

# Focus

22/2 5.2022

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**SolidarMed makes a difference** Caring for newborns in Tanzania

**SolidarMed face-to-face** Country director Kuda Madzeke on the fight against AIDS

**Engagement** Markus Frei talks about the changing face of SolidarMed

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Partnerships for Health

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In northern Mozambique, children who need urgent care are treated more quickly than less urgent cases thanks to SolidarMed. This boy was therefore able to get a timely malaria test. *rf*

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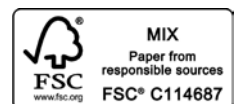
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**SolidarMed** improves healthcare for more than 2.5 million people in rural Africa and in Hyderabad, India. We systematically improve medical services and enhance local expertise through basic and further training. Our projects are developed in close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



**Barbara Kruspan**  
Country Director  
Mozambique

An ambulance rushes to a road traffic accident with its blue lights flashing and siren wailing. A team of qualified healthcare professionals is on hand in the accident and emergency department with an adequate supply of personal protective equipment (PPE), blood reserves and medicines – as well as a reliable power supply. We know that rapid treatment in an emergency can mean the difference between life and death.

In the rural and sometimes hard-to-reach areas of northern Mozambique, a situation like the one described above is wishful thinking. I remember a situation involving a young mother that really touched me and that continues to spur me on to continue my work for SolidarMed in these regions. The young mother had given birth prematurely to two tiny baby girls in a very remote village. As she was delirious, she was put on a motorbike, wedged between the driver and another person to prop her up, and taken to the nearest health centre in Meloco, which was still quite far away. But due to a lack of treatment options, they couldn't help her there. So first the two newborns were collected from the village and then all three were transported on the loading platform of a pickup truck in blazing sun and on bumpy roads to the health centre in the district capital of Namuno, over an hour away, where they diagnosed eclampsia and malaria. Because the health centre in Namuno was unable to provide the urgent medical assistance to the young mother and her newborns, they were subsequently taken on another two-hour journey by ambulance, also on bad roads, to the hospital in Montepuez. Despite all the efforts, the mother and both babies very sadly died there.

The situation described above is not an isolated case and highlights the enormous difficulties for people in northern Mozambique to access healthcare services. To ensure that patients can reach a hospital as quickly and conveniently as possible, SolidarMed has been running a project since 2017 involving ambulance taxis, which has already delivered good results in the Chiúre District. But it is not only the unmade roads, the extremely long distances and a lack of resources that can be deadly in an emergency. Another obstacle is a lack of knowledge as patients and their families in village communities are often unaware of the urgency and fail to seek help early enough. When they arrive at health centres, the patients that need help most urgently are often not identified as emergencies in time. And in some cases healthcare workers are not sufficiently trained to recognise the urgency and initiate the appropriate treatment.

We are working to resolve this with our 'survive and thrive' project, which you can read more about on pages 4-7. SolidarMed is confident that it will save lives.

Thank you so much for your valuable support, without which our work wouldn't be possible. ■



▲ Staff member José Cardeal explains the idea behind the coloured cards to parents at the health centre in Chiúre. *rf*

## Saving children's lives thanks to coloured cards

Waiting times are often long in the accident and emergency departments in northern Mozambique. Thanks to support from SolidarMed, children are now given a coloured card on arrival at four healthcare facilities. This means that those in life-threatening situations are treated more quickly than less urgent cases and therefore have better chances of survival than before.

**Mozambique** Child mortality in Mozambique remains high, with 74 in every 1,000 children not seeing their fifth birthday. By way of comparison, in Switzerland that figure is four in 1,000. The main cause of death in children in Mozambique is malaria. Particularly for children with pre-existing health problems, such as anaemia or malnutrition, a malaria infection can quickly

become life-threatening. In some circumstances, their state of health can deteriorate within hours, which is why rapid treatment is so important. Nevertheless, at most healthcare facilities in Mozambique, patients are treated on a first come first served basis, irrespective of their state of health. In the crowded waiting rooms, that often means a wait of several hours.



### Mozambique

Population:	31 million
Life expectancy at birth:	58.1 years
Child mortality*:	74

\*Deaths of children before 5 years of age per 1,000 live births

For children in particular, treatment sometimes comes too late. “We’ve seen that an alarmingly high number of children die within 24 hours of arriving at hospital,” explains Riccardo Lazzaro, SolidarMed project manager in Mozambique. “So there’s a huge need to improve the status quo.”

Four hospitals and health centres in northern Mozambique have taken a different approach. With the support of SolidarMed, over the past four years, they have introduced an

**“An alarmingly high number of children die within 24 hours of arriving at hospital.”**

**Riccardo Lazzaro,**  
Project manager in Mozambique

internationally-recognised colour coded triage system. Since then, treatment has not been in order of arrival but according to urgency. Reception staff at the healthcare facility ask incoming patients questions, assess their state of health and assign them a coloured card. Red means highest priority, yellow means medium priority and green means that the child’s state of health is not expected to deteriorate. Those children will then have to wait their turn. At larger hospitals there are sometimes two additional categories.



▲ The health of children with malaria can deteriorate in a matter of hours. Rapid diagnosis and treatment are therefore crucial. *rf*

**A colour makes the difference between life and death**

Eleven-month-old Gilberto\* is given an orange card – the second-highest priority level. Nurses in the neighbouring health centre in Mahate had referred him to the provincial hospital in Pemba because he had a high temperature and painful lesions on his tongue. He had also lost a lot of weight: he only weighed 4.6 kilos and was no longer able to crawl. The hospital receptionists were clear that treatment was urgent, and that in particular he needed to be tested for suspected malaria. To ensure that reception staff have the necessary knowledge to carry out this type of initial medical assess-

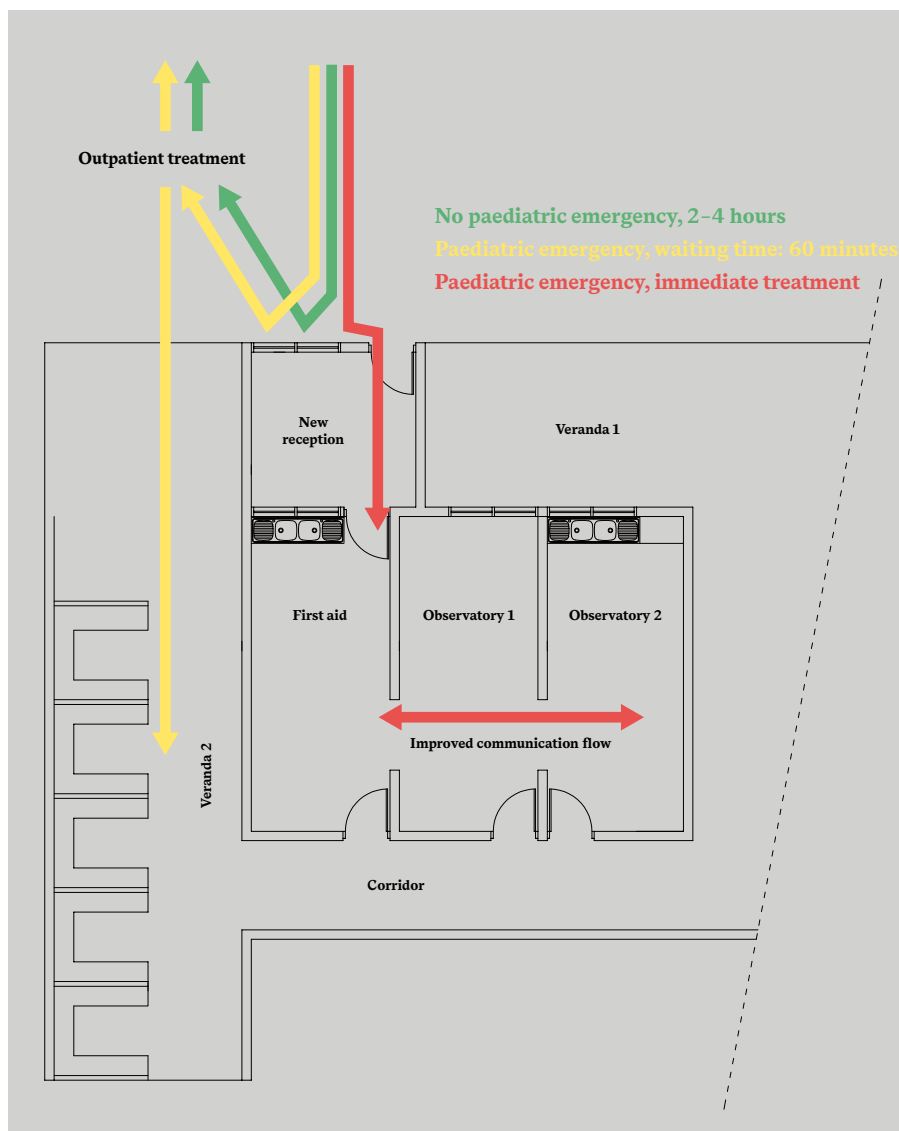
ment, they receive a longer training course from SolidarMed to begin with and then a refresher course every three months. The impact of this relatively small effort is significant: receptionists are then able to recognise emergencies in time and assign a coloured card accordingly. They are therefore the backbone of the colour system and take the pressure off healthcare facilities, which have an acute shortage of healthcare professionals.

The structural changes in the waiting area, which SolidarMed finances where necessary, also bring some relief (see chart on page 6). They help better manage the crowds of people waiting

**The colour-coded triage system:**

<b>Red:</b> e.g. difficulty breathing, high fever, burns. Waiting times: under 15 minutes	<b>Emergency</b>
<b>Yellow:</b> e.g. pains, fever. Waiting times: under 60 minutes	<b>Urgent</b>
<b>Green:</b> e.g. simple fracture, hardly any pain. Waiting times: under four hours	<b>Not urgent</b>

## In the spotlight



▲ Visualisation of the colour coding system in the health centre in Namuno. SolidarMed financed the construction of the new reception building and the demolition of the walls between the three treatment rooms.

and organise the type and order of treatment according to the coloured cards.

But besides rapid treatment, quality of care and availability of equipment are also crucial. For example, the emergency doctors need to know how to help children with acute breathing difficulties; facilities need to have their own labs to rapidly analyse malaria tests; and there needs to be enough disposable gloves and dressing material. SolidarMed therefore runs training courses and refresher courses in emergency treatment for healthcare

workers at all supported healthcare facilities, and procures the necessary medical equipment. This ensures that children receive rapid and high-quality treatment in emergencies.

### Timing is critical – even when still at home

Thanks to the orange card, Gilberto received rapid treatment. The doctors at the provincial hospital carried out a malaria and a tuberculosis test, and fortunately both were negative. In the end the diagnosis was severe acute malnutrition and a fungal infection in the mouth. The little boy was immedia-

tely given therapeutic food, painkillers and an antimycotic medicine. After a few days, he was doing much better. His high temperature had subsided and he had regained his appetite. Full recovery will take a few more weeks, but the critical phase when swift action was needed is behind him.

Other children are not so lucky, because sometimes they are in such a critical state when they arrive at hospital that even rapid treatment comes too late to help them. This is why it is important to educate parents about, for example, bringing their children to hospital as soon as possible if they have a high fever. SolidarMed trains community health workers to recognise key symptoms. This allows them to advise parents and to recommend a rapid trip to hospital if need be. To ensure that all patients and caregivers know about the coloured card triage system, SolidarMed produced a video featuring amateur actors. It is now being shown on screens in waiting rooms in the local language of Makua with Portuguese subtitles. A radio programme is also in the pipeline to inform and educate people living in the surrounding villages.

### Passing on success

SolidarMed launched the project back in 2016 at Chiúre District Hospital. It was then rolled out at the healthcare facilities in Namuno, Metoro and Pemba. In 2022, SolidarMed is supporting two additional healthcare facilities with the rollout of the colour-coded triage system and with staff training. There, too, children requiring urgent treatment are to be treated as a priority in future. “We continue to focus on gauging the effects of measures,” says project manager Riccardo Lazzaro. “This allows us to give longer-term recommendations to the authorities about how the system could be scaled up. I firmly believe that the impact would be huge.”

SolidarMed's work has also contributed to the national and provincial health authorities declaring better emergency treatment of children a priority in 2019, and to the Ministry of Health incorporating the colour coding triage system in its national strategy. Riccardo

**“We advise the authorities on how they can scale up the rollout of the colour coding system.”**

**Riccardo Lazzaro,**  
Project manager of SolidarMed

Lazzaro and his team support the authorities in taking concrete action and introducing the system in various healthcare settings. To this end, SolidarMed is helping the Ministry of Health distribute the new handbook on the triage system using coloured cards ('manual de triage para as urgencias'), which SolidarMed was involved in developing last year. SolidarMed is also supporting the healthcare training centre in Pemba with the development



▲ In the health training centre in Pemba, student nurses are taught the meaning of the different coloured cards. *rf*

of an adapted curriculum and running initial pilot courses. The results will subsequently be presented to the Ministry of Health to incorporate the training course in the standard curriculum. These measures will ensure that in the future, other healthcare facilities will be able to introduce the colour

coding system and everything that goes with it – without direct support from SolidarMed. ■ *bw*

*\* Name has been changed.*

## “I can now do my job better”



**Hermínio, you are head nurse in the accident and emergency department at the district hospital in**

**Chiúre. What has changed since the colour coding system was introduced in the hospital back in 2016?**

The project's measures have significantly improved patient flow and waiting times as patients now arrive at reception, where they are given the coloured card, instead of coming straight to the accident and emergency department. I've also learned

about emergency treatment of children through the training, which means I can now do my job better.

**The Ministry of Health has since incorporated the colour coding system in its strategy. What does that mean for you and your team?**

My team now understands and welcomes the system even more. We feel like it belongs to us and hasn't come from outside. I hope this will mean we'll receive even more support from the Ministry in the future. Because the number of patients has increased over the years, there is still a staff shortage.

**So support from the authorities is key to the project's success?**

Yes, it is the only way we can implement it in the longer term. The Ministry of Health has to ensure that we have enough staff and equipment. Otherwise, although we will treat patients according to their state of health, we'll still have dangerously long waiting times. And that's what we want to avoid.

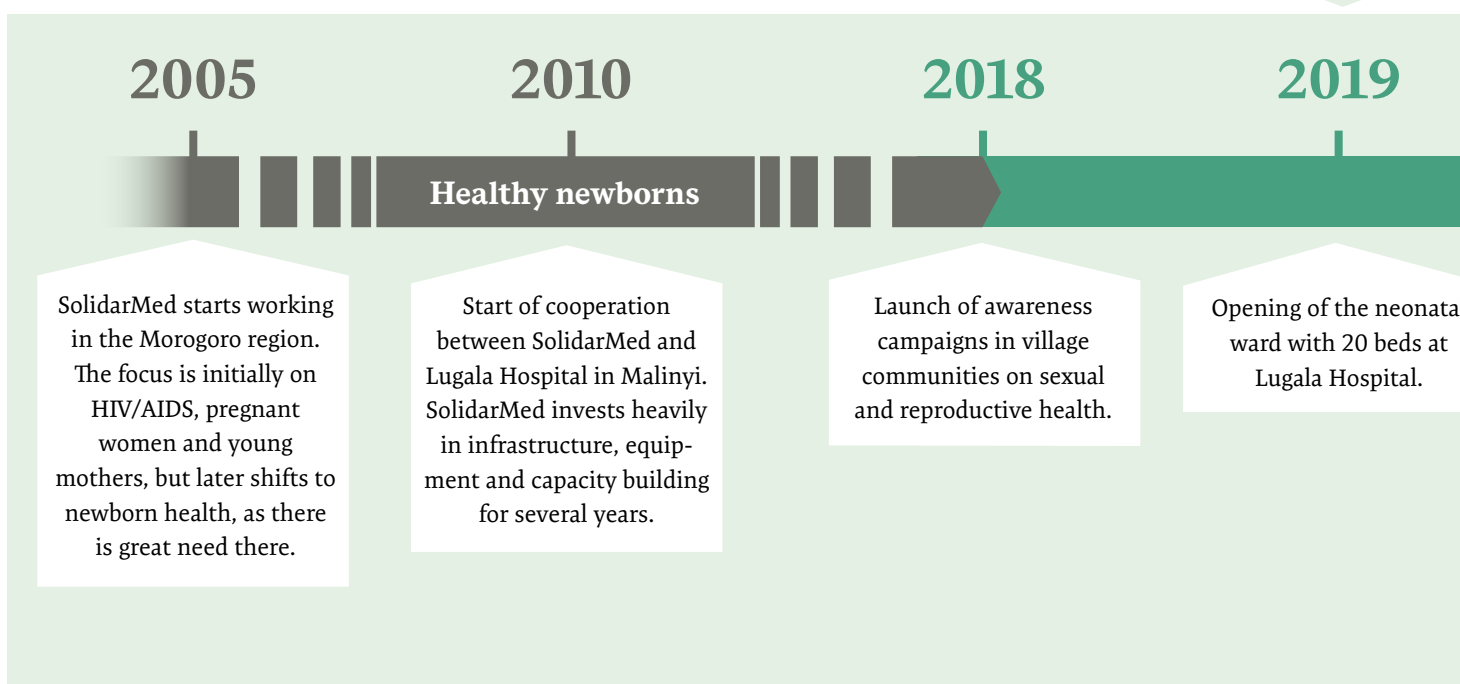
# A healthy start in life

In Tanzania, the risk that newborns will not survive their first month of life is around seven times higher than in Switzerland.\* This is because in rural areas there are hardly any healthcare facilities that can provide appropriate treatment to newborns with low birth weight or illnesses. To change this situation, SolidarMed has been running a number of successive and complementary projects in the Morogoro region. On the one hand, SolidarMed raises public awareness about issues related to pregnancy and caring for a newborn at home, and on the other, it improves medical care for mothers and their newborns in healthcare facilities.

The following three projects build on one another by multiplying successful approaches. Through these pilot projects, SolidarMed gains insights on the ideal way of promoting newborn health and passes these on to other healthcare institutions and the authorities. In this way, SolidarMed helps reduce newborn mortality well beyond the catchment areas of the individual projects.



Community health workers talk to women and young mothers about reproductive health and tell them about the options and benefits of giving birth in a healthcare facility.



## Healthy newborns

As part of the 'healthy newborns' project, SolidarMed ran awareness campaigns in remote villages and schools in the Malinyi District on sexual and reproductive health and on maternal and neonatal health between 2018 and 2021. This covered, for example, advice on breastfeeding, contraception and protection from sexually transmitted infections. It also offered incentives to visit a healthcare facility, for example by handing out vouchers for a free childbirth.

## Kangaroo Mother Care

Between 2018 and 2021, SolidarMed ran a pilot project of Kangaroo Mother Care (KMC) at Lugala Hospital. KMC involves the mother holding her newborn baby against her skin to prevent the baby's body temperature dropping. In severe cases, an intensive care ward is available with specially trained professionals. The project increased the survival chances of newborns in the critical early period from 76% to 91%.





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Neonatal wards are being set up and specialist staff are receiving basic and further training at healthcare facilities. SolidarMed relies on Kangaroo Mother Care (see box below) and on intensive care for newborns with acute illnesses, such as infections or respiratory distress.



The projects are analysed on an ongoing basis and the findings are documented. Talks are held with other healthcare institutions and with the local and national authorities to publicise the successes.

2020

2021

2022

2023

Kangaroo Mother Care (KMC)

Good Start

Expansion of the neonatal ward and opening of an intensive care ward, is to be equipped with additional devices, such as oxygen concentrators in 2021.

SolidarMed and the Ministry of Health compile information materials on Kangaroo Mother Care and newborn health to be disseminated throughout the country.

Start of construction work and fit-out of neonatal and intensive care wards at two district hospitals in the Morogoro region.

Start of renovation work on existing neonatal ward at Morogoro Regional Hospital.

Good Start

Over the next four years, SolidarMed is to roll out the successful Kangaroo Mother Care and intensive care for newborns concept at three additional hospitals as part of the 'Good Start' project. Unlike Lugala Hospital, these are public institutions and will therefore deliver additional insights into the ideal care of newborns in a typical district or regional hospital. To this end, SolidarMed will step up impact assessments, for example through systematic questionnaires, and will also focus on hospital hygiene for infection prevention. Lugala Hospital will remain a key partner of SolidarMed during this period and will continue to receive occasional support.

Interview with Kuda Madzeke

# “We can’t afford to give up the fight against AIDS”



▲ Kuda Madzeke (2nd right) and his team talking to patients at Chikuku Hospital. *Joseph Bishi*

Forty-one-year-old Kuda Madzeke has been SolidarMed Country Director in Zimbabwe since October 2021 and is responsible for the implementation of all projects in that country. He sat down with us to talk about what has to be done in the fight against AIDS and about his vision for SolidarMed.

**Kuda, you’ve been working at NGOs in the field of health for a total of 18 years. What made you move to SolidarMed?**

I was impressed by SolidarMed’s approach to working closely with the Ministry of Health and other partners. SolidarMed passes on knowledge and

insights from its own projects in a targeted way and encourages partners to pursue and further develop successful approaches. In this way, a project can have an impact well beyond individual regions. I was also interested in SolidarMed’s desire to grow further within Zimbabwe. I supported a similar

growth process at Zimbabwean NGO Africaid Zvandiri and am keen to bring this experience to the table.

**Your previous work has been almost exclusively in the field of HIV/AIDS. Is this a topic that is particularly close to your heart?**

Basically I'm interested in health as a whole, which is why after my degree in psychology and demography, I went on to do a PhD in health studies. But HIV/AIDS, especially in young people, is a topic that I care deeply about. There is still a huge need for resources to tackle the epidemic at all levels: from preventing infection and taking medication correctly to treating severe cases. But I'm also worried when I look to the future.

### Why is that?

I'm noticing that donors' interest in the subject of HIV is waning and that a kind of funding fatigue is setting in. The fight against AIDS has already been going on for decades and we have achieved a great deal. But we can't afford to give up now. Many people who were infected by their mothers as babies are now reaching an age when they want to start their own families. We need to make sure they don't pass it on to their offspring. And we urgently need to trace people who are

**“If we give up now, all the progress we've made so far will be wiped out.”**

**Kuda Madzeke,**  
Country Director, Zimbabwe

HIV positive but who are not yet taking any medication. If we give up now, all the progress we've made so far will be wiped out.

### What specifically needs to happen?

On the one hand, people need to take more interest in HIV/AIDS again, particularly our donors. On the other, we need to test new ways of tracing people with HIV and educating them. Digital media and platforms offer opportunities here. I co-developed such a platform when I worked for the



▲ Kuda Madzeke has been SolidarMed Country Director in Zimbabwe since October 2021. *sm*

United Nations Development Programme (UNDP). The aim was for young people with HIV to be able to share their experiences with each other and to campaign at national level for sexual and reproductive health and rights.

**SolidarMed is also increasingly deploying these types of eHealth methods in Zimbabwe, e.g. sending test results by mobile phone to save people the long journey to a health centre. Is eHealth a silver bullet, so to speak?**

It definitely has huge potential. But we mustn't forget that not everyone has internet access. In the UNDP project I just referred to, we saw that while some young people had a mobile phone, it didn't necessarily have internet access. Others didn't even have a mobile phone. We therefore set up groups in which at least one person had reliable internet access, or we provided it. This person then informed the others and together they all had access to the digital networks.

**What's your vision for SolidarMed in Zimbabwe?**

I'm keen to support SolidarMed to

continue to act as a mediator between various healthcare actors. I also see a lot of potential in coordinating projects even more closely with other organisations. For instance, in the area of HIV, SolidarMed could let other organisations provide basic primary healthcare to patients and focus instead on treating patients with drug resistance. Partnerships like these would help counter the fatigue I talked about and allow us to secure additional donors.

**What do you do to switch off from work and relax?**

I'm an outdoorsy person. I love to travel and discover other cultures. I'm also really looking forward to going to Switzerland for the first time in May and meeting the team in Lucerne! ■ *bw*

**Kuda Madzeke** studied psychology and demography in Zimbabwe and worked for Irish NGO Concern Worldwide for a total of 11 years during and after his studies. He then worked for the United Nations Development Programme (UNDP) in Zimbabwe, the South African NGO Positive Women's Network in Johannesburg, and for the last five years for Zimbabwean NGO Africaid Zvandiri. In 2020, he earned a PhD in health studies from the University of South Africa in Pretoria and has been SolidarMed's Country Director in Zimbabwe since October 2021.

## Running water and functioning toilets at last

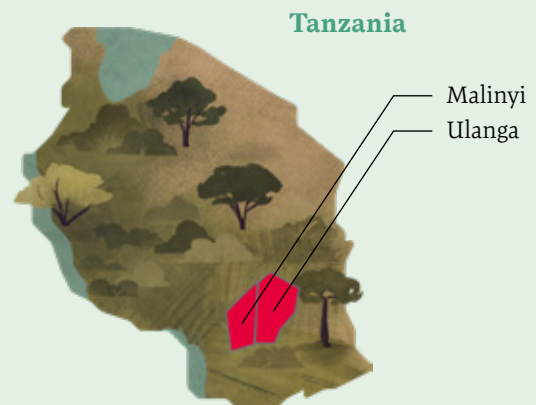
**Tanzania** In the remote districts of Ulanga and Malinyi, most schools do not have their own water supply. Pupils therefore have to fetch water from the nearest well for handwashing and drinking. Often there is not enough to last the whole day. In addition, most of the toilets are out of order or in a dilapidated state – meaning pupils sometimes have to relieve themselves outside. However, dirty drinking water, a lack of water for hygiene, and defective sanitation facilities lead to many avoidable diseases, such as deadly diarrhoea.

SolidarMed is therefore supporting six rural schools this year (three primary and three secondary schools, with a total of 4,164 pupils). At each school, SolidarMed is building a well with a solar pump and a water tower with water tank in order to guarantee a reliable water supply. If necessary, the existing toilets are being renovated or rebuilt. In addition, handwashing basins are being installed and water filters procured to treat drinking water.

SolidarMed is subsequently training 82 teachers at the six schools on water and hygiene. The teachers then pass on their knowledge to pupils. School administration committees, which are responsible for maintaining infrastructure, are included and also receive training. This is crucial to ensure that the water supply, filters and sanitation facilities are kept in working order and maintained in the long term. ■ *bw*



▲ The toilets in Ngoheranga Secondary School in Malinyi are finally being renovated in 2022. *Benatus Sambili*



## Together, women save money for emergencies

**South Africa** In three small villages outside of Tzaneen in the Limpopo Province, SolidarMed supports the creation of savings and loan groups via its partner organisation CHoiCe Trust. A group consists of 20-25 members, most of whom are women living in poverty. Each member pays a monthly rate equating to between CHF 3 and CHF 12. At its monthly meeting, the group collectively decides who can borrow the money from the fund. Borrowers then have three months in which to pay the money back with interest. These loans and the payments at the end of the year play an important part in providing money to women and their households for emergencies, to carry out home renovations, or to provide a cash injection for their own small businesses. ■ *bw*



## Future prospects thanks to vocational training



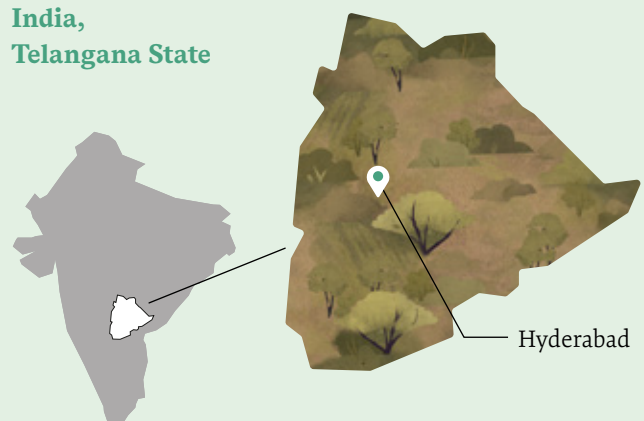
▲ Young people affected by HIV and poverty are often unable to finish school. Vocational training courses offered by SolidarMed and local NGO John Foundation help them enter the labour market. *John Foundation*

**India** There is a great deal of stigma around HIV and AIDS in India. People with HIV are isolated from their families and communities, while children are often prevented from attending school if it becomes known that their parents are HIV positive. Other families take their children out of school early because they can no longer afford to send them. This puts children and young people at risk of being trafficked. People traffickers target young women from poor backgrounds with promises of work and a better life in the city, and then force them into prostitution.

To prevent this and to give young people living in poverty and affected by HIV the chance of a brighter future, SolidarMed works with local organisation John Foundation in Hyderabad, India's fourth largest city. Thanks to the project, young people can complete vocational training courses lasting between three and six months. The courses offered include dressmaking, beauty, English, business administration, electricity and IT. Graduates then have good chances of entering the labour market, with around nine in ten having a job or deciding to become self-employed by the last day of their course. Beco-

ming financially independent and being able to support their families allows them to escape the stigma of poverty and HIV/AIDS. ■ *bw*

India,  
Telangana State



Profile: Markus Frei

# “We must continue to support the marginalised”

Markus Frei has helped shape the changes in SolidarMed’s public health development cooperation over the last 40 years: from his first deployment abroad as a doctor in Zimbabwe in the early 1980s to his involvement on the Board over the last seven years. He believes that the need for support for those on the margins of society is as great as ever.

SolidarMed’s public health development cooperation looked very different back in 1981 to how it does today. At the time, Markus Frei travelled to Zimbabwe as a young doctor to work in a missionary hospital. Now – some 40 years later – SolidarMed no longer sends doctors to partner countries. Instead, the association has evolved to become a modern aid organisation which works closely with local authorities and healthcare facilities.

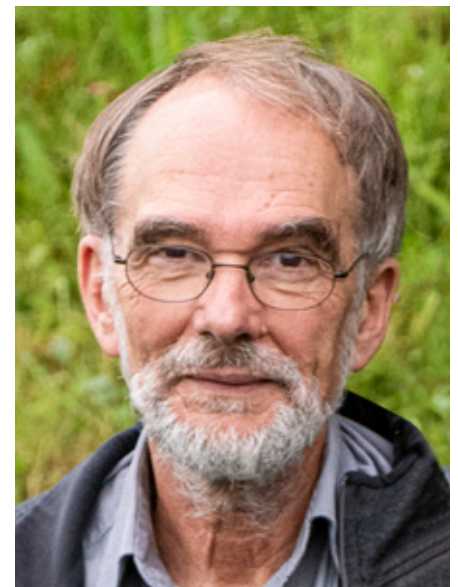
### At the heart of political events

Markus Frei has witnessed and helped shape these changes, and found himself in the midst of political and societal change in the process. For example, he arrived in Zimbabwe just a year after the country gained independence, sent by the then Swiss Catholic Association for Missionary Medical Care (SKMV), which later became SolidarMed. He had responded to the SKMV’s appeal, confident that with his medical expertise he could make a real difference in the young country. He became the sole doctor at St. Theresa’s hospital in the Chirumhanzu District with 120 beds. “In medical terms, I had to do so much more there than I was actually qualified to do. There was quite simply no one else,” he explains. “At times it was difficult, but it was

also incredibly exciting.” The hospital was run by German Dominicans.

The years after independence were a time of new beginnings, recalls Markus Frei: “International donors, such as the World Health Organization (WHO) were investing heavily in health and education. You could see great potential in the country.” But everyone realised that it would take years for Zimbabwe to be able to train enough healthcare professionals itself. “It made a lot of sense for Zimbabwe to employ doctors from abroad,” says Frei, who is now retired. “Unfortunately, much of that belief in progress and development was subsequently shattered by Mugabe’s government,” he says.

After two-and-a-half years, he moved on – first briefly to Sudan, and then to a hospital in Switzerland. But his interest in public health in an international context remained. In 1986, he went to London to study for a degree in public health. “That was the degree everyone wanted at the time – a bit like business administration nowadays,” he says smiling. After graduating, he worked for six months on behalf of the Swiss Red Cross in Cambodia, a country that was still reeling from the effects of the Khmer



Rouge’s brutal regime, which had just come to an end.

### Rethinking development cooperation

While still in Asia, during a trip through China in 1987, Markus Frei stumbled across a vacancy as head doctor at St Francis District Hospital in Ifakara, Tanzania. To express his interest in the job, he sent a postcard to SolidarMed’s administrative office in Lucerne, which at the time consisted of two people. A few weeks later, he was accepted and started working at St Francis Hospital in 1988. “This job was completely different from the one in

Zimbabwe,” he says. Because in Zimbabwe he had received a local salary from the hospital, whereas the new job in Ifakara was funded by the Swiss Agency for Development and Cooperation (SDC), which was increasingly calling for a reduction in the number of Swiss doctors in healthcare institutions in the Global South. Instead, it wanted to promote the training of local staff. Markus Frei explains that for SolidarMed, this was a major challenge. “At the time, SolidarMed was merely a recruitment organisation for Swiss doctors. Transforming itself into a project organisation meant completely repositioning itself.”

While still in Ifakara, Markus Frei instigated the first organisational steps at St Francis Hospital. After returning to Switzerland, he joined the SolidarMed Board in 1991 and was involved in a project mandate for the Ifakara District. “This allowed me to campaign to ensure that SolidarMed’s work in Ifakara could continue in the long term and at the same time could be brought up to date.” Alongside this, he worked as a doctor in tropical medicine in Switzerland.

But soon the whole organisation was in a state of flux: “The changes in the Tanzania project tipped the scales in favour of professionalising the administrative office as a whole,” recalls Markus Frei. At the same time, it was becoming ever harder to get work permits for medical staff. This led to a rapid fall in the number of staff deployed. He is convinced: “This repositioning made sense. Otherwise, the association would have shrunk and would eventually have had to be dissolved.”

The second major change came ten years later with the HIV/AIDS project SMART. It was launched in several countries in parallel in 2004 and allowed people early access to antiretro-



▲ The 1981 Annual Report announces the deployment of Markus Frei and other doctors. At the time, SolidarMed was merely a recruitment organisation posting Swiss doctors to partner countries. *Archive*

roviral treatments, even in very rural areas. Thanks to the longstanding ties with rural hospitals, Frei believes that SolidarMed was able to implement this project very successfully. “For me that was proof that the transformation to a project organisation had been a success,” he says.

### Needs are still great

Nonetheless, Markus Frei considers development in rural areas a cause for concern. “Earlier hopes of rapid economic advancement have not materialised for many people in Tanzania and other African countries,” he says. “Instead, the gap between rich and poor is widening – also within countries.” He barely recognises Dar es Salaam as the city has become so modern. “On the other hand, the rural town of Lugala looks a lot like it did 30 years ago.” He therefore sees SolidarMed’s role today as it was then. “Our mission is to stand up for the marginalised. For those who don’t benefit from progress, who are left behind.”

For him, the potential mainly lies in strengthening civil society actors so that people are aware of and can claim

their rights. He also considers it important to shift decision-making to partner countries within NGOs. Markus Frei therefore welcomes the fact that several of SolidarMed’s country directors are now local experts rather than Swiss or European expats.

He is now leaving it to others to monitor this transition. Because after another seven years as a member of the SolidarMed Board, Markus Frei is standing down at the end of May. “Maybe I’ll be back again in four years when SolidarMed turns 100,” he says. In any event, he’ll always have plenty of stories to tell. ■ *bw*

Good to know

# A lasting impact

SolidarMed has enabled an increasing number of people to access better healthcare over the years. This is shown by the 2021 Annual Report, which has just been published.

## Increasing the number of beneficiaries

Thanks to SolidarMed, 3,092,886 people were able to access better healthcare in 2021 – 300,000 more than in 2020. More people in village communities were reached thanks to more visits, and the population is growing, which means the catchment area for each supported facility is also increasing.

## Improving quality of care

Rural Africa is in urgent need of healthcare professionals. In 2021, SolidarMed trained 1,665 healthcare professionals (up from 1,415 in 2020) and provided continuing education for 954 professionals (up from 665 in 2020). This significantly improves the quality of healthcare for rural populations.

## Increasing survival chances

An increasing number of people living with HIV in the project regions are now able to access life-saving anti-retroviral therapy thanks to SolidarMed. A total of 74% of all patients now remain in therapy for at least two years. In addition, people are starting their therapy earlier and therefore have better chances of survival.

We would like to thank all donors, members, supporters and partners for their valuable support.

Read the Annual Report at:

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






The Annual **General Meeting** will take place on **Friday 20 May** at the **Neubad Lucerne**. It will be followed by a panel discussion on **'Helping effectively: A discussion on solidarity'**. Find out more at [solidarmed.ch/events](https://solidarmed.ch/events).

## Your donation makes a difference.

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