

Focus

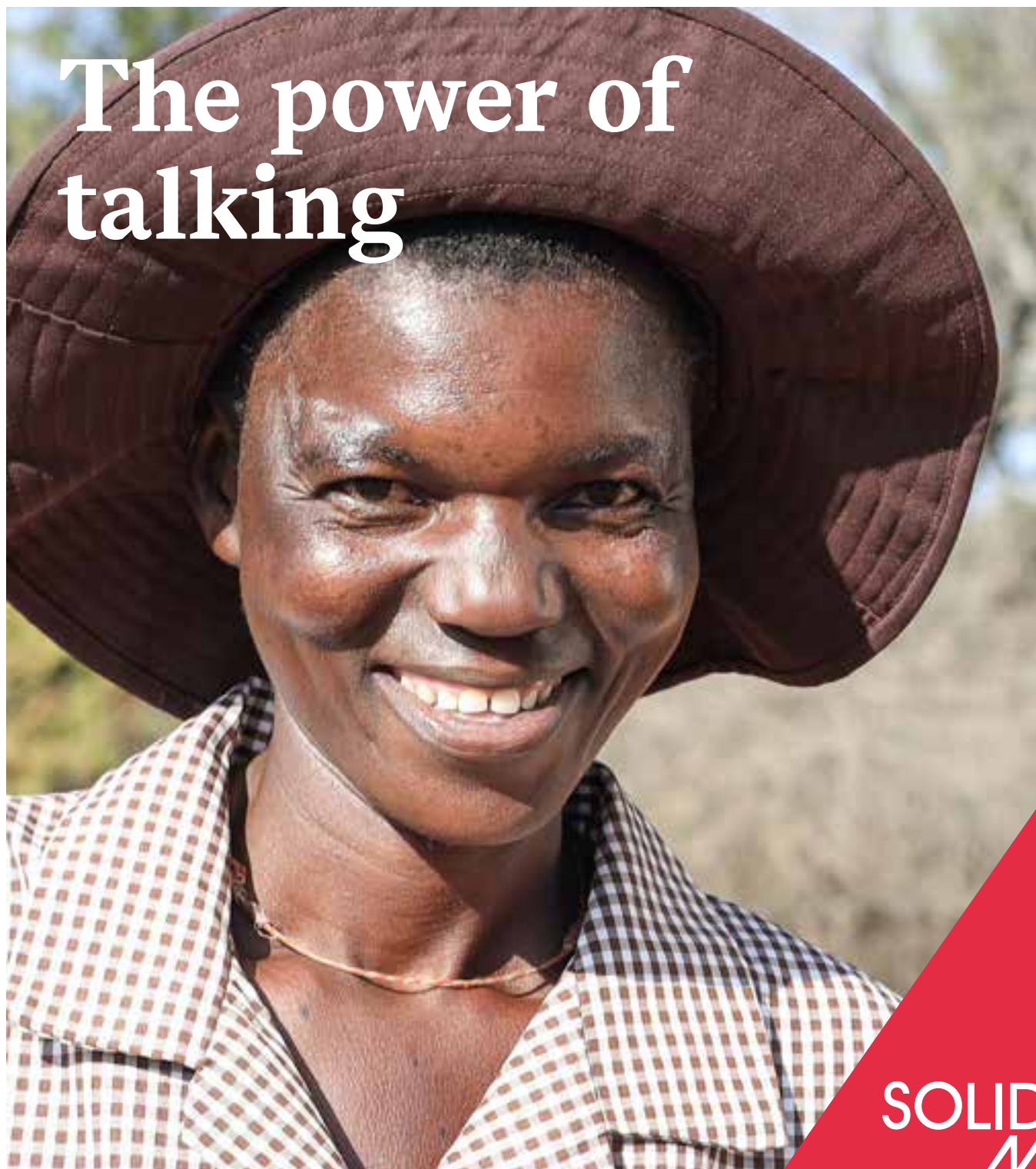
23/1 3.2023

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SolidarMed makes a difference What a development cooperation programme involves.

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Good to know Why it's a good idea to make a will.



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Community health worker Anna Mubaiwa is a SolidarMed-trained mentor for communication between parents and children at the Pahlela Health Centre in Zimbabwe. *lr*

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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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Empowering young women and girls



Ilse van Roy
Leiterin Programme

In Switzerland, teenage pregnancy is very rare; the country has one of the lowest rates in the whole of Europe (2.2 live births per 1,000 adolescents aged 15 to 19). This is in stark contrast to sub-Saharan Africa and the countries where SolidarMed operates. Among them, Mozambique has the highest teenage pregnancy rate with an average of 166 live births per 1,000 adolescents (15-19 years old), followed by Tanzania (124/1,000), Zambia (117/1,000), Zimbabwe and Lesotho (94 and 89/1,000 respectively).

As with many health-related problems, poverty plays a major role. Adolescent girls often have poor educational and economic opportunities and may be prone to sexual exploitation. Faced with few life choices, they have little incentive to avoid pregnancy and childbearing. In addition, regions with high poverty often have weak health systems that are unable to provide reproductive health services adapted to this age group.

The 15 to 19 age group is diverse. Girls up to 17 are not necessarily physically mature nor do they have much knowledge about sexual and reproductive health to make informed decisions. It therefore makes sense to focus interventions on the more vulnerable age group of under 18s.

Pregnancy can be prevented in two ways: avoid sexual intercourse or use effective contraception. Girls who stay longer in school and those who benefit from access to good quality sexual reproductive health information tend to have their first sexual intercourse later. In Tanzania, a SolidarMed project is piloting an innovative scheme to incentivise parents to keep their daugh-

ters in school for longer. And another one is promoting education on sexual reproductive health to young girls in and out of school.

This year we have also initiated new projects targeting adolescent health directly in Lesotho and Zimbabwe. We put great emphasis on adolescent participation in the design of youth-friendly services. Recognising the influence of peers in this age group, we train peer educators to deliver information on sexual reproductive health and other age-relevant health topics to local communities. We know that teenage pregnancy is a complex issue which will require long-term sustained efforts to observe behavior change.

Globally, low levels of adolescent fertility are observed in countries that have adopted pragmatic strategies: promotion of sex education and contraceptive use and improving access to sexual reproductive health services. Our projects implement the policy recommendations from the United Nations to reduce adolescent birth rates: provide young women with information, services and the support they need to navigate sexuality and avoid pregnancy.

Thank you for playing a part in empowering young people. ■



▲ A group of parents taking part in a parent-child communication course in Pahlela on adolescent sexual and reproductive health. *lr*

When children have children

The shockingly high number of teenage pregnancies worldwide is both a problem for health and for society. Besides major risks for mother and child and a greater likelihood of fatal complications, teenage pregnancy also jeopardises girls' social and financial future.

Zimbabwe In the morning of 26 August 2021, a newborn baby is found in front of the entrance to a local supermarket in Zaka, around 340 kilometres south of the capital Harare. The baby is wrapped in a school jumper – an indication that he is the result of an unplanned teenage pregnancy. The umbilical cord is still bleeding; the baby boy was probably born in the night and left in the doorway.

It is estimated that half of all pregnancies worldwide are unplanned. Despite positive developments, most unplanned pregnancies occur in sub-Saharan Africa.

This is despite the fact that in most places, people are legally free to choose whether they want to have children and how many, and contraception is widely available. Yet in



Zimbabwe

Population:	15.9 million
Proportion of under-25s:	62%
Maternal mortality rate:	62/100,000 live births

reality, many women are denied this basic right of self-determination. This right would be bolstered by greater gender equality.

Teenage pregnancies equal health risk

In underage girls in particular, pregnancy carries major risks. Estimates suggest that there are 21 million pregnancies a year in adolescent girls aged between 15 and 19 in low- and middle-income countries. Around half of these – in other words over 10 million – are unplanned. Almost a third of women in these countries are under 19 when they have their first child. They have children when they are still children themselves.

A girl's body is not yet fully prepared for pregnancy and complications for both mother and child are more common than in older pregnant women. The leading cause of death worldwide in women and girls aged between 15 and 19 is pregnancy and birth complications. This is due to the higher risk of eclampsia* and uterine infections compared with adult women. In addition, the stigma and despair of falling pregnant at a young age often leads to unsafe abortions. In teenage pregnancies, babies are more likely to be born prematurely or with low birth weight.



▲ Community health worker Anna Mubaiwa discusses her notes with project assistant Tawanda Magara from SolidarMed. *lr*

It is not only the health risks that pose a major problem, but also the social ones. The girls affected are forced to drop out of school and it is often inevitable that they will slip further into poverty, particularly if they are abandoned by family members or the babies' fathers. The reasons why the mother abandoned Innocent – the little boy left in front of the supermarket – are merely speculation. But we can assume that she faced similar issues.

Child marriage and lack of awareness among adolescents

In Zimbabwe, 30% of maternal mortality is due to early pregnancies, which occur in particular because child marriage is entrenched, access to contraception and education for adolescents is lacking, and girls are often victims of abuse. Although Zimbabwe made it illegal in 2020 for schools to expel pregnant girls, the reality is often quite different.

The government took action last year and set 18 as the minimum age of marriage. The number of child weddings further increased during the Covid-19 pandemic, and is much higher in rural areas than in towns and cities. There is therefore a lot of work to do until the law has an impact. There is a lack of information on contraception and sex education including on the rights that young people have. On top of that, medical services are often not tailored to adolescents – whether in terms of contraception services or prenatal care.

Focus on healthcare services for adolescents

The World Health Organization recommends eight quality standards for adolescent healthcare. SolidarMed helps to implement these standards in programme countries. Unfortunately, healthcare services are often not tailored to the specific needs of young people and are therefore not well accepted in this age group. Adolescents experience a lack of respect from nurses, a lack of privacy and confidentiality, and fear of stigmatisation and discrimination. As a result, many fail to seek medical treatment, which can have unintended consequences for health and lead to early pregnancies. Reducing the number of teenage pregnancies is a target of the UN's Sustainable Development Goals 3 and 5.

Schwerpunkt

SolidarMed focuses on reproductive health

SolidarMed already recognised this problem a number of years ago, and prioritised the sexual and reproductive health of adolescents in the Masvingo province.

At the community meetings launched by SolidarMed, villagers indicated that a lack of knowledge about sexuality and reproduction in young people was the main reason for teenage pregnancies and required immediate attention. They said that young people needed to be educated and given information early on.

Traditionally, sex education is the responsibility of aunts and uncles. However, due to financial difficulties, more and more adults are forced to

leave their communities to look for work in cities. These traditions and structures are therefore being eroded, leading to gaps in children's and

“These meetings arm us with information so we can have sensible conversations about sexuality and reproduction with our kids.”

A mother after the meeting for parents..

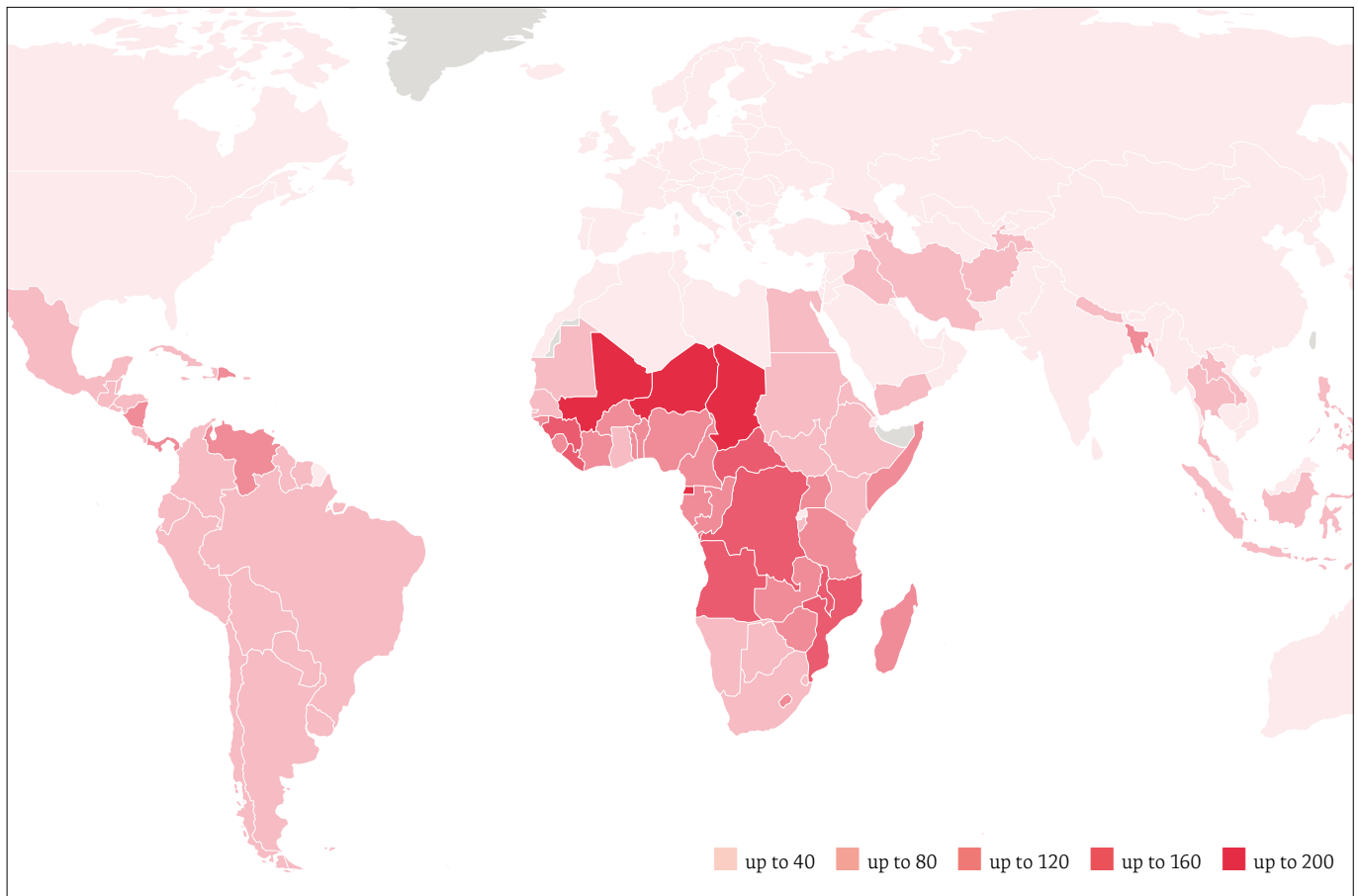
adolescents' knowledge. At the community meeting it was clear that parents are overwhelmed and don't know how to broach the subject and talk about these issues with their

children. At the same time, they realise that times have changed and want to play an active part.

Together with national health authorities, SolidarMed decided to support parents and introduced courses on how to talk to children about relationships, development and sexuality.

Anna Mubaiwa, a community health worker from the Pahlela Health Centre, meets a group of nine parents from her community while their children are at school. She is talking to them today about sexual relationships in general. “These meetings have armed us with information so we can have sensible conversations about sexuality and reproduction with our kids. Before, I had no idea how to have those sorts of conversations,” a

Adolescent fertility rate worldwide



▲ Births per 1,000 women and girls aged 15 to 19. World Bank, UN, 2017

mother says, after the meeting. The parents are also told that it is illegal to marry their daughters off before the age of 18 and that if they do, they could be prosecuted.

At the weekend the community health workers are holding a meeting on the same topic with the children. In particular, the information is age-appropriate and in some cases delivered by peers. The groups of young people are split by age, with 10- to 13-year-olds separated from the 14- to 19-year-olds. For both parents and children, it is about talking and sharing freely and openly.

The goal is clear: the frequency of teenage pregnancies, but also sexually-transmitted infections and HIV need to be reduced. Young people need to be aware of their rights. And for the girls who fall pregnant early, there are self-help groups supported

“I’m now equipped to answer my son’s questions.”

A participant after the meeting for parents.

by SolidarMed where they can meet others in a similar situation. Expectant mothers are also educated about the possibilities and importance of pregnancy check-ups and encouraged to get them.

Because SolidarMed and the Zimbabwean health authorities declared the topic a priority, healthcare facilities are also involved directly. Studies show that 67% of girls aged between 10 and 19 have nowhere to go where they can access sexual and reproductive health services. However, in Zimbabwe financial resources are lacking, which is why SolidarMed is plugging this gap.

Healthcare workers are trained so that young people can access high-quality and personalised healthcare services in a safe space. Mental health also has an important role to play in educating and empowering the adolescents and making them more resilient. Ultimately, they are the key to the future health and prosperity of the community. Investment is also made in infrastructure where it is urgently needed, whether because there are no delivery tables, or no running water on the labour ward, which encourages infections.

The abandoned baby Innocent is now in safe hands. The case was reported at the time to the police, who brought the baby boy to the district hospital in Ndanga while social services tried to find him a home. However, due to a lack of financial resources, neither the hospital nor the social services department could look after him directly. SolidarMed got involved. The little boy urgently needed baby formula to survive. SolidarMed therefore included him on the baby nutritional programme (see page 13). Innocent is now 18 months old and has been taken in by loving foster parents. He is in good health and is putting on weight. ■ *pm*

* Serious medical disorder of pregnancy that involves seizures and potential loss of consciousness.



▲ The abandoned baby Innocent is now a healthy one-year-old being brought up by a foster family. *lr*

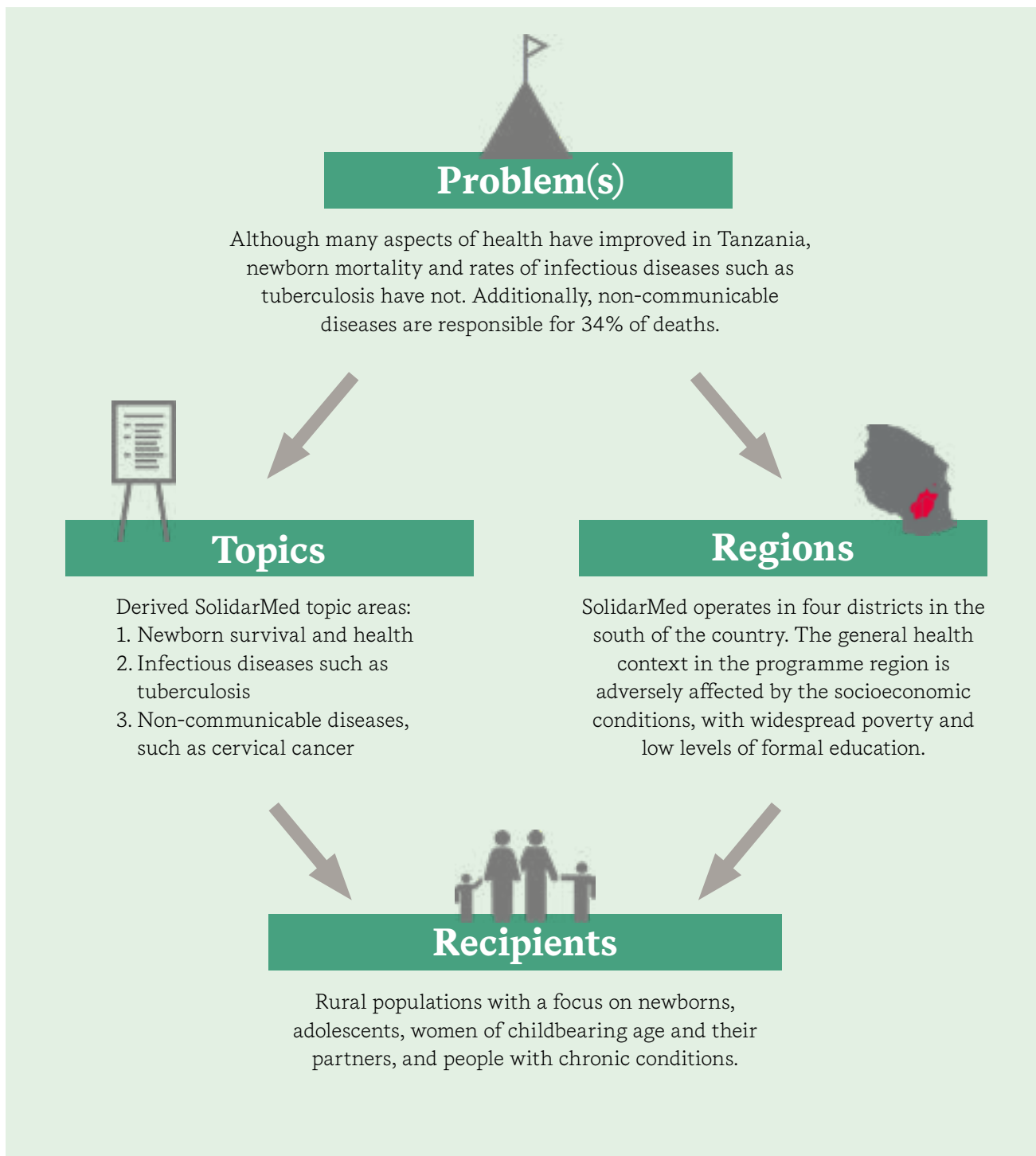
 solidarmed.ch/zimbabwe



What is a country programme?

At SolidarMed, we're always talking about country programmes. Perhaps you've wondered exactly what they are. The problems affecting the countries where we work are often highly complex. A programme is based on the idea that in many areas you can have a greater impact with a joined-up and coordinated approach. Medical needs in a region depend on the context and are carefully examined with local actors, such as health authorities. Experience and new scientific findings feed into projects to ensure they are effective and lead to lasting improvements. On this double-page spread, we break down a project in Tanzania to give a clear insight into exactly what a programme involves. ■ *pm*

Tanzania programme



Project examples

Guarantee the survival of newborns by expanding Kangaroo Mother Care at three hospitals .

SolidarMed does this by setting up relevant wards and providing equipment and training for healthcare professionals, particularly in birth support and neonatal resuscitation and care. Also, community leaders are educated so they can explain the importance of prenatal care to pregnant women. In parallel, a study is looking at what minimum package of measures has the greatest impact on reducing mortality rates. The results of this will feed into the decisions regarding the rollout of the measures to other regions.



Improve access to healthcare in particularly remote communities through a mobile clinic.

SolidarMed acquires an off-road vehicle, which is converted and medically equipped. A nurse/midwife and driver are then hired to provide comprehensive preventive services, treatment and information on various health topics to communities on a regular basis.



Knowledge and insights are incorporated in other projects, and synergies are utilised where possible. The effectiveness of the programme as a whole is continuously assessed and adapted.

The pillars of the programme



Availability of health services

Goal: Guarantee and expand access to high-quality care for the defined recipients.



Community-based health promotion

Goal: Bring healthcare to people by going directly to the communities where healthcare facilities are lacking.



Empowering staff and boosting workforces

Goal: Strengthen the skills and competencies of nursing staff and increase the number of healthcare professionals by offering targeted mentoring and further training.



Gaining knowledge, conducting research and engaging in policy dialogue

Goal: Enhance impact and enable health promotion measures to be rolled out by influencing evidence-based decisions at political level.

“It’s really impressive the difference SolidarMed is making”



▲ Nino Schurter travels on his bike with the mobile clinic in Mokhotlong to some of Lesotho’s remotest communities. *mh*

Swiss sportsman Nino Schurter has been a committed SolidarMed ambassador for many years. He uses his fame to give a voice to disadvantaged people. In November he visited the remote mountain valleys of Lesotho.

Lesotho Almost on time, the small aircraft from Johannesburg touches down at Moshoeshoe Airport in Maseru, the capital of Lesotho. It is carrying ten-time world champion cyclist Nino Schurter and his bike. But it is not only SolidarMed eagerly awaiting Nino’s arrival in Maseru, the national cycling team is there too, overjoyed that the champion is visiting their tiny country. They are proud to meet the multiple

world champion and have cycled to the airport bearing gifts, including the national jersey. Nino is visibly touched by this surprise welcome.

After arriving in Maseru, the group is headed for Mokhotlong – a five-hour car journey. All of the Mokhotlong District is in the mountains at over 2,000 metres’ altitude. Remote communities and unmade roads make it difficult for

the over 100,000 inhabitants to access healthcare. Without SolidarMed’s mobile clinic, many of these people would be completely cut off from vital medical care. Nino Schurter will accompany the mobile clinic on his bike over the next few days.

On the first day, Nino and the team head to Hamohale, a place that doesn’t feature on any map. The road is very

steep and very rocky in places, which is why the mountain biker is often faster than the mobile clinic and is pleased to be on his bike rather than inside the bumpy vehicle. In order to access medical care, people in this area have to walk for at least two hours to the nearest health centre in Malefiloane. “In Hamohale, the mobile clinic not only treats people from the community, but also those from further afield who have walked here, some for several hours,” as the responsible community health worker, Mamamello Masiu tells the visitors from Switzerland.

On that day, 55 patients were treated, which is far fewer than the over 100 expected. “The heavy rain overnight turned the stream into a river, which is why people on the other side

couldn’t make it,” explains SolidarMed staff member Laetitia Tanka, who is translating the conversations for the team.

Pregnant women walking for hours

The next day, Nino once again accompanied the mobile clinic on his bike. In Moeaneng he took the opportunity to do a video call with his seven-year-old daughter, Lisa. He is keen to show her that not everyone enjoys the privileges that people in Switzerland have. Two young local children try briefly to talk to Lisa. Suddenly, Lesotho and Switzerland don’t seem that far apart after all.



▲ Nino Schurter talking to community health worker Mamamello Masiu (right) and SolidarMed employee Laetitia Tanka. *mh*

Why does SolidarMed work with ambassadors?

Question: What can a mountain biker do to promote health in Africa? Answer: A lot. Nino Schurter can use his public profile to reach a large number of people and raise awareness of the public health emergency in rural Africa. For Nino it is important to see SolidarMed’s work for himself so that he can advocate and support its work with true conviction. Like many other organisations, SolidarMed has to spend money on PR and awareness-raising activities to secure lasting financial support. Of course, SolidarMed exercises great restraint in this area, as certified by its Zewo seal. So if SolidarMed were to buy the media coverage it gets through an ambassador, it would cost many times more. Nino Schurter is a volunteer ambassador and gets involved because health in Africa is a cause that matters to him.

In Moeaneng Nino meets grandmother Manthuseng Ralithakong (63) who has come to the mobile clinic with her four grandchildren (a two-year old, two three-year-olds, and a four-year old) to get them vaccinated. As the children’s parents are in South Africa looking for work, she is in charge of the children. Manthuseng does not have a mobile phone and so is not in touch with the parents. The grandmother tells Nino how difficult it is to get to a health centre to have a baby. When her daughters were pregnant, she brewed and sold homemade beer to be able to afford motorised transport for them to access medical treatment. But that is only possible from the major junction, which is a four-hour walk away. The mobile clinic now brings the important pregnancy check-ups directly to communities, which brings reassurance and peace of mind for expectant mothers.

Back home in Switzerland

“This trip really left a mark on me. We Swiss are so privileged in many ways,

and experiencing a country with poor healthcare so close up is something you don’t forget that easily,” said Schurter in an interview with the SRF programme *Gesichter & Geschichten*. In an interview with the Swiss magazine *Schweizer Illustrierte*, he stressed that the stories he had heard from people in Lesotho would stay with him forever, as would the smiles and the warm welcome he received everywhere he went. ■ *pm*

You can find more photos of Nino Schurter’s trip on our website:

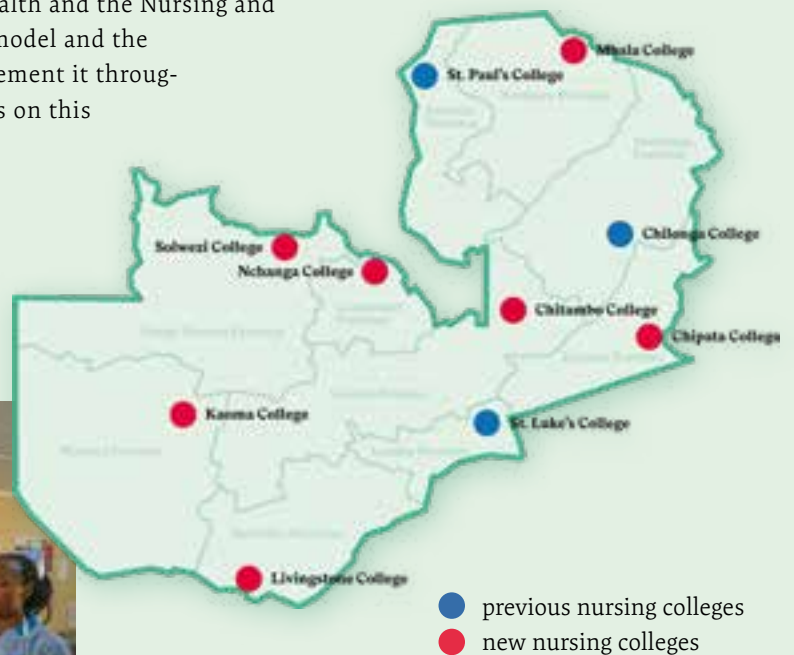
 solidarmed.ch/en/ninoschurter



Nationwide rollout of training model

Zambia With the generous support of the Hilti Foundation and the Liechtenstein Development Service (LED), SolidarMed has been trialling a game-changing approach to nurses' training since 2015. As in many places, nurses are also the cornerstone of the health service in Zambia. But there is a huge shortage of healthcare professionals. SolidarMed relies on a decentralised model where a number of health centres are assigned to a training hospital. Trainee nurses then rotate between these institutions and are thereby able to acquire a range of clinical experience. This not only increases the number of practical training places, but also the quality of the training. The benefits of this system have now been shown in three of Zambia's ten provinces. Both Zambia's Ministry of Health and the Nursing and Midwifery Council have approved the decentralised model and the associated combined curriculum and decided to implement it throughout the country. SolidarMed is assisting the partners on this project, particular with strategic planning. ■ *pm*

Zambia



◀ Prospective midwives attend a training session at St. Lukes College of Nursing. *ch*

Handover of project in Limpopo

South Africa The 'Children for Change' project supports children living with or affected by HIV in the Limpopo province. It is implemented by the partner organisation ChoiCe Trust. The organisation does outstanding work and reaches many children and adolescents affected by HIV. The former Aids & Kind foundation co-financed this project for many years, and since 2019 ChoiCe Trust has been able to further expand this work thanks to support from SolidarMed. The organisation has now also secured other larger international donors who already operate in the region. The SolidarMed Board has therefore decided to withdraw funding from the project. This will allow it to use the freed-up financial resources for other projects where the needs are greater. ■ *pm*

Improving babies' chances of survival

Zimbabwe Breastfeeding offers many health benefits for mother and child. Not only is breastmilk easier for babies to digest and ideally tailored to their nutritional needs, it also contains antibodies so it can protect against many illnesses and ensure survival. In Zimbabwe, around 365 women per 100,000 births still die. Most deaths occur in the first week after birth and can be directly attributed to complications of pregnancy and delivery. Globally, children of mothers who die in childbirth or within the first week have only a 50% chance of reaching their first birthday. The lack of maternal breastmilk is a crucial factor.

To increase chances of survival, Zimbabwe also officially recommends baby formula for the first six months for infants who have lost their mothers. But many families cannot afford formula and switch instead to cow's or sheep's milk, which is harmful to babies' health. As animal milk contains proteins that infants cannot yet digest, it can cause deficiencies, stunted growth and developmental delays. As a result, many babies die prematurely.

Since 2017, SolidarMed has been supporting needy families in the four districts of Bikita, Zaka, Masvingo and Chiredzi by financing and purchasing formula milk for the first six months to increase the survival chances of babies without mothers. Another objective of the project is early diagnosis of HIV-positive infants and referral for treatment. It also ensures that maternal deaths are registered. The protection of mothers, children and newborns remains one of SolidarMed's key health concerns for rural populations in Africa. ■ pm



▲ This baby was abandoned at Ndanga Hospital and included on the nutrition programme. *Eveline Muvirimi*



▲ Baby Kudakwashe with great-grandmother in her home in Rujeko, Masvingo. *Eveline Muvirimi*

Zimbabwe



Interview with Dr. iur. Marc'Antonio Iten

Leave a legacy for future generations

Some 90 billion Swiss francs were bequeathed in Switzerland in 2022, which equates to 12% of gross domestic product. This sum has increased almost five-fold in recent years. If you would like your assets to do some good after your death, you should give the matter some thought in life, advises inheritance and tax expert Dr Marc'Antonio Iten from Zurich.

Marc'Antonio Iten, why should someone write a will when there's inheritance law?

That's an interesting question. No one is obliged to make a will. In order to answer this question for yourself, you should start by figuring out a number of points. First: what will happen to

your estate if you don't make arrangements? On this, the Swiss Civil Code can provide an answer if you are resident in Switzerland and die there. Second: does this arrangement work for you and do you agree to it? If you do, you basically don't need to do anything more. But if you don't, then

you should draw up a will. With a will you can change the statutory line of succession and supplement it or replace it with your own arrangement.

How do you recommend people go about it? What should they bear in mind?

Pay due attention to the formal requirements of inheritance law. For example, on the one hand you have the handwritten will, featuring date, place and signature. If you don't want to write the will yourself, you should consult a notary or solicitor and have them draft a notarial will. The subsequent public certification is done in the presence of two witnesses. Both options are in principle equally valid. There are lots of templates online for



▲ These pupils at Emarenyo Primary School in Kenya are given a perspective by being able to receive a school education. *ob*

handwritten wills. But this does not mean the decisions should be taken lightly. In case of doubt, it is better to consult a professional. It's also important that your will is found by the right person at the right time. Otherwise, there is a risk that it doesn't end up where it needs to be. You can deposit a will with a solicitor or executor. But please don't store it in a bank safe as this can only be opened after death with a certificate of inheritance.

Does it only make sense to write a will if you're rich?

You should always think about what will happen to your estate after you die. A will is a must if you don't want the statutory line of succession to take effect, regardless of the size of the estate.

For example, I had a childless, unmarried client with no parents who was not particularly wealthy. She donated to charitable organisations every year and wanted to remember them after her death. She didn't want to leave her assets to her relatives as they didn't look after her. But she didn't get round to writing a will and died without one. A total of 27 legal heirs were identified and a large part of her estate was used just for the complicated distribution. That's a bit of a shame.

The new Swiss inheritance law entered into force in early 2023. Do people need to update their wills?

Existing wills are still legally valid after 1.1.2023. However, I would advise people to check their wills now and to think about whether there is a need for action. This is because some wording that was frequently used in older wills could in future raise questions and lead to disputes. You can avoid inheritance disputes by writing a will that is clear and unambiguous. The deciding factor whether the new or the old inheritance legislation applies is the date of death and not the date the will was drawn

up. The new legislation covers all estates belonging to people who died after 31.12.2022. In the new inheritance law, the freely-disposable share has been increased, which means that you can now leave a larger portion to charitable organisations. Basically, I would always advise people to review their will every five years and update it if necessary.

How common is it for people to leave gifts to charitable organisations in their will?

It's common, particularly for unmarried people. Often, people decide to leave money to institutions as well as relatives. But married testators and those with children can also include charities in their will.

Could you please explain the difference between a bequest and an inheritance?

A bequest is a part of a will and is like a gift after death where a certain amount or percentage of the estate

“It's touching to see the joy that unexpected solidarity brings.”

Dr. iur. Marc'Antonio Iten

goes to one or more selected organisations. On the other hand, inheritance refers to the beneficiaries on the receiving end – the heirs are the people whose names feature on the inheritance certificate, are liable for the debts from the estate, and co-sign the estate partition agreement.

What motivates people to leave money to a charity?

For one thing – and this is a positive – people are living longer. This means that most children are now already pensioners when they inherit. Some parents therefore decide to leave a portion of their estate to their children



Dr Marc'

Antonio Iten is the author of numerous specialist publications. As an independent

inheritance and tax expert, he advises the platform “Dein Adieu”, a SolidarMed partner organisation. He is partner at Dr. Iten, Dudli + Partner Steuerberatung und Treuhand AG, a tax consultancy and accountancy firm in Zurich (www.idp-treuhand.ch).

but not as much because of their age. We often hear that wealthy people want to give something back to society. In the crisis-ridden times we're living in, I'm seeing how important this is to many people. Wealthy people often say that they have been able to live a privileged life and enabled their children to get a good education, which is why after death they want to make a meaningful contribution to society. In my work as an executor, I regularly deal with charitable institutions. When smaller and medium-sized organisations in particular receive a bequest, it's touching to see the joy that unexpected solidarity brings. Perhaps that bequest will make it possible to realise another social project or allow an existing one to be meaningfully expanded.

Where is the trend heading with regard to bequests?

Essentially, what we're seeing is that many people regularly donate and leave money to charities in their wills. For many people, this is also advantageous from a tax point of view as such donations are often tax deductible. Also, people are increasingly coming into contact with charitable organisations in their lifetimes and getting to

Continues on next page

Engagement

Continued from page 15.

know them and what they stand for. Often, people will subsequently remember these organisations in their wills.

What would you advise someone who is keen to remember a charity in their will?

My first tip would be to remember charities with a bequest rather than an inheritance. Second, instead of a fixed amount, the bequest can be defined as a percentage of the total estate. This is a good idea as the size of an estate will change over time. A percentage amount takes account of this fluctuation. Third, formulate your bequest carefully so that it is not later construed as the appointment of an heir. And fourth, consult a professional. ■ *pm*

Good to know

- ▶ In the afternoon of 5 October 2023, SolidarMed is organising an **event on estate planning** in Zurich. If you're interested, you can return the enclosed reply slip to us and we will send you an invitation in due course.
- ▶ You can also order the **guide on wills and estates** using the reply slip.
- ▶ Use the **free will generator** and get a **coupon for a free initial consultation** with a notary:

 solidarmed.ch/bequests



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Upcoming events in 2023

Once again this year, you are cordially invited to attend our events. Pencil the dates in your diary now:

- ▶ **25 May 2023, 5pm: Annual General Meeting** followed by public event at the Neubad Lucerne.
- ▶ **9 September 2023, 2pm: Summer event** im Garten der SolidarMed-Geschäftsstelle in Luzern.
- ▶ **5 October 2023, 2.30pm: Event on estate planning** in Zurich.

We very much hope to see you at one of our events. ■ *pm*

 solidarmed.ch/events



▲ Michael Hobbins, head of research, quality and development, presents the Mozambique programme to guests at the summer event. 75

Your donation makes a difference

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