REPORT
2017

EMERGENCY

IS AN INDEPENDENT NON-GOVERNMENTAL ORGANISATION FOUNDED IN ITALY. 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.

BETWEEN 1994 AND 2017, IN ITS HOSPITALS, HEALTHCARE CENTRES, CLINICS AND REHABILITATION CENTRES, EMERGENCY HAS PROVIDED FREE MEDICAL CARE FOR OVER

9 MILLION PEOPLE

[WHY]

OUR PRINCIPLES

We believe that the right to medical treatment is a fundamental human right. Therefore, we want an approach to healthcare founded on:

EQUALITY

Every human being has the right to treatment, regardless of their social background, economic situation, gender, ethnicity, language, religion or opinions. New and better treatments made possible by progress and by 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 in power or 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 for this end. The healthcare services that governments and humanitarian organisations provide must be free and available for all.

From the «*Manifesto for a Human Rights Based Medicine*»
San Servolo, Venice, 2008

[WHAT]

OUR WORK

We build and run hospitals that are open for anyone who needs them, send surgical teams to deal with emergencies, and train local staff so our hospitals can become independent.

MEDICINE

- ✓ CARDIOLOGY
- ✓ BASIC MEDICINE
- ✓ GENERAL MEDICINE
- ✓ NEONATOLOGY
- ✓ OPHTHALMOLOGY
- ✓ OBSTETRICS AND GYNAECOLOGY
- ✓ PAEDIATRICS
- ✓ DENTISTRY

SURGERY

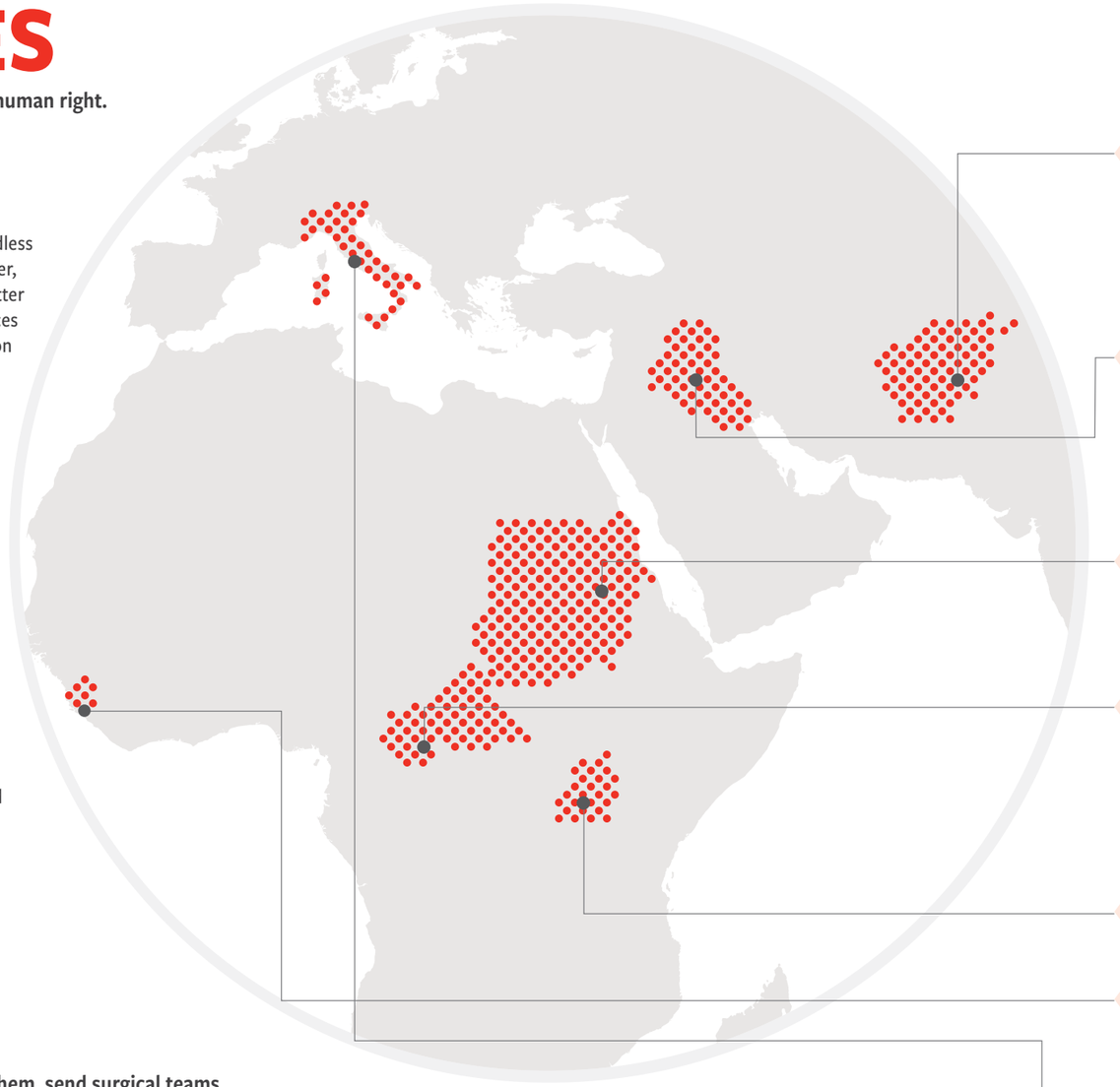
- ✓ PAEDIATRIC AND ADULT CARDIAC SURGERY
- ✓ WAR SURGERY
- ✓ EMERGENCY SURGERY AND TRAUMATOLOGY
- ✓ GENERAL SURGERY
- ✓ ORTHOPAEDIC SURGERY
- ✓ FIRST AID

REHABILITATION

- ✓ PHYSIOTHERAPY
- ✓ PRODUCTION OF PROSTHESES AND ORTHOSES
- ✓ VOCATIONAL TRAINING AND DISABLED PEOPLE'S COOPERATIVES

79
ACTIVE PROJECTS

COUNTRIES 7



[WHERE]

OUR PROJECTS

AFGHANISTAN

- **Medical and Surgical Centre**, ANABAH
- **Maternity Centre**, ANABAH
- **Surgical Centre for Victims of War**, KABUL
- **Surgical Centre for Victims of War**, LASHKAR-GAH
- **42 First Aid Posts and Healthcare Centres**

IRAQ

- **Rehabilitation and Social Reintegration Centre**, SULAYMANIYAH
- **Vocational training courses**
- **350 disabled people's cooperatives**
- **War Surgery Programme**, ERBIL
- **6 Healthcare Centres for Refugees**

SUDAN

- **Paediatric Centre, Mayo Camp**, KHARTOUM
- ***Salam* Centre for Cardiac Surgery**, KHARTOUM
- **Paediatric Centre**, PORT SUDAN, RED SEA STATE

CENTRAL AFRICAN REPUBLIC

- **Paediatric Centre**, BANGUI
- **Paediatric and Surgery Programme at the *Complexe Pédiatrique***, BANGUI
- **Organising and supporting activities at the National Blood Transfusion Centre (CNTS)**, BANGUI

UGANDA

- **Centre of Excellence in Paediatric Surgery**, ENTEBBE (UNDER CONSTRUCTION)

SIERRA LEONE

- **Surgical Centre**, GODERICH
- **Paediatric Centre**, GODERICH
- **First Aid Posts**, LOKOMASAMA AND WATERLOO

ITALY

- **Clinic for Migrants and People in Need**, PALERMO
- **Clinic for Migrants and People in Need**, MARGHERA (VENICE)
- **Clinic for Migrants and People in Need**, POLISTENA (REGGIO CALABRIA)
- **Clinic for Migrants and People in Need**, CASTEL VOLTURNO (CASERTA)
- **Clinic for Migrants and People in Need**, PONTICELLI (NAPLES)
- **Clinic for Migrants and People in Need**, SASSARI
- **Information Point for Socio-Medical Counselling**, BRESCIA
- **3 Mobile Clinics**
- **Information and disease prevention activities for prostitutes in Caserta**
- **Socio-Medical Counselling and Assistance for migrants at landings in Sicily**
- **Nursing and Psychological Support for people affected by earthquakes in central Italy**

WHAT'S IN AN EMERGENCY HOSPITAL

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.

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 TO LIVE IN.

EVERY ONE OF OUR HOSPITALS HAS A GARDEN, A CHILDREN'S PLAY AREA AND PLACES TO SOCIALISE; OUR HOSPITALS ARE BEAUTIFUL AS WELL AS FUNCTIONAL, BECAUSE BEAUTY IS A SIGN OF RESPECT AND DIGNITY.

WE USE ALTERNATIVE ENERGY SOURCES AND ENVIRONMENTALLY FRIENDLY SOLUTIONS FOR RUBBISH DISPOSAL; WE LIMIT RUNNING COSTS AND RESPECT THE ENVIRONMENT, WHETHER WE'RE IN KHARTOUM OR KABUL.

WE HELP IN EMERGENCIES, BUT ALSO LOOK TO THE FUTURE: WE GIVE LOCAL STAFF THEORETICAL AND PRACTICAL TRAINING SO THEY CAN WORK INDEPENDENTLY.

WHEN HIRING SUPPORT STAFF, WE GIVE PRECEDENCE TO THE MOST DISADVANTAGED IN SOCIETY: WE GIVE WIDOWS, AMPUTEES AND WAR VICTIMS THE CHANCE TO BE INDEPENDENT AND EARN A LIVING.

WE GUARANTEE THREE MEALS A DAY FOR OUR PATIENTS AND THEIR FAMILIES: WE PROVIDE OVER 100,000 FREE MEALS A DAY IN COUNTRIES WHERE, EVEN IN HOSPITALS, FOOD ISN'T FREE.

2017 AT A GLANCE

GINO STRADA RECEIVES THE 2017 SUNHAK PEACE PRIZE, SEOUL.

INAUGURATION OF CASA EMERGENCY, MILAN.

SUPPORT FOR EARTHQUAKE VICTIMS, TERAMO AND RIETI, ITALY.

SURGICAL CENTRE FOR WAR VICTIMS FROM MOSUL, ERBIL, IRAQ.

WORK BEGINS ON THE CENTRE OF EXCELLENCE IN PAEDIATRIC SURGERY, ENTEBBE, UGANDA.

10 YEARS OF *SALAM* CENTER, KHARTOUM, SUDAN.

A GROWING COMMITMENT

When on 19 April 2007 we carried out our first open-heart surgery at the *Salam* Centre in Khartoum, none of us could have imagined what significant results we would achieve ten years later.
We have treated over 7,000 patients from 28 different countries, completely free of charge, and shown that a different way of practising healthcare in Africa is possible. We have been able to guarantee excellent clinical results and keep treatment going constantly despite limited resources and long distances.
We have overcome political, linguistic and cultural barriers to create an open, welcoming facility where we can practise equality by granting every individual dignity and human rights.
In 2017, building work finally began on our second Centre of Excellence, in Entebbe, Uganda, on the banks of Lake Victoria. This Centre will be for paediatric surgery, but its approach will be the same as the *Salam*'s: equality, quality of treatment, free access and a commitment to staff training will be our guiding principles in this fresh challenge.
While working to get the building site up and running in Uganda, we found ourselves forced to reorganise another of our hospitals. Handing over control of the hospital that we'd built and run for eight years in Erbil, Iraq, had been a success story for us, but 12 years later we were invited back by the local healthcare authorities. The war against ISIS, the latest to hit the region, had destroyed all the previous ten years' efforts, beginning with the healthcare system.
In the months we've been working in Erbil we've seen the proof, if any more were needed, that the only realities in war are the victims: in this case, the thousands of wounded people coming from Mosul. For almost a year, not one hospital in Mosul was able to meet the needs of the city's population. Today, in the liberated city, reconstruction is taking place extremely slowly, at nothing like the speed necessary. We therefore decided to continue our support for victims of war with a special rehabilitation and prosthesis production programme at the EMERGENCY Centre in Sulaymaniyah, for the countless people who have lost arms or legs in the war.
While we were trying to find the best way to meet the needs of these war victims, something was happening in Italy.
The principles and values that guide our daily work, which we thought were universally shared, were now being questioned.
In 2017, we noticed a growing intolerance towards the people coming to Europe for safety and refuge. This intolerance has led to what can only be described as a criminalisation, not only of migrants but also anyone trying to help them, be they individuals or organisations.
It was within this hostile climate that we stepped up our efforts to help migrants and vulnerable people across Italy, from Sicily to the outskirts of Milan, from the countryside of the Pontine Marshes to earthquake-stricken Marche.
We also tried to do more to promote our fundamental social values, as well as the importance of having reciprocal respect and recognising every human being's right to dignity. We spread this message in schools, in universities, at events, through all the channels of communication we have.
We have been able to count on the passion and support of hundreds of thousands of people, who believed in EMERGENCY and made the choice to stand with our workers around the world.
My – our – thanks are due to all those who've decided to join us on this path, and given up part of their time, put their skills at our disposal or supported us financially.
The challenges facing us are ever-growing and increasingly complex. Yet the responsibility of representing the will of so many people drives us to put more and more effort into meeting the needs of the vulnerable, and show that there is another way for us all to live together.
This way is not just possible but essential.

ROSSELLA MICCIO
President of EMERGENCY

WAR CONTINUES IN IRAQ AND AFGHANISTAN

More than 15 years after the war began, Iraq and Afghanistan are experiencing an increase in violence targeting civilians and humanitarian workers.

In 2017 the Iraqi army began their offensive to wrest control of western Mosul back from ISIS. The siege of Mosul began in October 2016 and lasted for nine months, draining the people of everything they had and keeping them trapped in the city with no hope of escape. Areas where civilians live were attacked indiscriminately by both sides and local people were used as human shields. Hospitals near inhabited areas were damaged and many patients died from a lack of immediate medical treatment, or from the lengthy transfer time needed to reach working medical facilities.

The Battle of Mosul, considered the biggest urban battle since the Second World War, took a disastrous toll on the city, causing suffering, death and irreparable damage. A third of the population, roughly 700,000 people, were forced to flee, more than 10,000 civilians were killed, 3,000 people received amputations and 8,500 houses were seriously damaged.
In response to the emergency in Mosul, in January we went back to work in Erbil, in the same Surgical Centre we opened in 1998 and handed over to the local authorities in 2005, by which point Kurdistan seemed a safe and stable region. We renovated the hospital, increasing the number of bed spaces from 24 to 84, and set ourselves to work training medical staff and supplying the medicine and equipment needed for treating the wounded. In seven months, we saw 1,412 war victims and carried out 1,749 surgical operations. Half of all the wounded we treated were women or children.

"One day a father arrived at the hospital in tears, squeezing his only daughter, who was uninjured, in his arms. He was bringing in his only son, who was wounded but still alive. His wife and three other children were killed in the fighting. A few days later, a phone call came, telling him one of his daughters was still alive. The little girl had lost a leg and suffered burns, and was in a refugee camp outside Mosul. We sent out a search team and in a matter of days she was here. They hugged, kissed and wept, all four wrapped in one embrace.
I've seen war. For years, I've seen the consequences of this madness. I'll never understand it and there's nothing in this world that can justify it, nothing that could make me believe that the price this family has paid is an acceptable part of this 'necessary' and 'just' war", Michela, Coordinator at our Erbil hospital, told us.

By the time Mosul was liberated in July, hospitals, schools, houses and entire sections of infrastructure had been destroyed in combat or by mines. In addition, the Rehabilitation Centre and the factory that produced prostheses for it had also been damaged during the fighting. Faced with a growing number of amputees and disabled people, in August we began working with the Rehabilitation Centre in Mosul to transfer their amputee patients to our Centre in Sulaymaniyah, where they could get prostheses and complete the rehabilitation process.

2017 saw an increase in violence in Afghanistan too.
The UNAMA (United Nations Assistance Mission in Afghanistan) report for that year documented 10,453 civilian victims (3,438 dead and 7,015 injured): a slightly lower number compared with the previous year in terms of fighting on the ground.
However, the number of civilian victims of suicide attacks, who represent 22% of total victims, continues to rise.
Those wounded by improvised explosive devices – 40% of total wounded – are also increasing, as are civilians hit by aerial attacks, whose number rose by 52%. Children still represent 30% of overall victims. Aerial bombings, especially in the south of the country, continue to destroy villages, making it impossible for locals to access fundamental services like healthcare.
The province of Kabul has become the most dangerous in the country: our Surgical Centre in the city has seen an increase of 6% in war wounded patients compared with 2016.

The country's insecure state has serious consequences on its people's living conditions, and above all on their ability to get to healthcare facilities when they need them.
The Afghan healthcare system is not fit to meet the needs of its people – around ten million of whom have limited access to medical assistance, especially those who live outside cities. Medical treatment in Afghanistan is often not free and, due to fighting, landmines and criminals, using the country's roads is dangerous, meaning that entire communities, who often lack access to even basic healthcare, are cut off from hospitals.

Working in war zones like these is becoming even more difficult, as conditions are becoming even more dangerous and no one is spared. In Afghanistan in 2017, incidents of violence against humanitarian workers totalled 388, more than one a day.
Over the course of the year, 143 healthcare facilities were forced to close temporarily for security reasons. Of these, almost a third never reopened.

These numbers represent just a fraction of the suffering of the Afghan people, who still live year after year in violence and fear. The international community showed itself to be confused and inept in response to the situation. In June, as several European countries reduced or withdrew their diplomatic presence in Afghanistan for security reasons, the European Union and the Afghan government ratified an agreement to repatriate, by force if necessary, 80,000 Afghans, including unaccompanied children, in exchange for regular economic aid.

REFUGEES, DISPLACED PEOPLE, MIGRANTS: PEOPLE IN FLIGHT

As of 2017, over 65 million people have been forced to leave their homes, with some of them going on to find prejudice, closed borders and hostility in Europe.

In the last few years, conflict, persecution, climate change and a lack of opportunities for a decent life have led millions of people to leave their homes and loved ones, and set out on dangerous journeys in the hope of finding safety.
According to UNHCR, as of 2017 there were 65.6 million refugees and forcibly displaced migrants in the world. If all refugees, asylum seekers and displaced people formed a country, it would be the 21st most populous state in the world. In 2017, the number of refugees alone stood at 22.5 million, of whom 55% came from countries at war, above all South Sudan, Afghanistan and Syria. Half were under 18 years old. The countries with the most refugees are Turkey, Pakistan and Libya. Only a minority of refugees make it to Europe.

As of December 2017, more than 400,000 Iraqi families had been displaced by the fighting that affected the country. The luckier ones were taken in by friends and relatives, or managed to rent houses or rooms in safer areas. Around 675,000 people ended up in camps set up by the local authorities and international organisations.
In these camps, life is very difficult: running water and electricity work on and off, and the weather – boiling in summer, freezing and snowy in winter – takes a heavy toll on refugees. In the midst of a conflict that drags on and a serious economic crisis, the local healthcare authorities are increasingly struggling to respond to the population's needs.
To tackle this emergency, we have opened seven Healthcare Centres since July 2014, providing free treatment to Iraqi and Syrian refugees living in camps in Khanaquin, Qoratu, Arbat, Ashti and Tazade. In June 2017, we handed control of our Healthcare Centre in Qoratu over to the local healthcare authorities and did the same in December with our two Healthcare Centres in the Syrian and Iraqi refugee and IDP camps in Arbat. The handovers are part of a larger government plan, in cooperation with the international community, to return these displaced people to their hometowns and allow the appropriate authorities to run services that have so far been provided by NGOs.
At the moment, we are still managing two Centres in the Ashti camp, which is home to around 12,000 people, and one in the Tazade camp, home to around 2,500. In both camps, over half the population is made up of young people, and in 2017, one in two patients was under 14 years old.
Our Healthcare Centres are also a reference point for those with chronic conditions, on whom we have carried out 15,000 treatments. A fundamental part of our programme is health education. We teach good habits for ensuring hygiene and health within the camps, especially among schoolchildren.

Most people who are forced to flee their homes stay within their own country's borders or seek refuge in neighbouring states, which are often also unstable. Only a minority make the journey to Europe. In 2017, roughly 170,000 people crossed the Mediterranean Sea. 119,310 of them arrived in Italy, 34% fewer than in the previous year, as a result of the measures taken by the Italian government to stop the landings.
They come mainly from Nigeria, Guinea and the Ivory Coast. The number of unaccompanied minors has also decreased: 15,731 compared with 25,846 in 2016. One figure that is increasing is the percentage of people dying at sea: in 2017, for every 1,000 who landed there were 18 people dead or missing, the highest number in the last four years.

The migration trends of the last few years illustrate how inadequate Italy's, and Europe's, responses to this emergency have been. Migration is a structural phenomenon that should be managed with the needs of migrants at the forefront of our minds, along with a view of reducing conflict with the communities they are settling into.
But Europe has opted instead for repressive policies and border controls. It hasn't been reluctant, either, in delegating control of the streams of migrants to countries outside Europe that lack the most basic human rights.
The darkest moment in this saga came when Italy signed its 'Memorandum of Understanding' with the Libyan Government of National Accord.
The military boats sent out into the Mediterranean, along with last August's code of conduct for NGOs involved in rescue missions, have put the lives of thousands of people in danger, and represent an attack on the actions and principles of humanitarian organisations that is without precedent.

"This code of conduct is an act of war against migrants [...] it is a fig leaf on the part of Europe, which continues to show itself not only as incapable, but unwilling to deal with this crisis in a responsible and humane way. The search and rescue missions NGOs carry out in the Mediterranean are made necessary above all by the void left by European governments, whose responsibility it should be to carry out these operations. Once again, the only response we're seeing is a military one, both in the Mediterranean and in the countries that migrants are fleeing and passing through", EMERGENCY stated in a press release last August.

After being intercepted at sea by the country's coastguards, thousands of migrants were forced to return to Libya, where they ended up in what can only be described as internment camps, places international organisations struggle to access, let alone intervene in.

What's striking amid all this is the total lack of concrete proposals for tackling the real causes of the migrant crisis – war and poverty – which are often the fault of the same international community that rejects those fleeing these countries.
A great deal of funds intended for development aid have been redirected towards the Trust Fund for Africa, which mainly finances border controls and militarisation in countries migrants that are fleeing from or passing through.

BORN INTO A COUNTRY AT WAR

A project to offer care and assistance to mothers and newborns, and to guarantee professional training to local gynaecologists and midwives.

Complications in pregnancy and childbirth are the second most common causes of death in the world for fertile women (15 to 49 years old). Poor countries have a higher birth rate: reduced life expectancy and high mortality rates among children under five, combined with cultural attitudes, result in couples trying to have more children. Healthcare facilities are scarce, often badly equipped and rarely free. Long distances and lack of transport or money often cause delays in treating problems which, if not seen too quickly, can have serious consequences. Even a miscarriage can become fatal if bleeding is not dealt with immediately, and if conditions like hypertension and pre-eclampsia are not treated, they can lead to permanent brain damage or death for mothers.

In 2003, we opened a Maternity Centre in Afghanistan, to provide free treatment for mothers and newborn babies in the Panjshir Valley. We opened a second, bigger Centre in 2016. For years we had been discussing the need for a new facility for the growing number of women arriving from nearby provinces, including the area around the capital Kabul. We were overseeing 600 births per month and therefore needed to increase space, not only to guarantee a safe environment for women, but also for the ever-increasing number of newborn babies in need of semi-intensive care, treatment or close observation.
The new facility represents a significant increase in bed spaces (61 for women, 26 for babies), and its rooms allow staff to help with childbirth, carry out specific monitoring in the two hours after birth (in a dedicated area with seven bed spaces and a dedicated obstetrics nurse) and provide intensive assistance to women in critical condition (in a semi-intensive care unit with four bed spaces and a dedicated nurse).
One wing of the Centre is dedicated entirely to newborns: given that they represent almost half of all children dying under the age of five in Afghanistan, EMERGENCY wanted to put them at the centre of this project.

The complexity of the work is due not only to the large numbers of people involved, but also to the kind of problems we come up against. A good example is the inequality of access to assistance for pregnancy and childbirth in Afghanistan, a country in which healthcare provision does not meet the needs of the population in any area. In the cities, if you can afford to pay, you can go to a private facility and request any kind of treatment. This situation has led to things that until a few years ago were unthinkable, such as women choosing to receive Caesarean section. However, the spread of Western protocols that do not take into consideration local realities – the desire for many children, pregnancies in quick succession, limited access to hospitals for economic and practical reasons – is resulting, especially in urban areas, in more and more Caesarean sections not carried out with good reason.
For successive pregnancies, women are routinely offered repeat Caesarean sections, which they often refuse for cultural reasons. Word of mouth has led in recent years to an endless and ever-growing procession of women with successive pregnancies, who've already had Caesarean sections, coming to us to give birth. This can mean travelling several hours from their hometowns; in these cases especially, natural birth is strongly encouraged in our hospitals. Our staff put extra effort into monitoring and obstetrics to guarantee the safety conditions necessary for these births.

Another key problem is the regular stream of patients with complicated conditions who are transferred to our Centre after being evaluated, and often treated, in other hospitals. In most cases, both mother and foetus arrive in critical condition, with no documents showing whether they have already had any kind of treatment, which means our staff are forced to work without the required information. This is why in 2017 we held a series of meetings with the public hospitals of the provinces from which most of our patients were arriving. At these, we promoted the idea of a working collaboration that would make us both stronger, and allow us to prioritise the health and lives of our patients and the children they are carrying.

MEDICAL EXCELLENCE IN AFRICA

**A network of Centres of Excellence to guarantee high-quality care.
Because the right to health is fundamental and belongs to every human being.**

In the last 20 years, developing and war-torn countries have spent a lot of government money and foreign aid on healthcare, especially basic services. But despite their efforts, and the amount of funds spent, this approach is still having little effect, as the most important health indicators demonstrate.
For example, millions of people still do not have access to surgical treatment, mainly for economic reasons. Today, the possibility of improving health conditions in countries depends on their national healthcare services' ability to provide efficient, high-quality, free medical treatment, as well as to develop the competence of medical staff.

Free, quality medicine for all. That's the idea that has always guided EMERGENCY in its work. In 2007, we developed this idea further by taking part in a highly innovative cooperative healthcare project. Its aim was to bring excellent healthcare to Africa, and to affirm through action the right of every human being to free, high-quality medical treatment. Ten years ago, we opened our first Centre of Excellence: the *Salam* Centre for Cardiac Surgery in Khartoum, Sudan.
This was the first totally free cardiac surgery centre in Africa, providing medical and surgical assistance of a high standard to children and adults with congenital and acquired heart conditions.

Over the last ten years, there were 58,744 cardiology visits and 7,011 surgical operations at the *Salam* Centre.
The *Salam* Centre provides treatment at a regional level.
In collaboration with local health ministers, we organise cardiac screening programmes in other countries, to identify people with heart conditions. We then perform any required surgical procedures at the *Salam* Centre and guarantee them a follow-up visit in their country of origin.
In ten years, we have carried out 94 screening programmes in 16 countries and had over 6,000 cardiology visits in total.
Overall, the patients treated at the *Salam* Centre come from 28 different countries. This has had a positive effect on working relationships between the various governments involved.

Following the launch of this project, EMERGENCY brought together health ministers from nine African countries in 2008 for the 'Building Healthcare in Africa' conference, where they discussed how to guarantee their citizens the right to free, high-quality healthcare. The conclusions made at the conference were published in the "Manifesto for a Human Rights Based Medicine", whose signatories defined the right to be treated as a "fundamental and inalienable right of every member of the human family". The Manifesto also states the need for healthcare systems founded on equality, quality of treatment and social responsibility. It was on the basis of these principles that the *African Network of Medical Excellence* (ANME) was founded in 2010. The network's goal is to provide medical assistance of excellence and treatment that is free and of a high standard. Eleven countries are involved in the plans for a network of Centres of Excellence that will strengthen the continent's healthcare systems.

In the first few months of 2017, we began building the second Centre in the ANME network, planned since its inception: the Centre of Excellence in Paediatric Surgery, in Entebbe, Uganda. The need for a specialist centre for paediatric surgery was identified in ANME's scope of work. It is estimated that 85% of children in low-income countries could be in need of some kind of surgery before they reach 15. If ignored, even minor conditions can lead to complications resulting in disability or even become life-threatening.

"Millions of children die every year just because they don't have access to medical treatment. Not enough resources? Not enough interest in people's suffering? Not enough responsible behaviour on the part of governments? Or all of these? Whatever the reason, the question remains: will we keep allowing this scandal to go on, or do everything we can to improve the lives of millions of people?", says EMERGENCY founder Gino Strada.

Providing free surgical treatment in this context is a priority, as it contributes to reducing infant mortality in Uganda and neighbouring countries.
The Ugandan government decided to take part in the project and provided a 140,000 square metre plot of land on which to build the Surgical Centre, which is now under construction.
When complete, it will have three operating theatres and 72 bed spaces, and be a training centre for young doctors and nurses from Uganda and surrounding countries. It will be built using rammed earth, a traditional building technique in which raw earth is dug and used for the foundations, making the building resistant to heat. This keeps temperature and humidity constant on the inside. Around 2,600 photovoltaic solar panels will be installed on the building to reduce energy consumption.
On 10 February 2017, Gino Strada and Renzo Piano, along with the Ugandan president and senior government officials, laid the first stone of the new Centre, designed by Renzo Piano in collaboration with TAMassociati and EMERGENCY's technical department.

"When Gino Strada asked me to take part in EMERGENCY's new challenge, I didn't think twice. I said 'yes' straight away! This hospital will be a model of medical excellence, environmental sustainability, energy, independence and harmony of space. We want to use the resources of the earth, water and sun, modernity's greatest, truest achievements" says Renzo Piano **"The hospital will be built on the banks of Lake Victoria and surrounded by nature and trees. The vegetation will be the horizon for the hospital's smallest guests, the trees a metaphor for the recovery process"**.

TOWARDS A WORLD WITHOUT WAR

Last February in Seoul, EMERGENCY founder Gino Strada received the 2017 "Sunhak Peace Prize", awarded every year to individuals and organisations who have distinguished themselves by their contribution to peace and human development. The following passage is his acceptance speech.

"Ladies and gentlemen,
It is an honour for me to receive the Sunhak Peace Prize, above all in times like these, increasingly scarred by war and violence, in which any message of peace is seen as utopian. I would like to thank Reverend Sun Myung Moon and Dr Hak Ja Han Moon for dedicating their lives to the quest for universal peace and to the promotion of fundamental values of peace, dialogue and cooperation in the name of the human family. Today more than ever, we need to build a better world for future generations and create the right conditions for sustainable peace.
I have had the chance to see with my own eyes the horror of war and its devastating impact. I have spent the last thirty years of my life in countries ripped apart by war, operating on patients in Rwanda, Peru, Ethiopia, Somalia, Cambodia, Iraq, Afghanistan and Sudan. In these and other countries, EMERGENCY, the humanitarian organisation I founded 23 years ago, is working to provide free, high-quality medical and surgical assistance to victims of war.

Many of the conflicts still afflicting these countries and reducing their people to a life of hunger and misery, often go undeclared or are deliberately covered up. But the massacres keep increasing, so much so that it's become difficult to remember them all now. For most of us, these events seem far removed from and irrelevant to our daily life. It's easy to listen to the news reports, without realising that for every bomb, every mortar, there are people fighting to survive. 90% of war victims nowadays are civilians, people just like us, with the same needs, the same hopes and the same desires, for themselves and for their loved ones: the desire to live in a world that is safe, to be together, to feel protected. According to recent estimates, eight individuals own the same amount of wealth as the poorer half of the world's population, which is to say 3.6 billion people. In the meantime, every day one person in nine goes to bed hungry. And yet we are still surprised when more and more people decide to set out on dangerous journeys in search of a better future.

As of last year, over 60 million people have been forced to leave their homes in search of safety and protection. They were following their dreams of living in peace, but we showed we were unmoved by their hopes.
"What have I done wrong?" - I was once asked by a Somalian boy who'd just arrived in Sicily. I couldn't give him any answer. Even though the migrants who make it to Europe make up just a small proportion of the total refugee population scattered around the world, the so-called 'migrant crisis' has exposed the hypocrisy that characterises Europe's approach to the question of human rights. On the one hand, we're firm in promoting principles of peace, democracy and fundamental human rights. On the other, however, we have set to work building a fortress of cultural walls and barriers, and are denying basic aid to thousands of people fleeing war and poverty. Afghanistan is a good case in point.

In the last 15 years, Afghanistan was devastated by yet another war. Every year, in our hospitals scattered throughout the country, we mark a new record number of war wounded, a third of whom are children.
Afghanistan is currently the second most common country of origin for refugees throughout the world, overtaken only recently by Syria. Around 3 million Afghans have sought refuge outside their home country, and are living for the most part in Pakistan and Iran. For many years, this tragedy was ignored by Western countries, and only became a priority once Afghan refugees began heading for Europe. In response to the increasing flow of migrants, rather than investing in integration and welcome programmes, or addressing the root causes of the conflict, European leaders signed an agreement with the Afghan government, allowing themselves to deport asylum seekers legally and send them back to Afghanistan, in return for sending financial aid to the country.

The shattering of so many people's lives urges us to reflect, begs us to intervene to put an end to the spiral of war and violence. If we really want to work to guarantee the survival of humanity, abolishing war is necessary and inevitable.
It is one of the aims of the mandate of the United Nations, founded 67 years ago now, although even today very little has been done to fulfil that original mandate.

At EMERGENCY, we believe strongly that abolishing war is the only realistic solution for putting an end to human suffering and promoting universal human rights. EMERGENCY is working towards launching an international campaign that will involve people who are famous worldwide as well as ordinary citizens. What I say might seem utopian, but in fact it's a realistic and attainable goal. It's time now for the citizens of the world to take action and achieve peace. Rejecting the logic of war and following instead the principles of fellowship and solidarity is not only desirable. It is necessary if we want the human experiment to go on. I'm glad to have the opportunity today to invite you all to join us in this great shared struggle.
Thank you".

GINO STRADA
EMERGENCY founder

AFGHANISTAN

COUNTRY PROFILE

ASIA
continent

KABUL
capital

32.5 MILLION
population (Source: UNDP)

60 YEARS
life expectancy at birth
(Source: UNDP)

169/188
Human Development Index
(Source: UNDP)

EMERGENCY IN AFGHANISTAN

KABUL
— Surgical Centre for War Victims

LASHKAR-GAH
— Surgical Centre for War Victims

ANABAH
— Medical and Surgical Centre
— Maternity Centre

FAPS
— First Aid Posts and Healthcare Centres

FIGURES FROM 2017

10,453 CIVILIAN VICTIMS
among the dead and wounded
(Source: UNAMA)

22% OF THE WOUNDED
are victims of suicide attacks
(Source: UNAMA)

30% OF VICTIMS
of war are children
(Source: UNAMA)

143
attacks in healthcare facilities
(Source: UNOCHA)

OPENED / April 2001

KABUL

SURGICAL CENTRE FOR WAR VICTIMS

In the last few years, Kabul has become the target of increasingly frequent attacks.
As the number of wounded continues to rise, the EMERGENCY Surgical Centre remains the only free specialist hospital for war surgery in the capital and surrounding provinces.
Over the course of 2017, our staff dealt with 17 mass casualties (a large influx of wounded people arriving at the same time) and managed to provide emergency response to around 370 people.
On 31 May, we had our most serious mass casualty yet: at 8:30am, a bomb placed in a lorry went off in the embassy district, killing dozens and wounding hundreds. Within a few hours, our staff had admitted 76 patients.
In 2017, the hospital had an unprecedented number of admissions: 4,532 people. Of these, around 1,554 were transferred to the hospital from our First Aid Posts in neighbouring provinces using our 24-hour ambulance service.

Daily training of local doctors and nurses is made possible by the competence and experience of our international staff.
The hospital is recognised by the Afghan Ministry of Health as a centre for specialist training in urgent surgery and traumatology.
In 2017, there were nine trainee specialists, three of whom had finished their academic studies.

We also held courses last year for doctors and nurses from public hospitals on dealing with trauma and mass casualties before the hospital stage. At the request of the World Health Organisation and in collaboration with the Afghan Ministry of Health, we trained 250 people, helping strengthen the healthcare system's emergency response capacity.

Surgery for war victims.

First aid, clinics, 3 operating theatres, sterilisation, intensive care, sub-intensive care, wards, physiotherapy, CT (computed tomography), radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services.

120
BED SPACES

338
LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 45,570
Outpatient visits: 117,752
Surgical operations: 61,264

4,532
PEOPLE ADMITTED IN 2017

250
HEALTHCARE WORKERS TRAINED IN 2017

17
SURGICAL OPERATIONS A DAY IN 2017

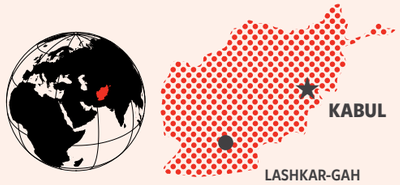
OPENED / September 2004

LASHKAR-GAH

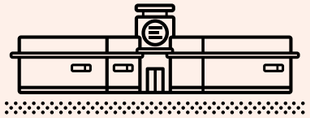
SURGICAL CENTRE FOR WAR VICTIMS

Helmand province is one of the country's most volatile: for more than ten years, the Afghan army and international coalition forces have been battling for control of a territory held firmly by the Taliban.
The EMERGENCY hospital is the only healthcare facility providing free assistance to the wounded of Helmand and nearby provinces, from which 30% of our patients arrive.
Helmand produces more opium than any other province and the fighting is mostly concentrated in the north, in the Musa Qala, Naw Zad and Kajaki areas. In order to give immediate assistance to wounded people, we opened six First Aid Posts (FAPs) in the districts around Lashkar-Gah. In these facilities, our local nurses provide first aid to patients who are, when necessary, transferred by ambulance to our hospital.

In May 2016, we closed our First Aid Post in Sangin for security reasons. It was impossible to reopen the structure in 2017 due to the fighting still afflicting the region. At the moment, the wounded of Sangin have to go to our FAP in Grishk, around 15 kilometres away.
The increase in fighting has led in turn to an increase in displaced people heading to Lashkar-Gah and Kandahar, towns which are currently safer.
Like the one in Kabul, our Lashkar-Gah hospital is recognised as a centre for specialist training in urgent surgery and traumatology by the Ministry of Public Health. In 2017, six local surgeons did their training courses here.



Surgery for war victims.



First aid, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services.

96 BED SPACES

270 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 36,031
Outpatient visits: 135,585
Surgical operations: 48,226

3,961
PEOPLE ADMITTED IN 2017

1 IN **3** PATIENTS
IN 2017 WAS UNDER 18

24
WAR VICTIMS SEEN PER DAY IN 2017

OPENED / December 1999

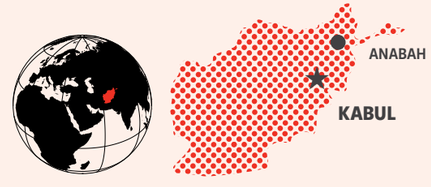
ANABAH

MEDICAL AND SURGICAL CENTRE

Our hospital in Anabah is the only free general hospital in the Panjshir Valley, in the north of Afghanistan.
Located in one of the most peaceful parts of the country, the hospital is still a reference point for patients wounded in fighting in neighbouring provinces. Today however, war surgery is less common than urgent surgery, general surgery, traumatology, primary care and paediatrics.

We have also developed a network of Healthcare Centres and First Aid Posts to provide first aid to people spread over a very large area, where many small villages are isolated for much of the year thanks to snow and a lack of decent roads.
The staff in our First Aid Posts stabilise patients and arrange for their transfer to the Anabah hospital for treatment. In our Healthcare Centres, meanwhile, we offer basic healthcare services, obstetrics and gynaecology, and a vaccination programme, in collaboration with the Ministry of Public Health.

The hospital in Anabah has been recognised by the Afghan Ministry of Health as a centre of specialist training in surgery, gynaecology, obstetrics and paediatrics.
In 2017, we had the following specialists: nine surgeons (in rotation with the Kabul hospital), ten paediatricians and four gynaecologists.



Surgery for war victims, urgent surgery, general surgery, traumatology, general medicine, paediatrics.

First aid, clinic, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and auxiliary services.

66 BED SPACES

311 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Medical and surgical admissions: 270,053
Clinical visits: 34,966
Surgical operations: 29,569
Paediatric admissions: 10,847
Paediatric clinical visits: 117,826

3,865
PATIENTS ADMITTED IN 2017

44%
OF PATIENTS ADMITTED IN 2017 WERE WOMEN

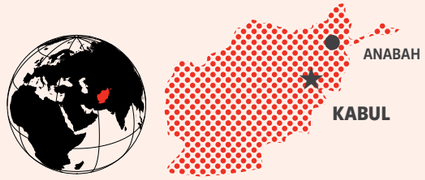
130
PATIENTS SEEN PER DAY IN 2017

OPENED / June 2003

ANABAH

MATERNITY CENTRE

2017 was the first full calendar year for our new Maternity Centre, which opened in December 2016, to help cope with the rising number of women coming to our original facility to give birth safely.
The fanfare the new hospital received in the Afghan media when it opened, along with incessant word of mouth, boosted the already considerable numbers of people coming for treatment.
We went from 500 births a month to a record 670 in July.
9,024 women were admitted in 2017 (compared to 7,582 in 2016), the number of newborns treated was 7,537 (6,380 in 2016), and 27,910 women were seen in first aid or in our hospital clinics (21,850 in 2016).
In our First Aid Posts and Health Centres across the region, we also provide prenatal care, contraception, and screening for gynaecological diseases, with all of these services constantly on the increase.
In the Anabah Healthcare Centre alone, located outside the hospital, we saw 20,901 women (18,658 in 2016).
The growing amount of work and need to maintain high standards of treatment led us to increase our numbers, taking on new Afghan staff. The Maternity Centre currently provides work for more than 70 women continuing their training in obstetrics and nursing, and 25 staff who maintain hygiene standards. Training for young female Afghan doctors also continues: we have already trained two gynaecologists, who are now working in the national healthcare system. Three current trainees are now finishing their second year of specialisation and one is finishing her first. Our operating theatre is open for training to the young surgeons who occasionally come from our hospitals in Kabul and Lashkar-Gah: this programme is very important, as wounded pregnant women often arrive on our operating tables in war-affected areas.



Obstetrics, gynaecology, neonatology.

First aid, clinics, operating theatre,intensive care, wards, nursery, ultrasound room, delivery room, diagnostics, technical and support services shared with the Medical and Surgical Centre.

87
BED SPACES

104
LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 62,311
Clinical visits: 274,885
Surgical operations: 10,872
Babies born at the Centre: 46,027

20
BABIES BORN PER DAY IN 2017

612
AVERAGE BIRTHS PER MONTH IN 2017

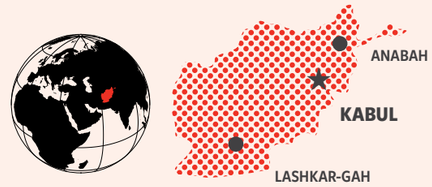
48,811
OBSTETRICS AND GYNAECOLOGY VISITS IN 2017

OPENED / December 1999

FIRST AID POSTS (FAPS) AND HEALTHCARE CENTRES

Getting assistance to ill and wounded people as quickly as possible, reaching places far from the hospital, providing even small villages with medical equipment, and helping develop healthcare competences within communities.
These are the results of the Healthcare Centre and First Aid Post programme we began in Afghanistan in 1999 to increase our hospitals' scope of activities and efficiency in responding to the needs of a population, which is 70% rural.
In our Healthcare Centres, local doctors and nurses, supervised by international staff, offer basic healthcare assistance. In our First Aid Posts, they stabilise wounded patients so they can be taken to hospital in safety. The Healthcare Centres and First Aid Posts are linked to our hospitals by a 24-hour ambulance service.

The right to treatment is a fundamental human right that must be guaranteed for all people, without discrimination. For this reason, since 2001 we have been offering healthcare assistance to inmates in Afghan prisons. Today, we manage five Healthcare Centres inside *Pol-i-Charki*, which with over 10,000 inmates is Afghanistan's largest prison. Here our doctors have on average 4,300 visits a month, largely for infectious diseases and respiratory and digestive conditions, which are mostly caused by living conditions in the prison. Our staff also provide support to local authorities in the Healthcare Centres inside the government, investigative and transition prisons and the Kabul Juvenile Rehabilitation Centre. Our activities in the women's prison, interrupted in 2016, were resumed in January 2017.



Basic healthcare assistance.

LOCATIONS: Anabah, Abdara, Dara, Darband, Dasht-e-Rewat, Khinch, Paryan, Gulbahar, Kapisa, Koklamy, Oraty, Changaram, Anjuman, Sangi Khan, Shutul, Said Khil, Poli Sayad, Mirbachakot, Maydan Shahr, Ghazni, Chark, Gardez, Pul-i-Alam, Grishk, Garmsir, Musa Qala, Marjia, Urmuz, Tagab, Andar, Sheikhabad, Hesarak, Ghorband, Barakibarak, Shoraki.

EMERGENCY also offers medical assistance within orphanages in Kabul.

313
LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Clinical visits: 3,786,410
Patients transferred to hospital: 83,940

Duab prison:
694 patients treated between 2001 and 2003
Shebergan prison:
13,338 patients treated between May 2002 and June 2004
Lashkar-Gah prison:
1,880 patients treated between February 2006 and December 2007
Kabul prisons (Governmental Jail, Investigation Department, *Pol i Charki*, Juvenile Rehabilitation Centre, Female Jail, Transition prison):
888,985 patients treated as of 31 December 2017

IRAQ

COUNTRY PROFILE

ASIA
continent

BAGHDAD
capital

36.4 MILLION
population (Source: UNDP)

69 YEARS
life expectancy at birth
(Source: UNDP)

121/188
Human Development Index
(Source: UNDP)

EMERGENCY IN IRAQ

ERBIL
— War surgery programme

SULAYMANIYAH
— Rehabilitation and Prosthesis Production Centre
— Vocational training courses
— Disabled people's cooperatives

ARBAT AND KALAR
— Healthcare Centres for refugees of war

FIGURES FROM 2017

2.6 MILLION
internal refugees (Source: IOM)

250,000
Syrian refugees in Iraq
(Source: UNHCR)

675,000
IDPs living in camps (Source: IOM)

10.3 MILLION
people in need of medical assistance (Source: WHO)

OPENED / February 2017

ERBIL

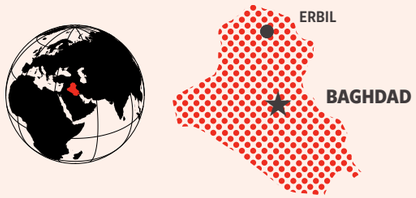
WAR SURGERY PROGRAMME

In January of this year, we went back to Erbil, to the same hospital we built in 1998 and handed over to the local authorities in 2005, by which point Iraqi Kurdistan seemed a safe area in full recovery.

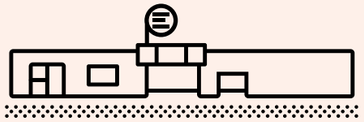
The Kurdish authorities asked us to take over the running of our old hospital to provide assistance to the wounded fleeing Mosul, 80 kilometres away. The occupation of the city by Daesh, and the Iraqi counteroffensive, were subjecting the population to an unprecedented level of violence. The hospitals were inaccessible or not working, and many people were dying from a lack of medical treatment or long transfer times.

We refurbished the hospital, increasing the number of bed spaces from 24 to 84, whilst training local medical staff in war surgery to bring the hospital procedures up to international standards.
The wounded were transferred to the hospital through our Trauma Stabilisation Points near the front lines, where first aid was given.
In seven months, we saw 1,412 war victims and carried out 1,749 surgical operations.

In July, Mosul was liberated. On 31 August, we officially handed over control of the EMERGENCY hospital to the Ministry of Health.



Surgery for war victims.



First aid, clinics, 3 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology and CT, laboratory and blood bank, pharmacy, service facilities, maintenance.

84
BED SPACES

282
LOCAL STAFF MEMBERS

AS OF 31 AUGUST 2017
Surgical operations: 1,749
Clinical visits: 1,412
Admissions: 1,186

1 IN 2
PATIENTS WAS A WOMAN OR A CHILD

249
SURGICAL OPERATIONS PER MONTH

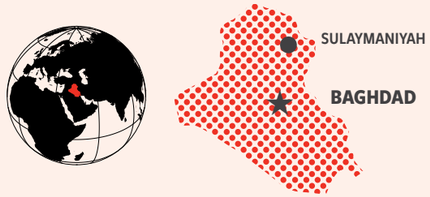
OPENED / February 1998

SULAYMANIYAH

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

In 1998, we opened our Rehabilitation and Social Reintegration Centre in Sulaymaniyah, a specialist centre in physiotherapy and production of prostheses, orthoses and orthopaedic aids for disabled and amputee patients. We had come to the country three years before to treat victims of war and landmines, and quickly realised that treatment couldn't end when patients were discharged from hospital.
Amputee patients often found themselves dealing with their disabilities alone, in a society where specialist assistance simply does not exist. Even today, the Centre is the only free, specialist facility in the area, and has become a reference point for the whole country.
Patients can also attend training classes for various vocational professions (metalwork, carpentry, clothes-making, leatherwork, plumbing and electronics) to get themselves back into work and achieve independence. At the end of the course, we help in setting up cooperatives and workshops, covering start-up costs for the first six months. At the Centre, we have also organised training courses to help disabled Syrian and Iraqi refugees and IDPs living in the camps in Arbat to find work.

In 2017, we began working with the Rehabilitation Centre in Mosul, which was damaged in the fighting between Daesh and the Iraqi army. According to data from the Centre, there are 3,000 amputees and disabled people in Mosul in need of prostheses or orthoses.
In October, we started transferring patients to our Rehabilitation Centre in Sulaymaniyah, where they were able to complete the rehabilitation process. We will keep doing this throughout 2018. By December, 56 patients had already been referred.



Production of prostheses and orthoses, physical rehabilitation, vocational, training for disabled people, setting up cooperatives for certain crafts.

Physiotherapy, orthopaedic laboratories, vocational training for disabled patients, setting up of cooperatives.

76
LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Patients treated: 9,840
Prosthetic arms: 1,085
Prosthetic legs: 8,372
Physiotherapy sessions: 50,279
Orthoses: 1,051
Cardiology visits: 504

365
COOPERATIVES FOUNDED AS OF 2017

572
TRAINEES QUALIFIED AS OF 2017

1 IN **5** PATIENTS
CAME FROM OTHER REGIONS IN IRAQ IN 2017

OPENED / July 2014

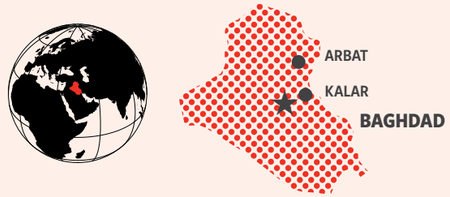
ARBAT AND KALAR

HEALTHCARE CENTRES FOR REFUGEES OF WAR

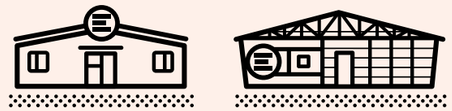
Since 2014, over 3 million Syrian refugees and Iraqi IDPs have come to Iraqi Kurdistan to escape the fighting destroying their countries. According to the International Organisation for Migration, about 675,000 people are living in these camps, which are maintained by local authorities and international organisations.
Since 2014, we have opened seven Healthcare Centres in the camps of Khanaquin (closed in February 2015), Qoratu, Arbat (one for Syrian refugees and one for Iraqi IDPs), Ashti (one for adult patients and one for paediatric patients) and Tazade, all situated in the areas of Kalar and Arbat.
In our Centres we provide basic healthcare assistance, obstetrics and gynaecology assistance, and a vaccination programme.
The youngest children now living in territory held by Daesh have never had vaccinations.

When hiring local staff, we gave priority to people living in the camps, as the jobs would give them the chance to improve living conditions for their families. We also trained health promoters in Iraq to educate people on disease prevention, monitor health conditions among refugees and track the progress of patients in our facilities.

In June and December of 2017, we handed responsibility of our Centre in Qoratu and two Centres in Arbat to the local healthcare authorities. The handover is part of the government's plan to get refugees back to their places of origin and take over direct management of services that have until now been provided by NGOs.
We are still working, however, in the camp in Ashti, which has 12,000 people, and the camp in Tazade, which has 2,500.



Basic healthcare assistance.



171
LOCAL STAFF MEMBERS

ARBAT SYRIAN REFUGEE CAMP
Clinical visits: 122,941
Patients referred to specialist doctors: 10,020
Beneficiaries of *Health Promotion* activities: 138,099
ARBAT IDP CAMP
Clinical visits: 96,778
Patients referred to specialist doctors: 9,841
Beneficiaries of *Health Promotion* activities: 94,344
QORATU IDP CAMP
Clinical visits: 29,350
Patients referred to specialist doctors: 1,770
Beneficiaries of *Health Promotion* activities: 28,782
Mobile clinic visits: 475
TAZADE IDP CAMP
Clinical visits: 64,753
Patients referred to specialist doctors: 3,709
Beneficiaries of *Health Promotion* activities: 51,271
ASHTI IDP CAMP
Clinical visits: 168,949
Patients referred to specialist doctors: 13,537
Beneficiaries of *Health Promotion* activities: 203,042

OVER **30%**
OF REFERRALS IN 2017 WERE URGENT

MORE THAN **40%**
OF PATIENTS SEEN IN 2017 WERE UNDER 14

ITALY

COUNTRY PROFILE

EUROPE
continent

ROME
capital

59.8 MILLION
population (Source: UNDP)

83 YEARS
life expectancy at birth
(Source: UNDP)

26/188
Human Development Index
(Source: UNDP)

EMERGENCY IN ITALY

PALERMO, MARGHERA, POLISTENA, NAPLES, CASTEL VOLTURNO, MILAN, SASSARI, BRESCIA, LATINA.
— Clinics, Standard and Mobile Clinics

SICILY
— Socio-Medical Counselling and assistance for migrants

TERAMO
— Psychological and public health aid for populations affected by earthquakes

FIGURES FROM 2017

119,310
people landed in Italy in 2017
(Source: Italy's Ministry of Interior)

5.359 MILLION
immigrants with residency permits in Italy
(Source: IDOS)

1 IN 3 PEOPLE
is at risk of poverty or marginalisation (Source: ISTAT)

37.6 DOCTORS
for every 10,000 inhabitants
(Source: UNDP)

OPENED / April 2006

PERMANENT AND MOBILE CLINICS

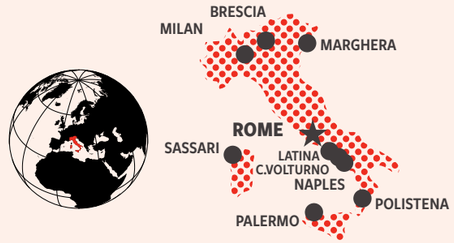
SOCIO-SANITARY ASSISTANCE FOR MIGRANTS AND PEOPLE IN NEED

Healthcare is recognised as an individual right and a collective interest in Article 32 of the Italian constitution. Despite this, migrants, settled immigrants and an increasing number of Italians are struggling to access the national healthcare system because of poverty, marginalisation, a lack of awareness of health services, logistical difficulties, and cultural and linguistic barriers.

It was for this reason that in 2006 we began working in Italy, setting up a Clinic in Palermo. Since 2010, we have also opened permanent Clinics in Marghera (Venice), Polistena (Reggio Calabria), Castel Volturno (Caserta), the Ponticelli neighbourhood of Naples, and Sassari. In July 2016, we opened an Information Point for Socio-Medical Counselling in Brescia.

In our Clinics, we provide basic and specialist treatment completely free of charge, as well as nursing, psychological support and health education. We also make it easier for patients to get admitted to the national healthcare system, helping them understand what their rights are and how to assert them. Through our cultural mediators, for example, we help patients obtain exemptions from paying for what they are entitled, or the STP (temporary foreign resident) code, which grants access to essential services in public facilities.

In 2011, we launched our first Mobile Clinics, which allow us to reach places with few services, like agricultural areas, the outskirts of cities and areas hit by natural disasters. In 2017, our mobile units brought medical assistance to the outskirts of Milan, provided information to sex workers in Castel Volturno, helped recently landed migrants in Sicily, helped the large community of agricultural workers in Latina, and gave assistance to people affected by earthquakes in central Italy.



STANDARD CLINICS

General medicine, nursing, cardiology, psychological support, dentistry, gynaecology, ophthalmology, paediatrics, socio-medical counselling, health education.

45 STAFF MEMBERS
190 VOLUNTEERS

AS OF 31 DECEMBER 2017
PALERMO: 100,472 procedures
MARGHERA: 54,726 procedures
POLISTENA: 23,400 procedures
NAPLES: 7,581 procedures
CASTEL VOLTURNO: 27,072 procedures
SASSARI: 9,549 procedures
BRESCIA: 2,087 procedures

MOBILE CLINICS

General medicine, nursing, psychological support, socio-medical counselling, health education.

12 STAFF MEMBERS
25 VOLUNTEERS

AS OF 31 DECEMBER 2017
Clinical visits: 59,464

PREVIOUS REGIONS WORKED IN
Puglia, Emilia Romagna, Sicily, Campania, Basilicata, Calabria, Lombardy.

OPENED / January 2013

SICILY

SOCIO-MEDICAL COUNSELLING AND ASSISTANCE FOR MIGRANTS AT LANDINGS IN SICILY

In 2013, we began working in Sicily at welcome centres for adult and unaccompanied young migrants. In 2017, we worked in the Centre for unaccompanied minors in Priolo (Syaracuse) and in the Extraordinary Welcome Centre "Frasca" in Rosolini (Syracuse). Since 2015, we've been working in the ports of Augusta (Syracuse), Pozzallo (Ragusa), Porto Empedocle (Agrigento), and in the Welcome Centre in Siculiana (Agrigento) to give first aid to people who have just landed.

119,310 migrants left their home countries in 2017 because of poverty, discrimination, violence and armed conflict and came to Italy.
More than 15,000 of those landing on Italian shores are children.
Dehydration, malnutrition, flu, gastrointestinal and dermatological issues are the main problems we've come across in the patients we've treated so far.

In 2016, we launched a psychological assistance programme with two main aims: to provide first aid, and identify early on the most vulnerable patients. The latter include female victims of trafficking, people who've suffered torture or violence in Libya, shipwreck survivors and unaccompanied child migrants, among many others. When dealing with minors, we collaborate with professionals who work in port areas and institutions based there. Where possible, we monitor young people and make sure they are taken in by the welcome centres they are transferred to once they go beyond the port.

General medicine, medication, socio-medical counselling, psychological assistance.

24
STAFF MEMBERS

AS OF 31 DECEMBER 2017

> WELCOME CENTRES PROJECT
ROSOLINI (SYRACUSE) - Welcome Centre for adults
PRIOLO (SYRACUSE) - Welcome Centre for unaccompanied minors
Consultations: 4,780

> LANDINGS PROJECT
AUGUSTA and POZZALLO
Consultations: 5,030
SICULIANA and PORTO EMPEDOCLE
(Project concluded on 31/12/2017)
Consultations: 11,073

8,635
CONSULTATIONS CARRIED OUT AT LANDING POINTS AND WELCOME CENTRES IN 2017

5
PROJECTS AT LANDING POINTS AND WELCOME CENTRES IN SICILY IN 2017

248
PSYCHOLOGICAL VISITS IN 2017

OPENED / February 2017

TERAMO

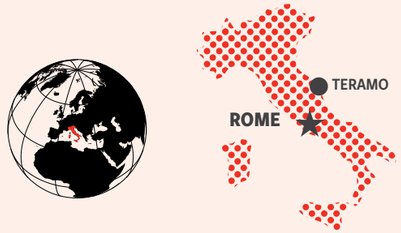
PSYCHOLOGICAL AND NURSING AID FOR POPULATIONS AFFECTED BY EARTHQUAKES

In February 2017, in collaboration with ASL Teramo, we launched a nursing and psychological assistance project for several communes struck by earthquakes, including Castelli, Nerito and Montorio al Vomano. In the villages of the Amatrice municipality, in the province of Rieti, we monitored the needs of the local population.

Our team – made up of a psychologist and psychotherapist, a nurse and a logistician – is working in an area whose needs are many and where healthcare services are in trouble.
To provide access to our services for more people, we use a Mobile Clinic that can reach isolated areas with ease.

Families and children, old people, farmers: the inhabitants of areas struck by the earthquake are still struggling to return to normality, suffering as they are from post-traumatic stress disorder. For this reason, in addition to the nursing we provide for earthquake victims, we have set up a help point offering free psychological support.

We had already worked in an area struck by an earthquake, in Carpi (Modena) in 2012. Here, with a mobile unit we provided medical assistance and nursing for those whose houses had been destroyed.



Nursing and psychological assistance.

4
STAFF MEMBERS

AS OF 31 DECEMBER 2017
Consultations: 949

515
PSYCHOLOGICAL VISITS

350
PATIENTS AT NURSING CLINICS

14
NUMBER OF MUNICIPALITIES SERVED BY THE PROJECT

CENTRAL AFRICAN REPUBLIC

COUNTRY PROFILE

AFRICA
continent

BANGUI
capital

4.9 MILLION
population (Source: UNDP)

51 YEARS
life expectancy at birth
(Source: UNDP)

188/188
Human Development Index
(Source: UNDP)

EMERGENCY IN THE CENTRAL AFRICAN REPUBLIC

BANGUI
— Paediatric Centre
— *Complexe Pédiatrique*

FIGURES FROM 2017

66.3%
of the population live on less than €2 a day
(Source: UNDP)

2.5 MILLION (1 IN 2)
people in need of humanitarian assistance
(Source: UNOCHA)

250 DOCTORS
in the whole country (Source: WHO)

UNDER-FIVE MORTALITY
130 for every 1,000 live births
(Source: UNDP)

OPENED / March 2009

BANGUI

PAEDIATRIC CENTRE

The Paediatric Centre in Bangui, the capital of the Central African Republic, provides free treatment for children under 14 years of age. Around 60% of our patients arrive at the Centre in critical condition, either because of the long and complicated journeys they've made to reach the hospital or because they've already been treated using the 'traditional medicine' that is ubiquitous in the country's villages. 68% of our patients have malaria.

Now that standards of treatment have improved at the *Complexe Pédiatrique*, we have been able to reorganise activities at the Paediatric Centre so that its activities are not overlapping with those of the public hospital, as well as in order to decrease the number of patients going to the latter for urgent treatment or for unsuitable reasons.
As of last September, the Paediatric Centre has been dedicated solely to treating chronically ill patients, who suffer largely from sickle cell anaemia, asthma, nephrotic syndrome, epilepsy, diabetes or heart disease. Patients in the acute phase can be kept in observation and stabilised in our Centre before being transferred to the *Complexe Pédiatrique*, the public paediatric hospital. A local obstetrician is present five days a week to see pregnant women and track their pregnancies. We are still running vaccination programmes for women and children, along with prenatal and family planning advice services.

Thanks to European Union funding, in October 2014 we began collaborating with a local NGO that manages small healthcare centres, to train workers in how to treat urgent cases and transfer them to the hospitals in Bangui. In June 2016, we collaborated with the Central African Red Cross's University Paramedic Training Institute, to give practical training to second and third-year students of the science of nursing.

Our collaboration with the National Blood Bank in Bangui continues, and we are organising campaigns to educate the local population on the importance of blood donation. Blood bags are tested and provided to any hospital in the country that requests them. Almost all bags are used in life-saving treatments, more than half of which are for children under five years old.

Paediatrics, Paediatric first aid, Prenatal Assistance.

3 paediatric clinics, obstetric clinic, radiology, laboratory, pharmacy, ward, stockroom, offices, services, welcome and outdoor play area, technical and support services.

9
BED SPACES

55
LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 13,145
Clinical visits: 183,936
Prenatal assistance visits: 46,631
Cardiology visits: 1,101

BLOOD BANK
Blood bags distributed: 53,025

18,500
CHILDREN SEEN IN 2017

80%
OF CHILDREN SEEN IN 2017 WERE UNDER FIVE

68%
OF CHILDREN ADMITTED IN 2017 SUFFERED FROM MALARIA

OPENED / April 2013

BANGUI

COMPLEXE PÉDIATRIQUE

In 2013, we began working in the paediatric hospital that is the reference point in its field for the whole country: the *Complexe Pédiatrique* in Bangui. The hospital was at the centre of a precarious healthcare system further weakened by conflict, the effects of the coup, and an exodus of medical staff.

From the beginning of the project, we gradually took over the running of almost all of the hospital, from the surgical area and first aid to the intensive and sub-intensive care units. We also took over all support services: laboratory, diagnostics, sanitation, logistics and administration.

Today the *Complexe Pédiatrique* is essentially the point of referral for critical patients from every facility in the country.
The standard of procedures at the Complexe Pédiatrique has improved overall. For example, mortality in the intensive care ward has fallen from 26% to 11%, and in the post-operative ward from 5.5% to 1.6%.

We also wanted to contribute to development and sustainability at the hospital, and collaborated with the University of Bangui to relaunch the academic courses that have provided training for a new generation of doctors and nurses. Every three months, over 90 students are trained in nursing, and more than 70 in medicine.

Our project has strengthened the entire facility, helping in turn to strengthen the healthcare system as a whole. The success of the model has been recognised by the national Ministry of Health and the international community.
Activities were co-financed by the Agenzia Italiana per la Cooperazione allo Sviluppo (Italian Agency for Development Cooperation).

Urgent and general surgery, paediatrics, paediatric first aid.

First aid, medical and surgical clinics, intensive care, post-intensive medical care, isolation ward, 2 operating theatres, sterilisation, wards, sub-intensive care, radiology, clinics, pharmacy, laundry.

100 BED SPACES

270 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Surgery
Admissions: 4,823
Visits: 41,728
Surgical operations: 11,400
Medicine
Admissions: 7,346
Visits: 58,067

OVER **44,000**
CHILDREN SEEN IN 2017

1 IN **4** CHILDREN
ADMITTED TO INTENSIVE CARE WAS UNDER ONE YEAR OF AGE

OVER **300**
STUDENTS TRAINING IN MEDICINE AND NURSING IN 2017

SIERRA LEONE

COUNTRY PROFILE

AFRICA
continent

FREETOWN
capital

6.5 MILLION
population (Source: UNDP)

51 YEARS
life expectancy at birth
(Source: UNDP)

179/188
Human Development Index
(Source: UNDP)

EMERGENCY IN SIERRA LEONE

GODERICH
— Surgical Centre
— Paediatric Centre

LOKOMASAMA AND WATERLOO
— First Aid Posts

FIGURES FROM 2017

52.3%
of the population live on less than €2 a day
(Source: UNDP)

3 DOCTORS
for every 10,000 inhabitants
(Source: UNDP)

37%
of children under 14 years of age work (Source: UNDP)

UNDER-FIVE MORTALITY
120 children for every 1,000 live births (Source: UNDP)

OPENED / November 2001

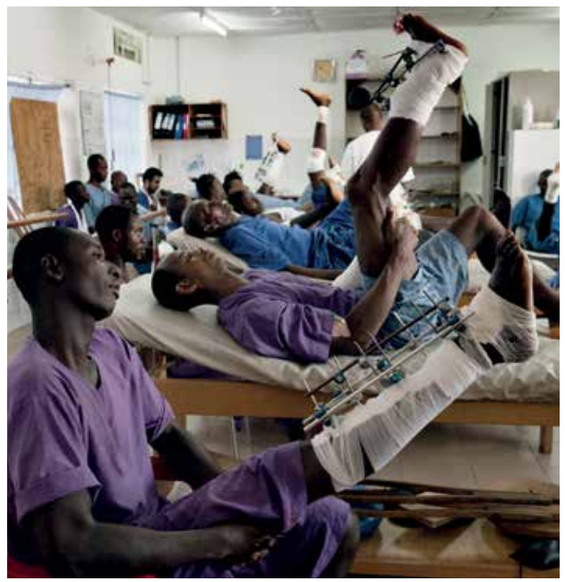
GODERICH

SURGICAL CENTRE

In Sierra Leone, only pregnant women and children under six have the right to free medical treatment.
The rest of the population are forced to pay for healthcare of a very low standard that is often difficult to access due to long distances and poor road conditions.
The Ebola epidemic in 2014 and 2015 further weakened Sierra Leone's healthcare system. In this period, over 200 health workers died from contagion, making it even harder to bring the epidemic to an end.

Our Surgical Centre in Goderich is today the reference point in its field for the whole country, particularly for traumatology.
From 2001, the year of opening, to 2017, we have carried out about 47,000 surgical operations. These include operations to treat oesophagus burns caused by swallowing caustic soda, which constitutes the only programme of its kind in Sierra Leone.
When children accidentally ingest caustic soda, their oesophagi scar, leaving them unable to swallow food. If they don't get treatment, these children risk malnutrition followed by death.

Thanks to co-financing by the EU, in 2015 we opened two First Aid Posts in Lokomasama and Waterloo to provide free treatment and strengthen the response of local healthcare workers to emergencies, above all traumatology, in areas of the country where the healthcare system is practically non-existent.
Last September, we ended our work at the First Aid Post in Lokomasama. In two years, the Centre has provided over 17,000 free visits and taken over 500 patients to referral hospitals.



General and urgent surgery, orthopaedic and reconstructive surgery, traumatology.

First aid, clinic, 3 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services, guest accommodation.

83 BED SPACES

292 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Hospital
Admissions: 37,402
Clinical visits: 317,191
Surgical operations: 47,395
Lokomasama FAP
Visits: 17,645
Referrals: 543
Outreach visits: 30,741
Waterloo FAP
Visits: 14,092
Referrals: 1,530
Outreach visits: 46,748

4,193
SURGICAL OPERATIONS in 2017

213
CHILDREN TREATED AFTER SWALLOWING CAUSTIC SODA IN 2017

77,489
PARTICIPANTS IN HEALTH PROMOTION ACTIVITIES IN 2017

OPENED / April 2002

GODERICH

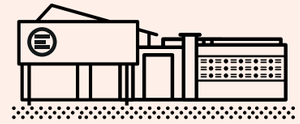
PAEDIATRIC CENTRE

The Paediatric Centre in Goderich provides free treatment for children under 14 years old. Our patients suffer mostly from malaria and gastrointestinal and respiratory tract infections, problems normally treated in clinics. Over 100 children are admitted into our wards every month. Most of them are in critical condition, as by the time they get to the hospital their condition is already in the advanced stage.
Besides providing paediatric treatment, this project promotes good health practices for preventing the most widespread diseases.
Every day, in the waiting area, our health promoters give informative classes to patients and visitors.

As part of our special programme to combat malnutrition, we monitor children's weight, give food to families and teach them which locally available foods to combine to give their children a healthy diet.

In 2015, together with the Delegation of the European Union to Sierra Leone, we launched a health education programme in 60 primary schools in the Western Area Rural District, designed to reach children, teachers and local communities.
Our staff organise informative classes on good hygiene practices, the importance of vaccinations, the risks of malaria and proper nutrition for children. Thanks to this collaboration, long-term child patients have the chance to attend individual or group classes throughout their time in hospital, so they won't fall behind with their school studies.

Paediatrics, paediatric first aid.



2 clinics, ward, welcome area, technical and support services shared with the Surgical Centre.

14 BED SPACES

36 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 19,037
Clinical visits: 312,729

MORE THAN **100**
CHILDREN SEEN EVERY DAY IN 2017

1 IN **4**
CHILDREN ADMITTED IN 2017 WAS MALNOURISHED

70
HEALTH EDUCATION SESSIONS IN SCHOOLS IN 2017

SUDAN

COUNTRY PROFILE

AFRICA
continent

KHARTOUM
capital

40.2 MILLION
population (Source: UNDP)

64 YEARS
life expectancy at birth
(Source: UNDP)

165/188
Human Development Index
(Source: UNDP)

EMERGENCY IN SUDAN

KHARTOUM
— *Salam* Centre for Cardiac Surgery

MAYO
— Paediatric Centre

PORT SUDAN
— Paediatric Centre

FIGURES FROM 2017

2.2 MILLION
IDPs (Source: UNHCR)

651,000
refugees in Sudan (Source: IDCM)

65%
of refugees are children
(Source: UNOCHA)

61%
of people living in refugee camps are children (Source: UNOCHA)

1 IN 6
children suffer from serious malnutrition (Source: UNOCHA)

OPENED / April 2007

KHARTOUM

SALAM CENTRE FOR CARDIAC SURGERY

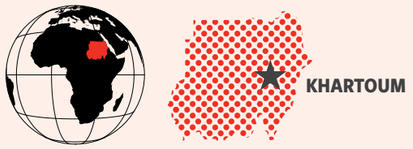
In 2017, the *Salam* Centre in Khartoum celebrated its tenth anniversary. It is still the only completely free cardiac hospital in an area home to over 300 million people.

The patients operated on at the *Salam* Centre suffer mainly from valve conditions caused by rheumatic fever, which has a very high incidence among young people: 56% of our patients are under 26.
There are over 18 million people in Africa suffering from rheumatic fever, an inflammatory disease of the heart valves caused by untreated group A streptococcus infection.
While in the West rheumatic fever has practically disappeared, only affecting one in every 100,000 people, in Sudan the incidence is one in every 1,000 people.

The *Salam* Centre is a hospital for the entire region.
Thanks to screening projects and follow-up visits by our cardiologists, our surgeons have been able to operate on people from 28 countries.

After ten years of activity, in 2017 we were recognised as a specialist centre in anaesthetics, cardiac surgery and cardiology, and as a place for internships for master's students in intensive care nursing.
In the last few years, the Sudanese healthcare system has suffered after seeing many of its doctors and nurses emigrate to the Gulf.
This is another reason why training young Sudanese specialists has become a fundamental part of our work in the country.

The Centre has won many architectural prizes, including the *Aga Khan* Award for Architecture in 2013, awarded to "innovative buildings that combine architectural excellence with a positive impact on the quality of life of surrounding communities".



Paediatric cardiac surgery, cardiac surgery for adults, cardiology, interventional cardiology.

First aid, clinic, 3 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services, guest accommodation.

63 BED SPACES

410 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 8,412
Clinical visits: 70,474
Specialist cardiology visits: 63,482
Surgical interventions: 7,407
Diagnostic and interventional haemodynamic procedures: 1,343
Foreign patients: 1,262

80%
PATIENTS SUFFERING FROM VALVE DISEASES IN 2017

1 IN **2** PATIENTS
IN 2017 WAS UNDER 26

OPENED / December 2005

MAYO

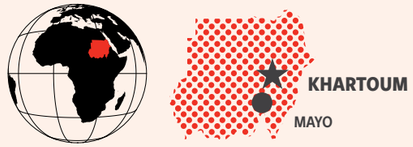
PAEDIATRIC CENTRE

The people living in the Mayo camp, about 20 kilometres from Khartoum, are refugees from the wars that have been tearing Sudan and its neighbours apart for 20 years. Today, Mayo has around 400,000 inhabitants.
It's no longer possible to call it a refugee camp, because the majority of families now living there have been doing so for years. Living conditions, however, are still extremely unstable. A lack of running water, no sewage system, and poverty put a heavy strain on the health of children, who make up 50% of the camp's inhabitants.

In 2005, we opened a Paediatric Centre in Mayo which is still the only free healthcare facility available for the local population. The conditions we come across most are a direct consequence of life in the camp: gastrointestinal and respiratory tract infections, malnutrition and malaria. These can be treated easily but, if neglected due to unawareness or a lack of attention on the part of families, can lead to more serious problems.

In 2017, we saw around 50 children a day. Half of our patients were less than one year old.
We also continued our health education programmes last year. Our health promoters travel around the camp's neighbourhoods, giving information to mothers about essential hygiene rules and making sure patients are taking their medicine correctly. One day a week, doctors and nurses from the Paediatric Centre go around the camp doing screenings and giving vaccinations.
Thanks to contributions from the European Union and the Agenzia Italiana per la Cooperazione allo Sviluppo (Italian Agency for Development Cooperation), in 2016 we launched vaccination and preventative medicine programmes and reproductive health services.

Two years ago, we added an obstetrician and a gynaecologist to our team to perform check-ups on pregnant women and women in the early stages of breastfeeding. These two doctors see around 35 women a day. We also provide a postnatal service at home for women whose pregnancies we have tracked.



Paediatrics, paediatric first aid.

2 clinics, observation ward, obstetric clinic, vaccination clinic, pharmacy, laboratory, technical and support services, welcome and health education area, outdoor play area.

6 BED SPACES IN OBSERVATION

42 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 20,016
Clinical visits: 222,424
Newborn babies seen in the pre-natal ward: 2,738
Patients referred to public hospitals: 11,680
Obstetrics visits (clinical and outreach): 19,071
Outreach visits: 48,596

35
OBSTETRICS AND GYNAECOLOGY VISITS PER DAY IN 2017

15,610
VACCINATIONS FOR MOTHERS AND BABIES IN 2017

6,390
CHILDREN TOOK PART IN NUTRITION AND HEALTH EDUCATION CLASSES IN SCHOOLS IN 2017

OPENED / December 2011

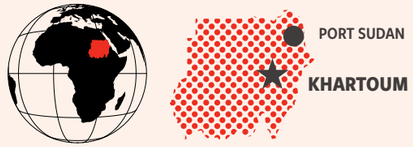
PORT SUDAN

PAEDIATRIC CENTRE

In 2011, we opened our Paediatric Centre in Port Sudan, to provide healthcare assistance to children under 14 in an area with no other free healthcare facilities.
Every month, we admit around 100 children: 88.5% are under five. Malnutrition is one of the main problems we come across, affecting half our patients.

Hygiene and health education activities for children and their families are essential for providing information on proper nutrition, and for monitoring the condition of patients undergoing treatment.
With financial help from the Italian Ministry of Foreign Affairs and International Cooperation, we have developed a preventative medicine programme. Our health educators visit communities in the area on a weekly basis to give families information on good practices.
Thanks to a collaboration with the local Ministry of Health, children and pregnant women can enter a vaccination programme based on international guidelines at the Paediatric Centre.
Furthermore, together with the Port Sudan nursing academy, we are training nursing and medical students through an on-the-job programme and seminars. We are busy with local staff training activities every day.

In the first few months of 2017, at the request of the Federal Ministry of Health and the Red Sea State, we opened and ran a Centre in Port Sudan with 50 bed spaces, to house and treat patients suffering from acute watery diarrhoea. In this period the Centre received 90 patients. After the number of cases rapidly decreased and the last patient was discharged, the Centre closed on 31 March 2017. In its place, we set up a surveillance unit for isolating suspected cases and referring them to competent public hospitals.



Paediatrics, paediatric first aid, preventative medicine.

3 paediatric clinics, radiology, laboratory, pharmacy, ward, sub-intensive care, stock room, offices, services, welcome and outdoor play area, technical and support services.

18 BED SPACES

122 LOCAL STAFF MEMBERS

AS OF 31 DECEMBER 2017
Admissions: 6,695
Clinical visits: 132,158
Outreach visits: 26,503

100
CHILDREN ADMITTED PER MONTH ON AVERAGE IN 2017

88.5%
OF CHILDREN ADMITTED IN 2017 WERE UNDER FIVE

8,451
PARTICIPANTS IN HEALTH EDUCATION ACTIVITIES OUTSIDE THE CENTRE IN 2017

UGANDA

COUNTRY PROFILE

AFRICA
continent

KAMPALA
capital

39 MILLION
population (Source: UNDP)

59 YEARS
life expectancy at birth
(Source: UNDP)

163/188
Human Development Index
(Source: UNDP)

EMERGENCY IN UGANDA

ENTEBBE
— Centre of Excellence in Paediatric Surgery

FIGURES FROM 2017

1.3 MILLION
refugees (Source: UNICEF)

60%
of refugees are children
(Source: UNICEF)

34.2%
of children under five are malnourished or underweight
(Source: UNDP)

1 PERSON IN 3
lives on under €2 a day
(Source: UNDP)

UGANDA

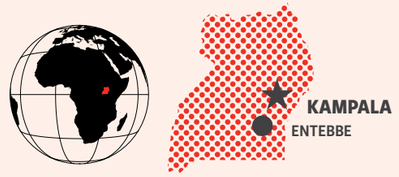
CENTRE OF EXCELLENCE IN PAEDIATRIC SURGERY

In February 2017, we began building the Centre of Excellence in Paediatric Surgery in Entebbe, on the banks of Lake Victoria.
Uganda is a low-income country with a very young population: 48% of Ugandans are under 15 years old.
According to the World Health Organisation, the country is still very far off reaching its millennium goals for reducing infant mortality.

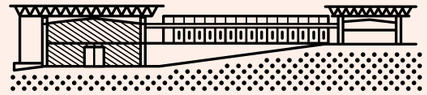
The hospital will provide free treatment and act as a centre of referral, for patients throughout Uganda and children in need of surgery from all over Africa.
The need for such a Centre was also recognised by the African health ministers who make up the *African Network of Medical Excellence* (ANME), as there is no structure of this kind anywhere in Africa that can offer the same standard of treatment free of charge.
The Entebbe Centre will be the second facility in the network, after the *Salam* Centre for Cardiac Surgery in Khartoum, Sudan.

The plot of land on which we are building the hospital was donated by the Ugandan government.
The facility is built using rammed earth, a traditional building technique that uses raw earth to make the building resistant to heat and keep temperature and humidity constant inside.
The hospital will rely on 2,600 photovoltaic solar panels to produce the electricity needed for its activities, and thermic solar panels will be used to heat water for the bathrooms.

The Centre of Excellence in Paediatric Surgery was designed pro bono by the "*Renzo Piano Building Workshop*" in collaboration with the TAMassociati studio and EMERGENCY's technical department.



Paediatric surgery, paediatric first aid.



2 clinics, observation ward, obstetrics clinic, vaccination clinic, pharmacy, laboratory, technical and support services, welcome and health education area, outdoor play area.

9,000 m2
AREA OCCUPIED BY THE CENTRE

2,600
PHOTOVOLTAIC SOLAR PANELS

3
OPERATING THEATRES

72
BED SPACES

42 BED SPACES
IN THE GUEST HOUSE FOR PATIENTS' FAMILIES AND FOR PATIENTS LIVING FAR FROM THE CENTRE

COMPLETED PROGRAMMES

1994 - Reorganisation and reopening of the surgery ward in Kigali hospital, Rwanda. Over a four-month project, a surgical team operated on over 600 victims of war. In the same period EMERGENCY relaunched the obstetrics and gynaecology ward, which went on to provide medical and surgical assistance to over 2,500 women.

1996/2005 - We built a Surgical Centre in Sulaymaniyah, northern Iraq, to provide treatment for victims of landmines. The facility has units for burns and spinal injuries. In 2005 the Centre and the 22 FAPs attached to it were handed over to the local healthcare authorities.

1998/2005 - Rehabilitation Centre opened in Erbil, northern Iraq, to provide treatment for victims of landmines. The facility has a unit for burns and another for spinal injuries. In 2005 the Centre was entrusted to the local healthcare authorities.

1998/2012 - Surgical Centre built and run in Battambang, Cambodia. Control of the Centre was handed over to the local authorities in 2012.

1999 - Support for the Jova Jovanović Zmaj orphanage in Belgrade, Serbia.

1999/2009 - Five First Aid Posts (FAPs) were launched in the district of Samlout, Cambodia, to bring assistance to victims of landmines. In 2003 the FAPs in O'Rotkroh, Chamlong Kouy, Tasanh and O'Chom were entrusted to the local healthcare authorities.
In 2009 running of the FAP in O'Tatiak was transferred to the local healthcare authorities.

2000 - A surgical team was sent to Eritrea in response to a request from the Italian Ministry of Foreign Affairs and International Cooperation.
The EMERGENCY staff worked for two months in the Mekane Hiwet hospital in Asmara, treating victims of the war between Ethiopia and Eritrea.

2001/2002 - Rehabilitation and Prosthesis Production Centre built in Diana, northern Iraq. The Centre has been handed over to the local healthcare authorities.

2001 - Aid programme for war widows. Livestock given to 400 families for rearing in the Panjshir Valley, Afghanistan.

2003 - Medicine, consumables and generator fuel provided to the Al-Kindi hospital in Baghdad, Iraq.
In the same period, we donated medicine and medical equipment to the Karbala hospital, south of Baghdad.

2003/04 - Rehabilitation and Prosthesis Production Centre opened in Medea, Algeria. EMERGENCY reorganised and equipped a building within the public hospital and began training local staff. The Centre, named Amal, meaning 'hope' in Arabic, was transferred to the local healthcare authorities in 2004.

2003 - Rehabilitation and Prosthesis Production Centre built in Dohuk, northern Iraq. The Centre is now managed by local healthcare authorities.

2003/04 - Project in Angola, in the province of Benguela, in response to an invitation from a group of Angolan nuns. EMERGENCY reorganised, equipped and ran two Healthcare Centres for over a year, in addition to training local staff.

2003/04 - Surgical team sent to the orthopaedic unit in the public hospital in Jenin, Palestine.
As well as carrying out clinical procedures and medical staff training, EMERGENCY opened new physiotherapy and orthopaedic wards.

2003/04 - Collaboration with Casa de la Mujer to provide free medicine for women suffering from tumours and diabetes in Nicaragua.

2003/07 - Carpet workshop set up in the Panjshir Valley, Afghanistan to give widows and impoverished women economic independence.

2004 - Support for the people of Falluja, Iraq during the siege of the city, which ended in May. Basic supplies, water and medicine were given to representatives of the community and to the public hospital.

2004/05 - Urgent surgery department rebuilt and prepared for use in the hospital in Al-Fashir, North Darfur, Sudan. The facility has a surgical block and a ward with 20 bed spaces. The department was handed over to the Ministry of Health in August 2005.

2005 - General hospital in Kalutara, Sri Lanka, provided with surgical instruments and consumables to boost clinical performance after the tsunami.

2005 - Following the 2004 tsunami, we carried out the 'Return to the Sea' project, which involved giving motor boats, canoes and fishing nets to fishermen in the village of Punochchimunai in Sri Lanka.
To help them get back to their daily activities, we also provided school kits for students.

2005/07 - We organised courses in hygiene, disease prevention and first aid for inmates in the new complex of Rebibbia prison in Rome, Italy.
In the same prison, EMERGENCY organised screenings for tuberculosis. EMERGENCY has also provided specialist medical assistance in certain prisons in Lazio.

2005/08 - 91 dwellings rebuilt in brick for families left homeless by the tsunami in the village of Punochchimunai, in Sri Lanka.
The building work was delayed when hostilities were resumed between the government and separatists. The houses were finished in September 2008.

2011 - War surgery project in Libya, in the city of Misurata.

2014/15 - Isolation and Treatment Centres built and run for Ebola sufferers in Lakka and Goderich, Sierra Leone.

2015 - Tents and medicine supplied in the village of Kirtipur, Nepal after an earthquake.

WOULD YOU LIKE TO SUPPORT US?

EMERGENCY HAS GROWN IN THE LAST FEW YEARS THANKS TO THE SUPPORT OF HUNDREDS OF THOUSANDS OF PEOPLE.

If you live in the UK, USA, Belgium, Switzerland, Austria, Hong Kong or Japan, you can contact our local affiliates directly:

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Write your check as payable to EMERGENCY Ong Onlus and mail it to: "EMERGENCY, via Santa Croce 19, 20122 Milano, Italy".

Leaving a gift in your will

Deciding to leave a gift for EMERGENCY in your will is a generous choice which will allow us to continue our efforts in favour of all victims of war and poverty. For info and questions regarding leaving a gift for EMERGENCY in your will, please contact us at: lasciti@emergency.it.

In-kind donations

If you wish to make an in-kind donation – such as food, pharmaceuticals etc – please contact the Purchasing Office in advance (Email: acquisti@emergency.it, T: +39 02 881881) to verify our readiness to receive the donation and to be informed about the applicable tax benefits.

Tax benefits

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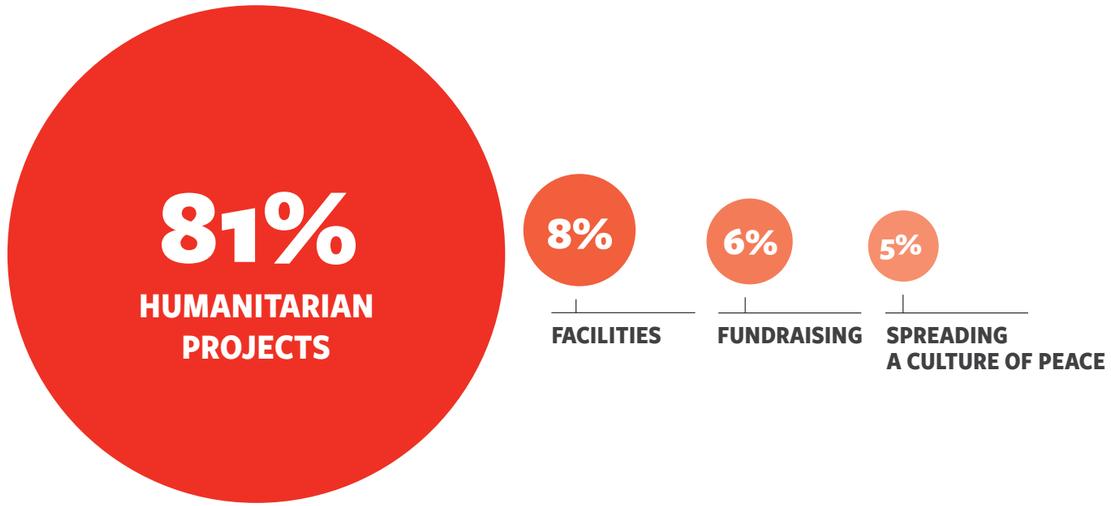
HOW WE USE THE FUNDS WE RAISE

EMERGENCY RAISES FUNDS TO REALISE ITS FOUNDING PRINCIPLES: TO PROVIDE FREE HEALTHCARE TO PEOPLE WHO NEED IT AND PROMOTE A CULTURE OF PEACE AND RESPECT FOR HUMAN RIGHTS.

EMERGENCY's work is made possible by the donations of private citizens, companies, foundations, international organisations and the governments of certain countries in which we work. Here is how we use the funds we raise:



Figures from December 2016

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Doctors, nurses, lab technicians, but also administrators, logisticians and many, many others: every year around 270 people join us to work in our hospitals and Healthcare Centres. We ask for solid professional experience, good knowledge of English (or French in certain countries) and availability for at least six months. We offer a suitable salary, food and accommodation, insurance and travel expenses.
If you would like to apply, visit en.emergency.it

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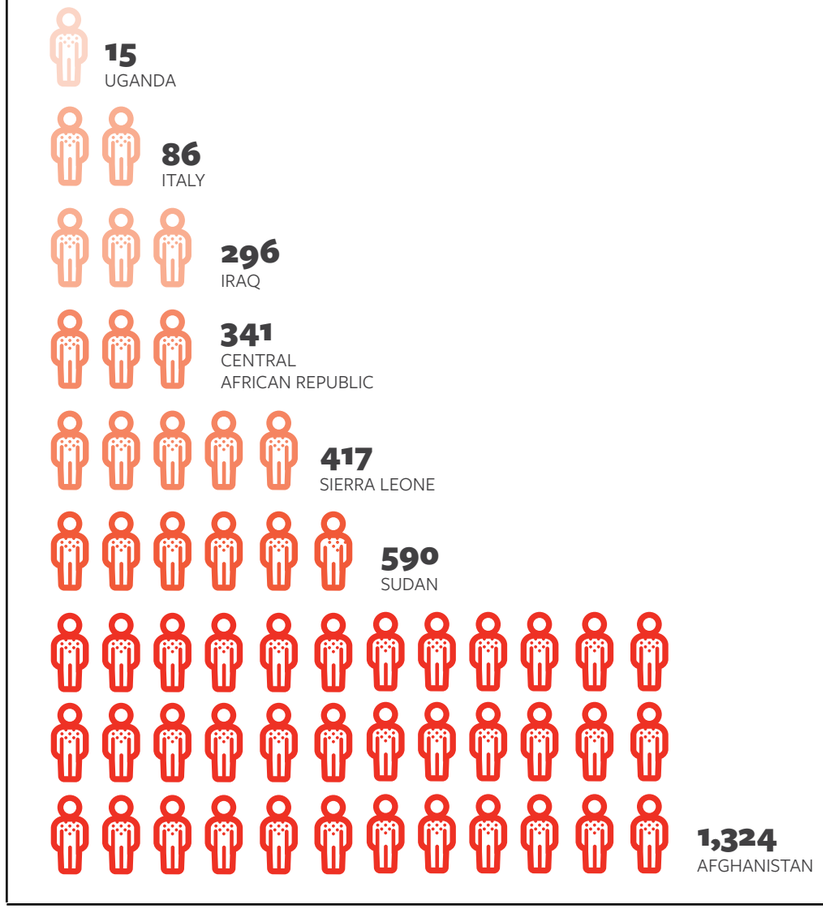

TOTAL

3,069

Figures from December 2017

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

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

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