



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

REPORT
1994-2025



WE ARE EMERGENCY 4

OUR WORK 6

***OUR PROJECTS
AROUND THE WORLD*** 8

ADVOCACY 34

***COMMUNICATIONS
AND CULTURE OF PEACE*** 36

WORK WITH US 44

OUR FUNDS 45

SUPPORT US 46

AN **INDEPENDENT NON-GOVERNMENTAL ORGANISATION** THAT PROVIDES FREE, HIGH-QUALITY MEDICAL AND SURGICAL TREATMENT TO VICTIMS OF WAR, LANDMINES AND POVERTY, AND PROMOTES A CULTURE OF PEACE, SOLIDARITY AND RESPECT FOR HUMAN RIGHTS.

WE ARE EMERGENCY

Since 1994, EMERGENCY has worked in **21 countries around the world to promote inclusive and sustainable models of care for the long-term: building and managing hospitals, surgical and rehabilitation centres, and training local staff, in accordance with its core principles of equality, quality and social responsibility.**

A humanitarian mandate that is fully realised by **the commitment to expose the direct and indirect consequences of armed conflicts, and firmly assert that war is never inevitable, but the result of deliberate choices.** Through campaigns and public initiatives, we promote the protection of health, human dignity and equality as non-negotiable values, in accordance with the principles enshrined in the Universal Declaration of Human Rights and the rules of international humanitarian law.

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



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FOR HUMANITY

by **ROSSELLA MICCIO,**
PRESIDENT OF EMERGENCY

"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. Meanwhile, in Gaza's so-called 'safe zone' - which is anything but safe - we have cared for people with chronic conditions, pregnant women and malnourished children.

In eastern Ukraine, we have established a health network for vulnerable people, suffering from over three years of invasion. Whilst in Sudan, where


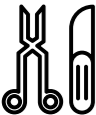

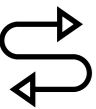


the ongoing war often fails to make international headlines, we have reopened the Mayo Paediatric Centre for the first time since the conflict broke out, restoring an essential service to a population in need.

We have continued to save lives in the Mediterranean, in defiance of the undeclared war on migrants. And in Afghanistan, where fighting has ceased but people continue to die from a humanitarian crisis, our hospitals remain unique spaces of care and rights, including through the training of local men and women.

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, and the notion that war is an inevitable choice.

In the following pages you will find a report on our activities which reflects our stance in the world: we believe in humanity, dedicating ourselves to the care of the human family as our practice, and to the protection of human rights as our guiding principle." ◦

OUR WORK

	<h2>MEDICINE</h2>	<ul style="list-style-type: none"> • Outpatient clinics • Cardiology • Basic medicine • General medicine • Neonatology • Obstetrics and gynaecology • Paediatrics • Dentistry • Psychological support
	<h2>SURGERY</h2>	<ul style="list-style-type: none"> • Cardiac surgery • Paediatric cardiac surgery • War surgery • Emergency and trauma surgery • General surgery • Orthopaedic surgery • Gynaecological surgery • Paediatric surgery
	<h2>REHABILITATION AND SOCIAL REINTEGRATION</h2>	<ul style="list-style-type: none"> • Physiotherapy • Production of prostheses and orthoses
	<h2>SOCIO-MEDICAL SUPPORT</h2>	<ul style="list-style-type: none"> • Medical education • Health promotion • Cultural mediation • Support and guidance with healthcare rights
	<h2>SEARCH AND RESCUE IN THE MEDITERRANEAN SEA</h2>	<ul style="list-style-type: none"> • Saving lives at sea • Welcoming and treating rescued people on board
	<h2>PROMOTING A CULTURE OF PEACE</h2>	<ul style="list-style-type: none"> • Publications and multimedia projects • Events and public initiatives

HEALTH AS A HUMAN RIGHT

We believe that medical treatment is a fundamental human right and should be recognised as such 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.

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.

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.

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.

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.

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.

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.

OUR PROJECTS AROUND THE WORLD



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

ERITREA

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

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)

IRAQ

REHABILITATION AND SOCIAL REINTEGRATION CENTRE
SINCE 1998 — SULAYMANIYAH

MEDITERRANEAN SEA

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

PALESTINE

FIRST AID AND BASIC MEDICAL/SURGICAL CARE CLINIC
SINCE 2024 — AL-MAWASI, GAZA STRIP
MEDICAL AND LOGISTICAL SUPPORT FOR PRIMARY HEALTHCARE CENTRE
SINCE 2025 — AL-QARARA, GAZA STRIP

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

SIERRA LEONE

SURGICAL CENTRE
SINCE 2001 — GODERICH

UGANDA

CHILDREN'S SURGICAL HOSPITAL
SINCE 2021 — ENTEBBE

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

SINCE 2025 — ETHIOPIA
 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

BETWEEN EMERGENCIES AND DEVELOPMENT

In 2025, armed conflicts continued to trigger large-scale humanitarian crises, with a devastating impact on civilian populations, essential infrastructure and health systems.

In the Gaza Strip, Ukraine and Sudan, a combination of prolonged violence, forced displacement and the collapse of basic services is creating unprecedented humanitarian needs. Despite numerous obstacles, we continue working to provide free healthcare, and to strengthen local health systems wherever possible.

For over 31 years on the front lines of war, EMERGENCY has denounced an increasingly normalised trend: civilians are being deliberately targeted in contemporary armed conflicts, with unprecedented obstacles to social and humanitarian protections.

It is essential to ensure safe access and operational continuity, as well as strengthen interventions aimed at not only the management of emergencies but also at the restoration of essential services and the resilience of affected communities. Unfortunately, these endeavours are increasingly compromised by violations of international humanitarian law, which is founded on the principles of proportionality, distinction and protection: healthcare facilities, medical staff and civilian infrastructure are not being protected. The politicisation of humanitarian aid undermines the minimum safety conditions required for its delivery, often leading to the suspension of operations.

The United Nations has described the deliberate destruction of the healthcare system and medical workforce in the Gaza Strip as 'medicide.'

Blockades, sieges, border closures, delays in authorisations and complex

bureaucratic checks hinder the entry of humanitarian workers, medicines and equipment. Even when access is not formally denied, it can be severely slowed or restricted, whilst the destruction of roads, airports, electricity and water infrastructure disrupts supply chains. Without fuel, electricity or stable communications, even functioning facilities struggle to operate.

In Sudan, we waited months for lorries loaded with essential goods to arrive, from food and hygiene products to the medicines that are essential for our work. Some staff members were stranded for many months too, facing numerous obstacles both entering and leaving the country. We experienced long periods without electricity, relying solely on generators and having to suspend cardiac surgeries, which resumed in April. In Nyala, South Darfur, we continued our clinical activities amidst bombardments and prolonged disruptions to supplies, including safe drinking water.

In Gaza, the blockade on humanitarian aid has forced us to manage a shortage of medicines and medical supplies on a daily basis, as well as a scarcity of food and fuel. This was exacerbated by the complete interruption of electricity supply to desalination plants. For months, these facilities were obliged to rely exclusively on solar panels for only a few hours per day, severely restricting their ability to produce drinking water. In October, following the declaration of the so-called ceasefire, around 750 tonnes of aid began to enter per day, compared with an estimated daily need of 2,000 tonnes (World Food Programme). These blockades jeopardise Gazans' physical, cognitive and social development; and have led to Gazans starving to death.

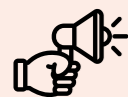
War exacerbates needs far beyond acute trauma, including untreated chronic

illnesses, mental health conditions, physical rehabilitation, and care for vulnerable groups like elderly people. Protracted conflicts transform emergencies into structural crises. Through its network of healthcare clinics in Donetsk and Kharkiv, two of the regions hardest hit by the war in Ukraine, EMERGENCY witnesses daily barriers to accessing care, which have damaged an already fragile national health system and left the population facing a severe shortage of medical facilities and essential services.

In addition to emergency response, we also invest in the healthcare development of countries emerging from conflict. EMERGENCY remains in Afghanistan, Iraq and Sierra Leone, where—through continuous training, the adaptation of services to shifting health needs, integration with local health systems and the gradual handover of responsibilities to local authorities—we support high-quality healthcare that is sustainable for the long-term. This is possible in part thanks to a trans-national exchange of knowledge. With an increased focus on South-South cooperation, we facilitate the movement of our staff between places and contexts with similar needs. Many Sudanese, Ugandan and Afghan colleagues, including pharmacists, surgeons and orthopaedic specialists, rotate between our hospitals to share their specialist expertise. This model enables us to expand knowledge and skills, and to establish new projects: our activities in Ethiopia's Tigray region, where we are building a Rehabilitation Centre at the Suhul Hospital in Shire, will be launched with the support of Iraqi orthopaedic technicians who have been working at the Sulaymaniyah Rehabilitation Centre for years. ○

"Today's Afghanistan is a litmus test for what remains after decades of war: 22.9 million people, more than half the population, in need of humanitarian aid, damaged infrastructure, limited access to healthcare, rights compromised. But in the new generations of young doctors and nurses, and through training, we still see hope for the future."

Dejan Panic, Country Director in Afghanistan



In June 2025, EMERGENCY, in collaboration with CRIMEDIM, published "Access to Emergency, Critical, and Operative Care in Afghanistan" – a report based on the experiences of more than 1,600 Afghan patients and healthcare workers, highlighting the barriers faced when accessing essential and life-saving care.

In the same month, EMERGENCY sent a letter to the Italian Foreign Minister, Antonio Tajani, urging a review of Italy's position on the suspension of the "EU-Israel Association Agreement". The appeal, signed by 28 organisations including the AOI, CINI and Link 2007 networks, calls for the respect for human rights and international law, and for diplomacy based on legality, accountability and justice.





GAZA STRIP, PALESTINE

FIRST AID AND BASIC MEDICAL/SURGICAL CARE CLINIC

First aid and stabilisation, basic medical and surgical care, reproductive healthcare, post-operative nursing follow-up care.

For the past two years, the people of Gaza have faced deteriorating and devastating conditions, a situation further compounded in 2025 by continued bombardments, evacuation orders and the blockade of humanitarian aid. Two million people are estimated to be in need of protection and psychological and psychosocial support (OCHA). Almost the entire population remains displaced and lacks access to adequate shelter, food, life-saving medical services, safe drinking water, education and means of livelihood. Gazans are dying of starvation and hypothermia.

In January 2025, we opened an outpatient clinic in al-Qarara, in the Khan Younis governorate, to provide first aid, stabilisation for medical and surgical emergencies, primary healthcare services, reproductive healthcare services and post-operative follow-up care.

The aid blockade has forced Gaza into a severe food crisis, and put our activities under severe strain. For months, essential items for treating our patients, from painkillers to gauzes, have been in short supply.

We have also launched a malnutrition screening programme at our clinic, providing therapeutic food to children and pregnant women in collaboration with UNICEF. Among children under five seen at the clinic, around 10% were malnourished.

Since January 2025, we have treated an average of 170 people per day, managing acute and chronic conditions as well as stabilising and transferring seriously ill patients, for a total of 52,840 consultations—of which 10,220 were for children, and 5,287 related to reproductive health.

Throughout 2025, we also continued to support the al-Mawasi Primary Health Centre, run by the local Culture & Free Thought Association (CFTA), where our staff supervise clinical activities, coordinate and train local staff, and ensure the supply of medicines and consumables.

In March, an EMERGENCY surgical team began collaborating with the Nasser Medical Complex, the largest hospital in Gaza, on first aid and training in mass casualty management. A few weeks later, the hospital was struck whilst three members of our staff were about to operate on two patients. The attack made it impossible to guarantee minimum safety standards and led to the suspension of the collaboration.

In a context where even health facilities have become targets, providing essential care means working under conditions of extreme risk every day, with potentially serious consequences on the safety of staff, and on access to care for the population.



NOVEMBER 2024 TO 31 DECEMBER 2025

CFTA Clinic in al-Mawasi (Khan Younis)
Outdoor waiting area, triage area, first aid with observation room, medication room, two doctor's outpatient surgeries, gynaecology clinic, vaccination room, medication dispensary.

Outpatient consultations: 50,241
Patients referred to other facilities: 463

JANUARY 2025 TO 31 DECEMBER 2025

Clinic in al-Qarara (Khan Younis)
Outdoor waiting area, triage area, first aid with observation room, medication room, four doctor's outpatient surgeries, gynaecology clinic, vaccination room, medication dispensary, offices for doctors and logisticians, canteen, warehouse.

Outpatient consultations: 52,840
Vaccinations: 798

8 INTERNATIONAL STAFF

FOUNDATIONS AND OTHER SUPPORTERS



DONETSK AND KHARKIV, UKRAINE

PRIMARY HEALTHCARE FOR REMOTE COMMUNITIES

Primary healthcare network supported by Community Health Workers. General medicine, psychological support, health prevention and education, guidance and referral to services.

The ongoing conflict in Ukraine has compromised access to healthcare, damaged health infrastructure and reduced the availability of staff, exacerbating the isolation of rural communities. Our programme launched in June 2024 in the Donetsk Oblast and was extended in October 2025 to the Kharkiv region to complement public services and in collaboration with local authorities. The aim is to strengthen the primary healthcare system and ensure its sustainability, both during and after this emergency.

The approach focuses on community-based care: increasing the availability of services to communities through the refurbishment of existing clinics, the installation of semi-mobile prefabricated units, and community outreach activities to link patients with public health services. Key facilitators of the project are our Community Health Workers (CHWs), local non-medical staff who map vulnerabilities, identify barriers to accessing care and establish pathways of continuity between primary care and specialist needs. After foundational training – from mental health care to cardiac arrest management – they carry out home visits, monitor adherence to treatment, provide first-line psychological support and facilitate access to medical services by booking appointments, organising home-based consultations and referring patients to their nearest facilities. The CHWs' activities reduce risks associated with travel and ensures continuity of care even for those with limited mobility or living in unsafe environments.

We are providing clinics with much-needed equipment and infrastructure, and training the healthcare staff who run them, including nurses and fieldshers (mid-level practitioners) who work alongside CHWs to distribute medications and manage patient referrals for specialist examinations or care.

With the advance of the frontline in the Donetsk Oblast, at the request of the local authorities our staff provided medical and psychosocial support to displaced people fleeing westwards at the Oleksandrivka Transit Centre.

Where war prolongs isolation and limits access to services, EMERGENCY supports a primary health system centred in community, local resources and expertise, and human dignity.



NOVEMBER 2024 TO 31 DECEMBER 2025

14 clinics built or refurbished and fully equipped.

35 LOCAL STAFF

4 INTERNATIONAL STAFF

Home visits: 14,087
Unique beneficiaries: 5,973
Villages involved: 14
Population reached: 30,000

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS





KHARTOUM, SUDAN

PAEDIATRIC CLINIC

Paediatrics, paediatric A&E, preventive medicine.

Khartoum continued to experience the direct consequences of ongoing war, further compromising an already collapsing healthcare system. During a period of intense fighting in the city in the first three months of 2025, clinical activities at the paediatric clinic – opened in 2024 within the *Salam Centre* complex – were scaled back to essential services, partially due to difficulties in sourcing medicines and medical supplies.

With the period of relative calm that began in April, outpatient services resumed as normal. The clinic has provided medical consultations, laboratory tests, vaccinations and the distribution of medication to 11,000 children, some of whom were kept under observation for dehydration, respiratory problems, administration of treatment, and emergencies such as gastroenteritis caused by contaminated water and food. In the absence of safe drinking water, many families drink untreated water from the Nile. An inpatient ward was opened in August, admitting 380 children for life-saving treatment, including cases of meningitis, epilepsy and malaria, as well as respiratory diseases, sickle cell anaemia and neonatal sepsis. Among those admitted, 106 were recorded as malnourished.

We have launched an Outpatient Therapeutic Programme to treat children suffering from Severe Acute Malnutrition, which places patients on a four-week treatment cycle for monitoring their nutritional status and the provision of Plumpy'nut, a therapeutic food. The programme provides intensive nutritional support to help patients overcome the most critical phase of malnutrition and reach the stage of Moderate Acute Malnutrition, which then allows access to further recovery pathways. A total of 237 children were treated in the programme, 43% of whom were under the age of one.

MAYO PAEDIATRIC CENTRE

The Mayo Paediatric Centre, one of EMERGENCY's long-standing facilities in Khartoum, was forced to suspend operations in 2023 due to an inability to guarantee adequate safety conditions for both patients and staff during the most intense phases of the conflict.

In December 2025, the Centre reopened in an area home to hundreds of thousands of people, providing 677 consultations in a single month. The majority of patients presented with complex clinical conditions, including acute malnutrition, malaria, sickle cell anaemia and advanced respiratory diseases. The most serious cases were kept under observation or, where necessary, transferred to the *Salam Centre's* Paediatric Clinic or other facilities still operating in the city. Malaria was the leading cause of morbidity with 174 cases registered, 70% of which were acute.



PORT SUDAN, SUDAN

PAEDIATRIC CENTRE

Paediatrics, paediatric first aid, preventive medicine, sexual and reproductive health services.

Since the war in Sudan broke out on 15 April 2023, Port Sudan had not been directly affected by fighting, instead becoming a destination for hundreds of thousands of refugees fleeing the conflict, where they were forced to live in dire humanitarian and health conditions. In May 2025, Port Sudan was struck for the first time in a series of explosions caused by drones in the areas around the airport and commercial port. The attacks did not compromise the city's functioning nor the Paediatric Centre's clinical activities, except for the suspension of at-home ante-natal visits, which resumed in June for a total of 199 consultations.

The Centre continued to provide outpatient services, including 19,746 consultations and 4,130 cases under observation, noting a high incidence of respiratory, gastrointestinal and parasitic conditions, as well as cases of anaemia. The Centre also provided 5,041 sexual and reproductive health services, including ante- and post-natal consultations, and family planning. Despite a gradual return of displaced people to Khartoum State after fighting began to abate, the Port Sudan facility recorded a slight increase in triage cases, from 20,596 in 2024 to 22,642.

In 2025, the Centre strengthened its role as a logistics and healthcare hub for EMERGENCY in Sudan. Throughout the year, it dispatched convoys of medicines, medical and non-medical equipment, hygiene and sanitation supplies, and other essential goods to the *Salam Centre* complex in Khartoum and the Paediatric Centre in Nyala. The lorries were often held up due to security issues in Shendi, 150km north of Khartoum, but they generally compensated for the severe shortages of medicines and supplies affecting our hospitals.

The Paediatric Centre also continues to serve as a key hub within the nation-wide cardiac care network of the *Salam Centre*, operating a clinic for monitoring and distributing oral anticoagulation therapy (OAT) to post-operative patients. In 2025, the clinic provided 2,709 OAT check-ups and 2,020 post-operative follow-up consultations. Despite the war, the Regional Programme for Cardiac Surgery, which has relocated its office to the Children's Surgical Hospital in Uganda, reached the Port Sudan facility and provided 127 cardiological monitoring consultations to post-operative patients.



MARCH 2024 TO 31 DECEMBER 2025

Khartoum Paediatric Clinic, *Salam Centre* Complex

Triage area, two clinics, ward, observation and stabilisation room, pharmacy and laboratory.

16 BEDS

48 LOCAL STAFF

4 INTERNATIONAL STAFF

Outpatient consultations: 23,201

Vaccinations: 16,610

Patients under observation: 3,825

MARCH 2005 TO 31 DECEMBER 2025

Mayo Paediatric Centre

Two clinics, observation ward, obstetric clinic, vaccination clinic, post-natal clinic, pharmacy, laboratory, technical and cleaning services, reception and health education area.

32 LOCAL STAFF

1 INTERNATIONAL STAFF

INSTITUTIONAL DONORS
KHARTOUM PAEDIATRIC CLINIC



INSTITUTIONAL DONORS
MAYO PAEDIATRIC CENTRE



Co-funded by the
European Union



DECEMBER 2011 TO 31 DECEMBER 2025

Three paediatric clinics, cardiology clinic, radiology, laboratory, pharmacy, sub-intensive care, warehouse, offices, reception and outdoor play area, technical and auxiliary services.

138 LOCAL STAFF

7 INTERNATIONAL STAFF

Outpatient consultations: 271,859

Admissions: 12,262 (suspended from 2023)

Outreach services (in surrounding area):

49,340 (suspended since 2023)

INSTITUTIONAL DONORS



Co-funded by the
European Union



NYALA, SUDAN PAEDIATRIC CENTRE

Paediatrics, paediatric first aid, preventive medicine.

In Darfur, the humanitarian crisis has deepened due to the conflict that broke out in April 2023, dragging the eastern region into conditions of outright famine while enduring daily bombardments and widespread crime. This context has posed significant operational challenges to our Nyala Paediatric Centre in South Darfur, which is run almost entirely by local staff. In addition to security risks, obstacles have stemmed mainly from the unstable supply chain and difficulties obtaining travel permits.

Medical supplies must travel long and costly routes, and their transport – as well as the entry of international staff into South Darfur – has often required transit through Chad and taken months to obtain authorisations. Frequent power cuts have required the use of generators for weeks on end, and biomedical and radiology equipment reached the facility sporadically. Our vaccination programme was also disrupted at times due to irregular supplies, yet still managed to reach 9,342 children.

Despite the challenges, the Centre has fully resumed outpatient services and blood bank operations, whilst also opening an inpatient ward to provide life-saving care and treat chronic or infectious diseases. The first patient, admitted in March, was a child just over one year old suffering from multiple comorbidities, including acute malnutrition, whose mother walked for two days to reach the facility.

We provided 20,260 outpatient consultations, peaking at around 100 per day in November due to the arrival of people fleeing fighting in the El-Fasher area of North Darfur, including many with suspected cases of cholera and measles. Between September and December, we enrolled 156 patients in our Outpatient Therapeutic Programme for treating malnutrition.

We also saw cardiac patients who had been receiving oral anticoagulant therapy (OAT) at the *Salam* Centre in Khartoum, and were living in overcrowded displacement camps. In addition to paediatric care, the facility is part of the *Salam* Centre's decentralised network for follow-up cardiac care, providing support to post-operative patients who cannot travel to Khartoum for treatment and check-ups. In 2025, we provided 6,219 OAT monitoring tests.



KABUL, AFGHANISTAN SURGICAL CENTRE FOR WAR VICTIMS

War and trauma surgery.

As violence continues in Afghanistan, the Kabul Surgical Centre remains an essential healthcare facility for the population and continues to serve as a regional hub for emergency and trauma surgery. 2025 was notable for the widespread geographical origins of admitted patients, with a growing proportion arriving from outside Kabul, often after initially seeking care at local healthcare facilities.

Injuries caused by violence accounted for the majority of admissions, and increased compared to 2024, with 65.9% of patients suffering from gunshot, stab or shrapnel wounds. In particular, admissions for stab wounds almost doubled, rising from 527 in 2024 to 904, whilst admissions for shrapnel wounds increased by 25%. Our surgical teams performed almost 300 more operations on violent injuries than in the previous year, indicating an increasingly emergency-oriented approach.

Following explosions in the capital in October, the mass casualty protocol was activated for the first time in a year. Within a few hours, we received 40 people, including women and children with shrapnel wounds, blunt force trauma and burns.

In 2025, 12% of patients were admitted to intensive care, with over 300 admissions due to clinical complexity.

The facility is formally recognised as a training centre by local health authorities, offering multi-year medical and surgical specialisation courses. In 2025, six anaesthetists completed their specialisation, 12 trainees continued specialising in emergency and trauma surgery, four trainees continued in anaesthesia, 34 nurses were enrolled in our internal development programme, and 66 colleagues – including doctors, surgeons and nurses – attended cardiopulmonary resuscitation courses.

The Kabul Surgical Centre opened in 2001 to treat people wounded in the civil war, with a new conflict and occupation breaking out just months later. Twenty-five years later, we continue our commitment to providing free care to those paying the price of instability and armed conflict.



NOVEMBER 2020 TO 31 DECEMBER 2025

Three paediatric clinics, cardiology clinic, radiology, laboratory, pharmacy, ward, sub-intensive care, warehouse, offices, reception outdoor play area, technical and auxiliary services.

16 BEDS

162 LOCAL STAFF

5 INTERNATIONAL STAFF

Outpatient consultations: 61,841
Admissions: 2,554
Outreach activities (in surrounding area): 38,338 (suspended since 2023)

INSTITUTIONAL DONORS



APRIL 2001 TO 31 DECEMBER 2025

First aid, clinic, three operating theatres, sterilisation, intensive care, sub-intensive care, wards, laboratory and blood bank, digital radiology and CT, pharmacy, physiotherapy, classrooms, play room, technical and auxiliary services.

100 BEDS

431 LOCAL STAFF

23 INTERNATIONAL STAFF

Outpatient consultations: 211,522
Admissions: 74,611
Surgical procedures: 107,980

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS





LASHKAR-GAH, AFGHANISTAN

SURGICAL CENTRE FOR WAR VICTIMS

War and trauma surgery.

Our Surgical Centre in Lashkar-Gah continues to be a key facility for paediatric trauma and road traffic accidents. In recent years, the gradual reopening of transport routes and the lifting of restrictions have led to a significant increase in internal mobility, which was largely non-existent prior to 2021.

By 2025, traffic had increased along main roads, which were also being used by the flows of people forcibly returned from Iran and Pakistan—like the Ring Road, which connects the major cities of Herat, Helmand, Kandahar and Kabul. As Afghans travel long distances by bus and in private vehicles in unsafe conditions, Helmand province has witnessed mass traffic accidents, often with fatal consequences at the scene of the crash. Of a total of 4,632 admissions to the hospital, 48.5% were due to road traffic accidents. The lack of regulations, adequate infrastructure and prevention systems has resulted in an influx of critically injured patients and the consequent need to review the Centre's admission criteria, consolidating its transformation from a hospital for war victims into a trauma centre.

Our surgical teams are required to have specialist training to manage multiple trauma and other complex clinical conditions that require repeated post-operative follow-ups. In March, 17 patients were transferred to the hospital after an explosion in a market in Grishk. Regardless of the type of injury, children under 14 accounted for over half of admissions (57.3%).

The facility is also recognised by the country's health authorities as a medical and surgical training centre, offering multi-year specialisation programmes. In 2025, 12 trainees continued specialising in general and trauma surgery, 46 nurses were enrolled in our internal development programme, and 52 colleagues – including doctors, surgeons and nurses – attended cardiopulmonary resuscitation courses.



ANABAH, AFGHANISTAN

SURGICAL AND PAEDIATRIC CENTRE

War surgery, emergency surgery, general surgery, trauma surgery, paediatrics.

By 2025, the Anabah Centre had consolidated its role as a Level 2 regional hospital, within a healthcare landscape that has undergone profound changes since 2021. Following the political transition and the subsequent reorganisation of the public health system, many facilities faced financial constraints, a shortage of qualified staff, disruptions to the supply chain and limited access to services. In several districts, referral mechanisms have also weakened, leading to delays in access to surgical care or advanced diagnostics.

Today, the hospital receives a growing number of patients in complex conditions from other facilities that lack surgical services, blood banks or specialist expertise. Meanwhile, as internal mobility increases, the general epidemiological profile shifts, and Afghans continue to face socio-economic barriers to care, the hospital is increasingly being chosen for ongoing treatment of chronic conditions such as diabetes, epilepsy and cardiovascular diseases.

Whilst operating in full compliance with the current regulatory framework and maintaining the full provision of services, restrictions introduced by the authorities in 2025 have made the operating environment more complex, requiring constant organisational and managerial adaptation by the hospital in order to ensure the continuous presence of women staff and overcome supply chain difficulties.

The Centre continued to address a wide range of health needs, including internal medicine, maternal and child health services, and critical elective procedures. In addition to emergency and trauma surgery, surgical procedures primarily concerned conditions of the hepatobiliary, urological and endocrine systems, with a growing incidence 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, 27% of hospitalised children were malnourished.

The facility is formally recognised as a training centre by local health authorities. In 2025, four paediatricians completed their specialisation, six trainees continued specialising in paediatrics and five trainees continued in emergency and trauma surgery. Since 2021, this Centre has no longer been a war surgery hospital, but continues to serve as a multi-specialist facility in a remote, resource-poor area.



SEPTEMBER 2004 TO 31 DECEMBER 2025

First aid, clinic, three operating theatres, sterilisation, intensive care, sub-intensive care, wards, digital radiology, ultrasound, laboratory and blood bank, pharmacy, physiotherapy, classrooms, play room, technical and auxiliary services.

93 BEDS

363 LOCAL STAFF

10 INTERNATIONAL STAFF

Outpatient consultations: 443,013
Surgical procedures: 104,431

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS



DECEMBER 1999 TO 31 DECEMBER 2025

First aid, two operating theatres, sterilisation, intensive care, standard wards, paediatric isolation ward, physiotherapy, digital radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and auxiliary services.

48 BEDS

381 LOCAL STAFF

11 INTERNATIONAL STAFF

SURGICAL DEPARTMENT
Outpatient consultations: 402,206
Admissions: 56,723
Surgical procedures: 49,249

PAEDIATRIC DEPARTMENT
Outpatient consultations: 361,050
Admissions: 19,990

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS





ANABAH, AFGHANISTAN

MATERNITY CENTRE

Obstetrics, gynaecology, neonatology.

The Anabah Maternity Centre is an essential facility for both maternal and child health in Panjshir and its neighbouring provinces, within a context marked by the vulnerability of women, economic fragility and a lack of infrastructure.

The Centre provides obstetric, gynaecological and neonatal care to a growing number of mothers and children. In 2025, we attended 7,647 births and provided 9,971 neonatal consultations, confirming women's trust in the healthcare facility run entirely by women staff. However, we are seeing an increase in once-rare clinical presentations, such as maternal malnutrition, and increasingly severe forms of the conditions we have always treated. The number of critical cases has also risen, largely due to delayed access to appropriate care. The pressure on the wards has 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. When it reached a critical bed occupancy rate, low-risk women were referred to nearby hospitals to maintain capacity to receive and manage emergencies. The number of high-risk pregnancies we monitor rose from 13,458 in 2024 to 16,026. This also brought with it more babies with severe problems: the number of newborns who died shortly after birth (before admission to the neonatal unit) rose from 43 to 77, whilst cases of intrauterine foetal death at the time of admission rose from 201 to 231.

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: 52 colleagues took part in training on breech births organised by the organisation Breech Without Borders. Their commitment not only ensures continuity of care but also contributes to the growth of the next generation of women healthcare staff despite the professional restrictions imposed on them, helping to strengthen the future sustainability of the health system.



JUNE 2003 TO 31 DECEMBER 2025

Obstetrics and gynaecology clinic and first aid with ultrasound, labour ward, three delivery rooms, maternity ward, two operating theatres, intensive care, obstetrics ward, gynaecology ward, neonatology department with neonatal intensive and sub-intensive, kangaroo care room, neonatal observation room, technical and auxiliary services shared with the Surgical and Paediatric Centre.

99 BEDS

205 LOCAL STAFF

5 INTERNATIONAL STAFF

Outpatient consultations for women: 556,421
Outpatient consultations for newborns: 19,521
Women admitted: 123,653
Surgical procedures: 21,524
Babies born: 98,049

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS



10 PROVINCES, AFGHANISTAN

FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES

Basic and emergency medical aid.

Since 1999, our network of local health facilities – comprised of First Aid Posts (FAPs) and Primary Healthcare Centres (PHCs) – has enabled us to provide care to communities living in rural and hard-to-reach areas through primary care services and stabilisation of emergencies. Over time, the location of our clinics has been guided not only by the geography of conflict, but also by the needs of the population and the so-called ‘white areas,’ or zones uncovered by basic health services. The network's facilities are linked to our four specialist centres as well as public hospitals via our 24-hour ambulance service, becoming a lifeline for isolated villages, mountain passes and areas at high risk of accidents.

With the formal end of the war, new healthcare needs have emerged, exacerbated by the ongoing humanitarian crisis, including chronic diseases and long-neglected conditions. Although increased mobility has enabled a larger number of people to access care, healthcare facilities in rural and outlying areas – if present – often offer limited services due to a shortage of staff and diagnostic and therapeutic equipment, and remain difficult to access for financial and geographical reasons.

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.

In ‘white areas,’ our staff take part in regular training courses to strengthen their skills and improve continuity of care in the region. Among these is a 36-month practical and theoretical training programme for obstetric and paediatric staff at our clinics in Panjshir, forming part of a training cluster of 515 colleagues across our facilities in Kabul, Lashkar-Gah and Anabah.

In a country where mobility has increased but profound inequalities in access to services persist, particularly for rural communities living in remote areas lacking infrastructure, this health network is essential for expanding access to basic care, prevention and timely stabilisation of emergencies.



DECEMBER 1999 TO 31 DECEMBER 2025

Anabah area: 8 PHCs in Abdara, Anjuman, Anabah, Dashtak Prison, Hesarak, Koklami, Oraty, Sangi Khan; 4 PHCs with first aid services in Dara, Khinch, Kapisa and Pul-e-Sayyad; 1 FAP in Paryan;

Kabul area: 6 FAPs in Barakibarak, Gardez, Ghazni, Gurband, Sheikhabad, Tagab; 2 FAPs with primary healthcare services in Chark and Mirbachakot; 7 PHCs in Kabul at 2 orphanages (male and female) and 5 prisons;

Lashkar-Gah area: 3 FAPs in Garmsir, Marjia, Nad Ali; 3 FAPs with primary healthcare services in Sangin, Musa Qala, Shoraki.

413 LOCAL STAFF

1 INTERNATIONAL STAFF

Outpatient visits: 7,196,304
Ambulance transfers: 263,992

INSTITUTIONAL DONORS
 (in the Anabah area)





SULAYMANIYAH, IRAQ

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

Production of prostheses and orthoses, physical rehabilitation.

Our facility in Iraqi Kurdistan, a region still impacted by decades of conflict, has been a free resource for thousands of people with physical disabilities or amputations for more than 27 years. Most patients' injuries were caused by landmines and unexploded ordnance. Our staff provide rehabilitation care, bespoke production of prostheses and orthoses, specialist physiotherapy and assistive devices. Our team make adjustments as they monitor patients' progress over time, remodelling and replacing devices when needed to support independence, functionality and comfort, because rehabilitation does not end with the initial provision of equipment.

This commitment to ongoing and continuous care takes place within a complex context. Iraq has one of the world's highest contamination rates for unexploded ordnance, with physical, psychological and economic repercussions on the local communities that are often unable to safely access farmland, water sources or pastures. In 2025, we provided individualised care to 264 people injured by mines, with patients already under our care accounting for 60% of those received.

The challenges extend beyond the direct impacts of war. The local rehabilitation system suffers from a shortage of suitable materials, a lack of advanced technical equipment, the poor quality of instruments available on the market and a lack of structured follow-up care. Compounding this are the high costs of the private sector and a shortage of qualified staff, factors that drive patients to travel long distances to reach our facility in Sulaymaniyah, some even arriving from Iran and Syria.

Training is central to our work, consolidating high standards of care and helping to build a new generation of professionals through mentoring in clinical and technical activities, which is integrated into production processes and multidisciplinary care pathways.

Despite reductions in humanitarian funding, in 2025 we provided a total of 3,919 consultations and 2,243 physiotherapy sessions, in addition to 798 orthopaedic prostheses distributed and 1,817 maintenance services. Throughout the years, we have promoted social inclusion and support in daily life, launching 408 family-run or cooperative businesses and making homes more accessible, including with the installation of walking aids and the removal of architectural barriers.

Continuity of care, combined with technical expertise and investment in local training, means this Centre remains a unique facility in Iraqi Kurdistan and the wider region.

© Massimo Grimaldi



FEBRUARY 1998 TO 31 DECEMBER 2025

Physiotherapy, orthopaedic laboratories, technical and auxiliary services.

54 LOCAL STAFF

Patients treated: 13,536
Upper limb prostheses: 1,851
Lower limb prostheses: 12,763
Orthoses: 1,639
Assistive devices: 6,260
Physiotherapy sessions: 70,148

SHIRE, ETHIOPIA

REHABILITATION CENTRE

In Ethiopia, at Suhul Hospital in Shire, EMERGENCY is building a Rehabilitation Centre to provide free care and promote social inclusion for people with disabilities in the Tigray region. Activities will be launched thanks in part to the support of Iraqi orthopaedic technicians, who have been working at the Sulaymaniyah Rehabilitation Centre for years.

INSTITUTIONAL DONORS
SHIRE REHABILITATION CENTRE



© Massimo Grimaldi



GODERICH, SIERRA LEONE

SURGICAL CENTRE FOR WAR VICTIMS

General and emergency surgery, orthopaedic and reconstructive surgery, trauma surgery.

The Goderich Surgical Centre is now the leading national facility for emergency and trauma surgery in Sierra Leone. Opened in 2001 to provide free care in the wake of a civil war, 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, the Centre recorded a high volume of clinical activity, including 2,339 surgical procedures, 1,620 admissions and 22,976 outpatient consultations. Trauma cases accounted for more than half of all admissions, 39% of which were related to road traffic accidents. Children accounted for 64% of admissions, often in need of urgent surgery.

The Goderich Surgical Centre is the only facility in the country specialising in treating the corrosive injuries caused by the ingestion of caustic soda (also known as lye)—a widespread problem in the country linked to the domestic use of lye for home soap production, a source of income for some families. Launched in 2005, our Soda Programme is addressing this public health emergency, which disproportionately affects children, by combining surgical interventions with prevention activities, rehabilitation programmes and nutrition education for families. In 2025, 285 new cases were admitted to the Goderich hospital, a 37% increase on the previous year. More than 64% were under the age of five. In total throughout the year, the Soda Programme had 472 hospital admissions and 758 outpatient consultations, of which 473 were follow-up visits.

The hospital also serves as a referral point for EMERGENCY's specialist surgical facilities in Sudan and Uganda. It provides cardiological consultations and monitoring for Sierra Leonean patients who have undergone surgery at our *Salam* Centre in Khartoum, including 486 consultations and 874 blood coagulation checks. Meanwhile, paediatric patients needing specialist surgery are referred to the Children's Surgical Hospital in Entebbe, Uganda.

© Andrea Simeone



NOVEMBER 2001 TO 31 DECEMBER 2025

First aid, clinics, three operating theatres, sterilisation, intensive care, wards, physiotherapy, digital radiology, laboratory and blood bank, pharmacy, classrooms, technical and auxiliary services, accommodation for visitors.

66 BEDS

389 LOCAL STAFF

24 INTERNATIONAL STAFF

Outpatient consultations: 494,974
Admissions: 51,771
Surgical procedures: 75,109

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS



© Andrea Simeone

MEDICINE OF EXCELLENCE

The standard of care pursued and promoted by EMERGENCY is based on a principle as simple as it is revolutionary, yet one still widely ignored: that free, high-quality healthcare is a right for all.

For us, medicine of excellence means providing specialist care and healthcare facilities that meet high clinical standards; training local doctors, nurses, paramedics and managerial staff to develop skills and knowledge, to strengthen our long-term social impact; and making care free and accessible to everyone, always.

Throughout 2025, EMERGENCY continued to develop the African Network of Medical Excellence (ANME), an initiative launched in 2009 in collaboration with health authorities from nine African countries – now 15 – to promote a model for strengthening local healthcare systems through the creation of a network of specialist surgical Centres of Excellence, linked by a Regional Programme for referring and transferring patients from across the continent.

ANME is expanding on multiple fronts. First and foremost is the ongoing experience and work of our two flagship facilities: the *Salam* Centre for Cardiac Surgery in Khartoum, Sudan, and the Children’s Surgical Hospital in Entebbe, Uganda, were the first building blocks in this model of care and training. Meanwhile, the Regional Programme is strengthening the wider network by developing relationships with various healthcare partners and institutions, including ministries of health, referral hospitals and other accredited facilities. It supports the development of awareness-raising initiatives and specialist

training programmes for healthcare professionals, including facilitating rotations of trainee doctors and specialists at our own Centres.

In early 2025, the *Salam* Centre was forced to suspend cardiac surgeries for several weeks after fighting in Khartoum led to power cuts and serious shortages in medical supplies, making it difficult to move patients, staff and equipment. During this period, the Centre effectively became the main hospital for general medical emergencies, continuing its provision of cardiological check-ups and anticoagulant monitoring thanks in part to a network of satellite clinics specifically set up for Sudanese patients who are unable to reach Khartoum. By operating in the areas with some of the highest concentrations of displaced people in the country – Atbara, Gedaref, Kassala, Nyala and Port Sudan – this network has enabled us to re-establish contact with 60% of our patients. Meanwhile, as fighting in the capital ceased, cardiac surgeries have resumed; many are emergency procedures as patients’ health conditions have become severely compromised amidst fragmented healthcare pathways.

In Uganda, at the Entebbe Children’s Surgical Hospital, EMERGENCY provides free paediatric surgical care in a country where more than half the population is under 15 years old. The project, born from a meeting between EMERGENCY’s founder Gino Strada and architect Renzo Piano, combines surgical and architectural excellence in keeping with the principles of healing architecture. Since late 2024, the hospital has introduced facilities dedicated to paediatric laparoscopic surgery, significantly expanding access

to these procedures in the country.

Alongside these clinical hubs, the Regional Programme for Cardiac and Paediatric Surgery has enabled the identification, transfer and continued follow-up care of patients from 30 African countries. Screening activities, clinical monitoring and the free distribution of anticoagulant medications remain essential tools for ensuring continuity of care, even in contexts marked by political instability and armed conflict.

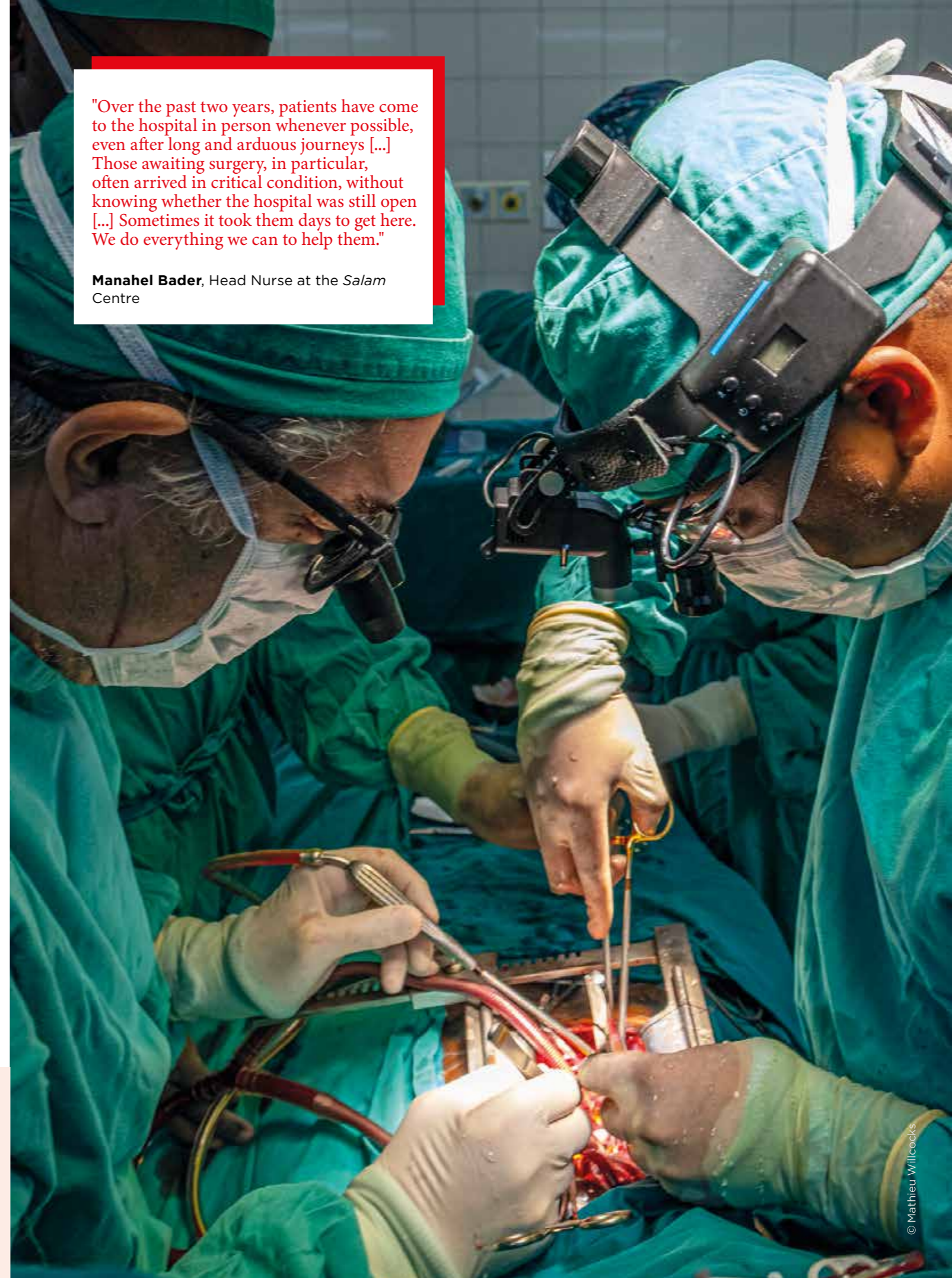
Due to the travel difficulties caused by the war in Sudan, the Regional Programme for Cardiac Surgery reorganised its activities to maintain continuity of care for post-operative patients from the *Salam* Centre who have returned to their home countries. Throughout 2025, the Programme conducted 12 cardiological missions in countries outside Sudan.

The Children’s Surgical Hospital has also begun to implement the Regional Programme, with some countries in the network – Burundi, Chad, Ethiopia, Sierra Leone and South Sudan – establishing formal agreements with EMERGENCY for patient referrals and training activities.

By 2025, EMERGENCY’s medical excellence programmes in Africa have been able to adapt to complex and unstable situations, supporting the development of a network of excellent, equitable and high-quality care, based on the universal right to healthcare. ○

"Over the past two years, patients have come to the hospital in person whenever possible, even after long and arduous journeys [...] Those awaiting surgery, in particular, often arrived in critical condition, without knowing whether the hospital was still open [...] Sometimes it took them days to get here. We do everything we can to help them."

Manahel Bader, Head Nurse at the *Salam* Centre



In May 2025, EMERGENCY presented the briefing paper “Cardiac Surgery in Wartime” at the World Heart Summit in Geneva. Through data, first-hand accounts and an analysis of challenges and best practices, the paper examines the work carried out by the *Salam* Centre during the conflict and is aimed at international decision-makers, to maintain a spotlight on the consequences of a conflict that is all too often forgotten.



KHARTOUM, SUDAN

SALAM CENTRE FOR CARDIAC SURGERY

Cardiac surgery, paediatric cardiac surgery, cardiology, interventional cardiology.

Since 15 April 2023, the *Salam* Centre has been operating in an extremely complex environment, adapting to shifting conditions amidst the ongoing war. The first three months of 2025 were particularly difficult, when fighting for the control of Khartoum and the blockade of supplies to the city forced the hospital to suspend cardiac surgeries.

For many weeks, attacks were concentrated just a few kilometres from the hospital. 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 - forced the *Salam* Centre to cope for weeks without essential goods and medicines, including treatments for endemic diseases like malaria and common parasitic infections. Despite these challenges, the staff continued medical services, providing 6,605 outpatient consultations.

As security conditions improved, the Centre gradually resumed surgical activities in April, carrying out a total of 211 procedures by the end of the year. Despite being primarily an elective facility, some of these were emergency surgeries, performed on patients who reached the *Salam* Centre in seriously compromised health conditions after being forced to postpone or suspend care during the fighting.

Throughout the year, the Centre's oral anticoagulant therapy (OAT) outpatient clinic continued monitoring services for post-operative patients, providing 41,330 consultations, of which 22,309 were conducted remotely via telemedicine for patients unable to reach the hospital.

Satellite outpatient clinics, established to decentralise the cardiological support system, support the comprehensive outreach to patients who have undergone surgery and are displaced due to the war. Located in Atbara, Kassala and Gedaref – the latter added this year – the clinics provided more than 7,000 services, including blood coagulation monitoring, the management of life-saving medications, and specialist cardiological consultations. Additional outpatient clinics at the Paediatric Centres in Port Sudan and Nyala, as well as a number of government hospitals in the region, support screening and follow-up services, with EMERGENCY's specialist cardiology teams providing specific consultations and staff training.



APRIL 2007 TO 31 DECEMBER 2025

Eight clinics, three operating theatres, sterilisation, intensive and sub-intensive care, wards, physiotherapy, digital radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and auxiliary services, accommodation for visitors.

63 BEDS

440 LOCAL STAFF (*Salam* Centre)

18 LOCAL STAFF (Satellite clinics)

22 INTERNATIONAL STAFF

Specialist cardiology consultations: 102,138
Patients admitted: 12,231
Surgical procedures: 10,953
Haemodynamic diagnostic procedures and interventions: 1,511

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS



ENTEBBE, UGANDA

CHILDREN'S SURGICAL HOSPITAL

Paediatric general surgery.

The Children's Surgical Hospital provides high-quality surgical care, entirely free of charge, to children between 28 days and 18 years old. A regional Centre of Excellence for elective, general and specialist surgery, it treats congenital anomalies and conditions affecting the abdomen and gastrointestinal, urological and gynaecological systems, as well as diseases of the hepatobiliary system, the pancreas and the spleen.

On 30 January, the Ugandan Ministry of Health declared an Ebola outbreak in the Kampala district, which ended on 26 April. During the emergency, the hospital implemented rigorous prevention measures and recorded no positive cases. This response was helped by the expertise gained by the organisation in Sierra Leone during the 2014 Ebola outbreak.

Throughout 2025, the hospital continued to specialise in complex paediatric surgery, focusing on conditions requiring complex surgical pathways, psychosocial support and long-term assessment of clinical outcomes on patients' quality of life.

The facility is officially recognised by the College of Surgeons East, Central and Southern Africa (COSECSA) as a training centre, for surgeons specialising in general surgery and for paediatric surgery trainees at university hospitals. The use of miniaturised, high-tech surgical equipment, such as paediatric laparoscopy simulators, supports the development of cutting-edge teaching methods. Since November 2024, we have also been performing laparoscopic surgery, with a total of 326 procedures carried out using this minimally invasive surgical technique.

For the third consecutive year, we continued our surgical training programme on bladder exstrophy – a rare and complex congenital malformation of the urogenital tract, characterised by the bladder protruding from the abdominal wall – with a team from the Association for the Bladder Exstrophy Community (A-BE-C) training and supporting our local colleagues to perform the procedures. The programme concluded with a Family Day dedicated to psychological support, raising awareness and building community with the 58 patients and their families.

In 2025, the Children's Surgical Hospital admitted 1,580 children, including 99 patients from Burundi, Chad, Ethiopia, Sierra Leone, South Sudan and Sudan, identified during the Regional Programme's screening missions. Among them was a one-year-old Sudanese girl with omphalocele, transferred to Entebbe from our Paediatric Clinic in Khartoum despite the ongoing conflict.



APRIL 2021 TO 31 DECEMBER 2025

Three operating theatres, sterilisation, intensive and sub-intensive care, standard wards, observation room, six clinics, digital radiology, laboratory and blood bank, CT, pharmacy, administration, technical and auxiliary services, accommodation for foreign patients, reception and health education area, outdoor play area.

72 BEDS

393 LOCAL STAFF

35 INTERNATIONAL STAFF

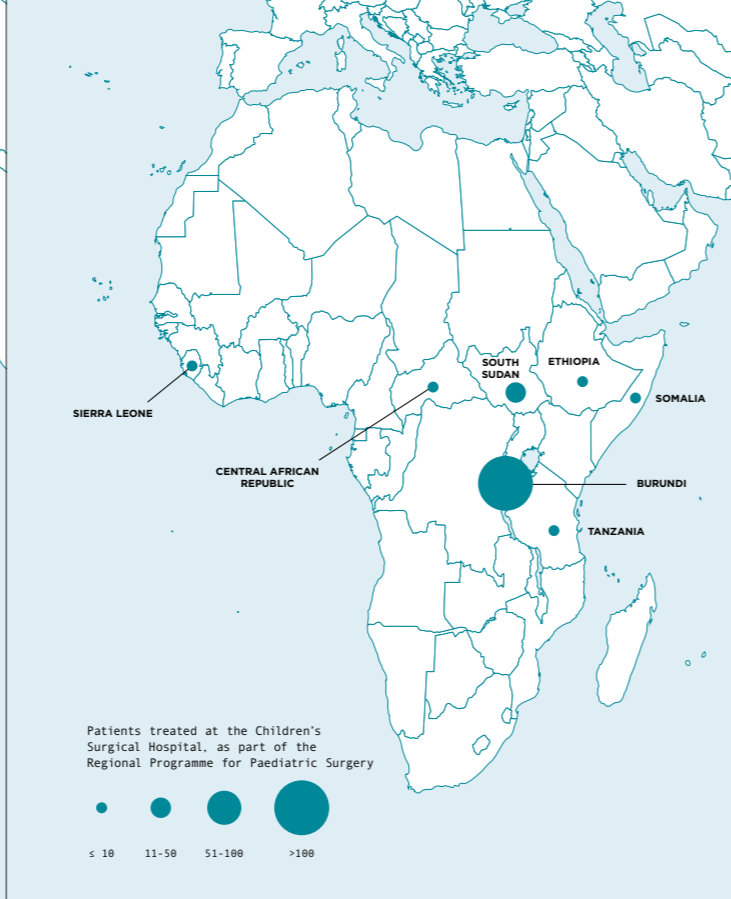
Outpatient consultations: 38,888
Patients admitted: 7,583
Surgical procedures: 6,358

INSTITUTIONAL DONORS



FOUNDATIONS AND OTHER SUPPORTERS





Regional Programme

As part of the Regional Programme for Cardiac and Paediatric Surgery, EMERGENCY supports the identification, admission, transfer and follow-up of patients from over 30 African countries where there are no appropriate specialist services available. Through screening missions, training activities and ongoing coordination with local health authorities, the most complex cases are assessed by our clinical teams and, where necessary, referred to facilities within the EMERGENCY network where they receive free, high-quality care. The process includes clinical assessment, surgery, post-operative care and regular monitoring of health conditions, including after discharge and return to their country of origin.

In 2025, A. was among the 99 children admitted to the Children's Surgical Hospital in Entebbe as part of the Regional Programme. Only one year old, the little girl was born in Sudan during the war and diagnosed with omphalocele, a serious congenital abnormality that causes the abdominal organs to develop externally and requires specialist surgery.

Since her birth, A.'s parents had met with various doctors to obtain the necessary treatment for their child. Her operation had been scheduled several times, and subsequently postponed. Meanwhile, the ongoing conflict and deteriorating security conditions made it increasingly difficult for them to access care. When a new surgery date was finally set, the operation was postponed again for six months, with no guarantees.

A.'s father continued to seek alternatives and contacted a cousin, a doctor at EMERGENCY's Salam Centre for Cardiac Surgery, who shared the little girl's medical records with the team at the Children's Surgical Hospital for a specialist assessment. After analysing her case, the team agreed to operate on A. Her father was put in touch with the Regional Programme Manager, who initiated the necessary procedures to transfer A. and her father to Uganda.

Upon their arrival in Entebbe in October 2025, following further investigations and pre-operative preparation, A. had a successful surgery without any major complications. Her post-operative recovery required a few days' admission to the paediatric intensive care unit, followed by a stay in the ward to monitor her return to eating and wound healing. Upon discharge, a schedule of follow-up appointments and a treatment plan were drawn up to be shared with her local healthcare providers in Sudan.

As is standard for all patients in the Regional Programme, A. will be examined periodically by our healthcare team during follow-up missions, and will regularly receive free medications for her ongoing treatment.

Cases like A.'s have reaffirmed the role played by the Regional Programme in coordinating care pathways between facilities in the ANME network, and in supporting both continuity of care and monitoring for post-operative patients.



ASMARA, ERITREA

CARDIOLOGY CLINIC AND ORAL ANTICOAGULANT THERAPY CLINIC AT OROTTA HOSPITAL

ORAL ANTICOAGULANT THERAPY CLINIC AT MENDEFERA REFERRAL HOSPITAL

In Eritrea, our work takes place in Asmara and the Southern Region (Dehub), on the border with Ethiopia. Eritrea ranks second amongst countries of origin for the number of patients operated on at our Salam Centre for Cardiac Surgery in Sudan. However, cardiological screening missions have been suspended since 2023 due to the conflict in Sudan, whilst follow-up activities have continued.

Since 2019, our healthcare team have regularly visited outpatient clinics in the Cardiology Department at the Orotta Medical Surgical National Referral Hospital in Asmara, the country's main public hospital. As part of the Regional Programme for Cardiac Surgery, the EMERGENCY team identify patients with congenital or acquired heart conditions for referral to the Salam Centre, provide follow-up consultations and free access to therapeutic services for post-operative patients, and support local staff on implementing the latest international standards of care. Launched by EMERGENCY in collaboration with the Eritrean Ministry of Health and hospital staff, these clinics provide pre- and post-operative cardiological care, including blood coagulation monitoring (International Normalised Ratio – INR) and oral anticoagulation therapy (OAT) to post-operative patients with mechanical valves from the Salam Centre.

Since March 2025, a new OAT clinic has been operational at the Mendefera Referral Hospital in the Dehub region, expanding access to cardiological care in an area previously lacking such services. Local staff who have been trained by EMERGENCY run the clinic on a daily basis, whilst our teams provide regular clinical support and training missions to reinforce local expertise.

In February, EMERGENCY collaborated with the University of Asmara to develop a new university curriculum for cardiac nurses, aimed at both students and qualified professionals. The programme aims to strengthen local specialist training, as well as the sustainability and autonomy of the Eritrean healthcare system in the long-term management of cardiovascular diseases.



OCTOBER 2019 TO 31 DECEMBER 2025

Outpatient clinics at Orotta Hospital
Cardiology clinic, OAT clinic

Cardiology consultations: 33,856
INR tests: 10,310

MARCH 2025 TO 31 DECEMBER 2025

Outpatient clinic at Mendefera Referral Hospital
Cardiology clinic, OAT clinic.

Cardiology consultations: 809
INR tests: 446

2 INTERNATIONAL STAFF FROM THE REGIONAL PROGRAMME FOR CARDIAC SURGERY

INSTITUTIONAL DONORS



ITALY AND THE MEDITERRANEAN

EMERGENCY's work in Italy and its search and rescue (SAR) operations in the Mediterranean Sea share the same mission: to support the fundamental rights of every person, no matter their legal or social status.

Every day, in Italy and across the Mediterranean, EMERGENCY works to safeguard the right to life and health of the most vulnerable, people who have been excluded from protection systems. In Italy, they are people surviving on the social margins, struggling to access healthcare. At sea, they are people fleeing conflict or in extremely vulnerable situations.

EMERGENCY's work in Italy fits within a national legal framework that protects health as a fundamental right of the individual and a matter of public interest, but which is not fully guaranteed in reality: according to the 2025 Annual Report by the Italian National Institute of Statistics (ISTAT), almost one in ten people reported having foregone treatment due to excessively long waiting lists, financial difficulties or logistical barriers to accessing healthcare services – amounting to approximately 5.8 million people, one million more than the previous year.

Through mobile clinics and a presence in critical locations – such as A&E departments, community centres and schools – our Italy programme supports patients otherwise excluded by health and social services, including undocumented migrants, exploited workers and people facing healthcare poverty. Multidisciplinary teams comprising cultural mediators and

social workers collaborate with healthcare staff to listen, guide and support people in all aspects of health – not just clinical health, but also social, administrative and relational health.

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.

In 2025, more than half of services related to cultural and socio-medical mediation (51%), followed by general practice (46%), nursing (18%) and psychology (2%) and dentistry (2%). Throughout the year, we supported people from 122 different countries of origin, mainly Italy, Bangladesh, Morocco, Nigeria and Peru. Italians, particularly those over 60, also turn to our centres, with the highest rates recorded in Sassari (47%) and Naples Ponticelli (22%) – areas characterised by isolation, socio-educational vulnerability and limited digital literacy.

In 2025, EMERGENCY's ship *Life Support* conducted 10 search and rescue missions in the Mediterranean Sea, continuing to do its part as part of the wider 'civil fleet' of NGO ships. Over the past 10 years, the civil fleet have saved over 180,000 lives (CMRCC SAR Archive) amidst a radically shifting operational context: following an initial phase of collaboration and cooperation with the Italian authorities, since 2017 monitoring

and rescue efforts have become progressively more difficult due to compounding legislative measures, the criminalisation of NGO activities and increasingly violent attacks attributed to the so-called Libyan coast guard.

The 'Italy-Libya Memorandum of Understanding' supports the so-called Libyan coast guard with funding and training - despite repeated violations documented by the United Nations - to control departures from the coast. Since 2019, policies restricting port access and the Piantadosi Decree have tightened the sanctions regime against SAR NGOs: beginning in 2023, the allocation of distant ports exclusively to NGO ships for disembarking rescued people has resulted in a combined excess of 760 days travelling and 300,000 kilometres covered, as compared to disembarking at the nearest safe port. ○

"I tried to cross the sea three times. The first time, the so-called Libyan Coast Guard intercepted us after fourteen hours at sea and took us to prison, where I was held for a month. The second time, after an hour at sea, the engine broke down and the smugglers took us back to shore. After two months we boarded another boat; I was terrified, but this time you rescued us. Now I'd like to find a job and think about my future."

Bangladeshi survivor, rescued in December 2025 by *Life Support*



In April 2025, EMERGENCY published "An Inhumane Border", a report on the 13 SAR missions conducted the previous year, detailing both the mission outcomes and the political constraints. Together with other NGOs involved in search and rescue, EMERGENCY promoted initiatives in the European Parliament and the Italian Senate to mark 10 years of sea rescue operations, denouncing violations of international law. Through *Tavolo Asilo e Immigrazione*, a coalition of organisations working in protection and migration, it also monitored detention centres in Albania, publishing "*Ferite di confine*" ["Border Wounds"] on issues surrounding the Italy-Albania Protocol – a Memorandum of Understanding which allows Italy to hold asylum seekers at centres in Albania whilst processing their asylum claims.





ITALY

SOCIO-MEDICAL SUPPORT FOR THE MOST VULNERABLE GROUPS

General medicine, nursing clinics, psychological support, cultural mediation, socio-medical support, health education, dentistry.

In Italy, EMERGENCY has tailored its approach within the context of local health systems and the needs of those excluded from accessing care. In areas of high socio-medical vulnerability, or where public services are difficult to access, we operate fixed outpatient clinics: Marghera (Veneto); Naples Ponticelli (Campania); Castel Volturno (Campania); Sassari (Sardinia); Reggio Calabria (Calabria). Through community-based services, the clinics identify the needs of the most vulnerable, reduce inequalities in accessing care and facilitate (re)integration with the national health service (SSN). In 2025, around 10,000 people from 122 countries were treated, with over 38,000 consultations provided.

In Marghera, EMERGENCY has operated a permanent clinic since 2010, providing general and paediatric medicine, nursing care, socio-medical support, dentistry, prescription glasses and psychological support. In 2025, the clinic treated 1,636 people, mostly foreign nationals (95%), and provided around 10,000 free consultations.

In Calabria, the permanent clinic in Polistena was closed and the programme was restructured to more effectively respond to the shifting needs and vulnerabilities in the region. We continued to operate a mobile clinic two days a week for the tent city in San Ferdinando, in the Gioia Tauro Plain, providing socio-medical support as well as linguistic and cultural mediation services for seasonal agricultural workers.

In Reggio Calabria, we have begun a partnership with the *Casa delle Donne* – Social Point, run by the Southern Waldensian Deaconry.

In Milan, we have operated a mobile clinic to provide healthcare and social support to the most vulnerable in the city for the past 10 years. In 2025, the clinic assisted 2,503 people, supporting access to the national health service (SSN), local welfare services and benefits.

At the same time, EMERGENCY promotes rights protection initiatives aimed at addressing the structural causes of healthcare exclusion. In 2025, we continued efforts to secure free SSN registration for the children of European and non-EU citizens who are not in compliance with residency regulations – a right that is often not applied, but has been recognised in the Veneto Region thanks to the organisation’s advocacy work.



EMERGENCY first began working in Italy with an outpatient clinic in Palermo which, between 2006 and 2010, provided 61,830 consultations.

2010 TO 31 DECEMBER 2025

OUTPATIENT CLINICS WITH SOCIO-MEDICAL SUPPORT

- Marghera (since 2010):** 130,218 services
- Sassari (since 2012):** 36,615 services
- Milan (since 2015):** 86,223 services
- Naples (since 2015):** 76,683 services

SOCIO-MEDICAL INFORMATION POINTS

- Reggio Calabria region (since 2013):** 54,105 services
- Castel Volturno (since 2015):** 93,407 services
- Brescia (since 2016):** 24,965 services
- Ragusa region (since 2019):** 24,251 services

68 STAFF MEMBERS

FOUNDATIONS AND OTHER SUPPORTERS



LIFE SUPPORT, MEDITERRANEAN SEA

Search and rescue at sea, medical aid, cultural mediation.

Men, women, families and children – many of whom were unaccompanied – found refuge on *Life Support*, EMERGENCY’s search and rescue vessel.

Life Support is a safe haven in the central Mediterranean, one of the most dangerous and deadly migration routes in the world. Between March and December 2025, the crew sailed 28,600 kilometres (15,442.76 nautical miles) and carried out 10 rescue missions. During these operations, EMERGENCY rescued 783 people who had undertaken the crossing to escape conflict, persecution, and political and economic instability. Once on board, the crew provided immediate medical care, triage, reception and cultural mediation, respecting the rights and dignity of every person rescued.

Search and rescue operations were severely hampered by the systematic allocation of disembarkation ports far from the Mediterranean SAR regions, a practice that continued to limit the vessel’s operational capacity. In numerous missions, the designation of distant ports resulted in additional days of navigation, prolonging the time the rescued people spent at sea, delaying their access to essential services and hindering the vessel’s timely return to the SAR region where the need is greatest.

Since operations began in December 2022, *Life Support* has completed 39 missions and rescued a total of 3,234 people, whilst border control and deterrence policies have made it increasingly difficult to save lives in the Mediterranean.

The experience of *Life Support* reaffirms the urgent need for a European-led coordinated search and rescue mission, based on the protection of life at sea, respect for international law, and timely and effective rescue operations.

On 11 September 2025, Life Support set sail from the port of Syracuse with the Italian delegation of the Global Sumud Flotilla, a humanitarian mission comprising delegations from 44 countries with the aim of delivering aid to the Gaza Strip, opening a humanitarian corridor by sea and denouncing the inaction of governments and institutions. The ship acted as an observer to the mission and provided medical, technical and logistical support, carrying out 20 operations to assist the boats in the Flotilla - nine technical, five medical, two logistical, two mayday rescues - and managed the transfer of 12 people. On 1 October, Life Support reached a distance of 150 nautical miles from the coast of Gaza.



DECEMBER 2022 TO 31 DECEMBER 2025

- **Rescue Area** - area for landing rescued people
- **Boat deck** - Reception area for rescued people
- **Main deck** - clinic, bathrooms, rest area

28 CREW MEMBERS ON BOARD

Search and rescue missions: 39
Rescue operations: 62
People rescued: 3,234

FOUNDATIONS AND OTHER SUPPORTERS



ADVOCACY

Over more than 30 years of experience, EMERGENCY has developed a model of intervention that combines free, high-quality care and the defence of human rights. We have grown to be a recognised, authoritative voice in international discussions ranging from development co-operation to humanitarian crises, from rejection of war to global healthcare, from the fight against inequality to migration. Our Advocacy Office is a fundamental part of this evolution, using EMERGENCY's experience providing healthcare around the world to create important dialogues and opportunities for knowledge sharing with global institutions, public policy makers and civil society organisations.

Throughout 2025, the Advocacy Office conducted research and produced reports on our activities in the Mediterranean, Afghanistan and

Sudan, had delegations present at international summits such as the World Health Assembly and World Heart Summit, and held numerous meetings with representatives of the European Commission, European Parliament, and agencies of the United Nations and other international institutions. Beyond direct engagement, written inputs were submitted to inform periodic reports of international human rights bodies, such as the United Nations Special Rapporteur on the human rights of migrants.

We also worked to amplify our impact on public policy through strategic alliances and collaborations with other civil society groups, including the Global Surgery Foundation; The World Heart Federation; and the network of search and rescue NGOs for collective advocacy efforts. Through our membership in the Italian coalition *Tavolo Asilo e*

Immigrazione (TAI), which defends the rights of people on the move, in 2025 EMERGENCY medical staff participated in monitoring visits to Italian migrant detention centres in Albania.

Fostering links between different stakeholders, decisionmakers and actors is essential to widen the impact of our initiatives and create a network that can pressure public policy to advance the values on which EMERGENCY's work is founded. ○



WORLD HEART SUMMIT 2025 AND 78TH WORLD HEALTH ASSEMBLY

ACCESS TO EMERGENCY, CRITICAL AND OPERATIVE CARE IN AFGHANISTAN

AN INHUMANE BORDER

SUMMIT

REPORT

REPORT



In 2025, EMERGENCY engaged in global advocacy at the World Heart Summit 2025 and the 78th World Health Assembly, highlighting how conflict and political instability deny millions access to essential healthcare.

Through these fora, EMERGENCY reaffirmed healthcare — including access to quality surgery — as a fundamental human right, presenting its model of sustainable surgical care in line with the Lancet's "Health Policy Article on Global Surgery 2025-2035" and drawing attention to the continued provision of cardiac surgery in Sudan despite the ongoing war. At the World Heart Summit, EMERGENCY also presented its paper "Cardiac Surgery in Wartime," drawing on two decades of experience in Sudan to highlight the feasibility of maintaining highly specialised cardiac care during active conflict and the key role of local healthcare workers in ensuring continuity of care amid insecurity.

read the paper



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In June 2025, in collaboration with 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 dominate EMERGENCY's operational focus in the country.

read the report



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"An Inhumane Border: Saving Lives in the Mediterranean Sea" recounts the second year on board EMERGENCY's search and rescue vessel Life Support, and the 13 missions it carried out by the end of 2024.

Exploring some of the major political and legal developments of the year, including the implementation of the Italy-Albania Protocol and the establishment of a Tunisian Search and Rescue Region, the report demonstrates how the Mediterranean Sea has become an inhumane border where migratory flows are hindered, as are the efforts of those who perform rescues — at the expense of human rights and lives.

read the report



© EMERGENCY Archive



"The victims of war include people unable to access essential care: in Ukraine, Gaza and Sudan, we are witnessing the dire consequences of conflict on patients with chronic conditions and heart diseases, yet these people are rarely included in the tallies of victims. We must protect all healthcare, especially in war."

EMERGENCY President Rossella Miccio, speaking at the World Heart Summit

COMMUNICATIONS AND CULTURE OF PEACE

2025 reminded us that peace is not a destined reality, but a daily choice. A choice that requires courage, consistency and engagement.

Yet another year has passed in which war has emerged as a viable, legitimised, even normalised political choice, as if violence could ever become an acceptable option. Palestine, Sudan and Ukraine are the result of an international system increasingly based on the use of force, rearmament and the systematic violation of the rights of civilians. International law, whether rendered meaningless or simply unenforced, has revealed its full fragility. Human rights have been trampled underfoot before the eyes – and even at the hands – of the very parts of the world which claim to defend them.

In response, we have strengthened our cultural commitment to peace: launching initiatives and campaigns, hosting events and exhibitions, creating spaces for dialogue.

In Italy, our *RIPUDIA* [Reject] campaign, based on the country's constitution, openly calls for the rejection of war and urges institutions, citizens and schools to declare their stance as a duty towards the 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.

With contributions from seven internationally renowned artists, we hosted an exhibition about building peace at Milan Design Week 2025. With the artistic collective *CHEAP* and the exhibition *'Against War. Views and Visions'*, we brought photography from conflict and posters rejecting the logic of war into city centres and museums across Italy. In Venice, our office used the Universal Declaration of Human Rights to bring together local schools and residents for a participatory graphic art project.

We collaborated on the multimedia performance *'Gaza: War Chronicles. In the Name of Hind Rajab'* with journalist Fabio Tonacci, composer Ziad Trabesli and street artist Laika, sharing the story of a little girl who was killed in the Gaza Strip whilst waiting for help in a car riddled with bullets.

In venues across Italy and around the world – including national premieres in Switzerland, the United Kingdom and the United States – we screened *Long Night*, a documentary by Emmy-winning journalist and photographer Lynzy Billing about EMERGENCY's 25 years of work in Afghanistan.

Gino Strada's words, taken from the book *"Una persona alla volta"* [One person at a time], were translated into voice and music in the show *'La guerra com'è'* [War as it is], starring Elio Germano and Teho Teardo, with the aim of keeping the spotlight on the abolition of war and the realisation of the universal right to healthcare.

The annual EMERGENCY Festival brought thousands of likeminded individuals together to share their voices and disrupt narratives of war and coercion, while *'Irresponsible'* became the title and theme of a short film highlighting the importance of grassroots dissent, participation and protest to call for and support peace.

We did all of this to defend a simple yet uncomfortable truth: war is not inevitable. Civilian casualties are not a side effect of conflict, but its only reality. Change will only be possible if we continue to take a stand, to unite, to recognise one another's humanity. A culture of peace is not an individual choice, but a shared responsibility. ○



INITIATIVES FOR A CULTURE OF PEACE

EXHIBITIONS, FILMS, PERFORMANCES, PUBLIC EVENTS, PODCASTS, FESTIVALS. A WIDESPREAD CULTURAL EFFORT THAT HAS BROUGHT THE REJECTION OF WAR AND THE PROMOTION OF HUMAN RIGHTS ACROSS CITIES, ENGAGING DIVERSE AUDIENCES AND PROMOTING A CLEAR AND COLLECTIVE STAND AGAINST ALL CONFLICT.



AGAINST WAR.
7 DESIGNERS FOR EMERGENCY

EXHIBITION

"If war destroys, peace is built."

This is the message of the previously unseen works by seven internationally renowned designers, presented for EMERGENCY at Milan Design Week (*Triennale Milano International Exhibition*). The exhibition was curated by Giulio Iacchetti.

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.

© Davide Preti



GAZA: CHRONICLES OF WAR.
IN THE NAME OF HIND RAJAB

PERFORMANCE

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.

© Eleonora Stevani



IRRESPONSIBLE

SHORT FILM



The video '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.

watch the short film



© EMERGENCY Archive



LONG NIGHT

DOCUMENTARY FILM



Created by Emmy-winning journalist, photographer and filmmaker Lynzy Billing, *Long Night* tells the story of EMERGENCY's 25 years of work in Afghanistan, through the intimate first-hand accounts of Afghan healthcare workers and their patients at our facilities across the country.

From the heart of Kabul to the rural Panjshir valley and the once-volatile Helmand province, generations of Afghans share the extraordinary story of how they continue to confront the reality of war, every day.

The film has been screened in major cities across five countries, including London, Los Angeles, New York, Rome, Washington D.C. and Zurich.

© Lynzy Billing

"THE VOICE": THE FIFTH EDITION OF THE EMERGENCY FESTIVAL

THREE DAYS OF MEETINGS, PERSONAL TESTIMONIES AND PARTICIPATION TO AMPLIFY THE VOICE 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 promotes the organisation's values, from opposition to war to the practice and protection of human rights**, offering 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 the city of Reggio Emilia to life with moments for listening, discussion and participation. The collective voice encapsulates the essence of EMERGENCY's commitment.

It means making a shared choice not to remain silent in the face of injustice, and to contribute to building a fairer society. It means amplifying the voice of those living on the margins, so that their experiences become part of a shared narrative and help us to imagine different paths forward, even when they seem difficult to follow.

Together, we gathered and shared many voices, including those who have experienced armed conflicts, those who inform us, those who defend human rights at the risk of violence or imprisonment. ○

21,169 PARTICIPANTS
69 EVENTS
14 VENUES
19 FORMATS
1 PARTNERSHIP
162 VOLUNTEERS
OVER 100 GUEST SPEAKERS

"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

"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



ITALY REJECTS WAR

ARTICLE 11 OF THE ITALIAN CONSTITUTION STATES: "ITALY REJECTS WAR AS AN INSTRUMENT OF AGGRESSION AGAINST THE FREEDOM OF OTHER PEOPLES" - THIS IS THE FOUNDATION UPON WHICH EMERGENCY HAS BUILT THE *RIPUDIA* CAMPAIGN IN ITALY.



RIPUDIA - "reject" in Italian - is an awareness campaign launched by EMERGENCY in Italy to reaffirm the fundamental principle of the rejection of war as an instrument of aggression and as a means for the settlement of international disputes, as stated in Article 11 of the Italian Constitution. Launched on 4 November 2024, when Italy recognises National Unity and Armed Forces Day, the campaign chose to take a public stance for this constitutional principle and to revive the shared sentiment against war that emerged following the Second World War.

RIPUDIA aligns with EMERGENCY's direct experience working in conflict and post-conflict settings, and stems from one of its two founding objectives: to promote a culture of peace and human rights.

In 2025, the campaign took a decisive step forward, from reaffirming the constitutional principle to building genuine and widespread participation across more than 650 municipalities in Italy.

RIPUDIA has brought together local authorities, schools, cultural organisations and the public.

We have asked citizens, organisations and institutions to join us by organising events, hosting or taking part in our initiatives, and publicly displaying a banner that reads "*RIPUDIA La Guerra*" ("REJECT War").

More than 1,000 schools have taken part, turning their participation into an opportunity for education and discussion on the meaning of Article 11. The cultural sector has also responded with over 300 venues, festivals and organisations hosting events, exhibitions, screenings and meetings linked to the campaign.

The most significant result lies simply in the visibility of a civil front that has chosen to publicly reject war.

Alongside symbolic expressions of support, *RIPUDIA* has promoted public initiatives designed to generate attention and debate, including urban installations, billboards, the transformation of public spaces, and citizen-led campaigns such as one which transformed sites linked to the remembrance of war into Spaces of Peace. ○

"Rome's public library system wholeheartedly supports the campaign launched by EMERGENCY, which highlights the practical significance of Article 11 of our Constitution, because it is essential to remember that peace also represents a collective commitment. We must work to build bridges, meeting places, negotiation processes and cultural diplomacy. This is why we need spaces for participation, dialogue and discussion – spaces designed for citizens, such as libraries, places for sharing, dialogue and exchange between cultures."

Councillor for Culture for the Metropolitan City of Rome Capital, Massimiliano Smeriglio

VOLUNTEERING AND LOCAL GROUPS

IN 2025, EMERGENCY'S INTERNATIONAL NETWORK OF VOLUNTEERS ORGANISED FUNDRAISING AND AWARENESS-RAISING EVENTS. MEETINGS, CAMPAIGNS AND SPORTS INITIATIVES SPARKED DISCUSSION ON WAR AND THE RIGHT TO HEALTHCARE. THEIR WIDESPREAD COMMITMENT HAS STRENGTHENED PARTICIPATION, FUNDRAISING AND COMMUNITY ORGANISING.

EMERGENCY's volunteers are an essential part of the organisation: an active, informed community committed to spreading and promoting its values.

In 2025, over 2,900 volunteers across 126 active groups organised numerous events to raise awareness, foster a culture of peace and support fundraising activities. Presentations, concerts, exhibitions, debates and sporting initiatives provided opportunities for discussion on war, healthcare and human rights, engaging new people and strengthening partnerships with local organisations.



OUR VOLUNTEERS

→ IN ITALY
121 active groups

2,851 volunteers, of whom 1,923 are women and 928 are men

→ INTERNATIONAL
5 active groups: Austria, Germany (2), Switzerland (Ticino) and Belgium

59 volunteers, of whom 41 are women and 18 are men

ITALIAN NATIONAL FUNDRAISING CAMPAIGNS

"A COLOMBA FOR EMERGENCY"
428 stalls selling *colomba*, a traditional Italian Easter cake.

"A CANTUCCIO FOR PEACE"
369 stalls selling *cantucci*, a traditional almond biscuit, in October to support humanitarian activities.

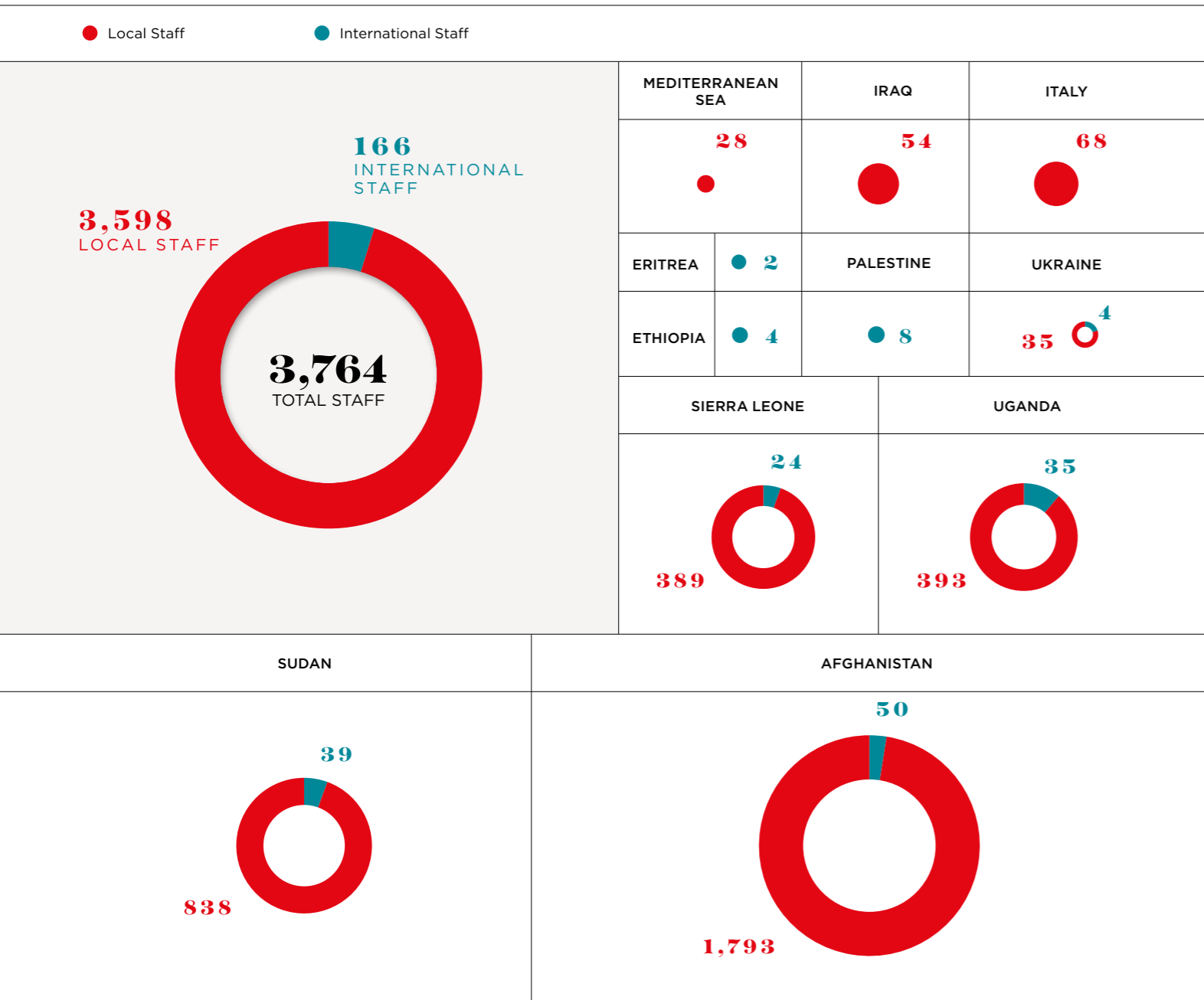
"A PANETTONE MADE FOR GOOD"
638 stalls selling traditional *panettone* during the Christmas period, to support projects in Italy and abroad.

WORK WITH US

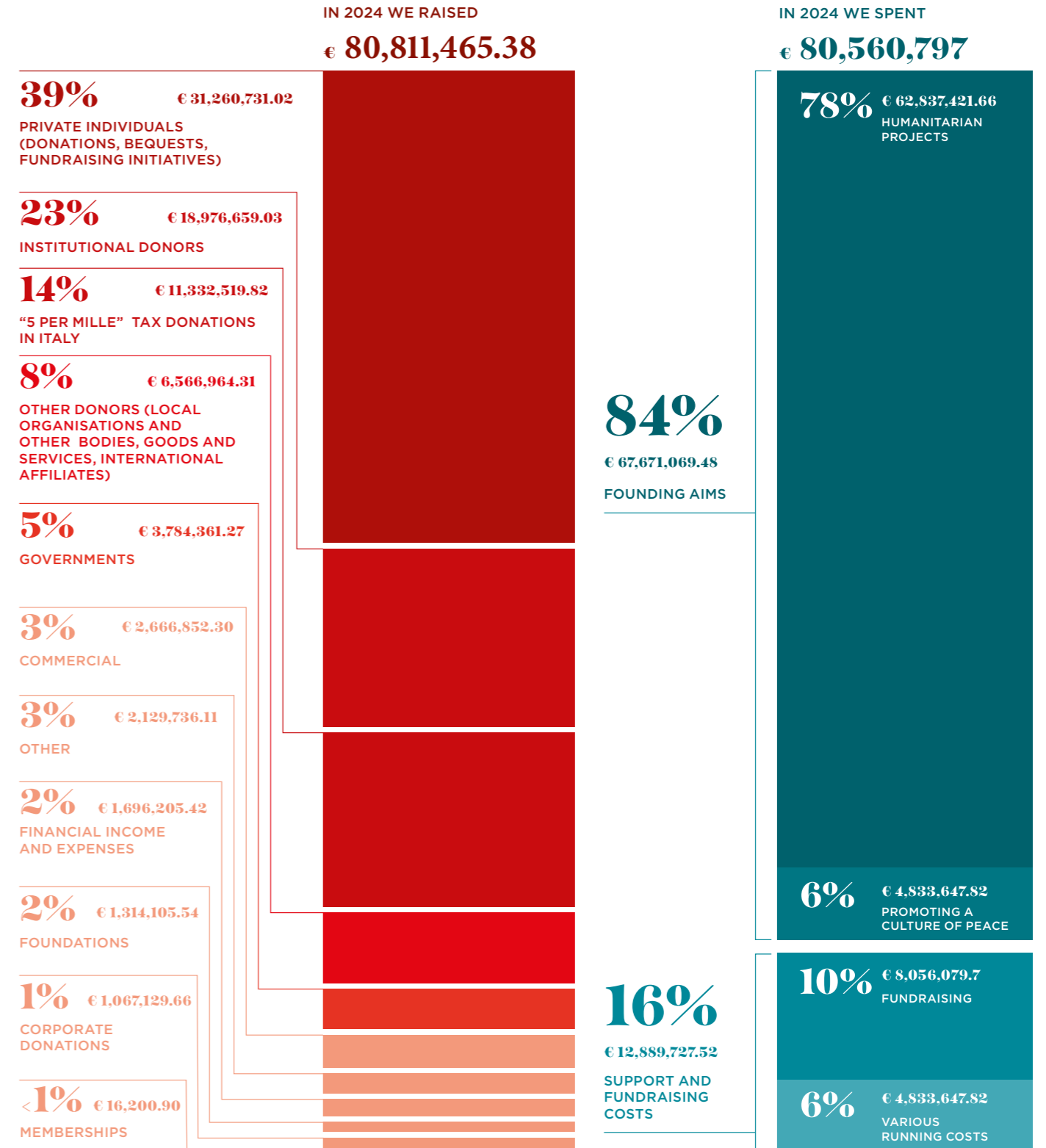
EVERYONE WHO WORKS WITH EMERGENCY HELPS TO GUARANTEE THE RIGHT OF ANYONE WHO IS ILL OR WOUNDED TO RECEIVE HIGH-QUALITY, FREE CARE. OUR MEDICAL WORK IS NOT DONE BY VOLUNTEERS BUT BY PAID SPECIALISTS WITH SPECIFIC PROFESSIONAL PROFILES.

OUR FUNDS

EMERGENCY PLANS ALL OF ITS ACTIVITY WITH A VIEW TO MINIMISING RUNNING COSTS AND FREEING UP AS MANY FUNDS AS POSSIBLE FOR THE WORK IT WAS FOUNDED TO DO: TO TREAT VICTIMS OF WAR AND POVERTY AND SPREAD A CULTURE OF PEACE. AROUND 78% OF FUNDS ARE SPENT ON HUMANITARIAN PROJECTS, 6% ON PROMOTING A CULTURE OF PEACE, 6% ON RUNNING COSTS, AND 10% ON FUNDRAISING (FIGURES FROM 2024 FINANCIAL STATEMENT).



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



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.

Please support us today. [Visit emergency.ngo/donate](https://www.emergency.ngo/donate)

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IN THE INTEREST OF TRANSPARENCY, ACCOUNTABILITY AND TRUST, WE PUBLISH OUR FINANCIAL STATEMENTS EVERY YEAR.



Our Financial Statements can be viewed at
www.emergency.ngo/balance-sheet

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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.



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY