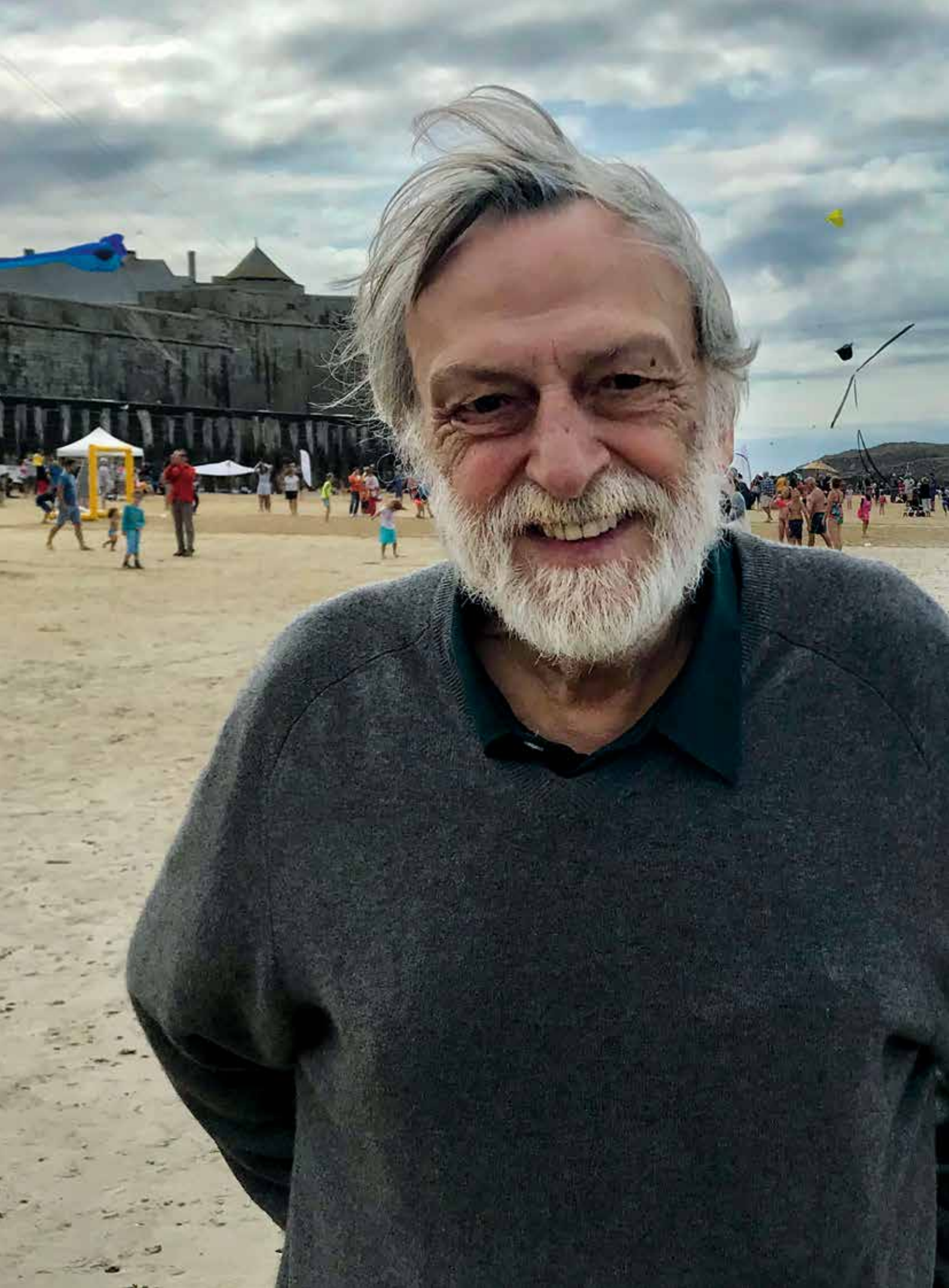




REPORT
1994-2021



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY





*“Human rights must be for
all humans, every single one.
If not, we should call them
privileges.”*

Gino Strada, surgeon and founder of EMERGENCY
21 April 1948 – 13 August 2021

*Ciao
Gino*

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 2021

EMERGENCY TREATED

**OVER
12 MILLION
PEOPLE.**

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



A POWERFUL IDEA

ROSSELLA MICCIO

President of EMERGENCY

EMERGENCY has set itself great challenges ever since its foundation in 1994. Our work consists in large part of being faced with tough situations and working around them in order to put forward an alternative, based on peace and human rights, through our hospitals.

With all its medical and political ups and downs, 2021 proved to be a trying year of transition for the world. It spurred us at EMERGENCY to expand our humanitarian projects and made us even more convinced in our work.

The arrival of vaccines for Covid-19, one year after the virus surfaced, promised a better world, where everyone would be a conscious part of one community. Here was an ethical challenge that went beyond medicine; healthcare would be the starting point on the road to a new, more global sense of identity for people all over the world.

And yet at the end of 2021 we still found ourselves in a world of privileges, not of rights. The basic principle of healthcare as a universal right had fallen at the wayside. Whole continents, like Africa, had been left out of the vaccination campaign, waiting in vain for medical resources and technology to be sent their way. Once again, the Global South found itself picking at the scraps from the Global North's table.

Covid-19 has sounded the alarm for an existing disparity in healthcare, at the same time as worsening it. It is imperative that we do more and work faster to fight both the virus and the wider problems at stake.

In Yemen, we went on with our renovation of a planned hospital for war victims in Hajjah, in the country's north. In Entebbe, Uganda, we began clinical work, throwing open the doors of our new hospital to children; now Uganda has a Children's Surgical Hospital and the African Network of Medical Excellence has a new hospital to which patients from across the continent can come. We also increased our work in Afghanistan, to be there for its people now that foreign powers have – disgracefully – turned their backs on the country after 20 years of broken promises. We enlarged our training courses for local staff, to make local health systems stronger – because there is no real health without public healthcare. And we stepped up in Italy too – where we brought food to families hit by the recession in the wake of the pandemic.

Public healthcare is the commitment that shows a state has decided to take care of its people.

At EMERGENCY, we often analyse and talk about how much the world spends on health compared to how much it does on war – an obscenely skewed balance that we seek to redress with our projects, relying on the dedication of people who choose to take the road less travelled.

These people, you, all of us, are the substance behind our hospitals, behind every statistic you read in this report and every one of our achievements. Our people give us the strength to take on any challenge.

In August, we were taken completely unawares. Though a powerful idea for doing good lived on, we lost the man behind it. At the end of a testing year, our thoughts are of Doctor Gino, our bedrock. The void left by his loss has compelled us to spend time remembering him, to look back on everything he did; it has also tested our very foundations. And yet throughout our long journey, his powerful idea has not only stayed with us but spread to others. It has provided a model for the universal right to healthcare and for the dignity of all mankind. Let us go on spreading that idea together.

Thank you, Gino and all of you.

OUR PRINCIPLES



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

MEDICINE



- ✓ OUTPATIENT CLINICS
- ✓ CARDIOLOGY
- ✓ PRIMARY MEDICINE
- ✓ GENERAL MEDICINE
- ✓ NEONATOLOGY
- ✓ OBSTETRICS AND GYNAECOLOGY
- ✓ PAEDIATRICS
- ✓ DENTISTRY
- ✓ PSYCHOTHERAPY

SURGERY



- ✓ CARDIAC SURGERY
- ✓ PAEDIATRIC CARDIAC SURGERY
- ✓ WAR SURGERY
- ✓ EMERGENCY AND TRAUMA SURGERY
- ✓ GENERAL SURGERY
- ✓ ORTHOPAEDIC SURGERY
- ✓ GYNAECOLOGICAL SURGERY
- ✓ PAEDIATRIC SURGERY

REHABILITATION AND SOCIAL REINTEGRATION



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

SOCIO-MEDICAL SUPPORT



- ✓ MEDICAL EDUCATION
- ✓ HEALTH PROMOTION
- ✓ CULTURAL MEDIATION
- ✓ HELP GETTING THE TEMPORARILY PRESENT FOREIGNER'S CARD IN ITALY
- ✓ ACCOMPANIMENT TO NATIONAL HEALTH SERVICE FACILITIES IN ITALY

PROMOTING A CULTURE OF PEACE

- ✓ PUBLICATIONS AND MULTIMEDIA PROJECTS
- ✓ EVENTS AND PUBLIC INITIATIVES
- ✓ ADVOCACY ACTIVITIES





OUR WORK OFTEN BEGINS IN EMERGENCIES, BUT IT IS ALWAYS CARRIED OUT 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 vulnerable people, MARGHERA, POLISTENA, NAPLES AND SASSARI

SINCE 2011 — Mobile Clinics, MILAN AND RAGUSA

SINCE 2015 — Socio-medical information points, BRESCIA AND CASTEL VOLTURNO

SINCE 2019 — Support with search and rescue of migrants, MEDITERRANEAN SEA

SUDAN

SINCE 2005 — Paediatric Centre, 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

SIERRA LEONE

SINCE 2001 — Surgical Centre, GODERICH

UGANDA

SINCE 2021 — Children's Surgical Hospital, ENTEBBE

IRAQ

SINCE 1998 — Rehabilitation and Social Reintegration Centre, SULAYMANIYAH

SINCE 1998 — Vocational training courses, SULAYMANIYAH

SINCE 1999 — 400 disabled people's cooperatives

AFGHANISTAN

SINCE 1999 — Surgical and Paediatric Centre, ANABAH

SINCE 1999 — 42 First Aid Posts and Primary Healthcare Centres in 28 of the country's districts

SINCE 2001 — Surgical Centre for War Victims, KABUL

SINCE 2003 — Maternity Centre, ANABAH

SINCE 2004 — Surgical Centre for War Victims, LASHKAR-GAH

YEMEN

SINCE 2018 — Surgical Centre for War Victims, HAJJAH (renovation and start of medical work)

ERITREA

SINCE 2019 — Cardiology clinic at *Orotta Hospital*, ASMARA

33

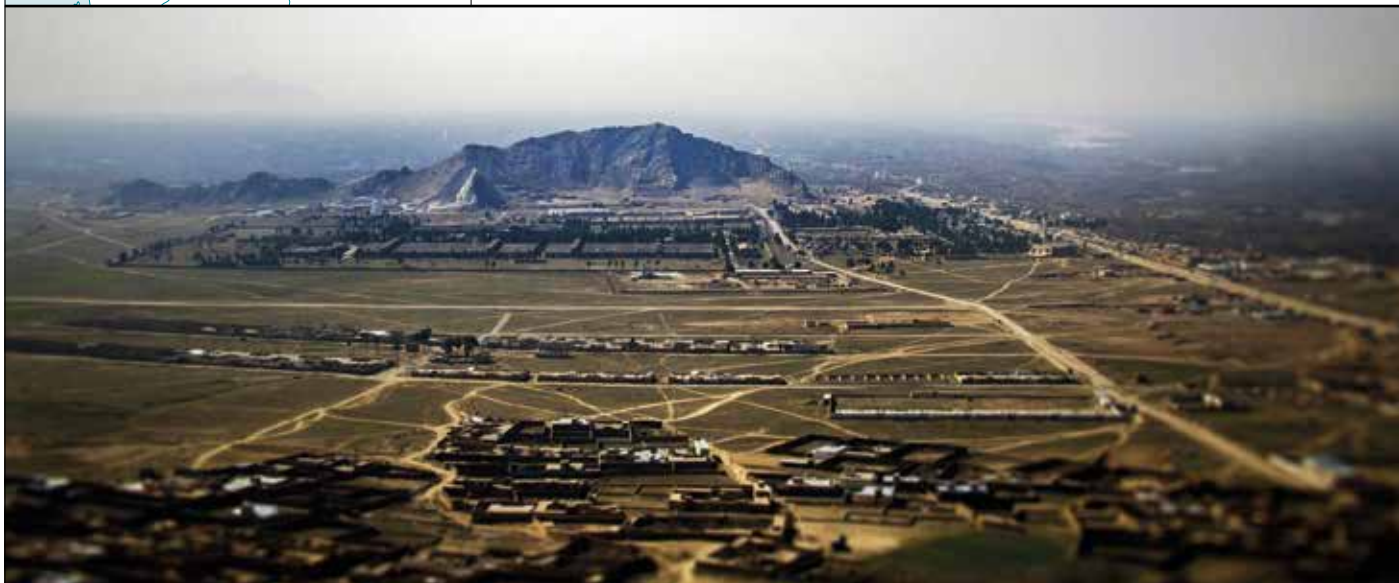
COUNTRIES OUR PATIENTS IN THE REGIONAL CARDIAC SURGERY PROGRAMME HAVE COME FROM

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



AFGHANISTAN

What 20 years of war have wrought.



For Afghans, 2021 was another year of war – the 20th in the most recent phase of the conflict. The UN Assistance Mission in Afghanistan (UNAMA) recorded a rise of 29% in the number of civilian victims in the first three months of the year, compared with the same period in 2020. The Afghan government forces, backed by foreign troops, went on fighting over the next few months, until the landmark moment in May when the United States took the decision to withdraw all of its troops from the country. The Taliban ramped up their offensive, capturing the largest cities in Afghanistan in a matter of weeks and finally seizing Kabul in August.

Panjshir province, which had held out against the Taliban for decades, eventually capitulated after bloody fighting. The Taliban's victory over Afghanistan brought an end to the war that had dragged on for 20 years. But the country's people were plunged into a humanitarian crisis that continues to worsen. Half of Afghans do not have enough to eat and millions of children are not going to school. If women's rights were hanging by a thread before the war's end, they are even worse now.

Famine, brought about by drought and economic collapse, threatens hundreds of thousands of lives.

There is precious little bread available, and women and children can spend hours queuing for a loaf. According to the World Food Programme (WFP), 97% of Afghans could soon be living below the poverty line. Basic medical services have dropped to historic lows; the UN estimates that more than 2,000 facilities have shut down – approximately 87% of the previous total. The Afghan health system does not have the means to measure the rate of Covid-19 infection, but what is clear is that its facilities are not

getting hold of the protective equipment they need. The country cannot plan an appropriate response to the pandemic with test kits and laboratories so thin on the ground. The World Health Organization (WHO) estimates that just 4 million people in Afghanistan have had a vaccine against Covid-19, out of a population of 39 million.

The UN's Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, from its Office for the Coordination of Humanitarian Affairs (OCHA), says the rapidly escalating disaster in the country is pushing it to the brink of humanitarian catastrophe. Such is the outcome of decades of war, whose main effect has been to wipe out all hopes of a future for generations of Afghans.

97%
OF AFGHANS COULD SOON BE LIVING
BELOW THE POVERTY LINE

**APPROXIMATELY
241,000**
PEOPLE KILLED IN AFGHANISTAN
BETWEEN 2001 AND 2021

Sources: WFP; 'Costs of War', Brown University

ANABAH

SINCE 1999

SURGICAL AND PAEDIATRIC CENTRE

We began working in Afghanistan in 1999, when we opened a Surgical Centre in Anabah, in the Panjshir Valley. Today, our work here largely consists of surgery, traumatology, primary medicine and paediatrics.

In 2021, even as fighting overwhelmed the valley like never before, our staff worked round the clock, admitting about 1,000 child patients and performing just under 3,000 operations over the year.

Our three hospitals in Lashkar-Gah, Kabul and Anabah are training centres for post-graduates studying surgery, paediatrics and gynaecology. They have been officially recognised as such by the Afghan Ministry of Health. It is essential that we continue to offer employment and professional training as Afghanistan emerges from the ruins of a devastating conflict.



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



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



78 BEDS



342 LOCAL STAFF

BETWEEN
DECEMBER 1999 AND
31 DECEMBER 2021

Medical and surgical admissions: 46,040

Check-ups: 345,098

Surgical operations: 41,282

Paediatric admissions: 15,474

Paediatric check-ups: 222,345

KABUL

SINCE 2001

SURGICAL CENTRE FOR WAR VICTIMS

In 2001, we opened a Surgical Centre for War Victims in Kabul. Since then, nine out of ten patients arriving at our hospital have been civilians, and four out of ten have been women and children.

The capital alone suffered an average of three attacks every day in the first five months of 2021. Our hospital dealt with 13 mass casualty incidents. There was an upsurge of fighting in May and our admissions rose accordingly; in January we had 51 patients with injuries from explosives but in June that number was 107.

August was the hardest month. On the 26th, a series of explosions at Kabul airport, where thousands of people had been waiting days for flights on which to flee the country, killed and wounded hundreds of people. We admitted more than 60 of the victims. 16 had such serious injuries that they were dead on arrival.

In spite of the regime change, the Ministry of Health accepted our request to begin courses in anaesthesia and intensive care at our centre in Kabul, as well as guaranteeing the continued ability to import the supplies needed to run the facility.



Emergency room, clinics, 3 operating theatres, sterilisation unit, intensive care, sub-intensive care, wards, physiotherapy, CT scanner, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and cleaning services



WAR SURGERY



100 BEDS



554 LOCAL STAFF

BETWEEN APRIL 2001
AND 31 DECEMBER
2021

Admissions: 62,947

Check-ups: 162,750

Surgical operations: 87,182

LASHKAR-GAH

SINCE 2004

SURGICAL CENTRE FOR WAR VICTIMS

In 2004, we opened our Surgical Centre for War Victims in Lashkar-Gah, which lies in Helmand province, southern Afghanistan.

May 2021 saw armed conflict increase in every Afghan province. That much was clear to us from the sheer number of patients arriving at our hospitals. The clashes became even fiercer in Lashkar-Gah, where we were forced to impose stricter criteria for admission - only the most seriously injured patients, in need of emergency or life-saving treatment, could be admitted.

At the beginning of August, with the local government complex in their sights, the Taliban began their offensive on Lashkar-Gah. Many of the city's inhabitants fled, fearing they would be caught in the crossfire. The attackers took the city in a matter of days. Even during the heaviest fighting, our foreign and Afghan colleagues worked flat out treating the injured. Over the whole of 2021, they performed 7,300 operations and more than 25,000 check-ups.



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



WAR SURGERY



95 BEDS



311 LOCAL STAFF

**BETWEEN
SEPTEMBER 2004
AND 31 DECEMBER
2021**

**Admissions: 54,310
Check-ups: 208,565
Surgical operations: 75,678**

ANABAH

SINCE 2003
MATERNITY CENTRE

Over the years, we have come to see that the wounded are not the only victims of war in Afghanistan. Entire communities are affected. With this in mind, in 2003 we opened a Maternity Centre in Anabah, Panjshir Valley. The first free, women's-only facility anywhere in the province, it quickly became a point of reference for patients from neighbouring areas and even Kabul.

Fear and the difficulty of traveling prohibited many patients coming to us in 2021, and we saw fewer of them over time. Whereas in July we had an average of 900 check-ups and 120 births a week, in all of August, a month of fierce fighting in which violence spilled into the valley for the first time, we saw around 270 women and delivered just 70 births.

After this spell of understandable caution, activities picked up pace again and in the last four months 2021, 6,300 check-ups were performed and 1,300 babies were delivered at the centre.



Obstetric triage and first aid, clinic with ultrasound, 2 operating theatres, sterilisation unit, intensive care and post-natal ward, neonatology unit with newborn intensive care, labour room, delivery room, technical and cleaning services shared with the Surgical and Paediatric Centre



OBSTETRICS, GYNAECOLOGY, NEONATOLOGY



99 BEDS



176 LOCAL STAFF

BETWEEN JUNE 2003
AND 31 DECEMBER
2021

Admissions: 94,708
Check-ups: 465,645
Surgical operations: 15,954
Babies born: 71,070

28 DISTRICTS

SINCE 1999

FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES

We opened the first of our First Aid Posts in Gulbahar, 45 miles north of Kabul, at the end of 1999. Since then, our network has grown to encompass 40 First Aid Posts and Primary Healthcare Centres in 28 of the country's districts.

Over the years we have continuously adjusted the location of our network of facilities to follow the shifting contours of the conflict, so we can give essential treatment to the wounded and, if need be, stabilise patients before transferring them to hospital. First aid is essential for war injuries, especially in a place where geography poses a challenge - isolated districts are a long journey away, on dangerous roads, from any major medical facilities.

Every EMERGENCY clinic is linked to our hospitals in Kabul, Lashkar-Gah and Anabah by a 24/7 ambulance service. In 2021, we performed 330,000 check-ups and completed over 10,000 transfers by ambulance. One in three patients treated at our hospitals in Kabul and Lashkar-Gah was sent there from our network of First Aid Posts and Primary Healthcare Centres.



16 centres in Panjshir: Abdara, Anabah, Anjuman, Dara, Darband, Dasht-e-Rewat, Gulbahar, Hesarak, Kapisa, Khinch, Dayek, Oraty, Paryan, Pul-e-Sayyad, Said Khil, Sangi Khan; **12 First Aid Posts in Kabul:** Andar, Barakibarak, Chark, Gardez, Ghazni, Ghorband, Mehterlam, Maydan Shahr, Mirbachakot, Pul-e-Alam, Sheikhabad, Tagab; **7 Primary Healthcare Centres in Kabul** in 2 orphanages (male and female) and 5 prisons (female jail, juvenile rehabilitation centre, transition prison, governmental jail, investigation department); **7 First Aid Posts in Lashkar-Gah:** Grishk, Sangin, Marjia, Musa Qala, Garmsir, Nad Ali, Shoraki



BASIC MEDICAL AID



336 LOCAL STAFF

BETWEEN
DECEMBER 1999 AND
31 DECEMBER 2021

Check-ups: 5,049,374
Transfers by ambulance: 126,853

'AFGHANISTAN20'

The Taliban's rapid capture of Kabul, and the horrific slaughter at the city's airport on 26 August, pushed Afghanistan to the top of the headlines around the world. And yet what happened in those few months was only the final, predictable chapter in a conflict that had raged for two decades, taking more civilian lives, inflicting worse wounds and unleashing more and more attacks capable of leaving large numbers dead and wounded in an instant.

20 years on from the start of the US-led bombing of Afghanistan, we conducted interviews and analysed the statistics on the war-wounded patients admitted to our three hospitals and dozens of First Aid Posts over the last two decades.

We mapped the trends of the conflict, restoring complexity to a story that is often reduced to gross simplifications.

What emerges is a picture of a country where war has shifted its frontlines and techniques but maintained one constant: civilian casualties.

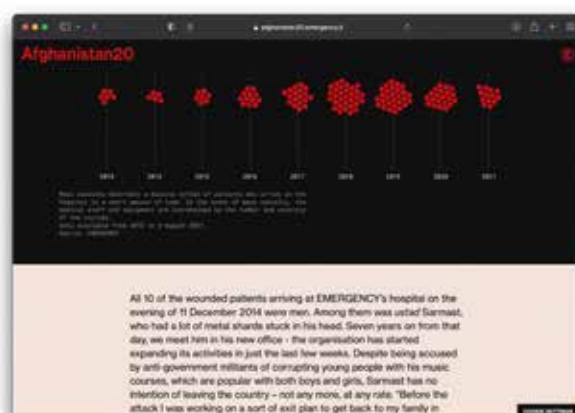
The data from EMERGENCY's facilities confirms a trend already revealed by the United Nations Assistance Mission in Afghanistan (UNAMA) in its reports. Between 2009 and 2021, UNAMA recorded a total of 75,858 wounded civilians; over the same period, EMERGENCY's three Surgical Centres, in Anabah, Kabul and Lashkar-Gah, admitted 60,958 patients with war wounds.

The statistics were compiled using a range of criteria. UNAMA uses the definition of 'civilian' established in international human rights law, that is to say a person who does not participate or is no longer participating in hostile action. EMERGENCY, however, counts anyone arriving at its hospitals with war wounds. Nonetheless, our two organisations have identified significant common trends.

UNAMA's reports show 2018 to have been the worst year for civilian casualties; 3,804 people were killed and wounded (42% of them by unexploded ordnance). EMERGENCY's data shows the same trend: in 2013 we dealt with six mass casualties* in Kabul, but in 2018, the worst year, we dealt with 31, admitting a total of 534 patients with war wounds.

'Afghanistan20' features contributions by researchers and journalists who have witnessed the effects of war alongside EMERGENCY over the years. They include journalist Zuhul Ahad from the BBC, journalist and photographer Elise Blanchard from AFP, freelance journalist Amalia De Simone, Fabrizio Foschini from the Afghanistan Analysts Network, researcher Emily Griffith from Action on Armed Violence, journalist Ezzatullah Mehrdad, reporter

Nico Piro, journalist and photographer Andrew Quilty, and journalist Marta Serafini from Corriere della Sera.



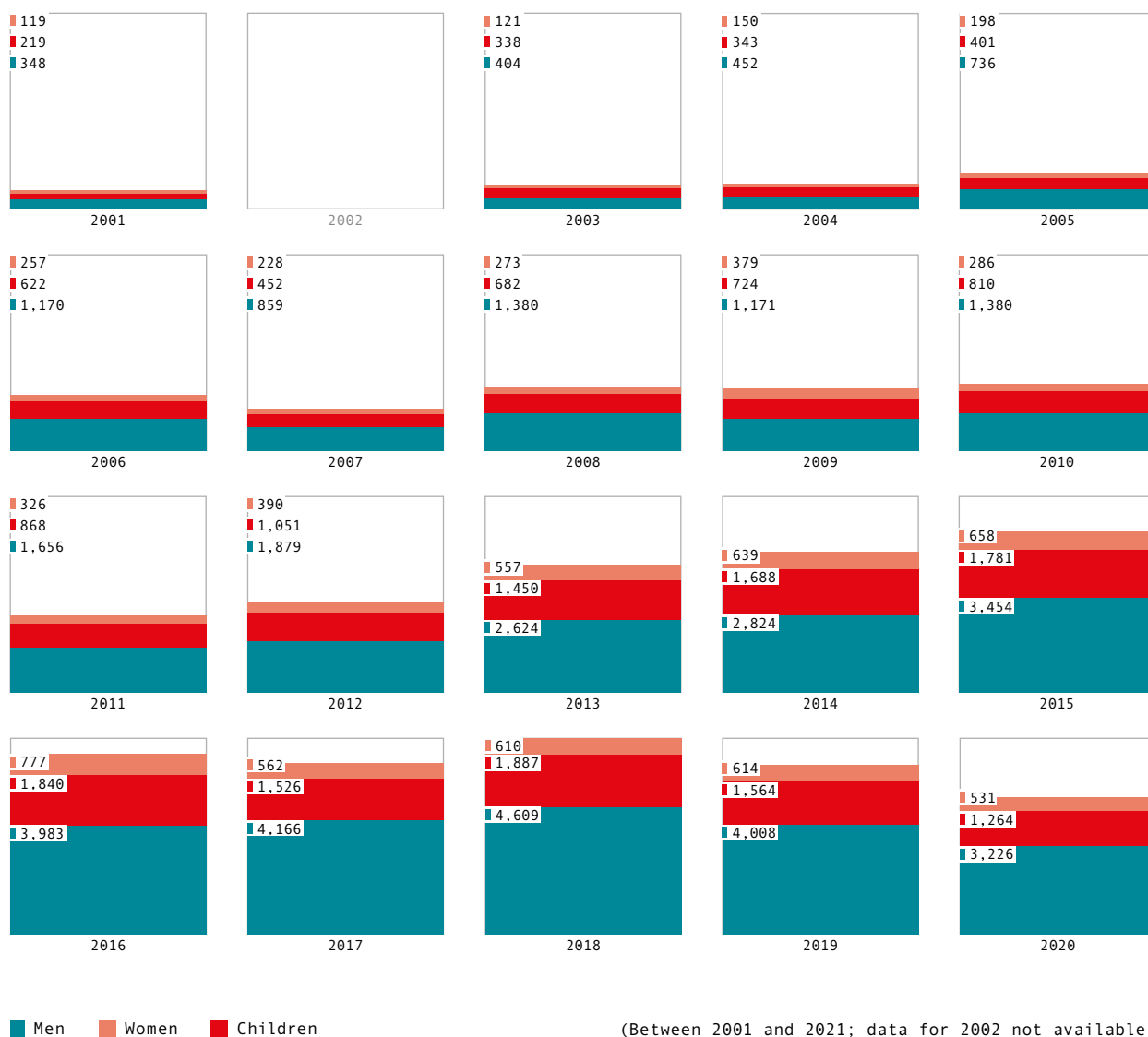
* A mass casualty is a massive influx of patients arriving at a hospital in a short space of time. Mass casualties put medical staff and equipment under pressure due to the number of victims and the seriousness of their injuries.

Scan the QR code to visit the Afghanistan20 website

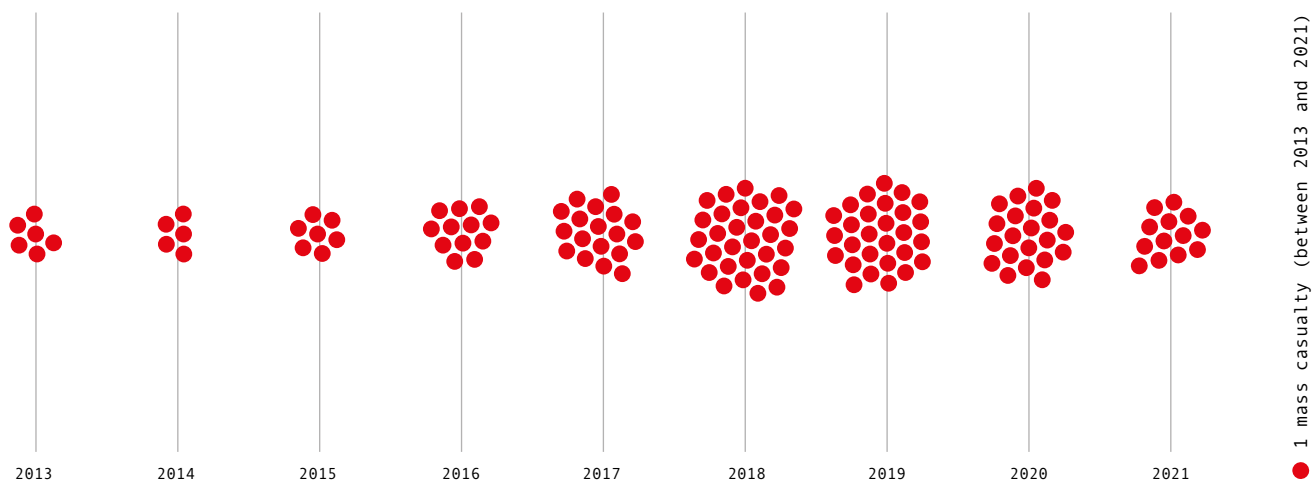
afghanistan20.emergency.it/en



WAR VICTIMS TREATED AT OUR SURGICAL CENTRES IN ANABAH, KABUL AND LASHKAR-GAH



MASS CASUALTIES AT THE SURGICAL CENTRE FOR WAR VICTIMS IN KABUL





YEMEN

An overlooked conflict.



Since 2015, Yemen has been torn apart by war. Both sides in the conflict make a habit of violating international human rights law. They are dragging the civilian population into a struggle for power in which cities are flattened by air raids, rockets and shells. The Civilian Impact Monitoring Project (CIMP) says that over 2,500 Yemeni civilians were killed or wounded in 2021, 20% more than in the previous year. One in five of these civilian victims was a child.

There is still not the remotest sign of a countrywide ceasefire in the offing, despite talk of one by the UN and the internationally recognised government of Yemen. The UN has declared itself willing to broker a dialogue between the parties to the conflict, to achieve some kind of political stability. But the combatants are still blocking the path of the many non-government organisations keen to send humanitarian aid to Yemen's people.

The UN Development Programme (UNDP) estimates that the last seven years of conflict have claimed 377,000 lives in Yemen. More than half of these deaths were only indirectly caused by the fighting; scarcity of water, famine and economic collapse were to blame, along with a health system that is not capable of treating civilians.

The UNDP has also stated that medical treatment is almost non-existent in Yemen today. With the health system in utter crisis, it is impossible to make any assessment of Covid-19 in the country. The WHO's reports state that just 800,000 of Yemen's 30 million people have been vaccinated against Covid-19.

Meanwhile, as is often the case, children are bearing the brunt of the conflict. UNICEF believes that more than 12 million Yemeni children are in need of humanitarian aid. Another obstacle to humanitarian work is the difficulty of getting to those parts of the country where people are most in need.

377,000
ESTIMATED CIVILIAN VICTIMS
IN 7 YEARS

800,000
PEOPLE VACCINATED
OUT OF 30 MILLION

12 MILLION
CHILDREN IN NEED
OF HUMANITARIAN AID

Sources: UNAMA; Ansamed; UNICEF

HAJJAH

SINCE 2018

SURGICAL CENTRE FOR WAR VICTIMS

In November 2021, we finished renovating, equipping and furnishing the Surgical Centre in Hajjah. In the last few months of the year, we also finalised the hiring of our local colleagues and put on training sessions in preparation for opening.

As we dealt with the renovation, our team of doctors and nurses were busy training medical workers and ambulance drivers on pre-hospital treatment for patients with serious wounds, at Al-Tahwra Hospital in Sana'a – the country's largest – and Al-Gomhori Hospital in Hajjah.

We have shared our expertise in the discipline of war surgery with Yemeni medical workers, so they will be able to address their people's needs as well and quickly as possible. We held lectures, classroom discussions and practice classes for 120 students.

Humanitarian organisations are still struggling to make any headway in much of the country thanks to bureaucracy, civil disorder and sheer danger. But despite the many difficulties we have come up against, we will begin medical work at Hajjah in the first few months of 2022.



Emergency room, 4 operating theatres, testing area with laboratory and radiology, post-hospital clinic, brief intensive observation room, intensive care, ward, physiotherapy, cast room, pharmacy, technical and cleaning services shared with nearby Al-Gomhori Hospital



WAR SURGERY



65 BEDS



66 LOCAL STAFF

BETWEEN
DECEMBER 2018 AND
31 DECEMBER 2021

Feasibility assessment – Choice of building – Registration as a charity in Yemen – Design – Renovation – Equipment and furniture – Hiring local staff – Medical training in several governorates in northern Yemen



IRAQ

The long shadow of war, new generations, and political crisis.



The war with ISIS may have come to an official end, but terrorist cells and corruption continue to affect Iraq and hinder its reconstruction.

In the north of the country, the scars of war are still fresh. Landmines still wound and kill people here, as the statistics in UN Mine Action Strategy's annual report make clear.

Since 2020, Iraqi Kurdistan has been at the crossroads of conflicting interests. Turkey has launched a series of military incursions over their border, leaving the area highly unstable. The Iraqi government has condemned these moves but has had no success in stopping them.

About 30% of Iraqis were living in poverty before Covid-19 (in July 2020, according to UNICEF) and since the pandemic their number has swelled by another 11.7%.

In the last three years, thousands of young people have taken to the streets of Baghdad in protest against rising unemployment, which now stands at 36% among young men and 65% among young women.

These protesters also take issue with corruption on the part of the government, which responds by sending armies of police into the capital's squares to put the demonstrations down by force. On top of the social unrest linked to these protests there is sectarian tension, one more obstacle to the basic political stability that is needed if living conditions in Iraq are to improve.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that there are just under 1.3 million displaced people and 329,000 refugees in Iraq, 241,650 of whom are Syrians.

1,291,000
DISPLACED PEOPLE AND **329,000**
REFUGEES IN THE COUNTRY

UNEMPLOYMENT RATE:
36% AMONGST **MEN**
65% AMONGST **WOMEN**

4,000
PIECES OF UNEXPLODED ORDNANCE
REMOVED **BETWEEN 1 JANUARY AND**
30 SEPTEMBER 2021

Sources: OCHA; World Bank; UNMAS

SULAYMANIYAH

SINCE 1998

REHABILITATION AND SOCIAL REINTEGRATION CENTRE

Work went on as before at the centre throughout 2021. We produced approximately 60 prostheses a month, repaired more than 100 in the course of the year, and provided over 200 physiotherapy sessions, combining to a grand total for the year of 600 patients.

Vocational courses for former patients also continued and we saw ten cooperatives start up in 2021. Our courses give people a trade that is not hampered by their disability, so they can once more be part of their community and wider society, as well as support themselves financially.

Tailoring, carpentry, leatherwork and shoemaking are just some of the trades our former patients now practise, having been awarded diplomas in them at the end of their courses. In the middle of the year, we stopped transferring patients here from the Rehabilitation Centre in Mosul, something we had been doing since the battle there in 2017; four years on from then, Rehabilitation Centres in northern Iraq were back in working order and Mosul's needs were not as great.



Physiotherapy, orthopaedic laboratories, vocational workshops, technical and cleaning services



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



64 LOCAL STAFF

BETWEEN
FEBRUARY 1998 AND
31 DECEMBER 2021

Patients treated: 12,412
Upper limb prostheses: 1,496
Lower limb prostheses: 10,584
Physiotherapy sessions: 61,235
Orthoses: 1,288
Cardiology check-ups: 552



SUDAN

Political instability and hunger.



Sudan has spent the last few years in a state of deep political instability. The transition from Omar al-Bashir's government to that of his successors was fraught with trouble, often spilling over into violence.

In October 2021, the Sudanese army deposed the sitting government and thousands took to the streets of Khartoum in protest. After the police responded with tear gas and other means of crowd control, hundreds of people ended up wounded or arrested.

Yet the coup was just one symptom of the long-standing tension that has captured this country, brought on by recession and political uncertainty to which there appears to be no solution.

Vaccination efforts for Covid-19 are moving slowly. Although the Sudanese authorities launched a campaign in 2021 to raise awareness, just 6% of the population have had at least one dose to protect against the virus.

According to the UN's Special Representative for Sudan, the true threat posed by the pandemic here is not the deaths caused by the disease itself, but the pressure placed on the fragile health system by those infected with it.

Hunger and famine are the greatest danger to Sudan's people today. The UN's Secretary General has said that more than 7 million of them are living in a serious state of food insecurity.

6%
OF THE POPULATION ARE
VACCINATED AGAINST COVID-19

7 MILLION
SUDANESE PEOPLE ARE GOING
HUNGRY

Sources: Our World in Data; Osservatorio sulla Sicurezza Internazionale, LUISS

27 October 2021

“After the military coup last Monday, 25 October, we had to reorganise certain activities and expand others. EMERGENCY is still running four projects in Sudan. Here at the Salam Centre for Cardiac Surgery in Khartoum, our teams of surgeons work day and night, seven days a week, on emergency cases. We are providing treatment to patients both in the wards and in intensive care. Today, we managed to reopen our Paediatric Centre in Mayo, near Khartoum. The Paediatric Centre in Nyala, near Darfur, and the Paediatric Centre in Port Sudan are fully running - at both facilities we increased bed capacity as well as check-ups in the meeting room. This is a difficult moment for Sudan’s people. We are here for them and will do our best to go on providing free, high-quality treatment.”

Luca Rolla
Country Director for EMERGENCY in Sudan



4 January 2022

“After the coup, the protests got bigger and more frequent. Every protest was met with force and ended with people dying. Many of our local colleagues live on the other side of the Nile but the bridges to their neighbourhoods were closed to stop protesters. So, we were forced to reorganise our shifts and ask other colleagues either to come to work early or to stay the night in the guest house, in order to treat our patients round the clock. The hospital is still full all the time. Our staff are scared to leave the building, what with the dire state of public order outside, and worried about how they will make ends meet in a country in political crisis, how they will afford to eat with rising food prices.”

Franco Masini
Medical Coordinator at the Salam Centre
in Khartoum



KHARTOUM

SINCE 2007

SALAM CENTRE FOR CARDIAC SURGERY

Sudan, and particularly its capital Khartoum, were affected by deep instability in 2021. But in spite of the disorder that frequently brought the capital to a standstill, the *Salam* Centre never once flagged in its work treating people in need - apart from a brief period in October when neither patients nor local staff could reach the hospital. Nonetheless, we gave 5,000 specialist cardiology check-ups and performed more than 520 cardiac operations in 2021.

The *Salam* Centre is at the centre of our Regional Programme of cardiac surgery, which has brought people from 32 different countries here for operations. In 2021 we performed surgery on patients from Chad, Eritrea, Ethiopia, South Sudan, Uganda, Sierra Leone, Somalia, Zimbabwe and Burundi, as well as Sudan. At the *Salam* Centre, we train local staff, which is essential if Sudan is to have its own medical workers and build effective, long-lasting models of healthcare. Our collaboration with the Sudan Medical Specialisation Board brought us 19 medical students in 2021, specialising in cardiac surgery, cardiology and anaesthesiology. The network opened up by the Regional Programme also put us in contact with the Uganda Heart Institute, which recognised our hospital as a training centre and began working with us to train Ugandan doctors and nurses.



6 clinics, 2 operating theatres, sterilisation unit, intensive and sub-intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and cleaning services, guest house



ADULT AND PAEDIATRIC CARDIAC SURGERY, CARDIOLOGY, INTERVENTIONAL CARDIAC SURGERY



63 BEDS



491 LOCAL STAFF

BETWEEN APRIL 2007
AND 31 DECEMBER
2021

Admissions: 10,813

Specialist cardiology check-ups: 84,444

Surgical operations: 9,651

Diagnostic and interventional haemodynamic procedures: 1,432

Foreign patients: 1,877

MAYO

SINCE 2005

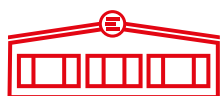
PAEDIATRIC CENTRE

In Mayo, once a vast refugee camp and now a suburb of Sudan's capital, living conditions are very tough. Hundreds of thousands of people – most of them children – live here in dire poverty, with terrible hygiene and healthcare.

Our Paediatric Centre provides paediatric clinical check-ups, screening for malnutrition, pre- and post-natal treatment, help with family planning, and vaccines for children under 14 and pregnant women.

We are also responsible for monitoring and medical education in various neighbourhoods, in order to support Mayo's people even outside our centre.

Poor hygiene and contaminated water spread disease and increase the number of malnourished children. In 2021, we gave check-ups to around 15,000 children, most of whom suffered from gastrointestinal illnesses, breathing problems, infections of the eyes and ears, malaria, skin diseases, and parasites. To combat malnutrition, we inform mothers on how to feed their children. Our Sudanese colleagues provide advice and ideas for healthy meals for their children, using the ingredients that are available in Mayo.



2 clinics, observation ward, obstetric clinic, vaccination clinic, post-natal clinic, pharmacy, laboratory, technical and cleaning services, area for reception and medical education, area for cooking courses for patients' mothers



PAEDIATRICS, PAEDIATRIC FIRST AID



6 BEDS



49 LOCAL STAFF

BETWEEN
DECEMBER 2005 AND
31 DECEMBER 2021

Admissions: 26,612
Check-ups: 286,391
Check-ups on newborn babies in pre-natal ward: 3,789
Patients referred to public hospitals: 16,999
Obstetric check-ups: 48,953
Activities in the local area: 58,433

PORT SUDAN

SINCE 2011
PAEDIATRIC CENTRE

At our Paediatric Centre in Port Sudan, the only hospital in one of the city's poorest districts, we offer free, high-quality treatment to children under 14. Living conditions are harsh, above all because of poor local infrastructure and services, which only worsened due to the pandemic and the bitter ongoing recession.

In December 2021, the centre marked the tenth anniversary of its opening. In that time we have provided over 200,000 clinical check-ups and admitted more than 11,000 patients. In 2021, we made 1,400 check-ups a month and admitted more than 1,200 children over the course of the year.

Almost half of our child patients suffer from severe or acute malnutrition, a common problem locally, which we tackle with medical classes for mothers. Helping these women care for their children's health is one of the centre's main objectives.

With support from the Red Sea State's Department of Maternity and Obstetrics, in 2021 we also began planning a programme of pre- and post-natal assistance at a state clinic near our centre. This will start running in 2022.



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



PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE



15 BEDS



138 LOCAL STAFF

BETWEEN
DECEMBER 2011 AND
31 DECEMBER 2021

Admissions: 11,183
Check-ups: 203,432
Outreach activities: 47,860

NYALA

SINCE 2020

PAEDIATRIC CENTRE

At our Paediatric Centre in Nyala, which we reopened in November 2020, we treat patients under 14 years of age and provide medical education and screening for malnutrition. Since the reopening, the number of patients has gone up every single month, bringing us to a total of more than 15,000 check-ups over the year.

Access to healthcare is very limited in Nyala and malnutrition is rampant. Life is not at all easy here, particularly for children. Our Paediatric Centre is the only facility in South Darfur providing paediatric treatment, free of charge, night and day, every day of the week. Children often come to us in a delicate state, having failed to get proper treatment at other hospitals. Rheumatic diseases, which strikes at the cardiac valves in its advanced state, is still prevalent in Africa. The Paediatric Centres in both Nyala and Port Sudan are connected to the *Salam* Centre, which means surgical patients can have follow-ups and be treated at that facility even after they have gone back home.

On days when unrest became heavy, a curfew was imposed on the city of Nyala and the surrounding area. Even then, our staff did everything they could to arrive for their shifts at the hospital, giving their all to meet patients' needs. Our centre has remained open and running at all times; unfortunately, the same cannot be said for most of the area's medical facilities, with closures making local needs even more desperate.



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



PAEDIATRICS, PAEDIATRIC ACCIDENT AND EMERGENCY, PREVENTIVE MEDICINE



16 BEDS



153 LOCAL STAFF

**BETWEEN
NOVEMBER 2020 AND
31 DECEMBER 2021**

Admissions: 759
Check-ups: 16,090
Specialist cardiology check-ups: 984
(between 2010 and 2021)



ERITREA

A fragile health system.



After 20 years of war over contested territory, in 2018 the governments of Eritrea and Ethiopia signed a treaty promising peace and cooperation.

The historic visit by an Eritrean delegation to Addis Ababa, followed by Ethiopian prime minister Abiy Ahmed travelling to Asmara, signalled a thaw in diplomatic relations between the two countries.

Progress in recent years has not matched hopes, but it has been enough for Eritrea to begin normalising its relations with its neighbours. At present Eritrea is a country of emigrants; the UN estimates its population at 5.7 million, and the number of Eritreans living as refugees in other parts of the world at over 10% of that figure.

There is no recent data on the country's medical situation but its health system is becoming ever weaker and needs help – despite the end to the war and improvements in life expectancy and schooling in the last few decades. UNICEF believes that 61% of children in Eritrea have development problems growing up. Eritrea is the only country in the world not to have launched a mass vaccination campaign in response to Covid-19.

**MORE THAN
700,000**
ERITREAN EMIGRANTS AROUND
THE WORLD

AVERAGE AGE
19 YEARS

LIFE EXPECTANCY AT BIRTH
66.3 YEARS

Sources: Caritas; UNDP

ASMARA

SINCE 2019

CARDIOLOGY CLINIC AT OROTTA HOSPITAL

Since October 2019, in collaboration with the local Ministry of Health, we have provided cardiological treatment at a clinic inside Eritrea's largest public hospital. Our aim is to give continuous medical aid to patients suffering from chronic cardiac illnesses or who have had cardiac surgery.

Eritrea is one of the 33 countries from which the patients in our Regional Programme of cardiac surgery come. After Ethiopia, it contributes the most foreign patients to the *Salam* Centre in Sudan - since 2008, over 230 Eritreans have been transferred there.

In February 2021, after months at a standstill thanks to the pandemic, we resumed our cardiac screening missions to identify patients to be referred to the *Salam* Centre.

We gave 4,700 check-ups in 2021 and transferred more than 100 patients.



Cardiology clinic, oral anticoagulant therapy (OAT) clinic



CARDIOLOGY CLINIC, ORAL ANTICOAGULANT THERAPY (OAT) CLINIC



5 FOREIGN STAFF FROM THE SALAM CENTRE

BETWEEN
OCTOBER 2019 AND
31 DECEMBER 2021

Cardiology check-ups: 9,575
Eritrean patients admitted to the *Salam* Centre: 236
(between 2007 and 2021)
Screening missions: 15

FREETOWN
Goderich

SIERRA LEONE

Epidemics and the path to democracy.



Sierra Leone is a small West African country whose story over the last 30 years has been a tragic one, scarred as it was by civil war from 1991 to 2002.

It became the scene of bloody clashes between government and rebels over its great diamond deposits. The civil war ended with the intervention of foreign powers, led by the United Nations, and a new political chapter opened when the Special Court for Sierra Leone was set up to rule on war crimes.

Today, the country is still struggling to shape its democratic system. Work by the institutions on this front has lasted some 20 years and led last year to the abolition of the death penalty.

Since the war's end, Sierra Leone has gone through some very rough patches, worst of all between 2014 and 2016, when Ebola struck it along with Guinea and Liberia. The devastating epidemic claimed almost 4,000 lives in Sierra Leone according to the WHO's estimates, among them those of 22 medical workers.

Now the country is still feeling the side effects of the Covid-19 pandemic, exacerbated by its weak health system. Many of the resources available, needed, for instance, to fight and treat endemic diseases like malaria, have been used instead against Covid-19.

The WHO says that so far just under 1.5 million Covid-19 vaccines have been administered to a population of about 8 million.

1,492,300
COVID-19 VACCINES ADMINISTERED

MORTALITY RATE AMONG CHILDREN
UNDER FIVE
**107.8 PER 1,000
BIRTHS**

LIFE EXPECTANCY AT BIRTH
50.1 YEARS

Sources: WHO; UNICEF

GODERICH

SINCE 2001
SURGICAL CENTRE

Our Surgical Centre in Goderich, which lies just outside the capital, is the only free facility of its kind in the area. Road accidents and injuries to civilians still account for most of our adult admissions. In 2021 we performed 4,309 operations and gave more than 20,000 check-ups.

Lye is a common day-to-day substance in many Sierra Leonean households and can easily be confused with water. Most of our child patients come to us after accidentally drinking it. Lye is used to produce soap; if swallowed, it can cause severe burns to the oesophagus, requiring multiple operations and a long recovery. In 2021, we admitted more than 140 new patients for this kind of accident, almost 80% of them younger than five.

Last April, the president of Sierra Leone bestowed on us the title of Commander of the Order of the Rokel, for 'the excellence of the treatment offered by EMERGENCY in the country'.



Emergency room, clinics, 3 operating theatres, sterilisation unit, intensive care, wards, physiotherapy, radiology, laboratory and blood bank, pharmacy, classroom, technical and cleaning services, guest house



GENERAL AND EMERGENCY SURGERY, ORTHOPAEDIC AND RECONSTRUCTIVE SURGERY, TRAUMATOLOGY



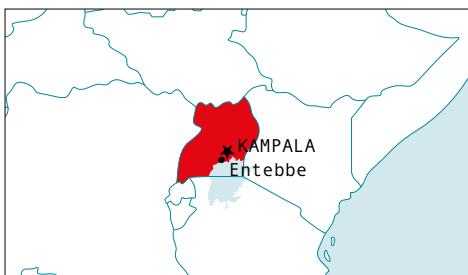
67 BEDS



346 LOCAL STAFF

BETWEEN
NOVEMBER 2001 AND
31 DECEMBER 2021

Admissions: 44,557
Check-ups: 391,212
Surgical operations: 63,437



UGANDA

The struggles of one of the world's youngest countries.



Along with Niger, Uganda has the youngest population of any country; children account for 55% of its citizens. Annual population growth is 3%, with 1.2 million Ugandans born every year.

The death rate for children under five years old is 43 per 1,000 live births (in Italy, by contrast, it is 3 per 1,000). A quarter of adolescent girls are pregnant or already have a child. There are 20 million children living in Uganda.

The government has made some significant strides in stabilising the country. The Joint United Nations Programme on HIV and AIDS (UNAIDS) judges Uganda to have achieved excellent results in drastically reducing its death rate from AIDS.

Uganda hosts more refugees than almost any other African country. According to the UNHCR, these people, who come from South Sudan and the Democratic Republic of the Congo, currently number more than 1.5 million and 80% of them are women or children.

The sheer number of refugees has put the country's services and resources sorely to the test, above all when it comes to healthcare.

As in most African countries, the Covid-19 pandemic revealed weaknesses in the Ugandan health system,

which struggled to take in the higher number of patients and only barely withstood the pressure on its medical facilities. The rate of vaccination against Covid-19 in Uganda is about 10%.

55%
OF UGANDAN CITIZENS ARE UNDER 18

MORTALITY RATE AMONG CHILDREN
UNDER FIVE
**43.3 PER 1,000
BIRTHS**

LIFE EXPECTANCY AT BIRTH
63 YEARS

Sources: UNFPA; UNICEF; UNDP

ENTEbbe

SINCE 2021

CHILDREN'S SURGICAL CENTRE

On 19 April 2021 our Children's Surgical Hospital opened its doors to Ugandan patients – one year later than planned due to the Covid-19 pandemic. The hospital is the brainchild of Gino Strada, surgeon and founder of EMERGENCY, and Renzo Piano, one of the world's greatest architects. It is at once sustainable, cutting-edge and welcoming. In our first eight months of work here, we gave check-ups to more than 5,000 children and provided surgery for over 600.

The child patients who we admit require elective surgery that is mainly abdominal, urological and gynaecological. In Uganda, as in all other countries, we work side by side with local colleagues, to help train a generation of doctors and nurses who will improve their country's health system.

After the *Salam* Centre in Khartoum, the Children's Surgical Hospital is the second facility in the African Network of Medical Excellence (ANME), which was set up by EMERGENCY with the health ministries of 11 African countries, to meet the need for high-quality specialist treatment on the continent. The Covid-19 pandemic and the resulting difficulty of moving between these countries has made it difficult for patients to arrive here in our first year of operations.



3 operating theatres, sterilisation unit, intensive care, sub-intensive care, ward, observation ward, 6 clinics, radiology, laboratory and blood bank, CT scanner, pharmacy, administration, cleaning services, guest house for foreign patients, area for reception and medical education, outdoor play area



PAEDIATRIC SURGERY, PAEDIATRIC FIRST AID



72 BEDS



303 LOCAL STAFF

BETWEEN APRIL 2021
AND 31 DECEMBER
2021

Admissions: 608
Check-ups: 5,103
Surgical operations: 629



ITALY

Inequality and a health system squeezed by Covid-19.



In 2021, for the second year in a row, Covid-19 shone a light on the deficiencies and structural failings of the Italian health system.

But the pandemic also had economic repercussions on the lives of great swathes of the Italian population.

Those living in absolute poverty grew by two percentage points - 10% of people in Italy now fall into this category, including 1.3 million children.

According to Cerved's 'Report on the welfare of Italian families', Italians' economic woes have also spread to healthcare. The proportion of people forgoing 'important' medical services in 2021 was 13%.

The figure for absolute poverty among foreigners in Italy shot up, almost tripling - more than 300,000 families now fall into this category.

The pandemic has only deepened inequalities between Italians and foreigners. The latest IDOS report states that almost 30% of all non-Italians resident in Italy are living in poverty.

According to the Department of Public Security, by the end of 2021 more than 67,000 people had arrived on Italy's shores. However, those who do manage to reach Italy by sea do not find gentle living conditions waiting for them. The vast majority of people hired to pick and distribute fruit and vegetables in Italy are migrants. They are underpaid, undocumented and under the heel of their bosses, who use these people's illegal status to abuse the rights that should in theory be enjoyed by all workers.

Over 260 judicial enquiries have been held by public prosecutors in the last five years into these workers' wages, working hours and conditions. According to IDOS, exploited migrant labour accounts for 62% of the agricultural industry, logistics and construction also have a lot to answer for on this front.

67,477
MIGRANTS ARRIVED ON THE ITALIAN
COAST IN 2021

OVER 300,000
FAMILIES LIVE IN ABSOLUTE POVERTY

1.3 MILLION
CHILDREN IN ITALY LIVE IN ABSOLUTE
POVERTY

Sources: Ministry of the Interior; ISTAT

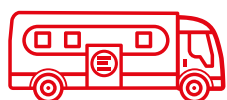
AREAS HIT BY EARTHQUAKES

SINCE 2017
PSYCHOTHERAPY
AND NURSING CLINIC

After an earthquake struck the people of Marche and Abruzzo in 2017, we travelled in our Mobile Clinics to the most cut-off corners of the two regions, to provide psychotherapy and nursing to people who did not have the means to travel.

We have spent the four years since then driving up and down those mountain roads to hamlets and villages, where we listen to the young, the old, and families with young children. These people have suffered post-traumatic stress, anxiety and depression, which have only been made worse by the pandemic.

Between 2017 and 2021, we provided more than 18,000 services. Our work was supposed to stop in 2020 but when Covid-19 appeared on the scene, we stayed the course for another year, until December 2021, to help locals through the medical crisis.



PSYCHOTHERAPY AND NURSING CLINIC



5 STAFF

Municipalities covered by the project in the province of Macerata: Caldarola, Camerino, Muccia, Pieve Torina, Visso, Ussita, Castelsantangelo sul Nera

Municipalities covered by the project in the provinces of Teramo and L'Aquila: Campi, Castelli, Montorio al Vomano, Nerito di Crognaleto, Campotosto, Mascioni

BETWEEN
FEBRUARY 2017 AND
31 DECEMBER 2021

Nursing and psychotherapy services: 18,506

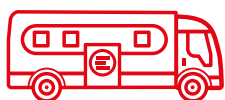
SEASONAL AGRICULTURAL WORKERS

SINCE 2013

SOCIO-MEDICAL SUPPORT AND PSYCHOTHERAPY

In 2021, we went on providing free treatment to agricultural workers in what is known locally as the 'transformed strip' of the province of Ragusa, as well as Polistena, in the province of Reggio Calabria. 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.

The cut-off lives these workers lead, far from any medical services, have made it very hard for the vaccination campaign to make much headway among them. Our cultural mediators helped patients book a vaccine and even get through the necessary red tape. In Ragusa, we also worked with the local health authority to give 100 vaccines a day to vulnerable people.



LOCATIONS: Polistena (Reggio Calabria), Marina di Acate, Vittoria, Punta Braccetto, Santa Croce di Camerina (Ragusa)



GENERAL MEDICINE, NURSING CLINIC, SOCIO-MEDICAL SUPPORT, CULTURAL MEDIATION, PSYCHOTHERAPY



13 STAFF



1 VOLUNTEER

BETWEEN JULY 2013 AND 31 DECEMBER 2021

Services
POLISTENA (SINCE 2013): 43,202
RAGUSA (SINCE 2019): 9,731

MEDITERRANEAN SEA

SINCE 2019

SOCIO-MEDICAL SUPPORT AND CULTURAL MEDIATION

In 2021, EMERGENCY and Proactiva Open Arms set sail once more on search and rescue operations in the Mediterranean Sea. Our first mission of the year, on which we rescued 160 people, ended on 4 January. Just over a month later, we docked in Porto Empedocle with another 146 people on board; among them were two women, both four months pregnant, and 58 children. Between late March and early April, we carried out three rescue operations, bringing 219 people back with us: 151 men, 12 women and 56 children. On that mission we were forced to make two emergency evacuations, one of a pregnant woman, the other of a seven-year-old girl who had lost consciousness, most likely due to an epileptic fit, along with her parents and five siblings.

We were placed in some difficult and risky situations in 2021, due to continued prevention and push backs of rescue operations. The central Mediterranean has become something of a no-man's-water, where neither the EU nor national navies make any efforts towards the safety of people adrift at sea and in need of help.



PORTS OF LANDING: Pozzallo, Porto Empedocle



SOCIO-MEDICAL SUPPORT AND CULTURAL MEDIATION



5 STAFF

**BETWEEN
AUGUST 2019 AND
31 DECEMBER 2021**

**Search and rescue missions: 12
People rescued: 2,081**

URBAN OUTSKIRTS

SINCE 2006

SOCIO-MEDICAL SUPPORT

In recent years we have seen the numbers of vulnerable people on the outskirts of many Italian cities grow. Social exclusion, poverty and poor housing are problems that can strike Italians and migrants equally, and all impede access to healthcare. Our clinics in Marghera, Sassari, Castel Volturno, Milan, Naples and Brescia offer socio-medical support, with a view not only to treatment but to getting people back into the state health system. To this end, cultural mediators are essential. They explain treatments and illnesses to patients on behalf of doctors and help patients find their way around the national health service.

Until July 2021, our team provided socio-medical support and assessed local health needs at an information point in Centro Sammartini (formerly Centro Aiuto Stazione Centrale or CASC), a building run by Milan council for anyone recently arrived in the city and in need of help (everything from a bed for the night to applications for international protection).



LOCATIONS: Castel Volturno (Caserta), Marghera (Venice), Milan, Naples, Sassari, Brescia



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



33 STAFF



88 VOLUNTEERS

BETWEEN
APRIL 2006 AND
31 DECEMBER 2021

MARGHERA (SINCE 2010): 86,672
SASSARI (SINCE 2012): 20,205
CASTEL VOLTURNO (SINCE 2015): 64,328
MILAN (SINCE 2015): 62,660
NAPLES (SINCE 2015): 43,715
BRESCIA (SINCE 2016): 10,930

NOBODY LEFT BEHIND

SINCE 2020

DELIVERING BASIC GOODS

'Nobody left behind', the social aid project we began in June 2020 for people struggling to buy food during the pandemic, came to an end in December 2021.

Day in, day out, for more than 80 weeks, volunteers from all over Italy scurried back and forth, carrying packages of food and basic goods from warehouses to thousands of households.

From North to South, from Varese to Piacenza and Milan, Rome, Naples, Catanzaro and Catania on the way, we delivered 230,000 packages to 20,000 people, with enough food inside for 10 million meals, weighing just under 3,000 tons. The food went to large families, old people living alone, young people struggling to pay their rent and workers in industries hit hard by the pandemic, who had been left with little or even nothing.

Now that the general picture is becoming brighter – albeit gradually – we have once more made medical matters our priority.



DELIVERING BASIC GOODS



8 STAFF



475 VOLUNTEERS

LOCATIONS: Milan, Rome, Piacenza,
Naples, Catanzaro, Varese, Catania

**BETWEEN
JUNE 2020 AND
31 DECEMBER 2021**

Numbers of packages delivered

MILAN: 135,296
ROME: 41,462
PIACENZA: 5,915
NAPLES: 36,300

CATANZARO: 7,500
CATANIA: 3,570
VARESE: 1,910

Alongside its humanitarian work, EMERGENCY actively promotes a culture of peace and respect for human rights.

The scope of communication activities is broader: from informing the public about humanitarian activities to the creation of resources that help to strengthen the themes of human rights, solidarity and peace.

INEQUALITY AND ACCESS TO VACCINES

The vaccination campaign against Covid-19 has shone a light on how profoundly unequal access to preventive medicine is across the world. The patchy distribution of vaccines has made the gulfs in today's society even more evident, the rift between the global north and south even more pronounced. Some countries have stockpiled enough to vaccinate their populations five times over; others have yet to administer a single dose.

EMERGENCY has joined the People's Vaccine Alliance (PVA), a group of medical and humanitarian organisations, political leaders, medical experts, religious leaders and economists calling urgently for vaccines to be produced on a larger scale and made available to everyone, free of charge. The PVA asks that patents be suspended for Covid-19 vaccines, in order that all pharmaceutical producers can work to meet global demand.

We have also been outspoken in denouncing the unequal distribution of vaccines and bringing the matter to public attention. Our staff have spoken about the spread of the virus in countries like Afghanistan and Uganda and we have noted the profits made by pharmaceutical companies over the past year, which provide a stark contrast to the failure of the COVAX campaign in developing countries. We have also made direct appeals to the Italian prime minister and the G20 leaders.

Finally, EMERGENCY took part in the EU-wide initiative 'No profit on pandemic', which hopes to gather 1 million signatures for its petition to the European Commission to make vaccines and treatment for Covid-19 a global common good and free of charge.

THE WALK

In 2021, EMERGENCY became a humanitarian partner of THE WALK, an international arts festival created by Good Chance, best known for their ground-breaking theatrical work, The Jungle. THE WALK consisted of an 8,000km odyssey by Little Amal, a 3.5 metre-tall puppet of a young refugee girl, from the Turkish-Syria border to the UK. EMERGENCY collaborated with THE WALK throughout the project, culminating in a bespoke event for school groups at Casa Emergency, the organisation's headquarters in Italy.

COVID-19 VACCINES

RICH COUNTRIES AND BIG PHARMA HAVE DELIVERED JUST 1 IN 7 DOSES OF THOSE PROMISED TO DEVELOPING COUNTRIES



AFGHANISTAN20: 20 YEARS OF WAR

An editorial project in paper and multimedia form. The articles were written by journalist Giuliano Battiston, who worked from June to July 2021 in three of EMERGENCY's hospitals in Kabul, Anabakh and Lashkar-Gah. They were accompanied by interviews, stories from our archives, and the main statistics gathered by EMERGENCY and UNAMA over the last two decades.

The design was provided by Accurat, a data visualisation design and development studio.



'EVERYONE DESERVES A FUTURE'

Along with Ogilvy, EMERGENCY made a video for the new year showing the plight of thousands of families forced by war to leave their homes and everything they own. The video was released internationally on EMERGENCY's social media pages. It ends with the message: 'Let's make 2022 a year of peace. Not war.'

Directed by Igor Borghi, produced by The Family Film.



ISHKAR

Seventeen photographers of international repute, coming together to support EMERGENCY's work in Afghanistan with their most striking shots. The 24 prints were put on sale online on the initiative of Ishkar, a British company founded in Kabul that tells the Afghan story through the work of established professionals and emerging talents.

Photographs by Steve McCurry, Lorenzo Tugnoli, Michael Christopher Brown, Rena Effendi, Matthieu Paley, Andrew Quilty, Farshad Usayan, Emily Garthwaite, Lalage Snow, Solmaz Daryani, Louise Follain, Jim Huylebroek, Charles Thieffaine, Levison Wood, Omid Scheybani, Erin Trieb, Kalpesh.



STAMPE D'AUTORE PER
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04.08.21 - 15.09.21

www.ishkar.com

THE CHILDREN'S HOSPITAL

A book explaining the principles, aims and building work behind the Children's Surgical Hospital in Entebbe, Uganda.

This journey began long before the hospital opened its doors in 2021. It all started when Gino Strada, surgeon and founder of EMERGENCY, met Renzo Piano, one of the world's greatest architects.

Text by Ferdinando Cotugno.



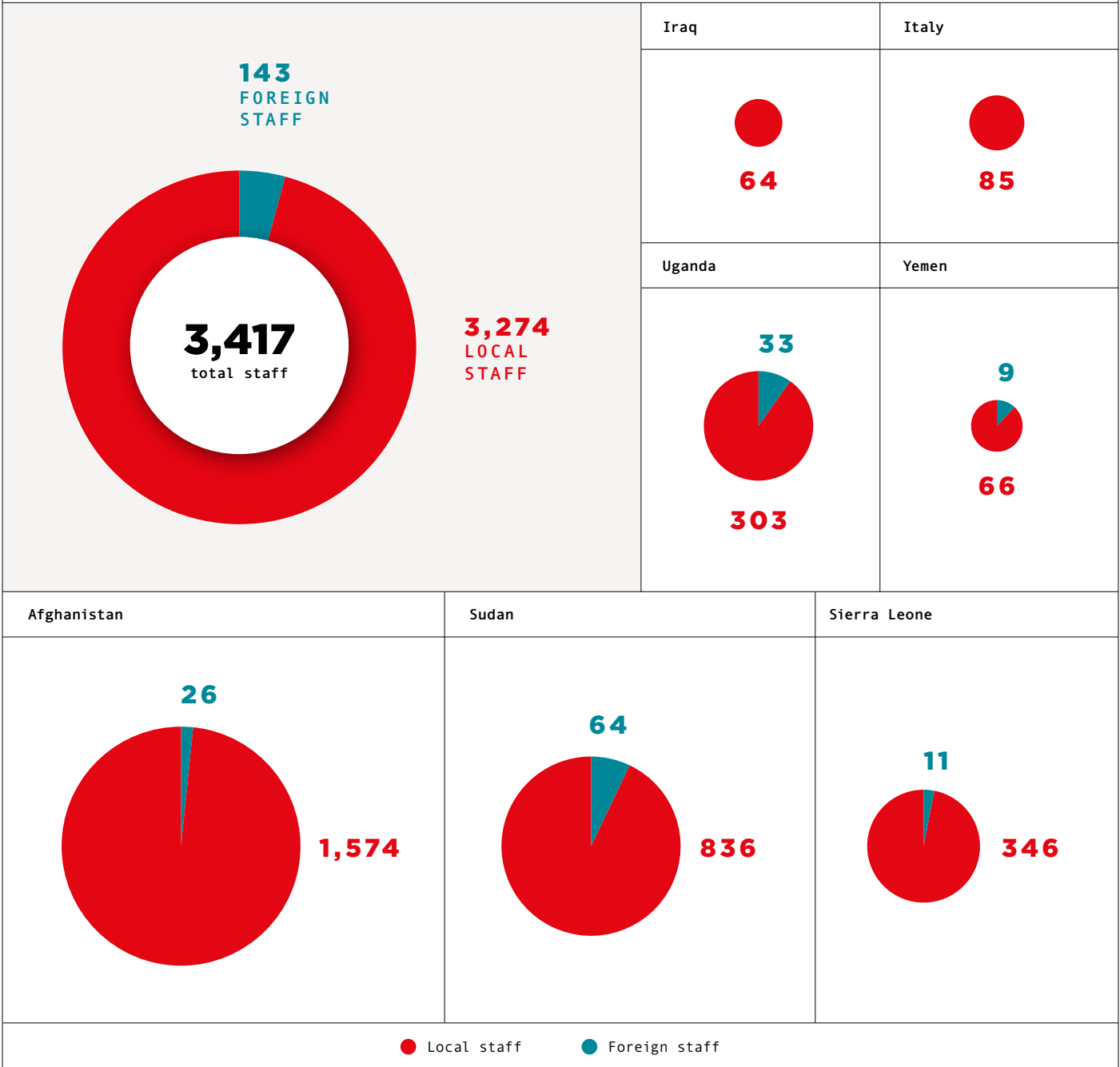


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Our medical work is done not by volunteers but by paid specialists with specific professional profiles.





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We would like to thank them here for their support.

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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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