



June 2021

REPORT 1994-2020



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.

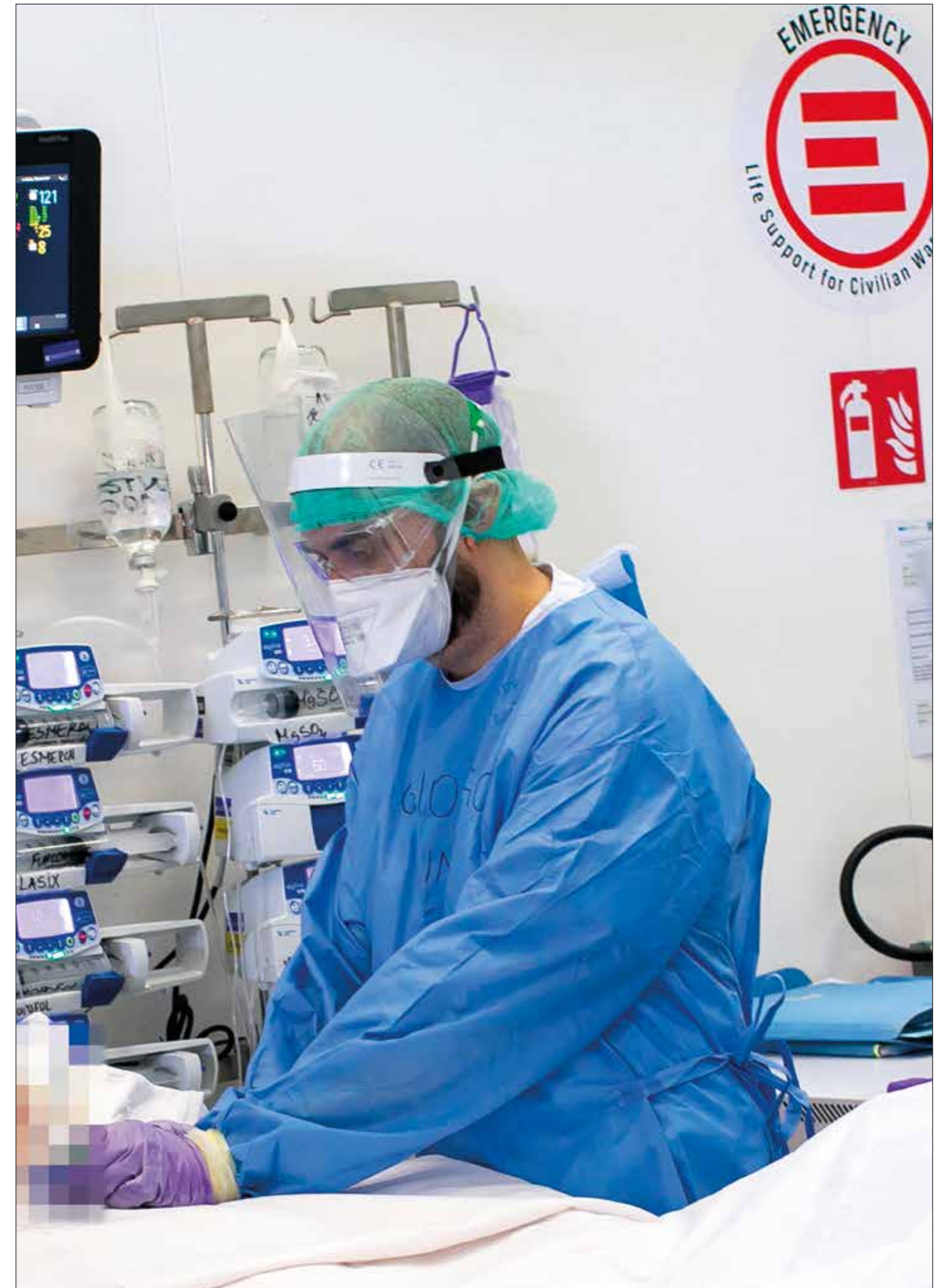
SINCE 1994, EMERGENCY HAS WORKED IN 19 COUNTRIES AROUND THE WORLD, PROVIDING FREE MEDICAL CARE IN ACCORDANCE WITH ITS CORE PRINCIPLES: **EQUALITY, QUALITY AND SOCIAL RESPONSIBILITY.**

BETWEEN 1994 AND 2020

EMERGENCY TREATED

OVER 11 MILLION OF PEOPLE.

**THAT'S ONE PERSON
EVERY MINUTE.**





AN UNEXPECTED YEAR

ROSSELLA MICCIO
President of EMERGENCY

For us at EMERGENCY, 2020 began with a lot of busy building sites, as we renovated the hospital in Hajjah, Yemen, finalised work on the new Children's Surgical Hospital in Entebbe, Uganda, before it was supposed to open its doors in March, and we refurbished the Paediatric Centre in Nyala, Sudan, which we expected to finally reopen in the spring, having been forced to close for nine years.

This last project was the only one we managed to finish in 2020, albeit six months late. Everything else had to be put on hold for at least another year.

The Covid-19 pandemic is the biggest global health crisis in a century. From the very beginning it had huge practical repercussions on our work. The airports closing meant there were no flights out for our international staff, so it was difficult to provide our hospitals abroad with the usual support. In Europe, it was clear from the start that the virus would seriously debilitate healthcare systems, despite them being more efficient and better resourced than many others around the world.

So, strengthened by our past experience of other epidemics, and well aware of what it means not to have access to treatment, wherever in the world you are, we set ourselves an ambitious new goal for 2020. We set out to keep all our existing medical projects running, and at the same time start new work to meet the most pressing needs of the most vulnerable in society.

Treatment, training, information, protection and inclusion: these were the key concepts that guided us as we defined our daily fight against the pandemic. We did this in every one of our hospitals around the world, ramping up prevention measures so we could go on giving essential treatment besides that for Covid-19. And we did it for people who had fled torture and poverty, who had defied the Mediterranean and defied above all the mistrust of European governments who prefer to put up walls than uphold their fundamental values. We did it through our clinics in Italy, which are an essential local defence for the many, many marginalised people in Italian society. And it was in Italy that we added new projects to our list, running the intensive care unit at the field hospital for Covid-19 patients in Bergamo, supporting local health authorities and shelters for migrants and homeless people, and managing a new Covid-19 department in Crotona, in Calabria, the first time we have worked in an Italian state hospital.

After the first few months, it became clear that what had begun as a medical crisis was now having serious socio-economic repercussions. **Once the necessary restrictions were imposed to limit the pandemic, hundreds of thousands of people found themselves robbed of an income and left in real need for the first time ever. In the face of so many requests from such people, we decided to engage on a front that was new to us, namely giving out food. We decided to call the initiative 'Nobody Left Behind', to underline how essential it is that we leave no one behind as we tackle and overcome these hard times.**

The dilemmas and contradictions posed by the pandemic over this last year raised pressing needs and require an urgent response. But they also call for us to thoroughly rework our model of society, to make it more inclusive and egalitarian. After all, if not now, when?

We can and must reorder our shared priorities, beginning with healthcare, where we need to go back to thinking of it as an investment for everyone, rather than just another product, a privilege reserved for a select few. A good test case would be the vaccines for Covid-19. These were created in record time after a collective push by governments, companies and researchers, and yet they are still a long way off from being shared fairly around the world as part of the common good.


Our determination not to miss this chance is stronger now than ever, as is our commitment to promoting and putting into practice the universal right to healthcare, and with it the dignity of every single person, relying on your participation and support.

Thank you.



EQUALITY 

EVERY HUMAN BEING HAS THE RIGHT TO TREATMENT, REGARDLESS OF THEIR SOCIAL BACKGROUND, ECONOMIC SITUATION, GENDER, ETHNICITY, LANGUAGE, RELIGION OR OPINIONS. THE NEW AND BETTER TREATMENTS MADE POSSIBLE BY PROGRESS AND ADVANCES IN MEDICAL SCIENCE MUST BE AVAILABLE TO ALL PATIENTS, ON AN EQUAL BASIS AND WITHOUT DISCRIMINATION.

QUALITY 

HIGH-QUALITY HEALTHCARE SYSTEMS MUST BE BASED ON EVERY INDIVIDUAL'S NEEDS AND FOLLOW NEW ADVANCES IN MEDICAL SCIENCE. THEY CANNOT BE STEERED, ORGANISED OR DEFINED BY THOSE WITH FINANCIAL INTERESTS IN THE HEALTHCARE INDUSTRY.

SOCIAL RESPONSIBILITY 

GOVERNMENTS MUST MAKE THE HEALTH AND WELLBEING OF THEIR CITIZENS A PRIORITY. THEY MUST SET ASIDE THE HUMAN AND ECONOMIC RESOURCES NECESSARY TO THIS END. **THE HEALTHCARE SERVICES THAT GOVERNMENTS AND HUMANITARIAN ORGANISATIONS PROVIDE MUST BE FREE AND AVAILABLE TO ALL .**



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

MEDICINE	SURGERY
 <ul style="list-style-type: none"> ✓ CARDIOLOGY ✓ PRIMARY HEALTHCARE ✓ GENERAL MEDICINE ✓ NEONATOLOGY ✓ OBSETRICS AND GYNAECOLOGY ✓ PAEDIATRICS ✓ DENTISTRY ✓ PSYCHOLOGICAL SUPPORT 	 <ul style="list-style-type: none"> ✓ CARDIAC SURGERY ✓ PAEDIATRIC CARDIAC SURGERY ✓ WAR SURGERY ✓ EMERGENCY SURGERY AND TRAUMATOLOGY ✓ GENERAL SURGERY ✓ ORTHOPAEDIC SURGERY ✓ GYNAECOLOGICAL SURGERY ✓ PAEDIATRIC SURGERY
REHABILITATION AND SOCIAL REINTEGRATION	SOCIO-MEDICAL SUPPORT
 <ul style="list-style-type: none"> ✓ PHYSIOTHERAPY ✓ PRODUCTION OF PROSTHESES AND ORTHOSES ✓ PROFESSIONAL TRAINING ✓ COOPERATIVES FOR DISABLED PEOPLE 	 <ul style="list-style-type: none"> ✓ CULTURAL MEDIATION ✓ SUPPORT OBTAINING THE 'TEMPORARILY PRESENT FOREIGNER' CARD IN ITALY ✓ ACCOMPANIMENT TO NATIONAL HEALTH SERVICE FACILITIES IN ITALY
<p>PROMOTING A CULTURE OF PEACE</p>	
<ul style="list-style-type: none"> ✓ PUBLICATIONS AND MULTIMEDIA INITIATIVES ✓ EVENTS AND CAMPAIGNS TO PROMOTE A CULTURE OF PEACE ✓ EDUCATIONAL VISIT TO SCHOOLS FOR CHILDEN OF ALL AGES 	



OUR WORK BEGINS WITH EMERGENCIES, BUT IT'S DONE WITH A VIEW TO SUSTAINABILITY IN THE LONG TERM.



HEALTH AS A HUMAN RIGHT

WE BELIEVE THAT MEDICAL TREATMENT IS A FUNDAMENTAL HUMAN RIGHT AND SHOULD BE RECOGNISED AS SUCH FOR EVERY INDIVIDUAL. FOR TREATMENT TO BE TRULY ACCESSIBLE, IT MUST BE COMPLETELY FREE OF CHARGE; FOR IT TO BE EFFECTIVE, IT MUST BE OF HIGH QUALITY.



WORKING TOGETHER WITH LOCAL AUTHORITIES

WE ALWAYS MAKE CLEAR AGREEMENTS WITH LOCAL AUTHORITIES TO DEFINE OUR TASK IN THE COUNTRY, AND OUR RECIPROCAL ROLES AND RESPONSIBILITIES. OUR ULTIMATE GOAL IS TO GET LOCAL GOVERNMENT TO TAKE OVER OUR FACILITIES AND GIVE THEIR CITIZENS THE RIGHT TO TREATMENT.



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.



DIGNITY AND BEAUTY

EACH OF OUR HOSPITALS HAS A GARDEN, A CHILDREN'S PLAY AREA AND SOMEWHERE PATIENTS CAN MINGLE. OUR HOSPITALS ARE BEAUTIFUL AS WELL AS FUNCTIONAL, BECAUSE BEAUTY IS A SIGN OF RESPECT AND DIGNITY.



ENVIRONMENTAL SUSTAINABILITY

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



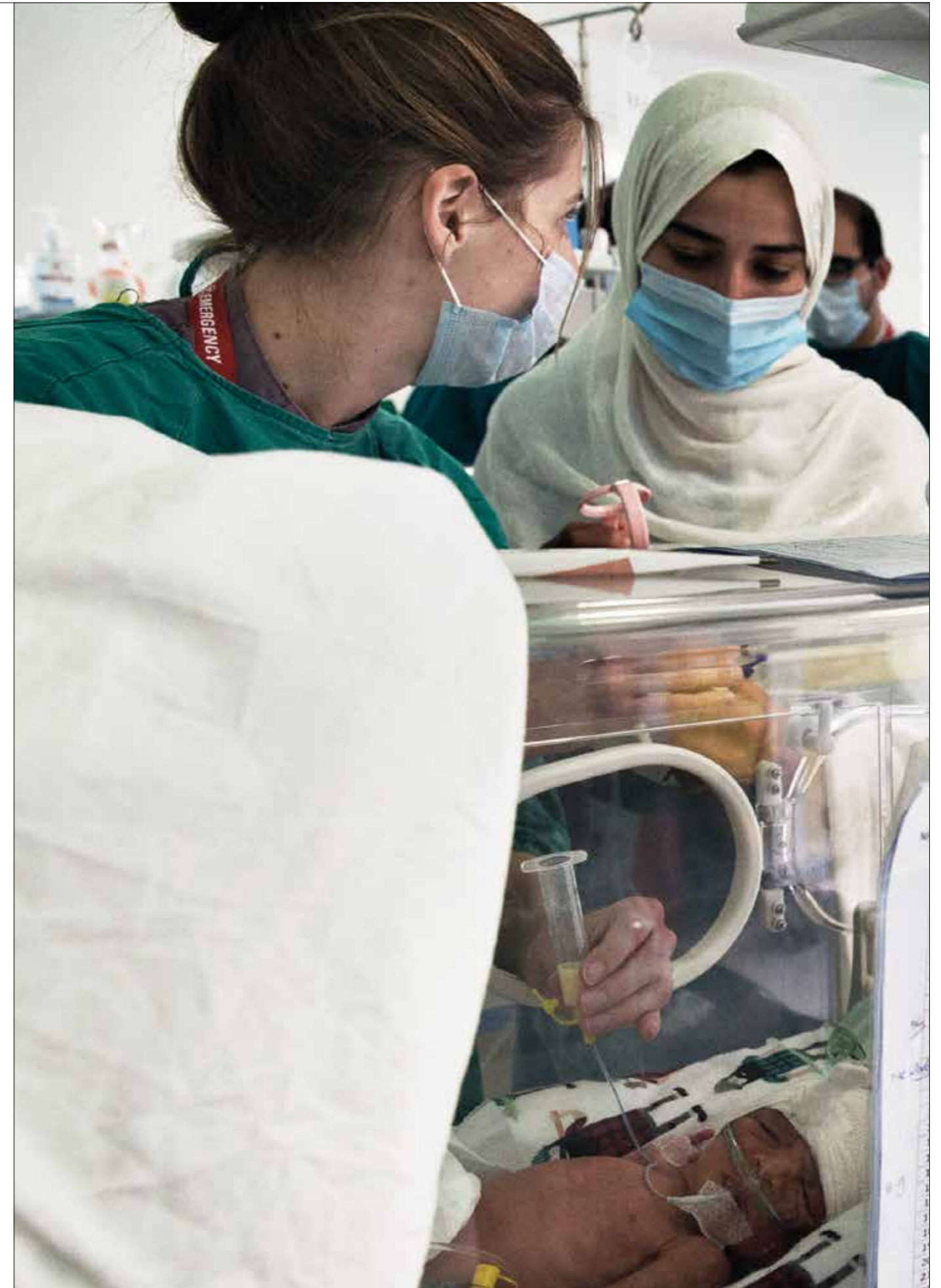
FOOD

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.



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.



ITALY

SINCE 2006 – Clinics for migrants and people in need, MARGHERA (VENICE), POLISTENA (REGGIO CALABRIA), CASTEL VOLTURNO (CASERTA), PONTICELLI (NAPLES), SASSARI

SINCE 2014 – Mobile Clinics, MILAN AND 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

IRAQ

SINCE 1998 – Rehabilitation and Social Reintegration Centre, SULAYMANIYAH

SINCE 1998 – Vocational training courses, SULAYMANIYAH

SINCE 1999 – 390 Cooperatives for disabled people

AFGHANISTAN

SINCE 1999 – Surgical and Paediatric Centre, ANABAH

SINCE 1999 – 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

SIERRA LEONE

SINCE 2001 – Surgical Centre, GODERICH

YEMEN

SINCE 2018 – Surgical Centre for War Victims, HAJJAH (hospital in planning)

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

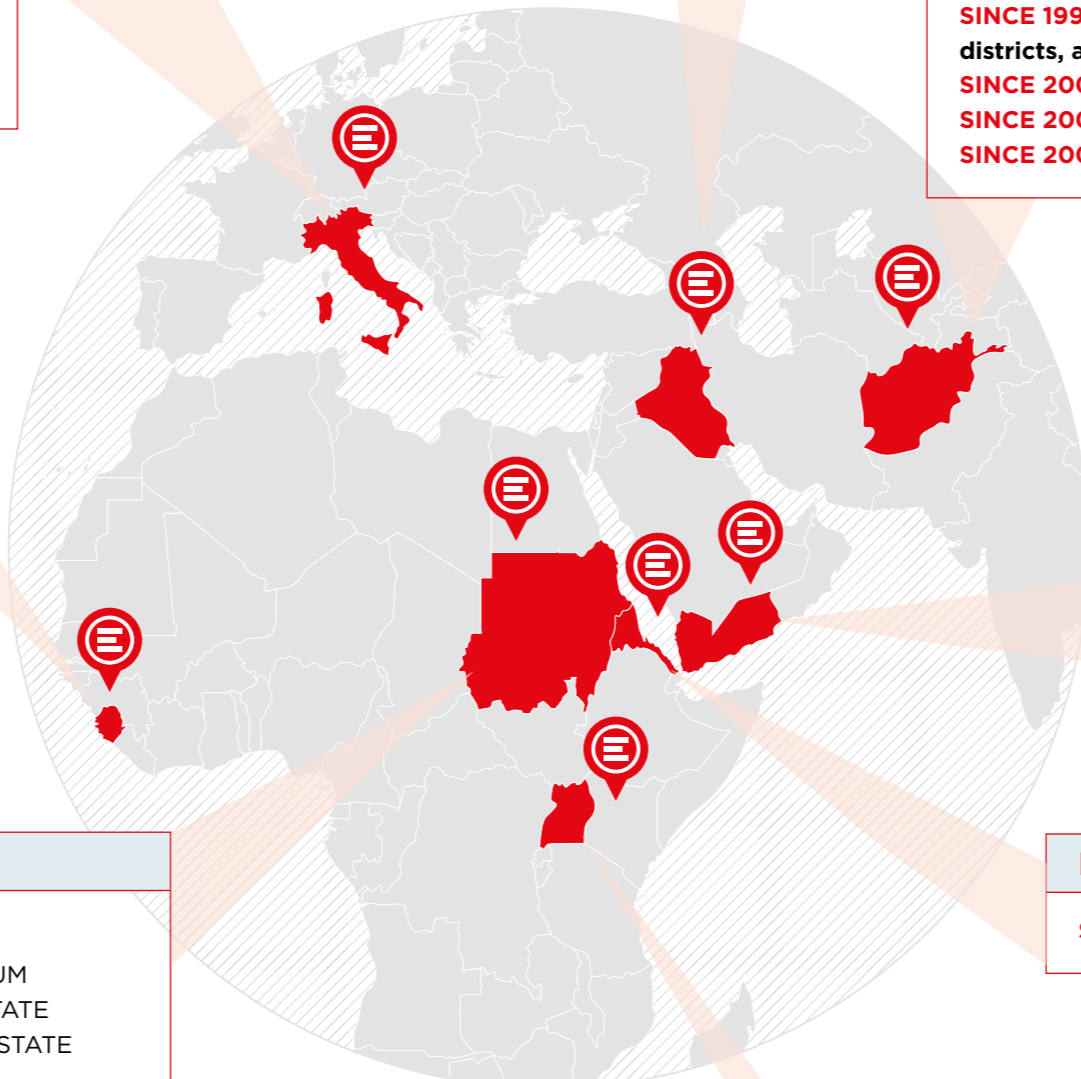
SINCE 2020 – Paediatric Centre, NYALA, SOUTH DARFUR STATE

ERITREA

SINCE 2019 – Cardiology Clinic at Orotta Hospital, ASMARA

UGANDA

SINCE 2021 – Children's Surgical Hospital, ENTEBBE



19 COUNTRIES WE HAVE WORKED IN SINCE 1994
 AFGHANISTAN, ALGERIA, ANGOLA, CAMBODIA, CENTRAL AFRICAN REPUBLIC, ERITREA, IRAQ, ITALY, YEMEN, LIBYA, NEPAL, NICARAGUA, PALESTINE, RWANDA, SERBIA, SIERRA LEONE, SRI LANKA, SUDAN, UGANDA.

33 COUNTRIES OUR PATIENTS IN THE REGIONAL CARDIAC SURGERY PROGRAMME HAVE COME FROM
 AFGHANISTAN, BANGLADESH, BURKINA FASO, BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, DEMOCRATIC REPUBLIC OF CONGO, DJIBOUTI, ERITREA, ETHIOPIA, GAMBIA, JORDAN, GUINEA, IRAQ, ITALY (*ITALIAN CITIZENS TEMPORARILY RESIDENT IN SUDAN), KENYA, LIBERIA, LIBYA, NIGERIA, PHILIPPINES, RWANDA, SENEGAL, SIERRA LEONE, SOMALIA, SOUTH SUDAN, SUDAN, TANZANIA, TOGO, UGANDA, YEMEN, ZAMBIA, ZIMBABWE.



EMERGENCY HAS EXPERIENCE OF BUILDING AND OPERATING HEALTHCARE FACILITIES IN THE MIDST OF EPIDEMICS. WHEN COVID-19 HIT, WE ACTED RAPIDLY TO ENSURE THAT OUR HOSPITALS AROUND THE WORLD COULD REMAIN OPEN, AND EVEN BEGAN NEW PROJECTS TOO. THE RESULT IS THAT EMERGENCY'S FACILITIES MANAGED TO REACH OVER 600,000 BENEFICIARIES IN 2020, DESPITE THE DIFFICULT CIRCUMSTANCES.



OUR IDEA OF HEALTHCARE

GINO STRADA

Surgeon and founder of EMERGENCY

More than a year has passed now since Covid-19 spread rapidly around the world. At first, we tried to get a grasp of things. We felt united in our struggle to tackle such a vast and unknown entity; we came up with ideas for huge changes. But now the picture is quite different: **it is one of shocking rates of infection and death, fear and suffering, capped with various economic crises pushing more and more people into the queue for the food bank.** The pandemic has lifted the lid off deep rifts formed over the last few years, in the environment, in the economy and in healthcare. What we are up against is a ‘syndemic’, as doctor and anthropologist Merrill Singer would have it: **“the concentration and ... interaction of two or more diseases or other health conditions in a population, especially as a consequence of social inequity and the unjust exercise of power”.** Covid-19 revealed the general state of health in our societies. Even where access to treatment is more certain, not everyone can be equally safe from infection. With crowded homes, unprotected jobs and no friends or relatives to turn to, some people are more exposed to the virus than others. This is the backdrop we are up against now. **The disease strikes vulnerable people – the poor, the elderly and the marginalised – with more ferocity.**

I do not know if we will ever succeed in rethinking the economic system that has brought about this devastation, but we need to start talking seriously about healthcare, both in high- and low-income countries. **Healthcare is one of the fundamental responsibilities of the state, which should guarantee each of its citizens the right to treatment, but the pandemic has shown up the utter fragility of our healthcare systems.** Even in the richest countries, it took a once-in-a-generation pandemic to expose that we were missing protective equipment, intensive care beds and staff, local healthcare was non-existent in some places, and many ill people were simply being left to their fate, far from any hospital. The world was rocked by a crisis like no other in living memory, **but most of the problems we faced were rooted in structural issues, and not caused by the emergency alone.**

The privatisation of healthcare in many rich countries has led to a hollowing out of the system, with hospitals and medical providers essentially turned into companies, whilst their ‘customers’ – patients, really – struggle to access services. A fundamental reassessment of the role of profit and corporations in health cannot come soon enough. Money that is currently funnelled into the private sector must instead be invested in public systems that exist to benefit patients, not shareholders.

The debate usually focuses on the financial side and sidesteps the underlying question, namely: **what kind of healthcare do people need? The answer to which is simple: free, high-quality, public healthcare, national not regional.** And how much should the state spend on achieving it? Answer: however much it takes, not a cent more, not a cent less. Getting treatment is a universal right and part of the common good. Protecting this right for all is beneficial to society. And yet, to different extents around the world, an ever-greater share of the healthcare budget is being spent on agreements with the private sector, pushing us down a slippery slope. This is what happens when you choose to bring profit into healthcare. Every attempt at reform comes up against the same central question: does profit have a legitimate place in healthcare or not? Is it beneficial or useful to people? The same question can be asked for Covid-19 vaccines, the supply of which is being artificially rationed to satisfy the monopolies of the pharmaceutical companies. The quest for free and fair access to vaccines, regardless of where you live or how much is in your bank account, is another crucial struggle between humanity’s right to health and pharma’s quest for profit, and one that EMERGENCY is actively involved in.

We must reflect as a community on why something as important as healthcare, that is part of the common good, should be dependent on profit. The idea of going into medicine just to invest and make money off other people’s suffering is irreconcilable with the idea of treatment as a human right. **If even the pandemic of an era cannot make us reorder our priorities, then we will lose our last chance to lay anew the foundations of the society we want to see.**



FIGHTING COVID-19

Covid-19 turned the world upside down. Its fallout has tested everyone.

2020 was the year of Covid-19, the first pandemic of the 21st century as declared by the World Health Organization (WHO). It turned the world upside down and left illness, death and economic destruction in its wake.

For months and months the world stood still. Getting about was impossible, people lived in fear of infection, factories closed, investments were put on hold, global commerce shrank drastically and unemployment leapt. **The United Nations Department of Economic and Social Affairs (UNDESA) claims that in 2020 alone, over 34 million were pushed into extreme poverty, thereby undoing almost all the progress made in fighting extreme poverty in the previous five years.**

The pandemic also pushed existing serious humanitarian crises out of sight, above all wars. Fighting and violence remain at a critical level in Afghanistan, in spite of the peace treaty signed early in the year. The people of Yemen, meanwhile, lived

through their seventh year of war in a row, blighted by poverty, hunger and danger.

The Covid-19 pandemic unleashed itself on a world already riven by deep inequalities, which it only risked worsening.

In Italy, one of the worst hit countries in the West, new needs arose in society. Every day more households suddenly found themselves without an income and pushed into a newfound poverty. **Prior to Covid-19 in Italy, according to Istat, the number of people living in absolute poverty was 4.6 million, 7.7% of the population. This translates into 1.7 million households, 6.4% of the total. The most recent estimates suggest we can now add over 1 million people to their number.**

In countries already struck by other crises, the virus widened inequality. The UN claims that over the course of 2021 more than 235 million people will need humanitarian aid, a 40% increase on 2020, once again as a result of the pandemic.

Despite the vast problems brought by the pandemic, EMERGENCY went on ensuring the right to treatment for all in the countries that we work in.

From the very first days of the epidemic, we mobilised our staff and experience, the latter garnered during the Ebola epidemic in Sierra Leone in 2014-2015. We brought in guidelines to our hospitals around the world, for training staff, setting up triage areas and separating spaces and routes so that facilities could go on working safely in places that were already dangerous. In Italy, we began new projects, for preventing infection, treating Covid-19 sufferers in intensive care and helping households who had suddenly found themselves in dire financial straits.



COVID-19 MEDICAL SUPPORT

Medical support during the Covid-19 pandemic

LOMBARDY

At the beginning of March 2020 we accepted a request from the regional government of Lombardy to help them with the Covid-19 crisis. We went to **Brescia**, where the city hospital had asked our advice on how best to protect its medical staff and facility from infection. Then we headed over to **Bergamo**, one of the worst hit provinces in Italy. Alongside the regional emergency agency and the medical division of the Alpini, we set up a facility for Covid-19 patients from Papa Giovanni XXIII Hospital, on the site of the city's trade fair. Local skilled workers and volunteers from the Alpini and the Civil Protection Department helped us organise spaces and routes, and in just ten days the hospital was ready for new patients. **From 7 April to 26 May, we ran a 12-bed intensive care ward at the facility on the trade fair site. Our team of nurses, doctors, physiotherapists, radiologists, laboratory technicians, socio-medical workers and cleaners numbered over 50.** Some of them had worked on the epidemic in Sierra Leone and so they already had experience of all the guidelines for stopping infection. On 26 May the

hospital's work came to an end and the facility was turned into a clinic for follow-ups for Covid-19 patients.

CALABRIA

In November 2020, at the prompting of the government and the Civil Protection Department, we offered our medical help against the Covid-19 epidemic in Calabria. The aim of our work was to provide more beds for Covid-19 sufferers at San Giovanni di Dio Hospital in Crotona, as the existing 30 beds in the Covid-19 ward were not enough to meet local needs. **Our team of doctors, nurses and logisticians worked to set up a second Covid-19 ward with 25 beds, each fully equipped, plus an outdoor tent facility with eight more beds should the need arise.** The 'Covid-2' ward opened its doors in December 2020. Throughout our time there, our staff ran the ward in close collaboration with those from San Giovanni di Dio Hospital. **The project came to a close in mid-February 2021, once infections and admissions had dropped, but the hospital is still relying on the same total of 63 beds to tackle Covid-19.** At the end of November **Polistena municipal**

council asked us to help them perform rapid antigen tests, under their direction, for the most vulnerable people in the town, where we had already been running a clinic since 2013.

EARTHQUAKE ZONES

Alongside the division for Area Vasta 3 from Marche's regional health authority, **in June and July our mobile clinic ran a psychotherapy service for medical workers and former Covid-19 patients from the public hospital in Camerino, in the province of Macerata, and their families.**

SICILY

At the clinic **in Ragusa** that we have run since 2019, **we performed swab tests on any of our regular patients who showed symptoms of Covid-19,** with the help of the local health authority.



COVID-19 SOCIAL SUPPORT

Social support during the Covid-19 pandemic

DELIVERY OF BASIC GOODS

In the first few months of the Covid-19 crisis, going shopping, getting to the pharmacy or having a prescription written all became risky or impossible for the elderly, people quarantining themselves at home or suffering a weak immune system. **In mid-March 2020, through the 'Milano Aiuta' platform established by Milan municipal council, we began a delivery service of basic goods for vulnerable people.** At our head office in Milan we set up a switchboard to listen to the many requests coming in. From March to May 2020 we made more than 6300 deliveries to over 3000 households. **We replicated the service in Piacenza, Venice and Catania. In April we gave out more than 100,000 masks,** donated to Milan council by local Chinese people, to about 20,000 council houses around the city. **We also dished out 4000 hot meals to poor people and vulnerable people,** with the help of Milan council and the cooperative Gustop. **In Milan, we have also been running a switchboard to provide information about Covid-19,** about good habits to pick up, prevention and how to take advantage of

the services available. These projects were all done with the help of many, many volunteers from EMERGENCY and Brigade Volontarie per l'Emergenza in Milan.

'NOBODY LEFT BEHIND'

Just as Italy looked set to come out of 'Phase 1' in May, a new social and economic crisis reared its head. And this one would not be covered by the traditional, government structures of support. The pandemic unleashed itself on a society already riven by deep inequalities, to which it only piled on new hardships. Every day more households suddenly found themselves without an income to rely on, ending up catapulted into a newfound poverty. **The 'NOBODY LEFT BEHIND' project was launched in May 2020. It involves handing out free packages of basic goods, personal care and household cleaning products, to respond practically and immediately to people's essential needs. After Milan, we took the project to Piacenza, Rome, Naples and finally Catanzaro.** The people benefiting from 'Nobody Left Behind' were managing to keep themselves going until the crisis hit. They include large

families, people living alone, house cleaners and carers who have lost work, young people working in shut-down industries (catering, events and so on), those on furlough, VAT-registered workers, people in insecure or undeclared work. These are not one-off. When we help a household, we take them on board for a period of at least a month, after which we reassess whether they were still in need by means of a questionnaire. **By December 2020 we had delivered more than 50,000 packages to about 2300 households in financial trouble, a total of over 600 tons to 10,000 people over the year. More than 100 companies in a range of goods sectors (food, big retail, cosmetics, health and hygiene) have donated their products or paid the costs of restocking them, and more than 1000 volunteers have given up their time to make up and deliver the packages. The project will carry on into 2021 and we are determining whether to broaden it to take in other cities in Italy.**



COVID-19 PREVENTION

Social support during the Covid-19 pandemic

LOMBARDY

In March 2020, Milan municipal council got in touch with us and asked us to help prevent infection among the city's most vulnerable people.

Our teams, each made up of one nurse, one logistician and one doctor, **went to 60 shelters for homeless people, for unaccompanied migrant children and in the Siproimi (formerly SPRAR) network.** We did inspections of these centres, prioritising the layout of spaces, hygiene and medical conditions, and management of incoming products and outgoing waste, always with a view to the health of staff and residents. From March to June 2020, we busied ourselves with reorganising and setting up rooms at a centre on Via Carbonia for residents with symptoms of Covid-19 or who had been in close contact with sufferers, and who could not be quarantined at their own shelters. **Since December 2020 we have also been offering help and medical information at an information point at Centro Sarmartini (formerly Centro Stazione Centrale).** This centre is run by Milan council for adults who need initial guidance (be it for spending their first night in a dormitory or making requests for international protection). **The council-run**

shelter on Viale Fulvio Testi

takes in residents from other centres with symptoms of Covid-19 or who have been in close contact with sufferers while they wait for a swab test. **Here our staff monitored the medical conditions for residents and organised the spaces and work routes with specific guidelines.** The building is run in collaboration with Spazio Aperto Servizi SCS Onlus, has 12 beds and a sick room fully kitted out for first aid.

PIEDMONT

Between April and July 2020, our staff advised and trained workers and residents at care homes in six municipalities in Piedmont on managing and separating spaces and routes for incoming products and outgoing waste, disinfecting rooms, and actively monitoring residents. **From June to September we took part in the 'Comunità della salute' project in the province of Bergamo, doing monitoring and training prior to reopening summer schools and ordinary schools in five municipalities.** **These months saw 60 people get on board, among them headteachers, teachers, administration, technical and menial workers.**

100 and 30 primary- and middle-school classes were held and over 2700 children benefited.

ITALY

In the months of lockdown between March and June 2020, we supported several medical and social organisations in Italy, monitoring, training and giving practical advice and examples. We helped the WHO's Emergency Medical Teams Secretariat write a paper on 'COVID-19 community facilities and treatment centers'. We put on a webinar for psychologists and teachers from the organisation Maestri di Strada in Naples and teachers from the city's Sixth Municipality. In collaboration with Scuola IRS per il Sociale, we gave advice and a webinar to over 100 social and medical cooperatives. We advised workers at migrants' shelters in Naples and Marghera, near Venice, on logistics and medicine. We trained people from Fondazione Istituto Polifunzionale Sociosanitario Cardinal Gusmini Onlus, which runs social services for elderly and vulnerable people in Val Seriana, near Bergamo. Finally, we helped at Hotel House, a shelter in Porto Recanati, near Macerata.





OUR FACILITIES AROUND THE WORLD NEVER STOPPED DURING THE PANDEMIC. WE PUT IN PLACE PROTOCOLS TO MINIMISE THE RISK OF INFECTION, PROVIDED OUR STAFF WITH SPECIFIC GUIDELINES, AND INFORMED OUR PATIENTS ABOUT PREVENTION, ALL SO WE COULD GO ON GUARANTEEING THE RIGHT TO TREATMENT.

AFGHANISTAN

SINCE 2001

KABUL

SURGICAL CENTRE FOR WAR VICTIMS

Despite the peace treaties signed early in 2020, the number of civilian deaths from the Afghan conflict is still frighteningly high. Though there was a modest decrease in their number overall, **the United Nations Assistance Mission in Afghanistan (UNAMA) documented a total of 8820 in 2020.** Afghanistan and especially its capital Kabul are still among the world's most dangerous places. To fight the Covid-19 pandemic in a country at war and with a fragile healthcare system, we were forced immediately to rethink work at our Surgical Centre for War Victims in Kabul. By improving cleaning and disinfection, bringing in rules for separating spaces, and better defining prevention measures, we saved ourselves from having to close the hospital, which had become a point of referral for wounded people from the city and its neighbouring provinces. **Since it opened in 2001, the centre has seen more and more patients as time has gone on, averaging about 3000 a year,** and about half of them were transferred here from our First Aid Posts in surrounding provinces, by ambulances running day and night. **In 2020 we performed 4845 surgical operations.**



WAR SURGERY



118 BEDS



377 LOCAL STAFF

Accident & Emergency, clinics, 3 operating theatres, sterilisation, intensive care, sub-intensive care, wards, physiotherapy, CT, radiology, laboratories, blood bank, pharmacy, classrooms, games room, technical and cleaning services

APRIL 2001 TO
31 DECEMBER 2020

Admissions: 59,135
Clinic check-ups: 148,863
Surgical operations: 81,124

AFGHANISTAN

SINCE 2004

LASHKAR-GAH

SURGICAL CENTRE FOR WAR VICTIMS

Helmand province is one of the most dangerous in Afghanistan. It has been the theatre of constant combat between government forces and armed opposition groups. Levels of violence are still very high and the war's repercussions on the Afghan people are devastating. Our hospital is the only facility offering aid to people wounded in conflict in Helmand and other provinces nearby, which are where 30% of our patients come from. Violence is concentrated mostly in the north of the province, where we opened First Aid Posts to give immediate help to wounded people and transfer them, should the need arise, to our hospital in Lashkar-Gah. **We received over 3800 patients in 2020, about 1000 of whom were admitted for surgery other than war surgery, having been referred from a public hospital that was struggling with Covid-19.** On the morning of Monday, 29 June, several shells hit the neighbourhood around the old bazaar in Sangin. Over 40 victims, approximately 20 dead and 23 wounded, came to our local First Aid Post and were then transferred to our hospital in Lashkar-Gah. **Our centres in Lashkar-Gah, Kabul and Anabah are officially recognised by the Afghan Ministry of Health for their training in surgery and traumatology.**



WAR SURGERY



86 BEDS



292 LOCAL STAFF

Accident & Emergency, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory, blood bank, pharmacy, classrooms, games room, technical and cleaning services

SEPTEMBER 2004 TO
31 DECEMBER 2020

Admissions: 49,590
Clinic check-ups: 18,110
Surgical operations: 68,311

SURGICAL AND PAEDIATRIC CENTRE

Anabah lies in the Panjshir valley, in the mountains of northern Afghanistan. Our facility here is the only free, general hospital in the valley, and the first we ever built in the country. It first opened its doors for war victims, but now, sitting as it does in a region where fighting has abated, war surgery has taken a back seat to general surgery, traumatology, primary medicine and paediatrics. In 2020 we did more than 20,000 paediatric check-ups and over 3000 surgical operations. The Afghan Ministry of Health recognises our hospital in Anabah as a training centre, similar to those in Kabul and Lashkar-Gah. In fact, we have 54 students training at the three hospitals, specialising in surgery, paediatrics and gynaecology. This training consists of lectures, weekly analyses of specific patients with our international staff, and daily on-the-job training.



SURGERY FOR WAR VICTIMS, EMERGENCY SURGERY, GENERAL SURGERY, TRAUMATOLOGY, PAEDIATRICS



78 BEDS



378 LOCAL STAFF

Accident & Emergency, 2 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory, blood bank, pharmacy, classrooms, games room, technical and cleaning services

DECEMBER 1999 TO 31 DECEMBER 2020

Surgical admissions: 329,774
 Clinic check-ups: 43,554
 Surgical operations: 38,372
 Paediatric admissions: 14,520
 Paediatric clinic check-ups: 191,884

MATERNITY CENTRE

The Maternity Centre is still the only free, specialist facility offering gynaecological, obstetric and neonatal help, family planning services and contraception to women who request it in the province of Panjshir, as well as its neighbours Parwan and Kapisa, and the province of Kabul. The hospital is recognised by the Ministry of Health as a training centre specialising in gynaecology. The more than 100 women working here are given theoretical and practical training by our international staff. The hospital is linked to 18 Primary Healthcare Clinics also run by EMERGENCY, each of which provides primary medicine and transfers patients to Anabah when need be. Six of these other centres – at Dara, Kapisa, Khinch, Koklami, Pul-e-Sayyad and Sangi Khan – also perform obstetrics. More than 5600 babies were born and over 40,000 obstetric and gynaecological check-ups done at the centre in 2020.



OBSTETRICS, GYNAECOLOGY, NEONATOLOGY



99 BEDS



116 LOCAL STAFF

Obstetric triage and first aid, clinic with ultrasound service, 2 operating theatres, intensive care, postnatal ward, neonatology ward with newborn intensive care unit, work room, birth rooms, technical and cleaning services (shared with Surgical and Paediatric Centre)

JUNE 2003 TO 31 DECEMBER 2020

Admissions: 86,374
 Clinic check-ups: 426,704
 Surgical operations: 14,690
 Babies born: 65,632

AFGHANISTAN

SINCE 1999

31 DISTRICTS

FIRST AID POSTS (FAPS) AND PRIMARY HEALTHCARE CLINICS

Each of our First Aid Posts and Primary Healthcare Clinics opened with three goals in mind: treating ill and wounded people as quickly as possible in spots far out of reach of any hospital; providing primary medicine even in small villages; and strengthening the medical response all over the country. The network began in 1999, to meet the needs of people living mostly in villages, far from Afghanistan's big cities. **Local doctors and nurses offer basic medical treatment at Primary Healthcare Clinics, while at the First Aid Posts patients are stabilised so they can be transferred to hospital safely.** All 37 facilities are linked to hospitals by ambulances running day and night. We performed approximately 320,000 check-ups and made over 9000 ambulance transfers in 2020. We are also firm in our belief that everyone should be guaranteed the right to treatment, without discrimination, which is why we also give medical aid in five prisons and two orphanages in Kabul.



PRIMARY HEALTHCARE



0 BEDS



353 LOCAL STAFF

LOCATIONS: Anabah, Abdara, Dara, Darband, Dasht-e-Rewat, Khinch, Paryan, Gulbahar, Kapisa, Koklamy, 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

DECEMBER 1999 TO 31 DECEMBER 2020

Clinic check-ups: 4,717,430
Ambulance transfers: 116,818

YEMEN

SINCE 2018

HAJJAH

SURGICAL CENTRE FOR WAR VICTIMS

For over seven years now Yemen has been in the grips of a desperate humanitarian crisis, its people overwhelmed by hunger and indeed famine. The spread of Covid-19 has weighed down a healthcare system that was already on the brink of collapse. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) states that just half of the country's 5150 medical facilities are fully functioning and that over 20 million of its people have no access to proper medical assistance. With help from the Ministry of Health for Sana'a and the WHO, **we chose a building in Hajjah as our base for bringing them treatment, as its governorate is one of the least stable and most dangerous in Yemen.** Delays brought about by the pandemic mean the building - formerly the governor's residence, now damaged by bombing - is still being renovated and will not start running until the second half of 2021. The centre will offer free surgical treatment, including post-operative treatment such as rehabilitation and physiotherapy. At first, the criteria for admission and treatment will be war surgery and life-saving treatment.



WAR SURGERY



65 BEDS



12 LOCAL STAFF

Accident & Emergency, 4 operating theatres, diagnostics area with analysis laboratory and radiology, post-admissions clinic, quick intensive observation room, intensive care, ward, physiotherapy, cast room, pharmacy, technical and cleaning services (shared with nearby Al-Gomhori Hospital)

DECEMBER 2018 TO 31 DECEMBER 2020

Feasibility assessment
Choice of building
Registration as charity in Yemen
Design
Renovation

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

In March 2020 Iraq shut all its non-essential medical facilities in order to deal with the pandemic. That included our centre in Sulaymaniyah, in Iraqi Kurdistan, which only managed to resume its work in late April. Right from the off we gave our workers guidelines to protect staff and patients, and despite the interruption to our work, **in the months we were open we helped 476 people, providing about 500 prostheses and over 1700 sessions of physiotherapy.** Covid-19 also meant that all our screening missions for cardiology check-ups were called off, as was all vocational training. Only at the end of 2020 did we manage to open four craft cooperatives. The collaboration between this centre, our Rehabilitation Centre in Mosul and the local charity EHAO, to transfer patients in need of prostheses and courses of physiotherapy here, was also put on hold until late September 2020. **However, in the last three months of the year we managed to transfer over 70 patients, almost half of whom were children.**



PRODUCTION OF PROSTHESES AND ORTHOSES, PHYSICAL REHABILITATION, VOCATIONAL TRAINING FOR DISABLED PEOPLE, LAUNCHING OF CRAFT COOPERATIVES



0 BEDS



77 LOCAL STAFF

Physiotherapy, orthopaedic workshops, professional training workshops, technical and cleaning services

FEBRUARY 1998 TO 31 DECEMBER 2020

Patients treated: 11,771
 Prosthetic arms: 1,422
 Prosthetic legs: 10,051
 Physiotherapy sessions: 58,862
 Orthoses: 1,223
 Cardiological check-ups: 552

SURGICAL CENTRE

In February 2020 we drew our work at the Paediatric Centre in Goderich and the First Aid Post in Waterloo to a close. **Our Surgical Centre, however, remained open and running even after Covid-19 came to Sierra Leone.** Our local staff had already been trained to follow anti-infection guidelines during the Ebola epidemic in 2014-2015, so they quickly picked up all the habits needed to keep the hospital safe. We gave a manual of protocols to the local health authorities and other local institutions in order to limit infection among the area's people. Even the simplest rules for prevention, like washing one's hands and social distancing, are hard to follow in Sierra Leone; running water is scarce and the country's large families are used to living out in the community most of the time. **In 2020 we admitted more patients than usual in order to help the public hospitals handle the Covid-19 crisis. Most of them had been injured in road accidents. This led to a total of 1309 patients and more than 4000 surgical operations.** Once again, the main cause of admission for adults was road accidents; for children, it was swallowing lye. **We admitted 70 children a month on average in 2020.**



GENERAL AND EMERGENCY SURGERY, ORTHOPAEDIC AND RECONSTRUCTIVE SURGERY, TRAUMATOLOGY



67 BEDS



334 LOCAL STAFF

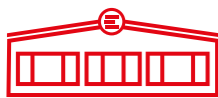
Accident & Emergency, clinic, 3 operating theatres, sterilisation, intensive care, wards, physiotherapy, radiology, laboratory, blood bank, pharmacy, classrooms, games room, technical and cleaning services, guesthouse

NOVEMBER 2001 TO 31 DECEMBER 2020

Admissions: 42,957
 Clinic check-ups: 370,872
 Surgical operations: 59,128

PAEDIATRIC CENTRE

At the Paediatric Centre in Mayo we do clinic check-ups, screening for nutrition, pre- and postnatal treatment, family planning services, and vaccines for children under 14 and pregnant women. **All work carried on throughout 2020, with the exception of outreach (monitoring and medical education in various places around the local area), which was put on hold temporarily due to Covid-19 restrictions. We did interrupt our work for a few days here and there due to on-and-off flooding between June and October in a lot of areas around the centre.** In this rainy period living conditions get even worse, as poor hygiene and contaminated water spread disease, more children become malnourished, the throngs of people migrating from village to city swell, and disputes break out between neighbours over the few resources at hand. **Arriving against a backdrop of unattended medical problems, the Covid-19 crisis only worsened living conditions.**



2 clinics, observation ward, obstetric clinic, vaccination clinic, postnatal clinic, pharmacy, laboratory, technical and cleaning services, reception and education area, area for cooking classes for patients' parents



PAEDIATRICS, PAEDIATRIC FIRST AID



6 BEDS



49 LOCAL STAFF

DECEMBER 2005 TO 31 DECEMBER 2020

Admissions: 24,689
 Clinic check-ups: 271,543
 Check-ups on newborns in prenatal ward: 3,582
 Patients referred to public hospitals: 15,798
 Obstetric check-ups (clinic and outreach): 44,004
 Outreach: 58,064

PAEDIATRIC CENTRE

At our Paediatric Centre in Port Sudan we give free, high-quality treatment to children under 14 living in difficult circumstances, which can be due to inefficient infrastructure and non-existent health services. To keep the centre safe and running, from the very start of the pandemic we put in place guidelines for prevention, wore personal protective equipment, separated spaces with isolation curtains, disinfected rooms constantly and maintained adequate stocks of medicine. **Covid-19 was not the only threat to our patients' health, however. This pandemic struck at people already living in the midst of endemic diseases, like malaria, and whose young children suffer a very high rate of malnutrition.** Despite everything, we went on with our usual on-the-job training for medical workers at the centre this year.



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



PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE



13 BEDS



219 LOCAL STAFF

DECEMBER 2011 TO 31 DECEMBER 2020

Admissions: 9,955
 Clinic check-ups: 18,208
 Outreach: 47,860

PAEDIATRIC CENTRE

In 2011, a few months after the Paediatric Centre in Nyala, in South Darfur, opened its doors, one of our staff was kidnapped and we were forced to close the facility. Since then we have not stopped working to make it ready for a safe reopening, because we know how important the centre's work was to local people; the city of Nyala is home to more than 800,000 people and most of them do not have access to basic medical treatment. **After a renovation, in November 2020 the centre finally opened its doors once more to children under 14. In just over a month we had done more than 900 check-ups.** Before this, in October and November, we did a cardiology mission with 270 screening and follow-up missions.



PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE



13 BEDS



101 LOCAL STAFF

3 paediatric clinics, 1 cardiology clinic, radiology, laboratory, pharmacy, ward, sub-intensive care, warehouse, offices, services, reception area, outdoor games area, technical and cleaning services

NOVEMBER 2020 TO 31 DECEMBER 2020

Admissions: 30
Clinic check-ups: 947
Specialist cardiology check-ups: 689 (since 2010)

SALAM CENTRE FOR CARDIAC SURGERY

The Sudanese people are feeling the effects of serious political instability. Since Omar al-Bashir's fall from power, governments and ministers have been playing an endless game of musical chairs, inflation is through the roof, and food prices have soared. When Covid-19 came onto the scene in March 2020, the country's authorities initial response was to bring in restrictive measures, however they quickly declared a total lockdown shortly after, closing all businesses except food shops and petrol stations, and banning movement between states. **Our hospital, however, remained open** all through those months, although the airports closing made it difficult to bring our international staff over from their own countries or let them return. Normally our team has 50 international members, including doctors, nurses and technicians, but we over the months we saw that number dwindle to 30, which made reorganising our work extremely difficult. **The ban on movement had big consequences above all for patients, as we could not do our usual checks on them and it brought our Regional Programme for cardiac surgery to a halt.**



PAEDIATRIC AND ADULTS' CARDIAC SURGERY, CARDIOLOGY, CARDIOLOGICAL INTERVENTIONS



59 BEDS



490 LOCAL STAFF

6 clinics, 3 operating theatres, sterilisation, intensive and sub-intensive care, wards, physiotherapy, radiology, laboratory, blood bank, pharmacy, classrooms, games room, technical and cleaning services, guesthouse

APRIL 2007 TO 31 DECEMBER 2020

Admissions: 10,256
Clinic check-ups: 82,858
Specialist cardiology check-ups: 78,810
Surgical operations: 9,119
Haemodynamic interventions and diagnostic procedures: 1415
Foreign patients: 1743

CHILDREN'S SURGICAL HOSPITAL

The opening of the Children's Surgical Hospital, initially scheduled for spring 2020, was postponed due to the Covid-19 pandemic. The hospital, which was designed pro bono by Renzo Piano Building Workshop, finally opened in April 2021. The hospital is the second facility in the African Network of Medical Excellence (ANME), which was formed by EMERGENCY together with the health ministers of 11 African countries with the aim to respond on a regional basis to the needs of high-level specialist care across the continent. With 72 beds, the hospital has tripled Uganda's paediatric surgery capacity, in a country that previously had a total of 20 beds and five paediatric surgeons for a population of 15 million children. The hospital aims to become a training site for doctors and nurses from across the country, and will treat patients from many other countries who are referred by EMERGENCY's Regional Programme.



PAEDIATRIC SURGERY, PAEDIATRIC FIRST AID



72 BEDS



105 LOCAL STAFF

3 operating theatres, 1 sterilisation room, intensive care, sub-intensive care, ward, 1 emergency ward, 6 clinics, radiology, laboratory, blood bank, CT, pharmacy, administration, cleaning services, guesthouse for foreign patients, reception and medical education area, outdoor games area

FEBRUARY 2017 TO 31 DECEMBER 2020

Design
Laying of first stone
Construction
Recruitment of international and local staff

CARDIOLOGY CLINIC AT OROTTA HOSPITAL

More than 200 Eritrean patients have been transferred to the Salam Centre for Cardiac Surgery in Sudan for surgery. It was in part because of our existing links with the country that we decided to help open a cardiology clinic at Eritrea's main public hospital, Orotta Hospital. During the start-up in October 2019, we gave training sessions on anticoagulant therapy, post-operative checks and biomedical machinery for medical and biomedical staff at the hospital. When the pandemic began, and after just one monitoring mission in January 2020, we had to call a stop to screening and supervision missions. Nonetheless, between October 2019 and February 2020 - that is, before the flights stopped - 18 cardiovascular patients from Eritrea got the visa and documents they needed to be transferred to the Salam Centre in Sudan.



Cardiology clinic, oral anticoagulant therapy (OAT) clinic



CARDIOLOGY CLINIC, ORAL ANTICOAGULANT THERAPY (OAT) CLINIC



4 DOCTORS



2 LOCAL NURSES

OCTOBER 2019 TO 31 DECEMBER 2020

Cardiology check-ups: 4820
Eritrean patients at Salam Centre (since 2007): 202
Screening missions: 14

SOCIO-MEDICAL SUPPORT AND CULTURAL MEDIATION

In 2020 EMERGENCY and *Proactiva Open Arms* set sail once more to a lethal corner of the planet, to save men, women and children from the waters of the Mediterranean. On board *Open Arms*, alongside teams of doctors, nurses and cultural mediators, we gave medical aid, in accordance with the logistical and medical guidelines that we drew up on the basis of our work to prevent Covid-19 infection in Italy and around the world. We put in place measures for separating routes, monitoring, using personal protective equipment properly and handling suspected cases among migrants. Everyone in the teams was monitored and given antigen swabs before setting sail and when coming back into port, in case any of them had caught Covid-19. In 2020 the ship *Open Arms*, with our staff on board, saved a total of more than 1200 people on five search and rescue missions.



HARBOURS: Lampedusa, Taranto, Messina, Pozzallo, Palermo, Trapani, Porto Empedocle



SOCIO-MEDICAL SUPPORT AND CULTURAL MEDIATION



2 STAFF

AUGUST 2019
TO 31 DECEMBER 2020

Search and rescue missions: 9
People rescued: 1556

SOCIO-MEDICAL AND PSYCHOLOGICAL SUPPORT

In 2020 we went on giving free treatment to farm workers in what is known locally as the 'transformed strip' of the province of Ragusa. It is thought that about 15,000 people work there, most of them from Tunisia, Morocco, Romania and Albania. On top of this we continued on helping farm workers in Polistena and Latina, where our work ended last June. These people have to put up with poor living and working conditions, with long hours, pitiful wages, exploitative bosses and makeshift dwellings without the most basic hygiene. Medical help is almost always out of reach in terms of both time and distance. The main illnesses we see are musculoskeletal, respiratory and chronic, like hypertension and diabetes, all of them linked to this way of living. We often see alcoholism and self-harm, for which social exclusion, aggravated by the pandemic, is to blame.



LOCATIONS: Latina (project ended June 2020), Polistena (Reggio Calabria), Marina di Acate, Vittoria, Punta Braccetto, Santa Croce di Camerina (Ragusa)



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



6 STAFF



2 VOLUNTEERS

JULY 2013
TO 31 DECEMBER 2020

Services
POLISTENA (SINCE 2013): 37,775
LATINA (2016 TO JUNE 2020): 8081
RAGUSA (SINCE 2019): 5703

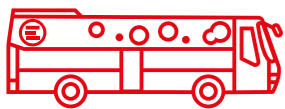
ITALY

SINCE 2017

EARTHQUAKE ZONE

PSYCHOLOGICAL SUPPORT AND NURSING CLINIC

We have been in Abruzzo and Marche since 2017, offering nursing and psychological support to people hit by earthquakes. The pandemic has forced us to rethink our psychotherapy sessions; last year we stayed in contact with our patients using Skype, Whatsapp and any other means we could. In areas like these the epidemic was followed by a long post-crisis period, during which the need to get back to normality was strongly felt, in spite of all the obstacles and all the trauma people had gone through. Elderly people in particular came to us for reassurance and advice on simple habits to follow. They were confused by the conflicting information pumped out by the media. On top of our usual work, in June and July we gave psychological support to Covid-19 patients, their families and medical staff at the hospital in Camerino (near Macerata). Since November 2020 we have been helping volunteer psychotherapists working for the municipal council of Isola del Gran Sasso (near Teramo), to work with people affected by the pandemic and lockdown.



PSYCHOLOGICAL SUPPORT AND NURSING CLINIC



4 STAFF

Municipalities in province of Macerata in earthquake project: Caldarola, Camerino, Muccia, Pieve Torina, Visso, Ussita, Castel Santangelo sul Nera

Municipalities in province of Teramo in earthquake project: Campi, Castelli, Montorio al Vomano, Crognaleto (village of Nerito), Campotosto, L'Aquila (village of Mascioni)

FEBRUARY 2017 TO 31 DECEMBER 2020

Nursing and psychological services: 10,060

ITALY

SINCE 2006

URBAN OUTSKIRTS

SOCIO-MEDICAL SUPPORT FOR VULNERABLE PEOPLE

No work was interrupted at our clinics or our socio-medical information points in 2020. At all our facilities we created guidelines for preventing infection, so we could provide socio-medical information in very vulnerable places. We also gave our patients information to help them get monitoring and treatment on the national health service. Much of the time our patients do not have access to accurate, understandable news on the epidemic and how to prevent it, often because of language barriers. Ordinary medical needs are now coupled with the effects of the recession left in the epidemic's wake, which has exacerbated the serious poverty of the people we work with every day. At our clinic in Milan, which is a stop-off point for many, many migrants, we saw more people turn up for treatment who had arrived by the Balkan route. These people set off from Afghanistan, Pakistan, Morocco and Egypt, reach Turkey, then begin their odyssey on foot to Western Europe. They bear the scars of their exhausting and endless treks, in the form of microfractures, blisters and malnourished bodies. We give each of them a personal hygiene kit to protect themselves from Covid-19 for the rest of their journey.



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



34 STAFF



49 VOLUNTEERS

LOCATIONS: Castel Volturno, Marghera, Milan, Naples, Sassari, Brescia

APRIL 2006 TO 31 DECEMBER 2020

MARGHERA (SINCE 2010): 75,235
 SASSARI (SINCE 2012): 15,682
 CASTEL VOLTURNO (SINCE 2015): 52,161
 MILAN (SINCE 2015): 30,067
 NAPLES (SINCE 2015): 30,300
 BRESCIA (SINCE 2016): 6246



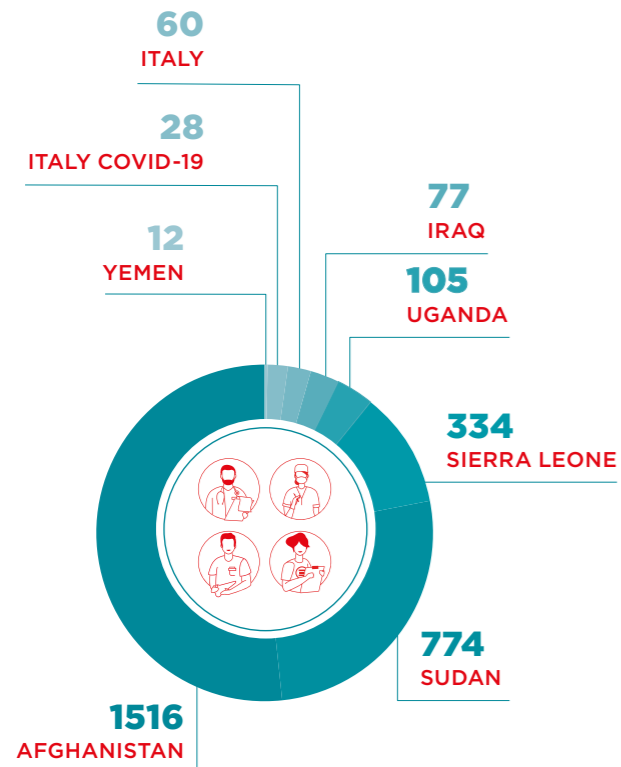
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If you would like to apply, visit en.emergency.it

EVERYONE WHO WORKS WITH EMERGENCY SHARES OUR GOALS AND IS HELPING GUARANTEE THE RIGHT OF ANYONE WHO IS ILL OR WOUNDED TO FREE, HIGH-QUALITY TREATMENT.

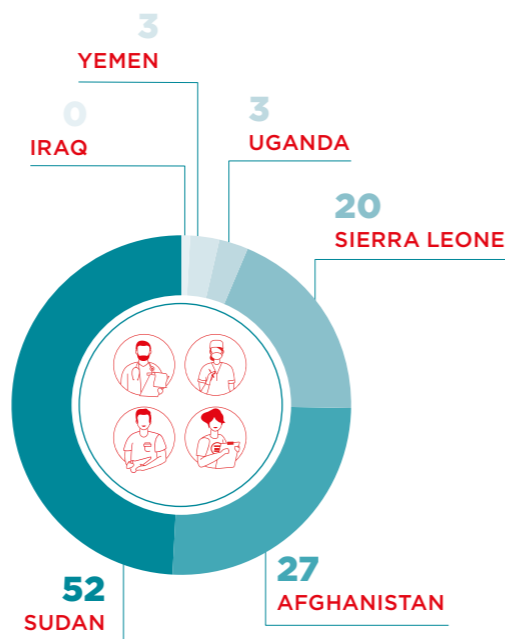
ON OUR MEDICAL PROJECTS WE DO NOT ASSIGN VOLUNTEERS TO OUR MEDICAL PROJECTS; WE USE SPECIALIST STAFF WITH SPECIFIC PROFESSIONAL PROFILES.

LOCAL STAFF



2906 PEOPLE

INTERNATIONAL STAFF



105 PEOPLE



INTERNATIONAL VOLUNTEER GROUPS

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 11 MILLION PEOPLE.

VOLUNTEERS PLAY A KEY ROLE IN FUNDRAISING, BUILDING AWARENESS ABOUT EMERGENCY, AND PROMOTING A CULTURE OF PEACE AROUND THE WORLD.

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 BARCELONA, BERLIN, BRUSSELS,
 HONG KONG, HYOGO, LONDON,
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 AND VIENNA



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



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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.



INSTITUTIONAL DONORS AND FOUNDATIONS

In 2020 donor institutions and foundations helped us finance new projects and strengthen existing ones. We would like to thank them here for their support.

<p>AGENZIA ITALIANA PER LA COOPERAZIONE ALLO SVILUPPO</p>	<p>CARDIOLOGY CLINIC AT OROTTA HOSPITAL IN ASMARA, ERITREA</p>	<p>SURGICAL AND PAEDIATRIC CENTRE IN GODERICH, SIERRA LEONE</p>	<p>PAEDIATRIC CENTRE IN NYALA, SUDAN</p>	<p>'NO TO WAR: for a peaceful, inclusive society that respects human rights and diversity between people', ITALY</p>
<p>European Union Civil Protection and Humanitarian Aid</p>	<p>SURGICAL CENTRE FOR WAR VICTIMS IN KABUL AND LOCAL FIRST AID POSTS, AFGHANISTAN</p>	<p>SURGICAL CENTRE FOR WAR VICTIMS IN LASHKAR-GAH AND LOCAL FIRST AID POSTS, AFGHANISTAN</p>	<p>REHABILITATION AND SOCIAL REINTEGRATION CENTRE IN SULAYMANIYAH, IRAQ</p>	
<p>WORLD HEALTH ORGANIZATION (WHO)</p>	<p>SURGICAL CENTRE FOR WAR VICTIMS IN KABUL, AFGHANISTAN</p>	<p>SURGICAL CENTRE FOR WAR VICTIMS IN HAJJAH, YEMEN</p>	<p>IIN/SNF ΙΔΡΥΜΑ ΙΤΑΥΡΟΣ ΝΙΑΡΧΟΣ STAVROS NIARCHOS FOUNDATION</p>	<p>COVID-19 RESPONSE, ITALY</p>
<p>FONDAZIONE PROSOLIDAR SOLIDARIETÀ DA LAVORATORI ED AZIENDE DEL SETTORE CREDITO</p> <p>IIN/SNF ΙΔΡΥΜΑ ΙΤΑΥΡΟΣ ΝΙΑΡΧΟΣ STAVROS NIARCHOS FOUNDATION</p>	<p>ENTEBBE CHILDREN'S SURGICAL HOSPITAL, UGANDA</p>	<p>CARITATIS STIFTUNG BENEFICENTIA STIFTUNG</p>		<p>COVID-19 RESPONSE, ITALY</p>
<p>JACKSON KEMPER FOUNDATION</p>	<p>SALAM CENTRE FOR CARDIAC SURGERY IN KHARTOUM, SUDAN</p>	<p>SORENSEN LEGACY FOUNDATION</p>		<p>SURGICAL CENTRE IN GODERICH, SIERRA LEONE</p>

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