



Editorial

Dear Readers,

eHealth has been the talk of the town for quite some time, and as an institution which is committed to innovation, validation and implementation the Swiss Tropical Institute has of course embarked on these developments using information and communication technology. However, we try to see it not only as a technological approach to the problems and questions we are dealing with, but rather as Eysenbach, a pioneer of eHealth put it „as a way of thinking, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide“.

In this newsletter you will find some examples of STI's involvement in eHealth. Daniel Weibel presents an innovative approach to demographic surveillance of nomadic populations in Chad. In the area of validation Don de Savigny, who is chairing the technical advisory board of the Health Metrics Network presents this global initiative, which is geared to improve the information basis for decision making in health systems. In the area of the implementation Marc Blunier discusses STI's experience in a Ukrainian-Swiss cooperation programme, where a model for the integration of Information & Communication Technologies (ICTs) in clinical practice is being tested. Finally, Joachim Pelikan shows practical examples of eLearning, which have been developed at the Swiss Tropical Institute. This reminds us that the Information and Communication tools are at the end of the day only tools, and do not in their own right improve anything. The people who use them make the difference.

Enjoy the reading and do not hesitate to give us feedback.

Dr. Nick Lorenz, Head of Department SCIH

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Biometric fingerprint identification and GIS towards health and demographic surveillance in highly mobile pastoral settings in Chad

Daniel Weibel

In the sahelian semi-arid belt at the border of southern Sahara desert, extensive mobile livestock production systems are prevailing. Over the last 10,000 years, mobile livestock production and nomadic way of life have evolved from semi-arid climatic conditions with seasonal rainfalls and periodical draughts. Due to this adaptation this production system is potentially seen as the most sustainable natural resource management strategy to use scarce and remote semi-arid rangelands. But sustainable development that addresses the rapid economical, social, environmental and political changes may be difficult to implement because mobile populations live in remote areas where they are hard to reach for social interventions and services (e.g. human and animal health and education). They are spatially and politically marginalized resulting in a high vulnerability to different risks.

The goal of the Swiss Tropical Institute (STI) in partnership with the „Centre de Support en Santé Internationale au Tchad“ (CSSI) is to better integrate Chadian pastoral nomadic populations in equity effective national development programs. Between 2000 and 2007 STI and CSSI have conducted joint human and animal vaccination campaigns in the Lake Chad area among mobile nomadic populations (Schelling et al., 2007; Schelling et al., 2005). However, important demographic parameters such as total population sizes are still missing, but are needed to evaluate the vaccination campaigns in terms of reduction of child mortality and achieved vaccination coverage. Generally, (useful) census data is inexistent for mobile nomadic populations of sub-Saharan Africa. There is thus a need for demographic and health information and surveillance. The range of

demographic and health surveillance methods, tools and approaches is appropriate for settled households but hardly applicable to mobile populations. New evaluation and monitoring methods, approaches and tools need to be developed and tested. The combination of biometric fingerprint identification technology, GIS



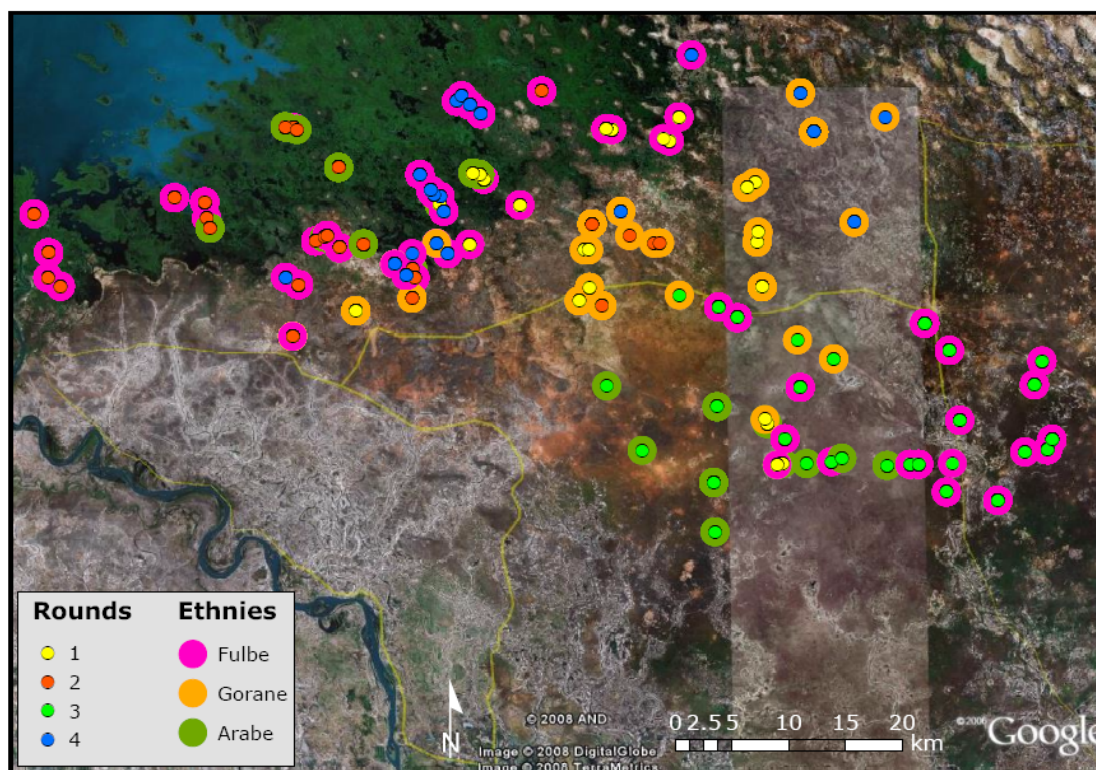
Fingerprint ID



and epidemiological data and population modeling methods seems to be a way forward.

We could show the feasibility of the use of a biometric fingerprint identification system in the field. In combination with a GIS we can map and analyze migration and density of the nomadic people encountered and other variables of our demographic or health data base in dependence of their seasonal migration. With a multiple mark-recapture population model, where individual fingerprints are used as markers, estimates of population sizes with their variation within seasons and in-and out-migration are outcome parameters. We present a new method to foster new „mobile household methods“ in follow-up surveys and (reconstructed) cohort studies. Due to the proper identification of individuals, they can be reencountered in follow-up visits.

The significance for health systems development is seen in the evaluation, planning, adaptation and implementation processes of interventions and



services that have to be adapted to the mobile way of life of nomadic people. Only this adaptation can lead towards equity effective of health interventions on a national level. Therefore, the registration of every life for census and health metrics is a precondition - and a demand of the concerned populations who perceives this registration as increasing equity between settled and nomadic populations. Biometric identification technology is a crucial element of future mobile health and demographic surveillance system among mobile pastoralists.

References

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The Health Metrics Network

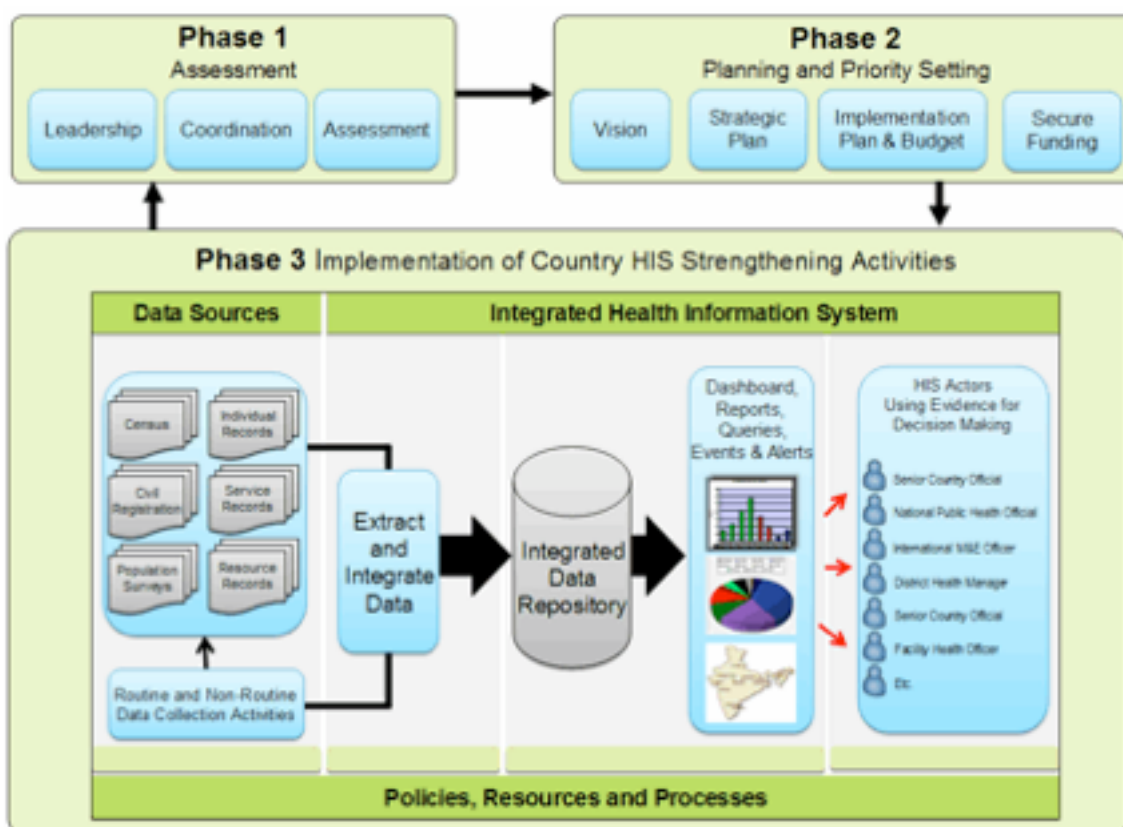
Don de Savigny



The Health Metrics Network (HMN) is one of the few contemporary global health initiatives that is dedicated to a health systems issue rather than a specific set of diseases or interventions. HMN is a global partnership facilitating research and technical innovations for

better health information generated and used at country level for better health. To do so, HMN convenes health and statistical constituencies to build capacity and expertise to enhance the availability, quality, dissemination and use of information for decision-making.

HMN and STI see the generation of health information and evidence is a core function of health systems and essential for effective public health action. This function is the foundation for governance policy making, planning, resource allocation, programming, and service delivery. Unfortunately, sound information is rarely available in low-income developing countries due to chronic under investment in health information systems (HIS). But the situation is changing. There are now unprecedented demands for reliable and timely health data to support health sector development and monitor the impacts of the massively increased investments in health scaling up to meet the Millennium Development Goals (MDGs). There are also unparalleled advances in information and communication technologies to facilitate and accelerate the supply and access to appropriate health information. For these reasons, staff of the Swiss Tropical Institute have assisted HMN since its inception.



HMN has the strategic goal to increase the availability and use of timely and accurate health information by catalyzing the joint funding and development of core country health information systems. HMN has laid out a vision and has identified strategies for HIS development and strengthening, supports countries in implementing such strategies, and generates new knowledge and global public goods through research, technical innovation, and sharing lessons learned.

HMN pursues three phased objectives:

★To create a harmonized framework for country HIS development (the HMN Framework) which describes standards for health information systems

★To strengthen country HIS by providing technical and catalytic financial support to apply the HMN Framework

★To ensure access and use of information by local, regional and global constituencies

HMN is working towards these objectives in three phases, two of which are well underway. The first has provided grants and tools to over 60 countries to galvanize leadership and to assess their current health information systems against the new vision, framework and standards from HMN (available for download at the HMN website, see address below). The second provides tools to translate this into strategic and operational plans and budgets for long term funding. The third phase, about to begin, assists countries to strengthen the implementation of their reforming health information systems. HMN also supports research and innovation in new methods and approaches to generating information and packaging/communicating it for effective local use.

According to HMN „it is not because countries are poor that they cannot afford good health information; it is because they are poor that they cannot afford to be without it.“

<http://www.who.int/healthmetrics/en/>

Ukraine Swiss Perinatal Health Program

Marc Blunier

In the frame of the Ukraine Swiss Mother and Child Health Programme - a project funded by SDC - a model for the integration of Information & Communication Technologies (ICTs) in clinical practice has been tested. The model was piloted with the third level Perinatal centres or maternities and the central district hospitals in the two regions of Ivano-Frankievsk and Volyn in Western Ukraine (green areas in map below).



Ukraine has huge geographical dimensions with an area of fourteen times the size of Switzerland. The public transport system relies on a weak and slow transport infrastructure which makes travelling rather difficult and costly. Despite the considerable changes since the independence from the Soviet Union in 1989 the country is strongly centralised and oriented towards the capital Kiev.

The health system is strongly centralised as well with most national referral centres located in Kiev. The organisation of the health system remains hierarchical and expert knowledge is pooled mainly in the capital. The national head Neonatologist in Kiev determines the policy and is the clinical reference for the entire Neonatal community. Clinical practice guidelines once elaborated on this highest level trickle down through the entire health system until they reach the lowest level of the

primary health care if ever. This hampers the efficient dissemination of new knowledge.

Continuous medical education (CME) is centralised and clinicians have to attend a two month training course every five years in Kiev, which is the only officially mandated education training for health professionals. In the time in between they are disconnected from the developments in clinical practice. The circumstances highlighted above lead to the situation where health professionals working at the periphery relay on outdated material which does not comply to EBM standards in their clinical practice.

The main objectives pursued with the integration of telemedicine in the clinical practice are as following:

- ★Enable health professionals to overcome professional isolation while sharing experiences and expertise with colleagues through all levels of the health system vertically and horizontally.
- ★Stimulate the self directed learning process of the health professionals and contribute to the increase of professional skills apart from the regular official continuous medical training.
- ★Provide a platform for a network of health professionals consulting each other in clinical cases and contribute to improved health service delivery.



The technical implementation is based on an open source software platform called „iPath“. iPath is a web application consisting of a data base, a structured user interface and communication features. The basic technical infrastructure required consists of a personal computer, internet access and a digital camera. The major aspects to be monitored are the integration of the Telemedicine application in the daily clinical

routine process, to assure physical and timely access to the Telemedicine Work Place and to ensure the moderation of the network. The moderation of the discussions and the monitoring of the activities are important aspects directly influencing the quality of interactions and benefits of the network.

Currently the network includes more than 300 national and international registered participants from referral centres and regional and district health centres. So far more than 300 clinical cases have been presented for discussion with an average of 5 to 10 cases per month. The main requests of the participants are related to consultations (second opinion) and to a lesser extent the sharing of information. Consultations aim mainly for the confirmation or specification of the diagnosis or treatment procedure and to a lesser extent to medication strategies.

Further aspects of interest to be evaluated are the impact of the application of Telemedicine on patient referral, the amount and relevance of knowledge gained through the network and the response time and acceptable delays for second opinion cases.

Experiences with the development of the network have shown that English is so far not widely

spoken in the Ukraine context. This hampered the communication with international experts and kept the number of participants and activities at a low level.

Once the telemedicine platform was upgraded to allow the use of Ukrainian and Russian language, the participation rate increased sharply. However, at the same moment international exchange decreased while national exchange increased steadily. The inclusion of district hospitals and the creation of regional networks responded to the need for second opinion of the districts. There is a large community of passive participants (no active contribution to the network) which takes its benefits from the presented cases for their individual continuous medical education. The platform therefore serves as a pool of cases for problem based learning.

One can conclude that Telemedicine supports the Ukrainian health system particularly in the field of continuous medical education, in availing information or expertise to the place where it is requested; and in availing information or expertise to everybody at the same time.

<http://ipath.ukma.kiev.ua/>



Being prepared: COTS - The Cholera Outbreak Training and Shigellosis Program

Joachim Pelikan

Diarrheal disease is a major health problem especially in emergency situations and refugee camps. It is an important cause of morbidity and mortality in the developing world. Of infectious causes of death in children, it is the second highest in the world after acute respiratory infection, causing an estimated 1.87 million deaths in children under 5. The morbidity and mortality associated with diarrhea for adults is not well documented, but unsafe water, sanitation and hygiene, which are the main risk factors for diarrhea, cause an estimated 54,158 disability adjusted life years (DALY).

Experiences like the Goma health disaster in 1994 show that there is a strong demand for training on how to handle Cholera or Shigellosis outbreaks, especially in emergency situations. Experts from ICDDR,B in Dhaka, Bangladesh, created in cooperation with the Swiss Tropical Institute the COTS program to bring together more than 30 years of expertise to provide a „to the point“ guideline as an effective means of preventing failures like those in Goma.

The goal is to transfer the basic tools required to conquer emergency situations in the future. The program is distributed on CD-ROM as it is based on evidence based medicine and consists of basic knowledge which is not very much evolving. A CD-ROM can be used without internet access or to prepare somewhere on the way to an outbreak.

The learning program consists of 3 major parts. A knowledge base provides an overview of the basic science, clinical management and public health related to cholera and shigellosis. Second part is a virtual hospital which can be explored to learn how to run a diarrheal disease outbreak hospital, including sections, staff and skills. Third part is the virtual classroom providing exercises and case studies. The learning program comes in a package with the CD-ROM itself and printed cards containing job descriptions and fact sheets of the most important issues. Tests for self-assessment complete each chapter.

The COTS program was funded by the Office of U.S. Foreign Disaster Assistance (OFDA), a division within USAID responsible for facilitating and coordinating U.S. Government emergency assistance overseas. A first version will be ready in summer 2008. The date of publication will be announced on the webpage of the Swiss Tropical Institute where it also can be ordered as soon as it is available.

<http://www.sti.ch>



Swiss Tropical Institute
Institut Tropical Suisse
Schweizerisches Tropeninstitut

Introduction to Diagnostic Medical Parasitology - a training program using a virtual microscope

Joachim Pelikan

This learning software created by the Swiss Tropical Institute (Project leader Prof. Niklaus Weiss, former Deputy-Director) allows beginners to gain experience in diagnosing the most important helminth and protozoan diseases of humans. For this purpose, one can gain basic knowledge through short overviews of parasites, diseases, diagnostic methods and strategies. Even more important, one can train diagnostic capabilities using a virtual microscope. The course leads the student from basic training to more complicated diagnostic exercises. The purpose of this learning program is to facilitate a first approach to Diagnostic Medical Parasitology. This software can not replace working with a real microscope or consulting diagnostic textbooks and atlases.

The learning program offers the opportunity for active learning by solving diagnostic exercises using a virtual microscope and through quizzes to evaluate the users knowledge about diagnosis.

The use of this learning software is not restricted to individuals. It could also complement introductory lectures on the topic, especially in areas where the availability of microscopes is limited.

The following sequence for this learning program is suggested as optimal for the uninitiated user and also shows the didactic design. Users with basic knowledge can of course start directly with the „Virtual Microscope“.

★To start with one or several of the five Tutorials which give you an overview of the content included in this learning program.

★To study the „learning path“ under „Foundations“ which will introduce test parameters such as sensitivity, specificity and predictive values and with demonstrates the essence of Bayes‘ theorem.

★Under „Methods“ an overview of diagnostic principles and short descriptions of important diagnostic methods including alternative methods complementing microscopy can be found.

★Under „Diagnostic Keys“ the key diagnostic features of protozoa and helminth ova and larvae are available. User have as well opportunities to familiarise themselves with diagnostic keys by solving exercises.

★Having studied the above-mentioned chapters, the user is prepared to attack the heart of this program, the „Virtual Microscope“. Here some basic training modules are offered where the task is to identify a parasite on a virtual slide. A next step is to differentiate parasites in a multiple-choice test (under „Basic exercises“). The most difficult assignment is to diagnose virtual samples with mixed infections or artefacts (under „Advanced exercises“).

★Finally, „Parasites in brief“ includes a short summary of parasitic diseases („Diseases A-Z“) and reference pictures for parasitic protozoa and helminths („Protozoa A-Z“ and „Helminths A-Z“).

★A bibliography of text books and atlases as well as URLs for interesting websites are available under „Resources“.

The learning program is accessible for free on the internet and can be explored by everybody interested in the diagnosis of parasite infections.

<http://www.parasite-diagnosis.ch>

Introduction to Diagnostic Medical Parasitology

Home **Foundations** Methods Diagnostic Keys Virtual Microscope Parasites in brief

Foundations • Learning path • 041

- Diagnostic parasitology
- Aims of a diagnostic test
- Diagnosis is most!
- Test development
- Learning path
- Sensitivity and specificity
- Test efficiency
- Predictive values
- Theorem of Bayes
- Choice of a diagnostic strategy
- Test combinations
- Diagnostic Strategies

Test A/2:
 Test A is applied in a situation where the prevalence is lower.
 Prevalence = 0.004 Sensitivity = 0.98 Specificity = 0.95 N = 500

2 of 500 are infected.
 2 of 2 infected have been detected by the test.
 25 among 498 non-infected have a positive result.

Legend:
 Click symbol!
 Infected (red square)
 True positive (TP) (green square)
 False positive (FP) (yellow square)
 PV+ Predictive value for a positive result

Test

← back forward →

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Screenshot of an exercise within the learning path under Foundations

Introduction to Diagnostic Medical Parasitology

Home Foundations Methods Diagnostic Keys **Virtual Microscope** Parasites in brief

Virtual Microscope • Basic exercises • Protozoa • Blood 1

- Introduction
- Protozoa training
- Helminths training
- Basic exercises
 - Helminth 1
 - Helminth 2
 - Protozoa
 - Blood 1
 - Blood 2
 - Stool 1
 - Stool 2
 - Stool 3
- Advanced exercises

View Images

Display Width : 312.50 µm
 Position : 250.00 µm / 200.00 µm
 Distance µm: 0.00

Thin film, human blood, stained with Giemsa pH 7.2

What is your diagnosis by examining the trophozoites on this blood film?

Plasmodium ovale
 Plasmodium falciparum
 Plasmodium vivax
 Plasmodium malariae

check

Screenshot of an exercise within the Virtual Microscope

Course Bulletin: Health Care and Management in Tropical Countries (HCMTC) course 2008 finished

All of the 21 participants coming from 15 different countries - Afghanistan, Bangladesh, Austria, Germany, Iran, Italy, Ivory-Coast, Kenya, Liberia, Myanmar, Nepal, Nigeria, Sudan, Switzerland and Tanzania - successfully completed this years HCMTC course. The course itself started on March 3rd and ended with the diploma celebration on 29th May. We wish all the course participants all the best for their future.



Course participants in their course room



Impressions from the diploma-celebration



Ifakara Health Institute has been awarded Prince of Asturias Award 2008

Marcel Tanner

It is with great pleasure that we learn that the Ifakara Health Research & Development Centre, now Ifakara Health Institute, has been awarded the 2008 Prince of Asturias Award together with the Kintampo Health Research Centre Ghana, the Manhica Health Research Centre, Mozambique, and the Malaria Research & Training Institute in Bamako Mali. The following link provides all information.

<http://www.fundacionprincipedeasturias.org/ing/index.html>

<http://www.ihrdc.or.tz/>

This is a wonderful moment to which many collaborators of STI and national as well as international partners have contributed through scientific collaboration and support. It is only through this broad and long-term partnership that the IHRDC team could develop to become a centre of excellence in science, training and application - all developments and achievements that now led to this award....Therefore, I sincerely and deeply congratulate Hassan Mshinda and the IHRDC team as well as all the other three centres for this wonderful achievement and I thank all collaborators of STI and their national and international partners



for all you did to assist these centres grow and develop to what they are now. It is a privilege for us at STI to continue the collaboration with IHRDC (now IHI) and to act as leading house for the IHRDC within the frame of the Swiss-Tanzanian bilateral collaboration (as part of the Swiss-S-African bilateral collaboration together with the University of Basel).

It is also a great to see that the other three African institutions have been awarded together with IHRDC, all institutions we collaborate with for a long time and from where African scientists have also been trained at STI. Again, my deepest thanks to all of you that have contributed and made this possible....

We shall find a moment to celebrate it and to remember that the late Prof. Rudolf Geigy, the founder of STI, has put us with great vision onto this track of combining research, training/capacity building and service provision/application of research for the benefit of those most in need. Finally we at STI should not forget that STI would not be what it is today without having had the partnership with the disease endemic areas, particularly in Africa and even more importantly Tanzania.

Announcement: 5th R. Geigy Foundation Award 2008

The R. Geigy Foundation's purpose is to support the Swiss Tropical Institute in its mandate to contribute research, teaching/training and services to the improvement of the health of populations at national and international levels, emphasizing those most in need.

As a part of this endeavor, the Foundation has proudly given grants to young scientists to enable research that is important to furthering the understanding, prevention and treatment of tropical diseases, as well as improvement of health services.

The Foundation is aware that recipients of grants have also made strong personal commitments to their respective fields and have demonstrated enormous dedication to their work. Often the recipients of grants have demonstrated not only great enthusiasm for science, but have also accepted difficult living conditions and, sometimes even personal risk, compared to many of their peers.

To mark the 106th birthday of the founder of the Swiss Tropical Institute and of the R. Geigy Foundation, the late Professor Rudolf Geigy (1902-1994), the Foundation will again select one exceptional individual to receive the R. Geigy Foundation Award. His or her peers should recognize the recipient as an outstanding achiever on tropical disease sciences or international public health.

Goal

Award an individual scientist for his or her excellent achievements in tropical disease sciences or international public health, and for outstanding dedication to the field.

Award

CHF 5,000.00 (five thousand Swiss francs) - to be awarded in connection with a scientific symposium at Swiss Tropical Institute on 28 November 2008.

Nominations

Nominees should be individuals who are broadly recognized as outstanding achievers in the field of tropical diseases sciences or international public health and who are still within the development of their scientific career.

A nominee can be from a group, university, company or institute that has or has not had a relationship with the STI or the nominator.

Nominators

Senior scientists and public health specialist who are faculty members of the STI or of institutions that maintained or maintain scientific collaborations with the STI.

Submitted nominations

Nominations that can be in either German, English or French, should contain the following:

1. Nominator's name, address, e-mail and phone number
2. Description of the outstanding achievements of the nominee and why the nominator believes that the nominee merits the award, emphasizing scientific achievements (max. 1-2 pages)
3. Full CV of nominee and updated list of nominee's publications and reports
4. Description of the relationship (if any) between the nominator and the nominee.
5. Affiliations, address, e-mail and telephone number of the nominee.
6. Names of two peer references for the nominee

Selection criteria

- ★Originality of the achievements in tropical diseases research and control and/or international public health.
- ★Outstanding and dedicated individual as reflected in national and international recognition
- ★Consistency of dedication
- ★Strength of recommendation by the peers

Selection Committee

The Board of the R. Geigy Foundation makes the final decision. The Board consists of the following individuals: B. Berger, Prof. Dr. L. Jenni, J.-M. Joerin, Prof. Dr. G. Pluschke, J. Schwarzenbach, Prof. Dr. M. Tanner (Chair of the Selection Committee) and J. Toffol). The Board may elect a scientific advisory committee to support the Foundation in the selection of the award recipient.

Deadline

Deadline for submitting nominations: 18 August 2008.

Address for Submissions

The President, R. Geigy Foundation, c/o Swiss Tropical Institute, CH-4002 Basel, Switzerland.

Further Information

For further information contact the secretariat of the President of the R. Geigy Foundation (Mrs. Christine Walliser, christine.walliser@unibas.ch)

Review of the 11th STI Symposium

The Role of Information & Communication Technologies in Health Systems Development

Basel, 22 April 2008



We all are confronted with a rapidly changing environment. On one hand never before in human's history a comparable amount of data, information and knowledge was created but on the other hand it becomes more and more difficult to find exactly what we need to solve a specific problem. Especially in the development of health systems an effective transfer of evidence into policy or practice is essential as only informed decision makers are able to make the right decisions - especially in settings with limited resources.

Another challenge is the need to train people and to facilitate continuous education which is mandatory

to cope with the increasing complexity of our world.

Both, managing information and knowledge as well as the training of people can benefit a lot from the meaningful application of Information and Communication Technology (ICT). The 11th STI Symposium provided a platform for exchange of expertise on the influence of ICT on the development of health systems.

Among the covered areas have been:

- ★Telemedicine and eHealth
- ★Knowledge Management and eLearning
- ★Health Information Systems

From a retrospective point of view at the Symposium we will on our website not only offer you the presentations as pdf file but also a brief introduction into the different subject areas and a short introduction and abstract of each presentation focusing on goals and possible impact of each approach:

<http://www.sti.ch/en/about-us/sti-symposium.html>

News from STI: World Malaria Day 2008

Manuel Hetzel

On 25th of April, the Swiss Tropical Institute commemorated the 1st World Malaria Day with a press conference and a malaria-tram in Basel. The aim was to remind the Swiss public about the ongoing suffering caused by malaria and to demonstrate at the same time how Swiss malaria control activities help to reduce the burden of malaria in endemic countries. The event was organised on behalf of the Swiss Malaria Group (SMG), which made its first official appearance on that day.

The SMG partners are the STI, the Swiss Agency for Development and Cooperation, the Novartis Foundation for Sustainable Development, Novartis, Mepha, Syngenta, the Swiss Red Cross, Medicines for Malaria Venture, Roll Back Malaria and Solidarmed. Together, the SMG partners have an impressive range of competences along the lines of innovation, validation of new approaches and their application in the field. Apart from its own malaria activities, the SMG also wants to encourage official Swiss bodies to increase their contributions to organizations committed to fighting malaria, as explained in the SMG statement which was presented during the press conference.

In the city of Basel, the malaria-tram informed the interested public about malaria and malaria control activities. While riding the tram for free, passengers had the opportunity to talk to STI malaria specialists, enjoy a virtual microscope and see live, malaria-transmitting mosquitoes. In addition, physicians from the STI provided useful travel advice. For those who did not have the opportunity to hop on the tram, a newspaper supplement in the Basler Zeitung and the Tagesanzeiger summarised the most important malaria activities of the Basel-based SMG organisations.

Numerous people were attracted by the eye-catching malaria tram and several newspapers and other media reported about the World Malaria Day event in Basel. If our efforts were really successful, this raised awareness would now translate into increased financial and political commitment to fight malaria worldwide. With everybody joining forces, more than one million lives could be saved every year.

Link pdf press conference:

http://www.sti.ch/fileadmin/user_upload/Pdfs/SMG-Statement_22.04.2008_e.pdf

Newspaper Supplement from BAZ (in German):

http://www.sti.ch/fileadmin/user_upload/Pdfs/Malaria-Beilage_25.04.2008_web.pdf



Press conference of the SMG



Malaria-Tram in the streets of Basel

News from STI: Fundraising runners from STI collected 3200,- CHF

On Sunday May 18th 8 staff members from the Swiss Tropical Institute started as fundraising runners at the Dreiländerlauf in Basel, organized from Mission 21, and collected a total amount of almost 3200,- Swiss Francs for HIV/AIDS orphans in Mbeya, Tanzania. The pictures show some impressions from the running.

<http://www.laufendgutestun.ch>



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