



Sahlgrenska International Care International Aid Assistance Report 2024

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Photo: Paul Björkman



For a sustainable care

Sahlgrenska International Care (SIC) wants to contribute to a more sustainable health care – both locally and globally. Through international collaborations, responsible resource management and investments in projects that promote global health, SIC strives to make healthcare better for patients and employees in Västra Götaland, Sweden and in the countries we work with.

We have chosen four of the seventeen global goals where SIC's aid work will have the most impact. The goals are integrated into our business plan and are intended to be a steering tool for SIC's activities – where sustainability is a natural part.

Read more about our sustainability work in [Sahlgrenska International Care Annual and Sustainability Report 2024 \(vgregion.se\)](https://vgregion.se).



Sahlgrenska International Care

Sahlgrenska International Care is Sahlgrenska University Hospital's center for international collaborations contributing to the development of healthcare – both locally and globally.



Highly specialized care for international patients



Exchange programs for healthcare professionals



Specialist training programs for international doctors and dentists



Development cooperation for global health



Medical equipment aid



International partnerships



Vision

Sahlgrenska International Care's vision is for more people around the world to have access to care, the opportunity for good health and a good life.



International partnerships to improve healthcare for patients and staff in Västra Götaland, Sweden and the countries we work with.

SIC taps into employees' drive and desire to make a difference

“ The uncertain situation in the world around us affects us all, and Sahlgrenska International Care has an important role to play. We are there to tap into the drive and desire of our staff to make a difference, both as a center of excellence for international affairs and through our aid efforts.

Aid donations have increased in the past year. Our focus has shifted toward channeling donations into projects that encourage knowledge-sharing and professional growth that benefit both our partners abroad and our own staff. In 2025, we will take further steps in this direction. Not least by being part of Sweden's collective response to support Ukraine in rebuilding its war-damaged health sector.



Anders Lygdman,
Senior Advisor
International Aid
Assistance at Sahlgrenska
International Care.

New textile legislation has consequences for aid organizations

A couple of years ago, the European Commission proposed a directive to introduce producer responsibility for textiles and footwear. A similar approach already exists for electrical and electronic waste. Producer responsibility means putting more responsibility on the actors who put products out on the market.

On 1st January 2025, producer responsibility was introduced into Swedish law. Since then, all Swedish households are required to recycle their clothes and textiles, even those of poor quality that were previously discarded and sent directly to incineration.

All EU countries must set up a collection system for textiles. In Sweden, a large part of the collected textiles have been managed by Swedish aid organizations, which in turn have sold the textiles on the second-hand market either in Sweden or together with partners in other parts of Europe. This has provided them with income to fund their aid work. Our partner Human Bridge is Sweden's largest fundraising organization, they have agreements with over 160 municipalities and a number of regions, including Region Västra Götaland.

The new legislation will have consequences. The volumes of collected textiles are expected to increase significantly and with it the quality of the collected textiles. What would previously have been thrown away is now collected and sorted. The responsibility and costs of

” The new textile legislation naturally also affects Human Bridge. Our collection volumes have increased by more than 80% so far this year, and our existing collection system is not designed to cope with this kind of surge in volumes. Unfortunately, the volume also causes massive downward pressure on the market price of collected textiles.

The result is that the cost of managing the current volumes exceeds the revenue, undermining our ability to fund aid activities in the way we have done so far.



Robert Bergman,
Director Human Bridge

recycling unusable textiles fall on the collector, in many cases non-profit associations and aid organizations.

The government aims to implement producer responsibility for textiles at a rapid pace and has commissioned the Swedish Environmental Protection Agency to map the consequences of the new legislation. This will be reported in the autumn of 2025.

Follow-up trip to south-east Turkey

This year a follow-up trip to south-east Turkey was carried out in cooperation with the Agape Foundation and the Swedish-Turkish Women's Association (STKF). The follow-up concerned four aid shipments sent in 2023–2024 after the devastating earthquake in the area in February 2023.



Changes in development cooperation

Swedish development cooperation is changing and in December 2023, the Swedish government presented a new aid reform agenda.

The previous 1% target of allocating Sweden's gross national income (GNI) to aid efforts has been abolished.

This was a target that had been established since 1968, but has now disappeared and been replaced by the financing of aid through fixed budgetary frameworks.

Other important changes are that the geographical focus of aid will now prioritize Ukraine and the surrounding region, and that a greater link between aid and Swedish trade interests will be promoted.

Read the reform agenda here: [Development assistance for a new era – freedom, empowerment and sustainable growth - Regeringen.se](#)

Ethiopia

Operating tables from Södra Älvsborg Hospital get a new lease on life in Ethiopia

In May 2024, medical technician Urban Tapper moved his workshop from Södra Älvsborg Hospital in Borås to Arba Minch in Ethiopia.

– For two weeks we were on site installing operating tables in their newly built hospital, says Urban.

The trip was made possible through a collaboration between Sahlgrenska International Care, SIC, and Human Bridge, an aid organization that works with Södra Älvsborg Hospital and others to reuse healthcare equipment.

Urban traveled with his colleague Gunnar Nestor, a medical technician at Örebro Hospital. During their time in Arba Minch, they installed seven operating tables and trained other healthcare workers.

– We held a training session for a number of doctors where we demonstrated the accessories for the operating tables, and how to assemble and use them. They said that it is so valuable for them to have well-functioning equipment, says Urban.

He started as a medical technician at Södra Älvsborg Hospital in 1988 and has been involved in aid work for the past 25 years.

– I have been on several aid missions to West and East Africa. This has mainly involved assembling and installing operating equipment, tables and lights in hospitals. But also simpler equipment in health centers and

maternity centers, says Urban.

Today he is responsible for the storage room where surgical equipment end up when they expire.

– Swedish hospitals tend to upgrade surgical tools every 8 to 10 years to keep up with innovation. But in many cases, the older equipment is still in great shape and can continue to serve its purpose for many more years. In the hospitals I've visited in Africa, they've had no equipment or they've bought cheap stuff from China, so this makes a big difference, says Urban.

"You often have to be a bit creative"

Conditions differ in several ways compared to Sweden. It can be everything from access to trained staff to technology and equipment.

– For example, in Arba Minch, there were

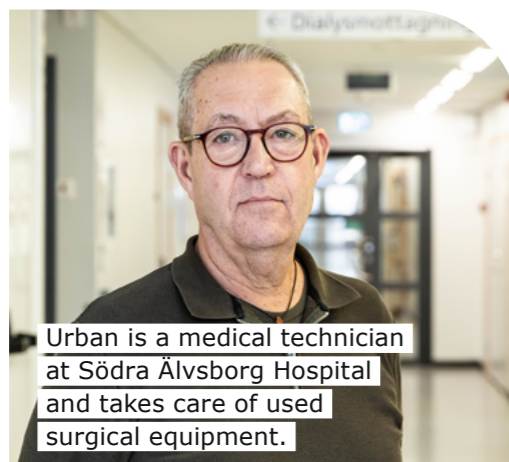
no pallet trucks for the operating tables, so six porters instead had to lift the 250-kilo table column with the help of logs, says Urban and continues:

– Another example was the floor, which had been poured quite roughly and was not flat enough to support the operating tables. We had to put spacers, small pieces of sheet metal, under the tables to make them level. You often have to be a bit creative, says Urban.

He advises others interested in working in aid to get in touch with Human Bridge, the Red Cross or any of the other aid organizations.

– There is a great need for expertise and I always feel a joy when I have been away and delivered. I know it is appreciated and that it will make a difference, says Urban.

Text: Ebba Strömqvist



Urban is a medical technician at Södra Älvsborg Hospital and takes care of used surgical equipment.



Photo: Urban Tapper



As there were no pallet trucks available, six people had to take turns carrying the 250-kilo operating table column.

Ukraine

Three years since the invasion – she helps Ukrainians on the move and on the ground

When Russia invaded Ukraine three years ago, Katja Blagodyr, a doctor in Gothenburg, took immediate action. She gathered volunteers and organized buses carrying food and clothes down to the border, and to help evacuate people from there. Today, the organization HUG, Help Ukraine Gothenburg, has 17 employees and the need for help has changed.

Katja Blagodyr had a feeling that something was about to happen. When she turned on the news on February 24th, 2022, she understood what was going on: Russia had launched a full-scale invasion of Ukraine.

– I had had a sense of unease, that we are heading somewhere that will be felt. I'm an intuitive person and my intuition was very strong in the days leading up to it, she says.

Katja Blagodyr acted immediately. She had been involved in the care of refugees in 2015 and knew how to organize, she also knew that the church often has available facilities and can open its doors to people in need.

– The first thing I did was to contact churches where I lived, in Masthugget. I had my hands full with a baby and a toddler, so being close to home was the only option that made sense logistically.

Volunteers began gathering

Two days later, hundreds of volunteers flocked to the Sjömanskyrkan church and got to work collecting food, prams and warm clothes and more.

Soon after Katja Blagodyr founded the aid organization HUG, Help Ukraine Gothenburg, together with six other Ukrainian women.

– In the first few weeks, it was all about evacuation, millions of people were at the border and needed to move. We evacuated people with seven buses, before Sweden officially accepted refugees from Ukraine.

From the very beginning, HUG has worked in two areas: helping Ukrainians in the Gothenburg area and supporting Ukrainians who remain in their home country.

Sahlgrenska supports

Every week, a bus travels from Gothenburg to Ukraine filled with everything from medical supplies, clothes, food, hygiene items, survival kits and medicines to power banks and dog food.

– Perhaps it's because we are women, but we chose very early on not to focus on the military, but only on humanitarian aid. It's equally important, and the suffering has been enormous.

Today, HUG has 17 employees and a number of partners, including Sahlgrenska University Hospital, which provides medical supplies and equipment such as defibrillators and dialysis machines.

– Sahlgrenska International Care has supported healthcare in Ukraine at all levels – from frontline stabilization points to rural health centers, says Katja Blagodyr.

Dealing with trauma

In Gothenburg, HUG now has a wide range of activities in three different locations, including activities for young children, language courses, music activities for young people and support programs for people

looking for work.

In the three years that the aid organization has been running, the needs of the Ukrainians in Gothenburg have changed, says Katja Blagodyr.

What started as a response to basic needs like food, clothing, housing and jobs has evolved – now, the biggest need is support for those dealing with trauma.

– This problem is starting to catch up now. This sense of unpredictability in their lives can make it tough to adjust and fully integrate.

The uncertainty has taken its toll, and now the traumatic experiences they have brought here are becoming more apparent. We hear many sad stories.

A heavy reality

HUG is currently running a project where over 300 participants will meet with Ukrainian-speaking psychologists.

– One in three participants has had thoughts about suicide. It is a heavy reality. Much more is needed from the whole community, we need more commitment and greater efforts. Support is now needed at a



Photo: José Lagunas Vargas

much deeper level.

Katja Blagodyr was born in Ukraine and lived there until she was 12 years old. She remembers the strong sense of community – but also how her father, an engineer, was paid for six months' work in the form of a sofa.

Ukraine is a country of contrasts, she says. There are both highs and lows, it's a country full of culture – but also of suffering.

– Not knowing whether you will have food on the table or pay the bills has made us very united. We had to live close to each other to survive.

A part of change

Katja Blagodyr became a doctor just like her mother, and today she works part-time in healthcare and part-time with HUG. Her driving force is that she wants to be involved in shaping the future.

– I think it's our common responsibility to be part of the change. It's easy to fall into a darkness, to sink into it. But I believe that we are all part of the change that needs to happen to prevent history from repeating itself. We have seen this in every generation

that has survived a war. I want to be part of that change, and I truly believe in it. That is what keeps me going.

Small glimmers of hope

There have also been some signs of hope in last three years. One of these is the fact that she has never seen so many Swedes get this engaged in anything before. She has noticed how companies are joining forces and that there is a strong desire for cooperation between civil society, politics and industry.

Despite everything, Katja Blagodyr is hopeful about the Ukraine of tomorrow. She believes that what is happening now could be the start of something new.

– It is the generation that is currently living through war – and realizing what a huge tragedy and disaster it is – that can come up with solutions to ensure that we never have to go through this again.

Text: Elin Widfeldt

The article has previously been published in VGR Fokus <https://vgrfokus.se/2025/02/tre-ar-sedan-invasionen-hon-hjalper-ukrainare-pa-flykt-och-plats/>



Ukraine and Help Ukraine Gothenburg

- Region Västra Götaland is one of Help Ukraine Gothenburg's partners, along with several other major players such as Volvo and the Church of Sweden. VGR contributes mainly via Sahlgrenska International Care, which provides equipment and expendables.
- Help Ukraine Gothenburg (HUG) has 17 employees with the help of EU grants and contributions from the City of Gothenburg and various foundations. 7 of the staff are psychologists.
- HUG runs settlement programs to get people into work, provides psychological support for children, young people and adults, arranges language classes and organizes various activities.
- Around 3,000 Ukrainians participate in HUG activities in Gothenburg.
- HUG accepts grants and donations from private individuals, public organizations and businesses. This has helped the organization to donate materials such as 120 emergency vehicles – mainly ambulances – to Ukraine. These are usually bought at auction.
- Katja Blagodyr works at Varberg Hospital as a senior surgeon. She previously worked at Sahlgrenska University Hospital.



Botswana

Picture from the work in Gaborone, with Anna-Karin Bruno and two of the residents, Dr. Molaodi (left) and Dr. Kahuma (right).



Photo: Private

Sharing radiology expertise in Botswana

Anna-Karin Bruno, a radiology specialist at Sahlgrenska University Hospital, spent a month last autumn at Princess Marina Hospital in Botswana's capital, Gaborone.

How did you end up going to Botswana?

– I have always been interested in international affairs and to work abroad. When I heard a Swedish pediatrician talk about her year in Gaborone, I got in touch with her, who then put me in touch with an American radiologist working there. He helped me with all the paperwork and when he was going to be away from the hospital for a few weeks, I was able to fill in for him.

What did you do at Princess Marina Hospital?

– I was a supervisor for a group of resident doctors. We looked together at both plain X-rays and CT scans, and afterwards I signed and approved the report.

What is your experience of working in the hospital, what are the similarities and differences to Sweden?

– There was a lot that was similar but also a lot that was different. In the hospital in Botswana, for example, they don't have an image storage system like we have in Sweden. Instead, the images are stored on CDs and given to the patient. Having an image storage system is a major cost.

What is your main takeaway from your stay in Botswana?

– It was great and exciting to work with the residents there and to gain experience of a different disease panorama. It felt good to

be able to contribute to their education, to make a difference. Botswana is an exciting country to discover. My family came along and also enjoyed themselves very much.

Do you have any tips for anyone thinking of doing something similar?

– Get in touch with Sahlgrenska International Care (SIC) as early as possible.

Sahlgrenska University Hospital has long-standing collaborations with countries like Thailand and Rwanda, which helps simplify the process if you want to go there.

If you want to go elsewhere, you can still get tips and advice from SIC. Among other things, they organize international evenings where employees who have been on exchanges talk about their experiences.

Remember to plan ahead, as the process takes time. And don't give up, it can be tricky to make contact at first but it's worth it, if you're interested you should definitely go!

Text: Ingrid Fredriksson



Sierra Leone

Training neurosurgeons in Sierra Leone is making a difference

Sierra Leone, with its population of more than 7 million, has a shortage of neurosurgeons – the first ones will graduate in a few years. Magnus Tisell, a neurosurgeon at Sahlgrenska University Hospital spent a week there in the spring of 2024, performing several complex operations together with local colleagues and a colleague from Karolinska University Hospital.

Few resources. Constant problems with access to medical examinations. A lack of specially trained staff and functioning instruments and equipment makes it difficult to carry out certain operations independently. A reality that is all too common in many sub-Saharan countries.

Sierra Leone is one of the biggest countries in the world that lack neurosurgeons. Magnus Tisell spent a week in Freetown, Sierra Leone, leading a training program together with Ulrika Sandvik, a pediatric neurosurgeon from Karolinska. The local healthcare services selected a number of patients in need of advanced neurosurgery to be operated on during the week, with the help of local health professionals.

– They make a selection and we have the final say on whether an intervention is feasible. The assessment should be based on whether a reasonable result can truly be expected, said Magnus Tisell when he was

in Freetown.

Magnus is also chairman of the non-profit organization Swedish African Neurosurgery Collaboration (SANC).

The first ever keyhole surgery in Sierra Leone, two meningeal hernias and five spinal cord malformations were scheduled.

– The biggest difference in my everyday life as a doctor in Sweden is that these patients are in much worse condition by the time they are operated on. This in turn means a greater risk during the procedure itself. All safety margins are smaller.

– Power cuts are common, as are infections and blood shortages. So I have to be extremely flexible. Although we select patients for surgery before arrival, things change all the time on the ground.

Direct impact on peoples lives

In a few years, Sierra Leone's first neurosurgeons will graduate. Swedish neurosurgeons want to help reach the

primary goal of building a clinic where local healthcare providers can perform neurosurgical procedures independently.

Augustus Caulker will graduate as a neurosurgeon in 2027. He believes that working with SANC has a direct impact on people's lives in Sierra Leone. Before the arrival of the team from Sweden, the hospital went on national radio to search for people in need of medical care. As a result, several previously unknown cases were identified. Unfortunately, several of them were so advanced that they could not be operated on.

Operating alongside experienced neurosurgeons also inspires doctors in Sierra Leone to further their training.

– Just interacting with the Swedish neurosurgeons allows us to better understand how to make a neurosurgical diagnosis, how to read CT scans properly and to determine which cases should be operated on and why. It also lets us know when surgery is not recommended, says Augustus Caulker.

Employer support is important

For Magnus Tisell, it is important that Sahlgrenska University Hospital as an

employer encourages its employees to get involved internationally. He cites Oslo as an inspiration, which has a long history of leading projects with healthcare services in low- and middle-income countries.

– What do you want to do with your life? You want to make a difference. To see how your knowledge is spread. It's inspiring to teach a new technique and see it passed on, helping even more people down the line.

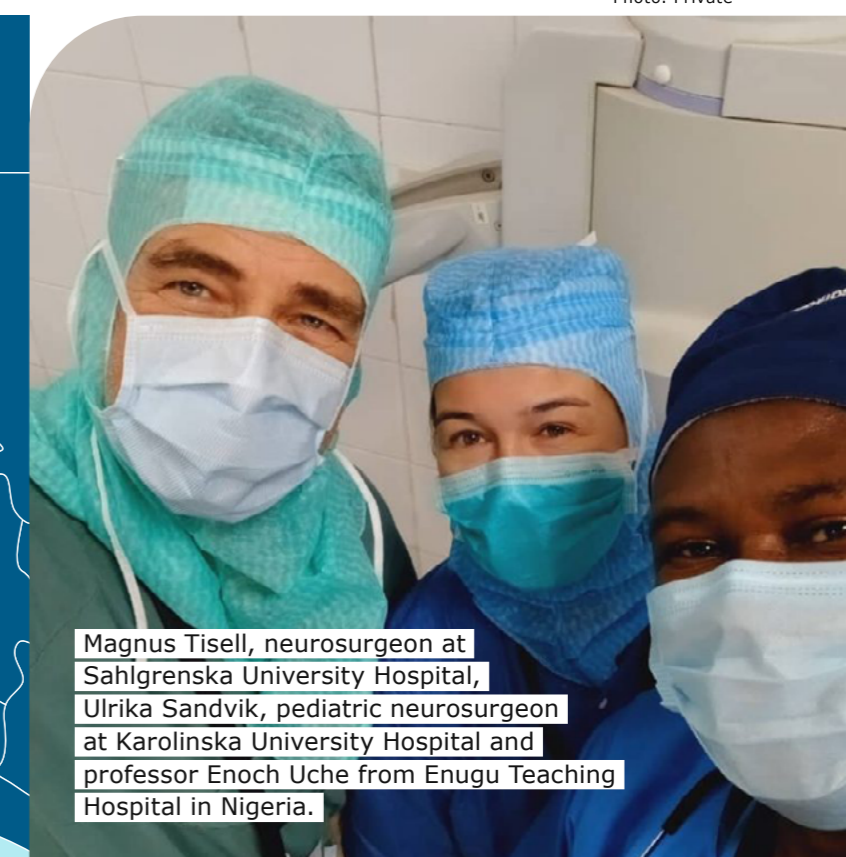
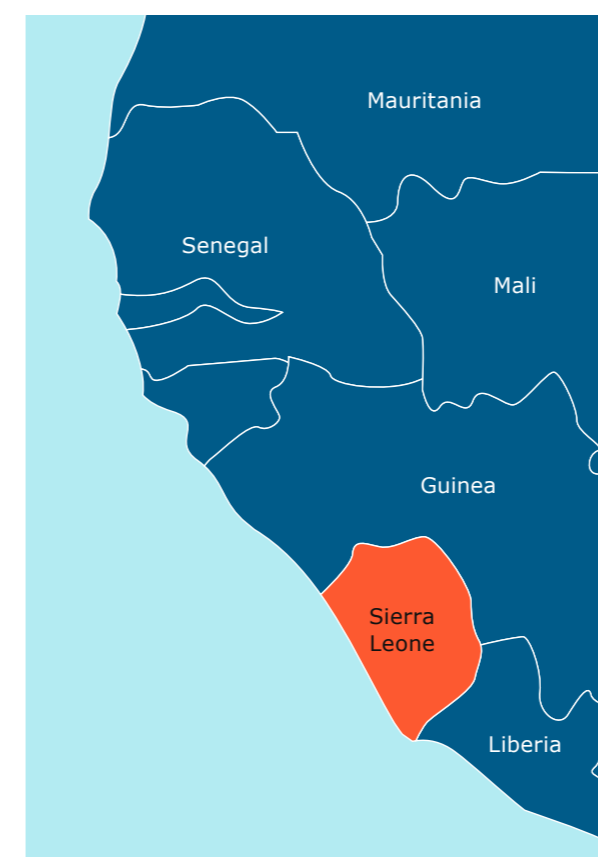
– It's also a learning experience. While training is important, the insights and experiences you gain are just as valuable to your own clinical work in Sweden.

– You are not only exposed to a different healthcare environment, you also encounter and treat conditions that are uncommon in Sweden. These are often powerful experiences – for better or worse – but they develop you both medically and personally, Magnus concludes.

Text: Paulina Sarbinowska

This article was published in Sahlgrenska University Hospital's digital magazine Sahlgrenskaliv in March 2024 – <https://sahlgrenskaliv.se/utbildning-av-neurokirurger-gor-skillnad-i-sierra-leone/>

Photo: Private



Magnus Tisell, neurosurgeon at Sahlgrenska University Hospital, Ulrika Sandvik, pediatric neurosurgeon at Karolinska University Hospital and professor Enoch Uche from Enugu Teaching Hospital in Nigeria.

Statistics

Follow-up trips and quality assurance in 2024

As an important part of the quality assurance work of our international aid efforts, Sahlgrenska International Care regularly organizes follow-up trips to the recipient countries. The overall aim is to be on-site and study how our partners work, and to evaluate it in terms of its relevance, effectiveness, sustainability and feasibility.

Relevance – this is about analyzing the chosen concept and how well it works in the current conditions in the recipient country. It is also important to analyze to what extent the stated objectives of the effort(s) actually correspond to the real needs of the target group.

Effectiveness – refers to analyzing how the effort transfers the available resources and evaluating the results, both in terms of quantity, quality and timeliness. It also means analyzing whether there are more efficient ways to achieve the same results.

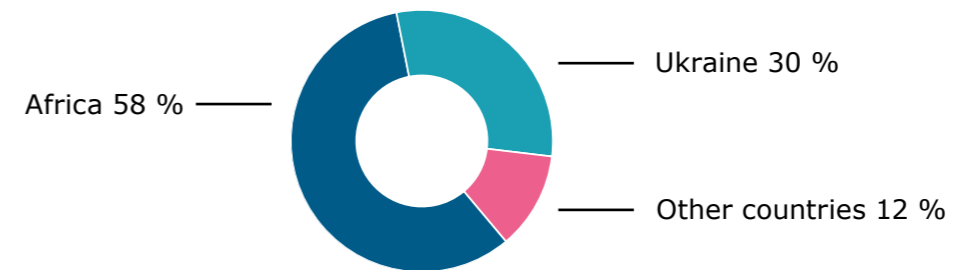
Feasibility – this means looking at how the involved parties are organized and assessing how well their management systems work. This includes analyzing how the effort is followed up, reported and evaluated.

Sustainability – refers to analyzing whether the results of the effort will continue after the partner ends its involvement. It also means analyzing whether the effort is conflict-sensitive. Or in other words, to ensure that the effort has not had any negative effects in terms of creating conflicts or friction, and that the effort has taken into account any specific cultural aspects.

We are also meeting and having more in-depth discussions with partners in the recipient countries such as authorities, health institutions, international and local NGOs and private actors.

Two follow-up trips were carried out during the year, one to Ethiopia and one to Turkey.

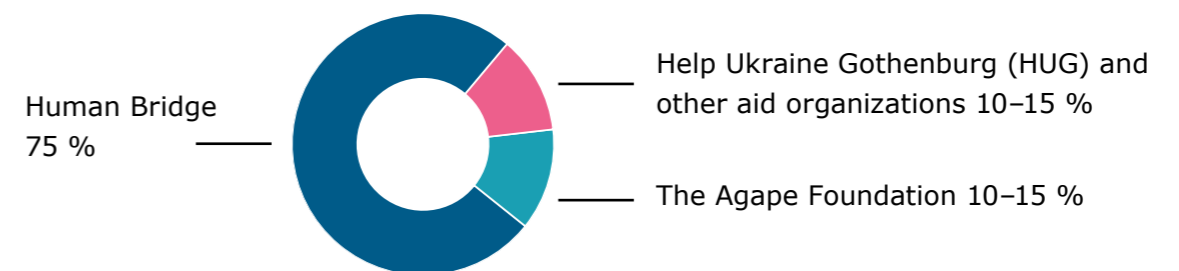
Distribution of aid by country



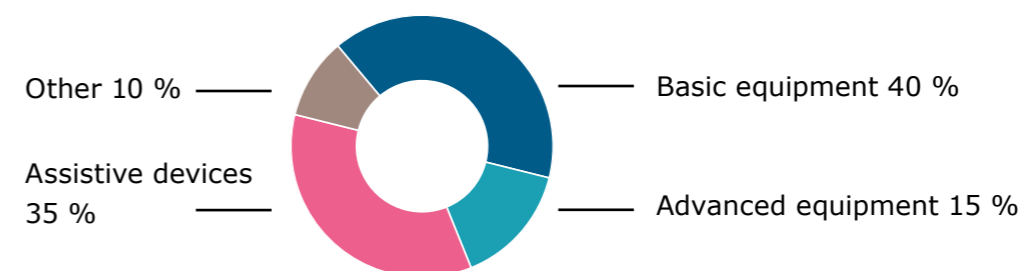
COMMENTS

- Aid to Ukraine is still the single largest countrywise. This is largely due to the fact that two of our four partners work exclusively with Ukraine and that around 40 per cent of our largest partner, Human Bridge, provides aid to Ukraine.
- The majority of VGR's aid still goes to sub-Saharan Africa, where most of our long-term development partnerships are located.
- Other countries include Romania and other Eastern European countries, and El Salvador.

Distribution of aid by organizations



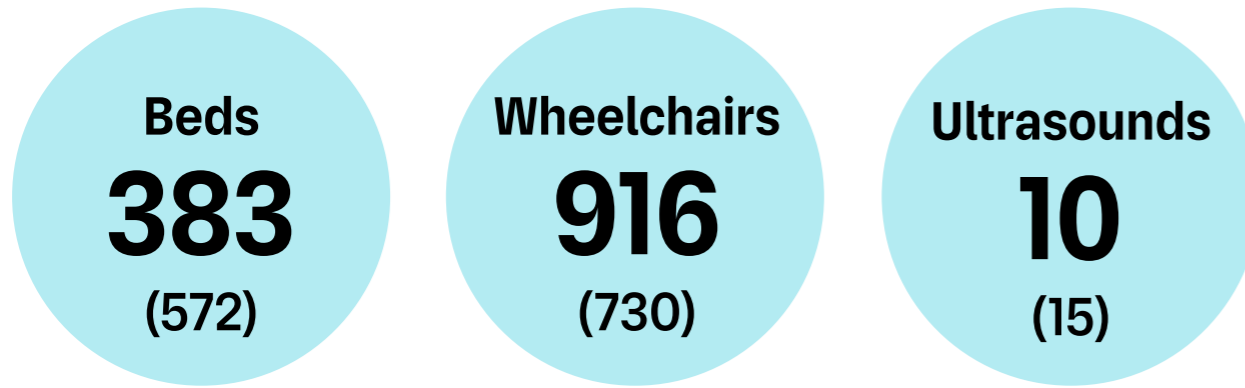
Distribution by category



COMMENTS

- Advanced equipment is any medical device used by healthcare staff. Examples include ultrasound, ECG, C-arm and dialysis machines.
- Basic equipment includes hospital beds, bedside tables, beds, operating tables and sampling chairs.
- Assistive devices include wheelchairs, walkers, patient lifts and all types of appliances.
- Other is consumable materials.

Distribution of key products



Distinctive donations or efforts



1 CT scan to The Gambia

COMMENTS

A fully functional CT scanner from Sahlgrenska University Hospital to its final destination: Edward Francis Small Teaching Hospital, Gambia's largest public hospital. Staff from Sweden were on-site for follow-up training.



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