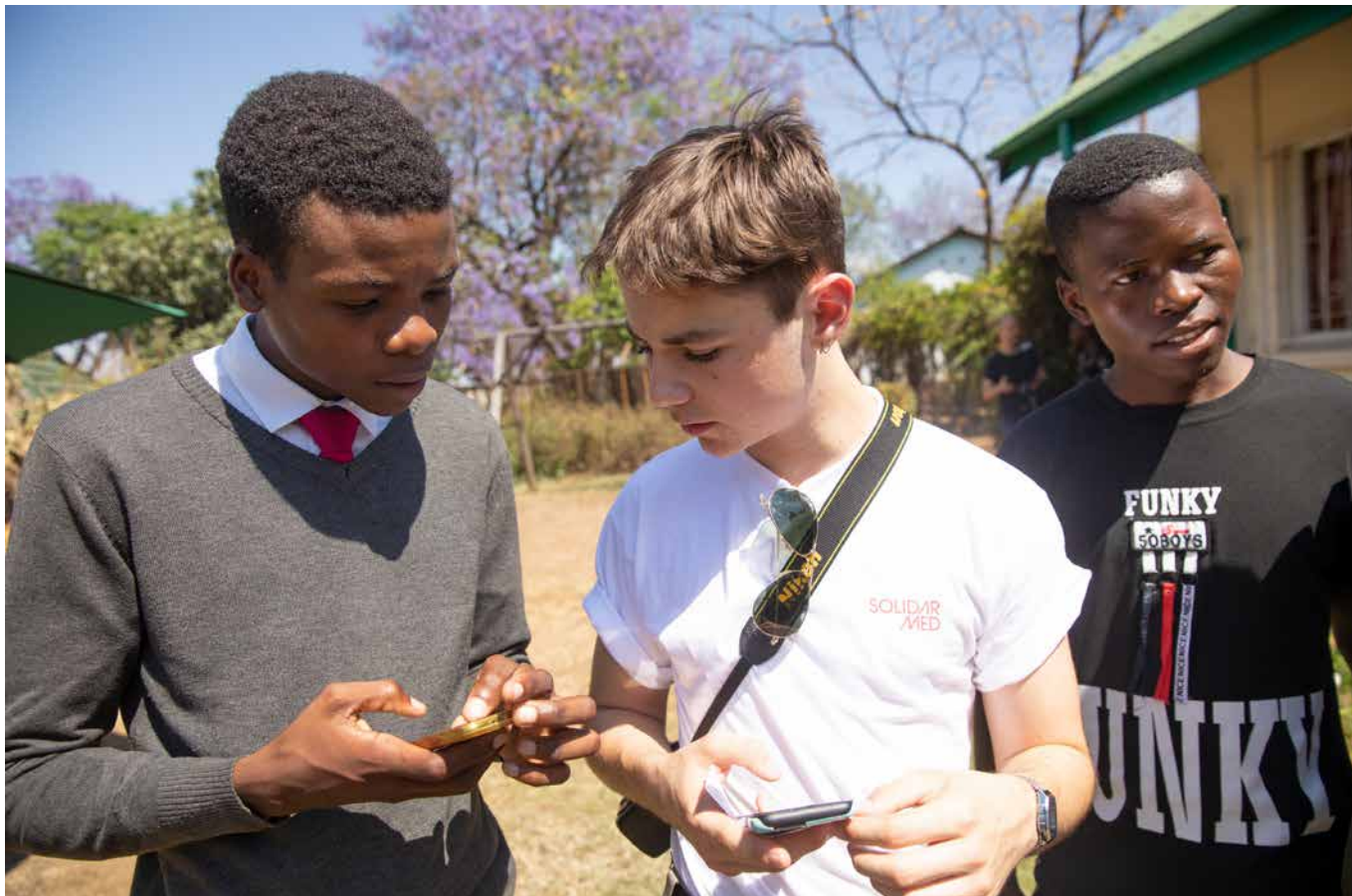
SolidarMed works with partners in Switzerland and in our project countries. In research, for instance, with Medicus Mundi Switzerland, with the Institute for Social and Preventive Medicine of the University of Berne or with the Swiss Tropical and Public Health Institute Swiss TPH in Basel.



More on the topic of SDGs: [solidarmed.ch](https://www.solidarmed.ch)

Interview with Constantin Hartmann

“After my education, I’d like to make a difference.”



▲ Mutual interest: Exchange of contact details in the SolidarMed office in Masvingo. *mh*

For his matura thesis, Constantin Hartmann visited the tuberculosis projects of SolidarMed in Zimbabwe. A young man with a well-known father and a desire to make a change.

Zimbabwe Last October, he accompanied his father Nik Hartmann to the SolidarMed projects in Zimbabwe. Constantin Hartmann – a teenager who is ready to make a positive contribution for the world.

Constantin, what expectations did you have before your journey?

I had expected we’d travel to rural areas, the kind you’d picture in Africa, or like the image I’d created in my mind

from my father’s stories and photos. The hospitals, I found, are in relatively good condition. However, equipment or staff are lacking, that you see right away as a layperson. Before, I didn’t know how difficult it is for people to reach a hospital at all.

What was it like for you to look behind the scenes of the SolidarMed projects?

The projects we saw were really amazing. And I’m amazed with the

modern approaches used to tackle such projects. For example, we were able to take part in an e-health training programme for health care workers. I had really not expected that computers would be used in such a poor country to provide care to patients. SolidarMed sends SMS reminders to patients so they remember to take their medicines and is initiating a project focusing on mental health with the NGO “Friendship Bench”.

Does this knowledge give you something for your personal future?

Definitely. I will use the traineeship at SolidarMed and the information I collected on the journey to Zimbabwe for my matura thesis. Tuberculosis is the topic I have chosen. 150 years ago, this disease was a huge issue in Switzerland, too. I also find it exciting to look at how Switzerland was able to solve the problem and why it's still a huge problem for Zimbabwe.

Do you already have any initial findings?

First of all, I got an impression of the disease and noticed that the medical aspect of the disease is connected to a lot of other factors such as politics, society and economics. These characterise the country to the extent that tuberculosis is very hard to cope with.

In general, what does solidarity mean for you?

I was already influenced by my father since he is dedicated to SolidarMed and regularly travels to Africa. His work with "Jeder Rappen zählt" (Every penny counts) also triggered something in me. There, I saw how everyone gathers



▲ Constantin is the eldest son of SolidarMed ambassador and TV presenter Nik Hartmann. *mh*

together for a good cause and I myself donated several times. For me, solidarity means helping those who require support.

What do you say to a person who's wondering whether or not to donate money?

I think I would tell them about my journey. I saw with my own eyes that

SolidarMed does a lot. With a reference to our high standard of living, I may be able to motivate the person to make a

“I was strengthened in my desire to study medicine.”

donation which for him or her, honestly, is not that painful.

Would you say the journey to Zimbabwe made an impact on you?

Yes, definitely. For example, I was strengthened in my desire to study medicine since I realised that human contact is something that I really enjoy. And here at home, you really come to understand how lucky you are. I became even more aware of the fact that there are people in Southern and Eastern Africa who need our assistance. When I finish my education, I'd like to make a positive change. ■ *ab*

▼ Tuberculosis is widespread in Southern Africa. Constantin is collecting information for a comparison with Switzerland where the disease declined as poverty decreased. *mh*

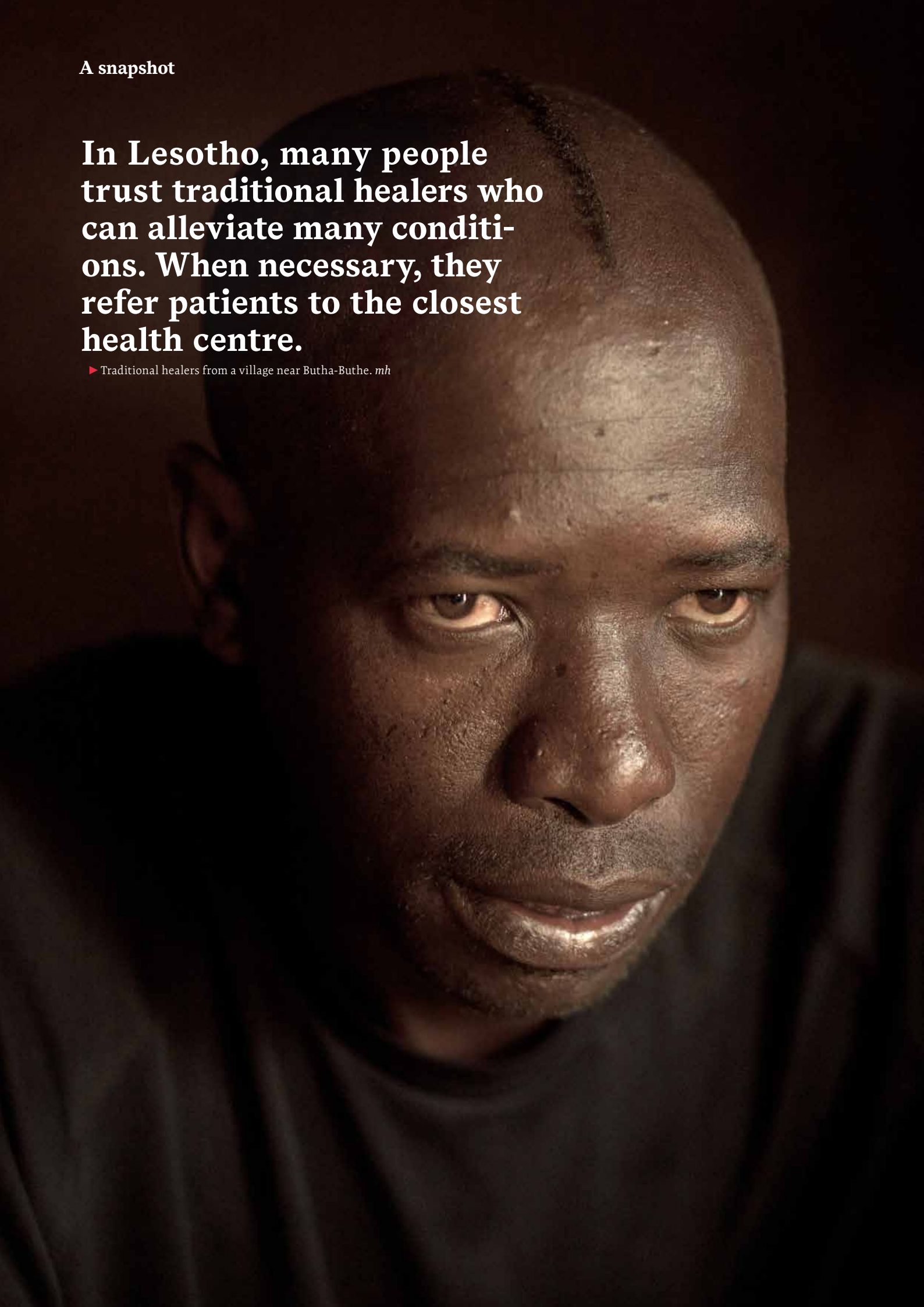


In preparation for his matura thesis, Constantin completed a traineeship at SolidarMed. As part of this project, he accompanied his father and SolidarMed ambassador Nik Hartmann to Zimbabwe in order to get a first-hand impression of the SolidarMed projects. The two were accompanied by the Schweizer Illustrierte magazine.

A snapshot

In Lesotho, many people trust traditional healers who can alleviate many conditions. When necessary, they refer patients to the closest health centre.

▶ Traditional healers from a village near Butha-Buthe. *mh*



Help out!

If you'd like to get a deeper insight into our projects or even help determine the future of SolidarMed, become a patron or association member.

As a SolidarMed donor, you're already showing great solidarity with the people in Southern Africa. Support that we really appreciate.

By becoming a patron, you support our projects sustainably with an annual fee of CHF 120.00. You'll receive invitations from us to exclusive events, the annual report and we'll always be pleased to provide more detailed information about our projects and activities.

Would you like to help decide the future of SolidarMed? Then become a member of our association. You'll receive an invitation to our annual

general meeting where you'll see what your donations do. As an association member, you'll also have voting rights.

“As a patron or member, you'll get a deeper insight into our projects.”

Niklaus Labhardt, President of SolidarMed

The annual fee is currently CHF 50.00 for individuals and CHF 80.00 for families and companies.

Do you have any questions? Would you like to become a patron or

member? Or are you interested in our legacy folder? Then complete the attached reply card or write me an e-mail at:

a.schneeberger@solidarmed.ch. Of course, you can always reach me by phone at +41 (0)41 310 66 60.

Thank you for your support!

■ *Andrea Schneeberger*

You can also become a patron or member online at:

 solidarmed.ch/engagement



Good to know



▲ Every Probon counts! *pad*

Discount stickers turn into health

Probons are much more than discount stickers with which shops thank their customers. For the people in our project countries, the little stickers are worth much more than the 0.01 francs they're valued at here in Switzerland. 21 shops offer their customers the option to donate their Probons to SolidarMed. And because every penny counts, in the last ten years, we thus raised almost CHF 90,000 with which SolidarMed was able to implement invaluable projects. In the past year as well, the collection boxes got filled and we raised CHF 5,507.45. ■ *bg*

“These simple discount stickers mean the most valuable thing: Health!”

Andrea Augsburger, village drugstore Hafen in Dietlikon

Together for water.

Following the motto of our new mission statement, “Collaboration that works” our partnerships are the focus of this year’s general meeting.

Together with Helvetas, for example, SolidarMed provides better hygienic conditions in Mozambique after Cyclone Kenneth. This thus creates value for the people which none of the organisations could create alone.

The experts Martin Fischler from Helvetas and Barbara Kruspan from SolidarMed give an insight into this cooperation. ■ *bg*

**Podium discussion, Friday, 15 May 2020 at 8 pm
Neubad Cultural Centre, Lucerne**

The 94th annual general meeting of SolidarMed precedes the discussion at 5:15 pm. It is open to the public. We look forward to your participation.

You’ll find the detailed programme at:

 solidarmed.ch/en/news

Your donation works.

SolidarMed

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