



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

REPORT 1994-2024

EMERGENCY ONG ETS

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

SINCE 1994, EMERGENCY HAS WORKED IN 21 COUNTRIES AROUND THE WORLD, PROVIDING FREE MEDICAL CARE IN ACCORDANCE WITH ITS CORE PRINCIPLES: **EQUALITY, QUALITY AND SOCIAL RESPONSIBILITY.**

EQUALITY

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

QUALITY

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

SOCIAL RESPONSIBILITY

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



FROM THE "MANIFESTO FOR A HUMAN RIGHTS-BASED MEDICINE",
SAN SERVULO, VENICE, 2008

TODAY MORE THAN EVER



by **ROSSELLA MICCIO,**
PRESIDENT OF EMERGENCY



EMERGENCY IN 2m55s

We began our work 30 years ago in a period of world history marked by a modern form of conflict in which civilians paid the highest price. We wanted to treat the victims of those wars and, at the same time, encourage a social revolution that would do away with recourse to war, with the idea of its inevitability. So, we embarked on our first mission in Rwanda, during the genocide. Then we provided surgery in Iraq, to address the effects of landmines, and led a campaign in Italy to ban the production and sale of those mines. We then went to Afghanistan, where we are still remedying the failures of aggressive interventionism, confronting the isolation of women, a humanitarian crisis and the freezing of funds to the country. In those 30 years, our story has become one of collective solidarity, of hospitals built, staff trained, healthcare models of excellence and treatment for all. We are determined to make our own work redundant by promoting a culture of respect for human rights, which is the only real antidote to war.

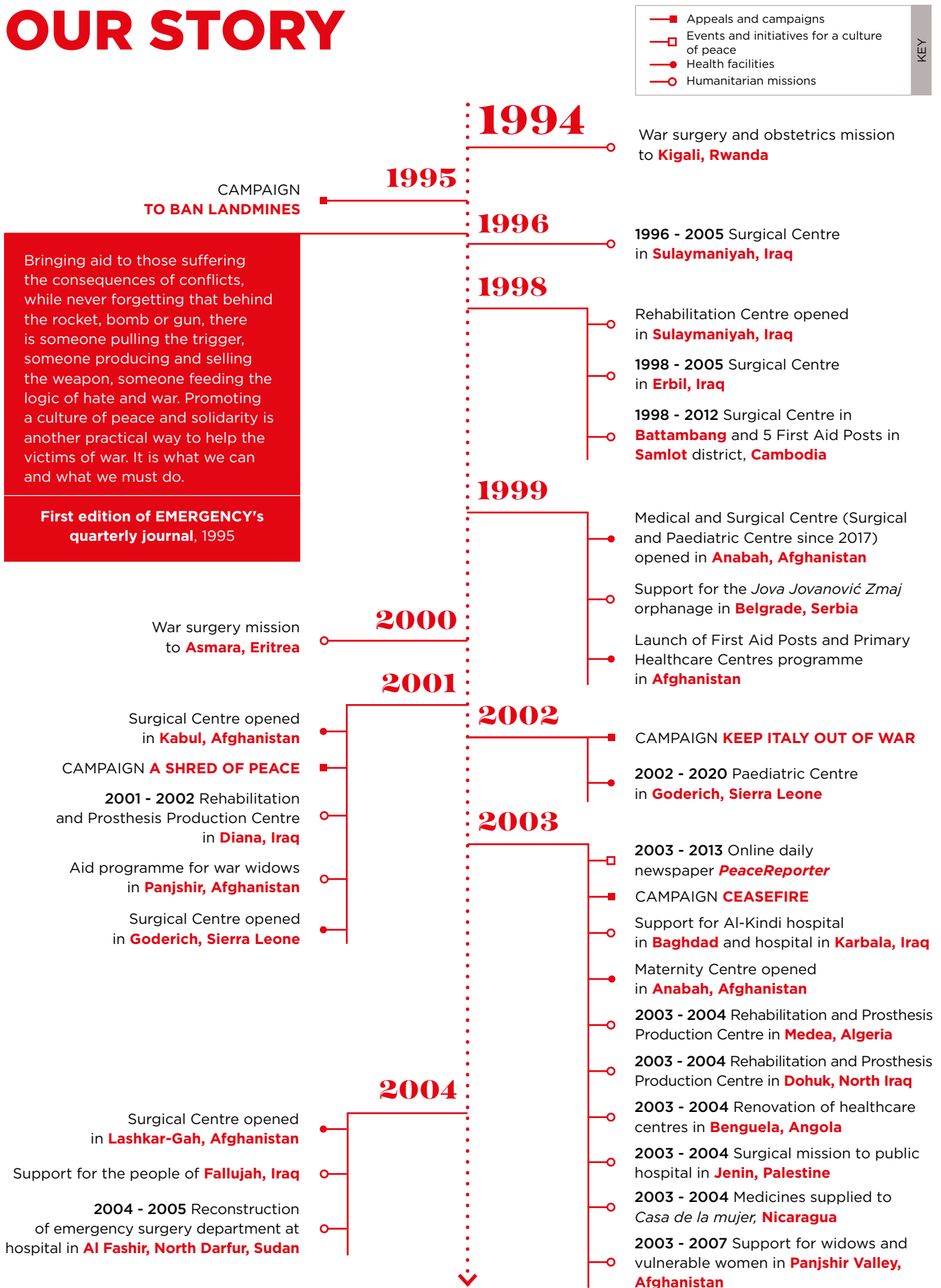
Today more than ever, peace is needed. In a world ravaged by more than 50 active conflicts, international bodies can no longer be the guarantors of inalienable rights and duties. Heads of state conceal the horrors of war with criminal justifications: war for peace, just war, preventive war. Future warfare is prepared for by funding rearmament, to the detriment of human *welfare*. In 2024, we bore witness to the effects of these decisions, in places where even humanitarian work has become a military target.

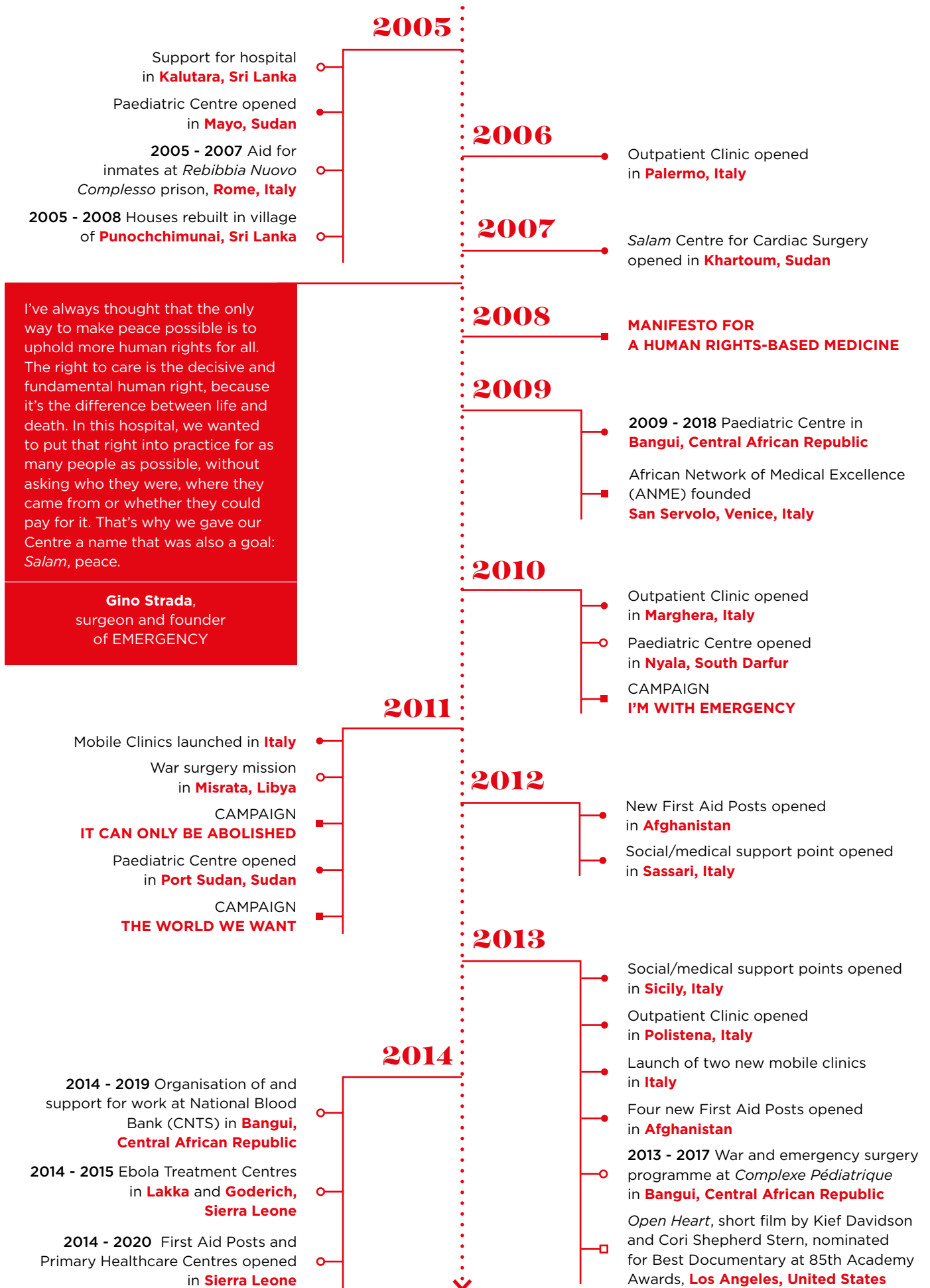
In Khartoum, Sudan, we are the only international NGO to have continuously worked throughout the conflict, at our hospital the *Salam Centre*. Here, we broadened our services to include primary care for children and aid in medical emergencies, out of responsibility to a people who had been largely forgotten. In Donetsk, Ukraine, we provided the most vulnerable people access to essential care, something the conflict has made scarce. In Gaza, Palestine, our team managed, after months of continuous obstacles, to provide primary care to Palestinians who have been completely devastated by the barbarity of a war in which humanitarian law has been buried under the rubble along with thousands of people.

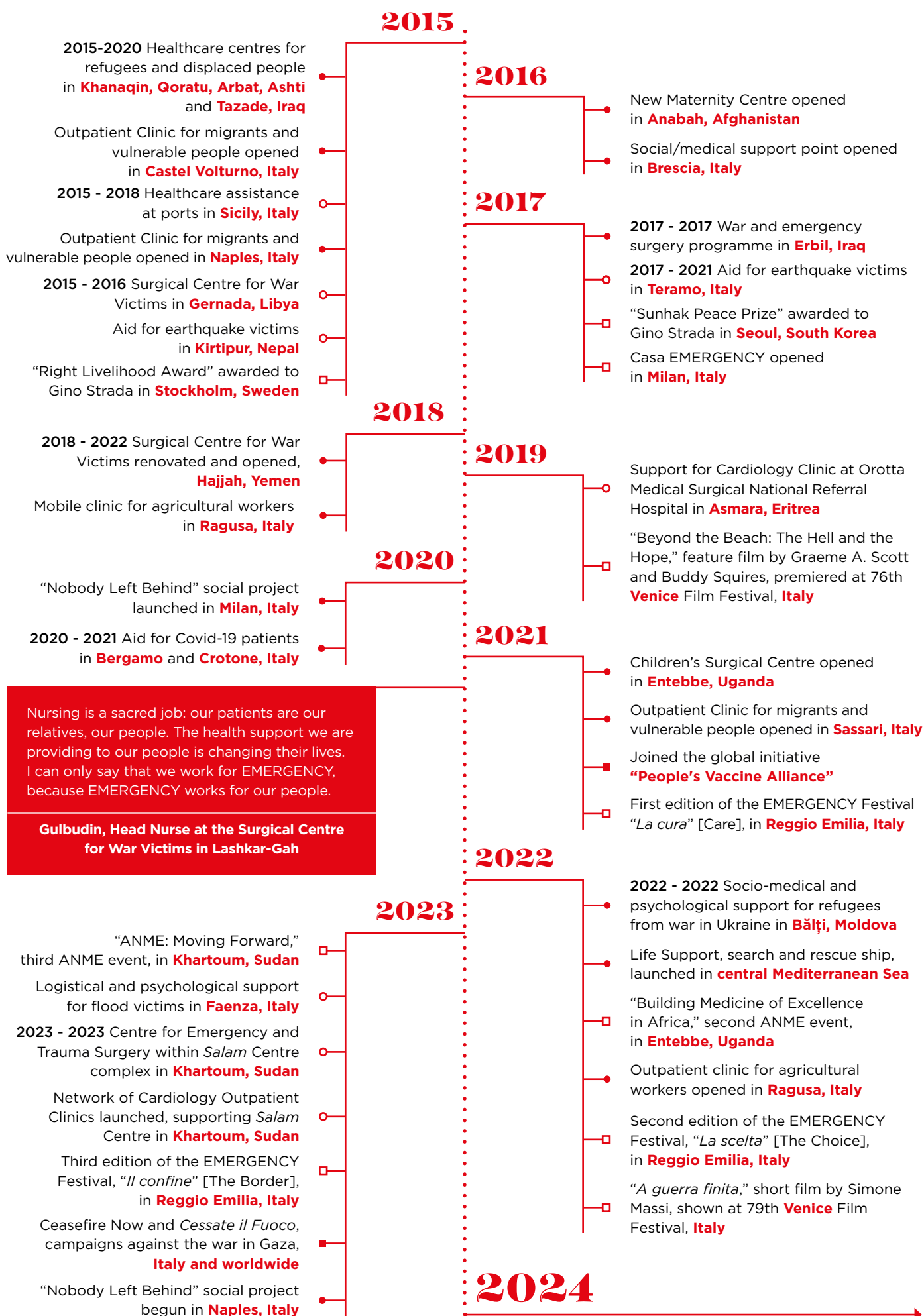
With this destructive trajectory before us, we felt strongly that we must assert the need to overcome the inhumanity of war. We did so through "Ripudia" (meaning "reject" in Italian), a campaign to raise awareness that echoes Article 11 of the Italian constitution and affirms our country's rejection of war.

We will go on from here. After 30 years, war is still being forced upon us, and it is one more factor in bringing us together and pushing us to put forward alternative ways of interacting. We - and you, if you agree - shall choose treatment, as we have always done, and turn care into a political and social act that helps build peace. ○

OUR STORY









EMERGENCY

SURGICAL CENTER FOR CIVIL WAR VICTIMS LASHKAR-E-TAIBA
مرکز جراحی قربانیان جنگ داخلی لاشکره تائبه

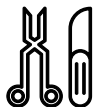
OPD عاجل خانگه

OUR WORK



MEDICINE

- Outpatient clinics
- Cardiology
- Basic medicine
- General medicine
- Neonatology
- Obstetrics and gynaecology
- Paediatrics
- Dentistry
- Psychological support



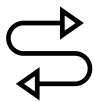
SURGERY

- Cardiac surgery
- Paediatric cardiac surgery
- War surgery
- Emergency and trauma surgery
- General surgery
- Orthopaedic surgery
- Gynaecological surgery
- Paediatric surgery



REHABILITATION AND SOCIAL REINTEGRATION

- Physiotherapy
- Production of prostheses and orthoses



SOCIO-MEDICAL SUPPORT

- Medical education
- Health promotion
- Cultural mediation
- Support and guidance with healthcare rights



SEARCH AND RESCUE IN THE MEDITERRANEAN SEA

- Saving lives at sea
- Welcoming and treating rescued people on board



PROMOTING A CULTURE OF PEACE

- Publications and multimedia projects
- Events and public initiatives

HOW WE WORK



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.

DESIGNING AND BUILDING HOSPITALS

We build the hospitals we work in, so that we can guarantee the highest level of treatment possible. Right from the planning stage, our aim is to create an environment that is efficient for our staff to work in and comfortable for our patients.



BEAUTY

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

TRAINING

We support local staff with practical and theoretical training in all our projects. Our training work has been recognised by several ministries of health in the countries we work in. Training takes place with a view to sustainability in the long term: by supporting the independence of local staff, we can eventually hand over the hospital to local authorities and contribute to strengthening the health system.



WORKING TOGETHER WITH LOCAL AUTHORITIES

We always make clear agreements with local authorities to define our task in the country, and our reciprocal roles and responsibilities. Our ultimate goal is to get local government to take over our facilities and give their citizens the right to treatment.

ENVIRONMENTAL SUSTAINABILITY

We use alternative energy sources, and environmentally friendly solutions for rubbish disposal. We limit our running costs and respect the environment, whether we are in Kabul or Khartoum.



FOOD

We give our patients and their families three meals a day. We provide around 125,000 free meals a month in countries where, even in hospitals, food isn't free.

“In the last 30 years, EMERGENCY has acquired various skills, from war surgery to primary healthcare, cardiac surgery to orthopaedics, and vaccination programmes. This journey has made us a mature organisation, capable of meeting the varied needs of different groups without being spread thin. Today we are able to provide care, regardless of the event that has created the need in the first place. We can therefore respond both fully and in a targeted way.”

Alessandro Manno, Project Development Advisor

OUR PROJECTS AROUND THE WORLD

ITALY

OUTPATIENT CLINICS WITH SOCIAL/PSYCHOLOGICAL SUPPORT

SINCE 2010 — MARGHERA (NEAR VENICE)

SINCE 2011 — POLISTENA (CALABRIA REGION)

SINCE 2015 — NAPLES

MOBILE CLINICS WITH SOCIAL/PSYCHOLOGICAL SUPPORT

SINCE 2012 — ROSARNO (CALABRIA REGION)

SINCE 2015 — MILAN

SINCE 2018 — MARINA DI ACATE AND SANTA CROCE DI CAMERINA (SICILY)

OUTPATIENT CLINICS WITH SOCIAL/MEDICAL SUPPORT

SINCE 2014 — CASTEL VOLTURNO (CAMPANIA REGION)

SINCE 2016 — SASSARI (SARDINIA)

SINCE 2022 — VITTORIA (SICILY)

SOCIAL/MEDICAL SUPPORT AND INFORMATION POINTS

SINCE 2012 — SASSARI (SARDINIA)

SINCE 2016 — BRESCIA

NOBODY LEFT BEHIND - SOCIAL PROJECT TO HELP DISADVANTAGED PEOPLE

SINCE 2020 — MILAN, NAPLES

MEDITERRANEAN SEA

SEARCH AND RESCUE AT SEA

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

SUDAN

PAEDIATRIC CENTRES

SINCE 2005 — MAYO, KHARTOUM

(activities suspended in April 2023)

SINCE 2010 — NYALA, SOUTH DARFUR STATE

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

PAEDIATRIC CLINIC

SINCE 2024 — *Salam Centre Complex*, KHARTOUM

SIERRA LEONE

SURGICAL CENTRE

SINCE 2001 — GODERICH

PALESTINE

FIRST AID AND BASIC MEDICAL/SURGICAL AID CLINIC

SINCE 2024 — GAZA STRIP

MEDICAL AND LOGISTICAL SUPPORT FOR PRIMARY HEALTHCARE CENTRE

SINCE 2024 — GAZA STRIP

ERITREA

CARDIOLOGY CLINIC

SINCE 2019 — *Orotta Hospital*, ASMARA

UGANDA

CHILDREN'S SURGICAL HOSPITAL

SINCE 2021 — ENTEBBE

UKRAINE

PRIMARY HEALTHCARE CLINICS FOR REMOTE COMMUNITIES

SINCE 2024 — DONETSK REGION

IRAQ

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

SINCE 1998 — SULAYMANIYAH

AFGHANISTAN

SURGICAL AND PAEDIATRIC CENTRE

SINCE 1999 — ANABAH

42 FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES

SINCE 1999 — PRESENT ACROSS 11 PROVINCES

SURGICAL CENTRES FOR WAR VICTIMS

SINCE 2001 — KABUL

SINCE 2004 — LASHKAR-GAH

MATERNITY CENTRE

SINCE 2003 — ANABAH



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**OTHER COUNTRIES
WE HAVE
WORKED IN**

ALGERIA, ANGOLA,
CAMBODIA,
CENTRAL AFRICAN
REPUBLIC, LIBYA,
MOLDOVA, NEPAL,
NICARAGUA,
RWANDA, SERBIA,
SRI LANKA, YEMEN.

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**COUNTRIES OF ORIGIN FOR PATIENTS TREATED
AS PART OF OUR REGIONAL PROGRAMMES FOR
CARDIAC SURGERY AND PAEDIATRIC SURGERY:**

AFGHANISTAN, BANGLADESH, BURKINA
FASO, BURUNDI, CAMEROON, CHAD, CENTRAL
AFRICAN REPUBLIC, DEMOCRATIC REPUBLIC
OF THE CONGO, DJIBOUTI, ERITREA, ETHIOPIA,
GAMBIA, GUINEA, IRAQ, KENYA, LIBERIA, NIGERIA,
PHILIPPINES, RWANDA, SENEGAL, SIERRA
LEONE, SOMALIA, SOUTH SUDAN, SUDAN, TOGO,
UGANDA, YEMEN, ZAMBIA, ZIMBABWE.

RESISTANCE AND CARE

by **RUKHSANA QADERI,**
NURSE IN KABUL

Dear readers, my name is Rukhshana Qaderi. I am writing to you from Afghanistan, a country still suffering the consequences of war. For me, war means darkness, disgrace and a loss of freedom. After 40 years, the violence of bombing and shooting has stopped, but we are still dogged by economic trouble, as well as discrimination and oppression. War has left deep scars on all of us, myself included.

The impact on my life has been great. All my family have suffered enormously. A missile hit our house and killed three of my children. In 2019, my husband was murdered in a suicide attack. These losses have left their mark on me. They have strengthened my motivation to help others. I recognise the pain I see in the eyes of my patients and their families. It is the same pain I feel. That shared suffering pushes me on in my work as a nurse.

For 25 years, this has been more than just a job for me. I help patients at the Surgical Centre for War Victims in Kabul, but my journey with EMERGENCY began in 1999 at the Surgical Centre in Anabah, in the Panjshir valley, where I did this job for 16 years in various departments, eventually spending a year as Head Nurse on the ward. I quickly realised that being a nurse involves something more than providing medical

aid; it means serving patients and bringing them comfort. My work gives me strength and reminds me every day of the importance of compassion and resilience.

I still remember my first day at the hospital. It seems only yesterday that I met Dr Gino, the surgeon and founder of EMERGENCY, Miss Kate, Miss Najiba from Iraq, Gul Mohammad Khan and Akbar Jan. Their warmth, encouragement and support made an indelible mark on my motivation. They pushed me to dedicate myself totally to this job. Along with so many other colleagues, they gave me the confidence I needed to take on new challenges. I owe it to my patients, too. Every day, each of them reminds me why I am here: to treat them, to respond to their physical, psychological and emotional needs, but also to offer protection, comfort and dignity. Taking care of them and alleviating their suffering also alleviates mine, and brings me peace. I am very much in alignment with EMERGENCY's philosophy of medicine as a way of practising peace. Every life we save is a step forward for hope and humanity in this country, which has gone through so much.

The state of healthcare in Afghanistan is a tragedy. Most people do not have access to quality care. Public facilities are short of staff and medicines, while private facilities are often too costly and of poor quality. EMERGENCY stands out like a beacon of hope because of its free services and high standards. I am proud to be part of an organisation that has made an impact on healthcare in my country, by training local staff and preparing them to run hospitals themselves.

Over the years, EMERGENCY has grown and adapted to changes of setting, but its mission has always remained the same: to save lives and protect human rights. I treasure the memory of working side by side with international colleagues and I am grateful for the knowledge and skills I have gained in this experience. My work has made me stronger, braver and more responsible for my community. It has also taught me the value of resilience and the importance of hope. Looking ahead, I hope Afghanistan achieves a lasting peace and that all of its people can enjoy fundamental human rights.

I dream of a country where medical treatment is available for all and where women and girls are no longer oppressed. As for myself, I hope I can continue growing professionally and serving my people with dedication and compassion. I have learnt through my work that even in dark times, there is light. I have learnt that light comes from caring for others and from making a joint effort along with everyone else who believes in a better future. ○



SALAM IS PEACE

by **SAMIR IBRAHIM,**
LOGISTICIAN IN KHARTOUM

Dear readers, my name is Samir Ibrahim and I am the logistician at the *Salam* Centre for Cardiac Surgery in Khartoum, Sudan. I began working in 2012 as a cleaning assistant and was eventually promoted up to Head of Logistics. I found this job with EMERGENCY by chance, but as soon as I began, I realised the importance of their work in helping and supporting not just patients but the whole community, offering high-quality care, free of charge. I was asked to describe the hospital in one word. I would say, *Salam* is *salam*. In Arabic, “*salam*” means peace, so *Salam* is peace.

Life was not easy in Sudan even before war broke out in April 2023, but since then everything has changed, both in the places hit by the fighting and those that have been spared. War means disaster. There is nothing worse than war. People die, have to leave their homes. There is no single word to describe war. War is not a good thing. I hope it all ends and we can go back to our old lives.

Everything has changed since that day, since one of our drivers called to tell us that something was wrong, that there was fighting going on. From that first instant, our greatest worry was for the safety of our families, as it was for many other Sudanese. I had part of my family here in Khartoum: my mother, my father and my sister. My wife, Zhara, was pregnant at the time. She was not with me; she was in another city. She gave birth to our second daughter. It was nine months before I could bring my wife and daughters to live with me here in the hospital compound, where I am writing from, to have them near me. The situation is still very difficult. At times it seems as though it will never end. It is true that I have my daughters with me, but every time they hear an explosion or gunfire or a plane passing above, they start asking me questions. They are scared and sometimes cry. That is our routine. Can you imagine what that is like?

Khartoum is really feeling the impacts of the humanitarian crisis at the moment. Almost all health facilities, from clinics to hospitals, are closed because they lack supplies and are not safe for their own workers, many of whom have left the city out of fear. People do not know who to turn to and end up dying in their homes.

Some incidents come to mind and make me think there must be a reason that I am here, working for EMERGENCY. For instance, I remember that in the first few months of the war, there was an explosion not far from our hospital and we received six civilians who had been hit. One of them was a little girl, five years old. At another time, I received a call from a house near the hospital. A baby with diabetes was in a coma, it was nighttime and there was no chance of getting him to another facility. Along with our Head Doctor, I stayed at the clinic for two hours, waiting until they stabilised the baby so that we could admit him. Without this hospital, he would have faced certain death. It was incidents like these that convinced me we must go on working, because we must be there for our community.

I have seen the organisation change and I have seen myself change over the last 13 years. As I wrote at the start of this letter, I began as a cleaning assistant and over time, thanks to this organisation and the people who have believed in me, I have become the logistician at the *Salam* Centre. I have learnt many things and am still learning a lot, and for that I thank EMERGENCY. Among other things, I have learnt the necessity of following a method, making decisions collectively and being patient... let's just say I am still working on that last one.

I was asked what I wish for myself and my country. My answer is, I do not want anything for myself. I have my daughters, who are two and four years old. I would like them to have the opportunity to get a proper education, to be able to make their own decisions and not to have to worry about war. For my country, I hope that the war ends. I wish for everyone to be able to go back to their lives and live in peace again. That is what I need, what we need. ○



EMERGENCIES AND DEVELOPMENT

FOR 30 YEARS, WE HAVE TREATED THE VICTIMS – DIRECT AND INDIRECT – OF “MODERN” WARS, WITH BOTH CRISIS INTERVENTION AND LONG-TERM HEALTHCARE RECONSTRUCTION PROJECTS

In a year of worldwide upheaval, where new iron curtains, races begin to re-arm, and attacks on international humanitarian law grow, we have found that flexibility, knowledge of context, and multi-disciplinary experience in medicine and surgery are essential to our ability to continue operating.

In Sudan, we have borne witness to one of the worst humanitarian crises in recent history. For more than a year now, our hospitals' operating capacity has been dictated by the consequences of the war: limited electricity, frequent power cuts, shortages of medical supplies, restrictions on our international staff's movements and long waits for their travel permits. Transport for our staff, which by necessity stretches through parts of the desert, has been subject to constant replanning between our facility in Port Sudan, which has become the new logistics hub for our projects in the country, and the *Salam* Centre in Khartoum. Despite the difficulties, thanks to the reputation we have established over 20 years in Sudan and the commitment of our staff, we are the only international organisation in Khartoum with a functioning hospital, which has continued to provide open-heart surgeries in the midst of war. In March we began a paediatric service for children under the age of 14, at a clinic set up in one wing of the *Salam* Centre, through which we provided more than 10,000 outpatient consultations. In order not to lose contact with post-operative patients after they have left Khartoum, since they still need check-ups and vital medicines, we opened a cardiology clinic in the east of the country in 2024. Via telemedicine, we managed to monitor post-operative patients, providing regular long-distance consultations. Meanwhile in Nyala, the capital of South Darfur, we resumed full outpatient services for children and their mothers.

We entered the Gaza Strip in August 2024, after months of attempting to gain access. We began treating people with limited resources, as essential supplies and medicines sat on supply convoys not granted access to Gaza. Every day in the so-called “humanitarian zone” of Khan Younis, we have had to live with the reality of there being nowhere safe to go.

The WHO reports 651 attacks on health facilities between October 2023 and 31 December 2024. In Ukraine, many facilities have also been destroyed, while their staff have fled or been enlisted to serve in military hospitals. In Donetsk, we found ourselves up against months-long delays, red tape and other barriers. Nonetheless, we managed to set up primary healthcare clinics and create models for long-term social and medical development.

In the absence of healthcare systems capable of providing basic and life-saving care, the number of indirect victims of any war will be higher, even once it has ended. That is why we are still in Afghanistan, Iraq and Sierra Leone, countries that are struggling to rebuild. We are adapting our work to the needs that have arisen after the wars in these countries, with a long view to medical and social reconstruction. In Iraq, we are still treating victims of landmines, providing rehabilitation and making prostheses. Sierra Leone has an incredibly high rate of road accident mortality. Our Surgical Centre is the country's point of reference for trauma surgery, as well as for the treatment of corrosive injuries to the oesophagus, caused by accidentally drinking lye (caustic soda), an additional public health problem.

In Afghanistan, after facing war for more than 40 years, the healthcare system has almost collapsed under the weight of the current humanitarian crisis. It is struggling to meet the demands of trauma surgery for civilians, primary healthcare, and obstetric and gynaecological emergencies, which are increasing thanks to poverty and the marginalisation of women. In 2024, we adapted our mandate in the country to reflect these needs, notwithstanding restrictions and limited resources, broadening surgical activity to include civilian trauma and adding services at our First Aid Posts, which are designed for trauma stabilisation, including basic healthcare, women and children's health services, and vaccination campaigns.

“In Afghanistan, EMERGENCY is investing in surgical capacity, by training professionals who go on to enter the Afghan healthcare system once they finish our speciality courses, as well training new generations of nurses and teachers.”

Dejan Panic,
Country Director in Afghanistan

“In South Darfur, people are fighting famine and diseases that would easily be prevented elsewhere, but which can have serious consequences in a healthcare system that has collapsed.”

Islam Salhi,
Head Nurse at Paediatric Centre
in Nyala

“When patients reach our hospital, especially in the pre-operative stage, they are in a really serious condition. They come here from very far away. They reach us after days of travelling. We try to do our best for them.”

Manhael Bader,
Head Nurse at *Salam* Centre



GAZA STRIP, PALESTINE

FIRST AID CLINIC AND BASIC MEDICAL AND SURGICAL AID

FIRST AID AND STABILISATION, BASIC MEDICAL AND SURGICAL AID, REPRODUCTIVE MEDICAL AID, POST-OPERATIVE NURSING FOLLOW-UP

NOVEMBER 2024 TO 31 DECEMBER 2024

Visits: 5,250

Patients referred to other facilities: 188



© EMERGENCY archive

We entered the Gaza Strip in August 2024 to build a clinic that would provide first aid, stabilisation for medical and surgical emergency cases, basic care, outpatient reproductive care and post-operative nursing follow-up. As of 31 December 2024, the WHO reported that there had been 651 attacks on medical facilities, and 33 out of 36 hospitals reported damage of varying degrees. After waiting months for the site to be approved, we began construction work in Al-Qarara, Khan Younis, in December. Meanwhile, as part of our outreach work, we publicised our services among local people and recruited local staff. We have become a point of reference locally, thanks in part to the medical work we began in October at a clinic run by the local *Culture and Free Thought Association* (CFTA), whose regular staff we supervise, co-ordinate and train. In two months' time, we have provided over 5,000 outpatient consultations and more than 600 dressings for wounds.

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.
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.

7 LOCAL STAFF (CFTA)

10 INTERNATIONAL STAFF

DATA FROM 2024

43% of patients were under 18 years old

DONETSK REGION, UKRAINE

PRIMARY HEALTHCARE FOR REMOTE COMMUNITIES

REGIONAL BASIC MEDICAL AID, NURSING SERVICES, PSYCHOLOGICAL SUPPORT, MEDICAL EDUCATION AND PREVENTION, ACCOMPANIMENT TO HEALTH FACILITIES

FEBRUARY 2024 TO 31 DECEMBER 2024

Home visits: 3,946

Villages involved: 14

Clinics restored and opened: 10

People reached: 10,000



© Davide Preti

Our team has begun providing primary healthcare in Ukraine to expand access to care in remote parts of the country, where medical facilities, staff and essential services are sparse. In the Donetsk region, we have served 14 villages in the Oleksandrivka area, near Kramatorsk, with a network of local clinics by renovating old health facilities or converting prefabs, then fully equipping them and training medical and non-medical staff. We were able to help people still living in the area thanks to an intervention model involving Community Health Workers: local people who are trained to act as intermediaries between healthcare services and the public by going door to door, monitoring and mapping the medical needs and health conditions of the people in their community. Since the beginning of our project, our Community Health Workers have conducted almost 4,000 home visits. More than 30% of their patients were not seeing a doctor before the war.

10 clinics opened or re-opened and fully equipped.

20 LOCAL STAFF

5 INTERNATIONAL STAFF

DATA FROM 2024

40% of elderly patients were **disabled or vulnerable**

KHARTOUM, SUDAN

PAEDIATRIC CLINIC

PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE

MARCH 2024 TO 31 DECEMBER 2024

Outpatient consultations: 10,222
Vaccinations for women and children: 4,447



© EMERGENCY archive

The war is seriously weakening the Sudanese healthcare system. The rate of infection is constantly rising, malnutrition is widespread, there is not enough to eat and even the nutrition centres are struggling to provide therapeutic food. To meet the needs of children, in March we set up a paediatric clinic within the *Salam* Centre complex, to provide consultations, laboratory analyses, medicines and medical education – the same services we offered at our Paediatric Centre in Mayo, a suburb of Khartoum, which closed when the fighting began. In October, the number of patients at our Clinic was double that in previous months, at an average of 110 children a day, some of them in shock from acute malnutrition. In nine months we provided consultations to over 9,000 patients, 13% (1,126) of whom had acute malnutrition and had to be placed under observation. We treated a huge number of patients with gastroenteritis from contaminated food and stagnant water. Because of the war, there are few health facilities still open in Khartoum and they often cannot be reached safely.

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

- 4 BEDS
- 15 LOCAL STAFF
- 2 INTERNATIONAL STAFF

DATA FROM 2024

46% of patients were between 1 and 5 years old

PORT SUDAN, SUDAN

PAEDIATRIC CENTRE

PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE, SEXUAL AND REPRODUCTIVE HEALTH SERVICES



DECEMBER 2011 TO 31 DECEMBER 2024

Outpatient consultations: 252,113

Admissions: 12,262 (suspended since 2023)

Outreach services (in surrounding area): 49,340 (suspended since 2023)

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

15 BEDS

120 LOCAL STAFF

10 INTERNATIONAL STAFF

When war broke out, the city of Port Sudan was unprepared to host the thousands of internally displaced people fleeing the rest of the country. Today serving as the de facto capital of Sudan, the city appears like an enormous refugee camp, with poor hygienic and medical conditions. In 2024, over 2,000 of our paediatric patients here came from other states of Sudan. Of the roughly 14,500 total outpatient consultations, 70% were “code yellow,” many of them malnourished children with respiratory conditions and gastroenteritis. The facility provided 3,441 services involving pre- and post-natal care, obstetrics and family planning, including home visits to monitor the health of new-born babies and their mothers, as well as to educate the latter about breast-feeding, good hygiene and to offer ongoing paediatric support at the Centre. We provided 6,800 vaccinations to children in 2024.

NYALA, SUDAN

PAEDIATRIC CENTRE

PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE



NOVEMBER 2020 TO 31 DECEMBER 2024

Outpatient consultations: 42,234

Admission: 1,901 (suspended since 2023)

Outreach services (in surrounding area): 38,338 (suspended since 2023)

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

14 BEDS

91 LOCAL STAFF

3 INTERNATIONAL STAFF

The humanitarian situation in Darfur is a disaster. 2024 saw continuous bombing, large-scale attacks and military raids. Many villages were besieged and completely razed to the ground. In November 2024, in Nyala, the capital of South Darfur, we resumed outpatient services and in just two months we conducted more than 1,000 outpatient consultations, 25.5% of them for infants less than one year old. All activities at the Centre had been suspended the year before, in November 2023, after our staff were arrested and the facility was looted. In just a few weeks, we had the cardiac clinic and services open once again and by April 2024, the vaccination programme and medical education sessions were also running. We provided 15,200 vaccinations to women and children to prevent a range of illnesses, including polio, meningitis and rotavirus-responsible for viral gastroenteritis, especially in babies.

KABUL, AFGHANISTAN

SURGICAL CENTRE
FOR WAR VICTIMS

WAR AND TRAUMA SURGERY

APRIL 2001 TO 31 DECEMBER 2024

Outpatient consultations: 199,058
Admissions: 71,514
Surgical operations: 103,102



© Francesco Pistilli

More than three years since the Taliban came to power and international forces disengaged from Afghanistan, violence in Kabul has decreased but not ended. Out of the 1,683 patients operated on at the hospital in 2024, 66% had wounds from bladed weapons, firearms, shrapnel, landmines or explosive ordnance. The hospital managed eight mass casualty events, with a total of 53 victims. In January, there were four explosions in five days, from which we received 23 patients, including a five-year-old child. Throughout the year, we also admitted many patients for non-war-related injuries. The Kabul facility opened in April 2001 to treat victims of the then-civil war, which would go on to claim more than 240,000 victims after the international coalition invaded six months later.

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

403 LOCAL STAFF

16 INTERNATIONAL STAFF

DATA FROM 2024

66%

patients operated on for
violent injuries

LASHKAR-GAH, AFGHANISTAN

SURGICAL CENTRE
FOR WAR VICTIMS

WAR AND TRAUMA SURGERY



SEPTEMBER 2004 TO 31 DECEMBER 2024

Outpatient consultations: 389,401

Admissions: 75,975

Surgical operations: 98,656



© Francesco Pistilli

Since the war formally ended in Helmand, a province that accounted for 20% of all victims of the conflict back in 2018, new medical needs have arisen. Today, 90% of the patients admitted to our Lashkar-Gah hospital have non-war-related injuries, from falls, workplace accidents and, most often, road traffic accidents (RTAs). The areas and roads formerly cut off by the fighting are now accessible and mobility in the country has improved, but road safety has not. As in Kabul, admissions for multiple trauma and brain injuries from RTAs are increasing. In January 2024 alone, 218 patients were admitted to our Surgical Centre after an RTA; more than half were under 18 years old. The significant number of children in the hospital is reflected across the year: at least half of patients admitted for road accidents in 2024 were under 14.

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

331 LOCAL STAFF

11 INTERNATIONAL STAFF

DATA FROM 2024

1 in 2 patients admitted due to a
road traffic accident
was under 14 years old

ANABAH, AFGHANISTAN

SURGICAL AND
PAEDIATRIC CENTRE

WAR SURGERY, EMERGENCY SURGERY,
GENERAL SURGERY, TRAUMA SURGERY, PAEDIATRICS



© Francesco Pistilli

11 PROVINCES, AFGHANISTAN

FIRST AID POSTS AND PRIMARY
HEALTHCARE CENTRES

BASIC AND EMERGENCY MEDICAL AID



© Francesco Pistilli

DECEMBER 1999 TO 31 DECEMBER 2024

SURGICAL DEPARTMENT

Outpatient consultations:

388,509

Admissions: 53,863

Surgical operations: 47,165

PAEDIATRIC DEPARTMENT

Outpatient consultations:

326,074

Admissions: 18,780

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.

78 BEDS

372 LOCAL STAFF

13 INTERNATIONAL
STAFF

In 2024, we performed 1,832 operations at our Surgical Centre, mostly on the biliary and urinary tracts and the thyroid. Women made up 43% of admitted patients. We provided outpatient consultations to just under 30,000 children, who were mainly suffering from diseases in the pharynx and gastrointestinal tract, parasitic diseases and respiratory infections. Over the years, as armed fighting has decreased, what was a centre for war surgery was transformed into a facility for general, emergency and trauma surgery, internal medicine and paediatrics. There was no shortage of victims of violence: from the opening of the Centre until 2021, we performed 9,677 war surgeries. Our Centre remains the point of reference for patients from the Panjshir valley and the provinces of Parwan and Kapisa.

DECEMBER 1999 TO 31 DECEMBER 2024

Outpatient consultations: 6,550,747

Ambulance transfers: 243,430

Anabah area: 7 PHCs in Abdara, Anabah, Dashtak prison, Hesarak, Koklamy, Oraty, Sangi Khan; 5 PHCs with first aid services in Anjuman, Dara, Khinch, Kapisa, Pul-e-Sayyad; 4 FAPs in Paryan, Dasht-e-Rewat, Gulbahar, Said Khil;

Kabul area: 10 FAPs in Andar, Barakibarak, Gardez, Ghazni, Gurband, Jalreez, Laghman, Pul-e-Alam, Sheikhabad, Tagab; 2 FAPs with primary healthcare services in Chark, Mirbachakot; 7 FAPs at 2 orphanages (male and female) and 5 prisons in Kabul;

Lashkar-Gah area: 4 FAPs in Garmsir, Grishk, Marjia, Nad Ali; 3 FAPs with primary healthcare services in Sangin, Musa Qala, Shoraki.

433 LOCAL STAFF

In 2024, we continued to convert some of our First Aid Posts (FAPs), which are intended for life-saving treatment for war victims, into Primary Healthcare Centres (PHCs), which provide primary healthcare, emergency care, paediatric screening, vaccination programmes, maternal and infant health services, and reproductive care. There are 42 facilities across the network, modelled to fit the needs of the population. Our aim is to provide the rural population with basic healthcare, emergency treatment and trauma stabilisation. This year, we expanded our provision of sexual and reproductive health services for women at PHCs and trained local obstetricians in ante- and post-natal care.

ANABAH, AFGHANISTAN

MATERNITY CENTRE

OBSTETRICS, GYNAECOLOGY, NEONATOLOGY

JUNE 2003 TO 31 DECEMBER 2024

Outpatient consultations for women: 533,656**Outpatient consultations for babies:** 15,550**Women admitted:** 114,530**Surgical operations:** 20,019**Babies born:** 90,162

© Stefanie Ginski

Providing ante-natal and neonatal care, obstetrics and gynaecology, our Centre in the Panjshir valley is a maternal and infant health facility to which Afghan women are increasingly turning within an extremely challenging context. Compared to 2023, births increased by 8% (6,892), 800 more babies were born (7,222) and we provided over 3,500 neonatal visits. Yet the poor health and humanitarian conditions in the country were reflected in an increase in diseases and obstetric complications:

71% of outpatient consultations in 2024 were for women with high-risk pregnancies. We also admitted many women who were in labour and in a serious condition due to malnutrition, or who had given birth at home without assistance. Over 170 of our Afghan colleagues, including 20 gynaecologists and 58 obstetricians, are still working and studying to ensure women in Panjshir and the surrounding areas have the chance to give birth safely.

Obstetric and gynaecological 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 care, kangaroo care room, neonatal observation room, technical and auxiliary services (shared with Surgical and Paediatric Centre).

99 BEDS**173 LOCAL STAFF****4 INTERNATIONAL STAFF**

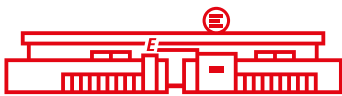
DATA FROM 2024

21,000 outpatient visits, **13%** of them for problems **not related to pregnancy**

SULAYMANIYAH, IRAQ

REHABILITATION AND SOCIAL
REINTEGRATION CENTRE

PRODUCTION OF PROSTHESES AND ORTHOSES,
PHYSICAL REHABILITATION



© Massimo Grimaldi

For 26 years, our Rehabilitation and Social Reintegration Centre in Sulaymaniyah, in Iraqi Kurdistan, has specialised in rehabilitation and physiotherapy and in producing prostheses, orthoses and other orthopaedic aids for disabled people, some of them injured by landmines. Our aim is to enable physical independence and combat marginalisation and social exclusion. In 2024, our facility - which has been run for almost 20 years by Kurdish staff trained by EMERGENCY - treated more than 400 new patients, who came from the autonomous Kurdish region, elsewhere in Iraq, and neighbouring countries. In total, there were 3,384 consultations and 2,203 physiotherapy sessions, over 1,400 prosthesis or orthosis maintenance services, and more than 600 new arm and leg prostheses provided, completely free of charge. We treated 148 patients for injuries from mines. In a country that remains low on international priorities and has accordingly seen its humanitarian aid fall, our presence still provides an essential service to the victims of the conflicts that Iraqis, and people from other countries, have suffered through over the last 30 years.

FEBRUARY 1998 TO 31 DECEMBER 2024

Patients: 13,339
Arm prostheses: 1,716
Leg prostheses: 12,196
Physiotherapy sessions: 67,905
Orthoses: 1,543

Physiotherapy, orthopaedic laboratories, technical and auxiliary services.

61 LOCAL STAFF

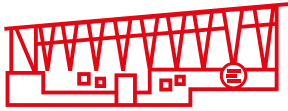
DATA FROM 2024

623 prostheses
fitted

SIERRA LEONE, GODERICH

SURGICAL CENTRE FOR WAR VICTIMS

GENERAL AND EMERGENCY SURGERY, ORTHOPAEDIC
AND RECONSTRUCTIVE SURGERY, TRAUMA SURGERY



NOVEMBER 2001 TO 31 DECEMBER 2024

Outpatient consultations: 471,998

Admissions: 50,151

Surgical operations: 72,770



© Andrea Simeone

In Sierra Leone, injury and death from road accidents are a public health concern. At our Surgical Centre in Goderich, the national point of reference for trauma surgery, victims of road traffic accidents made up 46% of patients admitted for trauma injuries in 2024. Since 2005, the hospital has also run its Caustic Soda Treatment Programme, which treats burns to the oesophagus and digestive system caused by ingesting caustic soda (also known as lye), a chemical compound used to make soap in homes. The Soda Programme involves surgical procedures and interventions that are unique in the wider region, as well as prevention sessions and rehabilitation programmes. In 2024 alone, we recorded 447 admissions, 546 surgical procedures and more than 900 consultations, 743 of which were follow-ups. Lye ingestion is a social emergency here, especially among children. Of the 207 new cases seen at our Centre in the year, 70% were children under the age of five. The facility is also a point of reference for cardiology check-ups and monitoring for signs of coagulation in Sierra Leonean patients operated on at the *Salam* Centre; we performed 530 check-ups and almost 900 blood tests to check for coagulation in 2024.

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.

67 BEDS

366 LOCAL STAFF

21 INTERNATIONAL STAFF

DATA FROM 2024

546 surgical procedures for
ingestion of lye

A NETWORK OF MEDICAL EXCELLENCE

FREE, HIGHLY SPECIALISED TREATMENT AND LOCAL STAFF TRAINING: THE PILLARS OF THE AFRICAN NETWORK OF MEDICAL EXCELLENCE

In 2024, we continued to strengthen the African Network of Medical Excellence (ANME), an initiative begun in 2009 by EMERGENCY and the healthcare authorities of nine (now 15) African countries to improve national healthcare systems by building interconnected centres of medical excellence. Equality, quality and social responsibility are the three principles underpinning EMERGENCY'S "Manifesto for a Human Rights-Based Medicine," which is the cornerstone of ANME. We work with the network to increase excellent medical treatment, professional growth and patient transfer, as well as international collaboration in scientific research.

We came up with this model of medicine in part based on our experience at the *Salam* Centre for Cardiac Surgery, which opened in Khartoum, Sudan, in 2007. Practising cardiac surgery here in 2024, amidst an ongoing war, was particularly hard, but our staff strove to work uninterrupted, providing almost 3,000 cardiological consultations and guaranteeing monitoring for post-operative patients. The Centre has a clinic for administering oral anticoagulant therapy (OAT), essential for providing this life-long treatment. The clinic provides services both in-person and long-distance, using telemedicine for patients to have their check-ups at other facilities and send their reports to the *Salam* Centre, which then determines the necessary treatment. Despite the war, we have provided over 12,000 in-person check-ups and over 18,000 long-distance.

The Children's Surgical Hospital in Entebbe, Uganda, which opened in 2021, is the second facility in ANME and a point of reference for elective paediatric surgery. In 2024, it carried out over 900 complex surgical operations, some of them using laparoscopy, a minimally invasive surgical technique that lessens the effects of an operation and improves post-operative recovery. The hospital is also a point of reference for training in the wider region: set up in collaboration with African institutions of learning, it hosts a rotation programme for African students taking speciality courses in paediatric surgery, anaesthetics and paediatrics.

Identifying patients in other countries, transferring them to our centres and providing them with ongoing post-operative care, are all part of our Regional Programmes for Cardiac Surgery and Paediatric Surgery, through which we have helped patients from 29 countries. We conduct screening missions in participating countries to identify patients for elective surgery, and follow-up to monitor their post-operative condition and provide them with essential medications free of charge. These missions currently take place at our centres in Port Sudan, Sudan, and Goderich, Sierra Leone, and at public hospitals in countries where we do not have a facility of our own. Since 15 April 2023, cardiology screening missions to find patients to transfer to the *Salam* Centre have been suspended due to the war. When the conflict broke out, we had operated on over 2,000 non-Sudanese patients at the Centre. The team from the Regional Programme for Cardiac Surgery continued follow-up missions, however, undertaking 13 in 2024 and seeing 1,274 patients from Burundi, the Central African Republic, Chad, Ethiopia, Nigeria, Sierra Leone, Somalia, South Sudan and Uganda. There were also missions in Port Sudan and Atbara, Sudan. After the war broke out, the Regional Programme team also set up cardiology clinics in Sudan for IDPs and patients who are unable to reach Khartoum for post-operative care and for those needing life-long OAT.

The Regional Programme for Paediatric Surgery, which is linked to our hospital in Entebbe, began in 2023. A year on, we had operated on 156 patients from eight countries, including Ethiopia, from which six patients were transferred to and operated on in Entebbe. Our relationships with African health authorities are the basis for the ANME's principles of co-operation, and our Regional Programme acts as EMERGENCY's representative body on the continent. ○

“Laparoscopy was an amazing addition to the hospital in Entebbe. It improves surgeons' skills, cuts hospitalisation time, quickens recovery and reduces morbidity in patients.”

Daisy Akurete,
Surgeon at Children's Surgical Hospital

“The Regional Programme set up the cardiology clinics in Wad Madani, which closed in 2023 for safety reasons, in Atbara and in Kassala, and trained all the staff tasked with specialist cardiology follow-ups.”

Luca Rolla,
Regional Programme Director

“I began working at the *Salam* Centre on 12 February 2018. On my first day, I was really surprised. I was looking around and everything seemed very well organised, very well done. When they told me the building was from 2007, I thought: '2007? This hospital looks brand new!'”

Swah Hassan,
Doctor at *Salam* Centre



KHARTOUM, SUDAN

SALAM CENTRE FOR CARDIAC SURGERY

CARDIAC SURGERY, PAEDIATRIC CARDIAC SURGERY,
CARDIOLOGY, INTERVENTIONAL CARDIOLOGY



© Davide Preti

APRIL 2007 TO 31 DECEMBER 2024

Specialist cardiology consultations: 98,311

Patients admitted: 11,985

Surgical operations: 10,742

Haemodynamic diagnostic procedures and interventions: 1,502

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

387 LOCAL STAFF

22 INTERNATIONAL STAFF

Due to the war, in 2024 the *Salam* Centre was forced to reduce cardiac surgery and adopt urgent measures to manage blood shortages, such as intra-operative blood salvage. The Centre continued to provide on-site monitoring of patients for blood coagulation and free-of-charge medications, as well as telemedicine check-ups for long-distance patients, performing more than 30,000 OAT tests. To support patients who could not reach the *Salam* Centre, we decentralised our cardiology service, setting up a clinic in Kassala and finishing work on a new facility in Gedaref, in the east of the country. Both will carry out the same activities as the clinic in Atbara, Nile State, opened in 2023, and Wad Madani, Gezira State, which had to close in December 2023 for safety reasons. These facilities are part of a cardiology follow-up system in Sudan, to which our Paediatric Centres in Port Sudan and Nyala also belong.

ASMARA, ERITREA

CARDIOLOGY CLINIC AT OROTTA HOSPITAL

CARDIOLOGY SCREENING, ORAL ANTICOAGULANT
THERAPY



© Massimo Grimaldi

OCTOBER 2019 TO 31 DECEMBER 2024

Cardiology consultations: 20,660

INR tests: 7,022

Cardiology clinic, OAT clinic.

5 INTERNATIONAL STAFF FROM THE REGIONAL PROGRAMME FOR CARDIAC SURGERY

Our work in Eritrea is concentrated in the capital, Asmara. Since 2019, under our Regional Programme for Cardiac Surgery, our medical team have met regularly at Orotta Medical Surgical National Referral Hospital to provide follow-ups and free medications to post-operative patients. We also keep local staff constantly up to date with the latest international standards of care. In 2024, we prolonged the suspension of our screening missions, as the war in Sudan had made it impossible to transfer patients to the *Salam* Centre. The Regional Programme also supports *Orotta* hospital through a clinic providing OAT services, as well as carrying out regular monitoring missions for post-operative patients fitted with prosthetic valves. The clinic provided over 2,000 blood coagulation tests and more than 6,000 cardiology consultations in 2024.

ENTEBBE, UGANDA

PAEDIATRIC SURGERY CENTRE

PAEDIATRIC GENERAL SURGERY

APRIL 2021 TO 31 DECEMBER 2024

Outpatient consultations: 28,776

Patients admitted: 4,203

Surgical operations: 4,902



© Massimo Grimaldi

When we opened our hospital in Entebbe in 2021, there were just four paediatric surgeons in the country. Now, their number has trebled. The paediatric population is made of more than 20 million children, and the mortality rate for those under five years old is 43 per 1,000 live births. In 2024, children under five made up 61% of our admissions. Today, the hospital is a point of reference for free elective surgery and complex cases - 70% of operations here in 2024 were major surgeries - mainly for gastrointestinal, urological and gynaecological conditions. Continuous staff training means we can utilise cutting-edge surgical techniques: in 2024 we started paediatric laparoscopy, a unique service in the country to perform a minimally invasive surgery that reduces the risk of infection and recovery time after operations. For the second consecutive year, we hosted a specialist training programme on bladder exstrophy operations, in collaboration with the Association for the Bladder Exstrophy Community (A-BE-C) and Johns Hopkins University.

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

79 BEDS

371 LOCAL STAFF

47 INTERNATIONAL STAFF

DATA FROM 2024

1,309 surgical operations

SEARCH AND RESCUE AND MIGRATION

ON THE MEDITERRANEAN, WE RESCUE PEOPLE WHO HAVE TRIED TO CROSS THE SEA IN SEARCH OF A BETTER FUTURE. IN ITALY, WE WORK TO UPHOLD THE RIGHT TO CARE ON EVERY FRONT.

In 2024, our search and rescue ship *Life Support* went on 13 missions, rescuing 1,232 people. At sea since December 2022, *Life Support* operates in the central Mediterranean, one stretch of an invisible but often lethal border. According to the International Organization for Migration, at least 2,476 people died or disappeared trying to cross this border in 2024 alone. Rescue missions, which were already challenging, have been further complicated by the Italian authorities' practice of assigning distant ports of disembarkation. Over the year, *Life Support* spent an average of 3.3 days reaching its assigned ports after each rescue due to this distant ports policy, which risks the violation of migrants' fundamental human rights while once more raising the spectre of Fortress Europe, inaccessible to those most in need.

Solidarity and rights are being hindered on land, too. Red tape and administrative and financial barriers are impediments to accessing care in Italy, threatening the right to healthcare for migrants, foreign nationals and Italian citizens. Through our Italy Programme, we work to break down these barriers and make the right to care a reality for everyone living in circumstances of vulnerability or poverty. From Milan to Sicily, we worked to make the national health system more inclusive and foster fair access to treatment. In Polistena, in the Calabria region, for instance, we are operating both a mobile clinic (the 'Polibus') and a fixed outpatient clinic, which provide basic medical aid, socio-medical support, cultural mediation and psychological support. In Marghera, near Venice, we have doctors, nurses, psychotherapists, social workers, cultural and linguistic mediators, and socio-medical workers. In Castel Volturno, near Naples, where we also offer at-home support, we have worked over the last 10 years on a project to put pressure on local institutions. The same is true in Brescia, where in 2024 we urged the relevant authorities to look for structural solutions to illegitimate bureaucratic

and administrative obstacles. In Sassari, Sardinia, our outpatient clinic remains an important healthcare support and information provider for both patients and institutions. In Ragusa, Sicily, we continue to be publicly outspoken about the exploitation of agricultural labourers, an often invisible community in the area known as the "transformed strip." We are also meeting 'invisible' communities on the move in Trieste, where in July 2024, we set up a socio-medical support and information point in collaboration with doctors from the organisation *Donk Humanitarian Medicine*. When the project concluded after three months, EMERGENCY had helped 129 patients through more than 355 services, listening and providing socio-medical and administrative support to access the Italian national health service. We physically accompanied the patients with the most difficulties, and conducted outreach work in encampments and reception centres to assess the poor living conditions of migrants in the area.

Our projects are in constant evolution. The social project "Nobody Left Behind" was set up during the Covid-19 pandemic, working in Italy's biggest cities to bring food to vulnerable people who were excluded from official means of assistance; now, the project also supports and accompanies them in accessing social services. In Milan, we also set up a food hub, run by EMERGENCY and our partners and promoted by the municipal council, with the aim to help the most vulnerable people reintegrate with society and employment. ○

“In the *Gioia Tauro* plain, where I am now, we find people working illegally and semi-legally and living in completely derelict housing conditions. Working and living conditions have direct effects on these workers' physical and mental health.”

Mauro Destefano,
Co-ordinator of EMERGENCY's
project in Calabria

“In 2014 I left my country because war broke out and my city was hit. It was not difficult deciding to leave. Any place would have been better than there.”

Syrian boy rescued by
Life Support in October 2024

“For most of the people we rescued, it was their third attempt to reach Europe. Every time they were caught by the Libyan Coast Guard, they were forced again to pay a bribe to get out of prison.”

Yohannes Ghebray,
Cultural Mediators Co-ordinator
on board *Life Support*



ITALY

URBAN OUTSKIRTS
SOCIO-MEDICAL SUPPORT

GENERAL MEDICINE, NURSING CLINIC, PSYCHOLOGICAL
SUPPORT, CULTURAL MEDIATION, SOCIO-MEDICAL SUPPORT,
MEDICAL EDUCATION, DENTISTRY (MARGHERA ONLY)

SERVICES, 2006 TO 31 DECEMBER 2024

Marghera, since 2010: 118,498
Milan, since 2015: 74,334
Naples, since 2015: 6,218
Castel Volturno, since 2015: 89,998
Sassari, since 2012: 31,881
Brescia, since 2016: 21,834



© Davide Preti

In 2024, people in need across Italy turned to EMERGENCY. We provided over 45,000 socio-medical support services, in addition to legal and advocacy work to break down the bureaucratic and administrative barriers preventing fair access to care, as indicated in the Italian constitution. Of the 10,537 recorded patients at both our fixed and mobile facilities, around 2,600 were struggling to access care because of administrative hurdles, language barriers or socio-economic difficulties. Over 2,800 did not have a national health card. We helped 1,000 children, registering about half of them with Italy's national health service. Children of citizens defined as "irregular" are often left outside of the national health service, as are people who have never been employed, whether Italian or foreign. In the Lombardy region, our legal and advocacy work to erase the distinction between "unemployed" and "never employed" has allowed the latter to be granted exemption and exercise their rights to care without financial constraints.

- LOCATIONS:**
- Marghera (near Venice)
 - Sassari (Sardinia)
 - Castel Volturno (Campania region)
 - Milan
 - Naples
 - Brescia

46 STAFF

155 VOLUNTEERS

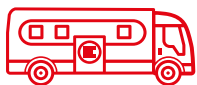
DATA FROM 2024

47% of our patients were from
outside the EU

ITALY

URBAN OUTSKIRTS
SOCIO-MEDICAL SUPPORT AND
PSYCHOLOGICAL SUPPORT

GENERAL MEDICINE, NURSING CLINIC, SOCIO-MEDICAL
SUPPORT, CULTURAL MEDIATION, PSYCHOLOGICAL SUPPORT,
MEDICAL EDUCATION



In the Reggio Calabria area, we are providing support to new groups of people. In the last few years, we mainly helped migrants and seasonal workers who had been marginalised and physically isolated due to institutional failings. In 2024, however, the main nationality among our patients in Polistena, in the Calabria region, was Italian (26%), a sign of the gaps in the Italian national health system. Of these, more than half were over 60 years old. We are still committed to helping seasonal workers, who are increasingly permanent and working as agricultural labourers. We provide treatment and listen to their stories, while publicly condemning their exploitation, wholly inadequate housing conditions, vulnerable social and medical statuses, and the risk they face of psychological trauma. Our fixed and mobile clinics in Ragusa, in Sicily, have always served non-seasonal agricultural labourers. In 2024, 80% of the patients we saw here were male and 60% were aged between 18 and 40.

JULY 2013 A DECEMBER 2024

Services in Reggio Calabria area: 49,868

2018 TO DECEMBER 2024

Services in Ragusa area: 20,978

LOCATIONS:

Rosarno (Calabria region)
Polistena (Calabria region)
Vittoria (Sicily)
Marina di Acate (Sicily)
Santa Croce di Camerina (Sicily)

12 STAFF

17 VOLUNTEERS

DATA FROM 2024

1,678 patients treated in Ragusa
and Reggio Calabria, through
a total of **5,696 services**

ITALY

NOBODY LEFT BEHIND
SOCIAL PROJECT

SOCIAL SUPPORT AND DELIVERY OF BASIC GOODS



© Davide Preti

In 2024, we worked in Marghera (near Venice), Ponticelli (in Naples) and Milan, dealing with 5,515 issues of various kinds and finding solutions in 43% of cases. Our approach was to guide the most vulnerable people to greater social inclusion and independence. We looked at all the factors that affect a person’s health, assessing them through a social lens. This approach was made possible by our team of social workers and by the prior evolution of our “Nobody Left Behind” project. Begun during the Covid-19 pandemic to bring food to vulnerable people excluded from official means of support in Italy’s biggest cities, this is now an integrated project that includes information sharing and accompaniment to social services. In 2024, “Nobody Left Behind” reached 2,351 households, totalling 9,565 people. In Milan, we also set up a food hub, run by EMERGENCY and promoted by the municipal council, where we combat food poverty by allowing our visitors to buy fair, affordable groceries.

LOCATIONS:
Milan
Marghera (near Venice)
Naples
13 STAFF
265 VOLUNTEERS

DATA FROM 2024

13,759 packages delivered

MEDITERRANEAN SEA

LIFE SUPPORT

SEARCH AND RESCUE AT SEA, MEDICAL AID, CULTURAL
MEDIATION

DECEMBER 2022 TO 31 DECEMBER 2024

Search and rescue missions: 28

Rescue operations: 48

People rescued: 2,451



© EMERGENCY Archive

Forty-six families, 32 accompanied minors and 109 unaccompanied minors, as well as 64 people in need of medical treatment. These accounted for just a portion of the 1,232 people rescued in 2024 by our search and rescue ship *Life Support*, enabled by reports of distress passed on by humanitarian organisations like Alarm Phone.

Life Support sailed almost 21,000 nautical miles (39,000 km) and 139 days in 2024, and carried out all its operations in international waters, mainly in two official search and rescue regions: 13 rescues in the Maltese and 11 in the Libyan. People crossing the Mediterranean Sea set off on dangerous journeys, on overcrowded, unsound vessels, hoping to flee war, instability and poverty. Yet rescue missions are not facilitated at all: once again in 2024, ports were assigned far from points of rescue, limiting our work by forcing *Life Support* to sail an extra 630 nautical miles (1,200 km) and three days per mission on average.

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

11 CREW MEMBERS ON BOARD

DATA FROM 2024

24 rescue operations over
13 search and rescue missions

TRAINING

FROM AFGHANISTAN TO UGANDA, SIERRA LEONE TO SUDAN, WE ARE STILL TRAINING MEDICAL STAFF, ONE OF THE PILLARS OF OUR WORK

Treating patients and training local staff are inseparable activities when it comes to promoting the right to healthcare and strengthening health systems in the countries we work in. We have been training local colleagues since 1994, to ensure that the high medical and surgical standards at our facilities will be maintained and to create a culture of medical speciality in each country, the aim being to build a class of independent professionals who can run our hospitals and support public facilities. Over the years our training work has evolved from sharing experiences and concepts, to purely internal training, to collaboration with local educational institutions to design courses that end in certification, and finally to designing practical and theoretical tools for continued education and for following advances in science.

In Africa, specifically in Uganda, Sudan and Sierra Leone, our hospitals are recognised by the College of Surgeons of East, Central and Southern Africa (COSECSA) and the West African College of Surgeons (WACS) as ideal centres for speciality training in surgery. The Sudan Medical Specialisation Board (SMSB) recognises both the *Salam* Centre in Khartoum and the Children's Surgical Hospital in Entebbe as speciality training centres. In Sierra Leone in 2024, four speciality students from the WACS did rotations in surgery and orthopaedics at our centre in Goderich. In spite of the war in Sudan, two students specialising in cardiac surgery, five in anaesthetics and two in emergency medicine, all from the SMSB, did rotations at the *Salam* Centre. In Uganda, we had three fellows in paediatric surgery from the COSECSA and one student specialising in anaesthetics from Sudan, from the SMSB

In Afghanistan, our hospitals work closely with the government's Postgraduate Medical Education (PGME) department, which has entrusted the running of its speciality courses almost entirely to EMERGENCY. These courses last four to five years and are undertaken at our hospitals, after which certification is awarded by the relevant accrediting bodies. Eleven of our colleagues completed speciality training in 2024: five in general and trauma surgery, three in gynaecology and three in paediatrics. There are 52 doctors currently on speciality courses: 23 in surgery at our centres in Kabul, Anabah and Lashkar-Gah, 11 in gynaecology and nine in paediatrics at our centre in Anabah, and nine in anaesthetics at our centre in Kabul. Our students include 13 women specialising in gynaecology and anaesthetics.

Our training courses also include nursing. There are specialist courses, like those for our operating theatre nurses in Uganda, continuing medical education activities, which were taken by 512 nurses in Afghanistan and 110 in Sierra Leone in 2024, and induction programmes to qualify for practice.

To improve skills and independence in the field of emergency medicine, we are continuing to design courses on urgent interventions, which we first began in 2022 and run in collaboration with the Italian Resuscitation Council (IRC), the Italian branch of the European Resuscitation Council. We suspended these courses in Sudan in 2024 due to the conflict, but in Afghanistan we successfully completed a third year, teaching 179 doctors and nurses paediatric and adult resuscitation, at basic, intermediate and advanced level. The year also saw a course for trainers (generic instructor course), after which eight colleagues were certified and became the first members of the IRC's Afghan faculty; they are now qualified to provide emergency training courses internationally. Thirty-one Afghan colleagues took part in our emergency training: six gynaecologists, four anaesthetic technicians and 21 nurses.

Since EMERGENCY's training programmes began, over 2,500 doctors and nurses have successfully completed training. ○



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 2024, the Advocacy Office conducted research and produced reports on our activities in the Mediterranean and Sudan, had delegations present at international summits such as the World Health Assembly and Doha Forum, and held numerous meetings with representatives of the European Commission, European Parliament, and agencies of the United Nations and other international institutions. 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 Civil7, which addressed the president of the G7; the Italian coalition *Tavolo Asilo e Immigrazione* (TAI) defending the rights of people on the move; and the network of search and rescue NGOs for collective advocacy efforts such as the joint appeal against the Italy-Albania Protocol on detention and asylum processing. Fostering links between different groups is essential to widen the impact of our initiatives and create a network that can pressure public policy and advance the values on which EMERGENCY's work is founded. ○





WORLD INNOVATION SUMMIT FOR HEALTH

More than 4,000 people attended the 2024 World Innovation Summit for Health (WISH), which was held in Doha, Qatar, on 13 and 14 November. EMERGENCY took part across both days of the Summit, with panel speakers including Rossella Miccio, President of EMERGENCY, and Dr Suha Abdelwahab Abdallah, responsible for the Oral Anticoagulation Therapy Clinic at the *Salam Centre* for Cardiac Surgery in Khartoum, Sudan, in addition to a centrally hosted art exhibition on access to care in Afghanistan. ○

“For 30 years, EMERGENCY has been trying to provide equal access to quality healthcare in conflict areas. We hope that we shed a light on many different needs for people during conflicts and that humanitarian work will continue to be supported worldwide, because we are one of the few hopes for the most vulnerable in conflict.”

Rossella Miccio

EMERGENCY's President at WISH



SAVING LIVES IN THE ABANDONED SEA

“Saving Lives in the Abandoned Sea: One Year of Life Support” tells the story of the first year of our ship's search and rescue missions: the outcomes, the difficulties and obstacles encountered by the shipwrecked people and our team in the central Mediterranean, the political and humanitarian context, and the approach to migration across Italy and Europe. ○



SUDAN, THE NEGLECTED WAR

As the devastating war in Sudan continued into its second year and beyond, EMERGENCY published a report on the possibilities and constraints of humanitarian interventions during the conflict, concluding with calls for an immediate ceasefire. First published in April 2024, the report was updated in October to mark 18 months of war. At the time of publishing, at least 23,000 people had been killed and 33,000 injured, while nearly 11 million people were displaced, including 5 million children. ○



COMMUNICATIONS AND CULTURE OF PEACE

Throughout 2024, the world experienced further movement toward the normalisation of war, delegitimisation and violation of international law and the bodies that represent it, politically motivated use of foreign aid, policies hostile to people on the move, limited room for dissent and freedom of expression. These tendencies, resurgent over the last few years, hinder our work to provide free care to people in need, and make it harder to promote a culture based on respect for human rights.

It is an alarming picture, but a partial one. While human rights are being treated as a privilege for a chosen few, and

political rhetoric often presents increased military spending as the only possible choice in the face of crisis, many people around the world offered an alternative perspective in 2024 – messages of peace.

Through events, exhibitions, our Festival in Reggio Emilia and campaigns like *Ripudia*, we spoke with and listened to members of the public: those who are fighting to defend their own rights and those who are interested in a different idea of the world, one in which peace must be our collective aim if we want humans and humanity to survive. ○





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CULTURE OF PEACE

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6-7-8 SETTEMBRE 2024



ANTI-WAR CAMPAIGNS

EMERGENCY
R1PUD1A
 LA GUERRA

In 2024, wars in Gaza, Sudan, Ukraine and elsewhere around the world continued with devastating impacts for, above all, the civilian populations: 90% of those killed or wounded in war are civilians. For thirty years, EMERGENCY has been providing care in countries suffering from war and its consequences; from the beginning, we have advocated for a world without war.

In Italy, EMERGENCY established *L'ITALIA RIPUDIA LA GUERRA* ("Italy Rejects War"), referencing Article 11 of the Italian Constitution, which states that Italy repudiates war and commits to diplomatically resolving conflicts. Despite this, governments around the world are re-arming, military spending is increasing and the arms industry profits – money not being used to treat, teach or save.

RIPUDIA launched in Italy on 3 and 4 November 2024 with flash-mobs, banners and silent protests to reject all war and assert the binding nature of Article 11. The campaign spread widely across the country, with participation from more than 60 cities and towns, and 224 schools.

Internationally, EMERGENCY continued its alliance with Ceasefire Now, a coalition of NGOs appealing for immediate ceasefire and access for humanitarian aid, alongside more than 1.3 million signatories. [O](#)



EMERGENCY FESTIVAL

Artists, journalists, philosophers, writers, EMERGENCY's staff, researchers, linguists, musicians, singer-songwriters, directors and many, many members of the public participated in "People," the fourth edition of the EMERGENCY Festival in Reggio Emilia. There were over 16,000 attendees. EMERGENCY put on 92 events with 81 guests, 11 activities for children, families and teachers, a live evening show, an immersive exhibition, a social experiment, two DJ sets, morning sports, a dawn concert, two teaching workshops, and five film screenings. All free, open events, spread over 15 locations, including plazas, courtyards and indoor venues, packed all day long.

Guests: Sami M. H. Alajrami, Carlo Amleto, Marianna Aprile, Fabrizio Barca, Andrea Bellardinelli, Silvia Bencivelli, Sonia Bergamasco, Biblioteca Panizzi, Lynzy Billing, Agatha Bocedi, Maria Grazia Calandrone, Arianna Cappelli, Laura Cappon, Claudio Caprara, Valentina Cernelutti, Loredana Carpentieri, Tonia Cartolano, Maurizio Carucci, *Cheap Street Poster Art*, Sara Chessa, Tiziano Chiarini, Paolo Colombo, Donata Columbro, Ferdinando Cotugno, Roberto Crestan, Marco Damilano, Valentina Del Re, Amalia De Simone, Mauro Destefano, Eduiren, Ex-Otago, Youmna El Sayed, Emiliano Fittipaldi, Daniele Giacomini, Massimo Giannini, Paolo Giordano, Mariangela Gualtieri, Amir Issaa, Djarah Kan, Francesca Lagioia, Pierpaolo Lala, Ludosofici, *La Tram* (Margherita Tramutoli), Roberto Maccaroni, Fabio Magnasciutti, Rossella Miccio, Luca Misculin, Flora Monti, Tomaso Montanari, Giampaolo Musumeci, Lotfullah Najafizada, Stefano Nazzi, Lorenzo Palloni, Raul Pantaleo, Michela Paschetto, Pietro Parrino, Floriana Pati, Alessandra Pellegrini De Luca, Piero Pelù, Telmo Pievani, Nico Piro, Francesco Pistilli, Giulio Piscitelli, Primitive Mule, Remida, Luca Radaelli, Ennio Rigamonti, Vanessa Roghi, Beppe Salmetti, Francesca Romana Torre, Laura Salvinelli, Matteo Saudino, Marta Serafini, Francesca Sibani, Giammarco Sicuro, Luca Sofri, Francesco Strazzari, Federico Taddia, Massimo Temporelli, Gek Tessaro, Davide Toffolo, Michele Tranquillini, Paolo Zaffelli, Bernardo Zannoni. ○

What is happening in Gaza?

by Sami MH Alajrami

Sami Alajrami is a reporter born and raised in Gaza. For the first six months of the war, he brought live coverage to the Italian public and around the world as Gaza Correspondent for La Repubblica. This is an excerpt from his talk.

Whenever I'm asked about Gaza, I keep silence for at least 10 seconds, because I need to prepare myself, to figure out how to tell the story that I had as a journalist, and I have had as a resident of Gaza. I will try to explain how it is going in Gaza the best way I can.

The contradiction is that the Israeli army keeps saying, "We push the Gazans to a 'safe zone'." Can you imagine what is the 'safe zone'? They put 2 million people in four square kilometres and they are squeezed together, and each tent that you see is hosting at least 20 people. They are losing privacy. They are losing their ability to live any normal life inside the tents.

The first time I was displaced, I said okay, now I can start working. I put on the vest and the helmet and put my daughters in with a host family, and I started working. It was painful, losing colleagues, and we are journalists. We used to work and cover wars and we back each other all the time, and morally we are supporting each other. But at a point you feel hunted and we look at each other and we don't know what to say.

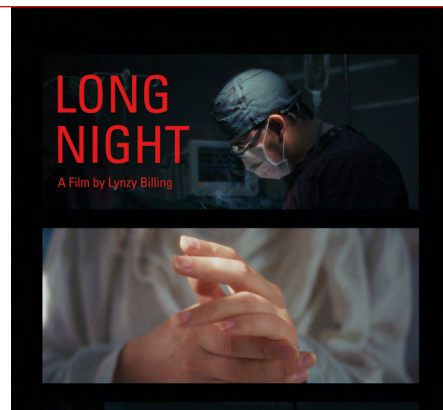
The first report that I gave to the world outside it was terrifying because we had no communication, no internet, and I had to write 1500 words. And I didn't have my laptop, so it was with my phone. Just imagine you are writing 1500 words, and then you have to look for the place that you are connected to the internet, so you can send the materials. Have you ever imagined that when I need to upload 30 seconds of a video, how much time it takes and I have to run and be safe? Those of you who have connections with Gazans [know if] you pick up the phone, you all the time hear the buzzing of the drones. So you are all the time under that threat of being killed, or being next to a house that will collapse. The fear was terrifying.

During this six months, seven times I was displaced, and each time you abandon something. At the end I got out of Gaza through Rafah crossing with only shoes, trousers and my documents. ○

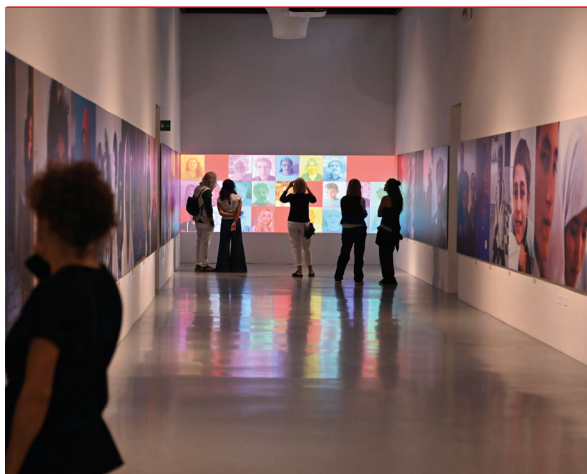


Long Night

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 was created by Emmy-winning journalist, photographer and filmmaker Lynzy Billing while visiting EMERGENCY's hospitals in Afghanistan in July 2024. *Long Night* premiered at the EMERGENCY Festival in Reggio Emilia that September. ○



© Lynzy Billing



© Edward Roncarolo

HUMANITY LOVERS

An exhibition by Stefania Vasques to mark 30 years of EMERGENCY's work. Photos and videos from our archives, texts and artwork were used to tell the story of EMERGENCY, its identity, values and vision, and envision its future. A path is traced, signposted by ideals and choices, leading to the "possible dream" that our work is built upon. The exhibition was held at the Palazzo dei Musei in Reggio Emilia, Italy, from September to October 2024. ○

365 DAYS

Every day, the world marks a different 'international day' on the world calendar. On 30 December, we launched the video *365 Days* with the message that for millions of people, every day is a day of war. It is up to us to turn each and every one of our 365 days a year into a day of peace.

365 Days was made in collaboration with Ogilvy and released on social media and the Italian TV channel La7. ○



© Ogilvy



© EMERGENCY Archive

Beyond the Beach

To mark the five-year anniversary of *Beyond the Beach: The Hell and the Hope*, director and filmmaker Graeme A. Scott joined EMERGENCY for a special screening and discussion in London.

The feature-length documentary follows EMERGENCY's humanitarian projects in Afghanistan, in Iraqi Kurdistan, and along the world's deadliest migration route – the central Mediterranean. It shows humanity enduring through war, violence and displacement, alongside the personal stories of the people who have dedicated their lives to working on the front lines. *Beyond the Beach* first premiered at the 76th Venice International Film Festival in 2019. ○



Art from the Frontlines

Amid 24-hour news and continuously refreshing social media feeds, EMERGENCY brought together illustrators, graphic novelists and filmmakers to discuss how stories from the frontline of conflict and humanitarian settings can be told in innovative ways. The panellists included La Tram, illustrator of “Till The Last Bird Sings”, Lynzy Billing, Emmy-winning investigative journalist and filmmaker, and George Butler, whose reportage illustration took him to EMERGENCY's projects across Afghanistan.

The panel was held at London's Frontline Club, a historic gathering place for journalists, photographers and others dedicated to conflict reporting, independent journalism and informed discussion. ○



“Till the Last Bird Sings”

At the 7th World Innovation Summit for Health in Doha, Qatar, EMERGENCY hosted an exhibit with 18 original drawings from the graphic novel, “Till the Last Bird Sings” - an exploration of access to healthcare in Afghanistan today, as experienced through daily life on the ground. The drawings were showcased within the centrally located Innovation Hub, alongside a curated display of data from Access to Care in Afghanistan, the report that inspired the graphic novel. ○

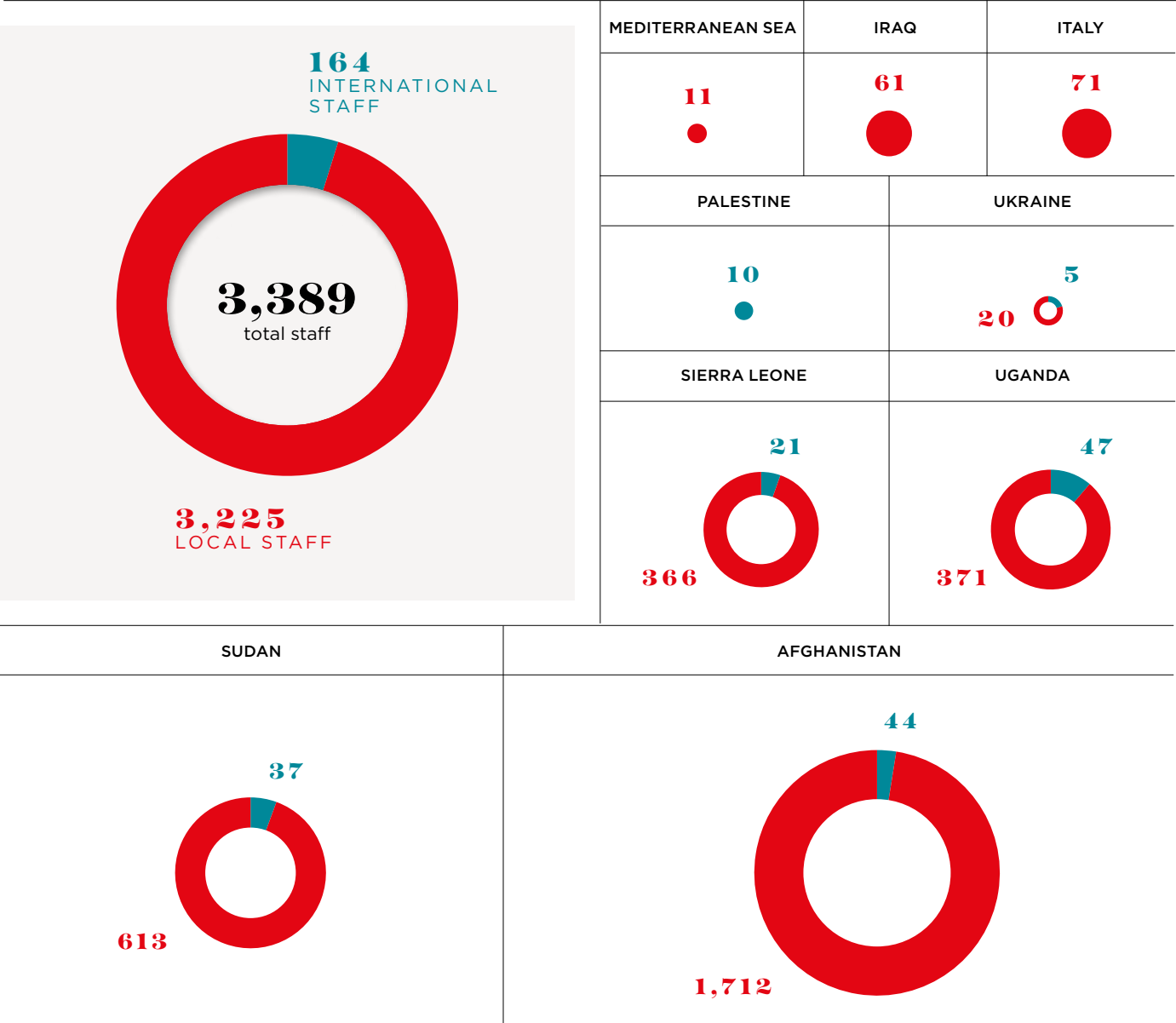


WORK WITH US

Everyone who works with EMERGENCY shares its objectives and helps guarantee the right of anyone who is ill or wounded to free, high-quality treatment. **Our medical work is not done by volunteers but by paid specialists with specific professional profiles.**

● Local staff

● International staff



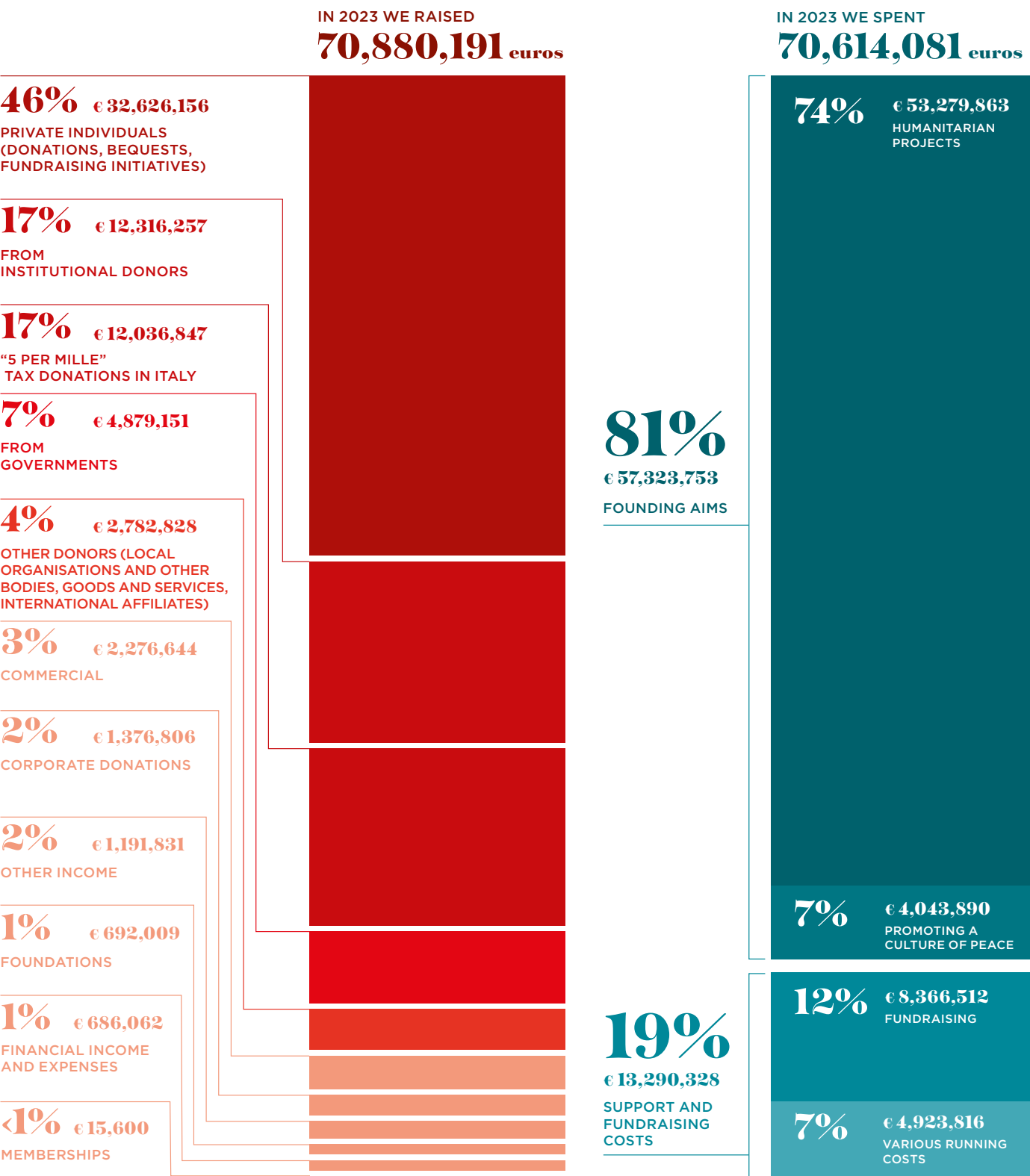
“We look for people who can take care of others, with professionalism and humanity. Working with EMERGENCY is a commitment and a responsibility, which we take on every day, to help make access to care a right for all. This work has its roots in a deep sense of equality and justice. It makes us feel part of a shared vision of the world, in which commitment to other people is a recognition of their dignity.”

Chiara De Gioia, Human Resources Coordinator for Field Operations Department

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

FUNDING

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 81% of our funds are spent on founding aims - including 74% on humanitarian projects and 7% on promoting a culture of peace - 7% on running costs, and 12% on fundraising (figures from 2023 financial statement).



SUPPORT US

Please support us today. Visit emergency.ngo/donate

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

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



BELGIUM

Rue d'Edimbourg 26, 1050 Bruxelles
info@emergencybe.org
www.emergencybe.org

ITALY

Via Santa Croce 19, 20122 Milan
info@emergency.it
www.emergency.it

SWITZERLAND

Schulhausstrasse 64, CH-8002 Zürich
info@emergency.ch
www.emergency.ch

UNITED KINGDOM

Unit 117, Mare Street Studios, 203-213 Mare Street, London, E8 3JS
info@emergencyuk.org
www.emergencyuk.org










UNITED STATES OF AMERICA

1350 Avenue of the Americas, Fl 2, Suite 266, New York, NY10019
info@emergencyusa.org
www.emergencyusa.org

CO-FUNDED PROJECTS

In 2024, institutions, foundations and other donors helped our new and existing projects. We would like to thank them for their support.

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NOBODY LEFT BEHIND EMERGENCY's social project				

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PROJECT DIRECTOR

Simonetta Gola

EDITORIAL TEAM

Giuliano Battiston
Piero Dal Poz
Sandra Manzolillo
Maddalena Migliori

CONTRIBUTORS

Francesca Bauleo, Grace Bitner, Matteo D'Alonzo, Chiara De Gioia, Paola Feo, Sofia Gatti, Davide Giacomino, Giacomo Iacomino, Michele Iacoviello, Samir Ibrahim, Marco Latrecchina, Caterina Levagnini, David Lloyd Webber, Alessandro Manno, Ilaria Mencattini, Marco Miceli, Jlenia Però, Alice Piazza, Rukhshana Qaderi, Luca Rolla, Federica Russano, Jacopo Tomasina, Viktor Urošević

ENGLISH VERSION

Grace Bitner
George Cowie
David Lloyd Webber

GRAPHICS

EMERGENCY ONG ETS

EDITORIAL BOARD

via Santa Croce 19
20122 Milano
T +39 02 881 881
F +39 02 863 163 36
info@emergency.it
www.emergency.it

CONTACT US**Milan**

via Santa Croce 19
20122 Milano
T +39 02 881881
F +39 02 86316336

Rome

via Umberto Biancamano 28
00185 Roma
T +39 02 881881
F +39 06 68815230

Venice

isola della Giudecca 212
30133 Venezia
T +39 041 877931
F +39 041 8872362

Belgium

Rue d'Edimbourg 26,
1050, Brussels
info@emergencybe.org
www.emergencybe

Switzerland

Switzerland Foundation
Schulhausstrasse 64,
8002, Zürich
info@emergency.ch
www.emergency.ch

United Kingdom

Unit 117 - Mare
Street Studios
203 - 213 Mare Street,
London, E83JS
info@emergencyuk.org
www.emergencyuk.org

United States of America

1350 Avenue of the
Americas, Fl 2, Suite 266,
New York, NY10019
info@emergencyusa.org
www.emergencyusa.org

**“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

EMERGENCY ONG ETS

via Santa Croce 19 – 20122 Milano – T +39 02 881881
via Umberto Biancamano 28 – 00185 Roma – T +39 02 881881
isola della Giudecca 212 – 30133 Venezia – T +39 041 877931

info@emergency.it – www.emergency.ngo

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