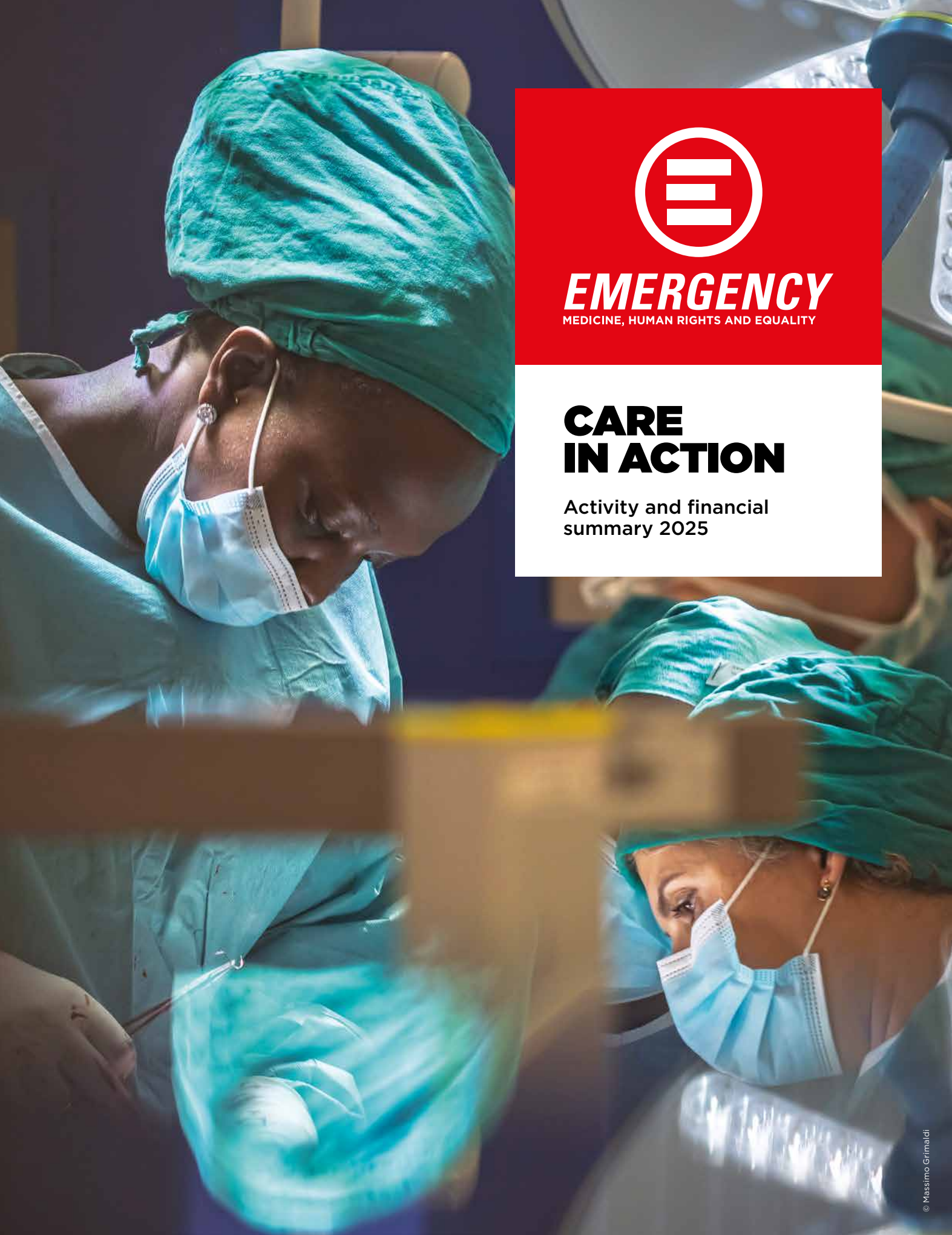

EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

CARE IN ACTION

Activity and financial summary 2025

© Massimo Grimaldi

EMERGENCY is an independent non-governmental organisation that provides free, high-quality medical and surgical care to people impacted by war, landmines and poverty, and promotes a culture of peace, solidarity and respect for human rights.

EMERGENCY affirms that access to healthcare is a fundamental human right, and acts in accordance with the following principles:

IMPARTIALITY

The obligation to provide medical and healthcare assistance based on need, without political, ideological or religious discrimination.

NEUTRALITY

Non-alignment in conflict.

INDEPENDENCE

The separation of humanitarian objectives from political, economic, military or other interests.

HUMANITY

The conviction that all human beings are equal in the face of suffering and that human life must be protected.

Since 1994, EMERGENCY has worked in 22 countries around the world to develop inclusive and sustainable models of care: building and managing hospitals, surgical and rehabilitation centres, and training local staff. All activities are carried out with the human rights and dignity of every patient in mind, viewing care as both a practice of peace and a tool for social impact.

Between 1994 and 2025, we provided free care to more than 14 million people.

FOREWORD

"2025 was yet another year beset by conflict without any sense of proportion, respect for agreed limits and fundamental principles of humanity. We have borne witness to the continued dismantling of the social contract enshrined under international law and by universal human rights: a historic rupture that has left many feeling powerless, yet many have also been so outraged that they have used their voices to speak out.

Ordinary people have been the guiding light, and the Gaza Strip one of the major catalysts for their solidarity. A renewed political consciousness within civil society has taught lessons in humanity and equality, rejecting the logic of war and rearmament that has supplanted diplomacy and justice.

EMERGENCY has joined this momentum, supporting the *Global Sumud Flotilla* as an eyewitness to the deliberate dehumanisation of Gaza, to humanitarian aid as a new military target, and to hunger wielded as a primitive weapon of death alongside increasingly sophisticated tools.

From Gaza, Ukraine and Sudan to the Mediterranean, Sierra Leone and Afghanistan, our teams continue to provide medical support to people affected by war, displacement and crisis. Alongside our patients and colleagues, we see both immense suffering and extraordinary resilience every day.

Restoring spaces for peace, from the ground up, is among the most democratic and non-negotiable actions we have left to take. The normalisation of war begins when language shifts, and becomes part of the everyday. We reject this normalisation, the notion that war is an inevitable choice, and remain committed to caring for those most in need.

We continue to believe in humanity, dedicating ourselves to the care of the human family as our practice, with the protection of human rights as our guiding principle."

by **Rossella Miccio,**
President of EMERGENCY


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01

WE ARE EMERGENCY

© Chiara Frediani

OUR YEAR AT A GLANCE

In 2025, millions of people continued to face immense humanitarian needs. Across nine countries and the Mediterranean Sea, EMERGENCY's colleagues worked to expand access to free, quality care where it is needed most.

In conflict, 9 out of 10 victims are civilians

Over 21 million people in **Sudan** are facing intense hunger, including famine conditions, due to conflict – a hunger that, in turn, slows healing and makes people more vulnerable to disease. At our paediatric hospitals in Sudan, where we see hundreds of children each day, our teams have introduced dedicated malnutrition support alongside regular healthcare delivery in order to protect the health of the future generation.

Healthcare remains difficult to access for many, especially in regions like Darfur where fighting has continued, and children often arrive suffering from advanced stages of communicable diseases like malaria. By December we had returned to Mayo, a densely populated former refugee camp outside of Khartoum, where increased safety conditions meant our team were able to reopen the clinic after 2.5 years.

Gaza's health system has also been devastated. Widespread destruction has damaged 90% of health facilities and forced nearly the entire population to live in temporary shelter or tents, where disease spreads easily. In January we opened our own clinic in al-Qarara, Khan Younis, where our team are managing acute and chronic conditions, stabilising seriously ill patients, treating burns and infections, and providing therapeutic food to children and pregnant women. Restrictions on aid entering Gaza were a consistent obstacle to ensuring care, and at points we were forced to ration basic supplies including gauze and painkillers. Although a ceasefire was formally agreed in October 2025, attacks continue to be common, preventing any return to normalcy for the Gazan people.



© Mathieu Willcocks

We have borne direct witness to the weakening of international protections. In March, an EMERGENCY team supporting Nasser Hospital with first aid and mass casualty management were preparing to operate when the facility was bombed. Our staff were unharmed, but the collaboration was subsequently suspended over safety concerns.

Meanwhile, our teams in **Ukraine** continue to expand a community intervention model in Donetsk and Kharkiv, supporting rural villages located near the frontline and largely cut off from the public health system. With a network of Community Health Workers as well as infrastructure deployment and restoration projects, EMERGENCY is rebuilding essential primary care capacity for vulnerable communities with high rates of disability, chronic conditions and old age.



© Teba Sadiq

The long shadow of war

As regional instability escalated across the Middle East and West Asia, attacks in **Iraqi Kurdistan** threatened to impact activities at our Rehabilitation Centre in Sulaymaniyah. Nevertheless, the facility stayed open for our team to provide individualised physiotherapy and bespoke prosthetics to people with physical disabilities, many caused by the explosive remnants of war still littered across Iraq. Despite the vast rehabilitation needs in the region, it suffers from technical, material and staffing shortages, and high private costs, driving patients to travel long distances to access care. This year, we supported people with disabilities arriving from across Iraq, as well as Iran and Syria.

In **Afghanistan**, intertwined economic and humanitarian crises continue to devastate the population, while regional insecurity and mass returns from neighbouring countries are placing further strain on local infrastructure. Our teams noted a rise in violent injuries, particularly in Kabul, where for the first time in a year we had to activate our mass casualty protocol following explosions in the capital. Admissions for trauma from road traffic accidents and complex clinical cases, including pregnant women in severe conditions and malnourished children, are also on the rise as families struggle to access timely, appropriate and affordable care.

Addressing these barriers, our teams are running dozens of clinics across the country, expanding local access to first aid, emergency stabilisation and referral, primary care, vaccinations, and sexual and reproductive health services.

Road traffic accidents and other complex trauma are also plaguing **Sierra Leone**, making up more than half of admissions at our Goderich Surgical Centre. Yet a large coverage gap remains, with public follow-up and rehabilitation services incredibly limited.

Our teams run Sierra Leone's main trauma referral hospital, receiving patients from across the country and recording thousands of surgical procedures alongside first aid and outpatient services. The hospital also offers the country's only dedicated programme to treating corrosive lye ingestion injuries – a unique and widespread problem linked to domestic soap production in the wake of the civil war. Encompassing surgical interventions, physical rehabilitation and health education for nutrition and prevention, our programme enrolled nearly 300 new patients in 2025, continuing a steady annual increase over the last five years.


© Martina Orsini

Free, high-quality healthcare for all

Throughout 2025, our Children's Surgical Hospital in **Uganda** strengthened its role as a regional training centre and hub of specialist surgery in one of the youngest countries in the world, treating mainly congenital conditions requiring complex surgical pathways as well as psychological and social support.

During the Ebola outbreak from January to April, our teams drew on expertise gained in Sierra Leone in 2014 to implement rigorous prevention measures, recording no positive cases while continuing to provide care.

In **Sudan**, at our *Salam* Centre for Cardiac Surgery in Khartoum, 2025 was marked by the need to adapt to rapidly changing conditions. For weeks, attacks were concentrated just a few kilometres from the hospital and without any running electricity, the facility relied on the continuous use of generators. A lack of safe routes for moving staff and supplies – in part due to a blockade on a convoy in Shendi – meant coping for weeks without essential goods and medicines, including treatments for endemic diseases like malaria and common parasitic infections. Despite these challenges, our teams continued services, providing more than 6,600 outpatient medical consultations as well as over 41,000 post-operative monitoring consultations, half via telemedicine.

As security conditions improved, surgical operations gradually resumed, including emergency procedures for patients whose conditions had worsened during interruptions to care.

A new clinic in Gedaref expanded our network of satellite cardiology clinics, which support critical post-operative follow-up services and enable patients to access treatment even if they are unable to reach Khartoum.

Cardiological services also expanded in **Eritrea**, where in February we developed a new cardiac nursing curriculum with the University of Asmara and in March opened a cardiology clinic in the Mendefera Referral Hospital.

Both the Children's Surgical Hospital and *Salam* Centre are flagship facilities within our **African Network of Medical Excellence**, an initiative in collaboration with African health authorities that works to strengthen local health systems for the long-term through specialist surgical care and training programmes. The connected **Regional Programme** identifies, refers and transfers patients to the facilities from across Africa based on need, including 99 children from six countries admitted to the Uganda hospital in 2025, among them a young Sudanese girl. While new patients are still unable to be referred to the *Salam* Centre due to security concerns, the Programme team continued to assess shifting needs and conducted 12 cardiological missions outside Sudan to support post-operative patients.

Fundamental rights are not based on legal or social status

Through mobile and fixed clinics as well as outreach in critical locations – such as A&E departments, community centres and schools – our teams across **Italy** are supporting patients otherwise excluded by health and social services, including undocumented migrants, exploited workers and people facing healthcare poverty. In 2025, cultural mediators and social workers collaborated with health staff to guide and support around 10,000 people from 122 different countries of origin.

We also continued efforts to secure free registration with the Italian national health service for the children of European and non-EU citizens who are not in compliance with residency regulations – a right that has been recognised in the Veneto region thanks to our advocacy.



© Mathieu Willcocks

In 2025, EMERGENCY's search and rescue ship *Life Support* conducted 10 missions in the central **Mediterranean Sea**, one of the world's deadliest migration routes. Operations continue to be impacted by restrictive policies, including distant port assignments which limit time spent in rescue zones and delay survivors' access to care and services. In 2025, distant ports added over 10,000km and 28 days of navigation.

Despite the shrinking operational space, our teams rescued hundreds of people fleeing conflict, persecution and instability, many of whom arrived in critical condition after days at sea.

Between September and October, *Life Support* took part as an observer and support vessel to the ***Global Sumud Flotilla***, the non-violent maritime mission that brought together delegations from 50 countries in a collective act of international solidarity to challenge the blockade on Gaza and deliver essential humanitarian aid. Our team provided 18 direct interventions including medical, mechanical and logistical assistance to participating vessels, and directly witnessed the presence of military assets and aerial surveillance over the Flotilla.

Training the next generation of health professionals

In 2025, local staff made up over 95% of all colleagues in EMERGENCY's facilities. Our investment in training and increasing autonomy for local staff is ensuring that health systems are supported both today and for the long-term: worldwide, over 3,800 doctors and nurses have been trained in our projects.

Across Afghanistan, Sudan and Uganda, more than 60 specialists are currently in training in structured and accredited programmes, including in surgery, anaesthesia, paediatrics, and gynaecology & obstetrics. In 2025, hundreds of nurses took part in specialist programmes or on continuing medical education courses.

EMERGENCY staff are also rotating between our facilities, sharing expertise and strengthening skills in contexts with similar needs: activities at a new Rehabilitation Centre in **Ethiopia** will be launched thanks in part to the support of experienced Iraqi orthopaedic technicians from Sulaymaniyah.

OUR YEAR IN NUMBERS

COUNTRIES
9

PROJECTS
89

OUTPATIENT CONSULTATIONS
881,015

ADMISSIONS
29,095

SURGICAL PROCEDURES
18,000+

BABIES DELIVERED
7,887

PEOPLE RESCUED AT SEA
783

MOBILITY AIDS PROVIDED, INCLUDING TAILORED PROSTHESES AND ORTHOSES
1,153

VACCINATIONS
201,615

MEALS PROVIDED
1.4+ MILLION

FUNDS RAISED (EUROS)
90+ MILLION

FUNDS ALLOCATED TO ACTIVITIES
83%
78% ON HUMANITARIAN PROJECTS

INDIVIDUAL SUPPORTERS
174,000+

OUR PEOPLE

ALL PROJECT STAFF
3,764

LOCAL PROJECT STAFF
3,598

LOCAL SPECIALISTS IN TRAINING
64
49 AFGHANISTAN
3 UGANDA
12 SUDAN

INTERNATIONAL RESIDENTS IN TRAINING
28

LOCAL MIDWIVES IN TRAINING (AFGHANISTAN)
8

LOCAL NURSES IN TRAINING
1,100+
1000+ AFGHANISTAN
145 SIERRA LEONE
8 UGANDA

VOLUNTEERS
2,492

HQ STAFF
266

OUR PRINCIPLES AND MODEL OF CARE

EMERGENCY was founded in 1994 to provide medical and surgical care to civilian victims of war and poverty.

Our mandate is underpinned by the conviction that medical work in times of war cannot be separated from the task of building communities that are committed to rejecting war and to upholding human rights.

We believe that access to medical treatment is a fundamental right that should be recognised for every individual. For treatment to be truly accessible, it must be completely free of charge; for it to be effective, it must be of high quality.

Our model of care is based on a commitment to equality and social justice, recognising the dignity of every human being and promoting sustainable healthcare in the long term. It is founded on three core principles.


© Massimo Grimaldi


© EMERGENCY Archive


© Mathieu Willcocks


© Mathieu Willcocks

OUR THREE CORE PRINCIPLES

EQUALITY

Every human being has the right to treatment, regardless of their social background, economic situation, gender, ethnicity, language, religion or opinions. The new and better treatments made possible by progress and advances in medical science must be available to all patients, on an equal basis and without discrimination.

QUALITY

High-quality healthcare systems must be based on every individual's needs and follow new advances in medical science. They must not be steered, organised or defined by those with financial interests in the healthcare industry.

SOCIAL RESPONSIBILITY

Governments must make the health and well-being of their citizens a priority, setting aside the human and economic resources necessary to this end. **The healthcare services that governments and humanitarian organisations provide must be free and available to all.**

SUSTAINABLE DEVELOPMENT GOALS

The 2030 Agenda for Sustainable Development is an internationally shared framework for policies on development, cooperation and the protection of fundamental rights. In pursuing its mission, EMERGENCY directly contributes to the following goals:



EMERGENCY provides free, high-quality medical and surgical care, helping to reduce inequalities in access to healthcare services. Support for local healthcare systems, through the training of national staff and the transfer of clinical and organisational expertise, promotes local capacity and the sustainability of services in the medium- to long-term.



By guaranteeing access to care regardless of economic circumstances, legal status, gender, origin or religious affiliation, EMERGENCY contributes to reducing social and health inequalities for people who, in crisis contexts, are often invisible or marginalised.



EMERGENCY's humanitarian programmes are part of a broader approach to promoting peace and justice. Through public campaigns, educational activities and initiatives, EMERGENCY raises awareness of the consequences of armed conflict and the importance of respecting humanitarian law. At the same time, dialogue and collaboration with public and health institutions in the countries where we operate help to strengthen institutional capacity in the health sector, contributing to the development of more inclusive systems geared towards the public good.


© Davide Preti

WHAT WE DO

CARE IN CONFLICT

Humanitarian work must not favour any party to a conflict, but only protect its victims – 90% of whom are civilians. We build hospitals, provide specialist medical and surgical care, and deliver primary, maternal, child and reproductive health services to provide assistance in conflict and its aftermath.



© Massimo Grimaldi



© Laura Salvinelli

MEDICINE OF EXCELLENCE

Excellent healthcare is possible everywhere. We aim to strengthen local health systems through the creation of medical centres of excellence, ensuring the highest quality care and training.

DESIGNING AND BUILDING OUR HOSPITALS

We build hospitals where we work to provide the highest standard of care. Right from the planning stage, we seek to create an environment that is efficient for our staff and comfortable for our patients.

BEAUTY AND HEALING

Each of our hospitals has a garden, a children's play area and communal spaces for patients. Our hospitals are beautiful as well as functional, because beauty is a sign of respect and dignity.



© Massimo Grimaldi

INSTITUTIONAL RELATIONS

We always make clear agreements with local authorities to define our mandate in the country, as well as mutual roles and responsibilities. Our work ultimately aims for local governments to take on practical responsibility for guaranteeing their citizens' right to healthcare.

TRAINING

We support local staff with practical and theoretical training in all our projects. In several countries, our programmes have been recognised by local health authorities. Training takes place with long-term sustainability in mind: by supporting the independence of local staff, we can eventually hand over facilities to local authorities and contribute to strengthening the health system.


© Massimo Grimaldi


© Massimo Grimaldi

MEALS FOR PATIENTS AND CAREGIVERS

We provide our patients and their families with three meals a day, a guarantee that allows those undergoing treatment to focus on healing whilst their families receive help in countries where, even in hospitals, food isn't free.


© Edward Roncarolo

RESPECT FOR THE ENVIRONMENT

We use alternative energy sources and environmentally friendly solutions for waste disposal whenever possible. We limit our running costs and respect the environment.

CULTURE OF PEACE

The provision of healthcare, particularly in conflict, cannot be separated from the duty to build communities committed to the rejection and abolition of war. Through events, public initiatives and advocacy work, we are committed to strengthening a shared culture of rights and responsibilities.


© Emmanuel Museruka

AREAS OF ACTIVITY

MEDICINE



- OUTPATIENT CLINICS
- CARDIOLOGY
- BASIC MEDICINE
- GENERAL MEDICINE
- NEONATOLOGY
- OBSTETRICS AND GYNAECOLOGY
- PAEDIATRICS
- DENTISTRY
- PSYCHOLOGICAL SUPPORT

SURGERY



- CARDIAC SURGERY
- PAEDIATRIC CARDIAC SURGERY
- WAR SURGERY
- EMERGENCY AND TRAUMA SURGERY
- GENERAL SURGERY
- ORTHOPAEDIC SURGERY
- GYNAECOLOGICAL SURGERY
- PAEDIATRIC SURGERY

REHABILITATION AND SOCIAL REINTEGRATION



- PHYSIOTHERAPY
- PRODUCTION OF PROSTHESES AND ORTHOSES

SOCIO-MEDICAL SUPPORT



- MEDICAL EDUCATION
- HEALTH PROMOTION
- CULTURAL MEDIATION
- SUPPORT AND GUIDANCE WITH HEALTHCARE RIGHTS

SEARCH AND RESCUE IN THE MEDITERRANEAN SEA



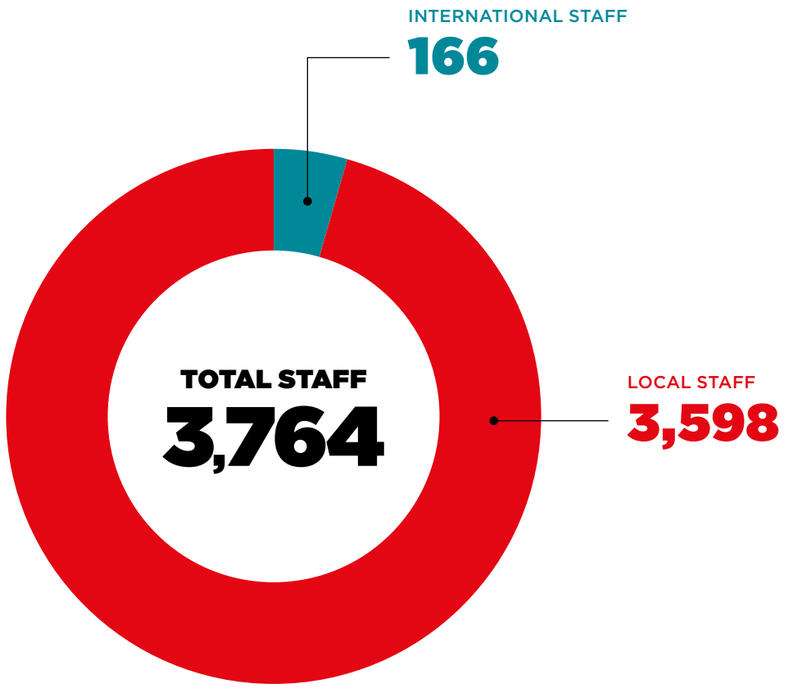
- SAVING LIVES AT SEA
- WELCOMING AND TREATING RESCUED PEOPLE ON BOARD

PROMOTING A CULTURE OF PEACE



- PUBLICATIONS AND MULTIMEDIA PROJECTS
- EVENTS AND PUBLIC INITIATIVES

THE PEOPLE BEHIND EMERGENCY



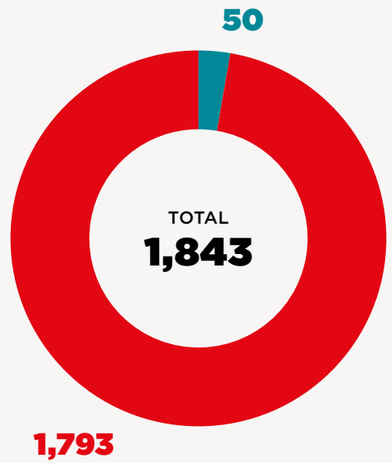
People will always be at the centre of our work. The projects we undertake aim to guarantee the rights of every individual, without discrimination. One person at a time, we try to do our bit to build a fairer world.

Our work is made possible by people who work and train within their own communities, ensuring access to free, high-quality healthcare. These include surgeons, nurses, gynaecologists, logisticians and administrators. International staff provide operational support and training, helping to develop local expertise and promote increasing progressive autonomy.

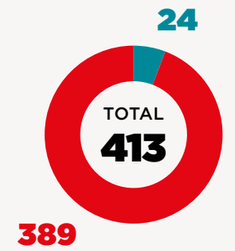
No less essential is the work carried out by staff and volunteers across EMERGENCY's international network, supporting operations, communications, campaigns, advocacy and fundraising.

International Staff
Local Staff

AFGHANISTAN



SIERRA LEONE



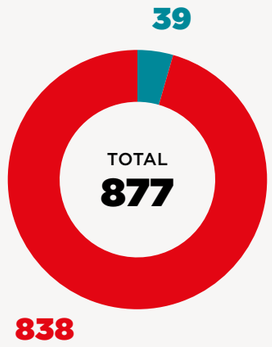
ITALY

68

SEARCH AND RESCUE

28

SUDAN



IRAQ

54

PALESTINE

8

UKRAINE



TOTAL
39

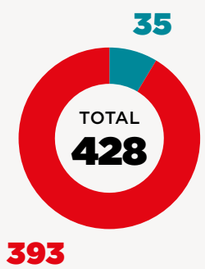
ETHIOPIA

4

ERITREA

2

UGANDA



Everyone who works with EMERGENCY helps to guarantee the right of every person who is ill or injured to receive free, high-quality, healthcare. Our medical work is carried out not by volunteers, but by paid specialists with specific professional expertise.

If you would like to work with us, visit emergency.ngo/work-with-us

02

OUR PROJECTS AROUND THE WORLD

© Diego Fedele

1 AFGHANISTAN

SURGICAL AND PAEDIATRIC CENTRE
SINCE 1999 — ANABAH

34 FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES
SINCE 1999 — 10 PROVINCES

SURGICAL CENTRES FOR WAR VICTIMS
SINCE 2001 — KABUL
SINCE 2004 — LASHKAR-GAH

MATERNITY CENTRE
SINCE 2003 — ANABAH

2 ERITREA

CARDIOLOGY CLINICS
SINCE 2019 — Orotta Hospital, ASMARA
SINCE 2025 — Mendefera Referral Hospital, DEBUB REGION

3 IRAQ

REHABILITATION AND SOCIAL REINTEGRATION CENTRE
SINCE 1998 — SULAYMANIYAH

4 ITALY

OUTPATIENT CLINICS WITH SOCIO-MEDICAL SUPPORT
SINCE 2010 — MARGHERA (VENETO)
SINCE 2012 — SASSARI (SARDINIA)
SINCE 2015 — MILAN (LOMBARDY)
SINCE 2015 — NAPLES (CAMPANIA)

SOCIO-MEDICAL INFORMATION POINTS
SINCE 2013 — REGGIO CALABRIA (CALABRIA)
SINCE 2015 — CASTEL VOLTURNO (CAMPANIA)
SINCE 2016 — BRESCIA (LOMBARDY)
SINCE 2019 — RAGUSA (SICILY)

5 MEDITERRANEAN SEA

MARITIME SEARCH AND RESCUE
SINCE 2022 — SEARCH AND RESCUE SHIP, *Life Support*

6 PALESTINE

MEDICAL AND LOGISTICAL SUPPORT FOR PRIMARY HEALTHCARE CENTRE
SINCE 2024 — AL-MAWASI, GAZA STRIP

FIRST AID AND BASIC MEDICAL/SURGICAL CARE CLINIC
SINCE 2025 — AL-QARARA, GAZA STRIP

7 SIERRA LEONE

SURGICAL CENTRE
SINCE 2001 — GODERICH

8 SUDAN

PAEDIATRIC CENTRES
SINCE 2005 — MAYO, KHARTOUM STATE (activities suspended April 2023, resumed December 2025)
SINCE 2010 — NYALA, SOUTH DARFUR STATE (activities suspended August 2011 to November 2020 due to security concerns)
SINCE 2011 — PORT SUDAN, RED SEA STATE

***SALAM* CENTRE FOR CARDIAC SURGERY**
SINCE 2007 — KHARTOUM

CARDIOLOGY CLINICS
SINCE 2023 — ATBARA, RIVER NILE STATE
SINCE 2024 — KASSALA, KASSALA STATE
SINCE 2025 — GEDAREF, GEDAREF STATE

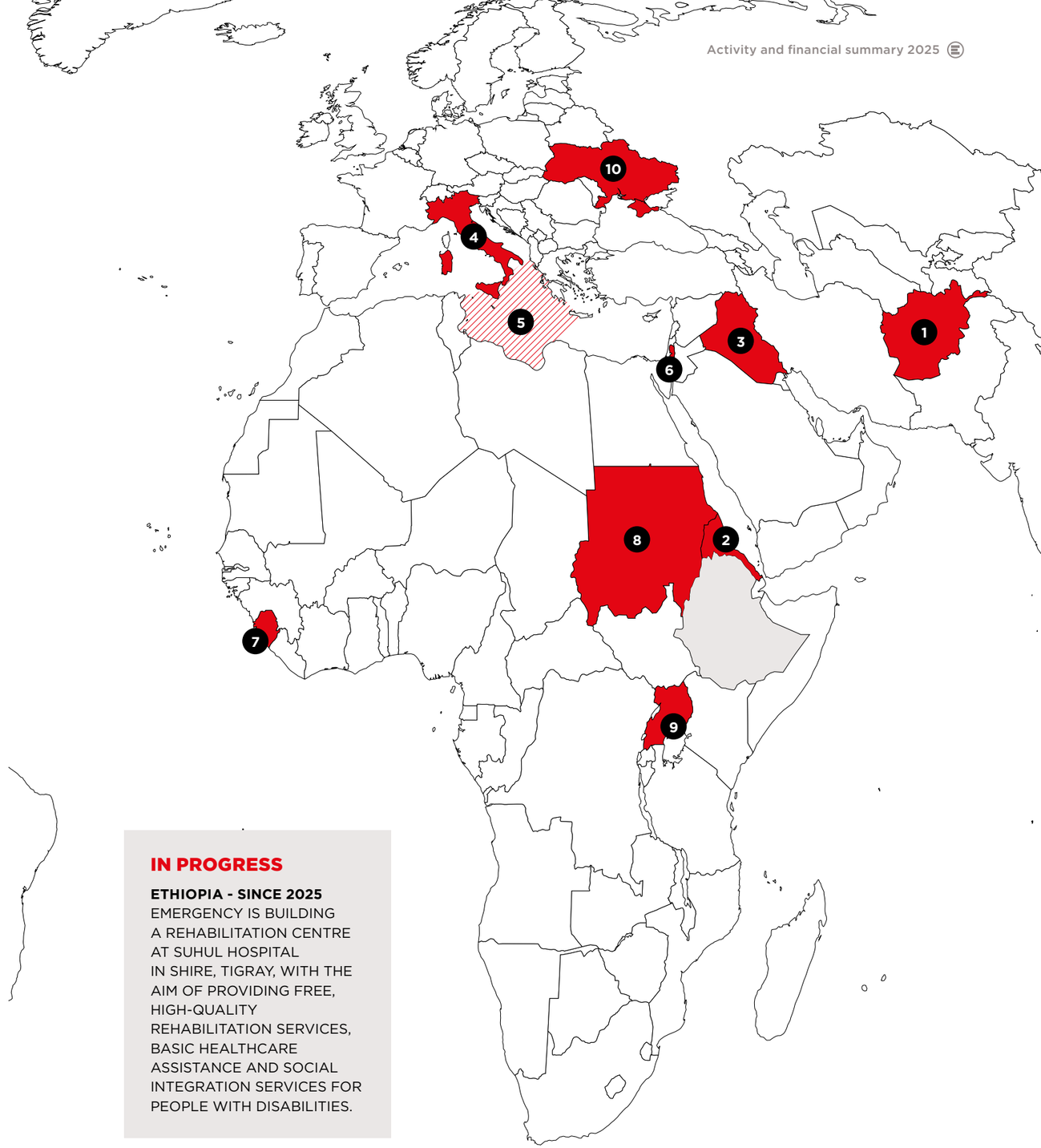
PAEDIATRIC CLINIC
SINCE 2024 — *Salam* Centre Complex, KHARTOUM

9 UGANDA

CHILDREN'S SURGICAL HOSPITAL
SINCE 2021 — ENTEBBE

10 UKRAINE

PRIMARY HEALTHCARE CLINICS FOR REMOTE COMMUNITIES
SINCE 2024 — DONETSK REGION (14)
SINCE 2025 — KHARKIV REGION (13-clinic project initiated in October 2025)

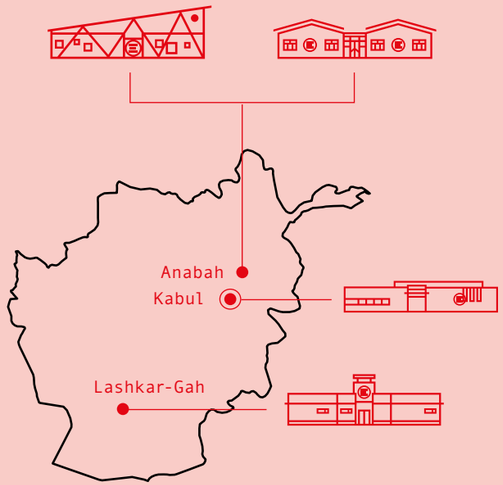


IN PROGRESS

ETHIOPIA - SINCE 2025
EMERGENCY IS BUILDING A REHABILITATION CENTRE AT SUHUL HOSPITAL IN SHIRE, TIGRAY, WITH THE AIM OF PROVIDING FREE, HIGH-QUALITY REHABILITATION SERVICES, BASIC HEALTHCARE ASSISTANCE AND SOCIAL INTEGRATION SERVICES FOR PEOPLE WITH DISABILITIES.

12 COUNTRIES WHERE WE WORKED PREVIOUSLY
ALGERIA, ANGOLA, CAMBODIA, CENTRAL AFRICAN REPUBLIC, LIBYA, MOLDOVA, NEPAL, NICARAGUA, RWANDA, SERBIA, SRI LANKA, YEMEN





For more than four decades, Afghanistan has endured conflict, political instability and economic crises that have profoundly affected people's lives and weakened the country's health system. Successive emergencies have placed sustained pressure on communities and services.

Following the change of government in 2021 and the subsequent withdrawal of the international community, economic crisis and a reduction in international aid have further weakened an already fragile health system, contributing to widespread shortages of healthcare workers, medicines and infrastructure. Restrictions on women's access to education and employment have created additional challenges, particularly for women and girls seeking care, and for the future of women in the health workforce.

In 2025, as many as 22.9 million Afghans required humanitarian assistance and over 21 million lacked access to adequate health services and safe drinking water (UN OCHA).

At the beginning of 2025, available resources were sufficient to assist only half of those in need (World Food Programme). Food insecurity has also intensified: between 2025 and 2026, nearly 3.7 million children are expected to experience acute malnutrition, around 26% of them severely. Healthcare needs are extensive and interconnected. Alongside the direct consequences of violence, there are traumatic injuries caused by accidents, many people living with untreated chronic conditions, and underserved maternal and child health needs.

EMERGENCY has operated in Afghanistan since 1999, adapting its programme as the country's needs have evolved. Today, our integrated health network provides free surgical and medical care, including emergency and trauma surgery, primary care, paediatrics, maternal and child health, and services in some of Afghanistan's most isolated areas. The programme has progressively adapted to evolving needs, ensuring free access to quality care in a context where the public system struggles to respond effectively and consistently.

There is a particular focus on the training of local healthcare professionals, essential for strengthening the health system's long-term sustainability and improving the quality of care provided. This commitment is especially important for women healthcare workers who continue to train and provide care at EMERGENCY's facilities.

STAFF TRAINING

Since 2009, EMERGENCY has run a specialist training programme in anaesthesia, surgery, gynaecology and paediatrics, in close collaboration with the Ministry of Health's Department of Postgraduate Specialisation.

POSTGRAD MEDICAL EDUCATION PROGRAMME

Specialities	Programme start year	Trainees until 2025	Trainees in 2025	Total
Surgery & Trauma	2009	33	29	**62**
Gynaecology & Obstetrics	2009	11	10	**21**
Paediatrics	2016	17	6	**23**
Anaesthesia	2022	6	4	**10**
	Total	**67**	**49**	**116**

In 2025, building on the programmes available for medical and surgical staff, we continued to strengthen specialist nursing training and, at the same time, launched a new specialist programme in obstetrics at the Anabah Maternity Centre.

Across EMERGENCY's hospitals in Afghanistan, 133 nurses (82 men and 51 women) took part in structured specialist training, divided into four stages (*Induction Programme Steps* 1 and 2, and *Specialty Steps* 3 and 4).

To support Continuing Medical Education, nursing staff attended 24 refresher courses available throughout the year, with more than a thousand total participants. Certification courses with the Italian Resuscitation Council were also available, supporting the development of emergency and critical care skills, with a particular focus on cardiopulmonary resuscitation (CPR). The courses also supported the training of new local instructors recruited in Kabul and Lashkar-Gah, helping strengthen local expertise and create opportunities for continued professional development. In total, there were 198 participants, and 200 certificates issued.

A number of internal specialist training programmes were also launched, including training on breech births organised in collaboration with the non-governmental organisation *Breech Without Borders*, and initiatives to improve the skills of medical and nursing staff in paediatrics and neonatology, and of anaesthesia technicians, including through hospital rotations.

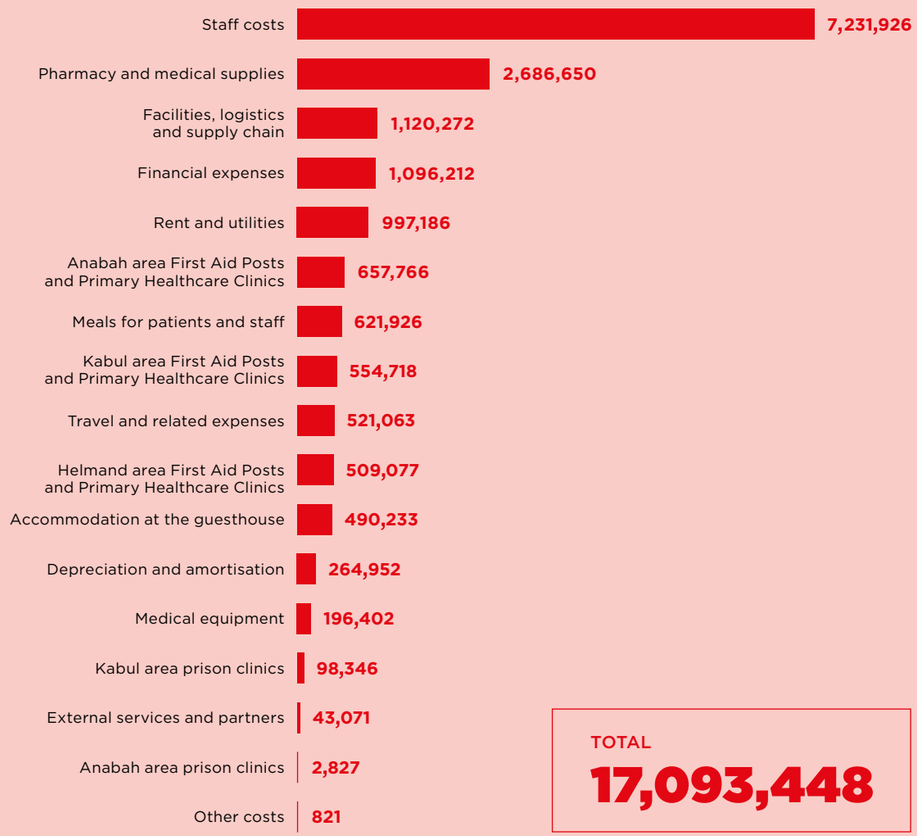
In November, eight midwives began the *Induction Programme* Step 1, with Step 2 scheduled to begin in April 2026.

ADVOCACY

In June 2025, in collaboration with the Centre for Research and Training in Disaster Medicine, Humanitarian Aid and Global Health (CRIMEDIM), EMERGENCY published the report “Access to Emergency, Critical and Operative Care in Afghanistan”. Based on questionnaires and interviews with over 1,600 Afghan patients and healthcare professionals, the report offers an in-depth look at the barriers preventing access to essential and life-saving care – ranging from primary services to specialist treatment – with a particular focus on surgery and trauma care, which are central to EMERGENCY’s operational focus in the country.

The report reached representatives of the United Nations, the European Commission, and non-governmental organisations active in the health sector in Afghanistan.

AFGHANISTAN PROGRAMME 2025 COSTS (Euro)



TOTAL
17,093,448



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KABUL SURGICAL CENTRE FOR WAR VICTIMS

SINCE APRIL 2001

ACTIVITIES
- War surgery
- Emergency and trauma surgery
- Post-operative care
- Outpatient care
- Physiotherapy
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT
4,878
SURGICAL PROCEDURES IN 2025

EMERGENCY opened the Kabul Surgical Centre to provide specialist surgical care for people injured during the civil war. Just months later, a new conflict and occupation began. Today, we continue our commitment to providing free care to those paying the price of instability and armed conflict.

For years, war-related surgery was the main admission criterion; when the conflict intensified, it remained the only one, until 2018 when the facility opened a new operating theatre to treat an unprecedented peak of 4,000 patients with combat injuries.

Despite the formal end of hostilities in 2021, trauma related to violence continues to account for a significant portion of admissions and surgical activity in Kabul. In 2025, injuries caused by violence accounted for the majority of admissions, an increase compared to the previous year: our surgical teams performed almost 300 more operations on these injuries, including wounds from stabbings, gunshots and shrapnel. Following explosions in the capital in October, the mass casualty protocol was activated for the first time in a year. Within a few hours, the hospital received 40 people, including women and children with shrapnel wounds, blunt force trauma and burns.

A growing proportion of patients are arriving from outside Kabul, often after initially seeking care at local healthcare facilities.

In addition to free, high-quality patient care and access to surgery, the Kabul Surgical Centre continues to strengthen Afghanistan’s health system capacity through continuous and structured training of medical professionals in emergency and trauma surgery, as well as other disciplines.

LASKAR-GAH SURGICAL CENTRE FOR WAR VICTIMS

SINCE SEPTEMBER 2004





The Lashkar-Gah Surgical Centre serves Helmand province, once one of Afghanistan's most heavily affected conflict areas. Today, the hospital reflects Afghanistan's evolving healthcare needs: while trauma-related violence continues, road traffic accidents have become one of the leading causes of admissions.

As transport routes have reopened, increased travel on damaged roads, often without adequate improvement to infrastructure or traffic regulation, has led to a rise in serious injuries requiring emergency surgery. Many Afghan families find themselves travelling long distances in overloaded vehicles at high speeds, which often veer off the road or collide with one another. In 2025, children under 14 accounted for more than half of all admissions (57.3%). Road traffic accidents were among the injuries affecting these young patients.

ACTIVITIES

- War surgery
- Emergency surgery and trauma surgery
- Post-operative care
- Outpatient care
- Physiotherapy
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT

5,775

SURGICAL PROCEDURES IN 2025

ANABAH SURGICAL AND PAEDIATRIC CENTRE

SINCE DECEMBER 1999

ANABAH MATERNITY CENTRE

SINCE JUNE 2003

ANABAH SURGICAL AND PAEDIATRIC CENTRE

EMERGENCY's first hospital in Afghanistan, the Anabah Surgical Centre, was opened to treat people injured by war and landmines. The hospital's role evolved alongside the local context: it has been gradually converted into a multi-specialist facility, which now offers emergency, elective, general and primary surgery, internal medicine, paediatrics and trauma care.

Today, the Anabah Centre receives a growing number of patients with complex conditions from other facilities that lack surgical services, blood banks or specialist expertise. Facing a fragmented public health system, Afghans are increasingly choosing EMERGENCY's facility for ongoing treatment of chronic conditions such as diabetes, epilepsy and cardiovascular diseases.

The Centre continues to address a wide range of health needs, including internal medicine, maternal and child health services, and critical elective procedures - with a growing number of emergency cases. In 2025, 2,084 operations were performed, 250 more than the previous year. Paediatrics also remained central: 58% of patients admitted to the Centre were under one year old. We provided 34,976 paediatric consultations for respiratory, gastrointestinal and infectious diseases. Reflecting widespread food insecurity, more than one in four hospitalised children were malnourished.

ANABAH MATERNITY CENTRE

Run entirely by women, the Anabah Maternity Centre is an essential facility providing both maternal and child health in the Panjshir Valley and surrounding areas.

Worsening poverty, severe malnutrition and social exclusion have led to an increase in once-rare clinical presentations, and increasingly severe forms of the conditions we have always treated. The number of high-risk pregnancies we monitored rose from 13,458 in 2024 to 16,026.

The pressure on the wards has also intensified, with an average of 20–25 births in each 24-hour period. Increasingly, both operating theatres are being used simultaneously for emergency surgery. The Centre has almost constantly operated at full capacity.

Despite working under increased pressure due to the number and severity of clinical cases, the Centre continues to record an extremely low maternal mortality rate, reaffirming its status as a safe place to give birth even in the case of a complicated pregnancy. In 2025, 7,887 healthy babies were born, 655 more than the previous year.

Over 170 Afghan women professionals, among them many gynaecologists and midwives, continue to work and train at the facility, including on international courses.

ACTIVITIES

- War surgery
- Emergency surgery
- General surgery
- Trauma surgery
- Post-operative care
- Paediatrics
- Outpatient care
- Physiotherapy
- Malnutrition screening
- Obstetric care
- Gynaecological care
- Neonatal care
- Family planning
- Vaccination programmes
- Sexual and reproductive health services
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT

2,084

SURGICAL PROCEDURES IN 2025

7,887

CHILDREN BORN IN 2025

FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES

SINCE DECEMBER 1999



Around 70% of Afghanistan's population live in isolated and rural areas, where extreme poverty, limited infrastructure and shortages of healthcare workers make access to medical care difficult. Many communities lack financial resources, reliable transport, access to specialist services and adequately equipped healthcare facilities, leaving people with few options when emergencies arise.

Since 1999, EMERGENCY's network of First Aid Posts and Primary Healthcare Centres has enabled us to provide care to communities living in rural and hard-to-reach areas through primary care services and stabilisation of emergencies.

Originally established to provide life-saving stabilisation before transfer to our hospitals in Kabul, Lashkar-Gah and Anabah via a 24/7 ambulance service, these facilities have evolved alongside Afghanistan's healthcare needs. Over the past four years, we have progressively strengthened services at our First Aid Posts, which were originally dedicated to providing life-saving care for people injured by the fighting, expanding their scope to include services typically offered at our Primary Healthcare Centres—such as primary care, paediatric screenings, vaccination programmes, and maternal, child and reproductive health services.

ACTIVITIES

- Life-saving care
- Primary care
- Malnutrition screening
- Paediatric screening
- Vaccination programmes
- Maternal, child and reproductive health services
- Health promotion (*outreach sessions*)
- Training in medical, health and non-health disciplines

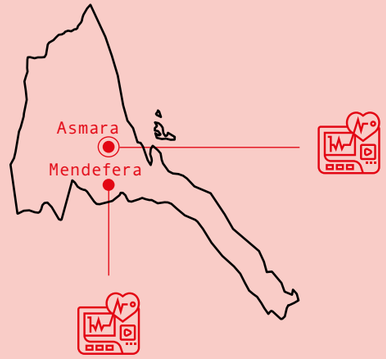
OUTPUT

645,557

OUTPATIENT VISITS IN 2025

My knowledge and experience enable me to supervise the clinics effectively, ensure high-quality care and train my colleagues. By strengthening local capacities, I help to make our community stronger, ensuring it continues to receive care even in difficult situations. I believe this not only improves outcomes for patients, but also makes the healthcare system in Afghanistan stronger and more sustainable. Many people in these areas lack access to basic healthcare, and even simple treatments can make a difference. Being able to bring medical services, medicines and equipment to these remote communities, and seeing patients recover and families relieved, gives me a sense of purpose. For me, it's not just about treating illnesses, but about giving hope, saving lives and ensuring that even people in the most challenging and isolated parts of my country can access free, high-quality healthcare.

Dr Ghulam Ali, *Field Medical Officer at the Primary Health Centres in the Anabah area*





In Eritrea, non-communicable diseases including cardiovascular conditions are an increasingly significant health challenge, accounting for more than 7,000 deaths a year. While the country continues to grapple with high rates of preventable illnesses and an infant mortality rate of nearly 40 deaths per 1,000 live births, non-communicable diseases are placing growing pressure on an already fragile health system.

Through the Regional Programme for Cardiac Surgery, EMERGENCY works in collaboration with local health authorities and hospital staff to improve access to cardiology care. Since 2019, our teams have supported cardiology clinics in Asmara and, from 2025, expanded activities in the Southern Region (Debub). The clinics focus on monitoring and providing long-term care for patients with congenital or acquired heart conditions, including both pre- and post-operative patients from the *Salam* Centre, EMERGENCY's cardiac surgery hospital in Khartoum, Sudan.

STAFF TRAINING

Building local expertise is central to EMERGENCY's work in Eritrea. The cardiology clinics are staffed by Eritrean healthcare personnel who receive theoretical and practical training and support, with periodic visits by EMERGENCY's cardiology teams.

In March, we launched a new academic curriculum for cardiac nurses in the country, developed in collaboration with the University of Asmara, to provide a tailored programme for future nurses and to offer a specialisation pathway for qualified nurses wishing to acquire specialist skills.

In 2025, during the first mission carried out at the Mendefera Referral Hospital in the Debub region, an international nurse, a haematologist and a cardiologist from EMERGENCY conducted training sessions with 15 local healthcare workers to support the opening of an Oral Anticoagulation Therapy (OAT) Clinic. During subsequent visits, EMERGENCY organised refresher courses to consolidate and strengthen the skills acquired during the initial training phase.

CARDIOLOGY CLINIC AND ORAL ANTICOAGULATION THERAPY (OAT) CLINIC AT OROTTA HOSPITAL

SINCE OCTOBER 2019

At the *Orotta Medical Surgical National Referral Hospital* in Asmara, Eritrea's main public hospital, EMERGENCY supports pre- and post-operative patients living with valvular and congenital heart defects through a dedicated cardiology clinic.

Since 2019, the programme has also included an Oral Anticoagulation Therapy (OAT) Clinic, which provides free services including regular monitoring with blood tests (International Normalised Ratio - INR), medication distribution and adjustment. Cardiology consultations more than doubled compared with 2024.

ACTIVITIES

- Cardiology consultations
- INR (*International Normalised Ratio*) tests
- Provision of free anticoagulation medication
- Training in medical and healthcare disciplines
- Cardiological screening, through regular missions carried out by an EMERGENCY team
- Cardiological follow-up, through regular missions carried out by an EMERGENCY team



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OUTPUT

13,196

CARDIOLOGY CONSULTATIONS CARRIED OUT IN 2025

> **Proposing an academic pathway for such specialised healthcare professionals may seem almost like a pioneering mission in Africa. But on a continent where cardiovascular diseases are affecting the young population at epidemic rates, and where the lack of qualified professionals is holding back prevention and treatment strategies, it is crucial to invest in education and culture.**
>
> **Luca Rolla**, *Director of EMERGENCY's Regional Programme for Cardiac Surgery and Paediatric Surgery*

ORAL ANTICOAGULATION THERAPY (OAT) CLINIC AT MENDEFERA REFERRAL HOSPITAL

SINCE MARCH 2025


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In recent years, conflict in Sudan has prevented Eritrean patients with heart conditions from being referred and transferred to the *Salam* Centre for Cardiac Surgery in Khartoum for treatment. In response, EMERGENCY has worked to strengthen existing services in Asmara and extend care to the Mendefera area, in Eritrea's southern (Debub) region.

In March 2025, EMERGENCY supported the opening of an Oral Anticoagulation Therapy (OAT) clinic at the *Mendefera Referral Hospital,* where services focus on monitoring and prescribing anticoagulant therapies. EMERGENCY-trained local staff run the clinic on a daily basis, whilst our teams provide regular clinical support and training missions to reinforce local expertise.

ACTIVITIES

- Cardiology consultations
- INR (*International Normalised Ratio*) tests
- Provision of free anticoagulation medication
- Training in medical and healthcare disciplines
- Cardiological screening, through regular missions carried out by an EMERGENCY team
- Cardiological follow-up, through regular missions carried out by an EMERGENCY team

OUTPUT

446

INR TESTS CARRIED OUT IN 2025

ETHIOPIA





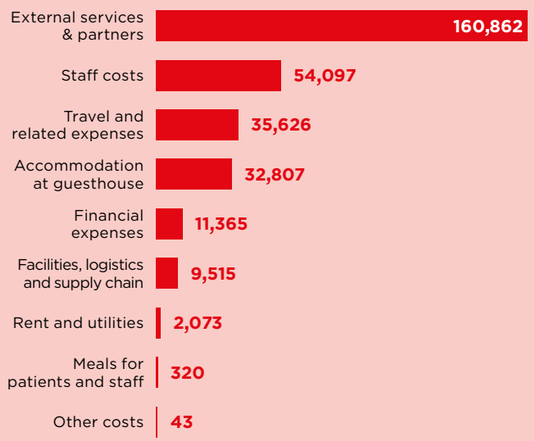
For several years, Ethiopia's Tigray region has experienced a complex humanitarian crisis, driven by a combination of internal armed conflicts, political instability, economic hardship and inflationary shocks. Although a cessation of hostilities agreement was formally signed in 2022, many communities in the Tigray region continue to face displacement, damaged infrastructure and limited access to specialist healthcare.

Much of the local healthcare system infrastructure has been damaged or destroyed. There remains a severe shortage of qualified staff — particularly in specialist areas such as rehabilitation — and access to supplies and medicines remains limited.

Many people living with disabilities are unable to access orthopaedic and prosthetic services, and live in severely affected communities, limiting their quality of life and independence.

EMERGENCY is responding. In collaboration with local authorities, we are establishing a Rehabilitation Centre at Suhul Hospital, in Shire. The Centre will provide free access to high-quality rehabilitation services, basic healthcare and social inclusion programmes, while helping strengthen healthcare services in northern Ethiopia.

ETHIOPIA PROGRAMME 2025 COSTS (Euro)



TOTAL
306,708

REHABILITATION CENTRE AT SUHUL HOSPITAL

SINCE JUNE 2025

In 2025, EMERGENCY launched the project "SHIRE – *Support for Health, Inclusion, and Rehabilitation Efforts*" to improve access to inclusive, high-quality healthcare and rehabilitation services for people with disabilities in Ethiopia's Tigray region.

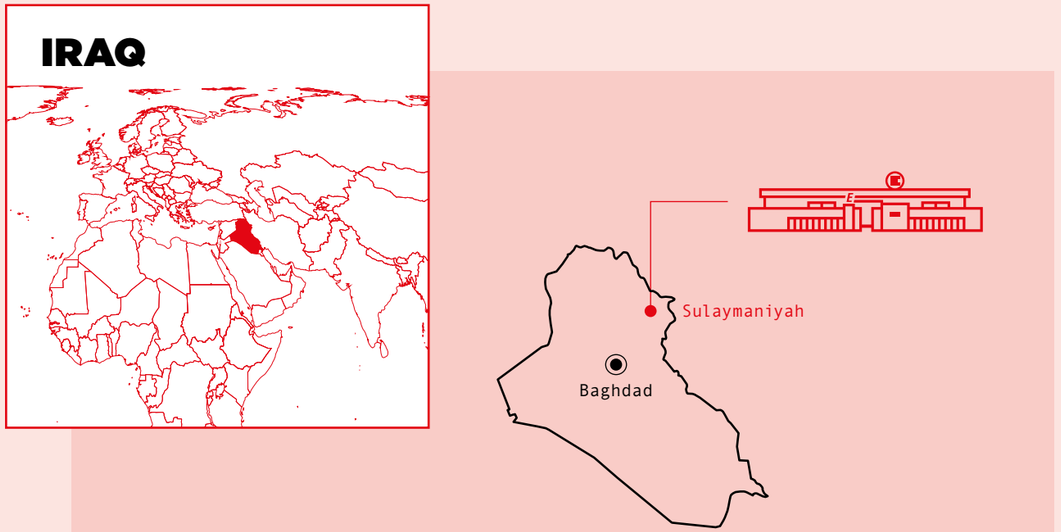
SHIRE includes the construction of a Rehabilitation Centre at Suhul Hospital, where patients will receive specialist healthcare, tailored prostheses, and physiotherapy and rehabilitation services.

Construction on the facility began in 2025, alongside the procurement of equipment (due to limited local availability of orthopaedic materials), local population disability mapping, and coordination with local health and institutional authorities. Iraqi orthopaedic technicians from EMERGENCY's Sulaymaniyah Rehabilitation Centre (p. 43) are also supporting the project, sharing expertise from years of experience.

ACTIVITIES
- Orthopaedic workshops
- Lower limb prostheses
- Upper limb prostheses
- Orthoses
- Provision of walking aids
- Specialist physiotherapy
- Rehabilitation
- Training in medical and healthcare disciplines

In 2025, in Shire, in the Tigray region, we began construction of a rehabilitation centre dedicated to the production of prostheses and orthoses and to physical rehabilitation. It was a year of preparation: in addition to starting the work, we began building a partnership with local authorities for the future training of ortho-technical staff, who are currently in extremely short supply in the country. In a region deeply scarred by the recent civil conflict, this project represents a long-term investment in people's dignity and autonomy, with the aim of progressively strengthening local capacities and offering a structured and sustainable response to the population's rehabilitation needs.

Marco Puntin, *Project Development Manager*

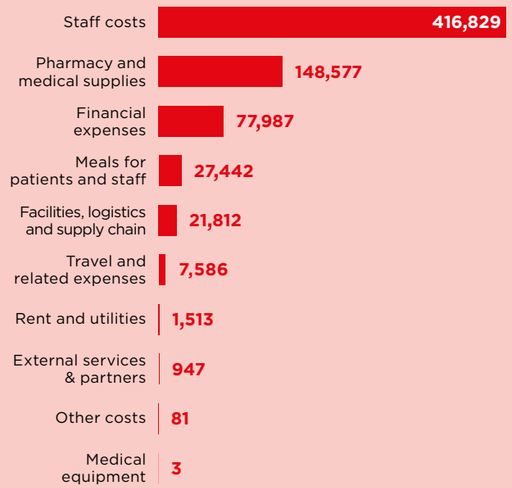


Decades of war have left Iraq one of the world's most heavily contaminated countries with the explosive remnants of war. According to the United Nations Mine Action Service (UNMAS), more than 2,500 square kilometres remain contaminated with unexploded ordnance, including anti-personnel mines, cluster munitions and Improvised Explosive Devices (IEDs), posing a constant, daily threat to the safety of civilians and their access to resources.

The legacy of successive conflicts in Iraq continues to have lasting consequences. Since 2004, Iraq's Ministry of Health has recorded at least 14,800 civilian casualties, including more than 5,000 deaths, although the toll is estimated to be higher. Between 2014 and 2017, the conflict against Daesh further exacerbated the situation, particularly in the country's north, where vast areas have been mined or littered with explosives. Many survivors require long-term rehabilitation and specialist services, which remain severely limited in many parts of the country.

EMERGENCY's Rehabilitation Centre in Sulaymaniyah, in Iraqi Kurdistan, has been operating for 27 years to help address this gap by providing free care to people living with disabilities and injuries caused by conflict. The Centre also welcomes patients from neighbouring countries, supporting regional access to healthcare services.

IRAQ PROGRAMME 2025 COSTS (Euro)



TOTAL
702,779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SULAYMANIYAH REHABILITATION AND SOCIAL REINTEGRATION CENTRE

SINCE FEBRUARY 1998

EMERGENCY began working in Iraq in 1996, opening a Surgical Centre in Sulaymaniyah to treat people injured by war and landmines (until 2005). In 1998, the Rehabilitation and Social Reintegration Centre was established nearby to provide continuity of care for people living with the long-term consequences of these injuries.

The initial provision of prostheses and orthoses is complemented by specialist physiotherapy, progressive adjustments and maintenance, which are essential to support the physical changes and evolving needs of patients.

Recovery goes beyond healthcare. Over the years, the facility has supported social and economic inclusion by helping establish 408 family-run and cooperative businesses, and by making homes more accessible through adaptations including the installation of walking aids and the removal of architectural barriers.

> **In 2025, I had the opportunity to contribute, through my role, to supporting disability and rehabilitation services at our Centre in Sulaymaniyah, Iraq. It was a rewarding experience to work with a highly qualified team that provides rehabilitation, prosthetics and orthotics free of charge, without any discrimination. I have seen significant improvements in the functional recovery, independence and social inclusion of the beneficiaries. I am proud to be part of an organisation that provides support capable of changing the lives of people with disabilities and those affected by conflict and landmines.**
>
> **Shadman Murad Khan**,
> *Director of the Sulaymaniyah Rehabilitation Centre, Iraq*

ACTIVITIES

- Orthopaedic workshops
- Lower limb prostheses
- Upper limb prostheses
- Orthoses
- Provision of walking aids
- Specialist physiotherapy
- Rehabilitation
- Training in medical and healthcare disciplines

OUTPUT

2,243
PHYSIOTHERAPY SESSIONS IN 2025





Although healthcare is a right enshrined in Italy's constitution, many people in the country continue to face significant barriers to accessing care. Economic hardship, administrative barriers and regional inequalities mean that millions of people delay or forgo medical care each year, with the greatest impact being felt by people experiencing poverty, homelessness and social marginalisation. In 2024, 5.8 million people reported having foregone treatment, a million more than the previous year.

Since 2006, EMERGENCY has worked with local communities to address gaps in care and access. Through a network of fixed and mobile clinics, our teams reach out to people unable to access the Italian National Health Service, including undocumented or irregular migrants and their children, those experiencing unemployment, unhoused people, exploited workers and others living in situations of vulnerability.

Healthcare professionals work alongside cultural mediators and social workers to provide care, support patients to understand and navigate the health and social services, and help overcome access barriers to the services to which they are entitled.

In addition to providing basic healthcare, 'Nobody Left Behind', an initiative launched during the Covid-19 pandemic to provide food support to vulnerable groups, has become integrated with other projects across the country with the aim of strengthening a holistic approach to patient care.

With a care model that goes beyond clinical intervention, EMERGENCY's work with the Italy Programme seeks to overcome the structural barriers between people and their right to health.

Emanuele Longo, *Medical Coordinator in the Italy Programme*

ADVOCACY

Together with *Tavolo Asilo e Immigrazione*, a coalition of organisations working in protection and migration, EMERGENCY took part in two monitoring visits to detention centres built in Albania. The collection of information, data and testimonies during the inspections led to the publication of the second monitoring report, 'Ferite di confine' ['Border Wounds']. Subsequently presented to the Italian Chamber of Deputies, the report highlights the limited legal safeguards, critical health issues and rights violations caused by the Italy-Albania Protocol which enabled the centres' construction.

During the year, EMERGENCY also pursued strategic litigation: the Court of Milan upheld the appeal of one of our patients against the Region, for having denied essential care to EU citizens without a residence permit; the Court of Venice upheld EMERGENCY's appeal against the Region, recognising the right to a general practitioner for the minor children of irregular EU citizens; finally, ongoing dialogue with the Naples Local Health Authority ensured that non-EU minors were registered with the National Health Service.

ITALY PROGRAMME 2025 COSTS (Euro)

Staff costs	1,846,807
Travel and related expenses	155,604
Facilities, logistics and supply chain	83,718
Rent and utilities	76,323
Accommodation at guesthouse	49,830
Financial expenses	34,328
Pharmacy and medical supplies	16,692
External services & partners	13,623
Depreciation and amortisation	8,522
Other costs	2,781
Meals for patients and staff	2,159
Medical equipment	1,528
TOTAL	2,291,914

NOBODY LEFT BEHIND PROGRAMME 2025 COSTS (Euro)

Staff costs	497,239
Meals for patients and staff	409,394
Facilities, logistics and supply chain	61,113
External services & partners	43,198
Travel and related expenses	16,506
Rent and utilities	2,780
Depreciation and amortisation	1,041
Other costs	514
Financial expenses	77
TOTAL	1,031,861

OUTPATIENT CLINICS WITH SOCIO-MEDICAL SUPPORT

MARGHERA (SINCE 2010)
SASSARI (SINCE 2012)
MILAN (SINCE 2015)
NAPLES (SINCE 2015)

SOCIO-MEDICAL INFORMATION POINTS

REGGIO CALABRIA REGION (SINCE 2013)
CASTEL VOLTURNO (SINCE 2015)
BRESCIA (SINCE 2016)
RAGUSA REGION (SINCE 2019)

ACTIVITIES

- General medicine
- Nursing clinic
- Psychological support
- Home support
- Cultural mediation
- Social and health care guidance
- Health education
- Dentistry (in Marghera only)

OUTPUT

50,858
SOCIAL AND HEALTHCARE SERVICES IN 2025

Recognising that good health involves more than medical treatment, EMERGENCY's work across Italy integrates healthcare with legal, social, research and advocacy support to promote a fairer, more just healthcare system.

In areas of high socio-medical vulnerability, or where public services are difficult to access, we operate fixed outpatient clinics. Through community-based services, the clinics identify the needs of the most vulnerable, reduce inequalities in accessing care and facilitate integration with the Italian National Health Service. In 2025, around 10,000 people from 122 countries were treated, with over 38,000 consultations provided.

In 2025, EMERGENCY's advocacy contributed to the recognition of free national health service registration for children of European and non-EU citizens without regular residency status in the Veneto Region, helping ensure more children are able to access care.

Italians are also increasingly turning to our clinics, particularly older people seeking support in communities affected by poverty, isolation and limited access to health facilities.



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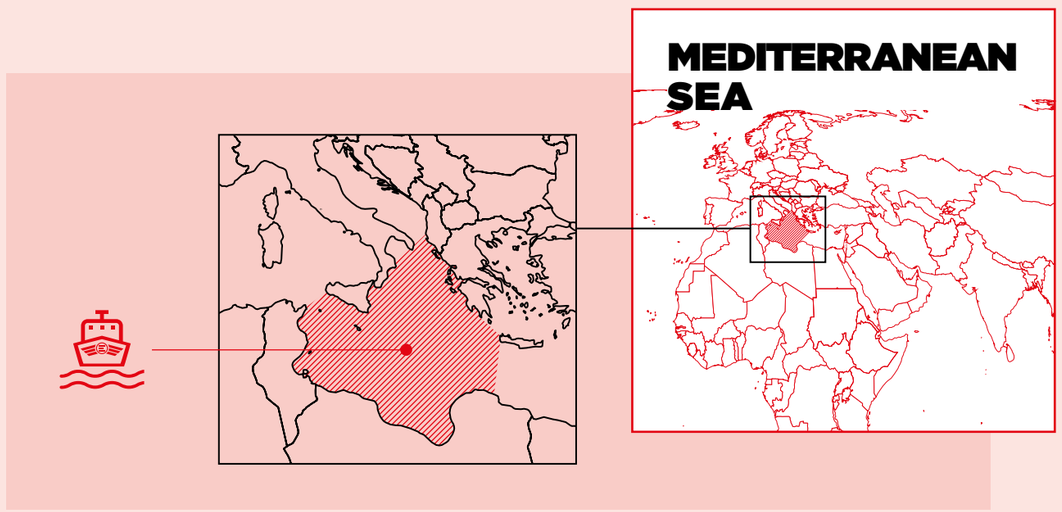


The Central Mediterranean remains one of the deadliest migration routes in the world.

According to the International Organisation for Migration (IOM), more than 30,000 people have lost their lives or gone missing in the Mediterranean since 2014. In 2025 alone, at least 1,878 people died along Mediterranean routes, including more than 1,300 in the Central Mediterranean, although the true number is likely higher due to "invisible shipwrecks" — vessels that vanish at sea without any survivors or trace.

At the same time, people attempting the crossing continue to face complex challenges at sea. In 2025, more than 27,000 people were intercepted and returned to countries such as Libya, while humanitarian search and rescue organisations faced an increasingly restricted operating environment, including regulatory obstacles, administrative detentions and the allocation of distant disembarkation ports. Such measures reduce rescue capacity to intervene and prolong the time survivors spend at sea.

Against this backdrop, since 2022 EMERGENCY has operated its own search and rescue vessel, *Life Support*, providing medical care and shelter and protecting the dignity of survivors.

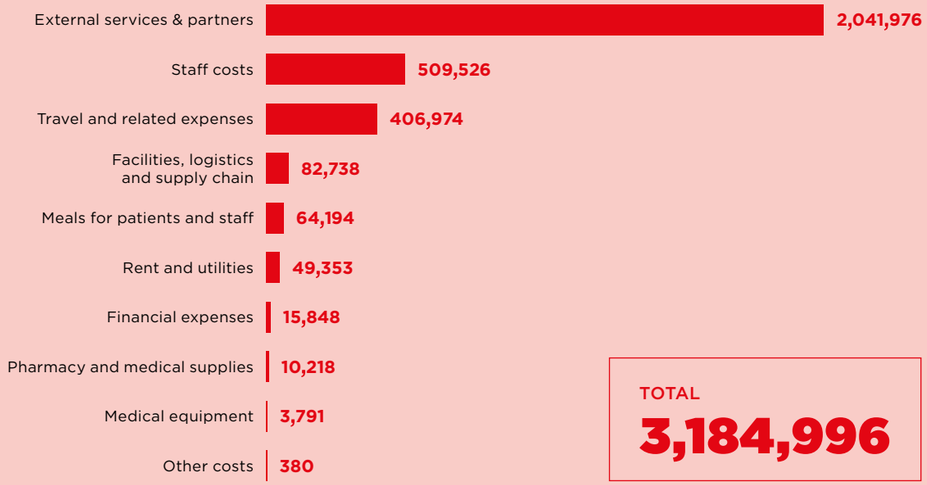
ADVOCACY

In April, EMERGENCY published 'An Inhumane Border', a report on the 13 search and rescue missions conducted the previous year, detailing mission outcomes as well as the difficulties and obstacles encountered within the current European and Italian approach to migration.

In May, EMERGENCY joined as a civil party to proceedings in the trial concerning the Cutro shipwreck, in which at least 94 people lost their lives off the Italian coast, to support survivors and families of the victims in their search for truth and justice.

Together with other NGOs involved in search and rescue, in November and December EMERGENCY organised and took part in initiatives at the European Parliament and the Italian Senate to mark 10 years of sea rescue operations, using these opportunities to denounce violations of international law, highlight the challenges faced and propose concrete solutions to the ongoing humanitarian crisis in the Mediterranean.

LIFE SUPPORT PROGRAMME 2025 COSTS (Euro)



TOTAL
3,184,996



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LIFE SUPPORT

SINCE DECEMBER 2022

Building on years of providing medical and cultural mediation on board the ships of Open Arms and Migrant Offshore Aid Station, EMERGENCY launched its own search and rescue vessel, *Life Support*, in December 2022.

Life Support operates in the Mediterranean Sea to provide rescue, emergency medical care and humanitarian assistance to people attempting one of the deadliest migration routes in the world. EMERGENCY's presence reflects its commitment to protecting the right to life and ensuring that those rescued at sea receive care with dignity and respect.

Between March and December 2025, the *Life Support* crew sailed 28,600 kilometres (15,442.76 nautical miles) and carried out 10 rescue missions assisting people fleeing war, persecution and political and economic instability.

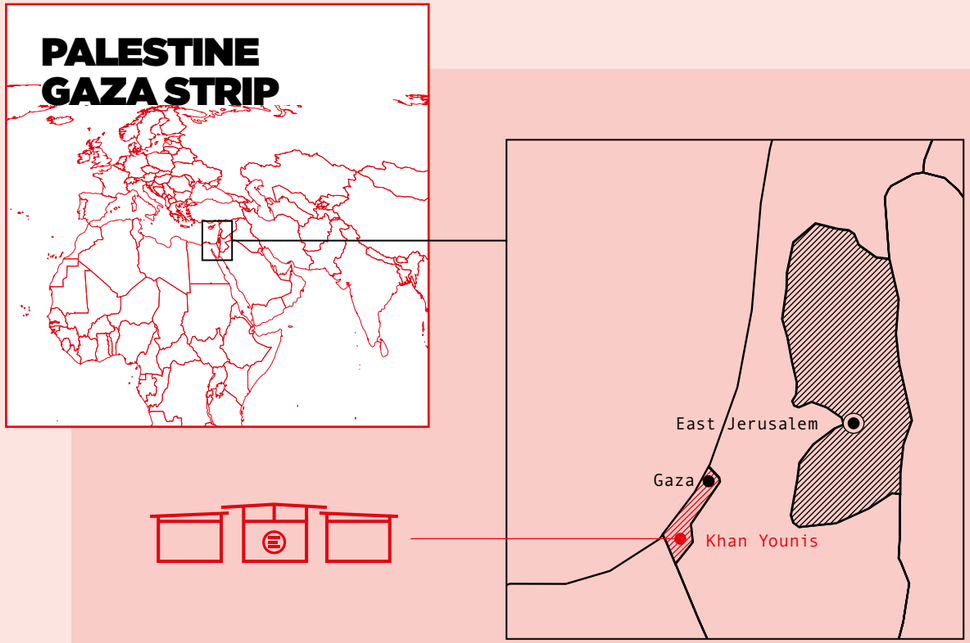
ACTIVITIES

- Search and rescue at sea
- Triage and medical care
- Reception and care of survivors
- Cultural mediation

OUTPUT

783

PEOPLE RESCUED IN 2025



The Gaza Strip remains at the centre of one of the world's most severe humanitarian crises. According to the United Nations, around 1.9 million people have been displaced, whilst the healthcare system has been completely devastated. The World Health Organization estimates that more than 90% of healthcare facilities have been damaged, leaving only a small number of hospitals able to provide limited services.

At the same time, the destruction of essential services is compounded by a widespread food crisis, while repeated disruptions to humanitarian aid have placed enormous pressure on civilians. Around 1.6 million people in Gaza are experiencing critical levels of food insecurity, with a particularly severe impact on children under five.

EMERGENCY has been in Gaza since August 2024, supporting access to free primary healthcare in an environment where medical services remain extremely limited. Operating in the Strip remained extraordinarily challenging throughout 2025: continued bombardments, repeated evacuation orders and severe restrictions on humanitarian access were compounded by the blockade on essential goods, leaving medicines, medical supplies and food in critically short supply.

Working alongside local partners, we continue to provide primary and reproductive care, emergency stabilisation and post-operative follow-up care, while supporting Palestinian healthcare workers with the provision of medical supplies, training and supervision.

> **Being a woman in the Gaza Strip adds complexity to this already extremely difficult situation. As a gynaecologist, I meet many women asking for contraception: the thought of carrying a child in this state of absolute precarity discourages so many.**
>
> **Raffaela Baiocchi**,
> *gynaecologist and Medical Coordinator in Gaza, Palestine*

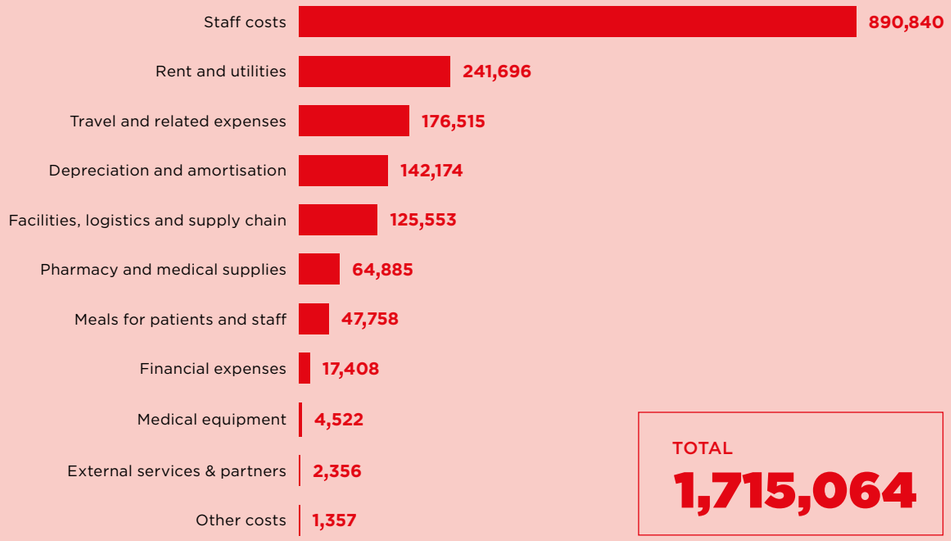
ADVOCACY

On 5 June 2025, EMERGENCY brought its *ORA!* [NOW!] appeal, with 130,000 signatories, to the attention of the Italian government. The appeal called for urgent action to be taken with the Israeli government to secure an immediate and permanent ceasefire and to allow the entry and distribution of aid through independent and neutral international organisations, in accordance with international humanitarian law. It also called for the revocation of the Memorandum of Understanding on military and defence cooperation between Italy and Israel and the suspension of the Association Agreement between the European Union and Israel.

On 19 June 2025, EMERGENCY sent a letter to Italian Foreign Minister Antonio Tajani calling for an urgent review of Italy's position on the suspension of the EU-Israel Association Agreement. The appeal, signed by 28 organisations within the AOI, CINI and Link 2007 networks, calls for respect for human rights and international law, and for diplomacy based on legality, accountability and justice.



PALESTINE (GAZA STRIP) PROGRAMME 2025 COSTS (Euro)



TOTAL
1,715,064

PRIMARY HEALTHCARE CLINIC IN AL-MAWASI (KHAN YOUNIS)

SINCE NOVEMBER 2024

PRIMARY HEALTHCARE CLINIC IN AL-QARARA (KHAN YOUNIS)

SINCE JANUARY 2025



ACTIVITIES

- Primary care
- Provision of free medicines
- Dressing of surgical wounds
- Stabilisation of medical and surgical emergencies and transfer to other hospitals
- Outpatient reproductive health services
- Post-operative nursing follow-up
- Screening for malnutrition
- Paediatric screening
- Nutrition programme
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT

44,991
OUTPATIENT VISITS (AL-MAWASI CLINIC) IN 2025

52,840
OUTPATIENT VISITS (AL-QARARA CLINIC) IN 2025

PRIMARY HEALTHCARE CLINIC IN AL-MAWASI
While our own clinic was being set up in Gaza, EMERGENCY began a partnership with the Palestinian organisation Culture & Free Thought Association (CFTA) to support its Primary Healthcare Clinic in al-Mawasi. Working with an established local organisation enabled EMERGENCY to respond quickly to urgent health needs while building the foundations for its longer-term presence in the Gaza Strip.

Working alongside CFTA staff, EMERGENCY provides clinical supervision, training and operational support while helping ensure a continuous distribution of medicines and medical supplies. The clinic offers free primary healthcare, including wound care, treatment for acute and chronic conditions, and reproductive health services for a population facing severe barriers to accessing medical care.

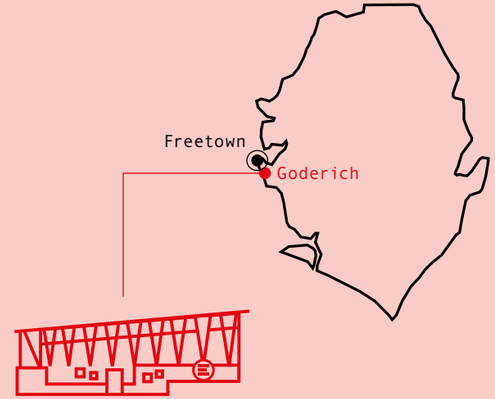
In 2025, the clinic carried out 44,991 consultations, continuing to provide essential healthcare throughout a year marked by displacement, insecurity and severe shortages of medical supplies.

PRIMARY HEALTHCARE CLINIC IN AL-QARARA
EMERGENCY opened its Primary Healthcare Clinic in al-Qarara in January 2025, after months of negotiations to obtain the permits needed to build and operate the facility. The clinic provides first aid, emergency stabilisation, primary healthcare, reproductive health services and post-operative follow-up care.

Despite the ongoing operational constraints, the clinic opened every single day, providing a total of 52,840 consultations, including 10,220 for children and 5,287 reproductive health consultations.

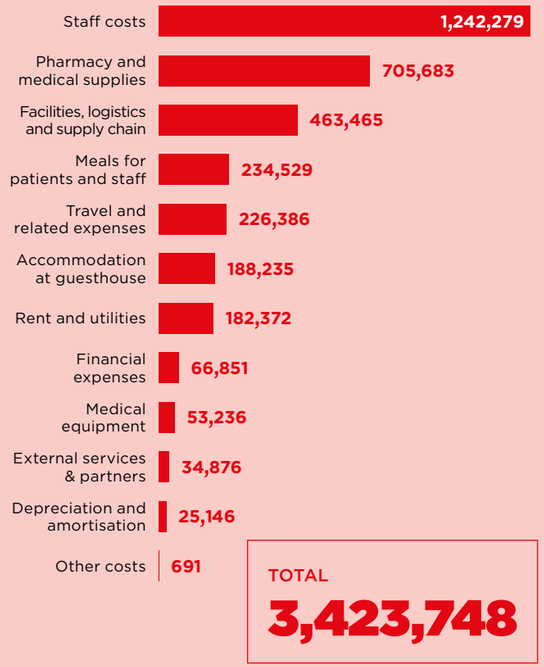
As food insecurity worsened, EMERGENCY launched a malnutrition screening programme in partnership with UNICEF, providing therapeutic food to children and pregnant women. Around 10% of children under five seen at the clinic were identified as malnourished.

In March, we extended our support to the Nasser Medical Complex, the largest hospital in the Strip, to provide first aid and training in mass casualty management; however, a sudden attack on the facility while our staff were present forced us to suspend our collaboration.





SIERRA LEONE PROGRAMME 2025 COSTS (Euro)



Despite the consequences of the civil war and the Ebola epidemic (2014–2016), Sierra Leone has shown signs of improvement in certain health indicators in recent years. Child and maternal mortality rates have declined significantly; however, both still remain among the highest in the world. In 2024, infant mortality was estimated at 71.2 deaths per 1,000 live births, while paediatric malnutrition remains a concern, with 12% of children under five being underweight.

At the same time, trauma has become a significant public health issue. Road traffic accidents are among the leading causes of preventable death and, according to the World Health Organization, Sierra Leone has one of the highest road traffic mortality rates in the region with 13.8 deaths per 100,000 inhabitants.

EMERGENCY has worked in Sierra Leone since 2001. Initially opened to address post-war healthcare needs, the Goderich Surgical Centre is the country's leading referral hospital for emergency surgery and trauma care.

Alongside treating traumatic injuries, the Centre is home to the country's only specialist treatment programme for burns following the ingestion of caustic soda, a colourless and highly corrosive substance commonly used in Sierra Leone during homemade soap production.

STAFF TRAINING

Throughout Sierra Leone's health system, specialist training is expensive and often fails to be comprehensive. There is a near-total absence of trainees, including in surgery and anaesthesia, contributing to a long-term sustainability gap. In 2025, no national trainee was assigned to the Goderich Surgical Centre.

POSTGRADUATE MEDICAL TRAINING

	Programme start year	Trainees until 2023	Trainees in 2024	Trainees in 2025	Total
General Practice (running until 2023)	2019	1	–	–	**1**
Trauma Surgery and Orthopaedics	2018	7	4	–	**11**
	Total	**8**	**4**	–	**12**

EMERGENCY has consolidated the nursing training programmes it launched in 2024. Seven nurses from our hospital and 14 nursing students assigned by the Ministry of Health, as part of their certification process, have completed *Step 1* of the Induction Programme, structured specialist training aimed at promoting quality clinical practices and operational procedures, and are now proceeding to *Step 2*.

The Continuing Medical Education programme also carried on, with five "refresher" courses involving all nursing staff, totalling 145 participants.

At the same time, we have expanded our training provision to include internship opportunities for nursing students from various disciplines. Consequently, we have entered into a collaborative dialogue with the national authorities to have these programmes accredited and recognised beyond our hospital, adopting an approach focused on sustainability and the progressive professionalisation of staff and the country's future nursing workforce.

ANAESTHESIA NURSING PLACEMENT

	Start of the programme	Trainees in 2025	Total
Anaesthesia nursing placement	2025	6	**6**

GODERICH SURGICAL CENTRE

SINCE NOVEMBER 2001

Opened in 2001 to provide free surgical care in the aftermath of Sierra Leone's civil war, the Goderich Surgical Centre has evolved into the country's leading referral hospital for emergency and trauma surgery. Since 2020, the facility has operated exclusively as a trauma hospital, treating patients from across Sierra Leone and, in some cases, neighbouring countries. In 2025, trauma accounted for more than half of all admissions, with 39% of these injuries resulting from road traffic accidents. Children represented 64% of all admissions, many requiring urgent surgical care.

The hospital also hosts the Soda Programme, Sierra Leone's only specialist treatment programme dedicated to treating corrosive injuries caused by the ingestion of caustic soda (also known as lye). This serious public health concern is linked to the use of caustic soda in domestic soap production: it can appear as white flakes, similar to salt, or dissolve into a clear, colourless liquid that looks like water. EMERGENCY's programme treats both children and adults who suffer from severe burns along their oesophageal and digestive tracts after ingestion, combining surgical care, nutritional rehabilitation, oral function recovery and long-term follow-up services with prevention awareness.

In 2025, the Soda Programme recorded 472 admissions and 758 outpatient consultations, including 473 follow-up visits.

The Goderich hospital also plays an important role within EMERGENCY's African Network of Medical Excellence (ANME, p. 70), providing cardiological consultations and blood coagulation monitoring for patients who have undergone cardiac surgery at the *Salam* Centre in Khartoum (p. 59), Sudan, delivering 486 consultations and 874 blood coagulation tests during the year. Children requiring highly specialised surgery are referred to the Children's Surgical Hospital in Entebbe (p. 65), Uganda, expanding access to free care that is not available in Sierra Leone.

ACTIVITIES

- Trauma surgery
- Emergency surgery
- Specialist orthopaedic and reconstructive surgery
- Post-operative care
- Outpatient consultations
- Physiotherapy
- Digital radiology
- Soda Programme-related surgical procedures (endoscopies, dilations, gastrostomies, tracheostomies, laparotomies)
- Soda Programme follow-up services
- Cardiology consultations and follow-up of patients who have undergone surgery
- INR (International Normalised Ratio) tests
- Health and nutrition education sessions
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT

2,339

SURGICAL PROCEDURES IN 2025

> **We remain the only facility in the country providing free surgical care to patients with urgent needs for orthopaedic trauma and general surgery, and to patients who have ingested caustic soda. This situation confirms the importance of continuing our work to raise awareness and prevent the unintended consequences of the domestic use of caustic soda. We are also continuing our training activities for mothers and carers on how to feed 'soda patients.'**
>
> **Jasna Sundić**, *Hospital Director in Goderich, Sierra Leone*



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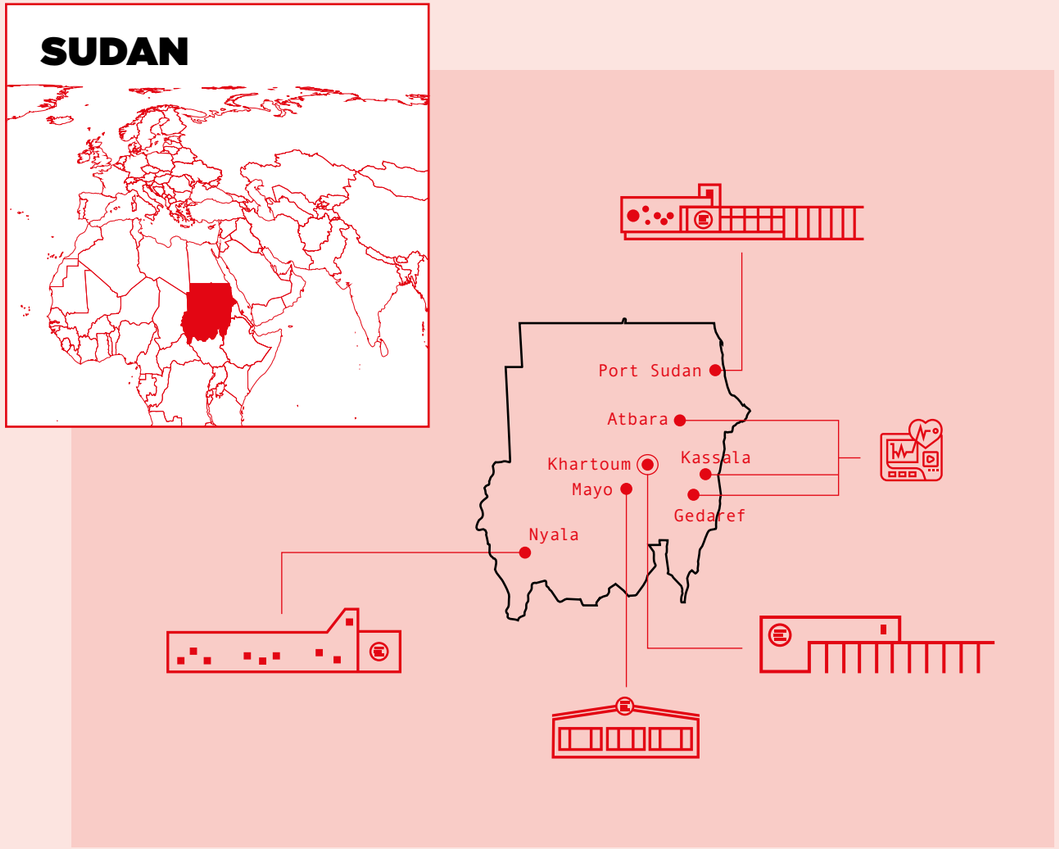


Since April 2023, Sudan has been engulfed in a civil war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), which has progressively fragmented the country into two opposing entities: on the one hand, the internationally recognised government, which has relocated to Port Sudan; on the other, the RSF, which controls large areas of Darfur and Kordofan, where it has established parallel administrative structures.

As always, it is the civilian population that pays the highest price. Sudan has the highest number of displaced people in the world, with over 11 million people having been forced to leave their homes – more than half of whom are children – whilst 4.5 million have sought refuge in neighbouring countries. Added to this is a severe food crisis: famine has been declared in at least five areas of the country. In 2025, 21.2 million people, equivalent to 45% of the population, faced high levels of acute food insecurity (Phase 3 or higher on the Integrated Food Security Phase Classification – IPC), including 375,000 in Catastrophe (Phase 5) and 6.3 million in Emergency (Phase 4).

The humanitarian situation is further exacerbated by the collapse of the healthcare system: over one-third of hospitals are no longer operational, while those that remain are only partially functioning and suffering from shortages of staff, medicines and electricity. Epidemics are spreading in a severely compromised sanitary and hygienic context.

Present in Sudan since 2005, EMERGENCY has continued to provide free healthcare by adapting its activities to an increasingly complex operating environment. The *Salam* Centre in Khartoum serves as a regional hub for cardiac care and is supported by a growing network of cardiology clinics, while paediatric centres and primary healthcare services help ensure patients continue receiving care across the country even as conflict disrupts access to care.

STAFF TRAINING

Despite the ongoing conflict, training programmes for Sudanese trainees in cardiac surgery, anaesthesia and intensive care at the *Salam* Centre, and in paediatrics at the Port Sudan Paediatric Centre, have continued, while adapting as much as possible. With the opening of the paediatric clinic at the *Salam* Centre, we have also welcomed our first trainee in paediatrics there.

POSTGRADUATE MEDICAL TRAINING

	Programme start year	Trainees until 2023	Trainees in 2024	Trainees in 2025	Total
Salam Cardiac Surgery	2014	25	2	1	**28**
Salam Cardiology	2018	18	–	–	**18**
Salam Anaesthesia	2020	33	5	8	**46**
Salam A&E	2023	2	2	1	**5**
Salam Orthopaedic Surgery	2023	2	–	–	**2**
Salam Paediatrics	2025	–	–	1	**1**
Paediatrics (Port Sudan and Nyala)	2022	11	1	1	**13**
	Total	**91**	**10**	**12**	**113**

In 2025, the development of a clinical training programme in cardiovascular perfusion at the *Salam* Centre was also completed, designed to offer Sudanese cardiovascular perfusionists a structured, safe and sustainable pathway within a high-volume cardiac surgery setting.

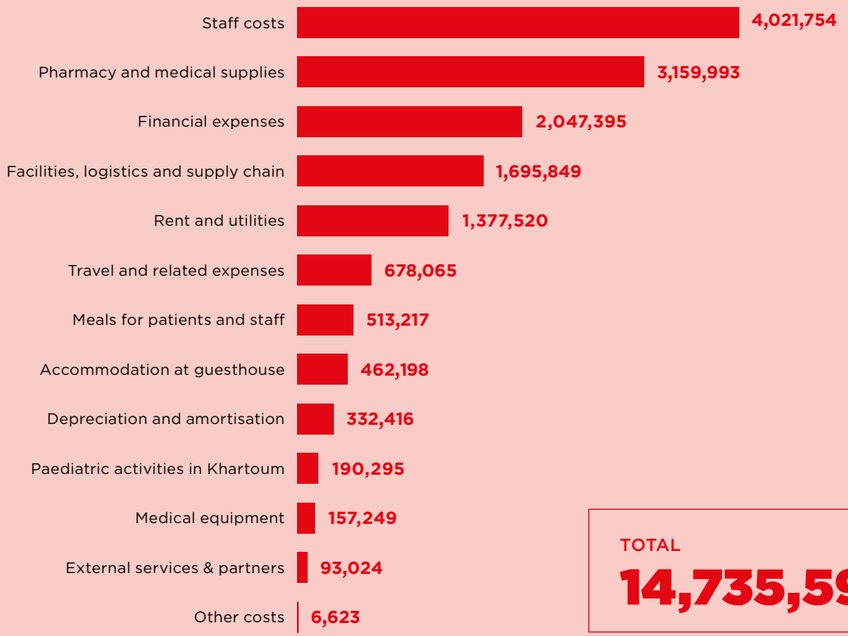
Socio-political instability has restricted the movement of staff and resources, forcing us to restructure activities at the *Salam* Centre and to suspend paediatric training programmes at the Mayo and Nyala centres. Furthermore, visa restrictions, security constraints and a shortage of qualified professionals have complicated planning and organisational efforts, requiring greater flexibility from staff and the use of in-house training to compensate for the lack of specialists, both Sudanese and international.

ADVOCACY

As part of the advocacy and awareness-raising activities that EMERGENCY has been carrying out since the outbreak of the conflict in Sudan, the briefing paper "Cardiac Surgery in Wartime" was presented in May 2025 at the World Heart Summit in Geneva. Through data, testimonies and accounts of challenges and best practices, the paper analyses the work carried out by the *Salam* Centre during the conflict, addressing international decision-makers to keep the spotlight on the consequences of a forgotten conflict.

During the same week, at the World Health Assembly in Geneva, EMERGENCY brought its first-hand experiences to the attention of policy-makers and international donors, reiterating the extremely dire conditions faced by the country's civilian population. Discussions centred on the need to address the emerging needs caused by the conflict and to ensure continuity of care for those who have seen their access to healthcare services deteriorate.

SUDAN PROGRAMME 2025 COSTS (Euro)



TOTAL
14,735,599

SALAM CENTRE FOR CARDIAC SURGERY IN KHARTOUM

SINCE APRIL 2007


© Davide Preti

Throughout 2025, the *Salam* Centre continued adapting its services to provide life-saving cardiac surgery and specialist cardiology care despite the ongoing conflict in Sudan. The first months of the year were particularly challenging. Fighting around Khartoum and the blockade of essential supplies forced a temporary suspension of cardiac surgery, while shortages of electricity, medicines and safe transport routes placed further strain on operations.

As security conditions gradually improved, surgical activity resumed in April. By the end of the year, the Centre had performed 211 procedures, including emergency operations for patients whose treatment had been delayed by the conflict. The oral anticoagulation therapy (OAT) clinic continued operating throughout the year, delivering more than 41,000 consultations, over half of them remotely through telemedicine for patients unable to safely reach Khartoum.

As displacement reshaped access to specialist care across Sudan, EMERGENCY continued expanding its decentralised cardiac care network. A new clinic opened in Gedaref, joining those in Atbara and Kassala to provide blood coagulation monitoring, specialist cardiology consultations and life-saving medication closer to patients' homes. Additional outpatient clinics in Port Sudan and Nyala, together with partnerships with government hospitals, further strengthened continuity of care for patients across the country.

ACTIVITIES

- Paediatric and adult cardiac surgery
- Perioperative care
- Post-operative care
- Cardiology consultations
- Diagnostic and interventional procedures in haemodynamics
- Awareness and information sessions on oral anticoagulant therapy
- INR (*international normalised ratio*) tests
- Free provision of medicines and dressings
- Opening of cardiology clinics where cardiology consultations and INR tests can be carried out
- Training in medical, healthcare and non-healthcare disciplines

2025 was a particularly difficult year for us here in Khartoum, as the hospital responsible for providing healthcare to the community. During the fighting, it was not easy for patients to get around and reach the hospital. As head of external relations, I tried to stay in constant contact with the community. I also handled food supplies, bringing food to the hospital, and had to coordinate with those providing fuel. EMERGENCY has always done its utmost to ensure healthcare for patients. We admitted everyone, not just heart patients. There were no functioning hospitals in the surrounding area, and many patients travelled to us from the outskirts of the city, taking two or three days to reach the facility in truly desperate conditions.

Ali Nasser, *Liaison Manager at the* Salam *Centre for Cardiac Surgery*

OUTPUT

211
SURGICAL PROCEDURES IN 2025

7,041
OAT TESTS IN CARDIOLOGY CLINICS IN ATBARA, KASSALA AND GEDAREF IN 2025

PAEDIATRIC CLINIC AT THE *SALAM* CENTRE

SINCE MARCH 2024


© Davide Preti

Opened within the *Salam* Centre in 2024, EMERGENCY expanded its healthcare services by setting up a paediatric clinic, providing outpatient consultations, malnutrition screening and free life-saving medicines for children up to the age of 14. The clinic restored essential paediatric services in Khartoum following the closure of the Mayo Paediatric Centre in 2023.

During the most intense fighting in early 2025, activities were temporarily reduced to essential services because of shortages of medicines and medical supplies. Outpatient services resumed in full as security conditions improved.

Throughout the year, the clinic provided medical consultations, laboratory tests, vaccinations and free medicines to more than 11,000 children. Many were treated for dehydration, respiratory illnesses and gastroenteritis linked to deteriorating living conditions and limited access to safe drinking water. In August, an inpatient ward opened to provide life-saving treatment for acute illnesses, including malaria, meningitis and respiratory diseases, as well as ongoing care for chronic conditions such as epilepsy and sickle cell anaemia. During the year, 380 children were admitted for inpatient care, 106 of whom were identified as malnourished.

To strengthen the response to childhood malnutrition, EMERGENCY launched an Outpatient Therapeutic Programme (OTP) for children with severe acute malnutrition. The programme combines therapeutic food, nutritional monitoring and ongoing clinical support to stabilise children before they continue their recovery. In 2025, 237 children were enrolled, nearly half of them under the age of one. Following the reopening of the Mayo Paediatric Centre in December, the two facilities resumed working in close coordination, with the most complex cases referred to the *Salam* Centre when specialist care was required.

ACTIVITIES

- Outpatient services for patients up to 14 years of age
- Stabilisation of emergencies and observation
- Provision of life-saving medicines and free treatments
- Preventive medicine
- Health promotion sessions
- Malnutrition screening
- Paediatric screening
- Vaccination programme
- Nutrition programme
- Training in medical, healthcare and non-healthcare disciplines

OUTPUT

12,979

OUTPATIENT VISITS IN 2025

PORT SUDAN PAEDIATRIC CENTRE

SINCE DECEMBER 2011


© Davide Preti

Throughout 2025, the Port Sudan Paediatric Centre strengthened its role as EMERGENCY's logistical and healthcare hub in Sudan. Although the city experienced drone attacks for the first time in May, the Centre remained operational. Despite ongoing transport and security constraints, the facility continued coordinating the delivery of medicines, medical equipment, hygiene and sanitation supplies, and other essential goods to the *Salam* Centre in Khartoum and the Paediatric Centre in Nyala.

The Centre also continued providing essential paediatric care to a city whose population had grown dramatically following the arrival of people displaced by intense fighting in Khartoum. It recorded nearly 20,000 outpatient consultations and delivered more than 5,000 sexual and reproductive health services, including antenatal and postnatal care and family planning. Despite the gradual return of some displaced families to Khartoum State, triage admissions increased from 20,596 in 2024 to 22,642 in 2025, reflecting the continued demand for healthcare.

As part of the *Salam* Centre's nationwide cardiac care network, the facility also provided 2,709 oral anticoagulation therapy (OAT) check-ups and 2,020 post-operative follow-up consultations. Through the Regional Programme (p.70), a further 127 specialist cardiology consultations enabled post-operative patients to continue receiving care closer to home.

ACTIVITIES

- Free outpatient consultations
- Malnutrition screening
- Vaccination programme
- Health promotion sessions
- Women's Sexual and Reproductive Health Programme
- Prenatal and postnatal care
- Nutrition programme
- Family planning service
- Training in medical, healthcare and non-healthcare disciplines
- Cardiology consultations
- INR (*International Normalised Ratio*) tests
- Supply of anticoagulant medicines and free treatments

OUTPUT

19,746

OUTPATIENT VISITS IN 2025

> **I started in 2020 as a biomedical technician at the Kabul Surgical Centre. Over time, I developed my skills by working with local and international colleagues, eventually taking on a senior role. I then had the opportunity to join the international staff and train EMERGENCY colleagues in hospitals in Uganda and Sudan. In war zones, it is essential to make the most of resources and invest in training. As well as the technical aspects – which cover problem-solving, how equipment works and how to use it – I also emphasise another training focus with the team: strengthening teamwork.**
>
> **Zohuriddin Rizaie**, *biomedical technician at the* Salam *Centre*

NYALA PAEDIATRIC CENTRE

SINCE NOVEMBER 2020


© Mathieu Willcocks

Run almost entirely by EMERGENCY's Sudanese staff, the Nyala Paediatric Centre continued delivering essential paediatric and cardiac care throughout 2025 despite insecurity, disrupted supply routes and frequent shortages of medicines, equipment and electricity. Maintaining services remained particularly challenging as access for international staff and medical supplies continued to be delayed by insecurity and administrative restrictions.

During the year, the Centre fully restored outpatient services and blood bank operations while opening a new inpatient ward to provide life-saving treatment for children with chronic and infectious diseases. More than 20,000 outpatient consultations were provided, with demand increasing as families displaced by renewed fighting in North Darfur sought care at the facility.

Despite interruptions to vaccine supplies, the Centre's vaccination programme reached 9,342 children. Another 156 children were enrolled in the Outpatient Therapeutic Programme to treat malnutrition. As part of the *Salam* Centre's decentralised cardiac care network, the facility also continued providing follow-up care for patients unable to safely travel to Khartoum, carrying out more than 6,200 oral anticoagulation therapy monitoring tests during the year.

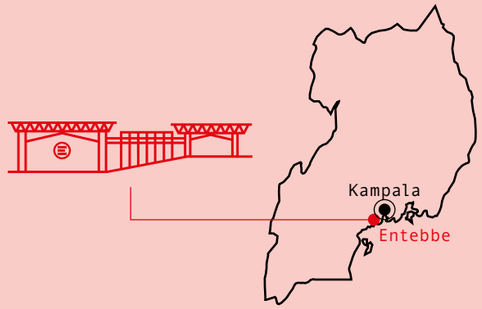
ACTIVITIES

- Outpatient consultations
- Health promotion sessions
- Outpatient services for patients up to 14 years of age and their mothers
- Admissions
- Nutrition programme
- INR (*International Normalised Ratio*) tests
- Cardiology consultations
- Supply of anticoagulant medicines and free treatments
- Vaccination programme

OUTPUT

20,260

OUTPATIENT VISITS IN 2025





UGANDA PROGRAMME 2025 COSTS (Euro)

Staff costs	4,662,319
Pharmacy and medical supplies	808,806
Financial expenses	519,343
Facilities, logistics and supply chain	491,668
Rent and utilities	439,240
Depreciation and amortisation	397,553
Accommodation at guesthouse	277,219
Meals for patients and staff	217,716
Travel and related expenses	197,069
Medical equipment	58,462
External services & partners	47,426
Other costs	2,375

TOTAL

8,119,197

Uganda is one of the world's youngest countries, with more than half of the population under the age of 15. It also hosts more than 1.7 million refugees, primarily from South Sudan and the Democratic Republic of the Congo, placing additional demands on an already stretched healthcare system. Despite progress in expanding access to care, the country continues to face a shortage of specialist healthcare professionals, including paediatric surgeons and anaesthesiologists.

Since opening in 2021, EMERGENCY's Children's Surgical Hospital in Entebbe has served as a referral centre for complex paediatric surgery, providing highly specialised care for children from Uganda and countries in the region. Alongside clinical programmes, the hospital is helping strengthen paediatric capacity across the continent through postgraduate training programmes in paediatric surgical expertise.

In January 2025, Uganda declared an Ebola outbreak in Kampala. Drawing on EMERGENCY's experience responding to the 2014 epidemic in Sierra Leone, the Entebbe Children's Surgical Hospital rapidly implemented enhanced infection prevention and control measures while maintaining clinical activities. No positive cases were recorded at the facility.

STAFF TRAINING

Training is central to the Children's Surgical Hospital, which continues to strengthen its role as a regional hub for postgraduate trainees. In 2025, the facility welcomed young specialists, nurses and allied health professionals from universities and hospitals in Uganda and across East and Central Africa.

Since 2023, the hospital has hosted a regional rotation programme for postgraduate trainees in paediatric surgery, anaesthesia and paediatrics. The programme is delivered in partnership with professional institutions and universities including Makerere University, Mbarara University, the College of Surgeons of East, Central and Southern Africa (COSECSA), the Sudanese Medical Specialisation Board, the Ministry of Health of South Sudan and the University of Nairobi. These partnerships are helping expand the capacity of African healthcare professionals and strengthen the continent's workforce.

POSTGRADUATE MEDICAL TRAINING

	Programme start year	Residents in training in 2021	Residents in training in 2022	Residents in training in 2023	Residents in training in 2024	Residents in training in 2025	Total
Paediatric Surgery	2023	–	–	2	3	1	6
Anaesthesia	2024	–	–	–	1	1	2
Paediatrics	2025	–	–	–	–	–	–
	Total	**0**	**0**	**2**	**4**	**2**	**8**

The above table refers to trainee doctors from Uganda. In 2025, this included one trainee in anaesthesia from Makerere University and one paediatric surgical fellow from COSECSA/ Mulago Hospital.

SPECIALISTS AND FELLOWS - REGIONAL PROGRAMME

	2023	2024	2025	Total
Anaesthesia	3	1	1	**5**

The above table refers to trainee doctors from EMERGENCY's Regional Programme. In 2025, this included one anaesthesia fellow from South Sudan.

In 2025, the internal specialist nursing programmes already underway in Afghanistan and Sierra Leone were also launched in Uganda. In October, eight nurses began the Induction Programme Step 1, due to be completed in March 2026. We once again ran a specialist course for operating theatre nurses working at Mulago Hospital – the country's leading government hospital – to strengthen the skills needed to ensure safe and effective surgical procedures.

CHILDREN'S SURGICAL HOSPITAL

SINCE APRIL 2021



© Laura Salvinelli

The Children's Surgical Hospital is the second facility established under the African Network of Medical Excellence (ANME, p. 70). As a Centre of Excellence in the network, it provides free specialist surgical care for children while strengthening paediatric surgical capacity across Africa through training, mentorship and knowledge exchange.

In 2025, the hospital admitted 1,580 children, including 99 patients referred through EMERGENCY's Regional Programme for Paediatric Surgery from Burundi, Chad, Ethiopia, Sierra Leone, South Sudan and Sudan.

The hospital specialises in complex elective surgery for congenital and acquired conditions affecting the abdominal, gastrointestinal, urological and gynaecological systems, as well as diseases of the liver and bile duct system, pancreas and spleen. Throughout 2025, the hospital continued to focus on conditions requiring complex surgical pathways, multidisciplinary care and long-term follow-up to improve patients' quality of life. In 2025, 73% of surgical procedures were classified as major surgery.

The hospital is recognised by the College of Surgeons East, Central and Southern Africa (COSECSA) as a training centre for general and paediatric surgery. Throughout 2025, it continued expanding its minimally invasive surgery programme, performing 326 laparoscopic procedures, while the third edition of its bladder exstrophy training programme brought together international specialists and local surgeons to strengthen expertise in treating this rare congenital condition.

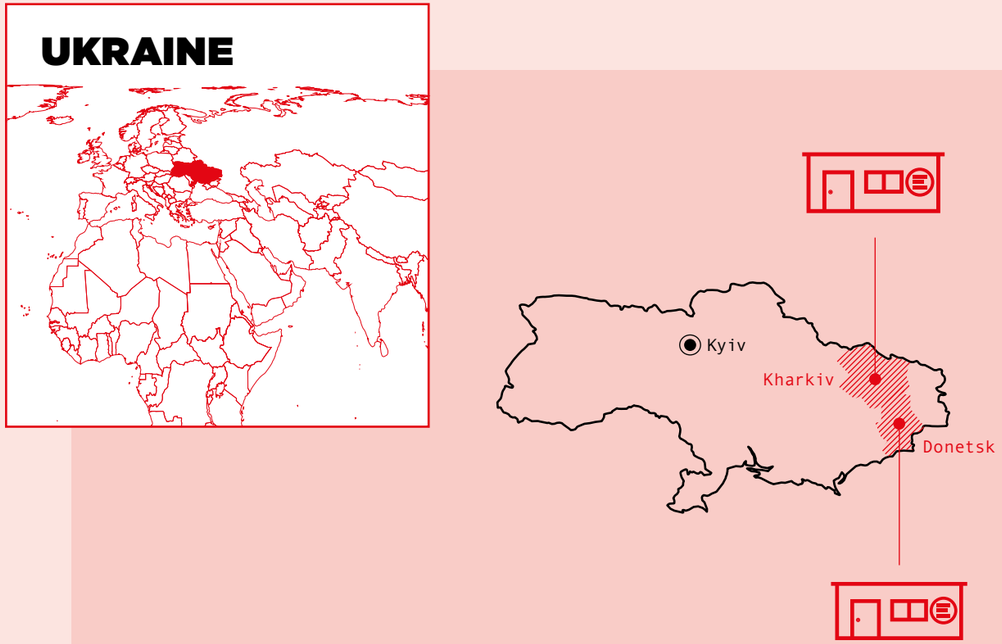
ACTIVITIES

- Elective surgery
- General surgery
- Specialist surgery
- Complex surgery
- Paediatric laparoscopic surgery
- Perioperative care
- Post-operative care
- Outpatient consultations
- Health promotion sessions
- Training in healthcare and non-healthcare disciplines

OUTPUT

1,299

SURGICAL PROCEDURES IN 2025



In the fourth year of the full-scale war, Ukraine's healthcare system continues to face immense strain. Attacks on the Ukrainian healthcare system increased by 20% in 2025 compared with the previous year (WHO). Since the invasion began in February 2022, the WHO has recorded at least 2,881 attacks on healthcare facilities, ambulances and medical supply depots.

People living close to the frontline of conflict remain among the most at risk. In Donetsk and Kharkiv, many communities have lost access to clinics and pharmacies, general practitioners and specialists, while ongoing insecurity makes travel to healthcare facilities difficult or impossible.

Since 2024, EMERGENCY has worked to bring healthcare closer to communities living near the frontlines. Rather than requiring patients to travel long distances to reach health facilities or hospitals, our programme supports local healthcare through refurbishing existing clinics, installing and equipping prefabricated facilities, and training Community Health Workers – non-medical staff – to connect people with the healthcare services they need. First launched in Donetsk oblast, in October 2025 the programme extended to the Kharkiv region.

> **In this country, the word 'normality' has taken on a new meaning: it's something that's also a bit special. Now it means a clinic with light and heating; healthcare staff ready to listen to you; a moment of silence where fear takes a rest.**
>
> **Ali Msahir**, *Field Coordinator in Ukraine*

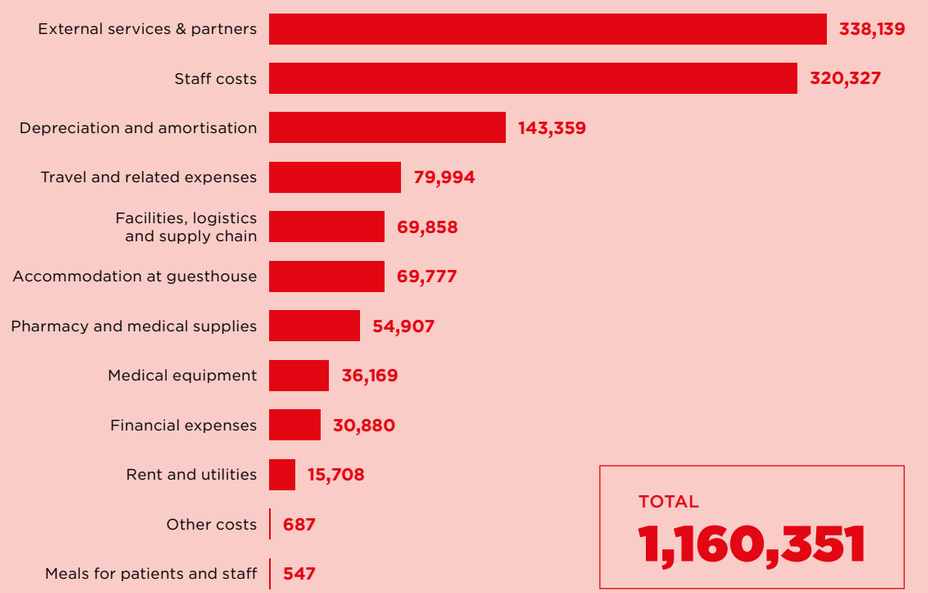
STAFF TRAINING

To strengthen the resilience and sustainability of the healthcare system in the Donetsk and Kharkiv regions, and to tailor our response to local needs, our programme is integrated into Ukraine's primary care network and provides ongoing training to Community Health Workers (CHWs).

Recruited locally, CHWs receive daily training in basic first aid, mental health and cardiopulmonary resuscitation (CPR) skills, improving their ability to manage emergencies and identify patients' symptoms.

Our project also includes training for *feldshers* – mid-level primary care nurses providing basic medical care and triage – who work daily with CHWs to distribute medicines and manage patient referrals for specialist investigations or treatment.

UKRAINE PROGRAMME 2025 COSTS (Euro)



TOTAL
1,160,351

OUTPATIENT CLINICS AND COMMUNITY HEALTHCARE FOR REMOTE COMMUNITIES

SINCE NOVEMBER 2024

ACTIVITIES

- Restoration of existing clinics
- Equipping clinics
- Training in medical, healthcare and non-healthcare disciplines
- Home visits
- Assessment and identification of local needs
- Accompaniment and referrals to secondary care facilities
- Health promotion sessions

OUTPUT

10,141

HOME VISITS IN 2025

In rural areas close to the frontline, EMERGENCY runs a network of primary healthcare clinics, supporting communities that have lost access to care and essential services. By restoring local services and building a model of community-based care, EMERGENCY's programme in Ukraine is designed to remain sustainable throughout and beyond the current emergency.

Since 2024, we have set up 14 clinics – through refurbishment of existing facilities, or installing prefabricated structures converted into fully equipped clinics - across 14 villages in the Donetsk and Kharkiv regions. These facilities enable local doctors and nurses to provide medical and nursing services completely free of charge.

At the heart of the network are EMERGENCY's Community Health Workers (CHWs). Recruited locally and trained by EMERGENCY, CHWs carry out home visits, identify people in need of care or support, and help them overcome barriers to accessing health services. Their broad support includes monitoring treatment adherence for chronic conditions, providing first-line psychological support, organising home-based consultations for patients with limited mobility and coordinating referrals to specialist care, helping ensure continuity of care even in isolated or insecure areas.

In 2025, as the frontline advanced in the Donetsk region, EMERGENCY also responded to emerging humanitarian needs. At the request of local authorities, an EMERGENCY team at the Oleksandrivka Transit Centre provided medical and psycho-social support to people displaced by fighting.

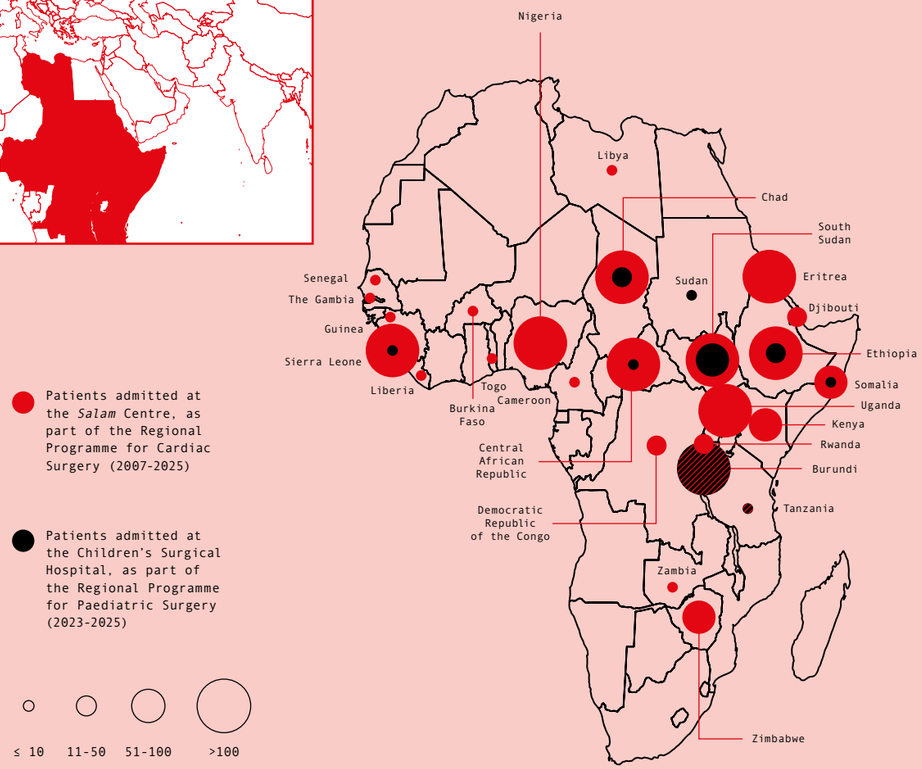


© Diego Fedele

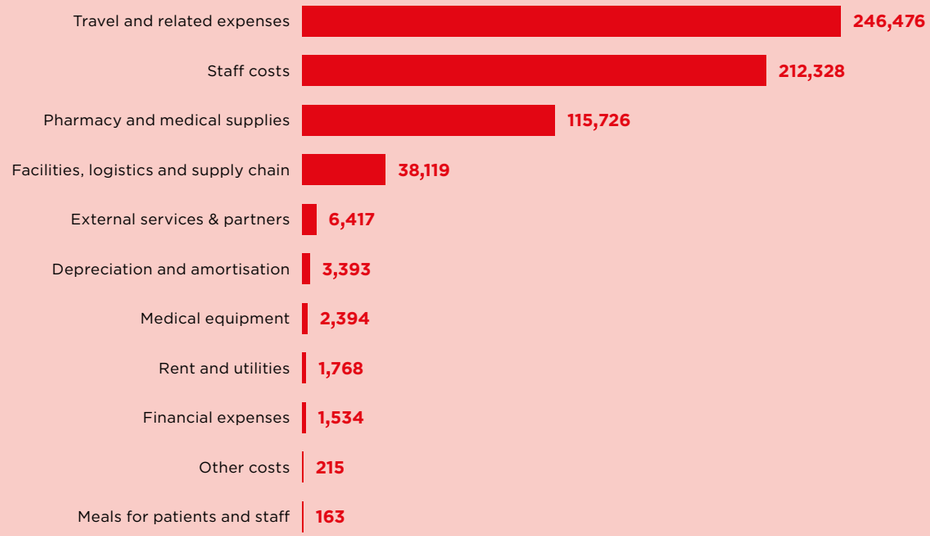


© Mathieu Willcocks





REGIONAL PROGRAMME 2025 COSTS (Euro)



TOTAL
628,532

Across much of Africa, access to highly specialised surgical care remains limited. Many countries lack the facility or specialist healthcare professionals needed to treat complex cardiac and paediatric conditions, forcing patients either to go without care or travel overseas to receive treatment.

Confronting this issue, EMERGENCY launched the African Network of Medical Excellence (ANME) with the support of African governments and ministries of health, and guided by the principle that equitable access to free, high-quality specialist care is a universal right.

Built around key facilities - the *Salam* Centre for Cardiac Surgery in Khartoum and the Children's Surgical Hospital in Entebbe - the network connects patients from across the continent with free, specialist treatment while strengthening health systems through long-term partnerships with local health authorities and medical institutions.

At the heart of ANME is the **Regional Programme**, which has worked in more than 30 countries and has formal partnerships with 15 African countries. Through cross-border screening missions, patient referrals, transportation, surgery, follow-up care and training activities, the Programme ensures that patients can access comprehensive care regardless of where they live. After treatment, EMERGENCY continues to support patients in their home countries through periodic follow-up missions in collaboration with local health focal points, facilities and doctors who work alongside our hospitals, as well as managing free inter-regional travel and supporting access to medication for long-term treatment.

The ongoing conflict in Sudan required the Regional Programme to adapt significantly in 2025. With non-Sudanese patients unable to travel to the country, cardiac screening missions were suspended and a greater emphasis placed on follow-up care within patients' home countries. During the year, EMERGENCY conducted 14 follow-up missions, including five to support the satellite cardiology clinics in Sudan that were set up to ensure that post-operative patients who cannot reach the *Salam* Centre can continue receiving care.

At the same time, the Regional Programme for Paediatric Surgery, begun in 2023, continued to expand and involve new countries. Following formal partnerships agreed with Burundi, South Sudan, Ethiopia, Chad and Sierra Leone, screening missions and patient referrals to the Children's Surgical Hospital continued throughout the year, further strengthening the hospital's role as a Centre of Excellence for specialist paediatric surgery in the East Africa region.

REGIONAL PROGRAMME

SINCE 2007



ACTIVITIES

- Screening missions to identify cardiac surgery patients to be referred to Khartoum
- Screening missions to identify paediatric patients to be referred to Entebbe
- Follow-up missions for patients who have undergone surgery and returned to their home countries
- Free supply and dispatch of anticoagulant medication to the focal points in the countries to which patients operated on at the *Salam* Centre have returned
- Project management in Eritrea
- Launch of cardiology clinics in Sudan and staff training
- Management of relations with local authorities, including universities

OUTPUT

14
CARDIAC SURGERY FOLLOW-UP MISSIONS IN 2025

4
PAEDIATRIC SURGERY SCREENING MISSIONS IN 2025

99
PATIENTS FROM THE REGIONAL PROGRAMME FOR PAEDIATRIC SURGERY ADMITTED TO THE ENTEBBE CHILDREN'S SURGICAL HOSPITAL IN 2025

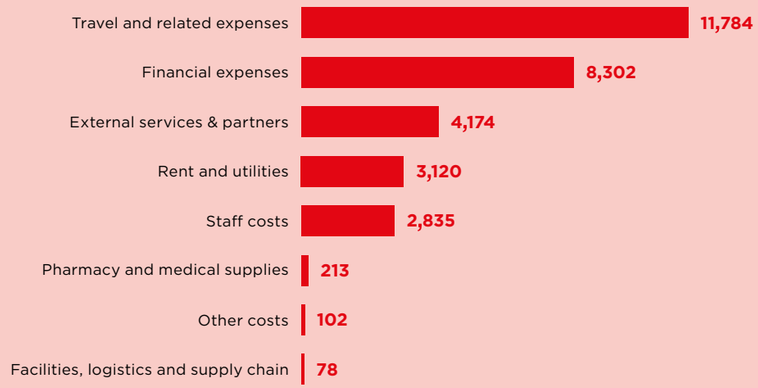
> I feel truly competent thanks to the experience and knowledge I have gained here, thanks to the specialised and experienced staff I work with every day. I feel I have learnt a great deal. Considering my work as a radiology technician, we have a high-quality diagnostic service at the Children's Surgical Hospital. We are therefore able to ensure a timely diagnosis of conditions. As we have high-quality diagnostic equipment, we effectively reduce delays in diagnosis by giving greater priority to poor or disadvantaged children. I have a supervisory responsibility towards the staff. Our trainee colleagues come from different backgrounds and have varying levels of knowledge. It's not easy, but we always manage because, in addition to the usual departmental meetings, I teach each of them the importance of teamwork.
>
> **Sheila Tumuhaiwe**, *radiology technician at the Children's Surgical Hospital in Entebbe*

EXPLORATORY MISSIONS



In 2025, EMERGENCY's Field Operations Department focused on both developing new projects and consolidating existing ones. Exploratory missions took place in Rwanda, Chad and Syria.

EXPLORATORY MISSIONS PROGRAMME 2025 COSTS (Euro)



TOTAL
30,609

TRAINING AND RESEARCH

ENABLING CROSS-PROJECT TRAINING

A key achievement for EMERGENCY concerns cross-project training and knowledge exchange: professionals who have gained experience in their local EMERGENCY hospitals are enabled to take part in training and activities outside their own country, becoming part of the 'international staff.' In recent years, a number of doctors, including a young Afghan surgeon and a Sudanese anaesthetist, have worked in other facilities run by the organisation, in Sierra Leone and Uganda respectively. In 2025, this model was extended to include postgraduate trainees — a Sudanese anaesthetist is currently undergoing training in Afghanistan — and, for some time now, has also involved the Pharmacy and Laboratory Departments, where a large proportion of the international staff were trained at the *Salam* Centre. A similar programme takes place within the Department of Biomedical Engineering.

Rotations of professionals trained within EMERGENCY's facilities ensure that staff are already fully aligned with organisational systems, structure and clinical approach. This also represents a strategic investment in the development of local colleagues and health systems, offering opportunities for growth in different contexts, while always being supported by EMERGENCY. The aim is to create a continuous exchange of people, skills and knowledge, transcending geographical boundaries and the sector's often rigid distinctions between local and international colleagues. These experiences mark our strategic evolution: training as a key lever for securing the future of our hospitals, clinics and programmes.

> **I am truly grateful to have been given this opportunity. I grew up with EMERGENCY in Afghanistan, and I was fortunate enough to learn from highly skilled professionals, who taught me that being a surgeon isn't just about operating on the patient, but also about looking after them before and after the operation, in every way. When I arrived in Sierra Leone, I felt at home, because EMERGENCY is my home. And even though I'm already a surgeon, I don't want to stop here; I want to keep growing and learning, and the best way to do that is to travel to new projects, meet new people and discover different ways of working and living. And I really hope to be able to keep doing this with EMERGENCY.**
>
> **Dr. Mushtaq**, *a young Afghan surgeon who spent six months at our Surgical Centre in Sierra Leone*



© Davide Preti

I arrived at *Salam* as a general anaesthetist, but thanks to the support and guidance of the specialists involved in the project, I gained strong skills in cardiac surgery. EMERGENCY then offered me the chance to move to Uganda, even though I didn't have specific experience in paediatric anaesthesia. After more than a year here, I am now part of the team responsible for intensive care and anaesthesia in the operating theatres, and as an instructor, I am now training young doctors myself. I feel a strong sense of loyalty towards EMERGENCY, which believed in me and gave me the opportunity to train and grow in different settings. I often speak to the postgraduate trainees who are still in Sudan, and I always advise them to try and come here, even if only for a short time. I feel a sense of responsibility towards them: I had this opportunity, so why shouldn't they try it too?

Dr Hind, *a Sudanese anaesthetist who trained and worked with EMERGENCY at the* Salam *Centre for many years, and has now been in Uganda at the Children's Surgical Hospital for over a year*

SCIENTIFIC RESEARCH

Closely linked to the world of training is the work relating to scientific research, the 'measurable' output of which consists of publications in national and international journals, and the active participation of our staff in conferences and scientific events. In 2025, all projects contributed to research, partly in the form of journal articles and partly as conference abstracts.

In Kabul, the group of national nurse trainers, as part of their training in research methodology, worked on an observational study—covering 66.5% of staff—on the frequency of accidental needle sticks among healthcare workers and on identifying the main factors contributing to improved workplace safety in our hospital. From the analysis of the results, the trainers produced a report aimed at an initial exploration and assessment of the problem. In 2026, the study will be extended to the facilities in Anabah and Lashkar-Gah.

Within Afghanistan, trainers guide and support young colleagues in drafting a monograph, a scientific research paper required in the final step of the specialist training programme.

TRAINING OF INTERNATIONAL RESIDENTS

A significant part of the training activities carried out in our projects concerns international trainees, mainly Italian, who are integrated into hospitals for defined periods (internships).

These internships are organised as supervised clinical placements, integrated into routine clinical services and aligned with clearly defined supervision models. International trainees are placed within existing clinical teams and training structures, ensuring consistency with local training priorities and avoiding parallel or independent training pathways. Each international rotation is supported by a defined training programme. The scope and distribution of rotations for international doctors vary from country to country, reflecting operational constraints, local training capacity and security conditions.

International training and clinical internships are an integrated and structured component of the EMERGENCY medical training system, contributing to clinical activity and educational exchange, whilst remaining aligned with national postgraduate training pathways.

AFGHANISTAN

TRAINING FOR INTERNATIONAL RESIDENTS AND FELLOWS				
	Until 2023	**2024**	**2025**	**Total**
Anaesthesia (since 2014)	13	4	6	**23**
Surgery (since 2015)	3	–	–	**3**
Obstetrics and Gynaecology (since 2012)	8	2	–	**10**
Paediatrics (since 2023)	1	1	–	**2**
Orthopaedic surgery (since 2024)	–	1	–	**1**
				39

SIERRA LEONE

TRAINING FOR INTERNATIONAL RESIDENTS AND FELLOWS				
	Until 2023	**2024**	**2025**	**Total**
Surgery (since 2014)	5	1	1	**7**
General/trauma surgery (Fellowship) (since 2024)	–	1	–	**1**
Anaesthesia (since 2012)	6	1	4	**11**
Orthopaedic surgery (since 2018)	1	1	–	**2**
Paediatrics (since 2011, no longer active since 2020)	2	–	–	**2**
				23

UGANDA

TRAINING FOR INTERNATIONAL RESIDENTS AND FELLOWS				
	Until 2023	**2024**	**2025**	**Total**
Anaesthesia (since 2021)	8	6	8	**22**
Paediatric surgery (since 2021)	4	4	5	**13**
Paediatrics (since 2022)	3	5	2	**10**
				45

SUDAN

TRAINING FOR INTERNATIONAL RESIDENTS AND FELLOWS				
	Until 2023	**2024**	**2025**	**Total**
Cardiac surgery (since 2012)	10	–	–	**10**
General surgery (since 2017)	1	–	–	**1**
Cardiology (since 2011)	26	–	1	**27**
Anaesthesia (since 2011)	48	–	1	**49**
Internal medicine (since 2016)	1	–	–	**1**
Paediatrics (since 2012)	8	1	–	**9**
Circulatory support technician (since 2011)	1	–	–	**1**
				98

03

CULTIVATING A CULTURE OF PEACE

© Andrea Gaudiano

Peace is not a given. It is a choice that must be made every day through courage, consistency and collective action.

In 2025, conflict continued to devastate communities in Gaza, Sudan and Ukraine, while attacks on civilians, healthcare and humanitarian law became increasingly commonplace. Against this backdrop, EMERGENCY has strengthened its commitment to building a culture of peace by creating opportunities for dialogue, raising public awareness and challenging the normalisation of war through campaigns, events, performances and exhibitions.

In Italy, our R1PUD1A [Reject] campaign, inspired by Article 11 of the Italian constitution, called on institutions, citizens and schools to reject war as a political instrument and reaffirm their commitment to peace. In May, 'ORA!' [NOW!] urged the Italian government to increase pressure on the Israeli government and stop the massacre of civilians in Gaza. A month later, we launched a petition calling for full, unfettered humanitarian aid and access into the Gaza Strip and for an end to arms sales to Israel. More than 250,000 people signed the petition, demonstrating widespread support for protecting civilians and upholding international humanitarian law. Throughout the year, we used storytelling, theatre, film and visual art to create spaces for reflection and dialogue.

Together with journalist Fabio Tonacci, composer Ziad Trabelsi and street artist Laika, we presented the multimedia performance *Gaza: War Chronicles. In the Name of Hind Rajab*, telling the story of a young girl who was killed while waiting for rescue in the Gaza Strip.

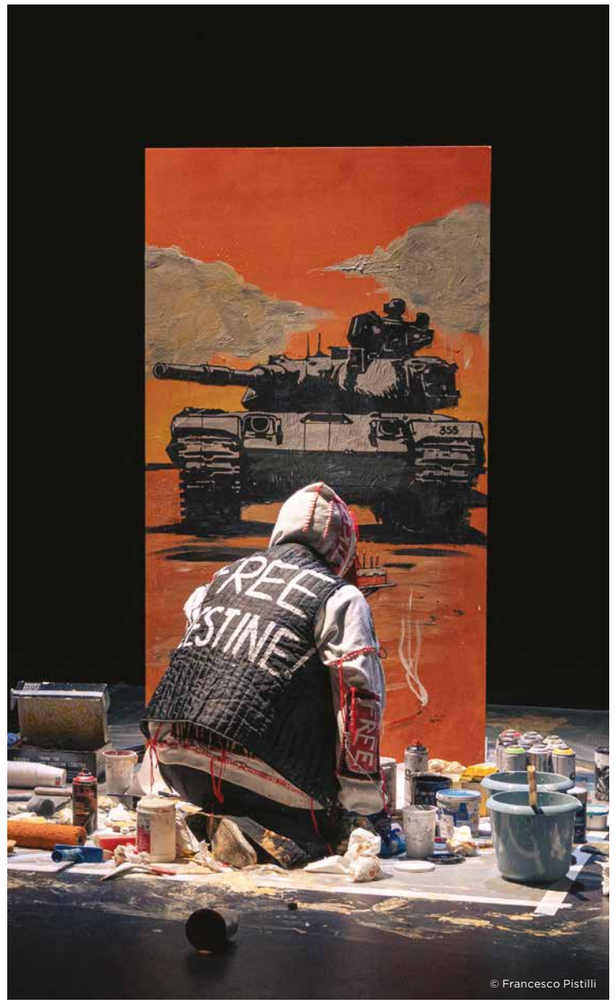
We also screened *Long Night*, Lynzy Billing's documentary about EMERGENCY's 25 years of work in Afghanistan, at venues around the world – including national premieres in Switzerland, the United Kingdom and the United States.

Inspired by our founder Gino Strada's book *One Person at a Time*, the performance *La guerra com'è* (War as it is), starring actor and director Elio Germano with music by composer Teho Teardo, toured Italy, encouraging audiences to reflect on the human cost of war and the universal right to healthcare.

This past year, public spaces also became places for dialogue. During Milan Design Week 2025, seven internationally renowned artists contributed to an exhibition exploring the theme of peace. Together with the artistic collective CHEAP, the exhibition 'Against War. Views and Visions,' brought photography from conflict-zones and anti-war posters into public spaces, city centres and museums across Italy.

Thousands of people also took part in the annual EMERGENCY Festival, while the short film 'Irresponsible' explored the importance of civic participation, peaceful dissent and public engagement in challenging violence and promoting peace.

For EMERGENCY, cultivating a culture of peace means more than opposing war. It means defending human rights, protecting civilians and affirming that access to free, high-quality healthcare is a universal right. Through our cultural initiatives, we continue to advocate for a future where peace is not simply hoped for, but actively cultivated.



© Francesco Pistilli



© Roberta Gioberti

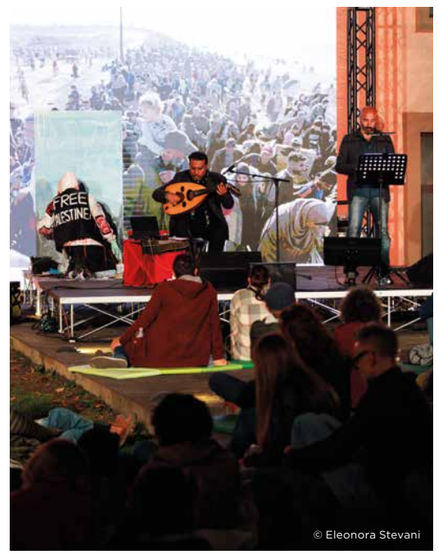
Gaza: War Chronicles. In the Name of Hind Rajab

The show weaves together storytelling, music and art to evoke the daily tragedies faced by Palestinians living in the Gaza Strip. It is based on the account of the first Italian journalist to enter Gaza during the war, and the memory of Hind Rajab, the five-year-old girl killed by the Israeli army whilst waiting for an ambulance. Performed by Fabio Tonacci, correspondent for the Italian outlet *La Repubblica*, alongside Tunisian composer Ziad Trabelsi on Arabic lute, and street artist Laika creating an artwork live. The performance was staged across Italy in Bari, Bologna, Milan, Reggio Emilia and Rome.


© Francesco Pistilli

Anti-war campaigns

In Italy, our R1PUD1A [Reject] campaign, based on the country's constitution, calls for the rejection of war and urges institutions, citizens and schools to declare their stance as a duty towards the Italian Constitution and future generations. At the end of May, 'ORA!' [NOW!] called on the Italian government to put pressure on the Israeli government and stop the massacre of civilians in Gaza. And in June, we launched a petition demanding the entry of aid into the Gaza Strip and stopping the sale of arms to Israel; the petition ultimately gathered over 250,000 signatures from people determined not to remain silent.



© Eleonora Stevani

Against war. 7 designers for EMERGENCY

“If war destroys, peace is built." A message told through previously unseen works by seven internationally renowned designers, an exhibition curated by Giulio Iacchetti and presented for EMERGENCY at Milan Design Week (Triennale Milano International Exhibition).

For Riccardo Blumer, a strand of wool weaves peace: knitting together defuses tensions. Sara Bozzini’s horizontal candle shifts the gaze from solitary prayers to the hope of collective commitment. Lorenzo Damiani’s T-shirt becomes a flag and a call for peace. "I love you," engraved on Marco Ferreri’s bullet, denounces a rhetoric of violence. Giulio Iacchetti’s post office invites us to turn our attention to ‘the other side’ of the front line. Donata Paruccini asks us who the enemy is, with a mirror transformed into a target. Paolo Ulian’s wall of poems, created from stacked sheets of white paper to be taken away, invites us to believe that beauty can save the world.


© Eleonora Stevani

Irresponsible

The short film ‘Irresponsible,’ produced in collaboration with Ogilvy and featuring the voice of actor Elio Germano, redefines the words used in 2025 against those who took to the streets for peace: “uncivilised,” “fanatics,” “irresponsible.” Dedicated to those who chose not to stand by and watch, the video transforms the accusations into a declarative stance. It was released as a closing video for the year, and a wish: to continue refusing war, all wars.





MEDIA HIGHLIGHTS

DEUTSCHE WELLE
Arriving in Europe – how refugees deal with their trauma



RADIO 24: Matteo Caccia reports...
The story of Ousmane Thiam, who comes from Senegal and works as a cultural mediator at EMERGENCY’s project in Calabria. [Italian language]

RAI 1: Rai 1 special
Reporting on the severe health consequences for children in Sierra Leone exposed to caustic soda in homemade soap production; the only dedicated treatment service is available at EMERGENCY’s Goderich Surgical Centre. Winner of the 22nd Marco Luchetta International Press Award for Radio. [Italian language]


© EMERGENCY Archive

“THE VOICE”: the fifth edition of the EMERGENCY Festival

Three days of events, personal testimonies and grassroots participation to amplify the voices of those who refuse to remain silent in the face of war and injustice. EMERGENCY’s festival transforms Reggio Emilia, Italy, into a place for listening and dialogue, where “THE VOICE” becomes a tool for rights and change.

Through dialogue, information and storytelling, the EMERGENCY Festival offers a rich programme of free events for adults and children every year. Held from 5 to 7 September, the fifth edition of the Festival - entitled “The Voice” - brought more than 21,000 participants to the city of Reggio Emilia. The collective voice encapsulates the essence of EMERGENCY’s commitment: it means making a shared decision not to remain silent in the face of injustice, and to contribute to building a fairer society; it means amplifying the voices of those living on the margins, so that their experiences become part of our shared narrative and help us to imagine different futures. Together, we gathered and shared many voices, including those who have experienced armed conflicts, those who keep us informed, those who defend human rights at the risk of violence or imprisonment.

> My colleagues’ lives are precious. Their children’s lives are precious. Their homes, their universities, their schools, their lives. I wish that they were here to tell their story. It is the least I can do.
>
> **Shuruq As’ad**, *Palestinian journalist and founder of Palestine Journalism Hub*

> At a time like this, the loud and firm voice of the people, free from hatred, is the dividing line between civilisation and barbarism. It is not just that it ‘can make a difference’: it is the fundamental distinction. We must firmly reiterate things that seem obvious; we must repeat them with determination, expressing anger and indignation without giving in to hatred.
>
> **Gianrico Carofiglio**, *writer*

BY THE NUMBERS

21,169
PARTICIPANTS

73
EVENTS

14
VENUES

19
FORMATS

1
PARTNERSHIP

162
VOLUNTEERS

>100
GUEST SPEAKERS

+12%
ATTENDANCE COMPARED TO 2024

© Luca Brunetti



04

2025 FINANCIAL SUMMARY

© Massimo Grimaldi

WHERE OUR FUNDS COME FROM

EMERGENCY IS AN INDEPENDENT NON-GOVERNMENTAL ORGANISATION THAT PROVIDES FREE, HIGH-QUALITY MEDICAL AND SURGICAL CARE TO PEOPLE IMPACTED BY WAR, LANDMINES AND POVERTY, AND PROMOTES A CULTURE OF PEACE, SOLIDARITY AND RESPECT FOR HUMAN RIGHTS.

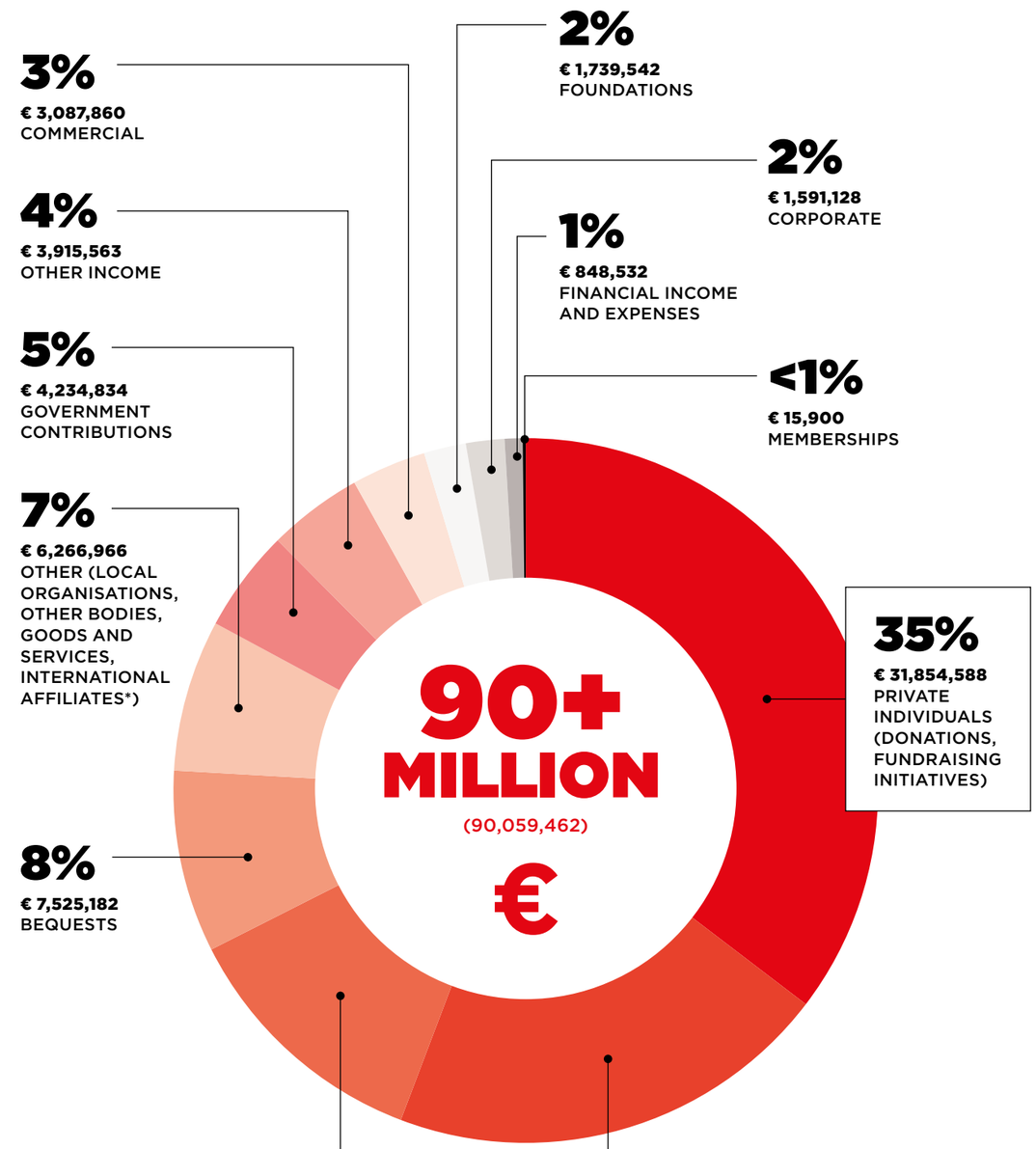
EMERGENCY's humanitarian work is made possible by the support of those who share our concept of care and the principles behind it: people, corporations, foundations, institutions and other bodies who choose to contribute to the efforts of our doctors, nurses and other colleagues around the world, so they can offer free, high-quality medical and surgical treatment to victims of war, landmines, poverty and exploitation.

EMERGENCY is also supported by an international network of independent affiliate organisations, registered in Belgium, Switzerland, the United Kingdom and the United States, which contribute to fundraising, awareness, advocacy and recruitment around the world.

Together, this support enables us to remain neutral and independent. Above all, it allows us to continue doing more - and doing it better - for the patients in our care.

The following figures describe the 2025 financial year for EMERGENCY ONG ETS, a non-governmental organisation registered in Italy which coordinates all of EMERGENCY's international humanitarian activities. The 2025 financial statements have been audited by the international accounting firm FORVIS Mazars.

EMERGENCY ONG ETS's full financial statements are available online at www.emergency.ngo/balance-sheet



* As separate legal entities, each affiliate organisation publishes individual financial statements in accordance with its national rules and regulations, copies of which may be requested from each organisation directly

^ "5x1000" is a measure which allows Italian taxpayers to allocate a percentage of their income tax to EMERGENCY without incurring any cost.


© Valentina Sinis


© Massimo Grimaldi

THREE PRINCIPLES GUIDE EMERGENCY'S FUNDRAISING:

INDEPENDENCE

EMERGENCY has always been independent and neutral in carrying out its work. Being independent is essential to remaining neutral, which in turn guarantees that our staff are safe and our treatment is effective. That's why EMERGENCY has always sought to raise funds above all from private donors, accepting funds from institutions only when their actions as donors will not affect our work in foreign countries in any way.

EFFICIENCY

EMERGENCY plans all of its activity with a view to minimising running costs and maximising the resources available. In 2025, we spent 83% of funds on this work – 78% on humanitarian projects and 5% on promoting a culture of peace – 5% on running costs, and the remaining 12% on fundraising, to gain more resources for our projects.

TRANSPARENCY

EMERGENCY is transparent about how funds are spent and keeps donors informed through regular reporting on our activities and their impact.

PRIVATE DONORS

63% of EMERGENCY's funds come from private donors, the combined contributions of individuals, companies and private foundations. These include people who chose to give regular and one-off donations, buy a product in the EMERGENCY store, or leave a bequest in their will.

The support of individual donors is essential to maintaining our independence, allowing our activities to be guided by the medical needs of our patients rather than the priorities of governments or other authorities. The ongoing nature of our activities and the need to plan hospital work over the long-term mean we must be able to rely on the most regular and predictable sources of funding.


© Andrea Simeone

Individual supporters

In 2025, 174,539 donors – both regular and one-off – responded with exceptional generosity to EMERGENCY's projects in countries impacted by war, including Sudan, Gaza and Ukraine. This allowed us to continue providing free care to thousands of people every day, with independence and neutrality.

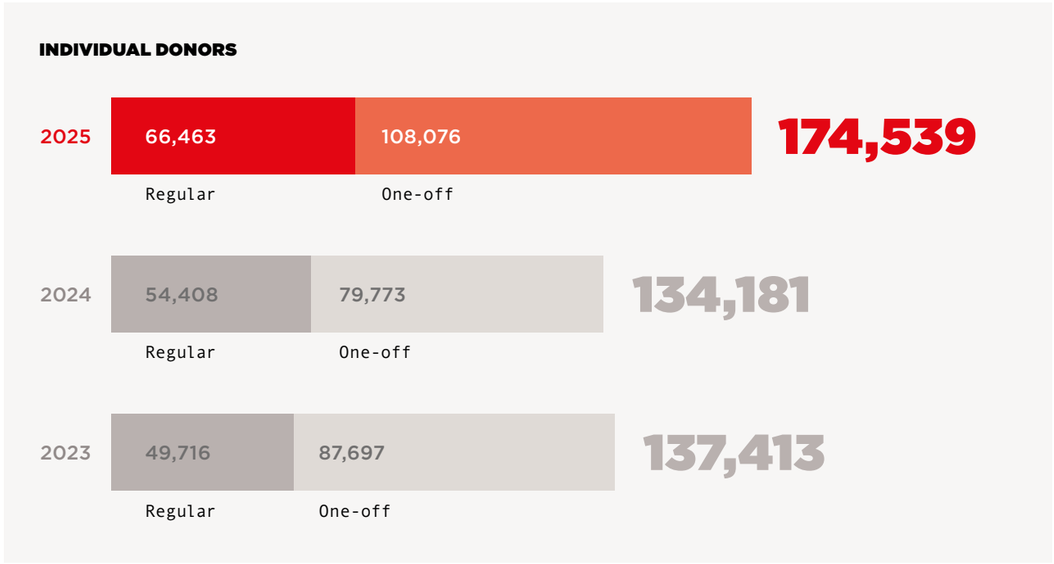
Through post, e-mail, telemarketing and face-to-face engagement, we continue to strengthen bonds with our supporters by sharing timely updates and first-hand accounts from both our humanitarian staff and the people we care for: a reminder that donating is a tangible way to become part of every act of care provided and every right defended.

For us, the defining achievement of 2025 was the continued strength of our community of supporters. Built through transparent, ongoing communication, this trust enables humanitarian assistance to continue even during the most challenging times.

BY THE NUMBERS

In 2025, 174,539 people chose to support EMERGENCY. Among them were 66,463 regular donors, an increase of 18% compared to 2024. By choosing to make a recurring donation, regular donors allow our organisation to better plan its activity with predictable funding streams, essential for operating in unstable contexts.

Of all new donors, 21,266 chose to support EMERGENCY on a regular basis for the first time; of these, 10,483 set up a regular donation after



meeting our outreach volunteers: young people who passionately explain the organisation's work for people impacted by war and poverty, highlighting the importance of regular support for sustainability and independence. Along with regular donors, 108,076 people chose to support us with one-off donations, whether in response to an appeal, by buying a gift or giving in memory of a loved one.

Major Donors

135 supporters chose to make a significant donation to EMERGENCY's humanitarian projects in 2025, including 21 new supporters, for a combined contribution of €2,040,000.

In line with donors' preferences, contributions were allocated to a range of humanitarian projects. Many responded to some of the most dramatic humanitarian emergencies, supporting activities in conflict zones - particularly in Gaza and Sudan, which together accounted for around 50% of the major donations received. Others, however, decided to invest in the development of long-term healthcare projects, helping to strengthen facilities such as the Children's Surgical Hospital in Uganda and the hospitals in Anabah and Kabul, Afghanistan.

Our supporters are regularly updated on the impact of their contributions based on their contact preferences, including via post, email, phone and in-person meetings. Thanks to collaborations with volunteers, they also had the opportunity to take part in events focused on direct conversations, strengthening their connection with EMERGENCY's activities and values.

Legacy gifts

A legacy given to EMERGENCY is a special kind of expression: it is a declaration of trust, affirming that care, rights and peace deserve to be supported even beyond one's own lifetime. Those who choose to leave a legacy to EMERGENCY recognise the organisation's ability to transform an intention into action, a value into daily practice. In this sense, the legacy gift does not represent an end but rather affirms that our commitment does not finish within a single lifetime.

The first legacy gift ever made to EMERGENCY was in 2004. Since then, hundreds of people have chosen to entrust part of their estate to the organisation, helping to build a valuable and lasting source of support for our projects. Legacy gifts have become an increasingly well-known and popular choice for those who wish to continue making a tangible mark on the world by supporting non-profit organisations dedicated to the protection of human dignity. Every legacy carries with it a personal story, a worldview, and an idea of justice and solidarity that deserves to be heard, respected and treated with responsibility. Carrying out these wishes means committing to safeguarding their deepest meaning, even through the most complex bureaucratic procedures.

In 2025, our legacy gifts office handled 275 enquiries from people wishing to learn more about legacies, and how to name EMERGENCY as a beneficiary. Particular attention was paid to listening to individual needs, offering guidance tailored to different personal and financial circumstances and, where necessary, referring people to specialist professional support.

Our team is guided by clear and accessible information, respect for timelines and individual decisions, safeguarding the integrity of legal provisions, and coordination between the various departments involved in their implementation. Throughout every stage, the focus remains on the individuals involved, and the profound meaning of the choices entrusted to us.

At a time when many voices are ignored or drowned out, a legacy gift is a voice that stands firm against the noise and continues to have a lasting impact. In implementing the legacies received, EMERGENCY transforms them into projects, into free, high-quality care, and into a concrete commitment to peace. A legacy is not merely a financial resource, but a shared responsibility: to carry forward, with consistency and responsibility, a voice that has chosen to continue.

BY THE NUMBERS

158
INHERITANCE CASES MANAGED

143 IN 2024
136 IN 2023

99
TOTAL PROPERTIES UNDER MANAGEMENT (INCLUDING 13 STORAGE FACILITIES; 3 DONATED BUILDINGS [2 FLATS + 1 STORAGE FACILITY])

275
REQUESTS FOR INFORMATION

231 IN 2024
211 IN 2023

62
LEGACIES INVOLVING EMERGENCY

54 IN 2024
51 IN 2023

18
PROPERTIES ACQUIRED (INCLUDING 2 STORAGE FACILITIES)

20
LEGACIES COMING INTO FORCE IN 2025

14 IN 2024
15 IN 2023

Corporate fundraising

In 2025, corporations supported EMERGENCY with combined donations of €2,473,975, part of which went towards covering the costs of the 2026 projects.

We would like to thank every company that chose to renew their support and collaboration as "EMERGENCY Partners": Micys, the cosmetics company behind the brand Pupa, which has supported the Anabah Maternity Centre in Afghanistan for over 10 years; Unicoop Etruria, which through members and customers has supported EMERGENCY's work in Italy since 2011, particularly our Mobile Clinic in Ragusa; Coop Lombardia, which has directly supported our humanitarian activities since 2021, as well as through its members and customers; and American Express, which has been involved since 2007 using its "Club Membership Rewards" scheme. We would also like to thank Accenture, Automobili Lamborghini Spa, BBraun, EOS spa, Mapei, PWC and its employees, and Vrent, who responded to our appeal for support for projects for people impacted by war in Sudan, Ukraine, the Gaza Strip and Afghanistan. We would also like to thank the companies whose significant donations and/or fundraising initiatives have contributed to our humanitarian activities in Gaza: Carlo Maresca Spa, Chiesi Farmaceutici Spa, EcorNaturasì, Feltrinelli Spa, Gruppo A2A, and Photosì.

A particular thank you to the many small and medium-sized companies that helped us in 2025, including through "EMERGENCY Friend 2025", a special programme available to them. Finally, thank you to the corporations that chose to support the right to care with products from EMERGENCY's corporate Christmas range, purchasing around 6,700 packs of panettoni as well as other gifts.

Year*	Income	No. donations	No. donors
2025	2,473,975 €	3,166	2,572
2024	1,311,373 €	2,325	1,929
2023	1,640,438 €	1,170	853
2022	1,742,065 €	1,865	1,401

Commercial activity

EMERGENCY's commercial activities, carried out on a limited basis in Italy, follow two strands: the production and sale of fair-trade gifts, and setting up Christmas markets during the festive season.

In 2025, we designed and created new product lines. In particular, an exclusive "R1PUD1A" line was developed to disseminate the content of the campaign of the same name. Throughout the year, T-shirts inspired by the messages of the CONTRO LA GUERRA exhibition, created in collaboration with the artist collective CHEAP, were also produced. To mark the exhibition at the Salone del Mobile in Milan, original products were developed in collaboration with designers and creatives, including a T-shirt featuring the EMERGENCY logo created by reusing fabrics representative of the places where the organisation operates.

In 2025, we continued collaborations with organisations focused on environmental sustainability, social inclusion and incarceration, including partnerships with RIFò, Malefatte, Altromercato, Casa Don Puglisi, Parallelo Lab, Altra Qualità on the Papital project, Banda Biscotti, Cotti in Fragranza, Made in Carcere and Dalla Luna.

A gift pack containing Palestinian products was created in partnership with Altromercato to provide tangible support to the people of the Gaza Strip, through EMERGENCY's healthcare activities on the ground.

We opened temporary Christmas shops in 24 Italian cities, thanks to the vital contribution of the volunteers involved in setting up and running the stalls.

By purchasing these solidarity products, the public can support EMERGENCY and its core values of peace, rights and care.

*The table shows the amount received during the calendar year



© Andrea Simeone

5X1000

5x1000 is a scheme that allows Italians to allocate a percentage of their income tax to EMERGENCY without incurring any cost. In 2025, EMERGENCY received a total of 10,608,104 euros from the 283,836 people who chose to support us, a 2.3% decrease compared to the previous year.

The table below shows the costs that were covered and accounted for using funds disbursed in 2024 and reported in 2025.

5x1000*												
Revenue year	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Income year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
5x1000 proceeds^	**11,946**	**13,896**	**13,408**	**13,547**	**12,728**	**11,185**	**11,333**	**11,648**	**11,418**	**12,036**	**11,332**	**10,608**
No. allocations	**424,006**	**398,186**	**378,263**	**379,673**	**356,672**	**314,177**	**312,316**	**302,836**	**295,793**	**306,422**	**290,627**	**283,836**
Change in allocations		-25,820	-19,923	1,410	-23,001	-42,495	-1,861	-9,480	-7,043	10,629	-15,795	-6,791

* Figures for 5x1000 include costs relating to the period from July 2024 to April 2025
^ In thousands

GOVERNMENT AND INSTITUTIONAL DONORS

In the interests of sustainability, EMERGENCY focuses on diversifying funding sources. Among these, contributions from the governments of the countries we work in are important, for various reasons, as are those from national and international institutions that fund humanitarian work and development cooperation.

Working in partnership with the governments and authorities of the countries where we work does not imply endorsement of their political positions. Rather, it reflects the shared responsibility of supporting access to free, high-quality care and medical services. In the long term, cooperation and ongoing commitment on the part of governments will facilitate a smoother handover to national health authorities once EMERGENCY's presence is no longer required. Over the years, EMERGENCY has secured direct funding from various national authorities for some of the running costs of our hospitals.

In 2025, EMERGENCY received 93,160 euros from the Sierra Leonean government to fund activities at our Surgical Centre in Goderich. The Ugandan government contributed 4,132,942 euros, covering all costs incurred on site including the salaries of our Ugandan colleagues. In Sudan, the government allocated a grant of 8,732 euros to the Paediatric Centre in Port Sudan; due to the ongoing conflict, no funds were allocated for either the Paediatric Centre in Nyala, or the *Salam* Centre for Cardiac Surgery in Khartoum.

COSTS COVERED BY LOCAL GOVERNMENT GRANTS

COUNTRY - PROJECT DESCRIPTION	2021	2022	2023	2024	2025	Total
Sierra Leone - Surgical Centre in Goderich	79,139	110,638	48,769	109,146	93,160	440,853
Uganda - Children's Surgical Hospital in Entebbe	4,395,206	3,244,221	3,714,120	3,675,215	4,132,942	19,161,704
Afghanistan - Anabah Surgical and Paediatric Centre	906,107	–	–	–	–	906,107
Sudan - Paediatric Centre in Nyala	97,618	128,534	11,196	–	–	237,348
Sudan - Paediatric Centre in Port Sudan	122,885	171,602	53,611	–	8,732	356,830
Sudan - *Salam* Centre for Cardiac Surgery	2,676,090	5,317,964	1,051,455	–	–	9,045,510
	8,277,046	**8,972,960**	**4,879,151**	**3,784,361**	**4,234,834**	**30,148,351**


© Mathieu Willcocks

Contributions from institutional donors

In 2025, our Projects and Grants Office received over 16 million euros in funding from a range of donors and institutions to support EMERGENCY's various projects.

We continued our relationship with ECHO (European Civil Protection and Humanitarian Aid Operations), which affirmed its support for our projects in Afghanistan, supporting activities at the Kabul Surgical Centre and remote health facilities in the Anabah area, as well as for our projects in Sudan, co-funding activities at our Paediatric Centres in Port Sudan and Nyala. Thanks to ECHO's support, we were able to reopen the Paediatric Clinic in Mayo, on the outskirts of Khartoum, which had closed in 2023 following the outbreak of fighting in Sudan. INTPA (Directorate-General for International Partnerships), the European Commission's department responsible for international cooperation and development, supported training programmes for local staff across all our facilities in Afghanistan and in the remote areas of Anabah.

Particularly significant was the support we received from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which covered the costs of activities at the *Salam* Centre, recognised as an essential healthcare facility in Khartoum. Funds from the Sudan Humanitarian Fund (SHF) have made up for missing government contributions and allowed us to continue providing cardiac surgery and follow-up care for post-operative patients, in addition to consolidating activities at the paediatric clinic (opened within the same hospital complex in 2024) and to launch an inpatient ward.

The Italian Agency for Development Cooperation (AICS; Agenzia Italiana per la Cooperazione allo Sviluppo) has also provided support to various projects, including the Children's Surgical Hospital in Entebbe, Uganda, the Surgical Centre in Lashkar-Gah, Afghanistan, and the cardiology clinics in Eritrea. In particular, in Ukraine, AICS has supported the expansion of our community healthcare activities in the Donetsk and Kharkiv regions; in Sudan, continued support for the Paediatric Centre in Port Sudan; and in Ethiopia, enabled us to begin construction on a Rehabilitation Centre at Suhul Hospital in Shire. Finally, Erasmus+ funds went toward technical and vocational training initiatives in Sierra Leone and Uganda.

Below are the contributions from the main institutional donors:

CONTRIBUTIONS FROM TOP INSTITUTIONAL DONORS

	2021	2022	2023	2024	2025
INTPA (ex-DEVCO)	490,197	544,212	383,035	91,531	1,179,562
ECHO	3,901,977	7,192,930	8,782,001	6,820,099	6,481,787
AICS	1,070,853	411,105	1,060,903	2,181,754	3,971,121
OCHA	3,268	155,334	672,231	2,729,101	4,423,529
WHO	3,703,429	4,075,278	1,307,128	79,859	556,482
PCM	–	67,698	91,458	–	–
ERASMUS+	–	–	–	–	25,861
	9,169,724	**12,446,557**	**12,296,756**	**11,902,344**	**16,638,342**


© Francesco Pistilli

Contributions by country

AFGHANISTAN

ECHO confirmed funding for the Kabul Surgical Centre, as well as for the maternity and paediatric services provided at the two centres run by EMERGENCY in Anabah, in the Panjshir Valley, and at the network of Primary Healthcare Centres in the surrounding areas. ECHO's total contribution to our projects in Afghanistan was 6,215,255 euros.

INTPA helped to fund a 36-month local staff training programme across the facilities in Kabul, Lashkar-Gah and Anabah, with 997,257 euros disbursed in 2025.

Finally, AICS contributed to the Surgical Centre in Lashkar-Gah with co-funding of 958,217 euros.

SUDAN

OCHA funded our projects in Sudan with 4,423,529 euros.

ECHO funds were allocated to support the Nyala Paediatric Centre, for which 1,346,452 euros were set aside.

The WHO contributed 556,482 euros toward the provision of cardiac surgery services at the *Salam* Centre.

Once again, this year AICS contributed 1,120,144 euros to the activities of our Port Sudan Paediatric Centre.

Co-funded by the European Union

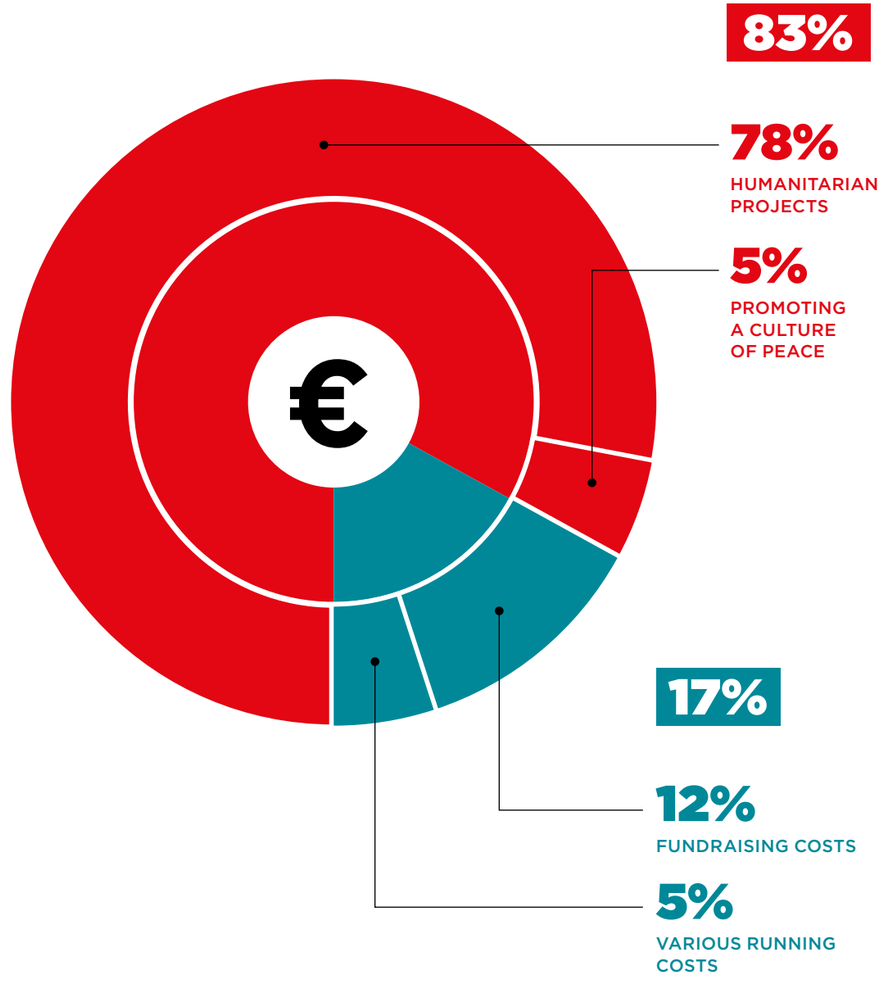
AGENZIA ITALIANA PER LA COOPERAZIONE ALLO SVILUPPO

OCHA

World Health Organization

WHERE OUR FUNDS GO

In 2025, we spent 89,487,885 euros



TOTAL COST* PER PROJECT

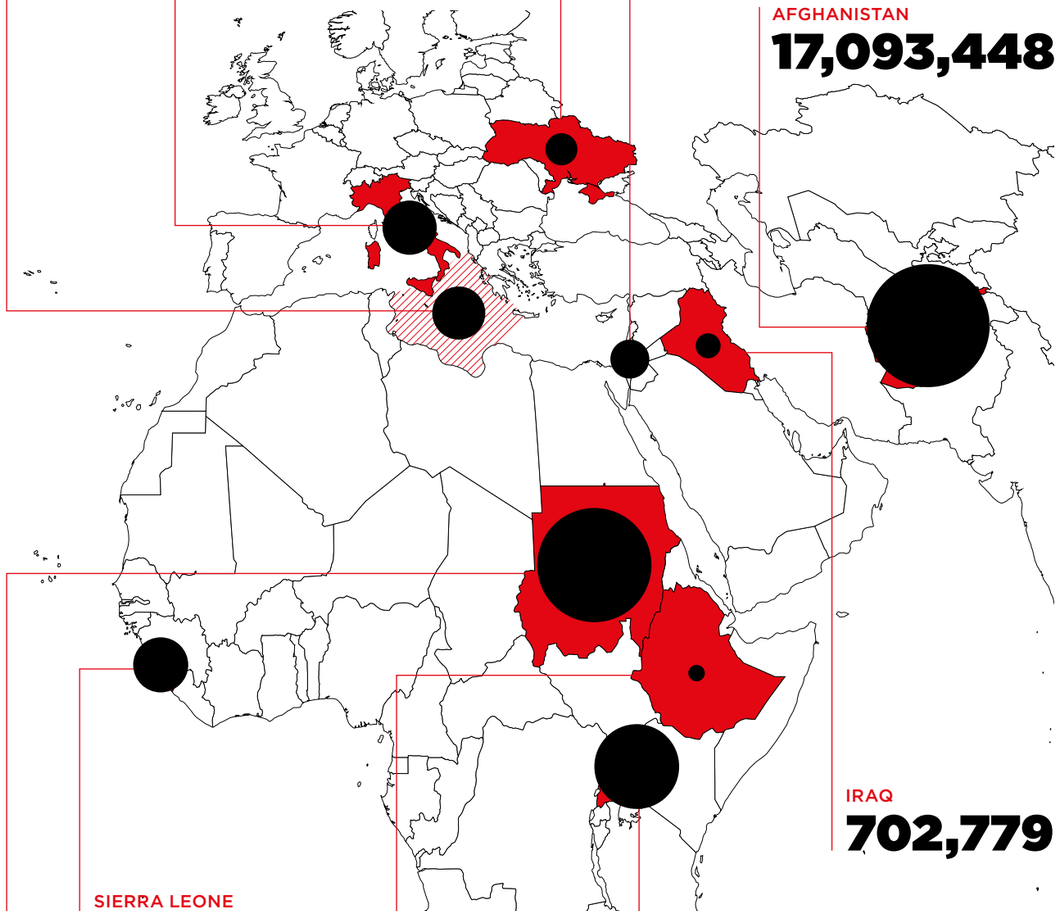
MEDITERRANEAN SEA
3,184,996

UKRAINE
1,160,351

ITALY
3,323,775

PALESTINE (GAZA STRIP)
1,715,064

AFGHANISTAN
17,093,448



IRAQ
702,779

SIERRA LEONE
3,423,748

UGANDA
8,119,197

SUDAN
14,735,599

ETHIOPIA
306,708

* In euros

TOTAL COST* PER LINE ITEM

STAFF COSTS
21,909,106

PHARMACY AND MEDICAL SUPPLIES
7,772,350

FINANCIAL EXPENSES
3,927,530

RENT AND UTILITIES
3,390,652

EXTERNAL SERVICES AND PARTNERS
2,830,089

MEALS FOR PATIENTS AND STAFF
2,139,365

FACILITIES, LOGISTICS AND SUPPLY CHAIN
4,263,758

TRAVEL AND RELATED EXPENSES
2,759,648

GUESTHOUSE ACCOMMODATION
1,570,299

DEPRECIATION AND AMORTISATION
1,318,556

MEDICAL EQUIPMENT
513,756

OTHER COSTS
16,670

See individual country pages for a more detailed breakdown of line item costs in EMERGENCY's projects.

* In euros

SUPPORT US

EMERGENCY's work is made possible by the support of generous individuals, companies, foundations, international organisations and the governments of some of the countries we work in.

If you live in Belgium, Italy, Switzerland, the UK or the USA, you can donate directly through our affiliates and receive all the associated tax benefits. For more information about supporting EMERGENCY or to enquire about donating by a cheque or bank transfer, giving in kind or leaving a donation in your will, please contact one of our offices:

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EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

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“ALL HUMAN BEINGS ARE BORN FREE AND EQUAL IN DIGNITY AND RIGHTS.” RECOGNITION OF THIS PRINCIPLE “IS THE FOUNDATION OF FREEDOM, JUSTICE AND PEACE IN THE WORLD.”

Universal Declaration of Human Rights,
Paris, 10 December 1948, Article 1 and Preamble

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EMERGENCY also has affiliates in **Belgium**, **Switzerland**, the **United Kingdom** and the **United States**, and a network of volunteers in Berlin, Brussels, Heidelberg, Ticino and Vienna.

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