



**EMERGENCY**  
MEDICINE, HUMAN RIGHTS AND EQUALITY

**REPORT**  
**1994-2022**



# 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 20 COUNTRIES AROUND THE WORLD, PROVIDING FREE MEDICAL CARE IN ACCORDANCE WITH ITS CORE PRINCIPLES: **EQUALITY, QUALITY AND SOCIAL RESPONSIBILITY.**

**BETWEEN 1994 AND 2022**

EMERGENCY PROVIDED FREE TREATMENT TO

**OVER  
12.5 MILLION  
PEOPLE.**

# COGS IN THE WHEEL OF PEACE



By **ROSSELLA MICCIO**,  
**PRESIDENT OF EMERGENCY**

**F**rontiers – physical and moral. Like the ones invaded, criminally, by Russia on 24 February 2022, or the ones constructed to keep migrants away. In 2022 we watched as Europe slid further into violence and division. In the midst of this regression, EMERGENCY has sought to act as a cog in the wheel of peace.

Our response to the brutal war in Ukraine has been multifaceted. We were involved in sending direct supplies to support hospitals in Ukraine itself, whilst in neighbouring Moldova, we provided medical aid and psychological support to refugees. We know that the way to fight for peace is by rebuilding, not by destroying.

For more than 20 years we have built healthcare opportunities and rights in Afghanistan, a country forgotten in the headlines and largely abandoned by the international community.

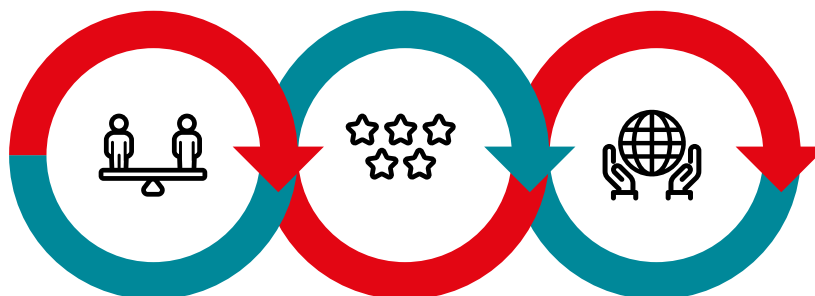
At EMERGENCY we have a rigorous definition of help. It's the sort of rigour that comes with building rights, with not just talking but planning and doing. In 2022, we brought representatives of more than 10 African governments together in Entebbe, to strengthen and expand the African Network of Medical Excellence (ANME). We want to bring more and more countries into a healthcare model which was founded on the right to care and to live a life with dignity. It is the violation of these very rights that is forcing people to flee and risk their lives, every day. The fundamental right to life is being systematically violated in the Mediterranean Sea. The blame lies with political negligence, moral relativism and infrequent rescue missions thanks to European policies that condemn migrants to a living hell of constant flight or Libyan prisons.

Which is why we ended 2022 with a new beginning: our search and rescue ship Life Support. With it we plan to break through the barriers that have been put up to obstruct those who are different, the other, the enemy – these terms which have become synonymous.

We have done all this thanks to our staff of more than 3,000 people around the world, and our thousands of volunteers, fighters for the commitment to shared health and wellbeing that EMERGENCY wants to see everywhere.

Thank you for this daily revolution of justice. Thank you above all to those of you who have chosen once again to help us this year, because you believe in the only possible choice: the choice to support those in need. ○

# OUR PRINCIPLES



## Equality

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

## Quality

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

## Social responsibility

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

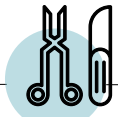
# OUR WORK

## MEDICINE



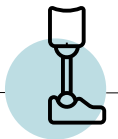
- ✓ OUTPATIENT CLINICS
- ✓ CARDIOLOGY
- ✓ PRIMARY MEDICINE
- ✓ GENERAL MEDICINE
- ✓ NEONATOLOGY
- ✓ OBSTETRICS AND GYNAECOLOGY
- ✓ PAEDIATRICS
- ✓ DENTISTRY
- ✓ PSYCHOLOGICAL SUPPORT

## SURGERY



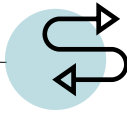
- ✓ CARDIAC SURGERY
- ✓ PAEDIATRIC CARDIAC SURGERY
- ✓ WAR SURGERY
- ✓ EMERGENCY AND TRAUMA SURGERY
- ✓ GENERAL SURGERY
- ✓ ORTHOPAEDIC SURGERY
- ✓ GYNAECOLOGICAL SURGERY
- ✓ PAEDIATRIC SURGERY

## REHABILITATION AND SOCIAL REINTEGRATION



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

## SOCIO-MEDICAL SUPPORT



- ✓ MEDICAL EDUCATION
- ✓ HEALTH PROMOTION
- ✓ CULTURAL MEDIATION
- ✓ SUPPORT AND GUIDANCE WITH HEALTHCARE RIGHTS

## SEARCH AND RESCUE IN THE MEDITERRANEAN SEA



- ✓ SAVING LIVES AT SEA
- ✓ WELCOMING AND TREATING RESCUED PEOPLE ON BOARD

## PROMOTING A CULTURE OF PEACE

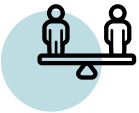


- ✓ PUBLICATIONS AND MULTIMEDIA PROJECTS
- ✓ EVENTS AND PUBLIC INITIATIVES

# HOW WE WORK



**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 are in Kabul or Khartoum.



## **FOOD**

We give our patients and their families three meals a day. We provide around 130,000 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 their 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.



# OUR PROJECTS AROUND THE WORLD

## MOLDOVA

**2022** – Socio-medical and psychological support for refugees, BĂLȚI (project ended December 2022)

## ITALY

**SINCE 2010** – Clinic and social/psychological support, MARGHERA (VE)

**SINCE 2012** – Mobile Clinic and social/psychological support, ROSARNO (RC)

**SINCE 2014** – Socio-medical clinic, CASTEL VOLTURNO (CE)

**SINCE 2015** – Clinic and social/psychological support, NAPLES

**SINCE 2015** – Mobile Clinic and social/psychological support, MILAN

**SINCE 2016** – Clinic and socio-medical support and information point, SASSARI

**SINCE 2016** – Socio-medical support and information point, BRESCIA

**SINCE 2018** – Mobile Clinic and social/psychological support, MARINA DI ACATE, SANTA CROCE CAMERINA (RG)

**SINCE 2020** – “Nobody Left Behind” social project to help disadvantaged people, MILAN

**SINCE 2022** – Socio-medical support, VITTORIA (RG)

## MEDITERRANEAN SEA

**SINCE 2022** – Maritime search and rescue ship *Life Support*

## SIERRA LEONE

**SINCE 2001** – Surgical Centre, GODERICH

## UGANDA

**SINCE 2021** – Children’s Surgical Hospital, ENTEBBE

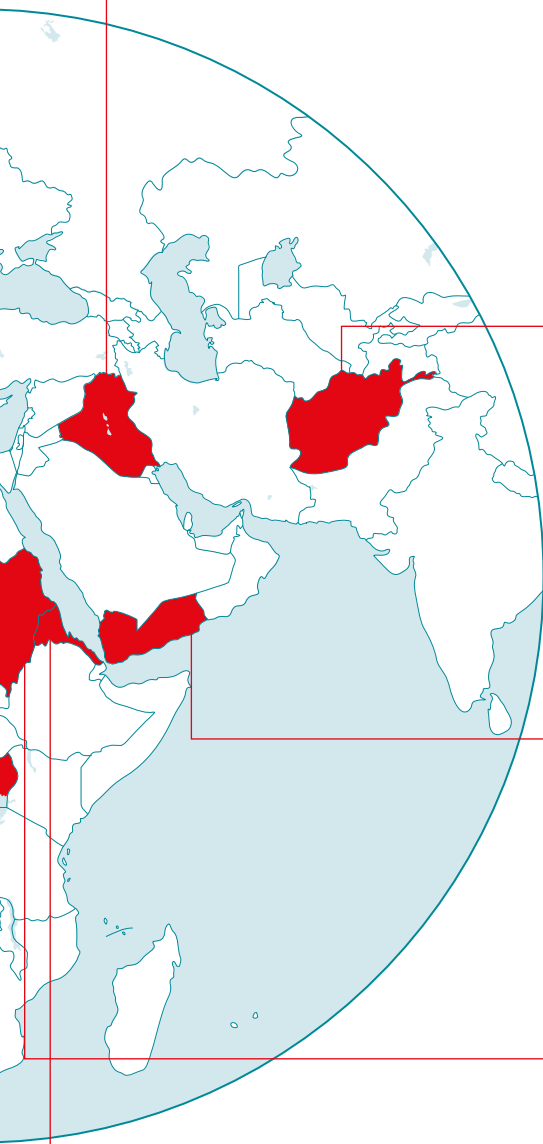


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### OTHER COUNTRIES WE HAVE WORKED IN

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





## IRAQ

**SINCE 1998 — Rehabilitation and Social Reintegration Centre, SULAYMANIYAH**

**SINCE 1998 — Vocational training courses, SULAYMANIYAH** (project replaced by Income Generation Programme)

**SINCE 1999 — 406 disabled people's cooperatives** (project ended 2022)

## AFGHANISTAN

**SINCE 1999 — Surgical and Paediatric Centre, ANABAH**

**SINCE 1999 — 41 First Aid Posts and Primary Healthcare Centres in 27 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** (project ended June 2022)

## 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**

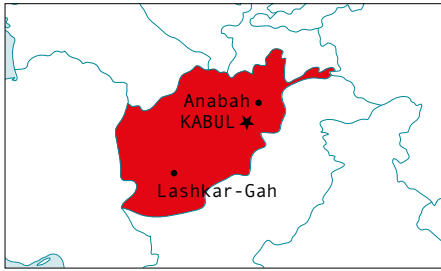
## ERITREA

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

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### PATIENTS TREATED AS PART OF OUR REGIONAL PROGRAMME OF CARDIAC SURGERY HAVE COME FROM:

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



# AFGHANISTAN

The legacy of war.

**S**ince August 2021, when foreign forces withdrew from the country and the new Taliban government came to power, Afghanistan has almost vanished from the media despite being in the grips of a devastating crisis. Inflation, trouble importing basic goods and a shrunken labour market are just a few of the economic problems pushing more and more Afghans into poverty. According to the World Food Programme (WFP), these factors are also responsible for 90% of Afghans not getting enough to eat.

According to the ACAPS Afghanistan Analysis Hub, an independent source of information, 700,000 jobs were lost in August 2021, as qualified people left Afghanistan en masse, further impoverishing the country. Data from the UN shows that more than 23 million Afghans are at risk of serious food insecurity and at least 59% of the population is in need of humanitarian aid.

The staff at our four hospitals (two Surgical Centres in Kabul and Lashkar-Gah, a Maternity Centre and a Surgical and Paediatric Centre in Anabah) and 41 First Aid Posts and Primary Healthcare Centres, in 27 of the country's districts, are seeing with their own eyes how the exhausted nation is suffering the after-effects of conflicts spanning more than four decades.

While the main hostilities have ended, the flow of injured people to our hospitals has not, particularly men and boys struck by unexploded ordnance while working in farmland. At our Surgical Centres in Kabul and Lashkar-Gah we admitted 130 adults and children wounded by landmines in 2022. They often have multiple wounds which, in most cases, mean we are forced to amputate one or more of their limbs, restricting them for the rest of their lives.

Crime has also risen in Afghanistan and attacks and explosions are still a feature of life in many parts of the country. The targets are both political and, increasingly, civilian: mosques, training colleges and schools. Attacks like these are behind the 29 mass casualties we handled at our hospital in Kabul in 2022.

More than anything, four decades of war continue to have psychological, social and economic repercussions, which will be especially harsh on future generations of Afghans; they will pay the highest price for their country's devastation.

On the night of 21 June 2022, yet another disaster was thrown into the mix when south-eastern Afghanistan was hit by a magnitude-5.9 earthquake, which is estimated to have left over 1,000 people dead and almost 3,000 injured. Our staff quickly got to work giving first aid to people in the area, sending seven ambulances with medical workers and setting up a clinic in Barmal, one of the most remote and

difficult parts of Afghanistan to reach. We worked for more than a month and treated over 4,500 people, responding to the crisis and also to health problems that existed before the earthquake.

Our medical and non-medical colleagues in Afghanistan have worked tirelessly to meet the needs that have emerged in the past year. In spite of all the difficulties and fears for the future, more than 1,600 staff have stayed in the country and continue working for EMERGENCY.

We continued to train local staff in 2022, and added anaesthetics to the existing specialisms of surgery, paediatrics and gynaecology. More and more women are attending EMERGENCY's training courses, which are recognised by and carried out in collaboration with the Afghan authorities. Women are an essential part of every team on our projects, and more than 360 (22%) of our Afghan colleagues are female.

In December 2022 the government announced two bans: the first on women attending university and the second on NGOs hiring Afghan women. These gave us great cause for concern for the future. NGOs that provide healthcare are currently exempted from the second decree, but we are far from reassured on this front. Both decrees will harm women's health in the medium-to-long term, since for cultural reasons the lack of female healthcare workers is a massive obstacle to women getting treatment.

There are 166 women working at our Maternity Centre in Anabah, in the Panjshir valley, including obstetricians, gynaecologists, nurses and non-medical workers. In 2022 alone, our school of specialism in gynaecology was training 12 students.

Last year more than 5,400 babies were born at the hospital in Anabah, where we also provided over 23,000 check-ups, with an all-female medical staff.

Work also went on uninterrupted at our 41 First Aid Posts and Primary Healthcare Centres in 27 of the country's districts, where we provided basic medicine, trauma stabilisation and over 400,000 check-ups in the course of 2022.

SINCE 1999

ANABAH

SURGICAL AND PAEDIATRIC CENTRE

WAR SURGERY, EMERGENCY SURGERY, GENERAL SURGERY, TRAUMATOLOGY, PAEDIATRICS



Data from 2022

**OVER 2,100**  
SURGERIES

**OVER 23,000**  
CHILDREN UNDER 5 YEARS OLD  
GIVEN CHECK-UPS

**1 IN 4 PATIENTS**  
IS UNDER 14 YEARS OLD

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

**78** BEDS

**344** LOCAL STAFF

**BETWEEN DECEMBER 1999 AND 31 DECEMBER 2022**

**Surgical department:**

- **Check-ups:** 358,174
- **Admissions:** 48,434
- **Surgeries:** 43,417

**Paediatric department:**

- **Check-ups:** 259,684
- **Admissions:** 16,539

KABUL	SINCE 2001
	SURGICAL CENTRE FOR WAR VICTIMS
WAR SURGERY	



Data from 2022

**OVER 5,000**  
SURGERIES

**OVER 1,700**  
WAR-WOUNDED PATIENTS ADMITTED,  
OVER HALF INJURED BY SHELLS OR  
FIREARMS

**29**  
MASS CASUALTIES HANDLED

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

**100** BEDS

**412** LOCAL STAFF

**BETWEEN APRIL 2001 AND 31 DECEMBER 2022**

**Check-ups:** 173,775  
**Admissions:** 65,696  
**Surgeries:** 92,257

SINCE 2004

# LASHKAR-GAH

SURGICAL CENTRE FOR WAR VICTIMS

WAR SURGERY



Data from 2022

**OVER 5,000**  
CHECK-UPS

**1 IN 2 PATIENTS**  
IS UNDER 14 YEARS OLD

**OVER 7,500**  
SURGERIES

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

**93** BEDS

**320** LOCAL STAFF

**BETWEEN SEPTEMBER 2004 AND 31 DECEMBER 2022**

**Check-ups:** 259,513

**Admissions:** 61,301

**Surgeries:** 83,259

SINCE 2003

ANABAH

MATERNITY CENTRE

OBSTETRICS, GYNAECOLOGY, NEONATOLOGY



Data from 2022

**OVER 5,400**  
BABIES BORN

**OVER 1,200**  
WOMEN OPERATED ON

**OVER 25,000**  
CHECK-UPS FOR WOMEN AND BABIES

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

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**99** BEDS

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**166** LOCAL STAFF

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**BETWEEN JUNE 2003 AND 31 DECEMBER 2022**

**Check-ups for women:** 489,126

**Check-ups for babies:** 9,229

**Women admitted:** 98,632

**Babies admitted:** 24,289

**Surgeries:** 17,217

**Babies born:** 76,536

<p>27 DISTRICTS</p>	<p>SINCE 1999</p> <p>FIRST AID POSTS AND PRIMARY HEALTHCARE CENTRES</p>
<p>BASIC MEDICAL AID</p>	



Data from 2022

**OVER 350,000**  
CHECK-UPS, 22,000 OF THEM FOR  
OBSTETRICS AND GYNAECOLOGY

**OVER 27,000**  
CHECK-UPS IN AFGHAN PRISONS

**OVER 9,500**  
TRANSFERS BY AMBULANCE

**15 centres in Panjshir area:** Abdara, Anabah, Anjuman, Dara, Dasht-e-Rewat, Gulbahar, Hesarak, Kapisa, Khinch, Dayek, Oraty, Paryan, Pul-e-Sayyad, Said Khil, Sangi Khan; **12 First Aid Posts in Kabul area:** 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 area:** Grishk, Sangin, Marjia, Musa Qala, Garmsir, Nad Ali, Shoraki

**376** LOCAL STAFF

**BETWEEN DECEMBER 1999 AND 31 DECEMBER 2022**

**Check-ups:** 5,428,901  
**Transfers by ambulance:** 136,447



# IRAQ

## Permanent consequences.

In Iraq, 2022 was a year of ever-worsening socio-economic conditions and political instability. The country is now home to 2.5 million people in need of humanitarian aid, including over a million internally displaced persons (IDPs) who have still not made their way home since the war that began in 2014.

It was another year of political deadlock. Iraqi MPs managed to form a stable coalition government and elect a new president, one year after their election in October 2021. The delay in forming a government, coupled with the devaluation of the Iraqi currency, led to more discontent among the country's people. Protests broke out and were suppressed, often brutally, by the Iraqi security forces. The instability of the country's neighbours, Iran and Syria, is only worsening the socio-economic crisis in this part of the world.

The UN Mine Action Service reports that Iraq is still one of the most densely mined countries in the world, with about 1,100 square miles of recorded minefields. Decades of war - with Iran between 1980 and 1998, the First Gulf War in 1991, the invasion by the American-led coalition in 2003 and, most recently, the occupation of much of the country by ISIS between 2014 and 2017 - have left their mark deep in Iraqi soil; it is thought to be littered today with at least 20 million mines and between 2 and 6 million other explosive remnants of war.

The Iraqi Ministry of Health estimates that about 15% of the Iraqi population - approximately 6 million people - have to live with one or more disabilities. According to data from the International Red Cross, the lack of qualified rehabilitation workers is one of the main problems in a country where more than 200,000 people are estimated to need a prosthesis or orthosis.

Since 1998, EMERGENCY has run a Rehabilitation and Social Reintegration Centre in Sulaymaniyah. This city lies in Iraqi Kurdistan, one of the most heavily mined places on earth.

Our Centre offers physiotherapy and prostheses to patients who have lost a limb. We provide free, long-term treatment without regard to where patients come from; in 2022, 65% of our patients were from Iraqi Kurdistan, the remaining 35% from elsewhere in Iraq, Iran or Syria.

The process begins with our team of orthotists and physiotherapists carefully assessing the patient's stump, after which we admit the patient for the period of measuring, taking an impression and producing the prosthesis. The type of prosthesis we build depends on many factors: the patient's age, the number of limbs they have had amputated, the job they do and their comfort.

If it were not for our Centre, many people here could not afford to have a prosthesis fitted, but without one it is very difficult to go back to their daily lives; often they can no longer manage their jobs, or in the case of children they struggle to play or walk to school. So, we make every prosthesis unique, designed for its patient, whatever their age. The end goal is to make the patient's lifestyle as close as possible to how it was before their accident, even if it can never be exactly the same.

When a patient comes to our Centre, they begin a relationship with us that will last for the rest of their life. Over time we will adapt, replace and reshape their prosthesis to respond to changes in their body, mind and lifestyle.

Between its opening and 2022, EMERGENCY's centre in Sulaymaniyah ushered around 13,000 patients through its doors. In 2022 alone we made over 600 prostheses for people injured by mines, remains of war and improvised explosive ordnance.

Local staff have been in charge of the Centre for more than 15 years; 65 Kurdish colleagues handle its complete running every day.

Work at our Centre goes beyond medical treatment. We give our patients physiotherapy and prostheses but we also support them psychologically and socially. This is the scope of our Income Generation Programme, which has replaced our professional training courses and craft workshops; like those, it is has been designed to help people with serious disabilities start a family business, thereby giving them a source of income and easing them back into society.



SINCE 1998

SULAYMANIYAH

REHABILITATION AND SOCIAL REINTEGRATION  
CENTRE

PRODUCTION OF PROSTHESES AND ORTHOSES, PHYSICAL REHABILITATION



Data from 2022

**220**

PATIENTS TREATED FOR MINE  
WOUNDS

**OVER 600**

PATIENTS FITTED WITH A PROSTHESIS  
OR ORTHOSIS

**OVER 2,000**

PHYSIOTHERAPY SESSIONS

Physiotherapy, orthopaedic workshops, technical  
and cleaning services

**65** LOCAL STAFF

**BETWEEN FEBRUARY 1998 AND 31 DECEMBER 2022**

**Patients treated:** 12,922

**Upper limb prostheses:** 1,578

**Lower limb prostheses:** 11,085

**Physiotherapy sessions:** 63,400

**Orthoses:** 1,362



# YEMEN

**A project faced with endless hurdles.**

**B**etween 2015 and 2022, the conflict in Yemen left more than 230,000 dead and over 4 million refugees, according to figures from the UN Office for the Coordination of Humanitarian Affairs (UNOCHA).

The war in Yemen is considered one of the greatest humanitarian crises in the world; it is the sixth-biggest in terms of IDPs. The UN reports that in eight years of fighting, over 130,000 people have lost their lives for want of food or medical treatment.

In 2022, 23.4 million Yemenis were in need of humanitarian aid, over 12 million of them desperately so. More than 80% of people are struggling every day to meet basic needs like food, water and medical treatment (figures from UNOCHA).

With the end of the war nowhere in sight, Yemen's economy is going further downhill. The currency, the rial, has devalued by 70% since the war began. Per capita income has fallen by two thirds, the prices of basic goods have risen disproportionately and, most importantly, the cost of fuel – the only source of electricity – has tripled, thanks to the global rise in the price of crude oil and restrictions on imports by the Saudi-led coalition.

The conflict escalated in the opening months of 2022, especially on the northern front and in the governorate of Hajjah. Of the 2.6 million people living in the region, over 600,000 were forced to flee their homes when the frontlines moved; they fled largely to the southern half of the governorate or to elsewhere in Yemen.

In late 2018 we began refurbishing and setting up a Surgical Centre for War Victims in a building that used to house the offices of the regional government. After just over a year of thorny interaction with the local authorities, we finished work on the building, furnished and equipped it as a hospital, and hired and trained our local staff.

EMERGENCY's Surgical Centre for War Victims in Hajjah opened its doors to patients on 1 March 2022.

Opening a hospital was not easy in a country gripped by an appalling humanitarian crisis, where the movement of goods and people is hindered because the territory is split between two opposing authorities in the north and south. The restrictions imposed by these authorities hit NGOs particularly hard, making them jump through long and complex bureaucratic hoops. We had to wait months and months, for instance, for an answer to whether our essential workers were allowed a visa for the country, when we need international staff to run a hospital with the same independence and to the same quality standards that we guarantee on all our projects.

Not being able to rely on international staff because of red tape over visas would have made it impossible for us to monitor our clinical results when we treated patients and therefore be certain of their quality – our first and foremost responsibility wherever we are working. So, having refurbished the hospital, in June 2022 we handed the running of the Centre over to the local health authorities, overseeing the beginning of their work and bringing our project in Hajjah to a close.

In the meantime, our staff had trained 150 local medical workers, with a view to ensuring they follow EMERGENCY's guidelines and protocols for war surgery.

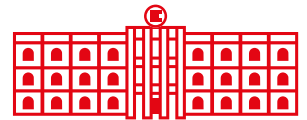
In four months of work, we carried out 151 surgical operations and treated more than 250 people.

SINCE 2018

HAJJAH

SURGICAL CENTRE FOR WAR VICTIMS

WAR SURGERY



Data from 2022

**40%**  
OF PATIENTS WERE UNDER 14 YEARS  
OLD

**150**  
LOCAL MEDICAL STAFF TRAINED

**151**  
SURGERIES

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

**66** BEDS

**220** LOCAL STAFF

**BETWEEN DECEMBER 2018 AND 31 DECEMBER 2022**  
(project ended June 2022)

**Check-ups:** 271

**Admissions:** 117

**Surgeries:** 151



# MOLDOVA

## War in Europe.

**S**ince Russia invaded Ukraine on 24 February 2022, millions of people have had to flee their homes with their families in search of safety.

According to the UN High Commissioner for Refugees (UNHCR), about 7.5 million Ukrainians have been forced to leave. More than 630,000 reached Moldova, one of the poorest countries in Europe. The UNHCR also states there were more than 95,000 asylum claimants in Moldova in 2022, 90% of whom were Ukrainians.

Faced with the most serious refugee crisis in Europe since the end of the Second World War, the Moldovan authorities immediately set to improving their capacity to deal with the humanitarian crisis.

To assess needs and decide the best way to proceed with our operation, we sent a team to Moldova in March 2022.

Women with children and older people were the two main groups arriving in Moldova in the opening months of the conflict. Their medical needs were mainly for continuation of treatment for chronic illnesses which had been interrupted, but it was not long before almost all of them began to feel the psychological effects of war and displacement.

In collaboration with local health authorities, our team of doctors, nurses, psychologists, cultural mediators and logisticians began a project of medical aid and psychological support for refugees in Bălți, Moldova's second largest city and host to most of the Ukrainian refugees in the country.

In our first few months of work, we concentrated on giving people medical aid and helping them enter the Moldovan health system. Thanks to excellent work by the Moldovan healthcare service on this front, after this initial phase we were able to turn our attention to a project of psychological and social support, as the refugees' need for this kind of intervention was becoming increasingly clear.

Many of our patients were suffering from somatisation due to post-traumatic stress from the conflict. Our psychological work was designed to limit their discomfort and thereby any effects on their mental and physical state.

Each phase of the project was adapted to the changing nature of the refugees' needs and their reactions, both emotional and in their behaviour, as individuals and as a community. Our aim was to help them regain their social skills and improve their social and psychological health.

In June 2022 we also launched a psychological and educational project for children between the ages of five

and 14, in agreement with the Department of Pedagogy at Ion Creangă College in Bălți. At the Municipal Palace of Culture we ran educational games centres, involving children and their parents and relatives.

We provided 1,200 psychological and social support sessions, to both individuals and groups, including 137 children.

We began by parking the Politruck, the biggest of our mobile clinics, in front of the centre where humanitarian aid was given out. There were also three reception centres nearby, so this made us easily accessible to all the refugees in the city.

As the weather began to turn cold, we wanted a more permanent base, and so in October we found a building in which to set up a clinic for our psychological support sessions.

By December 2022, when fewer refugees were coming into Moldova and the country's health system had been strengthened, we could bring our project in Bălți to a close. We passed our operations on to the local health authorities.

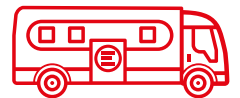
Between April and December 2022 we gave ongoing treatment to about 600 people, providing over 1,100 socio-medical support check-ups, over 700 consultations with doctors or nurses and over 390 psychological support sessions.

SINCE 2022

# BĂLȚI

## SOCIO-MEDICAL AND PSYCHOLOGICAL SUPPORT FOR REFUGEES

BASIC MEDICAL AID, SOCIO-MEDICAL AND PSYCHOLOGICAL SUPPORT



Data from 2022

**OVER 70%**  
OF PATIENTS WERE WOMEN OR CHILDREN

**1 IN 3 PATIENTS**  
WAS UNDER 14 YEARS OLD

**OVER 150**  
PATIENTS PROVIDED WITH PSYCHOLOGICAL SUPPORT

**Politruck mobile clinic (until 1 October 2022):**  
2 clinics, 1 reception area, 1 waiting room

**Fixed clinic (since 1 October 2022):**  
1 room for psychological support sessions,  
1 nursing clinic, toilets and stock room

**6 LOCAL STAFF**

**BETWEEN APRIL 2022 AND 31 DECEMBER 2022**  
(project ended December 2022)

- Patients treated:** 584
- Socio-medical support sessions:** 1,186
- Check-ups by nurses:** 464
- Check-ups by doctors:** 312
- Psychological support sessions:** 391



# SUDAN

Stability is nowhere in sight.

**S**udan lies at the crossroads of Sub-Saharan Africa and the Middle East, on the Red Sea. The breaking away of South Sudan in 2011 caused an economic shock, as the rest of Sudan lost access to the petrol that had historically accounted for more than half of the government's income and 95% of the country's exports.

Data from the UNHCR show that Sudan today is home to 1.1 million refugees, 70% of them from South Sudan, and over 3 million IDPs, mainly in the Darfur region.

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 stormy and often spilt into violence. In April 2019 and then in October 2021, there were two coups d'état, each of which brought thousands of people out into the streets of Khartoum, to which the police responded with tear gas and other means of crowd control. Hundreds of Sudanese were wounded or arrested. At the time of writing, renewed fighting had erupted across the country.

In November 2022, the *Salam* Centre for Cardiac Surgery, which we opened in Khartoum in 2007, carried out its 10,000th open-heart surgery. In all that time, the facility has provided free, highly professional treatment to patients with rheumatic heart disease - inflammatory diseases of the heart valves caused by untreated streptococcal infection.

Our hospital in Khartoum is innovative, in that its founding idea was revolutionary in the world of humanitarian aid: to bring to Africa a model of treatment that offered not just basic medicine and emergency interventions, but also highly specialist treatment like cardiac surgery, thereby putting into practice the right of every person to access whatever healthcare they need.

After surgery, the Centre continues to provide post-operative check-ups and anticoagulant therapy for life. Between 2007 and 2022 we conducted more than 90,000 cardiological check-ups.

The *Salam* Centre was the first facility in the African Network of Medical Excellence (ANME), one of many that EMERGENCY hopes to construct across Africa in close collaboration with the governments of each country, to provide specialist care for patients in need and professional training for medical staff at a continent-wide level.

The *Salam* Centre is also the heart of our Regional Programme of Cardiac Surgery. Patients from 33 countries come here to be operated on, after being assessed by our cardiologists on screening missions in their own countries. In November 2022, we expanded our Regional Programme with a cardiological screening mission to Mogadishu,

Somalia, to find patients in need of cardiac surgery for transferral and operation in Khartoum free of charge.

We also offer free treatment to children under 14 years old in Sudan, at our Paediatric Centres in Mayo, Port Sudan and Nyala, which also provide pre- and post-natal assistance, malnutrition screening, family planning, vaccinations, prevention activities and hygiene education.

Mayo, about 12 miles from Khartoum, is home to refugees from the war and poverty that have torn their country apart for two decades. As half of Sudan's population is under 14 years old, patients at our Centre normally arrive with diseases caused by malnutrition and terribly unhygienic living conditions, which affect the youngest most of all. We saw 6,000 babies under one year old in 2022.

Malnutrition is one of the main reasons for admission to our Paediatric Centre in Port Sudan, the only hospital in one of the city's poorest districts. Of the roughly 1,200 patients we admitted in 2022, almost half had complications from acute severe malnutrition. For this reason, we offer not just treatment for children but also medical education for their parents, to help them protect their children's health through preventive measures.

In Nyala, capital of the state of South Darfur, where we have our third Paediatric Centre, most people do not have access to basic medical services. The number of people living in extreme poverty is very high and they live in a precarious state of health, especially in the case of women and children.

The general lack of medicine and medical facilities makes it even more difficult to meet people's needs. In the paediatric population the figures are alarming: the mortality rate for children under five is higher than 7%.

Eighty per cent of the children treated at our Centre in Nyala are under five years old.

In 2022 we reached another milestone in our work of training local staff and refreshing their skills when 100 of our Sudanese colleagues at the *Salam* Centre and the Paediatric Centre in Mayo received training in basic and advanced cardiopulmonary resuscitation on adult and child patients, held in collaboration with the Italian Resuscitation Council, the Italian branch of the European Resuscitation Council. Doctors, nurses, obstetricians and technical workers learnt how to better manage critical patients and received an internationally recognised certificate at the end of their courses.

SINCE 2007

**KHARTOUM**

**SALAM CENTRE FOR CARDIAC SURGERY**

ADULT AND PAEDIATRIC CARDIAC SURGERY, CARDIOLOGY, INTERVENTIONAL CARDIAC SURGERY



Data from 2022

**OVER 7,000**  
CARDIOLOGICAL CHECK-UPS

**581**  
PATIENTS OPERATED ON

**1 PATIENT IN 4**  
COMES FROM ANOTHER COUNTRY -  
CHAD, SOUTH SUDAN AND ERITREA  
ARE THE MOST COMMON

6 clinics, 3 operating theatres, sterilisation unit, intensive and sub-intensive care, wards, physiotherapy, digital radiology, laboratory and blood bank, pharmacy, classrooms, play room, technical and cleaning services, guest house.

**63** BEDS

**523** LOCAL STAFF

**BETWEEN APRIL 2007 AND 31 DECEMBER 2022**

**Specialist cardiological check-ups:** 91,501

**Patients admitted:** 11,403

**Surgeries:** 10,260

**Diagnostic and interventional haemodynamic procedures:** 1,454

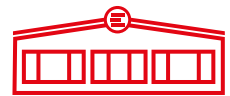
**Foreign patients:** 2,031

SINCE 2005

MAYO

PAEDIATRIC CENTRE

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



Data from 2022

**OVER 6,000**  
BABIES UNDER 1 YEAR OLD GIVEN  
CHECK-UPS

**AROUND 14,000**  
VACCINATIONS GIVEN TO CHILDREN

**OVER 2,000**  
PREGNANT WOMEN HELPED

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' parents.

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**6** OBSERVATION BEDS

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**47** LOCAL STAFF

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**BETWEEN DECEMBER 2005 AND 31 DECEMBER 2022**

**Check-ups:** 300,252

**Patients under observation:** 29,252

**Babies given post-natal check-ups:** 4,146

**Patients referred to public hospitals:** 18,488

**Obstetric check-ups:** 57,193

**Outreach work (medical services in surrounding area):** 58,466



SINCE 2011

## PORT SUDAN

## PAEDIATRIC CENTRE

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



Data from 2022

**ABOUT 40%**  
OF PATIENTS ADMITTED ARE  
MALNOURISHED

**1 CHILD PATIENT  
IN 3**  
IS UNDER 1 YEAR OLD

**OVER 700**  
FAMILY PLANNING CONSULTATIONS

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

**15** BEDS

**130** LOCAL STAFF

**BETWEEN DECEMBER 2011 AND 31 DECEMBER 2022**

**Check-ups:** 215,253

**Admissions:** 12,143

**Outreach work (medical services in surrounding area):** 47,860

SINCE 2020

NYALA

PAEDIATRIC CENTRE

PAEDIATRICS, PAEDIATRIC FIRST AID, PREVENTIVE MEDICINE



Data from 2022

**OVER 850**  
PATIENTS ADMITTED

**80%**  
OF PATIENTS ADMITTED ARE UNDER  
5 YEARS OLD

**OVER 13,000**  
CHILDREN GIVEN CHECK-UPS,  
26% OF THEM MALNOURISHED

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

**14** BEDS

**164** LOCAL STAFF

**BETWEEN NOVEMBER 2020 AND 31 DECEMBER 2022**

**Check-ups:** 33,252

**Admissions:** 1,621

**Specialist cardiological check-ups:** 1,419 (2010 to 2022)

**Outreach work (medical services in surrounding area):** 28,668

# ANME: the African Network of Medical Excellence

## Building excellent healthcare in Africa

*Entebbe, May 2022*

In 2008, a year after the opening of the *Salam* Centre for Cardiac Surgery in Sudan, EMERGENCY brought together the ministers of health of nine African countries to discuss how to guarantee the right to free, high-quality medicine in Africa. That meeting led to the “Manifesto for a Human Rights-Based Medicine,” which stresses the need to build health systems founded on equality, quality and social responsibility.

Beginning with these principles, in 2010 the African Network of Medical Excellence took shape. Its aim is to build medical centres of excellence to strengthen the continent’s health systems, as part of a common strategy to respond to common problems.

The foundation of ANME’s healthcare model is free, excellent treatment. Healthcare must be free of charge if everyone is to promptly get the treatment they need. Excellence will ensure high clinical standards and encourage training of qualified workers and development of research and local health systems.

Our Children’s Surgical Hospital in Entebbe, which opened in April 2021, is the second ambitious facility in the network. The hospital offers free paediatric surgery in a country where more than half of the population is under 15 years old – but like the *Salam* Centre, it has a view to the wider continent. In 2023, for instance, we are beginning paediatric screening missions to find patients with congenital or acquired diseases who will be referred to Uganda for surgery.

With these principles in mind, on 13 May 2022, one year on from the start of work at our hospital in Uganda, we met representatives of 12 African countries in Entebbe, to review our achievements so far, continue on the path of putting the right to treatment into practice, and discuss the future of ANME.

This meeting on “Building Medicine of Excellence in Africa,” hosted by EMERGENCY and the Ugandan Ministers of Health and Foreign Affairs, was attended by representatives of the health authorities in Burundi, Central African Republic, Chad, Djibouti, Eritrea, Ethiopia, Somalia, South Sudan, Sudan, Tanzania, Uganda and Zimbabwe.

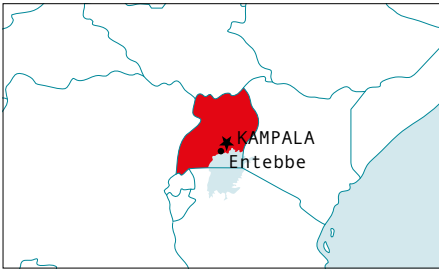
Thanks to our shared values and common vision, we managed to set out the next steps for strengthening ANME. Training and continuity of medical services, together with quality of treatment, were identified as the key factors for progress.

The significant clinical results we have had in 15 years of work in Khartoum show that high levels of treatment for complex diseases can be guaranteed even in places with very limited resources.

The opening of the Children’s Surgical Hospital in Entebbe confirms that ANME’s model can be replicated. Above all, though, it shows that long-term commitment by local authorities and EMERGENCY’s model of cooperation can enable this approach to have lasting sustainability.

All the delegations agreed that the continent needed to maintain specialist facilities that can handle complex diseases specific to Africa and provide qualified training, as they are a fundamental step in strengthening health systems, as well as a useful means of reducing brain drain of medical workers and developing clinical research that meets the population’s current needs. The meeting ended with all 12 delegations signing a shared declaration of intent. The attendees pledged to promote ANME at the highest levels within their own countries, thereby increasing the commitment of their governments and getting international institutions more involved, so that our innovative approach becomes better known and better funded in the medium-to-long term.

This is a big step towards a simple and fair idea: that every human being has the right to receive the best possible treatment, regardless of the country they live in, how much money they have or their position in society.



# UGANDA

One year on.

**A**ccording to UNHCR's figures, Uganda is home to more refugees than any other Sub-Saharan African country. The country hosts over 1.5 million refugees and asylum seekers, mainly from South Sudan, Democratic Republic of the Congo and Burundi.

UNICEF reports that in the last few years Uganda has seen a constant fall in its mortality rate for children under five years old, but still needs to make a lot of progress to reduce neonatal and maternal mortality.

The mortality rate for children under five is 43 per 1,000 live births. Thirty per cent of these are due to a lack of adequate surgical treatment (figures from the UN Development Programme and "Quantifying the paediatric surgical need in Uganda: results of a nationwide cross-sectional, household survey"). Until our hospital opened in 2021, there were just four paediatric surgeons in the country, alongside a population of 20 million children.

Our hospital in Entebbe is the only one in Uganda offering high-quality paediatric surgery free of charge – and that is not the only service it provides.

It also serves as a training hub for doctors and nurses, with a view to improving paediatric surgery in the country in the long term. In 2022 the hospital's staff was around 400 strong; 348 were local and 40 international. The percentage of Ugandans was 84% among medical workers (doctors, nurses, pharmacists, radiologists, radiology technicians, physiotherapists, lab technicians, biomedical engineers) and 95% among non-medical.

We continued working with the Uganda Heart Institute in 2022. They have recognised our hospital in Khartoum as a training centre and we collaborate to train Ugandan doctors and nurses in Sudan, an excellent example of the integration of our hospitals with local health systems and universities.

Our training work in Uganda is constantly evolving. In 2022 we were accredited by various medical training institutes in the country, like the Uganda Medical and Dental Practitioners Council, Allied Health Professionals Council and Uganda Nurses and Midwives Council. The last of these also recognised us as an official training centre for an operating theatre nurses' course, the only one in the country.

In September 2022, the Ugandan authorities announced an outbreak of Ebola in Mubende district, about 25 miles from the capital Kampala. According to reports from the Ministry of Health, there were 142 confirmed cases of Ebola and 55 deaths from the virus (data published in January 2023).

Protecting medical facilities from the virus is essential if there is to be maximum protection and safety for patients, staff, family and other visitors, suppliers and everyone else who sets foot in them.

Our staff therefore adopted all the necessary measures, setting up an outdoor isolation tent at the Centre and applying a specific protocol to contain contagion, informed by our experience managing the same epidemic in Sierra Leone in 2014 and 2015.

Our Children's Surgical Hospital in Entebbe carried out around 1,500 surgical operations (120 a month on average) on a total of more than 1,200 children in 2022.

The hospital won the Architecture Award for Building-Integrated Solar Technology in 2022 on the grounds that: "The Children's Surgical Hospital in Entebbe is a great example of building that respects the climate, using local material in combination with renewable energy sources."

SINCE 2021

ENTEBBE

CHILDREN'S SURGICAL HOSPITAL

GENERAL PAEDIATRIC SURGERY



Data from 2022

**OVER 9,000**  
CHECK-UPS

**OVER 1,300**  
PATIENTS ADMITTED, 60% OF THEM  
UNDER 5 YEARS OLD

**OVER 2,300**  
PATIENTS GIVEN FOLLOW-UPS

3 operating theatres, sterilisation unit, intensive care, sub-intensive care, ward, observation ward, 6 clinics, digital 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.

**72** BEDS

**348** LOCAL STAFF

**APRIL 2021 TO 31 DECEMBER 2022**

**Check-ups:** 14,470

**Admissions:** 1,958

**Surgeries:** 2,125



# ERITREA

## Cardiological care.

**A**ccording to the latest report from UNHCR, in June 2022 over 500,000 Eritrean refugees had been forced to leave their country in just the past year. It is an enormous figure when one considers that the country's total population is around 3.5 million.

The country is in serious humanitarian trouble and deep socio-economic instability, thanks to the conflict in Tigray and tensions with Ethiopia. Data from UNICEF show that Eritrea has been badly hit by economic and climate crises, the latter bringing with it drought and limited access to drinking water. The country's most fragile ecosystems are threatened by climate change, desertification and infestations of desert locusts. In the last few years climate conditions have sorely tested a population of whom 65 to 70% are reliant on farming, herding and fishing for their livelihoods.

These problems affect more than 1.1 million people, around 750,000 of them children, who need humanitarian aid.

In 2019 we opened a clinic at Orotta National Referral Hospital in Asmara, the country's main public hospital, to provide check-ups for anticoagulant therapy. This service is essential if many of the patients we operate on at our *Salam* Centre in Khartoum are to receive ongoing treatment. This was the first anticoagulant therapy clinic set up by EMERGENCY in a state hospital in collaboration with the local health authorities. Today it is run independently by Eritrean staff.

We continued supporting work at the cardiology clinic in 2022, in order to offer complete and ongoing services to our surgical patients before and after their operations. The project is part of our Regional Programme of Cardiac Surgery, which brings adult and child patients from over 30 different countries to our *Salam* Centre.

In 2022 a cardiologist at our Centre in Khartoum did a follow-up mission for patients who had been operated on, as well as screening to assess whether new patients needed admitting for cardiac surgery. On our "cardiac missions" we offer training sessions to local staff, to keep treatment at a level commensurate with international standards and to achieve the project's main aim: to further improve assistance and continuity of treatment for Eritrean patients.

We reached another milestone in the field of training in 2022, when a team of medical workers and biomedical technicians held sessions to teach Eritrean staff how to use and maintain biomedical equipment that had been sent to the hospital in Asmara for use in intensive care.

Between 2019 and 2022, while navigating COVID-19 lockdowns and limits on international travel, we carried out

five cardiological screening missions and gave check-ups to 553 patients from Asmara and other parts of the country.

Since the project began, 60 people have been transferred and operated on free of charge at the *Salam* Centre, 24 of them in 2022.

SINCE 2019

ASMARA

CARDIOLOGY CLINIC AT OROTTA HOSPITAL

CARDIOLOGICAL SCREENING, ORAL ANTICOAGULANT THERAPY (OAT)



Data from 2022

**OVER 5,000**  
CARDIOLOGICAL CHECK-UPS

**24**  
ERITREAN PATIENTS OPERATED  
ON AT THE SALAM CENTRE

**OVER 1,700**  
PATIENTS GIVEN ORAL  
ANTICOAGULANT THERAPY  
WITH REGULAR CHECKS

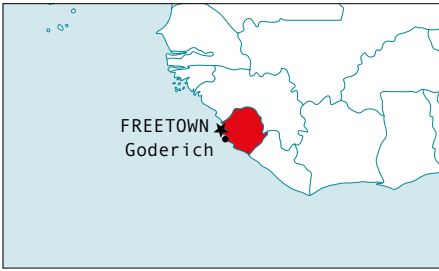
Cardiology clinic, oral anticoagulant therapy (OAT) clinic.

**5** INTERNATIONAL STAFF FROM THE SALAM CENTRE

**BETWEEN OCTOBER 2019 AND 31 DECEMBER 2022**

**Cardiological check-ups:** 15,029  
**Eritrean patients admitted to the Salam Centre (2007 to 2022):** 260

**Screening missions:** 16



# SIERRA LEONE

A country that is still fragile.

**A**ccording to the World Bank's most recent studies, economic growth in Sierra Leone has been hampered by the fragility of its institutions and by a chain of separate events, including the Ebola epidemic that struck the country from 2014 to 2015, the Covid-19 pandemic from 2020 to 2021, the recent rise in the price of raw materials around the world, and the consequences of the war in Ukraine.

The conflict that broke out in Europe in February 2022 has had repercussions for the whole planet. In Sierra Leone, high inflation has not spared food and fuel and has had a huge impact on society, to the extent that about 73% of Sierra Leoneans are living in a state of food insecurity, according to the WFP.

In November 2022, the Bank of Sierra Leone's Monetary Policy Committee reported that inflation had caused a 43% rise in food prices.

Economic instability led inevitably to social instability, which took the form of violent disorder in August 2022. Riots over the cost of living, the economic crisis and a ban on strikes led to clashes, after which people from Freetown and Makeni arrived at our Surgical Centre in Goderich with gunshot wounds.

Even one of our own cars was caught in a riot in the east side of the capital, with the driver and a doctor inside. The mob surrounded the vehicle, beat the doctor with a stick and stabbed the driver in the arm, then set the car on fire.

We have been working in Sierra Leone, where the level of surgery is very poor, at our Surgical Centre in Goderich since 2001, admitting patients for traumatology, emergency surgery to treat conditions like strangulated hernia and gastrointestinal perforation, and elective surgery when this does not clash with emergencies.

Our Surgical Centre is the traumatology referral hospital for the entire country. Many patients are transferred to Goderich from hospitals in other provinces and sometimes neighbouring countries. In 2022 we carried out over 3,100 surgical operations and more than 28,000 check-ups.

Malaria, malnutrition and gastrointestinal infection are the main causes of death among children under five in Sierra Leone, but they are not the only danger. Accidentally swallowing lye is still one of the main reasons child patients come to our Surgical Centre in Goderich. Lye is a raw ingredient in homemade soap, a chemical compound that, in its solid form, can be mistaken for sugar or salt, and in its liquid form resembles water. It is often stored in open bottles, within reach of children. This is, then, both a social and a medical problem, in a country with one of the highest infant mortality rates in the world.

Lye claims hundreds of victims every year in the country, causing severe burns to the oesophagus and tightening it. In treatment, multiple dilations must be carried out before the child can go back to eating and drinking orally.

Our hospital is the only one in the country equipped to carry out such dilations by means of endoscopy. In 2022 alone, we admitted more than 150 new patients to our Centre, 70% of whom were under five years old.

In addition to surgery, we spend every day educating families about the dangers and consequences of swallowing lye, and teach them how to feed children who have done so.

Of the 349 local staff working at our hospital in 2022, just under half were medical workers. Training is a fundamental aim for the staff at our hospitals, and our work on this front with our Sierra Leonean colleagues has been officially recognised by the country's Minister of Health, who in 2022 asked us to start training anaesthesia nurses.

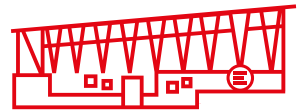


SINCE 2001

GODERICH

SURGICAL CENTRE

GENERAL AND EMERGENCY SURGERY, ORTHOPAEDIC AND RECONSTRUCTIVE SURGERY,  
TRAUMATOLOGY



Data from 2022

**OVER 2,300**  
TRAUMA SURGERIES

**OVER 2,000**  
CHILDREN UNDER 5 YEARS OLD SEEN  
IN THE EMERGENCY ROOM

**OVER 1 IN 10**  
**PATIENTS**  
IS OPERATED ON AFTER  
SWALLOWING LYE

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

**67** BEDS

**349** LOCAL STAFF

**BETWEEN NOVEMBER 2001 AND 31 DECEMBER 2022**

**Check-ups:** 419,116

**Admissions:** 46,605

**Surgeries:** 66,619



# ITALY

Putting the right to treatment into practice.

**U**niversality, equality and fairness; when it comes to the right to treatment, these principles are often disregarded. According to the latest report from ISTAT in 2022, the number of families living in absolute poverty has more than doubled, to 1,960,000, with the number of individuals tripling from 1.9 to 5.6 million. *Osservatorio sulla Povertà Sanitaria's* report for 2022 revealed further how extreme poverty and other socio-economic problems have limited access to services and medical treatment, above all for foreigners in Italy.

In 2022 we continued working to help agricultural workers in the fields of Southern Italy, particularly in Calabria and Sicily, where we have been working since 2013 and 2016, respectively.

In May we opened a new clinic in Vittoria, Ragusa province, strengthening the services of basic medicine and psychological support that we have offered since 2019 to agricultural workers in what is known locally as the "transformed strip." The facility itself and some of the staff were provided by the local health authority, who we have always worked with and who helped us plan this project. The 50 miles of greenhouses winding their way along the coast here are a place of work for large numbers of migrants. Working long hours far from the nearest town, these people struggle to reach a doctor when they need one. The purpose of our clinic is to be there for anyone working in a precarious position or otherwise cut off from the rest of society.

Since the war in Ukraine broke out in February 2022, we have seen more Ukrainian patients in our projects in Italy.

In Milan, for example, we have helped many women and men who have fled war, mainly through psychological support. At the Superstudio Refugee Village facility in the city, our staff participated in a project to help women and children, providing interpretation, socio-medical support and other services to the facility's guests.

In Sassari we strengthened our existing services of basic medical aid and socio-medical support. We helped the local health authorities plan vaccinations for Ukrainian children prior to them being enrolled in Italian schools.

In Milan we could see the socio-economic repercussions of the Covid-19 pandemic were still being felt. So, in January 2022 we expanded "Nobody Left Behind", the social project we had begun in the midst of the pandemic, to help people access the socio-medical services that exist in the city but from which many find themselves excluded.

In 2022 we delivered more than 18,000 food packages and more than 9,000 packages of hygiene products, and had over 4,000 conversations with people to work out how best to meet their social needs, for instance a job or housing.

For over 15 years, our treatment work has gone hand in hand with pressuring the regional and national authorities to guarantee access to treatment in our country, as established in Article 32 of the Italian Constitution.

Thanks in part to our collaboration with the *Associazione per gli Studi Giuridici sull'Immigrazione*, we had two significant successes in 2022. After much hard work by our socio-medical information point in Brescia, the Court of Milan accepted the claims of a Romanian patient of ours, who had been denied treatment on the grounds that she had no residence and did not meet the requirements for enrolment in the national health service; this outcome has set an important precedent. The sort of guidance we provide is essential because patients are often not aware of their own rights to healthcare. We help them through the bureaucratic tangles of the health system, but above all we guide them on their path to integration, both medical and general, into their community and its institutions.

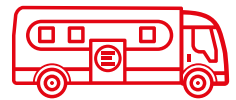
Our second success was in Campania, where our pressuring of the authorities led in March 2022 to children of undocumented non-EU migrants under 14 years old being granted the right to be assigned a paediatrician on the national health service, free of charge. Without this right, the children of undocumented migrants were often forced to make recourse to charities or go to emergency departments for minor illnesses.

SINCE 2013

## SEASONAL WORKERS

SOCIO-MEDICAL SUPPORT, PSYCHOLOGICAL SUPPORT

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



Data from 2022

**83%**  
OF PATIENTS ARE MEN

**63%**  
OF PATIENTS ARE BETWEEN 18  
AND 40 YEARS OLD

**OVER 4,200**  
SOCIO-MEDICAL SUPPORT  
AND GUIDANCE SERVICES

### LOCATIONS:

Rosarno (Reggio Calabria)  
Vittoria (Ragusa)  
Marina di Acate (Ragusa)  
Santa Croce di Camerina (Ragusa)

**14** LOCAL STAFF

**2** VOLUNTEERS

**BETWEEN JULY 2013 AND 31 DECEMBER 2022**

### Services

**REGGIO CALABRIA (SINCE 2013):** 46,168  
**RAGUSA (SINCE 2018):** 13,721

SINCE 2006

# URBAN OUTSKIRTS

# SOCIO-MEDICAL SUPPORT

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



Data from 2022

## OVER 550

PSYCHOLOGICAL SUPPORT SESSIONS  
(IN MARGHERA, MILAN AND NAPLES)

## AROUND 9,500

SOCIO-MEDICAL AND  
PSYCHOLOGICAL SUPPORT SERVICES  
(IN MILAN)

## OVER 3,600

MEDICAL SERVICES FOR UKRAINIAN  
PATIENTS

### LOCATIONS:

Castel Volturno (Caserta)	Sassari
Marghera (Venice)	Brescia
Milan	
Naples	

36 STAFF

110 VOLUNTEERS

### BETWEEN APRIL 2006 AND 31 DECEMBER 2022

**MARGHERA (SINCE 2010):** 97,182  
**SASSARI (SINCE 2012):** 24,592  
**CASTEL VOLTURNO (SINCE 2015):** 72,715  
**MILAN (SINCE 2015):** 72,138  
**NAPLES (SINCE 2015):** 51,970  
**BRESCIA (SINCE 2016):** 15,365

NOBODY LEFT BEHIND	SINCE 2020
	SOCIAL PROJECT
SOCIAL SUPPORT, DELIVERY OF BASIC GOODS	



Data from 2022

**OVER 1.5 MILLION**  
MEALS DELIVERED

**ALMOST 4,000**  
VISITS FOR SOCIO-MEDICAL SUPPORT  
IN THE OUTSKIRTS OF MILAN

**OVER 550**  
REQUESTS FULFILLED FOR HOUSING,  
WORK, SOCIAL SERVICES AND  
DOCUMENTS

**LOCATION:**  
Milan

**10** STAFF

**250** VOLUNTEERING

**BETWEEN MARCH 2020 AND 31 DECEMBER 2022**

**Packages delivered (of food and hygiene products):** 162,932  
**People helped:** 25,959  
**Households helped:** 6,656



# MEDITERRANEAN SEA

Choosing to go out to sea.

In December 2022 our search and rescue (SAR) ship *Life Support* set sail for the Mediterranean Sea on its first mission.

According to the International Organization for Migration (IOM), between 2014 and 2022 more than 20,000 people died or disappeared in the Mediterranean Sea: an average of six people a day. In 2022 alone, more than 1,300 people met this fate on the world's most dangerous migration route.

*Life Support* is our attempt to keep up our commitment to people whose rights – above all their right to life – are not protected.

Like other humanitarian organisations, EMERGENCY is in the Mediterranean because there have been no SAR missions organised by any European authority – which is why, now more than ever, charities are needed at sea. We are not acting as “sea taxis” and we do not make any profit from our rescue work.

Our rescue operations have always been carried out in communication with the national and maritime authorities responsible for whichever SAR zone we are in. In spite of the many accusations levelled at us, neither we nor any other NGO has ever been tried and found to be involved, directly or indirectly, with the activities of people traffickers or smugglers.

Our ship is 170 feet long and 40 feet wide. It can host up to 175 rescued people in addition to its crew. The team on *Life Support* is made up of 28 people: nine sailors, 17 EMERGENCY staff and two more people depending on the requirements of the mission, for whom places are kept free.

Our medical team consists of two nurses and a doctor, who are supported by two cultural mediators.

On our first rescue, on the night of 18 December, we found 70 people in international waters within the Libyan SAR zone. Our second rescue came 24 hours later, again at night and in international waters, this time in the Maltese zone, where we found 72 more people.

Our new passengers came mainly from Bangladesh, Burkina Faso, Cameroon, Ivory Coast, Egypt, Eritrea, Guinea, Mali, Pakistan and Somalia. One hundred and nine of them were men, 26 were unaccompanied children between the ages of 13 and 17, five were women – one of them seven months pregnant – and two were babies less than two years old. Many of them spoke of the violence and abuse they had suffered in Libya.

On 22 December, three days' sailing since its last rescue, *Life Support* docked at Livorno, the port assigned us by the authorities, to land everyone we had rescued.

On the ship's hull we have painted some words from Gino Strada, surgeon and founder of EMERGENCY: “Human rights are for all humans, every single one. If not, we should call them privileges.”

We all share the same rights. This was the idea behind *Life Support*, and behind every other humanitarian project we have embarked on in the past 30 years.

SINCE 2022

# MEDITERRANEAN SEA

## LIFE SUPPORT

SEARCH AND RESCUE AT SEA, MEDICAL AID, CULTURAL MEDIATION



Data from 2022

**70**  
 PEOPLE SAVED IN THE FIRST RESCUE,  
 AMONG THEM 1 PREGNANT WOMAN  
 AND 2 BABIES

**72**  
 PEOPLE SAVED IN THE SECOND  
 RESCUE

**28 CHILDREN  
 SAVED,**  
 26 OF THEM UNACCOMPANIED

### **Rescue Area**

Area for landing rescued people

### **Boat deck**

Area for rescued people on board

### **Main deck**

Clinic, showers and toilets

**Landing port:** Livorno

**28** CREW MEMBERS

**DECEMBER 2022 TO 31 DECEMBER 2022**

**Search and rescue missions:** 1

**People rescued:** 142

# CULTURE OF PEACE

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

Every year, the organisation works on a range of communications activities to spread awareness about EMERGENCY's work around the world, and help to strengthen the themes of human rights, solidarity and peace.



photography

## FEAR OF BEAUTY

From 8 to 20 March 2022, at Casa Emergency in Milan, we hosted "Fear of Beauty," an exhibition of the work of five Afghan photographers - Mariam Alimi, Roya Heydari, Fatimah Hossaini, Zahara Khodadadi and Najiba Noori - in collaboration with the association *Donne Fotografe*. Their pictures show many different faces and scenes of life.

The exhibition was also shown at the *Circuito OFF* at the *Festival della Fotografia Etica* in Lodi, in September 2022. ○



art

## DRAWINGS BY GEORGE BUTLER

“Dead on arrival. 11:56am. 5 September 2022.”

One of the casualties delivered to the EMERGENCY Hospital in Kabul after a suicide bombing.

Sadly the extent of his injuries meant he didn't survive. His family later came to collect the body which had been washed and prepared in keeping with Muslim practice, before the funeral which is carried out within 24 hours. The man standing above him is a local ambulance driver. For everyone in the room except me - this is an all too common occurrence.”

George Butler is a British artist and illustrator who records some of the world's most challenging circumstances with pen, ink and watercolour, capturing unfolding scenes and emotions. In September 2022, George returned to Afghanistan with EMERGENCY. He visited our projects, staff and patients across the country, drawing EMERGENCY's work one year on from the fall of Kabul, to give a different perspective on the devastation left by war, through art. ○





photography

## NO MORE WAR

**B**etween 12 and 26 August 2022 – to mark the first anniversary of the fall of Kabul on 15 August 2021 – we held an exhibition on Via Dante in Milan of photographs by Giles Duley and Emma Francis, taken in Afghanistan in the previous year. In September, Duley's pictures of Afghanistan and Iraq, work by the street artist Sibomana and other artists who had taken part in our project "No more war" were brought together in a unique exhibition at the Palazzo dei Musei in Reggio Emilia, during the EMERGENCY Festival. This show is the result of an artistic fusion, between tools, styles and artists, but all expressing one message: we don't want to see any more war.

Giles Duley is a documentary photographer and writer, born in London in 1971. He has travelled in several countries and documented the lasting effects of conflict on civilians. While working in Afghanistan in 2011, he was seriously wounded by explosive ordnance and had to undergo three amputations. ○



photography

## IN THE SHADOW OF THE BAOBAB

**I**n May 2022, Casa Emergency in Milan held the exhibition "In the shadow of the baobab. EMERGENCY and the beauty of care", by photo-journalist and reporter Monika Bulaj. The pictures tell the story of EMERGENCY's hospitals in Sierra Leone, Sudan and Uganda, and convey a simple idea: the right to receive free treatment and the duty to offer it at the highest level.

The exhibition was also held in Padua, at the International Month of Photojournalism Festival in June, then at our office in Venice, from November to January 2023.

Monika Bulaj is a photo-journalist and reporter who has won multiple awards and had her work published in *National Geographic*, *The New York Times*, *Time*, *Al Jazeera*, *The Guardian*, *La Repubblica* and *Corriere della Sera*. She is also the author of several books and articles. This is her second exhibition with EMERGENCY after "Nur. Afghan Diaries." ○



campaigns

## PEOPLE'S VACCINE ALLIANCE

**I**n many low-income countries, over 80% of the population is still not vaccinated against Covid-19 and access to tests and treatment is completely inadequate, so that hundreds of millions of people are denied the right to treatment. Over 5 million people around the world have lost their lives to Covid-19 since the pandemic began, half of them in low- and medium-income countries. The G7 countries have donated to poorer countries just 49% of the 2.1 billion vaccines they promised. The People's Vaccine Alliance, of which EMERGENCY is a member, has concentrated most of its appeals on big events like the G7 summit and meetings of the World Trade Organization, addressing governments, pharmaceutical companies and international institutions. A universal right to treatment must encompass equal access to vaccines, tests and treatment in every country in the world. ○



technology

## VIRTUAL TOUR IN UGANDA

**A**t Digital Week in Milan, in October 2022, we gave virtual tours of our Children's Surgical Hospital in Uganda, using two digital tools: a 3D model of the Matterport project and a virtual experience with immersive goggles. We transported participants to the banks of Lake Victoria, showing them the reception room, operating theatre and many wards designed by Renzo Piano, where "healing architecture" complements the high-quality paediatric treatment that our staff provide every day to their little patients. ○



book

## UNA PERSONA ALLA VOLTA

**M**arch 2022 saw the release of *Una persona alla volta*, Gino Strada's last book, edited by EMERGENCY's director of communications Simonetta Gola and published by Feltrinelli. The book is a first-person account of a lifelong commitment, from his childhood in a working-class district of Milan, Sesto San Giovanni, known as the Stalingrad of Italy, to his work as a war surgeon in Kabul and the time he visited Hiroshima. Gino passionately describes the roots of the ideas that inspired him day after day, convincing him of the need, radical though it was, to guarantee everyone the right to excellent healthcare. He tells of the emotions and pains, the struggles and loves in the great adventure that was his life, which let him see wars from the standpoint of their victims. On page after page he reiterates his radical demand for the abolition of war and the universal right to treatment. ○



cinema

## A GUERRA FINITA

**A**t the 79th Venice Film Festival we presented the short film *A guerra finita* by artist and animator Simone Massi, narrated by Gino Strada. It uses scenes of large conflicts to show the universal realities of all wars: violence, pain, death, civilian victims. The inspiration came from Gino's own words: "A world without war is another utopia that we cannot just wait for." The film won many prizes and special mentions in 2022 in Italy and abroad, including the Carlo Lizzani Prize in Venice.

Simone Massi was born in Pergola, Marche, in 1970. An independent artist and animator, he won a David di Donatello for best short film, two Nastri d'Argento and over 200 prizes at the main Italian and international festivals. ○

## EMERGENCY FESTIVAL: *THE CHOICE*

📍 The Choice' was the theme of our Festival's second year, held in Reggio Emilia from 2 to 4 September.

Altogether, the Festival totalled 48 events across eight locations, one photography exhibition, one play, six public events and activities for children and families, around 100 guests and more than 12,000 attendees.

**We were joined by** Gabriele Baratto, Laura Silvia Battaglia, Giuliano Battiston, Natalie Bennett, Alessandro Bergonzoni, Luciana Bertinato, Mauro Biani, Lynzy Billing, Syusy Blady, Emanuela Bonchino, Edith Bruck, Emanuela Bussolati, Buxus Consort Strings, Annalisa Camilli, Omar-Dario Cardona, Christian Carmosino, Matteo Cattaneo, Annalisa Corbo, Soumaila Diawara, Donatella Di Cesare, Giles Duley, Davide Enia, Marcello Flores, Fondazione Reggio Children, Stefano Fresi, Enrico Galiano, Fabio Geda, Giovanni Ghioldi, Emanuele Giordana, Eva Giovannini, Riccardo Iacona, Zahra Joya, Franco Lorenzoni, Roberto Maccaroni, Simona Maggiorelli, Marwa Mahmood, Carlo Maisano, Francesca Mannocchi, Pinangelo Marino, Marquica, Michela Marzano, Franco Masini, Marco Mezzadra, Rossella Miccio, Takoua Ben Mohamed, Giovanni Mori, Giampaolo Musumeci, Silvia Napoletano, Elisa Palazzi, Matteo Palazzo, Roberto Papetti, Pietro Parrino, Michela Paschetto, Andrea Pennacchi, Marco Piccolo, Nico Piro, Associazione Psicoatleti, Primitive Mule, Luca Raffaelli, Francesca Recchia, Flavio Rosati, Emanuele Rossini, Giovanna Sala, Beppe Salmetti, Nello Scavo, Barbara Schiavulli, Marta Serafini, Giammarco Sicuro, Daniele Silvestri, Matteo Smerlak, Stefano Sozza, Silvia Stilli, Federico Taddia, Marco Tarquinio, Malaika Vaz, Francesco Vignarca, Anna Rita Vizzari, Silvia Zamboni.

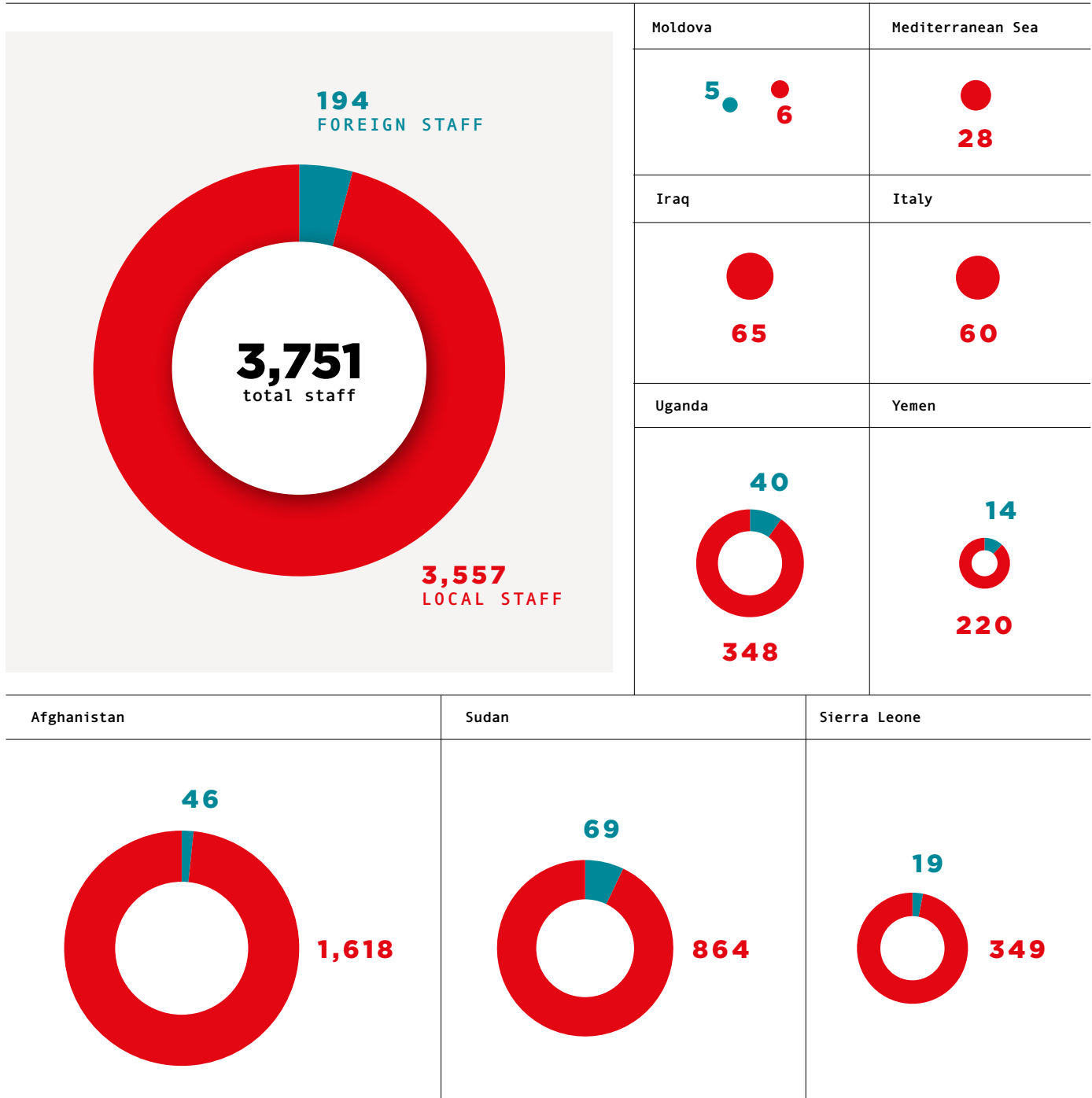


# WORK WITH US

Everyone who works with EMERGENCY helps guarantee the right of anyone who is ill or wounded to free, high-quality treatment.

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

● Local staff    ● Foreign staff



If you would like to apply, visit <https://en.emergency.it/work-with-us>

# SUPPORT US

Please support us today. Visit [en.emergency.it/donate](https://en.emergency.it/donate)

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

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

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# CO-FUNDING FOR OUR PROJECTS

In 2022 institutions, foundations and other donors helped fund our new and existing projects. We would like to thank them for their support.

## INSTITUTIONS

<b>AFGHANISTAN</b>	 Co-funded by the European Union <b>World Health Organization (WHO)</b>	<b>World Health Organization (WHO)</b>	 Co-funded by the European Union <b>Regional governments of: Lazio Apulia Emilia-Romagna</b>	<b>YEMEN</b>	<b>World Health Organization (WHO)</b>
	<b>SURGICAL CENTRE FOR WAR VICTIMS IN KABUL AND FAPS IN AREA</b>	<b>SURGICAL CENTRE FOR WAR VICTIMS IN LASHKAR-GAH AND FAPS IN AREA</b>			<b>SURGICAL AND PAEDIATRIC CENTRE IN ANABAH AND FAPS IN AREA</b>
<b>SUDAN</b>	 Co-funded by the European Union		<b>ERITREA</b>		<b>CARDIOLOGY CLINIC AT OROTTA HOSPITAL IN ASMARA</b>
	<b>PAEDIATRIC CENTRE IN MAYO</b>	<b>PAEDIATRIC CENTRE IN NYALA</b>			
<b>SIERRA LEONE</b>		<b>ITALY</b>		<b>ITALY</b> <b>NOBODY LEFT BEHIND</b> <b>EMERGENCY's social project</b>	
	<b>SURGICAL CENTRE IN GODERICH</b>				

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	<b>AFGHANISTAN</b> <b>SURGICAL AND PAEDIATRIC CENTRE IN ANABAH AND SURGICAL CENTRE FOR WAR VICTIMS IN KABUL</b>	 INTESA 	<b>Jackson Kemper Foundation</b>	 Fondation Assistance International	<b>SUDAN</b> <b>SALAM CENTRE FOR CARDIAC SURGERY IN KHARTOUM</b>
 CHIESA VALDESE UNIONE DELLE CHIESE METODISTE E VALDESE	<b>SIERRA LEONE</b> <b>SURGICAL CENTRE IN GODERICH</b>	 Fondazione di Comunità <b>MILANO</b> CITTÀ, SUD OVEST, SUD EST, MARTESANA	<b>ITALY</b> <b>NOBODY LEFT BEHIND</b> Social project		
	<b>SUDAN</b> <b>SALAM CENTRE FOR CARDIAC SURGERY IN KHARTOUM</b>		<b>ITALY</b> <b>CLINIC FOR MIGRANTS AND VULNERABLE PEOPLE IN POLISTENA</b>		<b>ITALY</b> <b>CLINIC FOR MIGRANTS AND VULNERABLE PEOPLE IN MARGHERA</b>
 Charitable Foundation	<b>AFGHANISTAN</b> <b>MATERNITY, SURGICAL AND PAEDIATRIC CENTRES IN ANABAH</b>		<b>ITALY</b> <b>CLINICS FOR MIGRANTS AND POOR PEOPLE</b>	With the support of  Cuore Onlus	<b>ITALY</b> <b>CLINICS FOR MIGRANTS AND POOR PEOPLE IN CASTEL VOLTURNO AND PONTICELLI</b>

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

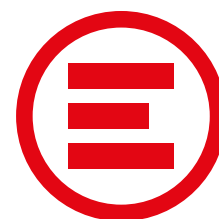
**Universal Declaration of Human Rights,  
Paris, 10 December 1948, Article 1 and Preamble**

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**EMERGENCY** also has offices in Belgium, the United Kingdom, Switzerland and the United States, and a network of volunteers in Berlin, Brussels, Hong Kong, Heidelberg, London, Los Angeles, New York and Vienna.



***EMERGENCY***  
MEDICINE, HUMAN RIGHTS AND EQUALITY