

Chiesi Foundation

Accelerating change for a healthier future



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The Chiesi Foundation

The Foundation

Chiesi Foundation is a **philanthropic organization** founded as an expression of the social responsibility of Chiesi Farmaceutici.

The Foundation supports international scientific research and develops programs **to transfer medical-scientific knowledge** at a local level and to **empower families in the healthcare process**, promoting sustainable development and ownership of local communities.

Founded **in Parma (Italy) in 2005** and operational since 2010, the Foundation today operates in Benin, Burkina Faso, Burundi, Central African Republic, Ethiopia, Guyana, Ivory Coast, Nepal, Peru, Senegal, Tanzania, Togo, and Uganda.



Our Mission

The Foundation aims to support locally-led development programs to reduce the **neonatal mortality rate** in French-speaking sub-Saharan African countries and improve the health of patients **affected by chronic respiratory diseases** in the Global South. It does so through cost-effective interventions:

- **Capacity building** and **training** for healthcare professional, patients and families
- Delivering a package of **innovative and sustainable technologies** for health facilities
- Creating **strategic partnerships** with local, international, and institutional stakeholders
- **Data** driven quality improvement approach



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02

Neonatal and Respiratory Care Scenario in the Global South

Neonatal Mortality Global Burden



SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as **12 per 1,000 live births**

- **The first 28 days of life remain the most vulnerable period for child survival**
Reasons: respiratory distress, infections, complications and hypothermia.
- **Conflict and emergencies** continue to threaten the survival of children
- **Data gaps** are limiting efforts to end preventable child deaths
- WHO: without urgent action 63 countries will miss the neonatal mortality target by 2030

Neonatal care must be a priority on the international agenda

Neonatal Mortality Global Burden

1990

12.5 million

children died before turning
5 years old

5 million (40%)

of them were newborns

2022

5 million

children died before turning
5 years old

2.3 million (47%)

of them were newborns

**~6,500 newborn
deaths every day**

Asthma and COPD Global Burden



SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.4: By 2030, **reduce by one third premature mortality** from noncommunicable diseases through prevention and treatment, and promote mental health and well-being

Chronic obstructive pulmonary disease (COPD) is a common lung disease that causes limited airflow and breathing problems. It is sometimes called emphysema or chronic bronchitis.

Asthma is a chronic lung disease that affects people of all ages. It is caused by inflammation and muscle contraction around the airways, which makes it harder to breathe.

Access problem:

- **Under-diagnosis** and **under-treatment**
- **Inhaled medication** that can control asthma and COPD symptoms and allow people to lead a normal, active life (e.g., Peru: ¼ nurse salary for 1 month asthma treatment).

Asthma and COPD Global Burden

COPD

3.5 million

deaths in 2021 (3rd leading cause of death worldwide)

90%

of them occurred in low- and middle-income countries

ASTHMA

262 million

people affected in 2019

96%

of them occurred in low- and middle-income countries

~455,000 deaths

03

What We Do and where We Work

Where We Work



Where We Work

GASP

Guyana
Nepal
Peru

LATIN AMERICA



NEST

Benin
Burkina Faso
Burundi
Ivory Coast
Senegal
Togo

AFRICA



IMPULSE

Ethiopia
Central African Republic
Tanzania
Uganda

ASIA



04

NEST Model – Neonatal Essential Survival Technology

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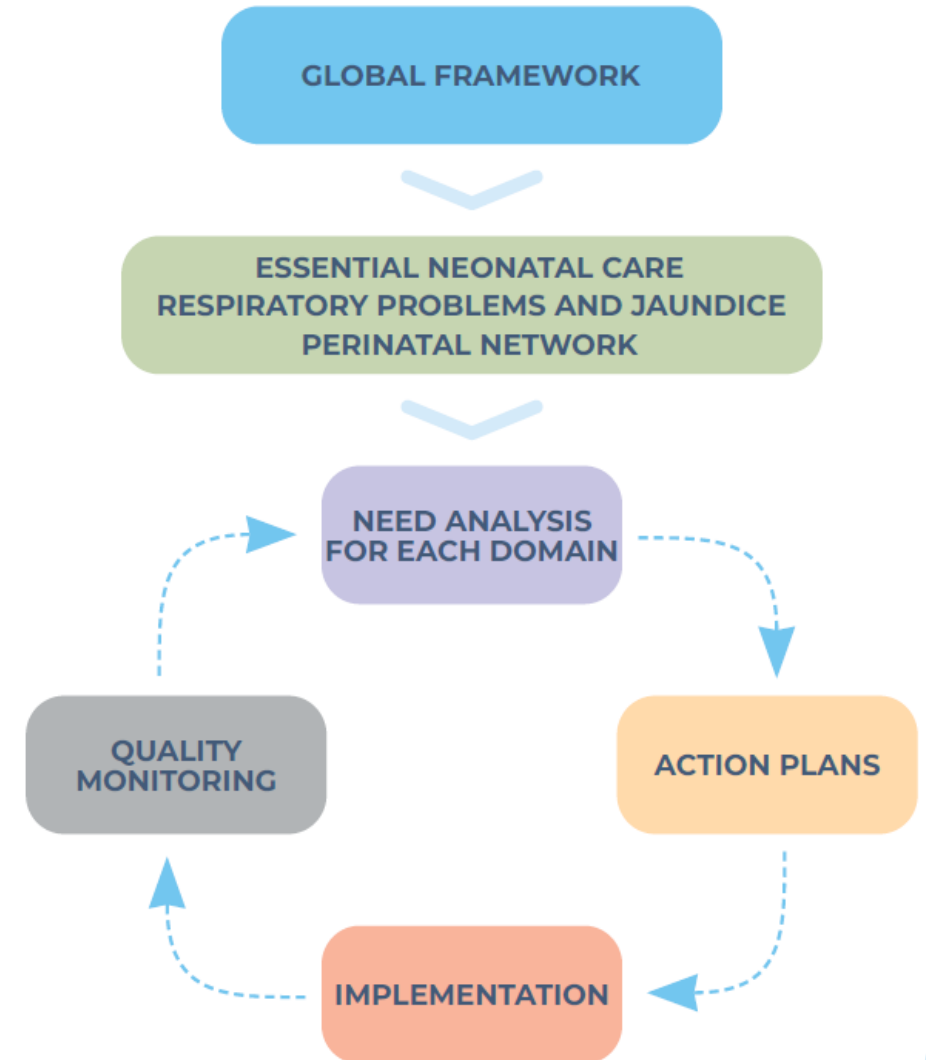
OBJECTIVE: To reduce neonatal mortality & morbidity for small & sick newborn babies

HOW: By improving the quality of

- **Essential care** incl. immediate and sustained human milk, infection prevention & control, thermal care, KMC, neonatal resuscitation
- **Extra care for babies with complications** incl. respiratory problems and jaundice
- **Perinatal network** intra & inter hospital

MAIN STRATEGY: Zero-separation & Family-Centered-Care

ROLE OF THE FOUNDATION: support local partners in the translation of international guidelines into practice, by recognizing the obstacles to the quality of care and finding appropriate and sustainable solutions



NEST Model – Neonatal Essential Survival Technology



05

GASP Model – Global Access to Sustainable Pulmonology

GASP Model – Global Access to Sustainable Pulmonology

The GASP is focused on the development of specific clinical skills for the diagnosis and management of CRDs, such as asthma COPD, through the introduction of spirometry capacity and training activities. The model is focused on 4 main areas:



EDUCATION

High quality training and education for healthcare professionals on the diagnosis and management of chronic respiratory diseases (asthma & COPD) and development of an education and self-management program for patients with asthma and their families: adherence to treatments.



SPACES

Establishment of spirometry laboratories for the accurate diagnosis of CRDs.



DATA

Improvement of the quality and use of data and indicators with a quality improvement process, generating evidence for lessons learned and good practices.



ADVOCACY & NETWORKING

Creation of strategic partnerships with local and international stakeholders.

GASP in Guyana

Year: 2014

Current Partners: GPHC, Prof R. Levy, BC Lung Foundation, Chiesi Italy and IRS

Main Activities

- **Capacity building** of local healthcare personnel at GPHC (hub) and 5 community health clinics (spokes)
- **Spirometry testing** established in the targeted health facilities
- **Patients' and families' education** and awareness on asthma/COPD in the targeted health facilities
- **Hub & spoke** model establishment, also outside Georgetown
- **GASP impact study**



GASP in Peru

Year: 2018

Current Partners: Policlinico Santa Rita del Cusco, SEPAR, Chiesi Spain

Main Activities:

- **Capacity building** of local healthcare personnel at Policlinico Santa Rita (training center), 2 Regional Hospitals (hub) and 6 community clinics (spokes)
- **Exchange visit** between Peru and Spain with the involvement of SEPAR Solidaria
- **Hub & spoke network** established
- **Community sensitization** on prevention and control of chronic respiratory diseases
- **GASP impact study**



GASP in Nepal

Year: 2023

Current Partner: Johns Hopkins University

Main Activities:

- **Seasonal screening** established in 10 kilns for brick kiln workers and at the Johns Hopkins University field office for community members
- **Capacity building** of 6 healthcare workers to conduct spirometry and educate patients and the families
- **Sensitization and awareness** of patients and brick kiln owners
- **Clinical component to be added**



06

IMPULSE- IMProving qUaLity and uSE of newborn indicators

The IMPULSE Project

Objective: Identify and fill gaps in the collection, quality and use of neonatal indicators in four countries: Central African Republic, Uganda, Tanzania and Ethiopia.

The project is carried out by a consortium formed by: LSHTM – London School of Hygiene and Tropical Medicine, CUAMM Doctors with Africa, Centro Collaborador de la WHO MNCH Italia – Burlo Garofolo, Ifakara Health Institute in Tanzania and Makerere University in Uganda.

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WHO Collaborating Center
for Maternal and Child Health
Trieste Italy

Chiesi
FOUNDATION



Main activities

Phase 1

August 2021 - May 2024

- Multinational assessment of the quality and use of neonatal data
- Development of new research modules and additional tools (EN-MINI Tools version 2.0)
- Translation of tools into French and Amharic
- Mutual exchange and learning (North-South and South-South)
- 15 academic articles (under development)

Phase 2

June 2024 - May 2026

- Dissemination and validation of Phase 1 results
- Publication of 15 academic articles in the Journal of Global Health (JOGH)
- Two-level implementation:
 - Ethiopia and Uganda: focus on improving DHIS2
 - Tanzania and Central African Republic – focus at health facility level: data collection tools and training



Our International Network

Chiesi Foundation's Network & Partnerships



Local hospitals



NGOs



Global Alliances



Philanthropic Organizations



Gates Foundation

Research Institutions





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