REPORT
1994–2015
MANAGING DIRECTOR
Roberto Satolli

DIRECTOR
Gino Strada

EDITOR
Simone Bria

WITH THE ASSISTANCE OF
Francesca Broccheti, Giacomo Meraldo, Emanuele Biondi, Luca Rota, Emanuele Rossini, Cecilia Strada

PHOTOGRAPHS
EMERGENCY archive, Marco Affanni, Victor Blue, Simone Cortes, Roberto Ciavarella, Michael Duff, Massimo Grasselli, Francesco Pistilli, Alessandro Rota, Gianluca Tullio

GRAPHIC DESIGN
Angela Fittipaldi

PRINTED BY
Special issue, supplement to the Quarterly - Litografica Cuggiono, Registration with the Court of Milan al no. 701 of 31.12.1994

DISTRIBUTION
280,000 copies, of which 206,344 sent to registered supporters

EDITORIAL TEAM
via Gerolamo Vida, 11
20127 Milan - Italy
T +39 02 881 881
F +39 02 863 163 36
info@emergency.it
www.emergency.it

EMERGENCY ONG ONLUS
is an independent international organisation.

It provides free, high-quality medical and surgical treatment for the victims of war, landmines and poverty.

It promotes a culture of peace, solidarity and respect for human rights.

Between 1994 and 2015, over 7 million people have been treated free of charge at EMERGENCY’s hospitals, health centres, outpatient clinics and rehabilitation centres.
EQUALITY
Every human being has the right to receive medical treatment regardless of their economical and social condition, gender, ethnic group, language, religion and opinions. The best treatment made possible by progress and medical science must be provided impartially and without discrimination to all patients.

QUALITY
High quality health systems must be based on the needs of everyone and must be adapted to progress in medical science. They cannot be guided, organised or determined by power groups or by the companies involved in the health industry.

We believe that the right to health is a fundamental human right, thus we call for healthcare based on:

SOCIAL RESPONSIBILITY
Governments must consider the health and well-being of their citizens as priorities, and must allocate the necessary human and financial resources to achieving this purpose. The Services provided by national health systems and humanitarian projects in the health field must be free of charge and accessible by everyone.

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

OUR PRINCIPLES
WHAT WE DO

WHERE WE ARE
ITALY
Clinic for migrants and people in need, Palermo
Clinic for migrants and people in need, Marghera (VE)
Clinic for migrants and people in need, Polistena (RC)
Clinic for migrants and people in need, Castel Volturno (CE)
Clinic for migrants and people in need, Ponticelli (NA)
Mobile unit for social-healthcare orientation and counselling, Bologna
5 Mobile clinics
Information and prevention on Sexually Transmitted Diseases in Caserta
Social-healthcare orientation centre, Sassari

LIBYA
Surgical Centre for war victims, Gernada

SIERRA LEONE
Surgical Centre, Goderich
Paediatric Centre, Goderich
First Aid Post, Lokomasama

CENTRAL AFRICAN REPUBLIC
Paediatric Centre, Bangui
Surgical and paediatric intervention at the Complexe Pédiatrique, Bangui
Organisation of and support to the activities of the National Blood Bank (CNTS), Bangui

AFGHANISTAN
Medical and Surgical Centre, Anabah
Maternity Centre, Anabah
Surgical Centre for war victims, Kabul
Surgical Centre for war victims, Lashkar-gah
334 cooperatives for disabled persons
32 Primary Health Centres in refugee and IDP camps

IRAQ
Rehabilitation and Social Reintegration Centre, Sulaimaniya
Professional and Training courses
324 cooperatives for disabled persons
5 Primary Health Centres in refugee and IDP camps

SUDAN
Paediatric Centre, IDP Camp in Mayo, Khartoum
Salam Centre for cardiac surgery, Soba, Khartoum
Paediatric Centre, Port Sudan, Red Sea State
NEW HEALTH CENTRES FOR REFUGEES AND IDPS OF THE WAR IN SYRIA AND IN IRAQ.

EBOLA

TWO CENTRES TO CURB THE EBOLA EPIDEMIC AND TREAT THE ILL IN THE ONLY DEDICATED INTENSIVE CARE UNIT IN THE WHOLE OF WESTERN AFRICA.

MIGRANTS

DOCTORS, NURSES AND MEDIATORS TO HELP MIGRANTS AND REFUGEES IN SICILY.

2015 AT A GLANCE

WAR

A NEW OPERATING THEATRE IN THE SURGICAL CENTRE FOR WAR VICTIMS IN KABUL, AFGHANISTAN.

HUMAN RIGHTS

GINO STRADA RECEIVES THE RIGHT LIVELIHOOD AWARD AT THE SWEDISH PARLIAMENT.

IDPS AND REFUGEES

A NEW HOSPITAL FOR WAR VICTIMS IN GERNADA, LIBYA.

WAR WOMEN

A NEW MATERNITY CENTRE BEING BUILT IN AFGHANISTAN.
«War can’t be humanised, it can only be abolished; and that will be EMERGENCY’s commitment in the coming years», said Gino Strada to all his friends at the Right Livelihood Award and to all EMERGENCY’s volunteers and travel companions around the world. A hope, and an invitation to get the ball rolling. OK, so it can only be abolished, but how?

Returning from Stockholm, we opened our books again. We went back to Albert Einstein, Bertrand Russell, Linus Pauling and many others who, long before us and in a much better way, put man on his guard: war has to be thrown out of history before war itself throws out the humankind. We asked ourselves why this idea - so simple, so obvious, so urgent even, for us civilians in the shadow of war - was thrown out of history before war itself throws out the war refugees and displaced persons. War brings poverty to those who suffer it, and even those who make it, taking away resources from school, health and work. Above all, war and the war system produce the next war. They don’t foster safety, but it’s opposite… And this is no coincidence.

We have to be able to speak with those who don’t share our opinion. All those for whom “war is a necessary evil; what other way is there to stop terrorism?”. EMERGENCY’s experience, the experience of those who’ve been observing war from the first aid post and the operating theatre for the past 20 years, is the living proof that war just doesn’t work. We see the number of wounded increasing year by year. We treat them in their own homes in Afghanistan, Iraq, Libya or Central African Republic, and we treat them here in our own homes - the war refugees and migrants. We know that, since 2001, the “war against terrorism” has only produced more deaths, more violence, more hatred and more terrorism. Today, in the face of fresh mourning in Europe and those calling for “more war to beat terrorism”, we want to point out that it’s not the only result of war. War poisons and destroys the environment, putting a cost on the future of our children. War deletes memories. War produces hunger, refugees and displaced persons. War brings poverty to those who suffer it, and even those who make it, taking away resources from school, health and work. Above all, war and the war system produce the next war. They don’t foster safety, but it’s opposite… And this is no coincidence.

We want to get back to words, like the word “peace”. What is it? It isn’t that thing that occurs between one war and another. If that was the case, we could just sit down and wait, or march to demand the end of this war or that one, and then reach a period of peace. No. Peace is a positive, reciprocal, daily relationship. It’s a social system based on rights rather than inequality. Peace isn’t passive - it’s practical; dismantling the factory of war means replacing it with something else. That “something else” is the only real tool for preventing the next war. So, in our toolbox for abolishing war we need to add an economy of peace, the practice of human rights, the elimination of inequalities; and we need to take out war profits, stop arms trafficking and prevent economic and political support for criminal groups and terrorist movements. The criminals have to be seen and treated for what they are, and we need to use tools of intelligence and policing. As Giovanni Falcone, a man of law who fought mafia, said, there’s the “follow the money” logic, and he wisely avoided any suggestion of bombing Sicily to beat the mafia. We need to bind the economic relations between countries to the respect for human rights. We have to safeguard the planet, because it’s the only one we’ve got. We have to give everyone the chance for dignity and happiness, in conditions of peace. That would be a safe world. A world where civilians can go to a concert, to the market or to work without being blown up, without having to worry about a kamikaze, a drone, a rocket, a trigger-happy army, a landmine, the bombing of a village or a hospital.

The logic of war, the circle of war created by a bomb or a car bomb and then another bomb and a suicide bombing - is the actual problem, it can’t be the solution. The past 20 years have proved this. We need to break the circle, change direction, and we need to do it now. Is it possible? “Do we really believe war can be abolished?”. Some answered: “Yes, but we’d have to…”; others said: “No, but it’s right to try anyway”. There’s one thing that we’ve all agreed on though: let’s try.
SINCE THE BEGINNING, WE HAVE BEEN COMMITTED TO PROMOTING A CULTURE OF PEACE, SOLIDARITY AND RESPECT FOR HUMAN RIGHTS.

1995
THE CAMPAIGN AGAINST LANDMINES
In 1995, one year after it was set up, EMERGENCY reopened the hospital in Choman, a village in Iraqi Kurdistan near the border with Iran. The area was infested with landmines, most of them manufactured in Italy. One of the most common models was the Valpara 69, a fragmentation mine made in Brescia that kills anyone within a radius of 25 metres and seriously injures anyone within a radius of 200 metres from the explosion. Initially at the hospital in Choman, and later in those that EMERGENCY built in Erbil and Sulaimaniya, our doctors treated men, women and children who had stepped on landmines. They started talking up about what they saw on the operating tables and, for the first time, the public opinion became aware about the effects of those terrible weapons.

We called on the Italian Ministry of Defense to take action against landmines. On 2 August 1994, the Italian Parliament released a memorandum on the production and export of antipersonnel mines. In 1996 we asked the public opinion to support our campaign and, in just a few days, individuals in Italy sent more than 1 million petitions to the President of the Republic (Oscar Luigi Scalfaro), asking to quickly discuss and approve a law that would ban Italy from selling and using landmines. Additionally, we asked the Italian Government to commit at the international level to ensure the ban would become universal and to start humanitarian initiatives focusing on the treatment of landmine victims and on denying efforts. That same year, ten Nobel Prize winners – Rita Levi Montalcini, Adolfo Pérez Esquivel, Joseph Rotblat, Elie Wiesel, Jean-Daussiet, Christian de Duve, Frank Shenwood Roelands, Steven Weinberg, Kenneth J. Arrow, James M. Buchanan – signed our petition against landmines. On 3 December 1997, Italy signed the Anti-Personnel Mine Ban Convention in Ottawa, which prohibits the use of anti-personnel landmines, requires the destruction of stockpiles and – a new development with respect to the Italian law – calls for mine clearing operations and assistance for victims.

2001
A SHRED OF PEACE
On 11 September 2001, the terrorist attacks in the United States shocked the international public opinion. The reaction was swift: not even a month after the attacks, on 7 October, the United States bombed Afghanistan. This was Enduring Freedom, the first mission of the global war on terror. The Taliban regime governing Afghanistan was accused of backing Al Qaeda, the terrorist group considered responsible for the attack on the Twin Towers. The military attack on Afghanistan was supported by much of the international community. Italy fell into line too: on 7 November 2001, 92% of Members of the Italian Parliament voted Italy’s participation in the international military intervention – in violation of Art. 11 of the Italian Constitution which reads Italy rejects war as an instrument of aggression against the freedom of other peoples and as a means for the settlement of international disputes. While war was being portrayed as an inevitable self-defense measure of a State under attack, we at EMERGENCY knew that war would not bring justice for the victims of the attacks, or eliminate the threat of terrorism. We knew that it would have been yet another act of violence against a State already devastated by decades of conflicts.
We asked individuals in Italy to show their support to our position by wearing a ‘shred of peace’, a shred of white fabric that became the symbol identifying those who wish to find new ways of living together, new ways of solving problems other than violence, terrorism and war.

2002
AGAINST THE WAR IN IRAQ
In the autumn of 2002, it seemed once again that war was inevitable. Iraq was viewed as a threat to the security of western world and so the west prepared another military campaign in the region. EMERGENCY launched an appeal: “Keep Italy out of the war.” We issued this request to the Italian government and to all citizens through widespread mobilisation throughout the Country. On 10 December 2002, on the anniversary of the Universal Declaration of Human Rights, people throughout Italy took to the streets while white clothes and rainbow flags waved from the windows. There were also hundreds of assemblies in the schools, cohesion from dozens of municipalities, provinces and regions, and 500,000 signatures added to the appeal. EMERGENCY handed over the test of the appeal and the signatures collected to the Presidents of the Republic and of the Council of Ministers, as well as to the Speaker of the Chamber of Deputies and the Presidents of the Senate and of the parliamentary groups. Against the wishes of such a large part of the Country, on 15 April 2003, the government obtained a vote from Parliament in favour of a “humanitarian mission” in Iraq, which happened before the UN Security Council passed resolution 1483.

2002
LET’S STOP THE WAR, LET’S SIGN FOR PEACE
Rejection of war is a fundamental principle of the Italian Constitution and is decreed in Article 11. EMERGENCY asked three jurists to draft the test of a popular initiative bill stating the “Rules for the implementation of the principle of rejection of war decreed by Art.11 of the Italian Constitution and by the Preamble of the UN Charter”. The bill required a series of guarantees to enforce Article 11, ensure its effective application and provide for strict sanctions for its breach. EMERGENCY collected 137,310 signatures (far more than the 50 thousand required by law) and presented the bill to the legislative tests office of the Chamber of Deputies on 17 June 2003.

2003
CEASE FIRE
In the autumn of 2003, the escalation of the war in Iraq and in Afghanistan and the terrorist attacks in Turkey, Palestine and Chechnya followed one another in a spiral of violence. In view of this, we launched a campaign to end this violence. “The citizens of the world have no more tears: a bomb follows a carbomb, revenge follows every death, generating further deaths and revenges. Different names – war, terrorism, violence – all mean human bodies torn into pieces and parts of humanity lost forever. We no longer want to see atrocities: it is inhumane that humans continue to kill each other. Let’s stop this spiral of violence, or, in the end, nothing will remain, no rights or wrongs, only a never ending chain of death and destruction.
We ask all those who are carrying out or planning terrorist attacks and wars to stop. We ask for time to reflect, we cannot look away while the murderous madness rages. To all those who promote violence, secret organisers of massacres or very visible dictators or Presidents, we – the People – impose you “Cease fire!”. Over 70,000 citizens subscribed to the EMERGENCY’s appeal.

2010
THE WORLD THAT WE WANT
The world that we want is the title of the Manifesto that EMERGENCY presented in September 2010 at the 9th National Meeting of the organization and its volunteers. The Manifesto asks for a world without wars, where the basic rights of every human being are guaranteed, including the right to health, education, access to information etc., in respect of the fundamental values of peace, democracy and equality. The Manifesto is not a revolutionary document: it was written bearing in mind the Italian Constitution and the Universal Declaration of Human Rights, set down sixty years ago when the world was emerging from two wars that had overturned every human value.

2011
WE OPPOSE THE WAR IN LIBYA
In February 2011, the international community - Italy included – declared war against Libya. EMERGENCY once again spoke out against the use of violence: in order to strike a dictator, who had been backed by many Western Governments until few months before the war, it was decided to attack a whole country. EMERGENCY launched an appeal inspired by Einstein’s famous quote: “War cannot be humanised, it can only be abolished.” A few days after, we sent a surgical team in Misrata, the most affected city in the war. Our appeal was signed by tens of thousands of people. It read: “Once again the leaders of the world chose war. Gadhafi chose war against his own citizens, the migrants crossing Libya. And our Country chose war “against Gadhafi”. If it was presented to us, once again, as a humanitarian effort, as inevitable and necessary. No war can be “humanitarian”. War has always been the destruction of humanity, the killing of fellow human beings. Every “humanitarian war” in reality is a crime against humanity. If we want to protect human rights, the only way is for all warring parties to establish a cease fire and stop war, violence and the repression. No war is inevitable. Wars may at times appear to be inevitable only because nothing has been done to prevent them. They appear to be inevitable to those who for years have been ignoring rights, those who have grown rich through arm trade, those who have denied the dignity of the peoples and social justice. They appear inevitable to those who have designed them. No war is necessary. War is always a choice, not a necessity. It is the absurd choice of killing that glorifies violence, spreading it, amplifying it and finally generating the “culture of war”. “Here, then, is the problem which we present to you, stark and dreadful and inescapable: shall we put an end to the human race; or shall mankind renounce war?” [Russell-Einstein Manifesto, 1955]. For this utopia to become real, we must first of all learn to think in a different way, removing war from our cultural and political horizon. Together with all those who are citizens of war, violence and repression, who fight for their rights and for democracy, “War cannot be humanised, it can only be abolished!”, Albert Einstein.”
In the past century, the percentage of civilian casualties had dramatically increased from approximately 15% in WWI to more than 60% in WWII. And in the 160 and more "major conflicts" the planet has experienced after the end of WWII, that took the lives of more than 25 million people, the percentage of civilian victims has consistently been around ninety percent of the total, very much like the data from the Afghan conflict.

Working in war torn regions for more than 25 years, I have witnessed this cruel and sad reality, perceived the magnitude of this social tragedy, of this carnage of civilians, mostly occurring in areas with almost non-existing health facilities.

Over the years, EMERGENCY built and run surgical hospitals for war victims in Rwanda, in Cambodia, in Iraq, in Afghanistan, in Sierra Leone and in many other countries, then expanded its medical activities to include pediatric and maternity centers, rehabilitation centers, clinics and first-aid posts.

The origin and foundation of EMERGENCY back in 1994, did not derive from a set of principles and declarations. It was rather conceived on operating tables and in hospital wards. "Treating the wounded is neither generous nor merciful, it is only just. It has to be done."

In 21 years of activity, EMERGENCY provided medical and surgical assistance to more than 7 million people. A drop in the ocean – you might say – but that drop has made a difference for many. Somehow it has also changed the lives of those who have shared the experience of EMERGENCY, like me.

In the beginning of the new millennium there are no rights for all, but privileges for few.

Beginning of the new millennium there are no rights for all, but privileges for few.

The single and most aberrant, widespread and persistent violation of human rights is the practice of war, in all its forms. Deleting the right to stay alive, war denies all human rights.

Being witness of the atrocities of war, I have seen how turning to violence has most of the times only brought in more violence and sufferings. War is an act of terrorism, and terrorism is an act of war: they share a common denominator, the use of violence.
Sixty years later, we are still confronted with the dilemma posed in 1955 by leading world scientists in the so-called Russel–Einstein Manifesto: “Shall we put an end to the human race; or shall mankind renounce war?”. Can we have a world without war to guarantee a future to the human race?

Many would argue that wars always existed. This is true but it does not prove in any way that the recourse to war is inevitable, nor can we assume that a world without war is unachievable. The fact that war has marked our past does not mean that it has to be part of our future as well.

Likewise, diseases, war shall be considered as a problem to solve, not a destiny to embrace or appreciate. As a doctor, I could compare war with cancer. Cancer vexes humanity and claims many victims: does this mean that all efforts of medicine are useless? On the contrary, it is exactly the persistence of this devastating disease that prompts us to increase the efforts to prevent and defeat it.

Conceiving a world without war is the most stimulating task the human race is facing. It is also the most urgent. Atomic scientists, through their Doomsday clock, are warning the human beings: “The clock ticks now at just three minutes to midnight because international leaders are failing to perform their most important duty—ensuring and preserving the health and vitality of human civilization.”

The biggest challenge for the next decades is to imagine, design and implement the conditions that will allow reducing the recourse to force and to mass violence until their full disappearance. War, just like deadly diseases, has to be prevented and cured. Violence is not the right medicine: it does not cure the disease, it kills the patient.

The abolition of war is the first indispensable step in this direction.

We may call it “utopia”, as this never occurred before. However, the term utopia does not designate something absurd, but rather a possibility that still has to be explored and accomplished.

Many years ago even the abolition of slavery seemed “utopian”. In the XVIII century the “possession of slaves” was deemed as “normal”, physiological. A massive movement—gathering hundreds of millions of citizens over the years, decades and centuries—changed the perception of slavery: today we repel the idea of human beings chained and reduced to slavery. That utopia became true.

A world without war is another utopia we cannot wait any longer to see materialized.

We must convince millions of people that abolishing war is urgently needed and achievable. This must penetrate deeply in our consciousness, until the idea of war will become a taboo, expelled from the human history.

Receiving the Right Livelihood Award encourages me personally, and EMERGENCY as a whole, to multiply our efforts: caring for the victims and promoting a cultural movement for the abolition of war.

I take this opportunity to appeal to you all, to the community of the RLA laureates to join forces and support this initiative.

Working together for a world without war is the best we can do for the generations to come.

Thank you very much.
Emergency was founded over 20 years ago to provide treatment for war victims. In Rwanda, Eritrea, Cambodia, Afghanistan and Iraq we’ve seen for ourselves the horror of violence and weapons. It’s always the same, everywhere.

Civilian victims were just 1 in 10 at the start of the 20th century, but in today’s wars the figure is 9 in 10. And 1 out of 3 is a child.

The wars we saw in 2015 were no exception. In Afghanistan there have never been as many civilian victims as in the past year: we had to enlarge our hospital in Kabul because the operating theatres and wards couldn’t keep up with the ongoing emergency. In Iraq we opened new clinics to help the Syrian and Iraqi refugees fleeing from ISIS: there are three million of them, and the flow shows no signs of letting up.

In the Central African Republic, we’ve extended our work at the public paediatric hospital because the war had compromised a health system that was already very weak, and everything is in short supply.

In the chaos of Libya, we opened a hospital for war victims and, as we write, the winds of another war to “stop terrorism” are blowing.

We’ve seen wars started for humanitarian reasons, to bring back democracy, for the safety of Europe, to “defend our way of life”. We haven’t seen even just one that’s kept the promises it started out with. On the other hand, we’ve seen hospitals full of wounded people, refugees in flight, and great fear.

Wars, economic exploitation and environmental disasters keep half the world’s population in conditions of poverty.

For more than 3 billion people around the world, fundamental rights simply don’t exist - not even the right to medical treatment. And if treatment has to be paid for, health becomes a privilege that few can afford.

In our paediatric centre in Sierra Leone, we treat over 100 children a day. We offer free assistance in a country where the average income is a few Euros a day, and the hospitals display a price list for every kind of treatment.

The Salam heart surgery centre in Khartoum is the only free hospital of its type in the whole of Africa; with a first class centre open to anyone who needs it, we assert (in a practical way) the right of every human being to receive good quality, free care.

In the past ten years, we’ve worked a lot in Italy as well. Because even though our Constitution recognises the right to health, increasingly larger numbers of the population have no access to medical care. Poverty, scant knowledge of their rights, and linguistic barriers make it more and more difficult for certain groups to find their way around our national healthcare system. Most of our patients are foreign, but the proportion of Italians is constantly growing. And in the outpatient clinic in Marghera, where free specialist assistance is provided, our fellow countrymen make up the second national group in terms of numbers. In Italy, however, we’ve had to face another emergency: the landings of immigrants and refugees from northern Africa.

Throughout 2015, our mobile clinics were stationed at the ports of Augusta, Pozzallo and Porto Empedocle. In a year that marked the lowest ever level of hospitality policies in Europe and that opened up a humanitarian crisis in the heart of Europe, we provided assistance to those who landed on our coast, fleeing from war and poverty. Without any sort of discrimination.
WHAT’S DIFFERENT ABOUT EMERGENCY’S HOSPITALS

We believe that medical treatment is a fundamental human right and, as such, must be recognised to all. For medical care to be truly accessible, it has to be completely free of charge; for it to be effective, it has to be of excellent quality.

We build the hospitals where we work to ensure the highest possible level of treatment. Right from the project stage, our goal is to guarantee an efficient working environment for the staff, and a comfortable one for the patients.

All our hospitals have a garden, a play area for the children, and spaces where patients can socialize. Our hospitals are practical but also beautiful, because through beauty too we guarantee that our patients are treated with respect and dignity.

We use renewable energy sources and ecological waste disposal solutions. We limit our maintenance costs and respect the environment, in Khartoum as in Kabul.

We operate in emergencies, but we also look a bit further ahead. We offer theoretical and practical training to local staff, so they can become autonomous and independent.

When recruiting auxiliary staff, we prioritise the most vulnerable groups. We offer widows, amputees and war victims the opportunity to earn a living and be independent.

We guarantee three meals a day for our patients and their relatives. We provide over 80,000 free meals a month in countries where patients are required to pay for their meals while they are hospitalised.

THE IMPORTANCE OF TRAINING

It's something we often say: our aim is to become useless. That's why, in all our hospitals, training is one of our main goals. Theoretical and on-the-job trainings enable us to share our knowledge and experience with local staff, fostering their professional growth and autonomy.

In many of the countries where we work, the trainings we run are recognised by the local Ministries of Health. In Sierra Leone, for instance, we’ve organised training courses for nurse anaesthetists; in Afghanistan, our hospitals are recognised centres for medical specialisations in paediatrics, surgery and gynaecology; in Sudan, we train local staff and residents in collaboration with the Nursing Academy of Port Sudan.

By training the local staff, we strengthen the local healthcare systems and develop sustainable, long-term projects.

«I’m doing my residency in gynaecology at EMERGENCY’s Maternity Centre in Panjshir. I’m in the fourth and last year of the course held here and recognised by the Afghan Ministry of Health. I’m learning a lot and getting experience and, thanks to the daily work with the international staff my skills are improving continuously. But, above all, I’m helping people - many women who would otherwise have no chance to give birth safely. I’m helping my country».

Zunia, midwife at EMERGENCY’s Maternity Centre in Anabah, Panjshir
“During the night of 7th August, a truck bomb exploded in a neighbourhood not far from our hospital, causing a dozen deaths and leaving about 400 injured. That was one of the longest, most exhausting nights in my career as a nurse: we examined 92 wounded and admitted 42 of them, keeping the operating theatres open for 12 hours non-stop. An endless swarm of people, frightened children and seriously injured, unbelieving faces, all waiting their turn in the emergency tents. At the first light of dawn, the First Aid area was still at work, along with the operating theatres.

In the past 3 months we’ve taken in more than a thousand patients; more and more often they come from distant areas and are already in a critical condition because it’s impossible for them to reach a hospital quickly. The Kabul registers show a 35% increase compared with last year, and the figures look set to rise further.”

Michela, coordinator of the Surgical Centre for war victims in Kabul
LASHKAR-GAH

SURGICAL CENTRE FOR WAR VICTIMS

START OF ACTIVITIES: September 2004
AREAS OF ACTIVITY: Surgery for victims of war and landmines.
FACILITIES: A&E, 2 Operating theatres, Sterilisation, Intensive care, Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Technical and auxiliary services.
NUMBER OF BEDS: 91
LOCAL STAFF: 245

AT 31 DECEMBER 2015
Admissions: 27,423
Examinations performed: 109,578
Operations performed: 35,483

2015 was a very hard year for the Lashkar-gah Surgical Centre too. Never before, in more than 11 years of work, we had seen such an increase in violence and fighting throughout the area.

Helmand Province has become one of the most dangerous in the country. The fighting is particularly intense in the Babaji, Radali, Marjah and Sangin areas. People seek safety in Lashkar-gah, or by fleeing to Kabul, where the number of displaced persons is constantly on the rise. And the number of wounded is increasing all the time: 7,472 in the past year, 2,528 of whom were admitted to hospital.

Over the years, to provide aid to people in the more remote villages, we have opened 6 First aid posts. In 2015 we closed the Marjah post because of worsening safety conditions – to be reopened in early 2016 in a more easily accessible part of the Marjah district.

These First aid posts, where the wounded are stabilised before being transferred to hospital with our 24/24 ambulances, are an important point of reference for the local population.

In the past year, though, the roads have become much more dangerous, with serious consequences for patient transportation and delays or even disruptions to journeys.

The Lashkar-gah hospital too has been officially recognised by the Afghan Ministry of Health as a training centre for emergency surgery and traumatology, and 4 Afghan surgeons are completing their training with us.

ANABAH

MEDICAL-SURGICAL CENTRE

START OF ACTIVITIES: December 1999
AREAS OF ACTIVITY: Surgery for war and landmine victims, Emergency surgery, General surgery, Traumatology, General medicine, Paediatrics.
FACILITIES: A&E, Outpatients clinic, 2 Operating theatres, Sterilisation, Intensive care, Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Technical and auxiliary services.
NUMBER OF BEDS: 56
LOCAL STAFF: 239

AT 31 DECEMBER 2015
Admissions: 29,521
Examinations performed: 223,147
Operations performed: 24,315
Paediatric admissions: 8,974
Examinations performed: 70,689

The Anahab hospital has been recognised by the Afghan Ministry of Health as a training centre for specialisation in gynaecology, midwifery and paediatrics. In 2015 alone we completed shadowing programmes with 14 trainees specialising in surgery, paediatrics and gynaecology.

This is the result - and recognition - of all the hard work done in recent years to guarantee free healthcare to the people of the Panjshir Valley.

When we came to Anahab in 1999, we set up a Surgical Centre to provide free care for war and landmine victims. Landmines were strewn across the area during the Russian offensive and were still causing victims 20 years later, without a single medical facility in the entire valley to provide treatment.

Over the years, the surgical centre became a general hospital. As well as war surgery, it now also handles emergency surgery, general surgery, traumatology, internal medicine and paediatrics. In 2015 alone, our doctors and nurses treated over 39,000 patients.

The centre is the point of reference for 18 First aid posts and Health centres located in the valley’s most isolated villages and in the provinces of Kapisa, Parwan, Badtakhuhan and the Salang Pass. In these units, local staff (supervised by international personnel) provide basic medical assistance and first aid to those in need.

EMERGENCY’s ambulances are available 24 hours a day to take patients to hospital.

NUMBER OF PATIENTS
IN 2015: 15,711

THE LASHKAR-GAH HOSPITAL WAS CO-FUNDED BY

World Health Organization

NUMBER OF PATIENTS
IN 2015: 39,094
ANABAH

MATERNITY CENTRE

START OF ACTIVITIES: June 2003

AREAS OF ACTIVITY: Obstetrics, Gynaecology, Neonatal medicine.

FACILITIES: First aid, Outpatients clinic, Operating theatre, Intensive care, Wards, Nursery, Ultrasound room, Birthing suite, Diagnostics, Technical and auxiliary services with the Medical/Surgical Centre.

NUMBER OF BEDS: 19

LOCAL STAFF: 39

NUMBER OF PATIENTS IN 2015: 47,680

With over 450 births a month, the Anabah Maternity Centre in the Panjshir Valley was getting too small. That’s why, in September 2015, we decided to enlarge it by building a new block: 4 delivery rooms, operating theatres, a neonatal intensive care ward and step-down unit, an intensive care ward for women suffering birth complications, a clinic, a gynaecology ward, a follow-up area and a labour area.

When fully up and running, the new facilities will enable us to cope with 6,000 deliveries a year and provide more extensive gynaecological and neonatal services.

When the centre first opened in 2003, it met with a lot of scepticism. A maternity centre run by foreigners in Afghanistan? It’ll stay empty! The local authorities and organisations told us. And yet, the need for a facility of this kind was – and still is – evident: in Afghanistan maternal mortality is 100 times higher than in Italy, and the child death rate is 23 times higher.

Even today, the Anabah maternity centre is the only specialised and completely free facility in an area with a population of at least 250,000.

We provide gynaecological, midwifery and neonatal assistance, along with an antenatal service, so that we can monitor the pregnancies and quickly treat any problems that arise. To extend the range of action of our work, check-ups on pregnant women and follow-up examinations on mothers and newborn babies are performed directly at the Emergency First aid posts and Health centres in the valley. When the centre first opened in 2003, it met with a lot of scepticism. A maternity centre run by foreigners in Afghanistan? It’ll stay empty!

Access to treatment is difficult in Afghanistan: free healthcare facilities don’t exist and the country’s geographical characteristics make it very hard for people to move around.

In 2015 we opened two new FAPs at Ghorband and Barakibarak in the Kabul area, and another at Hesarak in the Panjshir Valley.

It is our conviction that the right to treatment is an universal human right that must be guaranteed to all persons, without discrimination. Which is why, since 2001, we’ve also been providing healthcare to the inmates in a number of Afghan prisons. Since 2003, we have opened 5 health centres in five blocks of the Pol i Charki prison, which, with 5,000 detainees, is the largest in Afghanistan. Every month our doctors carry out more than 5,000 examinations on detainees, focusing above all on the contagious illnesses and airway and digestive system problems caused by prison living conditions. Our staff also run health centres in the government prison, the investigative prison and the Juvenile Rehabilitation Centre in Kabul.

In 2015 we had our first doctor specialised in gynaecology in the hospital, after 4 years of training.

FIRST AID POSTS (FAPs) AND HEALTHCARE CENTRES

LOCALITIES: Anabah, Abdara, Davia, Barakibarak, Double o Road, Khimich, Piarpan, Gubakh, Kapisa, Kordary, Dathy, Changavare, Ayunun, Sangi Khan, Shohad, Soled Khel, Pol i Charki, Mirbachakot, Maydan Shahr, Ghazni, Charik, Gardez, Pol i Aman, Sefak, Sangin, Suroor, Misur Qala, Marja, Uruz, Tagab, Andar, Shekhoabad, Hesarak, Ghobar, Barakibarak.

EMERGENCY also provides healthcare services at the boy’s orphanage and girl’s orphanage in Kabul.

AT 31 DECEMBER 2015

Examinations performed: 1,195,354

Patients transferred to hospital: 64,716

LOCAL STAFF: 236

ASSISTANCE FOR PRISONERS

Dual prisons: 659 patients treated from 2000 to 2003

Sheberghan prison: 112,338 patients treated from May 2002 to June 2004

Lashkar-gah prison: 1,860 patients treated from February 2006 to December 2007

Kabul prisons (Governemental Jail, Investigation Department, Pol i Charki, Juvenile Rehabilitation Centre, Formak jail, Transition prison): 691,919 patients treated as of 31 DECEMBER 2015.

LOCAL STAFF: 23

NUMBER OF PATIENTS IN 2015: 355,580

Write a detailed report on one of the healthcare centers in Afghanistan, including its start date, facilities, and its impact on the local community. The report should also discuss the challenges faced by the center and the steps taken to overcome them. The report should be written in a concise and informative style, using clear and easy-to-understand language. The information should be presented in a logical and organized manner, with relevant statistics and examples. The report should also include any relevant data or graphs, if available. The report should be 500-700 words long, and should be written in English. The report should be submitted as a PDF document.
IRAQ

“It was about nine months ago. It seemed a day like any other. I’d finished examining my patients in Jalawla, my city. I’d given many of them an appointment for the next day, for further checks, but that evening the fighting arrived on our doorstep. My wife, my four children and I had to escape straight away, leaving everything behind: home, hospital, patients… Jalawla is now a ghost town with no electricity or running water. Nobody lives there any more. And now I’m living as a refugee, near Kalar: the war has taken everything away from me, but it hasn’t managed to take my profession, and I’m still working as a doctor”.

Adnan, doctor from the Kalar Health Centre

SULAIMANIYA REHABILITATION AND SOCIAL REINTEGRATION CENTRE

START OF ACTIVITIES: February 1998
AREAS OF ACTIVITY: Production of prostheses and orthoses, Physical rehabilitation, Vocational training for the disabled, Start-up of workers cooperatives.
FACILITIES: Physiotherapy, Indoor pool, Orthopaedic laboratories, Vocational training laboratories, Technical and auxiliary services.
NUMBER OF BEDS: 41
LOCAL STAFF: 78
AT 31 DECEMBER 2015
Patients treated: 8,636
Physiotherapy sessions: 46,662
Artificial upper limbs: 981
Artificial lower limbs: 7,449
Orthoses: 941
Diplomas issued: 525
Co-operatives set up: 334
Specialist heart examinations: 504

NUMBER OF PATIENTS IN 2015: 355,580
TOTAL PHYSIOTHERAPY TREATMENTS IN 2015: 1,669

Northern Iraq is infested with millions of landmines. Landmines were — and in many conflicts still are — used to impede a country’s ability to pick itself up again after a war. Disabled people dependent on economic and medical aid are a financial burden. Very often, being disabled also means being unable to provide for yourself and your family, with the risk of marginalisation in the community.

In 1995 an EMERGENCY team went to Iraqi Kurdistan to treat the victims of war and, especially, of landmines. We built two war Surgical Centres, in Sulaimaniya and Erbil, followed by two Burns Centres, a Spinal Unit and 22 First aid posts. We soon realised, however, that in many cases the treatment couldn’t end with the discharge from hospital, in situations where amputees are often left alone to deal with their physical disability in a poor country still at war.

To meet these people’s needs, we opened a rehabilitation and social reintegration centre in 1998, where patients can undergo physiotherapy, be fitted with artificial limbs and attend training courses in metal structural work, woodwork, tailoring, leatherwork and shoe-making and learn a trade despite their handicap. On completing the course, the “graduates” are given economic assistance for setting up an artisan workshop or a workers cooperative: the EMERGENCY sign is now displayed in over 334 workshops that we helped establish. The rehabilitation and social reintegration centre is still under the direct responsibility of EMERGENCY, whereas the hospitals and First aid posts have been run by the local authorities since 2005.
HEALTHCARE CENTRES FOR REFUGEES

START OF ACTIVITIES: Luglio 2014

AREAS OF ACTIVITY: Basic healthcare

LOCAL STAFF: 181

AT 31 DECEMBER 2015

ARBAT REFUGEE CAMP

Examinations performed: 43,791

Patients referred to specialists: 3,779

Health promotion activities: 37,231

ARBAT IDPS CAMP

Examinations performed: 53,202

Patients referred to specialists: 6,077

Health promotion activities: 36,980

KHA NAQIN IDPS CAMP

Examinations performed: 6,090

QORATU IDPS CAMP

Examinations performed: 12,120

Patients referred to specialists: 749

Health promotion activities: 4,345

TASADE IDPS CAMP

Examinations performed: 10,017

Patients referred to specialists: 593

Health promotion activities: 2,596

ASHTI IDPS CAMP

Examinations performed: 18,828

Patients referred to specialists: 1,578

Health promotion activities: 6,744

In northern Iraq, hundreds of thousands of Syrian refugees and Iraqi displaced persons are seeking for a safe place to shelter, with the whole area immersed in fighting and bloodshed. They are fleeing the war in Syria and Iraq, abandoning their homes to embark on hard, dangerous journeys. And they continue to leave in tens of thousands, seeking help. The luckier ones go to stay with friends or relatives, or rent houses and rooms in safe areas. Many, though, are housed in camps set up by the Kurdish authorities and international organisations.

To cope with this humanitarian emergency, in July 2014 we started to extend our work in Iraq, opening 3 Health centres to provide free medical care to inhabitants of the Arbat camps and the Kha nanqin refugee camp. Since February 2015, these centres have been run by the local authorities. Faced with growing needs and the opening of new camps, in May-June 2015 we set up two new clinics in the Qoratu and Tasade camps (near Kalar) and the Ashit camp (near Arbat).

These centres provide gynaecological and midwifery assistance to women and a vaccination and growth monitoring programme for children. Local doctors and nurses work in the centres. These are often recruited from within the camp and trained and supervised by our international staff. We’ve also launched a preventive medicine project, training health promoters to work both in the clinics and all over the camps, thus increasing the total number of patients getting treatment. In addition, we set up a mobile clinic to take our services directly to the displaced persons; in 2015 it was in Kalar, working in the Barika, Salah- sofa and Topaskar areas.

THE PROJECTS IN THE FOUR CAMPS OF ARBAT, ASHTI, QORATU AND TASADE WERE CO-FUNDED BY

NUMBER OF PATIENTS IN 2015: 196,924

ITALY

“Crossing the Sahara, I saw dozens of dead bodies. A lot. I don’t know how many. I saw a lot… You can die at any moment on that road. They attack you and leave you for dead. They take the pick-up truck and leave you there without food or water. Libya is hell, and anyone who says differently isn’t telling the truth. It’s a never-ending round of kidnapping, of people sold and sold again, injured or killed for nothing. We’re just meat for the people smugglers. There are people wounded and traumatised. A lot of them go mad. You see them along the roadside, without knowing where they are. I wouldn’t wish it on anyone to experience what I’ve experienced”.

Mamadou, migrant landed in Sicily
In Italy, the right to healthcare is recognised by law, but the number of people (both foreigners and Italians) with no access to medical care is actually growing. An invisible world of immigrants and Italians: pensioners, caregivers, undocumented migrants, the unemployed... in short, anyone who, for one reason or another, has been left outside the health system.

In 2006 we opened our first outpatient clinic in Italy, in Palermo, offering basic and specialist healthcare completely free of charge to people having difficulty in gaining access to the national health system. After that first experience, we opened another two clinics in Marghera (2010) and Polistena (2013).

Two more were inaugurated in Campania in 2015: the first in Castel Volturno (province of Caserta), where the number of undocumented foreigners is estimated to be a third of the resident population; the second – in collaboration with the local municipality – in Naples Ponticelli, a difficult area where the lack of planning in public housing has created ghettos and encouraged marginalisation.

Our clinics provide basic and specialist medical services free of charge, as well as sociomedical advice to make it easier for those in need of healthcare to gain access to the system. Cultural mediators inform patients of their rights, help them to access the national healthcare service, and accompany them on visits to public hospitals for examinations.

In 2012 we opened an orientation service in Sassari, which will be transformed into an outpatient clinic in 2016.

To facilitate access to healthcare for the more vulnerable members of the population, in 2011 we set up two mobile clinics offering assistance and advice in poor zones such as agricultural areas, urban fringe districts and refugee camps. Thanks to an agreement with the Apulia region, in 2013 we opened another two mobile clinics for farm labourers in the Capitanata area. The most common problems encountered are lumbago, gastritis and gastrointestinal infections resulting from extremely hard living conditions, gruelling work, food scarcity and difficulties in accessing drinking water.

The agreement came to an end in December 2015, following the Region’s decision to demolish the shantytown occupied by the labourers. With the termination of the agreement, the mini-vans were reconsigned to the local authorities.

In summer 2015, we set up a further two mobile clinics. The first is in Milan: in collaboration with Milan City Council and local health authorities, it offers basic assistance, mediation services and sociomedical advice. The second, in Bologna, provides sociomedical advice to immigrants (both documented and undocumented) and homeless persons. As in the other facilities in the Italian Programme, the mediators also manage STP code (temporary permit of stay for foreigners, which also guarantees illegal migrants access to public healthcare) and ENI code (Unregistered European, for European citizens who have just become part of the EC) issue procedures. They also accompany patients to public healthcare facilities for examinations or tests, and monitor the local area to identify pockets of deprivation for possible intervention, working together with the local institutions and associations.
SICILY

MEDICAL ASSISTANCE DURING LANDINGS

START OF ACTIVITIES: June 2015
AREAS OF ACTIVITY: General medicine, Medications, Socio-medical assistance.
PERSONNEL EMPLOYED: 21

Since 2013, our doctors and nurses have been in Sicily providing medical assistance to immigrants reaching Italy via the Libyan route. After initial projects at the port of Siracusa and the local accommodation centre, we were asked by the local prefecture and health authorities to extend our presence on the island as the number of landings increased. In 2015 alone, over 150,000 immigrants and asylum seekers – mainly Somalis, Nigerians and Eritreans – arrived in Sicily. More than 3,700 people died crossing the Mediterranean, trying to reach terra firma.

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Last June, we started working at the ports of Augusta, Catania and Messina, providing initial assistance to immigrants immediately after their arrival. As well as cases of dehydration, colds and bronchitis symptoms, gastrointestinal problems, muscular pain and skin problems – often the result of poor travelling conditions – we also see more serious illnesses: undernourished children, chronically ill people unable to take their medication regularly and cases of shock from the crossing.

Our staff also work at the centre for unaccompanied minors in Priolo (Siracusa), and at the accommodation centre in Siculiana (Agrigento). In our clinics, cultural mediators are on hand to help the immigrants when exchanging information with the doctor and to advise them on the next administrative and legal steps they need to take.

LIBYA

“He’s lying under a “Cars” blanket, like many children of his age in every corner of the world. But instead of being at home in his own bed, embraced by his parents, Abdulla is in a hospital for war victims. He’s in our hospital in Libya. Luckily his condition isn’t serious, even though he was hit by shrapnel during the bombing of his city, Derna. He was at home with his family, all of them eating together at the table. Because of the fighting, his parents had to wait three days before they were able to bring him to an hospital. Three days before getting any initial treatment. Abdulla Hossain will recover but, like all the children who have to deal with war, he’ll never forget what happened to him.”

Marina, medical coordinator at the Gernada hospital
GERNADA

SURGICAL CENTRE FOR WAR VICTIMS

START OF ACTIVITIES: October 2015

AREAS OF ACTIVITY: War surgery.

FACILITIES: A&E, Outpatient clinics, 2 Operating theatres, Sterilisation, Intensive care, Ward, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Technical and auxiliary services.

NUMBER OF BEDS: 18

LOCAL STAFF: 68

AT 31 DECEMBER 2015
Admissions: 52
Examinations performed: 349
Operations performed: 54

Starting in the spring of 2015, an EMERGENCY team has done four evaluation missions in Libya to identify the health needs of the local people. After months of preliminary work, in October 2015 we opened a Surgical Centre for war victims in Gernada.

The Ministry of Health of the Tobruk government, based in Al-Bayda, asked to provide assistance for those wounded in the conflict between ISIS and government troops in the areas of Bengasi and Derna. The war began in 2011 and has seriously damaged the country’s healthcare system.

Foreign medical staff – fundamental for the healthcare system to function properly – have left the country, and most of the local personnel have either escaped or been dismissed. The reduction in oil exports and the crash of the country’s financial system have had a devastating effect on the national economy, resulting in a dramatic reduction in the funds available for health. Also, the gradual deterioration in safety conditions has prevented local people getting access to treatment, especially in the Bengasi, Derna, Zintane and Kikla areas. Even guaranteeing basic assistance to the wounded is not possible.

The Ministry has offered us the use of a building in the village of Gernada, approximately 70km from Derna and 150km from Bengasi. It has two operating theatres, an X-ray room, an intensive care ward, a laboratory, a blood bank, a sterilisation room and an A&E area. There are 14 beds for the wounded, with another 4 in intensive care.

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The Ministry has offered us the use of a building in the village of Gernada, approximately 70km from Derna and 150km from Bengasi.

It has two operating theatres, an X-ray room, an intensive care ward, a laboratory, a blood bank, a sterilisation room and an A&E area. There are 14 beds for the wounded, with another 4 in intensive care.

Our staff are also committed to training local personnel.

In accordance with the neutrality principle that governs all our projects, some months before opening the hospital we also contacted the Zintane and Misurata authorities and delivered them medical supplies, as they requested.

CENTRAL AFRICAN REPUBLIC

“Last September there was another attempted coup d’état in Bangui. All of a sudden, fighting broke out in the city again. In one day alone, there were over 100 injured and around 30 people were killed. It had become almost impossible for the local people to get to the hospitals: there were barricades with armed men in all the streets, and mothers were afraid to leave their homes and make the journey, even if their children really needed medical care.

We couldn’t even go out and bring the wounded back to the hospital. And even just keeping the hospital up and running had become an effort, because the local staff couldn’t get here; the few who did manage to reach the hospital were working extremely long shifts to ensure round-the-clock assistance for the children.

But even in that situation, when nobody knew what was going to happen, the paediatric centre and our ward at the Complexe Pédiatrique never closed.”

Ombretta, coordinator of projects in the Central African Republic

NUMBER OF PATIENTS IN 2015: 401

The project was co-funded by

World Health Organization
BANGUI
PAEDIATRIC CENTRE

START OF ACTIVITIES: March 2009

AREAS OF ACTIVITY: Pediatrics, Paediatric A&E, Antenatal care.

FACILITIES: 3 Paediatric outpatient clinics, Obstetrics outpatient clinic, Radiology, Laboratory, Pharmacy, Ward, Stores, Offices, Services, Reception area and Outdoor play area, Technical and auxiliary services.

NUMBER OF BEDS: 13

LOCAL STAFF: 82

AT 31 DECEMBER 2015
Admissions: 10,560
Examinations performed: 144,866
Antenatal care: 31,667

BLOOD BANK
Number of blood bags distributed: 21,692

According to the data gathered by UNDP (the United Nations Development Programme), the Central African Republic comes 187th out of 188 countries in the human development index rankings: life expectancy at birth is just 50 years. The mortality rate below the age of 5 is 139 deaths for every 1,000 children born alive, and the causes of death are easily treatable diseases like malaria.

For precisely this reason – to provide treatment for children – EMERGENCY opened a 16-bed Paediatric Centre in the capital, Bangui, in 2009.

The Centre provides free care to about 80 children every day; over 60% of the admissions are for malaria, often exacerbated by malnutrition.

To meet the growing needs of the people, in October 2014 we started working together with a local association that runs small health centres, to train local workers in the management of emergencies, especially paediatric emergencies.

Also in 2015, the collaboration with the national blood bank in the capital was renewed.

At the request of the World Health Organisation we had already started working on the reopening of the blood bank, which was in serious difficulty due to the war. Two EMERGENCY laboratory technicians trained local staff in the use of new machines and reorganised the blood collection and distribution campaigns. As a consequence, blood became available again to all the hospitals, with a more reliable quality and safety guarantee.

BANGUI
COMPLEXE PÉDIATRIQUE

START OF ACTIVITIES: April 2013

AREAS OF ACTIVITY: War and emergency surgery.

FACILITIES: 2 Operating theatres, Sterilisation, Ward, Sub-intensive care, Radiology, Outpatient clinics, Pharmacy, Laundry.

NUMBER OF BEDS: 28

LOCAL STAFF: 63

AT 31 DECEMBER 2015
Admissions: 2,902
Examinations performed: 15,648
Operations performed: 6,058

In the spring of 2013 there was a coup d’état in the Central African Republic. For months, the whole country was inundated with fighting and a million people (out of 5 million inhabitants) left their homes and fled either to the capital, Bangui, or neighbouring countries.

We sent a team of war surgeons into this extreme emergency situation to help out at the public paediatric hospital – the “Complexe Pédiatrique” – which was unable to cope because of a lack of doctors, pharmaceuticals and equipment.

As soon as the “machetes emergency” was over, the general surgery, traumatology and orthopaedic surgery work began, with the reorganisation of the surgery department and the wards.

In 2015 we admitted 1,014 children. 37% of those children were under the age of 5.

During the year, the hospital management asked us to play a more central role in running the clinic and training activities. This work will be further extended during 2016, when we take over the First Aid department, the medical/surgical examinations block and the intensive care departments.

We shall also be training medical and nursing internship students at the Complexe.
START OF ACTIVITIES: November 2001
AREAS OF ACTIVITY: General and emergency surgery, Orthopaedic and reconstructive surgery, Traumatology.
FACILITIES: A&E, Outpatients clinic, 3 Operating theatres, Sterilisation, Intensive care, Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Technical and auxiliary services, Guesthouse.
NUMBER OF BEDS: 83
LOCAL STAFF: 420
AT 31 DECEMBER 2015
Admissions: 32,250
Examinations performed: 276,361
Operations performed: 38,582
LOKOMASAMA FIRST AID POST (FAP)
AT 31 DECEMBER 2015
Patients treated: 475
SUGICAL AND MEDICAL CENTRE
GODERICH
In November 2015 the end of Ebola epidemic in Sierra Leone was declared, but its consequences will continue to be felt by the country’s healthcare system for many years to come. Sierra Leone has lost over 200 of its health workers – a serious loss by any account, but even more so in a country with only two doctors to every 100,000 inhabitants prior to the outbreak. The Ebola outbreak, especially when at its peak, brought to the surface the serious problems of the health service in Sierra Leone, when the medical facilities – in particular the surgical facilities – were closed for weeks because of the fear of contagion. But the Surgery Centre in Goderich stayed open all the time to help as many people as possible, in gruelling work shifts.
To make it easier for people living a long way from the capital to get surgical attention, in November 2015 we opened a First aid post in Lokomasama (in the Port Loko district) and began work on a similar structure in Waterloo (in the Western Area Rural District).
In these facilities, we guarantee first aid treatment and the transfer of urgent cases to the hospital in Goderich, thanks to a 24/7 ambulance service.
The main aim of the project is to boost the capacity of local health workers to deal with emergency situations, especially traumatology cases, in two areas of the country where Ebola was most widespread and where the healthcare system is practically non existent.
The staff also inform local people about fundamental hygiene practices, how to prevent the transmission of illnesses, and the importance of getting to hospital quickly when treatment is needed.

SIERRA LEONE
“During the visit, Mammoud immediately catches my attention. Half of his face is now covered by bandages: he has lost an eye, but we were able to save the other one. He was playing in his backyard when unfortunately he fell directly into the fire set up for cooking by his mother: he was immediately transferred to our first aid post and from there he arrived to the hospital with the ambulance. Mammoud will stay with us some more time, but the worst has passed”. Laura, EMERGENCY staff in Goderich

GODERICH
SUGICAL AND MEDICAL CENTRE
START OF ACTIVITIES: November 2001
AREAS OF ACTIVITY: General and emergency surgery, Orthopaedic and reconstructive surgery, Traumatology.
FACILITIES: A&E, Outpatients clinic, 3 Operating theatres, Sterilisation, Intensive care, Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Technical and auxiliary services, Guesthouse.
NUMBER OF BEDS: 83
LOCAL STAFF: 420
AT 31 DECEMBER 2015
Admissions: 32,250
Examinations performed: 276,361
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LOKOMASAMA FIRST AID POST (FAP)
AT 31 DECEMBER 2015
Patients treated: 475

THE SURGICAL CENTRE IS CO-FUNDED BY
**GODERICH**

**PAEDIATRIC CENTRE**

**START OF ACTIVITIES:** April 2002

**AREAS OF ACTIVITY:** Paediatrics, Paediatric first aid.

**FACILITIES:** 2 outpatient clinics, Ward, Reception area, Technical and auxiliary services shared with the Surgical Centre.

**NUMBER OF BEDS:** 15

**LOCAL STAFF:** 43

**AT 31 DECEMBER 2015**

**Admissions:** 11,344

**Examinations performed:** 234,232

**NUMBER OF PATIENTS IN 2015:** 30,842

According to World Health Organisation data, 21% of children aged under 5 in Sierra Leone are underweight and, of every one thousand children born alive, 181 die before they reach the age of 5. For children aged under 5 and pregnant or breastfeeding women, healthcare has been free since 2010, but very few are actually able to gain access to treatment in an already precarious medical system further weakened by the Ebola outbreak.

Our Paediatric and Surgical Centre continued working at full capacity even during the Ebola emergency, while all the other hospitals were closing due to a lack of doctors and nurses.

The staff at the Goderich paediatric centre provide free care for over 100 children every day, 6 days a week; the most serious cases are admitted to the paediatric ward, always open.

Malaria, infections of the airways and gastrointestinal infections are the most common problems, often associated with malnutrition.

And it was precisely with the aim of beating malnutrition that, in 2015, we intensified our nutritional programme: monitoring children's weight, distributing food to families and teaching them how to combine the local foods to give the children a complete diet.

In the same year, we also launched a health education programme in 60 primary schools in the Western Area Rural District, aimed at children, teachers and the local communities.

Our staff organise information meetings, focusing on good hygiene practices, the importance of vaccinations, the risks of malaria and correct nutrition for children.

As part of the same programme, we provide scholastic support to long-term child patients, with two teachers giving individual and group lessons throughout their stay in hospital.

The programme is co-financed by the European Union, and was set up in partnership with the Western Area Rural District Council and the Precious Gems Rescue Mission International (PGRMI), a local voluntary organisation.
SUDAN

“When Fatooma came to us, her heart was beating so fast that it seemed to want to leap out of her chest. It was too late to try any pharmacological treatment: she’d been suffering from a tonsil infection for years, and it had been gradually damaging her heart as well, to the point of destroying the valves. All this was caused by a rheumatic fever - an illness that strikes 1 person out of 100,000 in Italy, and can easily be cured. But in these countries it affects up to 100 people in 100,000, especially children between the ages of 5 and 15. And all because nobody had given her any antibiotics over the past eight years: and yet just a simple pill would have been enough to prevent all this damage. At the Salam Centre we were able to repair her heart valve without having to replace it with a mechanical one. So Fatooma can now go back to her home in West Darfur, grow up healthy, go to school, and stay with her parents.

I can’t help thinking of all those in Italy who ask me: “How come there’s an EMERGENCY hospital that practises cardiac surgery? Fatooma is the answer”.

Daniela, cardiologist at the Salam Centre for cardiac surgery in Khartoum

The Salam Centre for Cardiac surgery in Khartoum is the only entirely free specialised hospital in the whole of Africa, offering highly specialised healthcare to patients suffering from congenital illnesses requiring surgery. Most of the illnesses are of the valvular type, of rheumatic origin, particularly common amongst younger age groups: over 56% of our patients are below the age of 26.

Rheumatic illness is found mostly in poor countries, where antibiotics are not widely available and hygiene conditions are poor; in the West it has practically disappeared, but in Africa it affects over 18 million people. It can be caused by an ordinary bout of tonsillitis that goes untreated: streptococcus pyogenes, if not treated with antibiotics, can deform the heart valves and prevent the regular flow of blood, with serious consequences for the growth and normal life of the patient.

Up to now, the Salam Centre has received patients from over 26 countries. After the operation, patients from outside Khartoum are accommodated in our guest quarters (free of charge) for the entire period of their convalescence, along with the relatives who have accompanied them.

The Salam Centre is also highly innovative from the environmental point of view; the building is designed to minimise energy consumption, using vegetation to mitigate the heat and a solar panel system for cooling.

It has won numerous architecture awards, including the prestigious Aga Khan Award for Architecture for innovative buildings that combine architectural excellence with a positive impact on the quality of life of the surrounding communities.

SALAM CENTRE FOR CARDIAC SURGERY

START OF ACTIVITIES: April 2007
AREAS OF ACTIVITY: Paediatric cardiac surgery, Cardiac surgery for adults, Cardiology, Interventional cardiology

FACILITIES: 3 operating theatres, Sterilisation, 16-bed intensive care unit, Sub-intensive care, Outpatient clinics, Hemodynamic unit, Radiology unit, Ultrasound unit, CT (Computerised Tomography), Laboratory and Blood Bank, Physiotherapy, Pharmacy, Auxiliary and technical services, Accommodation for foreign patients.

NUMBER OF BEDS: 63

LOCAL STAFF: 869

AT 31 DECEMBER 2015
Admissions: 7,214
Examinations performed: 60,330
Specialist heart examinations: 53,560
Operations performed: 6,273
Diagnostic and hemodynamic procedures: 1,287
Foreign patients: 1,021

NUMBER OF PATIENTS IN 2015: 5,847

KHARTOUM
The Salam Centre is the hub of our cardiac surgery programme: international cardiologists carry out screening missions at the Paediatric Centres in Sudan, the Central African Republic and Sierra Leone, in the Rehabilitation Centre in Iraq, and in the Surgical Centres in Afghanistan to identify patients who need to be transferred to Sudan for the heart operation or for the necessary follow-up for patients who’ve already undergone the operation. In places where we have no facilities, the screening is performed in collaboration with the local authorities.

In 2015 we carried out 13 screening missions in the Central African Republic, Chad, Democratic Republic of Congo, Eritrea, Port Sudan, Burundi, Uganda, Afghanistan, Iraq, Libya, Sierra Leone. The Salam Centre is a highly innovative humanitarian project. The goal is to put the right of every human being to receive high quality, free care into practice. To discuss the model, we brought together delegations from the Ministries of Health of 9 African countries for a seminar entitled "Building medicine in Africa", in May 2008 on the island of San Servolo in the lagoon of Venice. Together with EMERGENCY, representatives of the Central African Republic, the Democratic Republic of the Congo, Egypt, Eritrea, Rwanda, Sierra Leone, Sudan and Uganda discussed how to guarantee African citizens the right to good quality, free healthcare. The seminar conclusions were published in the “Manifesto for a Human Rights Based medicine”, in which the signatories recognize the "right to be treated" as a "fundamental, inalienable right belonging to every member of the human family" and ask for healthcare based on equality, quality and social responsibility. These principles were then further developed, culminating, in 2010, in the ANME (African Network of Medical Excellence) project, in which 11 countries are involved in the construction of first class medical centres, with the aim of boosting healthcare systems on the African continent.

Manifesto for Human Rights Based Medicine

Following the international "Building Medicine in Africa. Principles and Strategies" seminar, held on the island of San Servolo, Venice, Italy, from 14 to 15 May 2008, and in accordance with the spirit and principles of the Universal Declaration of Human Rights which states "All human beings are born free and equal in dignity and rights" (art.1)
"Everyone has the right to… medical care" (art.25)
"Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world" (Preamble)

WE DECLARE that the "right to be treated" is a fundamental and inalienable right of every member of the human community.

WE THEREFORE DEMAND the creation of health systems and projects devoted exclusively to preserving, extending and improving the life of patients and based on the following principles:

Equality
Every human being has the right to receive medical treatment regardless of their economic and social condition, gender, ethnic group, language, religion and opinions. The best treatment made possible by progress and medical science must be provided impartially and without discrimination to all patients.

Quality
High quality health systems must be based on the needs of everyone and must be adapted to progress in medical science. They cannot be guided, organised or determined by power groups or by the companies involved in the health industry.

Social responsibility
Governments must consider the health and well-being of their citizens as priorities, and must allocate the necessary human and financial resources to this purpose.

The Services provided by national health systems and humanitarian projects in the health field must be free of charge and accessible to everyone.

As Health Authorities and Humanitarian Organisations

WE RECOGNISE health systems and projects based on EQS (Equality, Quality and Social Responsibility) principles that observe human rights, permit the development of medical science and are effective in promoting health, strengthening and generating human, scientific and material resources.

WE UNDERTAKE to set up and develop policies, health systems and projects based on EQS principles; to cooperate with each other to identify shared needs in the health sector and plan joint projects.

WE APPEAL to other health authorities and humanitarian organisation to sign this Manifesto and join us in promoting medicine based on EQS principles; to donors and the international community to support, finance and take part in the planning and creation of programmes based on EQS principles.
### Mayo

#### Paediatric Centre

**Start of Activities:** December 2005  
**Areas of Activity:** Paediatrics, Preventive medicine, Antenatal care.  
**Facilities:** 2 Outpatient clinics, observation ward, Pharmacy, Laboratory, Auxiliary and technical services, Reception area and Outdoor play area.  
**Number of Beds:** 6 (for the day hospital)  
**Local Staff:** 32  
**At 31 December 2015**  
- Admissions (day hospital): 15,971  
- Examinations performed: 189,273  
- Patients transferred: 9,399  
- Recipients of the preventive medicine programme: 37,073  
- Antenatal check-ups: 9,069

The Mayo camp, about 20 kilometres from Khartoum, is inhabited by more than 300,000 refugees (from around 20 tribes) escaping from the poverty and the war that has been tearing the country apart over the past twenty years. Half the people there are under the age of 14.  
Living conditions in the camp are disastrous: the lack of running water and awful hygiene conditions, together with malnutrition, are the main causes of death for the younger inhabitants.  
In 2005 we opened a Paediatric Centre inside the Mayo camp, offering free care to children up to 14, an antenatal assistance programme, and screening for malnutrition.  
In recent years we’ve been working outside the Paediatric Centre too, sending teams of doctors and nurses out to different areas of the camp to screen children’s health conditions and inform families of essential hygiene standards to ensure well-being. In collaboration with the local Ministry of Health, we’ve also launched a vaccination programme inside the refugee camp itself.  
In 2014 we concluded a project entitled "The participation of the community to reinforce maternal and paediatric health in the Mayo camp", co-financed by the European Union via the Khartoum delegation and set up in partnership with the Ministry of Health of the state of Khartoum (voluntary service associations department).  
This collaboration enabled us to train 47 volunteers living in Mayo, who now work as health promotion "lookouts", visiting families to make sure the treatment prescribed for sick children is being correctly applied, whilst at the same time providing health and hygiene guidance. During the project period, we worked to strengthen the collaboration between local authorities, the heads of the communities living in Mayo, and civil society (including the Sudanese organisations working in the area) for protecting the health and well-being of the children.

### Port Sudan

#### Paediatric Centre

**Start of Activities:** December 2011  
**Areas of Activity:** Paediatrics, Paediatric A&E, Preventive medicine.  
**Facilities:** 2 Paediatric outpatient clinics, Radiology, Laboratory, Pharmacy, Ward, Sub-intensive care, Store, Offices, Services, Reception area and Outdoor play area.  
**Number of Beds:** 18  
**Local Staff:** 100  
**At 31 December 2015**  
- Admissions: 4,141  
- Examinations performed: 88,658  
- Preventive medicine programme visits: 10,753

The Port Sudan Centre provides healthcare for children in a very poor area inhabited by about 800,000 people, where there are no other free health facilities. Every day our staff carry out over 60 examinations, diagnosing malaria, gastrointestinal infections and respiratory illnesses in particular.  
The Centre offers free treatment for children up to the age of 14. In 2015, 85% of the patients were under the age of 5 and 40% were less than 1 year old.  
At the Centre, children can also undergo the vaccination programme specified in international protocols and promoted in collaboration with the local Ministry of Health.  
Thanks to co-financing by the Italian Ministry of Foreign Affairs and Cooperation, we were able to launch a preventive medicine programme, in which our health promoters visit local communities once a week to inform families about vaccinations and good practices for minimising the risk of catching malaria or other infectious diseases, give nutritional advice and monitor sick children.  
In collaboration with the Nursing Academy of Port Sudan, we train local staff by means of on-the-job learning and classroom lessons.  
The Paediatric Centre of Port Sudan, built with funds from the MAXXI (National Museum of XXI Century Arts, Rome) 2per100 award, has also received a prestigious architectural award: the Giancarlo Ius Gold Medal 2013, awarded to the architectural work considered most innovative and sustainable in terms of energy-saving and the use of renewable energy sources.
1994 - Renovation and reopening of the surgical ward at the hospital in Kigali in Rwanda. During a 4-month long mission, a team of surgeons operated on 600 war casualties. In the same period, EMERGENCY also reopened the obstetrics and gynecology department where over 2,500 women received medical and surgical assistance.

1994/1995 - Construction of a surgical centre in Sulaimaniyya, Northern Iraq, to provide treatment to landmine casualties. The facilities include a burns and spine injuries treatment units. In 2005, the centre, along with its 22 connected first aid posts, was handed over to the local health authorities.

1998/2000 - Setting up of a surgical centre in Eritrea, Northern Iraq, to provide treatment to landmine casualties. The facilities include a burns treatment unit and a spinal injuries unit. In 2006, the Centre was handed over to the local health authorities.

1998/2002 - Construction and running of a surgical centre in Battambang, Cambodia. The Centre has been handed over to the local health authorities.

1999 - Support for the population of Falluja, in Iraq, during the siege of the city, which ended in May. Basic necessities, water and medicines were distributed to representatives of the local community and to the city’s hospital.

2000 - A team of surgeons was sent, at the post. took over the running of the O’Tatiak first aid authorities. In 2009, the local health authorities.

2001 - Setting up of an aid programme for war widows, distributing livestock to breeding to 400 families in the Panshir Valley, Afghanistan.

2001/2002 - Building of a rehabilitation and casualties of the war between Ethiopia and the Mekane Hiwet hospital, in Asmara, treating EMERGENCY staff worked for two months at request of Cooperazione Italiana, to Eritrea.

2003 - Supply of medicines, consumables and fuel for generators to the Al-Kindî hospital in Baghdad, Iraq. In the same period, medicines and healthcare materials were donated to the hospital in Karbala, south of Baghdad.

2003/04 - Setting up of a rehabilitation and prosthetics production centre in Medea, Algeria. EMERGENCY refurbished and equipped a building inside the public hospital complex, and also trained the local personnel. The running of the Centre, called Area, the Arabic word for “hope”, was handed over to the local health authorities in 2004.

2003 - Building of a rehabilitation and prosthetics production centre at Oshkh, Northern Iraq. The Centre is now run by the local health authorities.

2003/04 - Operation in Anqsla, in the province of Bengueli, at the invitation of a congregation of Angolan nuns. Two health centres were renovated, equipped and run for over a year by EMERGENCY, who also trained the local personnel.

2003/04 - A surgical team was sent to the orthopaedic unit at the public hospital in Jermi, Palestine. In addition to performing clinical services and training medical personnel, EMERGENCY set up a new physiotherapy department and a new orthopaedic ward.

2003/04 - Collaboration with the Casa de la Mujer for free supply of medicines to women patients with tumours and diabetes in Nicaragua.

2003/05 - Setting up of a workshop for the production of carpets to foster the economic independence of women, widows or poor people in the Panshir Valley, Afghanistan.

2004 - Support for the population of Falluja, in Iraq, during the siege of the city, which ended in May. Basic necessities, water and medicines were distributed to representatives of the local community and to the city’s hospital.

2004/05 - Reconstruction and fitting out of the emergency surgical ward at the Al-Fashir hospital in Northern Darfur, Sudan. The facilities include a surgical block and a ward with 21 beds. The ward was handed over to the Ministry of Health in August 2005.

2005 - Surgical instruments and consumables supplied to the general hospital in Kalutura, in Sri Lanka, to boost clinical activity after the tsunami.

2005 - Following the tsunami in 2004, the “Return to the sea” project – consisting in the distribution of motor boats, canoes and fishing nets to fishermen in the village of Punschichenimai (in Sri Lanka) - was completed. Additionally, school kits were consigned to students to encourage the return to everyday activities.

2005/07 - Courses on hygiene, prevention and first aid were organized for inmates of the Rehabilitation prison New Block. Also at Bliebbia, EMERGENCY organized screening for tuberculosis. In addition, EMERGENCY provided specialist medical assistance at a number of penal institutions in the Lao region.

2005/08 - Reconstruction of 55 brick dwellings for the families in the village of Punschichenimai, in Sri Lanka, made homeless after the tsunami. There were repeated delays in the building work due to the renewal of hostilities between the government and separatists. The dwellings were handed over in September 2008.

2006/07 - War surgery mission in Libya, in the city of Misurata.

2007 - Provision and delivery of tents and drugs to the village of Kitipun, after the earthquake, Nepal.

2009 - Operation in Afghanistan, in the Meina district in Herat, to provide treatment for landmine casualties.

2010 - A truck of surgeons was sent, at the request of Cooperazione Italiana, to Eritrea. EMERGENCY staff worked for two months at the Meina district hospital in Herat, treating casualties of the war between Ethiopia and Eritrea.

2010/2012 - Building of a rehabilitation and prosthetics production centre at Dira, Northern Iraq.

The Centre has been handed over to the local health authorities.

2010 - Setting up of an aid programme for war widows, distributing livestock to breeding to 400 families in the Panshir Valley, Afghanistan.

In every country where we work, we draw up collaboration agreements with the health authorities based on two indispensable principles: the optimum quality of the treatment provided, and the fact that the service is free to the patients.

In some countries, we receive financial contributions from the local health authorities to partially cover the cost of running the hospitals. This economic participation is a significant recognition of the value of our work, and it represents the assumption of a degree of responsibility by the authorities – the main requirement for service continuity when thinking ahead to the future handover of the hospitals. These contributions, however, are never, under any circumstances, associated to the possibility of directing or influencing EMERGENCY’s work: we are independent, impartial and neutral. All the contributions are stated in the financial statement management report, and in the supplementary notes.

NOTE: data refer to the 2014 financial statement, the most recent approved statement available before printing.
The aims of EMERGENCY: “Promoting a culture of peace and solidarity, which includes coordinating volunteers and their activities on the territory; [...] Intervening in war zones with humanitarian initiatives to benefit the, mainly civilian, victims of armed conflict, to help the injured and all those who bear the social consequences of conflict, or of poverty; these include hunger, malnutrition, disease and lack of healthcare and schooling”.

EMERGENCY Statute: Article 5
WORK WITH US

Doctors, nurses, lab technicians - but also administrators, logisticians and many others: every year, more than 270 people come to work in our hospitals and healthcare centres. We ask for professional experience, a good knowledge of English (French for certain countries), and the willingness to work for at least 6 months. We offer an adequate salary, board and lodging, insurance and reimbursement of travel costs. To apply, visit www.emergency.it

INTERNATIONAL PERSONNEL as of December 2015

TOTAL: 270 PEOPLE

WORK WITH US

INTERNATIONAL PERSONNEL as of December 2015

TOTAL: 270 PEOPLE

NATIONAL PERSONNEL as of December 2015

TOTAL: 2,546 PEOPLE

“Volunteering is a fundamental and necessary component of EMERGENCY’s work. Volunteers play a fundamental role in raising awareness and informing the general public and in promoting a culture of peace (through participation in conferences, meetings and workshops in schools, in workplaces...). Moreover, they are key fundraisers, hosting dedicated events, presenting specific projects to local entities, agencies and businesses, or manning booths during larger events. Volunteers participate in EMERGENCY’s work and activities pro bono, giving of their time, skills and resources according to their schedules. For further information about volunteering outside Italy, write to international@emergency.it.”

“I left for Afghanistan looking for a new professional experience. At the Kabul hospital, with over 20 operations a day, I saw how EMERGENCY can really make a difference.”

Paolo, surgeon

EMERGENCY INTERNATIONAL

Volunteering is a fundamental and necessary component of EMERGENCY’s work. Volunteers play a fundamental role in raising awareness and informing the general public and in promoting a culture of peace (through participation in conferences, meetings and workshops in schools, in workplaces...). Moreover, they are key fundraisers, hosting dedicated events, presenting specific projects to local entities, agencies and businesses, or manning booths during larger events. Volunteers participate in EMERGENCY’s work and activities pro bono, giving of their time, skills and resources according to their schedules.

For further information about volunteering outside Italy, write to international@emergency.it.

In order to support EMERGENCY goals on a broader international scale, groups of volunteers are active all over the world. Currently, EMERGENCY is present in UK, USA, Switzerland, Japan, Belgium, Austria and Hong Kong with registered charities.
“All human beings are born free and equal in dignity and rights”. The acknowledgment of this principle “is the foundation of freedom, justice and peace in the world”.

The universal declaration of human rights,
Paris, December 10, 1948, Article 1 and Preamble