



June 2020

REPORT 1994-2019



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

EMERGENCY

is an independent non-governmental organisation.
It provides free, high-quality medical and surgical treatment
to victims of war, landmines and poverty.
It promotes a culture of peace, solidarity and respect
for human rights.

Between 1994 and 2019, in its hospitals, healthcare centres,
outpatient clinics, and rehabilitation centres, EMERGENCY
provided free healthcare to

OVER 10 MILLION PEOPLE.



EMERGENCY's commitment

EMERGENCY's journey began just over 25 years ago. We wanted to do something right and necessary: to build hospitals and treat the countless victims of today's wars, nine out of 10 of them civilians, and to do it well and free of charge.

This journey has taken us far and wide, from Rwanda to Iraq, Cambodia to Afghanistan, Sierra Leone to Sudan, to Italy, stopping off in Algeria, Palestine, Eritrea, Serbia and many other countries along the way. What was lacking in all of them was the fundamental right of every human being to medical treatment. Over time we've picked up many fellow travellers along the way, all of whom have played their part. Every single person who has stood by us and helped us in whatever way they could, as staff, volunteers or supporters, has left their mark.

The more than 10 million patients we have treated, so many of them children, have also walked this path with us. Like Soran, for instance, one of our first patients in Sulaymaniyah, in Iraqi Kurdistan. When we met him in 1996, he was only 12. He had just arrived at EMERGENCY's hospital after being wounded by a mine. Our surgeons were forced to amputate his right leg, but Soran never stopped believing that he was stronger than the war raging around him. 24 years later, as a grown man, father of three and schoolteacher, hugging us once again, he proved it. Soran doesn't just teach his pupils grammar; he teaches them never to give in to war, no matter how bleak it may look.

It has been a journey full of challenges and setbacks, but also rich in discoveries and lessons. Interviewing staff and patients at our maternity Centre in Anabah recently, for example, we found out how revolutionary the women's-only hospital has been in its remote valley in Afghanistan. Afghan women find themselves at a huge disadvantage in many aspects of life, and they are also among the most frequent victims of a war which, after 40 years, has become part of daily reality.

We also found out that care and the right to treatment were not the only things we provided. The hospital has empowered young women to train and work as nurses and obstetricians, and provide for their community.

We often find ourselves swimming against the tide, in a world that chooses the logic of war and division over the opportunity to work together towards global coexistence, based on shared rights and values. What we are seeing today is a politics of isolation and fear. It prompts us to hold on stubbornly to our privileges, to pour hatred on anything that looks different, to turn our backs on the universal principle that a life in danger needs saving, to shut ourselves away in ever more cramped fortresses and put up walls around ourselves.

But at EMERGENCY we are convinced that this drift isn't inevitable. Where they put up barriers to divide, shut out and lock out, we put up hospital walls to welcome, unite and protect. Our latest hospital was set to open its doors in spring 2020 in Uganda, on the banks of Lake Victoria. It will be a Centre of Excellence in Paediatric Surgery, treating children from all over Africa. But we've had to put that project on hold due to the Covid-19 pandemic that's struck the world and forced us to rethink all our activities.

It is an enormous, worldwide challenge, one that has brought us face to face with new and pressing needs. We have strived to keep all our projects around the world open amidst the outbreak. And we couldn't stand idly by when Italy, where EMERGENCY was founded, was so badly affected, so we did the only thing we know how to do: we rolled up our sleeves and started new projects. We delivered food to vulnerable people stuck at home, monitored shelters for migrants and people with no home to go to, and ran the intensive care ward at a hospital for sufferers of Covid-19.

There is still so much to do and we are ready to put our passion and skill into it, counting on the help of all those people who choose not to pass by on the other side. We want to keep being builders of peace and making the fundamental right to treatment a reality. We want to spread word of our work so as to inform the public and get them on board. We want to keep believing that a better world is not just necessary but possible.



Rossella Miccio
President of EMERGENCY



OUR PRINCIPLES



EQUALITY

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



QUALITY

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



SOCIAL RESPONSIBILITY

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

From the 'Manifesto for a Human Rights-Based Medicine', San Servolo, Venice, 2008.

EMERGENCY is committed to participating in the global movement to ensure that free, high-quality healthcare is available to all. Our organisation is founded on the principle of medicine as a human right, and works on local, national, and international levels to make this a reality.

EMERGENCY both shapes and is guided by the global conversation surrounding peace, development, humanitarianism, and healthcare provision. The organisation subscribes to the Sustainable Development Goals (SDGs) that were defined by the United Nations in 2015, and works towards their achievement every day.



HOW WE WORK

We build and run hospitals that are open to anyone who needs them; we treat victims of war, landmines and poverty; we train local staff so our hospitals can become independent.

MEDICINE

- CARDIOLOGY
- PRIMARY HEALTHCARE
- GENERAL MEDICINE
- NEONATOLOGY
- OBSTETRICS AND GYNAECOLOGY
- PAEDIATRICS
- DENTISTRY
- PSYCHOLOGICAL SUPPORT



SURGERY

- CARDIAC SURGERY
- PAEDIATRIC CARDIAC SURGERY
- WAR SURGERY
- EMERGENCY SURGERY AND TRAUMATOLOGY
- GENERAL SURGERY
- ORTHOPAEDIC SURGERY
- ACCIDENT AND EMERGENCY



REHABILITATION

- PHYSIOTHERAPY
- PRODUCTION OF PROSTHESES AND ORTHOSES
- PROFESSIONAL TRAINING
- COOPERATIVES FOR DISABLED PEOPLE



HEALTH PROMOTION

- HELP UNDERSTANDING THE CRITERIA FOR GETTING TREATMENT WITHIN THE NATIONAL HEALTHCARE SYSTEM
- ACCOMPANYING PEOPLE TO NATIONAL HEALTHCARE FACILITIES



PROMOTING A CULTURE OF PEACE

- PUBLICATIONS AND MULTIMEDIA INITIATIVES
- EVENTS AND CAMPAIGNS TO PROMOTE A CULTURE OF PEACE
- EDUCATIONAL VISITS TO SCHOOLS



OUR PROJECTS



- **SINCE 2006 / Clinics for migrants and people in need**
MARGHERA (VENICE), POLISTENA (REGGIO CALABRIA), CASTEL VOLTURNO (CASERTA), PONTICELLI (NAPLES), SASSARI, PALERMO (project ended in October 2019)
- **SINCE 2013 / Information and disease prevention activities for sex workers**
PROVINCE OF CASERTA
- **SINCE 2014 / Mobile Clinics**
MILAN, LATINA, RAGUSA
- **SINCE 2016 / Information Point**
BRESCIA
- **SINCE 2017 / Assistance for earthquake victims**
PROVINCE OF TERAMO, MACERATA AND L'AQUILA
- **SINCE 2019 / Search and rescue for migrants alongside the organisation Proactiva Open Arms**
MEDITERRANEAN SEA



- **SINCE 2001 / Surgical Centre, GODERICH**
- **SINCE 2002 / Paediatric Centre, GODERICH**
(project ended in February 2020)
- **SINCE 2012 / First Aid Post, WATERLOO**



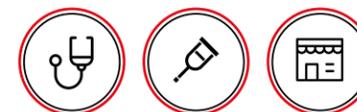
CENTRAL AFRICAN REPUBLIC

ACTIVITIES ENDED IN OCTOBER 2019

- **SINCE 2009 / Paediatric Centre, BANGUI**
- **SINCE 2014 / Supporting activities at the National Blood Transfusion Centre (Centre National de Transfusion Sanguine - CNTS), BANGUI**

ITALY

IRAQ



- **SINCE 1998 / Rehabilitation and Social Reintegration Centre, SULAYMANIYAH**
- **SINCE 1998 / Vocational training courses, SULAYMANIYAH**
- **SINCE 1999 / 386 Cooperatives for Disabled People**
- **SINCE 2015 / 1 Primary Healthcare Centre, ASHTI**
(project ended in February 2020)

AFGHANISTAN



- **SINCE 1999 / Surgical and Paediatric Centre, ANABAH**
- **SINCE 1999 / 45 First Aid Posts and Healthcare Centres in 31 of the country's districts, and 5 prisons and 2 orphanages in Kabul**
- **SINCE 2001 / Surgical Centre for War Victims, KABUL**
- **SINCE 2003 / Maternity Centre, ANABAH**
- **SINCE 2004 / Surgical Centre for War Victims, LASHKAR-GAH**

YEMEN



- **SINCE 2019 / Surgical Centre for War Victims, HAJJAH** (hospital in planning)

ERITREA



- **SINCE 2019 / Cardiology Clinic at Orotta Hospital, ASMARA**

UGANDA



- **SINCE 2017 / Centre of Excellence in Paediatric Surgery, ENTEBBE** (yet to open)

SUDAN



- **SINCE 2005 / Paediatric Centre in Mayo, KHARTOUM**
- **SINCE 2007 / Salam Centre for Cardiac Surgery, KHARTOUM**
- **SINCE 2011 / Paediatric Centre, PORT SUDAN, RED SEA STATE**
- **SINCE 2018 / Paediatric Centre, NYALA, SOUTH DARFUR STATE** (yet to open)

9

COUNTRIES WE WORKED IN DURING 2019

18

COUNTRIES WE HAVE WORKED IN SINCE 1994

AFGHANISTAN, ALGERIA, ANGOLA, CAMBODIA, CENTRAL AFRICAN REPUBLIC, ERITREA, ETHIOPIA, PHILIPPINES, DJIBOUTI, JORDAN, GUINEA, IRAQ, ITALY* (ITALIAN CITIZENS TEMPORARILY RESIDENT IN SUDAN), KENYA, LIBERIA, NIGERIA, CENTRAL AFRICAN REPUBLIC, DEMOCRATIC REPUBLIC OF CONGO, RWANDA, SERBIA, SIERRA LEONE, SRI LANKA, SUDAN, UGANDA.

30

COUNTRIES OUR PATIENTS IN THE REGIONAL CARDIAC SURGERY PROGRAMME COME FROM

AFGHANISTAN, BURKINA FASO, BURUNDI, CAMEROON, CHAD, ERITREA, ETHIOPIA, PHILIPPINES, DJIBOUTI, JORDAN, GUINEA, IRAQ, ITALY* (ITALIAN CITIZENS TEMPORARILY RESIDENT IN SUDAN), KENYA, LIBERIA, NIGERIA, CENTRAL AFRICAN REPUBLIC, DEMOCRATIC REPUBLIC OF CONGO, RWANDA, SENEGAL, SIERRA LEONE, SOMALIA, SOUTH SUDAN, SUDAN, TANZANIA, TOGO, UGANDA, YEMEN, ZAMBIA, ZIMBABWE.



2019 IN NUMBERS



WE PROVIDED **MORE THAN 8,800 SERVICES** AS PART OF THE PROJECTS IN LATINA, POLISTENA AND RAGUSA



88% OF PATIENTS GIVEN CHECK-UPS AT CLINICS **WERE NOT ITALIANS**



MORE THAN 1,300 REQUESTS FOR PSYCHOLOGICAL HELP AS PART OF THE **EARTHQUAKE PROJECT IN CENTRAL ITALY**



WE PERFORMED MORE THAN 3,500 SURGICAL OPERATIONS AT THE SURGICAL CENTRE IN GODERICH



1 IN 3 PATIENTS AT THE SURGICAL CENTRE IN GODERICH **SUFFERED FROM MALARIA**



1 IN 4 PATIENTS AT THE PAEDIATRIC CENTRE IN BANGUI **WAS UNDER 5 YEARS OLD**



WE PERFORMED 50 OPERATIONS A MONTH AT THE SALAM CENTRE FOR CARDIAC SURGERY



40% OF CHILDREN ADMITTED TO THE PAEDIATRIC CENTRE IN PORT SUDAN **WERE UNDER 1 YEAR OLD**



WE GAVE **OVER 15,000 VACCINATIONS TO MOTHERS AND CHILDREN** AT THE PAEDIATRIC CLINIC IN MAYO

ITALY

SIERRA LEONE

CENTRAL AFRICAN REPUBLIC

SUDAN

IRAQ



43% OF PATIENTS GIVEN CHECK-UPS AT THE HEALTHCARE CENTRE IN THE ASHTI CAMP **WERE UNDER 14 YEARS OLD**



THE **REHABILITATION AND SOCIAL REINTEGRATION CENTRE** IN SULAYMANIYAH TREATED **70 NEW PATIENTS A MONTH**

AFGHANISTAN



18 CHILDREN A DAY ON AVERAGE WERE BORN AT THE MATERNITY CENTRE IN ANABAH



53 STUDENTS SPECIALISING IN SURGERY, PAEDIATRICS AND GYNAECOLOGY WORK IN OUR HOSPITALS **IN AFGHANISTAN**



IN KABUL WE ADMITTED **448 WAR WOUNDED** IN AUGUST ALONE, THE HIGHEST NUMBER EVER FOR A SINGLE MONTH



50% OF PATIENTS ADMITTED TO THE SURGICAL CENTRE FOR WAR VICTIMS IN LASHKAR-GAH **WERE WOMEN OR CHILDREN**

UGANDA



THERE ARE **350 TREES, 2,600 PHOTOVOLTAIC SOLAR PANELS, 3 OPERATING THEATRES, 72 BEDS** AT THE NEW CENTRE OF EXCELLENCE IN PAEDIATRIC SURGERY IN ENTEBBE

ERITREA



THE **AVERAGE AGE OF PATIENTS** FROM ERITREA OPERATED ON AT THE SALAM CENTRE WAS **29**



ITALY



MEDITERRANEAN SEA

In August, we began working alongside Proactiva Open Arms, a Spanish NGO that searches for and rescues migrants in the Mediterranean Sea. We sent doctors, psychologists and mediators.



ITALY



RAGUSA

Since June, our Mobile Clinic here has been providing medical and psychological help for fruit pickers in the *fascia trasformata*, the so-called 'transformed area' of the countryside near Ragusa. Here, about 15,000 people, most of them migrants, work in greenhouses stretching over 20 miles.



UGANDA



ENTEBBE

In 2019, we finished building work on our new Centre of Excellence in Paediatric Surgery. It will be a referral hospital for children from Uganda and beyond in need of specialist surgery.



IRAQ



MOSUL

In 2019, our collaboration with the Rehabilitation Centre in Mosul continued. We treated patients in need of prostheses and rehabilitation at our Rehabilitation and Social Reintegration Centre in Sulaymaniyah.

AFGHANISTAN



LASHKAR-GAH

In October 2019, we finished renovating the operating theatres at our hospital in Lashkar-Gah. We built a third operating theatre to increase the number of surgical operations there and shorten waiting times for wounded people.



ERITREA



ASMARA

In October 2019, we began working at the cardiology clinic in the country's main public hospital, Orotta Hospital in Asmara, thereby adding a new facility to our regional programme in Africa.



YEMEN



HAJJAH

In 2019, we worked on plans for a Surgical Centre for War Victims in Hajjah.



CULTURE OF PEACE

Besides our humanitarian work, we promote a culture of peace and respect for human rights through visits to schools, exhibitions, documentaries, plays, books and other publications.

'OF WAR AND PEACE': IDEAS, METHODS, PEOPLE WHO RESIST

EMERGENCY's 18th annual meeting was held in Milan. More than 10,000 visitors enjoyed conferences, public discussions, theatre, interactive courses, an exhibition, concert and workshops for children.



'CARA TERE': stories and music in memory of Teresa Sarti Strada

Ten years ago, we lost EMERGENCY's co-founder and first president Teresa Sarti Strada. We decided to remember her with a free concert, 'Cara Tere' ('dear Tere') in the garden at Casa EMERGENCY, with Fiorella Mannoia and Paola Turci.



VIRTUAL REALITY

Using virtual reality technology, viewers are able to visit an EMERGENCY project themselves: the Centre of Excellence in Paediatric Surgery in Entebbe, Uganda.



'WAR INC. - money, drugs, weapons and blood: the conflict economy'

'War Inc. - money, drugs, weapons and blood: the conflict economy', is an investigation split into three sections (Italy, Afghanistan and Iraq), a collaborative effort by EMERGENCY and Corriere della Sera, that reveals the role of economics in modern conflicts.



Tra i tossicodipendenti di Kabul, «L'oppio è un'arma di guerra»

'DESIGN AGAINST WAR'

Design Against War was a competition run by EMERGENCY and SOS Design, inviting designers, architects and anyone else in the field to come up with buildings, products and services to meet the needs of people in war zones, including in hospitals. We received more than 150 designs from around the world.



'A QUIET REVOLUTION' The EMERGENCY Anabah Maternity Centre and female empowerment

'A Quiet Revolution' is EMERGENCY's report from the maternity Centre in Anabah, in Afghanistan. It looks at the effect of this free, specialist hospital on the health and role in society of the women it both treats and employs, and how this model could be replicated in other parts of the country, or indeed in other developing countries. The report is accompanied by a website and YouTube playlist, and was launched with events in Milan, Brussels and Kabul.



'BEYOND THE BEACH: THE HELL AND THE HOPE'

The documentary film Beyond the Beach: The Hell and the Hope, directed by Graeme A. Scott and Buddy Squires, reveals the lives of EMERGENCY's humanitarian workers. It was shown at the 76th Venice Film Festival.



'APE REGINA' (QUEEN BEE)

Shot by Nicola Sorcinelli on the back of the winning screenplay from the 2018 edition of the contest 'Una storia per EMERGENCY' ('A story for EMERGENCY'), the short film Ape Regina ('Queen Bee') competed at the 'Alice nella Città' film festival.



'EVERY NAME HAS A MEANING'

The 'Every name has a meaning' video shows how war affects people's lives, so much so as to rob them of all meaning. And it starts with something as simple as it is powerful: their names. That's the message EMERGENCY chose for the new year.



'SCHERMI MIGRANTI' AND 'D(I)RITTI ALL'IMMAGINE'

Throughout 2019, our offices in Milan and Venice and our information points in Turin and Rome hosted literary, film and photographic exhibitions, and events on the topics of migration, inclusion, war and human rights. These included 'Schermi migranti' ('migrant screens') and 'D(i)ritti all'immagine' (a pun on 'image rights' and 'straight to the image').



EMERGENCY is broadening its presence as an international organisation around the world.

ZAKHEM | WOUNDS: WHEN WAR COMES HOME IN LONDON

Zakhem is a photographic exhibition by Giulio Piscitelli that shows EMERGENCY's hospitals in Kabul and Lashkar-Gah. First shown at Casa EMERGENCY in Milan as part of the organisation's 25th anniversary celebration, it transferred to Venice before moving to London in November 2019. Held at the Old Truman Brewery on Brick Lane, the London exhibition featured an opening night with EMERGENCY president Rossella Miccio, the photographer Giulio Piscitelli, and the award-winning journalist Christina Lamb. Over 1,000 visitors attended over 5 days. Zakhem also won first prize in the non-profit category at the ninth edition of the World Report Award.



ROSSELLA MICCIO AT THE UNITED NATIONS

In September, EMERGENCY president Rossella Miccio participated in the 'UN High-Level Meeting on universal health coverage' at the United Nations in New York. This was an important event focused on building a healthier world, bringing together heads of state, political and health leaders, policy-makers and universal health coverage champions to advocate for the vital need for health for all.



BENEFIT DINNER IN LOS ANGELES

In November, EMERGENCY USA held its annual Benefit Dinner in Los Angeles, honouring EMERGENCY medical staff and supporters of the charity based in the United States. 2019's honourees were Anna Gilmore, Mimi Yu, the Afghan Women's Association of Southern California and Edwards Lifesciences Foundation.



ROBERTO SAVIANO IN NEW YORK

The celebrated Italian writer joined supporters of EMERGENCY in New York City for a special event on the migration crisis in Europe and the role of NGOs.



Our work begins with emergencies, but it's done with a view to sustainability in the long term.

RIGHT TO TREATMENT

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.



WORKING WITH LOCAL AUTHORITIES

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



DESIGNING AND BUILDING HOSPITALS

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



BEAUTY AND DIGNITY

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



ENERGY SOURCES

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



TRAINING

In all our projects we train local staff in practical and theoretical classes. Our training work has been recognised in several countries by local ministries of health. We do so with a view to sustainability in the long term: by making local staff more and more independent, we can eventually hand over the hospital to the local health system, thereby strengthening it.



FOOD

We give our patients and their families three meals a day. We provide around 100,000 free meals a month in countries where, even in hospitals, food isn't free.



LOSING EVERY RIGHT



Many countries' economies struggle to bounce back from war. They lack infrastructure and essential services. Meanwhile, their people continue to be hurt by landmines and unexploded ordnance.

The world suffered from 40 conflicts in 2019, and the scars of past wars continued to show. Many countries' economies struggle to bounce back from war. They lack infrastructure and essential services. Meanwhile, their people continue to be hurt by landmines and unexploded ordnance.

Citizens of some countries spent yet another year protesting to demand their rights and an end to war. But though the people took to the streets, their governments and the international community often continued to ignore their need for peace.

In Afghanistan, the war's repercussions for citizens have been huge. 2019 was the sixth year in a row to claim more than 10,000 civilian casualties. The long-awaited talks for a peace treaty were interrupted by the president of the United States at the start of September. They did not resume until early 2020.

In northern Iraq, more than 1.2 million refugees are still stranded, forced to flee from parts of the country conquered by ISIS. They are no longer seen as a priority for humanitarian projects by the international community.

Tens of thousands of them are living in refugee camps and in desperate need of humanitarian and medical aid, and yet they have been abandoned with uncertainty.

Yemen has been overwhelmed by a humanitarian crisis for more than five years. The United Nations estimates that over 7,000 civilians have been killed and almost 12,000 wounded since March 2015. Approximately 80% of the population are in need of humanitarian aid and protection, and 2 million children are seriously malnourished. Many countries have profited, and continue to profit, from this conflict and its atrocities, providing arms and logistical support.

In 2019, EMERGENCY continued to treat victims of the war in Afghanistan, which shows no signs of stopping. In Iraq, we made prostheses, gave professional training courses and provided basic treatment in the camp for internally displaced people at Ashti.

We also began working in Yemen, in Hajjah, where in early 2019 we officially registered as an NGO in the country; we were the first western NGO to do

so in five years. We planned for the renovation of a building and to turn it into a Surgical Centre for War Victims. Work was put on hold in spring 2020 when the Covid-19 crisis struck Yemen.



AFGHANISTAN

KABUL

SURGICAL CENTRE FOR WAR VICTIMS

Kabul has become the most dangerous city in Afghanistan, as the United Nations Assistance Mission in Afghanistan (UNAMA) reports have made clear for years now.

Our Surgical Centre for War Victims is still the referral hospital for wounded people from across the city and surrounding provinces. On average, we admit 10 wounded people every day. In 2019 alone, there were more than 3,700 admissions to the hospital, and a third of them were children. As always, summer was the worst part of the year. On 1 July alone, approximately 50 patients rushed to the hospital after an attack near the Ministry of Defence. Many of them were children on their way to school. Threats and attacks like this have engulfed the country ever since campaigning began for the elections. On 28 July, the hospital received nine people, one of them a baby not even one year old, and on the day of the elections in Kabul, 28 September, we received 18 patients. In August, 448 wounded people were admitted, the most ever in a single month.



AFGHANISTAN

LASHKAR-GAH

SURGICAL CENTRE FOR WAR VICTIMS

Helmand province and its capital Lashkar-Gah are still some of the most dangerous places in Afghanistan.

In 2019, we received more than 1,000 child patients, 260 of them under five years old.

To meet ever more pressing needs, we renovated the operating block and added a third operating theatre, dedicated entirely to orthopaedic surgery. We also built a new area for sterilisation, installed new air conditioning systems, covered the roof with bulletproof material and built a new block for support services, including a laundry and a tailors.

The Surgical Centres for War Victims in Lashkar-Gah and Kabul are also training centres for emergency surgery and traumatology, and officially recognised as such by the Afghan Ministry of Health.



		Accident and emergency, clinics, 3 operating theatres, sterilisation, intensive care, sub-intensive care, wards, physiotherapy, computerised tomography (CT), radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services	FROM APRIL 2001 TO 31 DECEMBER 2019 Admissions: 56,410 Clinical check-ups: 139,952 Surgical operations: 76,279	THE SURGICAL CENTRE FOR WAR VICTIMS IN KABUL HANDLED 28 MASS CASUALTY ATTACKS IN 2019
SURGERY FOR WAR VICTIMS				
118 BEDS	358 LOCAL STAFF			
August 2019: most war-wounded patients ever admitted in a single month (448)		643 surgical operations a month in 2019	10 war-wounded patients admitted every day	

		Accident and emergency, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services	FROM SEPTEMBER 2004 TO 31 DECEMBER 2019 Admissions: 44,422 Clinical check-ups: 162,616 Surgical operations: 60,924	46% OF PATIENTS IN 2019 WERE WOMEN OR CHILDREN
SURGERY FOR WAR VICTIMS				
96 BEDS	283 LOCAL STAFF			
16 surgical operations a day on average in 2019		17 surgeons trained in collaboration with the hospitals in Kabul and Anabah	More than 1,000 patients admitted in 2019 were children	

AFGHANISTAN

FIRST AID POSTS (FAPS) AND HEALTHCARE CENTRES

20 years ago, we began building our network of FAPs and Healthcare Centres in Afghanistan, to stabilise war victims and, if necessary, refer them to hospital using our 24/7 ambulance service. Today, the network has 45 facilities referring patients to our hospitals in Kabul, Lashkar-Gah and Anabah. Our Afghan staff live at constant risk. Some of the FAPs lie in very dangerous areas and even ambulance routes have become unsafe.

The FAP in Andar, for example, is near Ghazni, a strategic point on the communication line to Kabul, which was left cut off for days in 2019 by fighting. In July, two of our staff at the FAP in Andar were killed in an aerial attack as they took the road to Ghazni on a motorbike. At the same FAP, Afghan and international armed forces burst in to check the patient registers, thereby violating humanitarian law.

After the conflict's frontlines shifted in 2019, we closed the FAP in Urmuz and opened a facility in Nad Ali, in Helmand province.



YEMEN

HAJJAH

SURGICAL CENTRE FOR WAR VICTIMS (HOSPITAL IN PLANNING)

Yemen is in the midst of a profound humanitarian crisis. Its health system has collapsed and cannot meet the needs of its people. We spent December 2018 and the spring of 2019 in Hajjah, about 60 miles from the capital Sana'a, to see whether it was feasible to build a hospital for war victims there.

The province of Hajjah had been hit very hard by the fighting and was one of the most dangerous and unstable parts of the country. Over 400,000 people were forced to leave their homes when the conflict's frontlines shifted.

With the Ministry of Health for Sana'a and the World Health Organization (WHO), we chose a building in the city that might be turned into a surgical centre. Our work designing the hospital and starting the renovation was interrupted in spring 2020 when the Covid-19 pandemic arrived in Yemen.



	354 LOCAL STAFF	Check-ups at the 6 prisons in Kabul in 2019 (Governmental Jail, Investigation Department, Pol-e-Charki, Juvenile Rehabilitation Centre, Female Jail, Transition Prison): 88,164	HALF OF PATIENTS TREATED IN 2019 CAME FROM FAPS
PRIMARY HEALTHCARE		Check-ups at the 2 orphanages (male and female) in Kabul in 2019: 6,299	
FROM DECEMBER 1999 TO 31 DECEMBER 2019		Check-ups at the FAPs and Healthcare Centres around the country in 2019: 320,015	
Clinical check-ups: 4,409,388 Patients referred to hospital: 107,050		LOCATIONS: Anabah, Abdara, Dara, Darband, Dasht-e-Rewat, Khinch, Paryan, Gulbahar, Kapisa, Koklami, Oraty, Changaram, Anjuman, Sangi Khan, Shutul, Said Khil, Pul-e-Sayyad, Mirbachakot, Maydan Shahr, Mehterlam, Ghazni, Chark, Gardez, Pul-e-Alam, Grishk, Garmsir, Musa Qala, Marjia, Nad Ali, Tagab, Andar, Sheikhabad, Hesarak, Ghorband, Barakibarak, Sangin, Shoraki	

	Accident and emergency, clinics, 3 operating theatres with 1 resuscitation room, sterilisation, intensive care, sub-intensive care, wards, physiotherapy, radiology, laboratory, pharmacy, classrooms, cast room, technical and support services	More than 7,000 civilians killed and almost 12,000 wounded since March 2015	7 YEMENI PATIENTS TRANSFERRED TO THE SALAM CENTRE FOR CARDIAC SURGERY IN 2019
SURGERY FOR WAR VICTIMS			
60 BEDS	6 LOCAL STAFF	Accident and emergency open all hours	
2 million children are seriously malnourished		3 operating theatres	The Centre will occupy 3,000 m²

IRAQ

SULAYMANIYAH

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

Almost two years after the battle to retake Mosul, the Iraqi city is still at the heart of a deep humanitarian crisis. In 2019, we continued working with the local NGO EHAO to transfer patients from the Rehabilitation Centre in Mosul to our Rehabilitation and Social Reintegration Centre in Sulaymaniyah. So far, we have treated more than 500 patients from Mosul, wounded by landmines and unexploded ordnance, providing over 3,000 physiotherapy sessions in total. The Centre also focuses on social reintegration, hosting professional training courses for former patients in iron, leather and PVC work, as well as electrics and tailoring so that they can learn a trade that may be performed despite physical injuries.



IRAQ

ASHTI

HEALTHCARE CENTRE

In 2015, we opened our Healthcare Centre inside the refugee camp in Ashti, where around 11,500 people, half of them children, currently live. We offer primary medical treatment, obstetrics and gynaecology for women, a programme of vaccinations and check-ups on growth for children, and guidelines on hygiene, diet and prevention, given out by our staff and health promoters as they go around the camp. In 2019, we performed check-ups on approximately 160 people every day, a quarter of whom were children under five years old. Besides chronic illnesses like diabetes and hypertension, our patients mostly suffer from respiratory problems, gastroenteritis and skin infections caused by rain, humidity, freezing cold weather in winter and sweltering heat in summer, making life extremely difficult for the camp's inhabitants. Responsibility for the Centre will be handed over to the local authorities in February 2020.



	Physiotherapy, orthopaedic workshops, vocational training workshops for disabled people, technical and support services	FROM FEBRUARY 1998 TO 31 DECEMBER 2019 Patients treated: 11,295 Arm prostheses: 1,328 Leg prostheses: 9,697 Physiotherapy sessions: 57,124 Orthoses: 1,177 Cardiology check-ups: 552	APPROXIMATELY 800 PROSTHESES FITTED IN 2019
PRODUCTION OF PROSTHESES AND ORTHOSES, PHYSICAL REHABILITATION, PROFESSIONAL TRAINING FOR DISABLED PEOPLE, LAUNCHING OF CRAFT COOPERATIVES	77 LOCAL STAFF	Over 3,500 physiotherapy sessions given in 2019	
10 cooperatives launched in 2019 (over 380 since work began)			

	Waiting room, registration room, clinics, laboratory, emergency and observation room, pharmacy, technical and support services, offices	FROM JUNE 2015 TO 31 DECEMBER 2019 Clinical check-ups: 327,030 Patients referred to specialist doctors: 28,362 Beneficiaries of health promotion work: 390,663	OVER 5,000 CHECK-UPS FOR CHRONIC ILLNESSES LIKE DIABETES AND HYPERTENSION IN 2019
BASIC HEALTHCARE, PREVENTIVE MEDICINE	72 LOCAL STAFF	9 health promoters active in 2019	
In 2019, over half the patients we performed check-ups on were women or children			

HEALTH INEQUALITY



Every year, millions of people die because they can't access essential drugs, basic medicine or surgery.

Many of the most common medical needs in the Global North – for example bronchitis, a fracture or even birth – simply cannot be met in countries where a lack of money, qualified medical staff and facilities, combined with widespread poverty, geographical isolation and danger are most often to blame for people not getting treatment.

In many countries, surgery is a privilege for the wealthy few. A study by The Lancet found that 5 billion people do not have access to adequate surgical facilities. In Sub-Saharan Africa surgical treatment is out of bounds to as many as 93% of the population. Every year, over 81 million people around the world end up in poverty after paying for surgery and the related costs of travel, food and lodgings during treatment.

Our Surgical Centres in Anabah, Afghanistan and Goderich, Sierra Leone are taking care of patients in need of general surgery and traumatology, things the local healthcare systems there are not equipped for. Afghanistan's public health failings have roots in the conflict that has affected the country for years. In spite

of the national health programme endorsed by several governments since 2001, maternal and infant health still faces an uphill struggle. The mortality rate among women of reproductive age (15 to 49) is over 50% higher than that of men, and one in every 14 women dies from complications linked to pregnancy. The figures for babies and very young children are not much better: one in 18 dies before their fifth birthday. Danger is still the main obstacle preventing many Afghans from getting medical help. The Maternity Centre in Anabah is still today the only free, specialist facility in the Panjshir valley and neighbouring provinces. It oversees about 7,000 births a year and provides work for over 100 women. Quality healthcare, training and work come together in a positive cycle that has made the hospital a model for the whole country to emulate.

The health of mothers and babies is also at risk in countries where war has been over for some time, but still leaves deep scars of poverty and corruption.

At our Paediatric Centres in Sudan and Sierra Leone, we offer paediatric check-ups, pre- and post-natal

assistance programmes, preventive medicine, health education and screening for malnutrition. The health of mothers and babies is crucial to every community's wellbeing and development. That is true everywhere around the world.



SUDAN

MAYO

PAEDIATRIC CENTRE

The Mayo area, born out of a refugee camp in the suburbs of Khartoum almost 30 years ago, is now home to at least 500,000 people. More than half of them are children under the age of 14. Ramshackle houses, widespread poverty and a lack of running water and electricity negatively impact the locals' health, especially the youngest among them. Every day in 2019, our staff performed check-ups on about 60 children, one in five of whom were malnourished. As well as paediatric treatment, we run a programme of pre- and post-natal assistance and family planning, and the number of women benefiting from them rose in 2019, when there were more than 800 check-ups a month. We provide preventive medicine all over the camp and gave more than 15,000 vaccines to mothers and children in 2019. Our health promoters educated people on health and hygiene and screened them for malnutrition.

SUDAN

PORT SUDAN

PAEDIATRIC CENTRE

The Paediatric Centre is the only medical facility in an extremely poor part of the city of Port Sudan. The main health issues we come across at our Centre are infectious illnesses and malnutrition, responsible for 25% and 34% of admissions respectively. In 2019, almost 50% of the children we treated were less than one year old. Throughout the year we also continued training nursing students from the Academy of Health Sciences in Port Sudan. Thanks to the work of our health promoters, we went on with preventive medicine programme, reaching over 9,000 people outside the Paediatric Centre.



	2 clinics, observation ward, obstetric clinic, vaccination clinic, pharmacy, laboratory, technical and support services, welcome and health education area, outdoor play area	FROM DECEMBER 2005 TO 31 DECEMBER 2019 Admissions: 23,590 Clinical check-ups: 256,627 Newborns given check-ups in the pre-natal ward: 3,514 Patients referred to public hospitals: 14,674 Obstetric check-ups (clinical and outreach): 38,701 Outreach check-ups: 56,941	IN 2019, WE GAVE CHECK-UPS TO AN AVERAGE OF 40 PREGNANT WOMEN A DAY
PAEDIATRICS, PAEDIATRIC FIRST AID	Over 15,000 vaccines given to mothers and children in 2019	60 children given check-ups every day in 2019	
6 OBSERVATION BEDS			
48 LOCAL STAFF			

	3 paediatric clinics, radiology, laboratory, pharmacy, ward, sub-intensive care, stockroom, offices, services, welcome area, outdoor play area, technical and support services	FROM DECEMBER 2011 TO 31 DECEMBER 2019 Admissions: 9,115 Clinical check-ups: 171,280 Outreach check-ups: 46,924	40% OF PATIENTS ADMITTED IN 2019 WERE UNDER 1 YEAR OLD
PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE	2,000 paediatric check-ups a month in 2019	Approximately 9,000 people reached in health promotion activities outside the Centre in 2019	
18 BEDS	121 LOCAL STAFF	In 2019 over 35% of children admitted to the Paediatric Centre were malnourished	

SUDAN

NYALA PAEDIATRIC CENTRE

More than 3 million people in Darfur are in need of humanitarian aid and almost 2 million are internally displaced. Even basic medical services are not available to most of the population. As always, the most vulnerable are women and children, and malnutrition often threatens the health of the youngest in Darfur.

That's why in August 2018, after getting the necessary confirmation from the authorities, we began renovating the Paediatric Centre in Nyala, the capital of the state of South Darfur, which we had shut for safety reasons after one of our staff was kidnapped in 2011. The plan was to reopen the Centre at the beginning of 2020, but this was postponed when the Covid-19 epidemic reached the country.

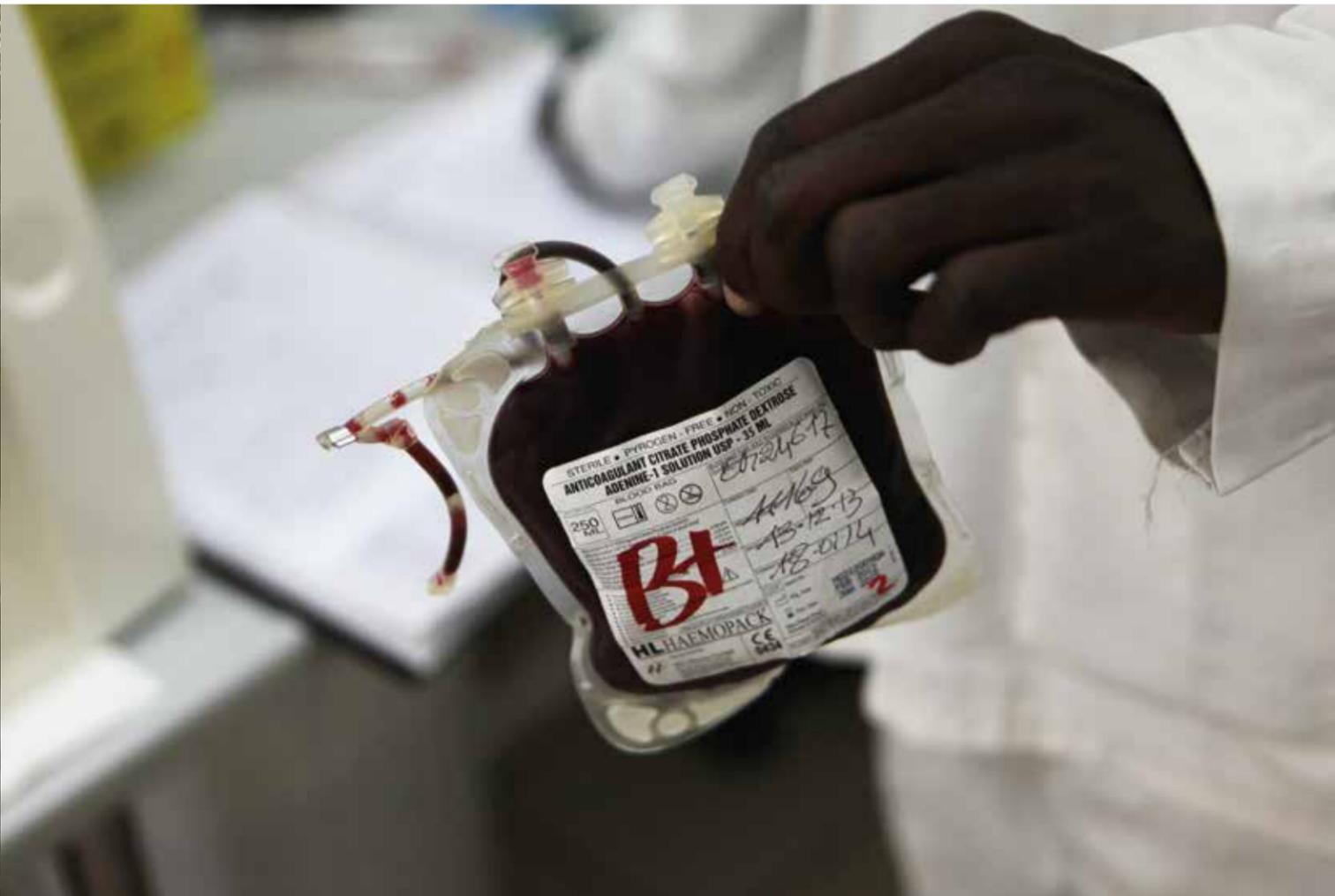


CENTRAL AFRICAN REPUBLIC

BANGUI PAEDIATRIC CENTRE AND NATIONAL BLOOD BANK (CNTS)

At the end of 2017, we turned our Paediatric Centre in Bangui into a clinic dedicated entirely to treating chronic illnesses like sickle cell disease, of which 80% of our patients suffered from.

In July 2019, when the local authorities opened a new centre for researching and treating sickle cell disease, we agreed to gradually hand our facility over to the Ministry of Health avoiding duplicating any services elsewhere. Besides donating drugs and material, we guided and trained our staff at the Centre and ensured that our patients got continuous, quality care. On 31 October, we ended our collaboration with the *Centre National de Transfusion Sanguine*, where for five years we had helped hand out over 85,000 safe blood bags, free of charge. Over the years, our work in the Central African Republic has provided free, quality treatment to approximately 200,000 children and helped rebuild the country's health system with the active help of local and international partners.



	<p>3 paediatric clinics, radiology, laboratory, pharmacy, ward, sub-intensive care, stockroom, offices, services, external welcome and play areas, technical and support services</p>	<p>CENTRE WAS CLOSED: AUGUST 2011</p> <p>RENOVATION WORK BEGAN: AUGUST 2018</p>	<p>FREE, QUALITY PAEDIATRIC TREATMENT FOR CHILDREN UNDER 14</p>
<p>PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE</p>			
<p>18 BEDS</p>			

	<p>3 paediatric clinics, obstetric clinic, radiology, laboratory, pharmacy, ward, stockroom, offices, services, outdoor welcome and play areas, technical and support services</p>	<p>FROM MARCH 2009 TO 31 DECEMBER 2019</p> <p>Clinical check-ups: 195,301 Pre-natal check-ups: 59,651 Cardiology check-ups: 1,463 Blood bags handed out: 85,864</p>	<p>MORE THAN 60% OF PATIENTS IN 2019 HAD SICKLE CELL ANAEMIA</p>
<p>PAEDIATRICS, PAEDIATRIC FIRST AID, PRE-NATAL ASSISTANCE</p>	<p>8 OBSERVATION BEDS</p>	<p>Almost 86,000 free blood bags given out 2014-2019</p>	
<p>Between January and October, over 20,500 blood bags were collected</p>	<p>41 LOCAL STAFF</p>		

SIERRA LEONE

GODERICH

SURGICAL CENTRE AND FIRST AID POST (FAP) IN WATERLOO

In 2019, more than 15,000 people were treated at the Surgical Centre in Goderich. The hospital is still the only free surgical centre in Sierra Leone and has for years been a beacon in the country for general surgery (above all perforations, appendicitis, obstructions and strangulated hernias), orthopaedics and traumatology. Fractures, amputations and tendon ruptures are very common on account of the frequent car crashes on the country's treacherous, bumpy roads.

Our surgeons also treat serious burns to the oesophagus and the digestive system, which hundreds of children every year suffer from after swallowing lye, widely used in homemade soap and often mistaken for water.

In 2019, our number of admissions for this condition doubled, as we had more than 10 new cases every month. Our FAP in Waterloo also continued to run in 2019, referring an average of over 120 patients a month to the Surgical Centre and other facilities.



SIERRA LEONE

GODERICH

PAEDIATRIC CENTRE

For many years, Sierra Leone has had one of the highest rates of infant mortality in the world; out of every 1,000 babies born alive, 115 will die before the age of five.

At the Paediatric Centre in Sierra Leone, we admitted about 100 children a month in 2019, 80% of whom were under five years old. Malaria flourishes in the rainy season and struck 34% of our clinical patients. It remains one of the main causes of death.

Malnutrition and respiratory infections are two of the most common health issues we treat at our hospital.

A quarter of the children we treated in 2019 were malnourished.

Our work at the Paediatric Centre ended in early 2020, as agreed with the local authorities who have opened other facilities in the area.



		Accident and emergency, clinic, 3 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services, guest accommodation	FROM NOVEMBER 2001 TO 31 DECEMBER 2019 Surgical Centre Admissions: 41,648 Clinical check-ups: 353,158 Surgical operations: 54,903	146 PATIENTS ADMITTED AFTER SWALLOWING LYE IN 2019	
GENERAL AND EMERGENCY SURGERY, ORTHOPAEDIC AND RECONSTRUCTIVE SURGERY, TRAUMATOLOGY		Over 3,500 surgical operations done in 2019	Waterloo FAP Check-ups: 21,016 Referrals: 4,159		1 in 3 patients admitted in 2019 was under 5 years old
83 BEDS	301 LOCAL STAFF	2 specialist surgeons trained in 2019			

		2 clinics, ward, welcome area, technical and support services shared with the Surgical Centre	FROM APRIL 2002 TO 31 DECEMBER 2019 Paediatric Centre Admissions: 21,291 Clinical check-ups: 366,156	A THIRD OF CHILDREN ADMITTED IN 2019 WERE UNDER 1 YEAR OLD
PAEDIATRICS, PAEDIATRIC FIRST AID		In 2019, 28% of children admitted were malnourished	Approximately 100 children on average given check-ups every day	
12 BEDS	69 LOCAL STAFF	1 in 3 patients in 2019 had malaria		
100 children on average treated every month in 2019				

AFGHANISTAN

ANABAH

MATERNITY CENTRE

Even today, 15 years after it opened, our Maternity Centre is the only free, specialist facility providing gynaecological, obstetric and neonatal care, family planning services, and contraception for women who request it. Although the Panjshir valley is a relatively peaceful part of the country, our patients here say that danger is the main barrier to them getting healthcare during pregnancy and childbirth.

The Centre is linked to 18 Healthcare Centres by an ambulance service running at all hours for women who are in labour or having complications.

The hospital is also a training centre for gynaecologists, obstetricians and paediatricians, and recognised as such by the Ministries of Health and Education. Its staff is made up entirely of women.

More than 6,500 babies were born at the Centre in 2019 and we performed over 50,000 gynaecological and obstetric check-ups.



AFGHANISTAN

ANABAH

SURGICAL AND PAEDIATRIC CENTRE

The hospital in Anabah was initially opened to treat war victims. It was our first hospital in Afghanistan. Now that the situation in the valley has become more peaceful, war surgery has given way almost entirely to general surgery, traumatology, basic medicine and paediatrics. The pace of our clinical work has sped up and about 140 people a day now benefit from it.

The Afghan Ministry of Health has acknowledged EMERGENCY's importance as a trainer of specialist doctors and recognised the Surgical and Paediatric Centre and the Maternity Centre as training centres for specialist surgeons, paediatricians and gynaecologists. This training takes the form of lessons, weekly analysis of individual patients' cases with the international staff, and daily on-the-job practice. 10 students specialising in gynaecology and 16 in paediatrics worked with us at Anabah in 2019. We perform around 2,200 paediatric check-ups every month. The most common illnesses we come across are gastroenteritis, dehydration, pneumonia, asthma, tonsillitis, bronchitis and urinary tract infections.



		Triage and obstetric first aid, clinics with echography service, 2 operating theatres, intensive care and post-natal ward, neonatology department neo-natal intensive care unit (NICU), labour room, birth room, technical and support services shared with the Medical and Surgical Centre	FROM JUNE 2003 TO 31 DECEMBER 2019 Admissions: 79,747 Clinical check-ups: 379,822 Surgical operations: 13,575 Babies born at the Centre: 59,998	18 BABIES BORN AT THE MATERNITY CENTRE IN ANABAH EVERYDAY IN 2019
104 BEDS	126 LOCAL STAFF	Over 480 women in labour referred by our Healthcare Centres to the hospital	Over 33,000 pre-natal check-ups done in 2019	

		Accident and emergency, clinic, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services	FROM DECEMBER 1999 TO 31 DECEMBER 2019 Admissions: 294,305 Clinical check-ups: 37,697 Surgical operations: 32,218 Paediatric check-ups: 12,139 Paediatric clinical check-ups: 144,241	50% OF PATIENTS WERE ADMITTED FOR EMERGENCY INTERVENTIONS
66 BEDS	329 LOCAL STAFF	100 children admitted every month	In 2019, performed an average of 260 surgical operations a month	
1 in 5 children admitted is malnourished				

CRIMINALISING DIFFERENCE



Propaganda against NGOs and subsequent legislation have criminalised migrants and poor people in Italy.

Italian 'security' legislation had forceful repercussions in 2019. The first of them scrapped residence permits granted for humanitarian reasons, over 27,000 foreigners in Italy immediately had 'illegal' status, according to an estimate from the country's Institute for International Political Studies (ISPI), leading them to be unable to renew their permits or get other means of protection.

Our own staff bore witness to this phenomenon, from the sprawling suburbs of Milan to the countryside around Ragusa in Sicily. A lot of the Sub-Saharan African migrants who came to our clinics for medical treatment or psychological help said they were living outside the law, having been forced to the very margins of society.

Things got worse with the second 'security' decree, which came into effect in August 2019 and declares "helping migrants at sea" to be "encouraging illegal immigration." This idea was legitimised, fuelled and weaponised in politics and across society, and the result was a terrible humanitarian crisis on Europe's shores. Throughout the second half of the year, the organisations dedicated to

rescuing vessels used by migrants in the Mediterranean Sea saw all safe havens systematically shut off to them. It happened in August to our staff at sea with the Spanish NGO Open Arms. Despite having 134 rescued migrants on board, the ship had to wait more than two weeks to be assigned a harbour. The stories of the people saved by the boat are unforgettable. They told us of torture, war and individual persecution. Uncertainty and fear of being taken back to Libya tormented many of the migrants, who self-harmed, threatened suicide and were violent to other passengers.

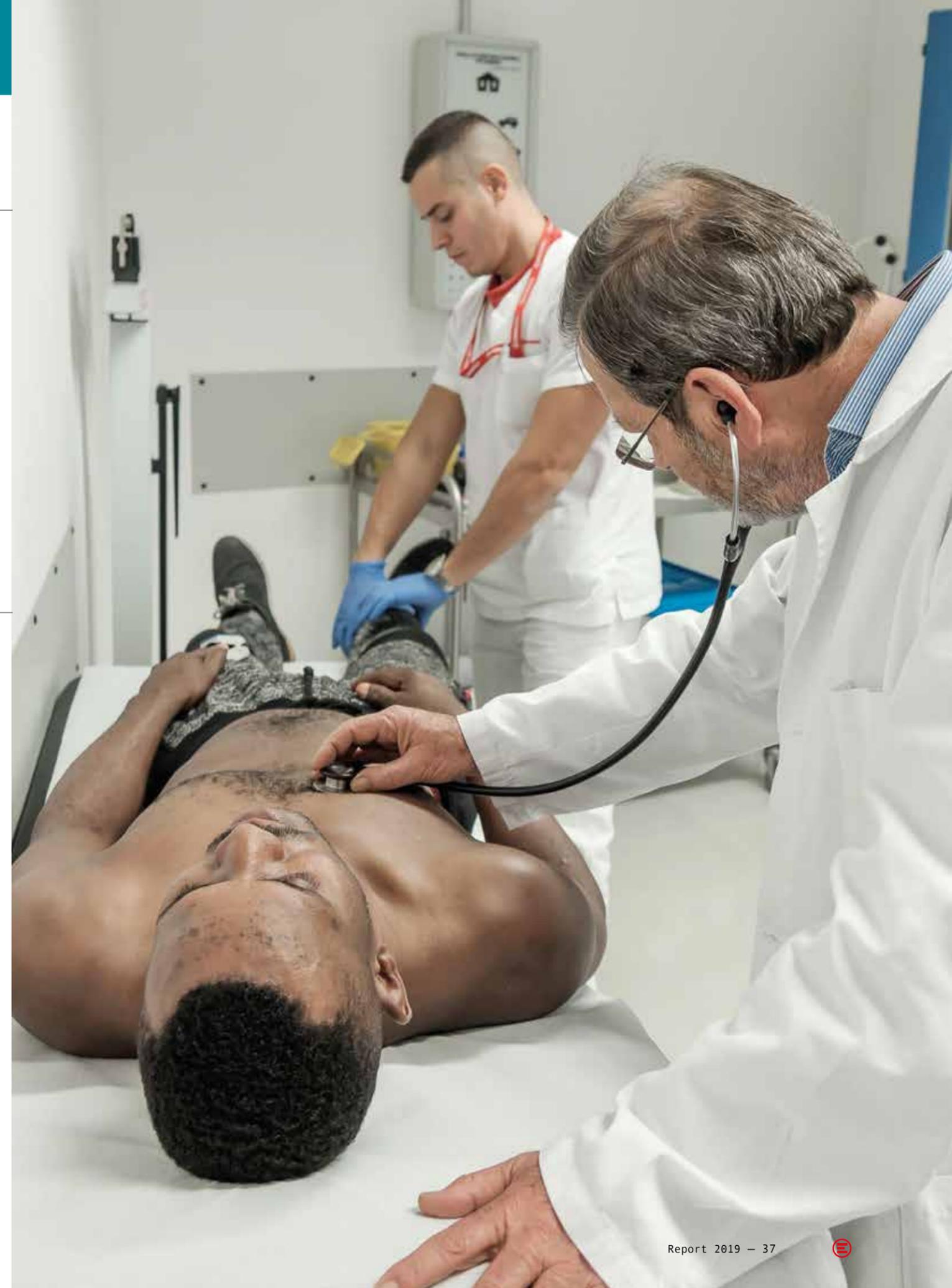
Despite the political talk of an 'invasion', the data from the Italian Ministry of the Interior and the International Organization for Migration showed ever lower numbers of migrants arriving on Italian shores. Arrivals by sea fell significantly in 2019, to 12,000, almost half of what they were in the previous year.

Greece received over 71,000 migrants in 2019, more than any other European country. Throughout the year, we embarked on several missions in Greece to assess whether a healthcare project was feasible, as access to national healthcare services is

extremely difficult, if not impossible, for undocumented migrants. Conditions are inhuman in the reception camps on the islands most landed on: they are overcrowded, dangerous and lack basic hygiene facilities.

As thousands of people set out on desperate journeys in the hope of finding refuge in Europe, and are pushed away and criminalised by European governments, hate crimes against minority groups are on the rise across the continent.

The OECD's data show that violent attacks on migrants have doubled in the last four years in Italy.



ITALY

SUBURBS

SOCIO-MEDICAL HELP FOR MIGRANTS AND VULNERABLE PEOPLE

More and more people in Italy are failing to receive medical treatment. Thousands of them are non-Italians who aren't able to access the national healthcare service or, even if they do, cannot work their way around it because of impracticalities, bureaucracy, language or cultural barriers. Thousands are Italians who give up on treatment because they can't afford it.

But access to treatment is a universal right, enshrined in the Italian Constitution. That's why we have been working out of fixed and mobile clinics and socio-medical information points around Italy since 2006, in Marghera, Sassari, Castel Volturno, Naples, Brescia and Milan, offering primary medicine and support accessing the national healthcare system.

At the clinics, we also offer nursing services, which are high in demand, partly because patients usually struggle to find an equivalent on the national healthcare service.

At the end of October, when our agreement ran out, we brought our work in Palermo to a close, leaving our buildings and equipment to the provincial health authority.



ITALY

MEDITERRANEAN SEA

SOCIO-MEDICAL AND PSYCHOLOGICAL HELP

In 2013, we began offering help to migrants on landing and at reception centres for adults and unaccompanied children.

In 2019, we started working with the Spanish organisation Proactiva Open Arms, providing aid to migrants trying to cross the Mediterranean Sea.

Beginning in August, we sent teams of doctors, nurses, cultural mediators or psychologists, depending on the situation, on missions. Traumatic shock, gunshot wounds, hypothermia and dehydration are some of the problems we see most often.



 <p>26 EMPLOYEES 75 VOLUNTEERS</p>	<p>FROM APRIL 2006 TO 31 DECEMBER 2019</p>	<p>ABOUT 88% OF PATIENTS GIVEN CHECK-UPS WERE NON-ITALIANS</p>
<p>GENERAL MEDICINE, NURSING, PSYCHOLOGICAL ASSISTANCE, CULTURAL MEDIATION, SOCIO-MEDICAL HELP, HEALTH EDUCATION, DENTISTRY (AT THE CLINIC IN MARGHERA)</p>	<p>Services</p> <p>BRESCIA: 4,732 CASTEL VOLTURNO: 44,793 MARGHERA: 68,168 MILAN: 21,620 NAPLES: 21,741 PALERMO (end of October 2019): 104,683 SASSARI: 13,879</p>	<p>The top country of origin for our patients was Nigeria (17%)</p>
<p>Over 1,400 people entered the national health service in 2019</p>		<p>Half the patients at Castel Volturno were women</p>

ITALY

EARTHQUAKE PROJECT

PSYCHOLOGICAL HELP AND NURSING FOR PEOPLE HIT BY EARTHQUAKES

In the summer of 2016, central Italy was rocked by powerful tremors of up to 6.5 magnitude. An earthquake swarm has spread out over 130 towns and villages in the intervening years, leaving 15,000 people in need.

In 2017, we made agreements with the relevant local authorities and got to work in the provinces of Teramo, Macerata and L'Aquila, bringing free socio-medical help to people affected by the earthquakes. A nurse, psychologist and logistician were sent to each of 14 municipalities, working from GPs' surgeries and two mobile units. We treated over 500 people in 2019 and handled more than 1,300 requests for psychological help.

Though it's been four years since the first earthquake, there's still a great deal of demand for help, largely because the locals' needs still aren't being met. Since January 2019, we have also been working in the municipality of Campotosto, including the village of Mascioni, in the province of L'Aquila.



ITALY

AGRICULTURAL WORKERS

SOCIO-MEDICAL AND PSYCHOLOGICAL HELP

Makeshift shelters without running water or toilets. Backbreaking work for three euros an hour. That's life for many of the agricultural workers who pick the fruit and vegetables that end up on tables across Europe.

Since 2011, our teams of doctors, nurses, cultural mediators and logisticians have been working in the southern Italian countryside, offering these labourers free healthcare.

At present, we have a mobile clinic in the Pontine Marshes in Lazio, and a clinic that's been running since 2013 in Polistena, in the Gioia Tauro plain.

In June 2019, we began working in the 'fascia trasformata', the so-called 'transformed area' in the country near Ragusa, named due to the unbroken stretch of greenhouses for over 20 miles, where around 15,000 labourers, most of them migrants, are thought to work. We have a permanent psychologist here to offer them support.



 5 EMPLOYEES	FROM FEBRUARY 2017 TO 31 DECEMBER 2019	TOWNS AND VILLAGES IN THE TERAMO EARTHQUAKE PROJECT: PENNA SANT'ANDREA, CAMPLI, CASTELLI, MONTORIO AL VOMANO, NERITO DI CROGNALETO, CAMPOTOSTO, MASCIONI
	Psychological and nursing services: 6,185	TOWNS AND VILLAGES IN THE MACERATA EARTHQUAKE PROJECT: TOLENTINO, CALDAROLA, CAMERINO, MUCCIA, PIEVE TORINA, VISSO
NURSING AND PSYCHOLOGICAL SUPPORT		Over 1,300 requests for psychological help received in 2019
In 2019, half of our visitors came back more than once		
Over 70% of psychological services were requested by women		

 16 EMPLOYEES 12 VOLUNTEERS	FROM APRIL 2011 TO 31 DECEMBER 2019	OVER 1,000 PEOPLE ACCOMPANIED TO LOCAL HEALTH FACILITIES IN 2019
	Services LATINA: 7,828 POLISTENA: 33,741 RAGUSA: 2,564	
GENERAL MEDICINE, NURSING, SOCIO-MEDICAL HELP, CULTURAL MEDIATION, PSYCHOLOGICAL SUPPORT	Services for agricultural workers (including in past projects): 80,201	In Ragusa, there were over 110 requests for psychological help and over 5,000 nursing services were provided
More than half of patients given check-ups were 18-40 years old		

A REVOLUTION IN EXCELLENCE



Free, excellent treatment is the foundation of a highly innovative humanitarian project by EMERGENCY in Africa.

According to estimates from the World Bank, 800 million people spend at least 10% of their household budget on healthcare every year, and medical bills leave around 100 million people in dire poverty.

Some people can't even borrow to pay for the treatment they need and die from illnesses that are easily treatable and treated in much of the world.

In 2007, we opened the *Salam* Centre for Cardiac Surgery in Sudan, to treat people with congenital and rheumatic valvular diseases. It was the first and only completely free cardiac surgery centre in Africa, a continent where 300,000 people die of rheumatic heart disease every year. The *Salam* Centre brought complex surgery, specialist skills, advanced equipment and a facility that could house them, to a continent where even primary healthcare is scarce. In 2019, we stepped up our commitment to patients with heart diseases, helping open a cardiology clinic at Orotta Hospital in Asmara, in Eritrea, where we now check patients operated on at the *Salam* Centre for coagulation and prescribe them anticoagulant therapy. Eritrea is the second most common country of

origin for the patients we operate on in Sudan.

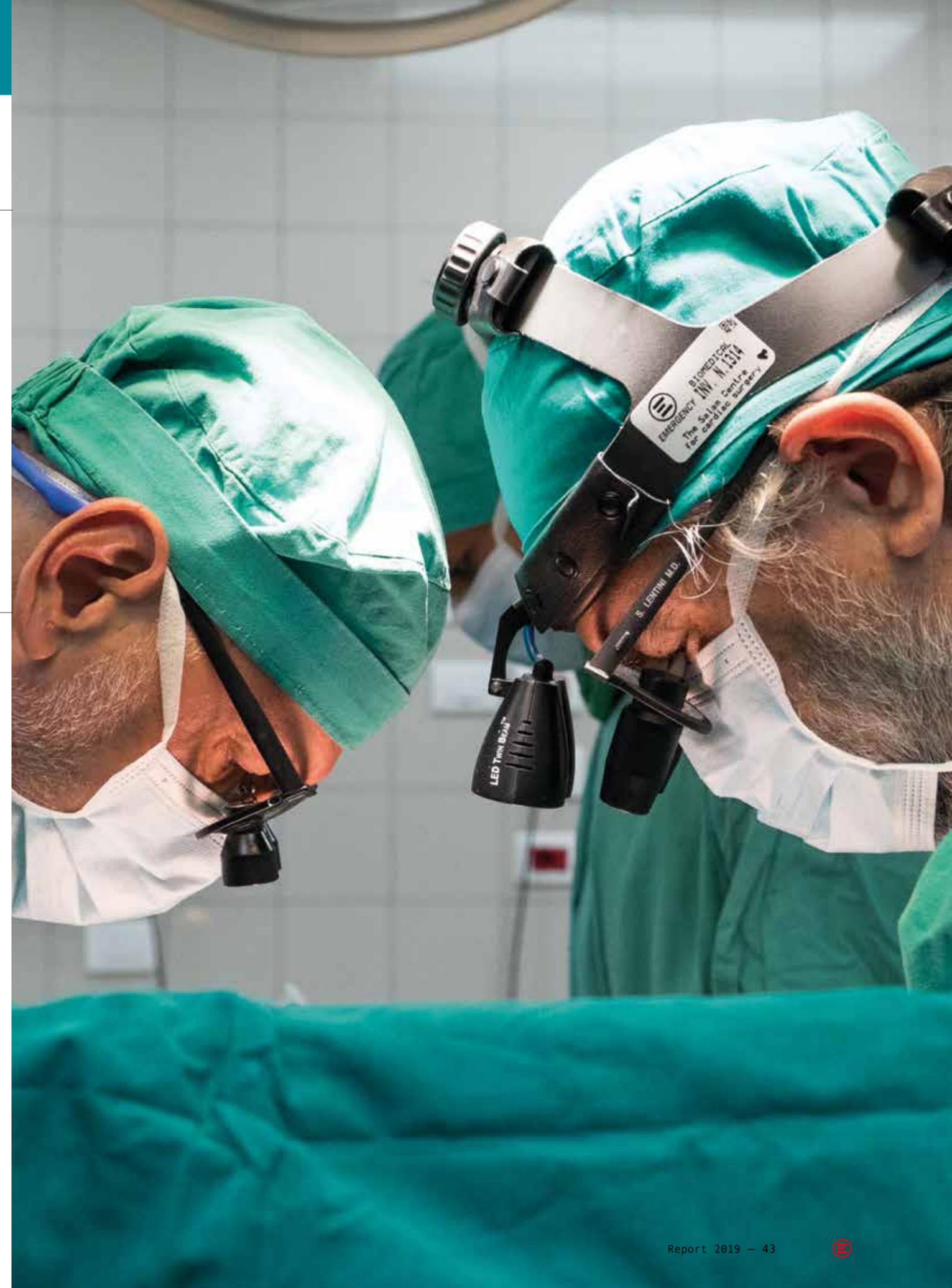
In 2008, we brought together ministers of health from nine African countries to discuss ways to provide their citizens the right to free, high-quality medicine. That meeting led to the 'Manifesto for a Human Rights-Based Medicine', which asserts the need for health systems founded on equality, quality and social responsibility. The following year, we founded the African Network of Medical Excellence (ANME), whose goal is to build medical centres of excellence, strengthening the continent's health systems and creating a regional strategy to meet its needs.

It is thanks to the ANME's commitment that we have managed to build the Centre of Excellence in Paediatric Surgery in Entebbe, Uganda. It will be a referral centre for children from Uganda and surrounding countries who need treatment. Statistics from the World Health Organization show that 40% of Ugandans are under 15 years old, yet there are just three paediatric surgeons among a population of 45 million, and 30% of patients who die under the age of five die due to an absence of surgical care. Three years of intense building work on our new

Centre of Excellence in Entebbe came to an end in 2019, and we plan to open its doors in the second half of 2020.

Renzo Piano Building Workshop, *Studio TAMassociati* and EMERGENCY's building division sought to create a welcoming hospital, a place of harmony for young patients, whose architecture is a fundamental part of the treatment it offers.

When the Centre opens its doors, it will be a living embodiment of our idea of humanitarian work: universal, excellent medical treatment.



SUDAN

KHARTOUM

SALAM CENTRE FOR CARDIAC SURGERY

The *Salam* Centre offers free cardiac surgical treatment to people with congenital and rheumatic valvular diseases. The hospital is part of the African Network of Medical Excellence (ANME), which was founded to build centres of excellence to strengthen the health systems on the continent. In 2019 alone, we operated on over 200 patients from countries other than the Sudan. The hospital has been recognised by the local ministry of health as a training centre for students specialising in anaesthetics, cardiac surgery and cardiology, and had 14 trainees studying for a master's in intensive care nursing. Last spring, people all over Sudan protested, pushed to the brink by inflation that had driven many people into poverty. When the wave reached Khartoum, the city's squares filled of people demanding freedom and democracy after a 30-year-long regime. Despite the violence that came with the destruction of the old regime and the great danger that seized the country after it, the *Salam* Centre remained open.



ERITREA

ASMARA

CARDIOLOGY CLINIC AT OROTTA HOSPITAL

Eritrea is the second most common country of origin for the patients we operate on at the *Salam* Centre in Khartoum, which is in part why we decided in October 2019 to support the cardiology clinic at Orotta Medical Surgical National Referral Hospital in Asmara, the main facility in Eritrea.

In partnership with the local ministry of health we started working at other clinics and opened the first one for oral anticoagulant therapy (OAT), which is essential to continued treatment of patients with mechanical prosthetic valves. Every six months, a cardiologist from the *Salam* Centre performs follow-up check-ups on patients operated on in Sudan and visits new patients to see if they need operations.



	<p>Accident and emergency, 6 clinics, 3 operating theatres, sterilisation, intensive and sub-intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and support services, guest accommodation</p>	<p>FROM APRIL 2007 TO 31 DECEMBER 2019</p> <p>Admissions: 9,777 Clinical check-ups: 79,944 Specialist cardiology check-ups: 74,635 Surgical operations: 8,649 Diagnostic and haemodynamic procedures: 1,394 Foreign patients: 1,641</p>	<p>65% OF OUR PATIENTS DIAGNOSED IN 2019 WERE UNDER 26 YEARS OLD</p> <p>6 specialists trained in 2019</p>
<p>PAEDIATRIC AND ADULT CARDIAC SURGERY, CARDIOLOGY, INTERVENTIONAL CARDIOLOGY</p>			
<p>63 BEDS</p>	<p>444 LOCAL STAFF</p>		
<p>Approximately 50 cardiac operations a month in 2019</p>			

	<p>Cardiological clinic, clinic for oral anticoagulant therapy (OAT)</p>	<p>FROM OCTOBER 2019 TO 31 DECEMBER 2019</p>	<p>ABOUT 200 ERITREAN PATIENTS OPERATED ON AT THE SALAM CENTRE</p>
<p>CARDIOLOGY</p>	<p>In 2019, 1 Eritrean patient was referred to the <i>Salam</i> Centre every month</p>	<p>Clinical check-ups: 524 Number of patients for cardiology check-ups or INR tests: 457 Eritrean patients admitted to the <i>Salam</i> Centre (2007-2019): 202 Screening missions: 14</p>	
<p>4 doctors and 2 local nurses trained by our staff</p>			
<p>The average age of Eritrean patients was 29</p>			

UGANDA

ENTEBBE

CENTRE OF EXCELLENCE IN PAEDIATRIC SURGERY

In 2019, building work on the hospital continued. We completed the exterior, planted all 350 trees in the garden and installed more than 2,600 photovoltaic solar panels, which will provide much of the facility's energy. Our medical team met the heads of the main hospitals in Uganda and representatives from local universities to plan the start of activities. The Centre will host doctors, nurses and local students training as specialists, who will be taught by the international staff in practical and theoretical classes.

According to data from the World Health Organization, the country is home to just three paediatric surgeons, and 30% of patients who die under the age of five die due to an absence of surgical care.

The Centre was supposed to open in spring 2020 but the Covid-19 pandemic means we cannot set a date to start medical activities. Our technical staff are still in the country, completing the final details, but we have sent our medical workers back to Europe to work on projects in response to the epidemic.



	<p>3 operating theatres, 1 sterilisation room, intensive care, sub-intensive care, ward, emergency ward, 6 clinics, radiology, laboratory and blood bank, CAT, pharmacy, administration, support services, guest house for foreign patients, welcome and health education area, outdoor play area</p>	<p>In 2019, 27 Ugandan patients were referred to the Salam Centre</p>	<p>THE CENTRE OCCUPIES 9,000 M²</p>
<p>PAEDIATRIC SURGERY, PAEDIATRIC ACCIDENT AND EMERGENCY</p>		<p>Between 2006 and 2019, we performed 800 cardiology check-ups in Uganda during 10 screening missions.</p>	
<p>2,600 photovoltaic solar panels</p>			
<p>350 trees in the garden</p>			



Doctors, nurses, laboratory technicians, as well as administrators, logisticians and many, many others. Every year, about 150 people set off to work at our hospitals and healthcare centres. We require solid professional experience, good knowledge of English and availability for six months. We offer a fair salary, food, lodgings and insurance.

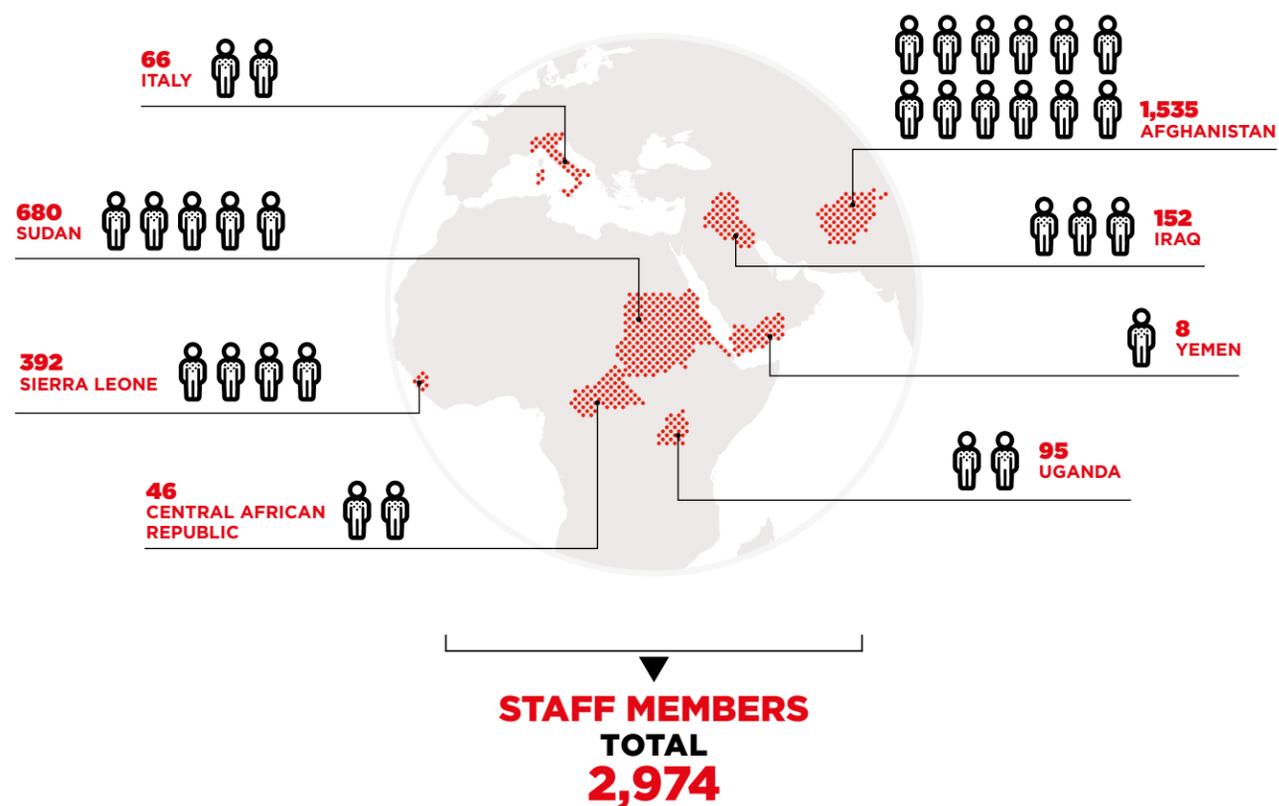
If you would like to apply, visit en.emergency.it



EMERGENCY wouldn't exist without the volunteers who dedicate their time and skills to our mission. Their belief in equality, passion for human rights, and struggle for a just world is what has enabled EMERGENCY to treat more than 10 million people.

Volunteers play a key role in fundraising, building awareness about EMERGENCY, and promoting a culture of peace around the world.

If you're interested in becoming a volunteer, contact: volunteer@emergency.it



WE HAVE VOLUNTEER GROUPS IN THE FOLLOWING LOCATIONS:
 AMSTERDAM, ATLANTA,
 BARCELONA, BERLIN, BRUSSELS,
 HONG KONG, HYOGO, LONDON,
 LOS ANGELES, NEW YORK, TICINO
 AND VIENNA



EMERGENCY raises funds to support its founding aims: offering free treatment to anyone who needs it and promoting a culture of peace and respect for human rights.

Here's how we use the funds we raise.



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

If you'd like to, you can help us too.

If you live in Belgium, Switzerland, the UK, or USA, you can donate directly through our affiliates and receive all the associated tax benefits.

Visit en.emergency.it/donate today.



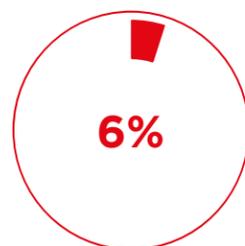
FOUNDING AIMS
(HUMANITARIAN PROJECTS
AND PROMOTING A
CULTURE OF PEACE)



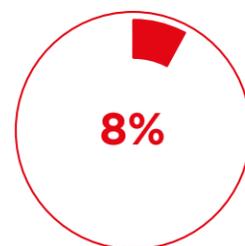
OVERHEADS AND
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HUMANITARIAN
PROJECTS



PROMOTING A
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OVERHEADS



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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 for 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.

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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, Tel: +39 02 881881) to verify our readiness to receive the donation and to be informed about the applicable tax benefits.

TAX BENEFITS

Please check with your tax advisor whether your donation to EMERGENCY in Italy is tax-deductible according to the laws applicable in your country of residence. EMERGENCY is also registered in Belgium, Switzerland, the UK, and USA.

In 2019, institutional donors and foundations helped to co-finance the launch of new projects and to strengthen those already underway. We thank them here for their contributions.

	 <p>CARDIAC OPD AT THE OROTTA HOSPITAL IN ASMARA</p>	 <p>PAEDIATRIC CENTRE IN GODERICH</p>	 <p>PAEDIATRIC CENTRE IN MAYO</p>	 <p>PAEDIATRIC CENTRE IN PORT SUDAN</p>	 <p>PAEDIATRIC CENTRE IN NYALA</p>	 <p>WORK AT THE NATIONAL BLOOD BANK IN BANGUI</p>	 <p>'NO TO WAR: for a peaceful and inclusive society that respects human rights and diversity between peoples'</p>
 <p>European Union</p>	 <p>PAEDIATRIC CENTRE IN MAYO</p>	 <p>European Union Civil Protection and Humanitarian Aid</p>	 <p>SURGICAL CENTRE FOR WAR VICTIMS IN KABUL AND FAPS IN THE AREA</p>	 <p>SURGICAL CENTRE FOR WAR VICTIMS IN LASHKAR-GAH AND FAPS IN THE AREA</p>	 <p>REHABILITATION AND SOCIAL REINTEGRATION CENTRE IN SULAYMANIYAH</p>		
<p>World Health Organization (WHO)</p>	 <p>SURGICAL CENTRE FOR WAR VICTIMS IN KABUL AND FAPS IN THE AREA</p>	 <p>SURGICAL CENTRE FOR WAR VICTIMS IN LASHKAR-GAH</p>	 <p>HEALTHCARE CENTRE IN ASHTI</p>	 <p>REHABILITATION AND SOCIAL REINTEGRATION CENTRE IN SULAYMANIYAH</p>			
 <p>FONDAZIONE PROSOLIDAR</p>							
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In addition to its headquarters in Italy, EMERGENCY has offices in Belgium, Switzerland, the UK and the USA.

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EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY



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

Universal Declaration of Human Rights

Paris, 10 December 1948, Article 1 and Preamble

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