

A photograph of a woman with short dark hair, wearing a black and white patterned shirt, holding a sleeping baby. The baby is wrapped in a colorful, patterned cloth. The woman is looking directly at the camera. The background is a textured blue wall. A large blue circle is overlaid on the top left of the image, containing the text '2024 Social Report'.

2024 Social Report

Social Report 2024

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www.chiesifoundation.org/en/social-report/

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A heartfelt thank you to our colleagues and all our partners who work every day to improve access to quality care and make health a right for all.

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Section 1

INTRODUCTION

1.1 Methodological note

This 2024 report is the third Social Report for the Chiesi Foundation. The first Social Report, published in 2022, was compiled on a voluntary basis and was titled the 2022 Activity Report. Since the second edition, several improvements have been made to the document, starting with its structure, which follows the latest guidelines for the drafting of the social report for Third Sector entities (Decree of 4 July 2019, Official Journal no. 186 of 9-8-2019) and contains all the aspects that the legislator requests to be explained: general information on the entity, its structure, governance, personnel, administration, objectives and activities carried out, economic and financial situation and this brief methodological note. With the Social Report, we aim to introduce the Chiesi Foundation, outline our mission, and describe the **strategy** that guides our work, aligning with the **United Nations' Agenda 2030** and its **Sustainable Development Goals**.

We aim to report on the activities carried out within our programs and our commitment to ensuring equitable access to quality healthcare, in light of the resources utilized. The projects implemented have been reported according to the scope of intervention (neonatal and respiratory health), the sector (**scientific research and international cooperation**), and the respective geographical areas. The chapter "Our Programs" is therefore divided into the sections "Newborn Care", which includes the **NEST** Model (Neonatal Essentials for Survival and Thriving) and **IMPULSE** project (IMProving qUality and uSE of newborn indicators), and "Respiratory Care", which includes the **GASP** Model (Global Access to Sustainable Pulmonology). The sections relating to the NEST and GASP models include specific sheets for each country, which describe the starting background together with the activities carried out and the main results obtained.

Both models include specific factsheets for each country, which describe the starting background together with the activities carried out and the main results obtained. The economic information has been reported, indicating all the sources of origin of the funds used in the 2024 activities and the allocation of the aforementioned funds to the individual projects, in percentage values on the total available budget and in absolute values. The process of drafting

the Social Report was a collective effort to which both the Chiesi Foundation's operational team and the Foundation's partners contributed, who provided first-hand information.

During the financial year ending on 31 December 2024, our activity was inspired by the provisions of law and the Rules of Conduct of the supervisory body of Third Sector entities issued by the National Council of Chartered Accountants and Accounting Experts, published in December 2020. The supervisory body, not having been charged with carrying out the legal audit of the accounts, due to the absence of the conditions set out in art. 31 of the Third Sector code, carried out the supervisory activities and controls on the financial statements set out in Rule 3.8 of the Rules of Conduct of the Supervisory Body of Third Sector entities, consisting of an overall synthetic control aimed at verifying that the financial statements have been correctly drawn up.

A communication informs our main stakeholders of its publication online, on our website, on our social media, and on the main Italian transparency and accountability portals for Third Sector entities.

1.2 Preface

Chiesi Foundation Onlus is a philanthropic organization with registered office at Via Paradigna 131/A, 43122, Parma (Italy) and with Tax Code 92130510347. The Chiesi Foundation was established on 14 April 2005, on the initiative of Chiesi Farmaceutici S.p.A., a company that has been operating in the pharmaceutical production sector for decades, as an expression of the **group's social responsibility**.

Pursuant to art. 2 of the Statute, the Foundation pursues, **without profit**, civic, solidarity and social utility purposes, with particular attention to the social and health sector and its activities are in accordance with the Third Sector code (Legislative Decree 3 July 2017, n. 117) and the law relating to the general discipline on international cooperation for development (Law 11 August 2014, n. 125). The Chiesi Foundation is a philanthropic body part of the Philanthropy Europe Association (Philea), recognized by the Italian Agency for Development Cooperation (AICS) and the Emilia-Romagna Region.

1.3

Twenty years of concrete commitment to make health a right for all

“We will continue to focus on implementing concrete and targeted solutions, while strengthening our long-term strategic partnerships.”

We are pleased to present the 2024 edition of our Social Report, the document in which we collect and describe the progress, experiences, and challenges faced in the past year.

2025 has a special meaning for us, as we celebrate the twentieth anniversary of the birth of the Chiesi Foundation. Founded in 2005 as a tangible expression of the social commitment of the Chiesi Group, our organization was born from the vision and passion of Dr. Paolo Chiesi. “Doctor Paolo” (as he was known among his colleagues) always firmly believed in the possibility of putting scientific excellence, research, and technological innovation at the service of the community – especially the most vulnerable groups – to respond to the great challenges that characterize global health. This vision continues, twenty years later, to guide our every step, inspiring us to constantly grow and evolve.

Since our inception, we have undertaken a significant transformation path. From a grant-making foundation for medical-scientific research, we have decided to take on and have progressively assumed the role of implementing partner, actively intervening in the implementation of international cooperation programs launched together with our local partners. These programs, over time, have given rise to replicable and sustainable models, so as to be able to adapt to very different socioeconomic and cultural contexts, generating a lasting and transformative impact on the respective communities reached.

I would like to highlight in particular the two models that best represent our innovative approach and the concrete impact of our initiatives: the NEST Model (Neonatal Essentials for Survival and Thriving) and the GASP Model (Global Access to Sustainable Pulmonology). The NEST Model is now an important element of innovation for some French-speaking communities in sub-Saharan Africa, in the fight against neonatal mortality, thanks to the use of simple but extremely effective protocols and technologies in contexts where available resources are limited. At the same time, in Latin America and Asia, the GASP Model is signifi-

cantly expanding access to spirometry to a wider segment of the population, particularly in the most remote rural communities, thus improving the diagnosis and management of chronic respiratory diseases such as asthma and COPD. The impact of these programs translates into a significant improvement in the health and quality of life of many people, tangibly testifying to the value of our mission.

Precisely the scalability and replicability of these models, over these twenty years, have made a notable expansion of our activities possible: today the Foundation is present in 13 countries, spread across three continents. In 2024, we extended the presence of the NEST Model to the Ivory Coast, thanks to a collaboration with the organization Doctors with Africa – CUAMM, the *Centre Hospitalier Régional d’Abobo*, and the *Programme National de Santé de la Mère et de l’Enfant* of the Ministry of Health. This growth is the result of our commitment to developing and continuously strengthening a broad, articulated, and multi-level partnership network.

Thanks to the collaboration with partners such as governmental and non-governmental organizations, local institutions, universities, research institutes, and associations, we have been able to operate more effectively and respond in a targeted manner to the specific needs of each context. Also, during 2024, the establishment of the Technical Advisory Group, composed of sector experts and key opinion leaders, has further strengthened our scientific approach, ensuring continuous updating and a high level of quality in each of our interventions.

Our participation in international and regional conferences and meetings, such as the American Thoracic Society Conference and the Conference of the *Association de Pédiatres de Langue Française*, held respectively in San Diego in May and Dakar in October, has further expanded our strategic alliances, allowing the Chiesi Foundation to position itself as an authoritative voice in respiratory and neonatal care in low- and middle-income countries and remain at the fore-

Maria Paola Chiesi
President Chiesi Foundation



front of global health research. These events represent valuable opportunities for us to dialogue and exchange ideas with experts in the field, fostering an environment of collaboration and constant innovation.

Looking to the future, we renew our commitment to promoting global health with even greater strength. We will continue to dedicate ourselves to the implementation of concrete and targeted solutions, while consolidating our long-term strategic partnerships. We therefore remain firmly anchored to the founding values of the Chiesi Foundation: a sense of responsibility towards society and the environment, the dissemination of scientific knowledge without borders or restrictions, and fairness in the care of those who suffer. These values not only guide our daily actions but also represent the fixed points from which we face the challenges of a rapidly changing world, shaken by cultural upheavals and geopolitical uncertainty.

In conclusion, I would like to extend a heartfelt thank you to all the collaborators, supporters, and partners who have shared and supported our mission in 2024 and over the course of these twenty years. Their dedication and commitment have been instrumental in helping to give a chance to many newborns and to improve the quality of life of many people in the Global South.

Twenty years after the beginning of this adventure, we invite you to continue this journey at our side, towards new and ambitious goals, to guarantee access to quality care and ensure that health truly becomes a right for all.



1.4

Highlights of 2024

PROGRAMS



Countries: **13**

Projects: **14**

PATIENTS WITH THEIR FAMILIES

Patients assisted:
21,904

Patients who received
pulmonary care:
15,002



Workers
screened for chronic
respiratory diseases:
1,087



Newborns taken into care
by the **neonatology** units:
5,815

of which admitted to the
KC Unit with their families:
509

TRAINING

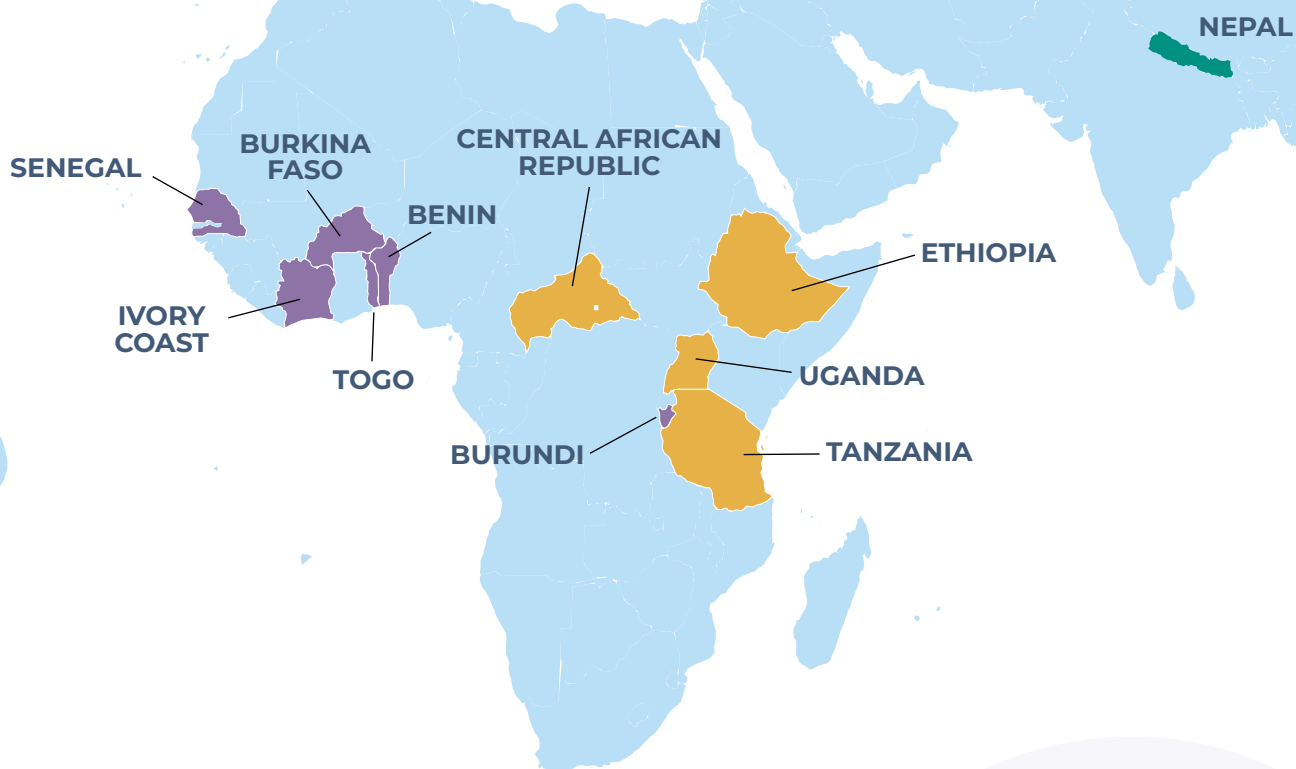
Healthcare
personnel trained:
295



Healthcare
staff members
trained in
newborn care:
251

Healthcare
staff members
trained in **asthma**
and COPD
management: **44**





SCIENTIFIC RESEARCH



Publications:
2

PARTNERS

International
partners:
15



Agreements
signed:
14



Hospitals and
clinics supported:
32



Local
institutions:
13

FUNDS



€ 599,472
invested in **research and**
international cooperation
programs

Corporate Donations:
€ 185,148

Founder's Donations:
€ 520,929

1.5 20 Years of the Chiesi Foundation

Founded in Parma on 14 April 2005 as an expression of the **Corporate Social Responsibility** of the Chiesi Group, the Foundation has dedicated two decades to expanding access to **quality respiratory and neonatal healthcare** for the **most vulnerable populations in the Global South**.

On this significant occasion, our first thoughts go to the memory of **Dr. Paolo Chiesi**, our esteemed Founder and first President, who passed away last year.

With passion and scientific rigor, he promoted the birth of the Foundation, accompanying its evolution and contributing substantially to the definition of its institutional identity. His foresight and dedication continue to represent a **constant source of inspiration** for our daily work.

Over the past twenty years, the Chiesi Foundation has supported **numerous scientific research** projects of international importance, awarded scholarships, and undertaken strategic collaborations aimed at **improving access to neonatal and respiratory care**.

Today, it operates actively in **13 countries in the Global South**, contributing significantly to the reduction of **neonatal mortality** and to the improvement of the diagnosis and management of **chronic respiratory diseases**. The implementation of innovative **NEST** and **GASP** models has generated a tangible and positive impact on local communities.

Looking to the future, we renew our commitment to **promoting global health** as an inalienable human right. We will continue to implement concrete and targeted solutions aimed at generating a positive impact in the contexts of greatest vulnerability, through the sharing of specialized skills and the creation of long-term strategic partnerships.

Our founding values – a deep-rooted **sense of responsibility** towards society and the environment, the dissemination of **scientific knowledge**, and **fairness** in the care of those who suffer – will continue to guide all our actions.

Thanks to the valuable collaboration and support of those who share our ethical and humanitarian principles, we are ready to build a healthier, fairer, and more sustainable future for all.

With determination and commitment, we will continue to work to improve the quality of life of the people and communities we serve, actively contributing to the creation of a world in which **health truly becomes a universal right**.



Section 2

WHO IS THE CHIESI FOUNDATION



The Chiesi Foundation is a philanthropic organization, founded in 2005, as an expression of the social responsibility of Chiesi Farmaceutici. Born as a corporate foundation and heir to the group's know-how, the Chiesi Foundation supports and promotes scientific research and international cooperation through intervention programs in the fields of neonatal and respiratory care in the Global South.

Through the development of programs and the implementation of sustainable, replicable, and context-appropriate models, we act to improve the quality of life of patients and their families.



PURPOSE

We believe that **health is a fundamental right for everyone**. We advocate for **equal access to quality healthcare**, regardless of culture, origin, or social class.



VISION

We imagine a world where patients with chronic respiratory diseases and all newborns, along with their mothers and families, in the Global South have **equal access to high-quality care** that enables them to live healthier lives.



MISSION

We support the expansion of access to quality healthcare and **the improvement of the quality of life of patients** – and their families – **affected by chronic respiratory diseases and neonatal diseases** in the Global South. We do this by implementing efficient capacity building and training solutions for health workers, patients, and families; providing innovative and sustainable technologies for health facilities; creating strategic partnerships with local, international, and institutional stakeholders; and adopting a data-driven approach to quality improvement.

2.1 Our contribution to the Sustainable Development Goals



In line with the **Sustainable Development Goals (SDGs) of the United Nations 2030 Agenda**, at the Chiesi Foundation, we operate with the aim of **guaranteeing the right to health** for everyone at all ages. “*Ensure healthy lives and promote wellbeing for all at all ages*” (SDG 3).



We do this by facilitating the **creation of networks and partnerships**, working in close collaboration with local and international institutions, Ministries of Health, universities, NGOs, hospitals, and health workers. “*Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development*” (SDG 17).

THE FIGHT AGAINST THE CLIMATE CRISIS

Sustainability and **respect for the environment** are at the heart of the Chiesi Foundation’s work. The climate crisis represents one of the greatest threats and challenges to global health, with serious short- and long-term consequences, especially for the most vulnerable populations.

For this reason, the Chiesi Foundation is committed **to reducing the environmental impact** of its activities, adhering to the principle of “do no harm.” Operating in a context where climate-only activities are not perceived as a priority by local communities, we have adopted a strategic approach to **integrate sustainability into our daily operations**, such as using low-impact materials, raising awareness among patients and communities about prevention and sustainability practices, and participating in discussions and research with international partners.



Furthermore, in March 2023, we signed the “*Declaration of commitment of Italian foundations and philanthropic entities for the climate crisis*,” joining the over 635 signatory organizations of the global plan WEACT Philanthropy for Climate.

These are small steps, but they represent a commitment to make significant, concrete changes in the way we operate, thus increasing our awareness and that of our partners. Our declaration is not intended to overturn the goals of the Foundation, but rather to integrate sustainability gradually and consciously.



2.2 Our strategy

During 2021, the Chiesi Foundation started a strategic review process to **define new objectives and lines of action** for the near future.

This process involved the Foundation's operational team and several stakeholders who contributed to defining, based on the results achieved in previous years and the analysis of the international cooperation context, an internal working tool that would guide the Foundation's work for the following years.

It was decided to set the horizon of the strategic plan to 2030, with intermediate objectives to 2025. A medium-term evaluation will be carried out in order to verify the goals' achievement and possibly rethink and adapt the planned macro-activities. This strategic direction defines the long-term actions that will be at the heart of the work of the Chiesi Foundation in the next five years.

This will allow the organization to improve and adapt its organizational model within a continuously and progressively changing international context; in addition to representing a **reference philanthropic model**, effective and innovative, in the sector of **international cooperation** and **scientific research**.

First strategic axis

The first strategic axis concerns the organizational role of the Chiesi Foundation as a **reference player for the implementation and dissemination of the NEST and GASP models**.

The Foundation increasingly takes on the role of catalyst of ideas, tools, and resources, and facilitates dialogue and relationships between the various stakeholders and partners involved in the implementation of the two models.

Aware of the ever-increasing role that philanthropic actors play in the context of international cooperation, the Chiesi Foundation has initiated a process of institutional recognition that has led to its accreditation with the Italian Agency for International Cooperation and the International Cooperation Office of the Emilia-Romagna Region.

At the same time, coordination and collaboration activities with the World Health Organization (WHO) have been intensified, especially regarding the implementation of the **NEST Model** and the definition of **strategic partnerships** with some internationally recognized actors.

Second strategic axis

The second strategic axis concerns the **institutional recognition of the NEST and GASP models** as effective, sustainable, and replicable models in the Global South countries. Both models are designed to integrate in support of the ministerial guidelines of the countries in which the Chiesi Foundation operates.

The **involvement of institutional actors** on multiple levels is the basis of the work that, as a Foundation, we are bringing to different countries. This approach allows us to see our work recognized, but above all, it gives sustainability to the actions financed by the Chiesi Foundation.

Third strategic axis

A data-driven quality improvement approach applied to the life cycle of our interventions and actions constitutes the third strategic axis.

This allows us to **improve the understanding of errors** and gaps and then to set corrective and preventive actions to trigger a quality improvement process. Furthermore, it aims to generate evidence regarding effective methods and tools to **increase the availability, quality, and use of data in the neonatal and respiratory fields**, to contribute to improving patient health, and generate effective, sustainable, and reproducible models based on scientific evidence.

2.3 Governance

To pursue its strategic objectives, the Chiesi Foundation has structured a Governance system that includes the following bodies:

THE MANAGEMENT BOARD



MARIA PAOLA CHIESI



ALBERTO CHIESI



GIUSEPPE ACCOGLI



PHILIP BREESCH



CARLO GHISONI



MARIO SCURI



MERRAN THOMSON

THE COORDINATOR



MASSIMO SALVADORI

THE PRESIDENT AND VICE PRESIDENT



MARIA PAOLA CHIESI



ALBERTO CHIESI

THE TECHNICAL ADVISORS



FEDERICO BIANCO



OUSMANE NDIAYE



MARIO SCURI

THE SUPERVISORY BODY



MATTEO CENI



RAFFAELLA PAGANI



GIUSEPPE PIROLI

The Management Board

The Management Board is composed of a certain number of Directors, not less than five and not more than nine, and administers the Foundation.

The Board Members remain in office for three management periods. The Management Board meets, at the initiative of the President and at the headquarters of the Foundation, at least three times a year or upon motivated request, addressed to the President, of at least four Members or of one Member and the Coordinator.

The Management Board is responsible, in particular, for: appointing the members of the Supervisory Body; appointing the Coordinator of the Foundation, assigning him operational delegations; approving the Management Report, budget, and final accounts; approving the activity plan as well as the strategic directions of the Foundation.

The activity of the Board Members belonging to the Management Board is carried out, in accordance with the institutional objectives pursued by the Foundation, in a completely free manner.

The President

The President of the Management Board and the Vice President are elected from among the Management Board itself.

The President is the **legal representative of the Foundation**, convenes and directs the meetings of the Management Board, ensuring the implementation of the resolutions adopted by the latter.

The President, in exceptional and specific cases, may adopt measures that he deems urgent and non-deferrable, subject to their ratification during the first available session.

In case of absence or impediment, the functions of the President are assumed and carried out by the Vice President.

The Technical Advisors

Technical Advisors may be appointed by the Management Board if particular activities of the Foundation require such support.

The Foundation benefits from the scientific support of three Technical Advisors: two with expertise in the neonatal field, for the part relating to the NEST Model, and one with expertise in the respiratory field, for the GASP Model.

The Technical Advisors act autonomously and responsibly, but in harmony with the Foundation Coordinator, considering the non-profit and solidarity mission of the Foundation.

The activity of the Technical Advisors is carried out, in accordance with the institutional purposes pursued by the Foundation, free of charge. Travel expenses may be reimbursed if adequately documented. In exceptional and specific cases, which the Board itself is required to recognize as such after having acquired the opinion of the Supervisory Body, reimbursement of the mere expenses incurred by the members may be granted.

FEDERICO BIANCO

Federico holds a degree in Veterinary Medicine and a PhD in Endocrinology. Since 2005, he has been working at Chiesi Farmaceutici S.p.A., where he has held various roles in the Neonatology and Special Care departments. During his career at Chiesi, he worked for ten years in research and development as Head of Neonatology Preclinical Pharmacology Team and as Project Leader.

Federico's main research areas have been aerosol administration and other less invasive techniques for surfactant administration. During his time in R&D, he supported the Chiesi Foundation by being part of the scientific committee in charge of evaluating projects in neonatology.

In 2020, Federico joined the Global Medical Affairs department as **Head of the Care area**, coordinating a team of medical managers working in different therapeutic areas: neonatology, transplantation, and intensive care. Since 2024, in addition to his role in the Care area, he has joined the Chiesi Foundation as a **Technical Advisor**.



OUSMANE NDIAYE

Ousmane Ndiaye, a pediatrician specialized in neonatology and epidemiology, has made significant contributions to the field of child health. As a researcher-teacher in pediatrics at the Cheikh Anta Diop University in Dakar, Senegal, he has undertaken numerous teaching missions in the sub-region, including Niger, Guinea, Benin, Madagascar, the Democratic Republic of Congo and Rwanda. His expertise has been sought by UNICEF, AWARE, and LUX- Développement as a child health consultant.

Leading a dedicated team, he coordinates various research activities focused on improving child health outcomes. He serves as **head of the Department of Pediatrics** at the Albert Royer Children's Hospital in Fann and the Department of Pediatrics at the University of Dakar. He is also **director of the African Center of Excellence for Maternal and Child Health (CEA-SAMEF)**, a project of the Association of African Universities that focuses on research and training, and Vice-President of the *Association des Pédiatres de Langue Française*.



MARIO SCURI

Mario received training in Respiratory Medicine and Critical Care Medicine at the University of Milan School of Medicine and in Respiratory Research at the University of Miami Miller School of Medicine. During his time at the University of Miami, he served as an associate professor of medicine from 1994 to 2006. Subsequently, from 2006 to 2010, he served as a full professor of medicine at the West Virginia University School of Medicine.

In 2011, Mario joined Chiesi Farmaceutici, where he held various roles in clinical development. From 2011 to 2018, he was the **clinical lead for the Foster and Trimbow programs**, focused on asthma and chronic obstructive pulmonary disease (COPD). Mario moved to the Global Pharmacovigilance department in 2019, taking on the role of **Head of Risk Management Unit**. He currently holds the position of **Senior Lead Physician for Respiratory** and serves as **Deputy Qualified Person for Pharmacovigilance**.

Mario's research has focused on the fundamental mechanisms of airway inflammation and the impact of environmental exposure to air pollutants on respiratory diseases. Since 2014, Mario has been collaborating with the Chiesi Foundation.



The Technical Advisory Groups

In 2024, the Foundation launched the first meeting of its Technical Advisory Group for the **GASP Model**. This group includes **respiratory health experts** William Checkley and Laura Nicolaou, Professor and Assistant Professor at Johns Hopkins University, Robert Levy, Professor at the University of British Columbia, and Refiloe Masekela, Head of the Department of Pediatrics and Child Health at the University of KwaZulu-Natal.

The Technical Advisory Group provides **strategic guidance for the development of the GASP Model** and will contribute to its advancement and impact on the health of thousands of people in the Global South.

The Supervisory Body

The Supervisory Body is composed of three members, appointed by the Management Board, who remain in office for three management periods. The Supervisory Body:

- supervises compliance with the law and the statute, and compliance with the principles of good administration, also concerning the provisions of Legislative Decree 8 June 2001, n. 231, where applicable, as well as the adequacy of the organizational, accounting, and administrative structure and its actual functioning;
- carries out monitoring tasks regarding compliance with civic, solidarity, and social utility purposes, with particular regard to the provisions of Articles 5, 6, 7, and 8 of Legislative Decree 3 July 2017, n. 117.

The activity of the members of the Supervisory Body is carried out, in accordance with the institutional purposes pursued by the Foundation, free of charge.

Reimbursement of travel expenses, duly documented, is permitted.

In exceptional and specific cases, which the Management Board itself is required to recognize as such by unanimous vote, reimbursement of mere expenses incurred by members may be granted.

If the conditions of Article 31 of Legislative Decree 117/2017 are met, the Foundation will be required to appoint a statutory auditor or a statutory auditing firm registered in the appropriate register.

The Coordinator

The Coordinator of the Foundation supervises the activities of the Foundation, providing for its ordinary management and implementing the guidelines established by the Statute and the decisions of the Management Board.

The Coordinator is chosen by the Management Board from among its Members and remains in office for three management periods.

The Coordinator sensitizes the Management Board, suggesting, also thanks to the operational experience gained by them, one or more specific types of intervention. The Coordinator:

- arranges the monitoring and technical-economic reporting of the activity programs;
- implements the resolutions of the Management Board;
- prepares management reports;
- formulates proposals, subject to resolution by the Management Board if necessary, concerning the hiring of staff and the assignment of professional tasks.

The Coordinator's activity is rendered, in accordance with the institutional purposes pursued by the Foundation, in an absolutely free manner. The Management Board may, in consideration of the particular needs and for the pursuit of the objectives of the Foundation, assign a market remuneration to the Coordinator.

To pursue the Foundation's activities, the Coordinator may avail himself of an operational team.

2.4

The Chiesi Foundation Team

MASSIMO SALVADORI

After obtaining a degree in Sociology and a master's degree in Social Enterprise Management, in 2007 he began his career in the field of international cooperation, working for several years in West Africa and subsequently in Central America. He has collaborated with several international NGOs in the field and at the headquarters in the management of humanitarian programs in the health, nutrition, and protection sectors. Since 2021, he has been the **Coordinator of the Chiesi Foundation**.



FEDERICA CASSERA

After obtaining a Master's degree in International Cooperation, in 2018 she began her professional career in Zambia, working with various NGOs operating in the sectors of education, human rights, and livelihoods.

Since September 2022, as **Program Development Officer** of the Chiesi Foundation, she has been supervising the NEST Model in Benin, Burkina Faso, and Togo, and the GASP Model in Guyana and Nepal, supporting the Coordinator in strengthening collaboration with existing partners and building new strategic partnerships.



ALESSANDRA FOLCIO

After several work experiences in international cooperation, in Zambia and Sudan, and collaborations with Italian NGOs and foundations, starting from September 2024, she joins the Foundation with the role of **Program Quality Officer**.

She currently directly supervises the NEST Model in Togo and Ivory Coast, and the GASP Model in Peru, also ensuring transversal supervision of the processes related to data collection, management, and analysis, as well as quality improvement.



MICHELA PAPOTTI

After an academic career in International and Diplomatic Sciences and a specialization in Development Economics, she began the experience of universal civil service in Ecuador.

Upon returning from South America, Michela began her professional career at the Chiesi Foundation, working on the NEST Model in Burundi and the GASP Model in Peru.



LORENZO PICICCO

After obtaining a master's degree in Languages and Cultures for International Communication and Cooperation, he built his professional career in communication in various fields, including higher education, martech, and healthcare. He joined the Chiesi Foundation in May 2024 as **Communication & Event Officer**.

In this role, he supervises all internal and external communication activities, supporting the rest of the team in promoting the Foundation's initiatives and projects. At the same time, he coordinates the organization of events and fundraising campaigns.



2.5 Our journey


2010

First partnership in Burkina Faso, at the Saint Camille Hospital in Ouagadougou


2014

Publication of the NEST and GASP international cooperation models.

First partnerships in Burundi and Guyana, respectively, at the Ngozi Regional Hospital and the Georgetown Public Hospital Corporation


2021

Appointment of the new Coordinator and President, and launch of the IMPULSE project


2024

First partnerships in Ivory Coast and Senegal, respectively with Doctors with Africa – CUAMM and the Partnership for Maternal Newborn and Child Health of the WHO. A new partnership has also been launched with the Italian Society of Pulmonology (SIP) to support the GASP Model in Guyana.

2005

Birth of the Chiesi Foundation as an expression of the social responsibility of the Chiesi Group

2011

First partnership in Benin, at the Saint Jean de Dieu Hospital in Tanguiéta


2018

First collaborations in Togo and Peru, respectively at the Hospital d'Enfants Yendube in Dapaong and the Policlinico Santa Rita in Cusco


2023

First partnership in Nepal, in Bhaktapur with the Johns Hopkins University, and launch of a new partnership in Cusco with SEPAR Solidaria within the GASP Model framework



Section 3 OUR PROGRAMS



3.1

Why We Operate in the Global South

The Chiesi Foundation actively works in **thirteen countries of the Global South** with the aim of **improving the health and quality of life of children** affected by neonatal diseases **and their mothers** in sub-Saharan Africa **and of all people affected by chronic respiratory diseases** in Asia and Latin America.

Through its programs, the Foundation implements concrete and targeted solutions to address the most pressing health challenges in these regions.

Currently, we are present in Guyana, Nepal, and Peru with the **GASP Model** (Global Access to Sustainable Pulmonology); in Benin, Burkina Faso, Burundi, Ivory Coast, Senegal, and Togo with the **NEST Model** (Neonatal Essentials for Survival and Thriving); and Ethiopia, the Central African Republic, Tanzania, and Uganda with the **IMPULSE research project** (IMProving qUaLiTy and uSE of newborn indicators). We are also present in Senegal through a collaboration with the WHO Partnership for Maternal, Newborn Child Health to improve neonatal and maternal health in the country.



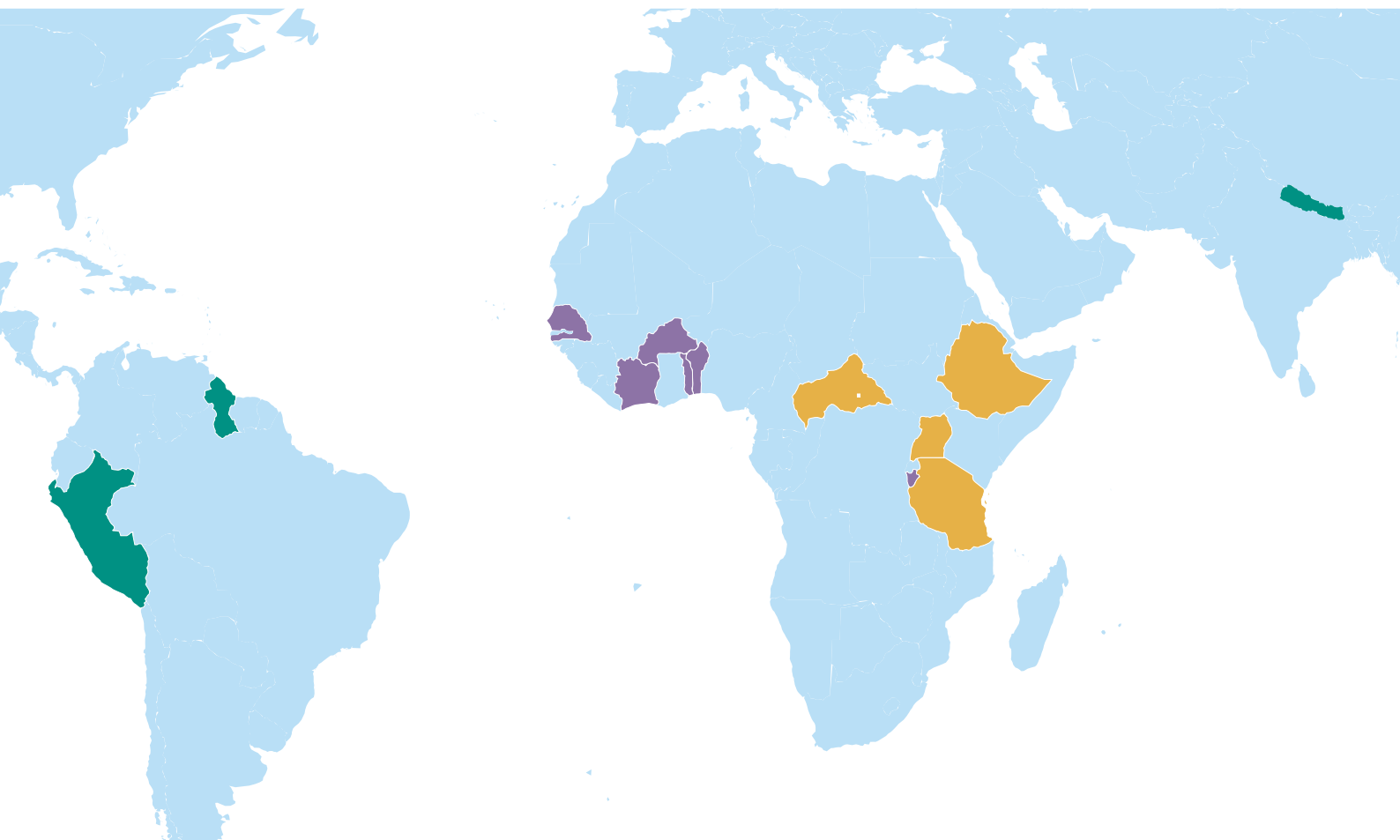
GUYANA
NEPAL
PERU



BENIN
BURKINA FASO
BURUNDI
IVORY COAST
SENEGAL
TOGO



ETHIOPIA
CENTRAL AFRICAN
REPUBLIC
TANZANIA
UGANDA



3.2 Newborn Care

Newborns have tragically different chances of survival based on where they are born, both globally and regionally.

In addition to the stark divide between the Global North and the Global South, there is also a significant gap within the African continent in terms of ease of access to health-care: particularly between Anglophone and Francophone countries, resulting from the lack of development assistance for health and isolation from the scientific community, mainly due to the **language barrier** and the **dominance of English in global health**.

For this reason, the Foundation has chosen to work mainly with some of the French-speaking countries of sub-Saharan Africa to help **make health a right for all**.

Neonatal mortality in the region is a **significant challenge**, is one of the main indicators of maternal and child health, and is considered a reflection of access to health services and the socioeconomic conditions of a community.

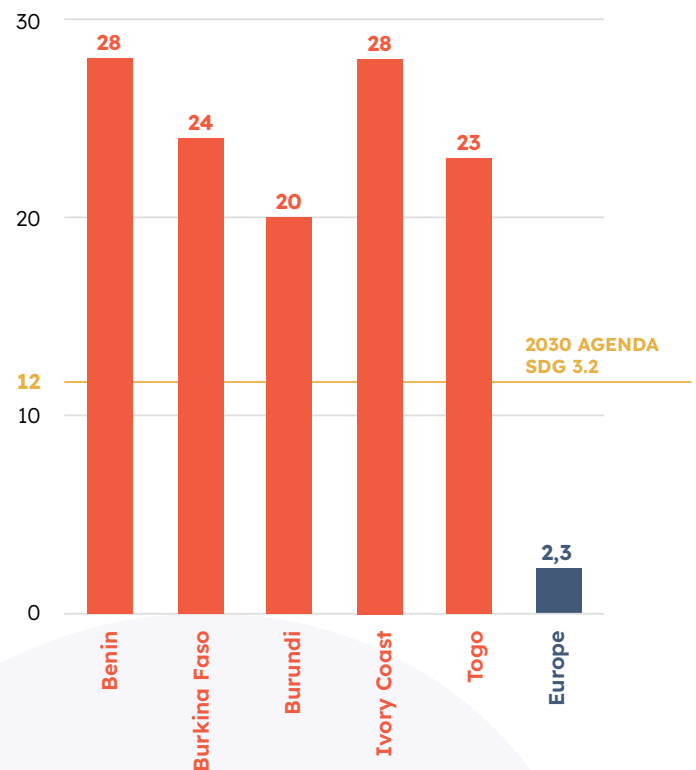


A baby born in sub-Saharan Africa is **11 times** more likely to die in the first 28 days of life than one born in Australia or New Zealand.

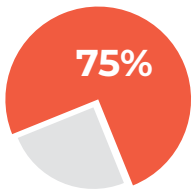


NEONATAL MORTALITY RATES in the sub-Saharan African countries where the Chiesi Foundation operates

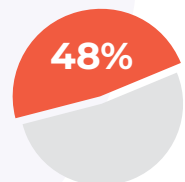
Data for the year 2023. Source: WHO



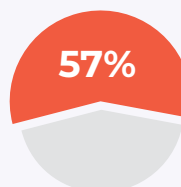
Neonatal deaths occurred within **the first week of life** (1 million in the first 24 hours)



Under-5 deaths occurred within the **first 28 days** of life



Under-5 deaths occurred in **sub-Saharan African** out of the **4.8 millions** occurred worldwide **in 2023**



Source: WHO



3.2.1 The NEST Model

The Chiesi Foundation developed a new and ambitious **intervention model in the neonatal field**, through the implementation of the **NEST Model** – Neonatal Essentials for Survival and Thriving.

The Model is designed and developed with a long-term perspective, and aims **to reduce neonatal mortality rates and improve the quality of life of newborns and their mothers**, starting a close collaboration with local hospitals.

In 2023, a process to review the model was launched, which currently focuses on four pillars:



1. TRAINING

Training programs on essential and special care of newborns for local health workers and the development of an Education and Awareness Model for families.



2. SPACES

Creation and organization of neonatal care units with medical equipment adapted to the local context, promoting Family-Centered Care and “**Zero Separation**” between mother and child.



3. DATA

Improving the quality and use of neonatal data and indicators. Through a Quality Improvement process, generating evidence to identify lessons learned and best practices.



4. ADVOCACY AND NETWORKING

Building strategic partnerships with different local and international stakeholders.



3.2.1.1

THE NEST MODEL DOCUMENT

The **NEST Model** – Neonatal Essentials for Survival and Thriving, developed and implemented in collaboration with several hospitals, NGOs, institutions, and universities, seeks to contribute to **improving access to quality neonatal care** in sub-Saharan African countries with a particular focus on **French-speaking countries**.

The concrete objective is to **reduce neonatal mortality** (0-28 days), particularly of **premature, low birth weight, or sick infants**. The approach adopted is specific to each context that is faced, since the target group of countries includes territories with different health facilities and different levels of financial and human resources.

The NEST Model, therefore, intends to provide a practical methodology to address the problems of **mortality and morbidity**, starting from the recognition of the barriers to access to the quality of neonatal care, analyzing them, and finding adequate and sustainable solutions. It is, therefore, a guide to translate the theoretical framework into concrete practices.

The review process of the model on which the program is based was long and participatory and involved the Foundation's operational team, a technical working group with neonatologists who are members of the Italian Society of Neonatology, the Technical Advisor of the Chiesi Foundation, Prof. Ousmane Ndiaye, as key opinion leader in the field of neonatology in sub-Saharan Africa, and the partner hospitals.

The fruit of this review process materialized in the publication at the end of 2024 of the "*Document on the Implementation of the NEST Model*," an updated reference document accessible to healthcare professionals and academic communities, particularly in the countries where the Foundation operates. Available in English and French, the revised NEST Model includes **comprehensive guidelines and training materials** to support healthcare professionals in adopting this approach.

The document aims to create a **positive and sustainable impact** on the quality of life of newborns and their families by addressing not only immediate needs, such as survival during the first weeks of life, but also newborn health conditions that may have long-term implications for the child and, indirectly, for mothers, families and communities as a whole.

This **holistic approach** recognizes that newborn health is intrinsically linked to the well-being of their mothers and families and seeks to address these interconnected needs comprehensively.



Document on the
Implementation
of the **NEST Model**

nest
Neonatal Essential Survival Technology



Scan the QR Code to download
the full document



FOCUS

Kangaroo Care Method

Among the care interventions promoted within the **NEST Model**, Kangaroo Care (more commonly called Kangaroo Mother Care) is supported within all the healthcare facilities with which the Chiesi Foundation collaborates.

KC is a **treatment method** introduced in 1978 by Edgar Rey, at the *Instituto Materno Infantil de Santa Fe* in Bogota (Colombia), which is mainly based on continuous and prolonged **skin-to-skin contact** between the mother and the child and **exclusive breast milk feeding**.

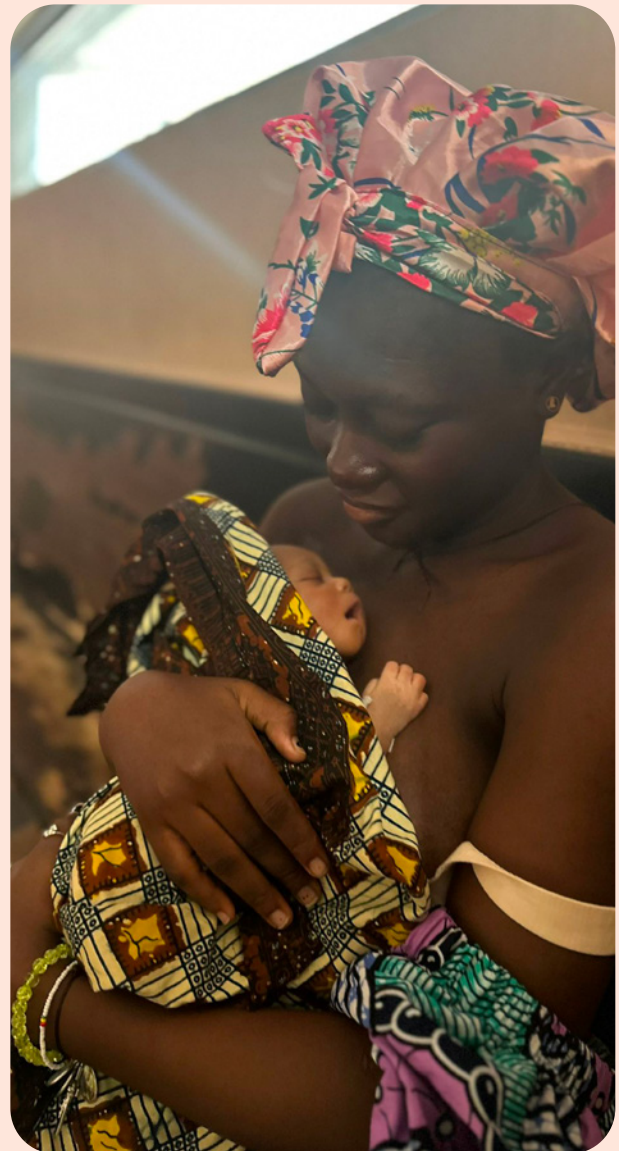
The name of this practice comes from the similarities with the way marsupials take care of their young.

Scientific evidence shows **numerous benefits**, not only in terms of survival, but also in the quality of the newborn's development. KC reduces the risk of hypothermia, hypoglycemia, infections, and also helps reduce the incidence of apnea and lower respiratory tract diseases. It also improves the quality of the relationship between mother and child, promoting brain development, the parenting process, and the safety of mothers, but not only that.

Kangaroo Care is therefore strongly recommended by the World Health Organization for all babies born prematurely or with low birth weight. The latest WHO recommendations, published in 2022, provide for KC to be immediate, performed at birth; intermittent, performed within the neonatal unit; and continuous, performed in the hospital and then at home.

An **effective method**, which does not require the use of technology, but of a family and trained health workers, who can support and accompany the mother and the newborn in a moment of great vulnerability.

Given the need to continue KC even after discharge from the hospital, this method requires not only the



participation of a family and health workers, but also of a wider community, ready to welcome and support the mother and child.

In case the mother is not in a condition to perform the KC, a family member can replace her. The choice to use the term Kangaroo Care is precisely intended to underline the possibility that the newborn can be cared for not only by the mother but also, first and foremost, by the father or any other parental figure present in the woman's family.



BENIN



Trained healthcare
staff members: **21**

(2 doctors, 8 nurses, 11 *aides soignantes*)



Newborns admitted
to neonatology
with their families: **1,094**

Newborns admitted
to the KC unit
with their families: **164**

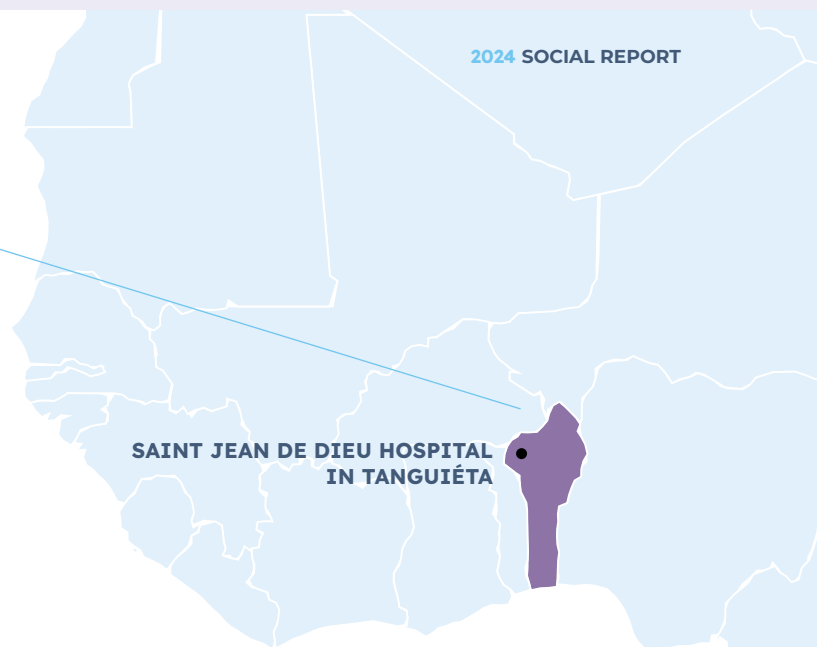


Sensitized parents:
457 women and **47** men

Newborns visited
at home: **41**



Invested budget:
€ 22,500



BACKGROUND

Since 2011, the Chiesi Foundation has been collaborating with the Saint Jean de Dieu Hospital in Tanguiéta (HSJD), an area in the north of Benin that the local government has identified as the area most in need of assistance. Here, a **new neonatology department** has been inaugurated, equipped with medical equipment suited to the context, with **28 beds** and another **6 in the KC unit**.

The collaboration aims to **reduce neonatal mortality** in the region by **strengthening the hospital's capacity** to care for newborns and their families.

Thanks to the **financial support** of the Chiesi Foundation, during 2022, the hospital's Committee for the Fight against Nosocomial Infections (CLIN) launched the foundations of a program for **the prevention and control of nosocomial infections and hospital hygiene**.

Initially, an audit was carried out to map the actual situation of the hospital in terms of compliance with the normative and regulatory measures for the prevention of infections within it. The various observations were followed by recommendations that were implemented over the following years.

FEATURED ACTIVITIES

STRENGTHENING THE CAPACITY OF THE NEONATOLOGY SERVICE through training on the care of low birth weight newborns and perinatal asphyxia

Family **AWARENESS ACTIVITIES**

Organization of **HOME FOLLOW-UP** visits for newborns and their families discharged from the KC unit

Developing an **ACTION PLAN**

Participation in the **NEST PARTNERS MEETING** (hospital director, a doctor, a nurse)

Support for the **PREVENTION AND CONTROL OF NOSOCOMIAL INFECTIONS AND HOSPITAL HYGIENE PROGRAM** (accompaniment of the H2CP Cabinet)

WHAT WE DID IN 2024

Thanks to the financial support of the Chiesi Foundation, the hospital has continued to implement the recommendations of the audit for the prevention and control of nosocomial infections and hospital hygiene. Specifically, **training of maintenance agents** on proper cleaning techniques, a **hygiene audit** of the surgical site and the neonatology and maternity wards, and the **drafting of two care protocols** (for venous access and maternity delivery) were conducted. Also, during 2024, the Chiesi Foundation continued to support the hospital by covering the salary costs of a healthcare assistant who can monitor newborns and their mothers admitted to the Kangaroo Care unit.

In March 2024, a mission to analyze needs and gaps related to the **quality of care** was led by Ousmane Ndiaye, Technical Advisor of the Foundation.

Based on the key findings from the analysis, the Chiesi Foundation and the hospital's neonatology team have developed an **action plan** to address the needs and **improve the quality of care** in the neonatology department and the Kangaroo Care unit.

To strengthen the skills of the healthcare staff (2 doctors, 8 nurses, 11 *aides soignantes*), **4 training sessions** were organized focusing on the **management of low birth weight newborns and perinatal asphyxia**. The report written by Prof. Ndiaye highlighted, among other things, the need for new equipment, which will be purchased in 2025.

Since during 2022 it was found that most mothers of newborns discharged from the **KC unit** do not respond to the follow-up appointments scheduled after discharge from the hospital, thus preventing them from knowing the fate of their newborns, the hospital initiated a series of home visits to monitor the health status of the children and **raise awareness among their parents** about the importance of **outpatient follow-up** which have been continued during 2024.

The visits are carried out by the hospital's social services staff, accompanied by a patient assistant trained in taking care of premature babies. During 2024, **41 newborns** were followed at home by the hospital staff.



STORIES FROM THE DEPARTMENTS/Benin

BERNADETTE

HOSPITAL

Saint Jean de Dieu Hospital in Tanguiéta (HSJD)

MOTHER'S AGE

25 years old

WHERE WAS SHE BORN?

Bernadette was born at the Hospital Center University of Parakou, from which she was then transferred to be hospitalized at the Saint Jean de Dieu Hospital.

WHAT DID SHE HAVE WHEN SHE WAS ADMITTED?

Bernadette was born prematurely with congenital volvulus of the entire small intestine, a malformation of the digestive apparatus that can determine a blood vessel constriction, with rapid onset of ischemia (failure of oxygen supply) of the intestine involved.

HOW DID YOU MANAGE THE ASSESSMENT?

Bernadette's admission to the Saint Jean de Dieu Hospital was characterised by a series of delicate surgical interventions aimed at correcting the congenital malformation. The hospitalization wasn't easy for Bernadette, but since then she has had a normal growth and today is a healthy child.

WHY DID THIS STORY STRIKE YOU?

Bernadette's case is to be considered a borderline case because her intestine was reduced to a minimum. Furthermore, maintaining balanced nutrition for the little girl was very complicated, due to the long hospitalization to which she was subjected. She had to face several complications and relapses before feeling well and being able to be resigned together with her mother.





BURKINA FASO



Healthcare staff members trained
in neonatal resuscitation: **20**



Newborns admitted
to neonatology
with their families: **557**

Newborns admitted
to the **KC unit**
with their families: **39**



Invested **budget:**
€30,000

SAINT CAMILLE HOSPITAL
IN OUAGADOUGOU

BACKGROUND

Since 2010, the Chiesi Foundation has been collaborating with the Saint Camille Hospital in Ouagadougou (HOSCO), managed by the Camillian Fathers.

The Foundation supports the hospital's neonatology department, developing projects aimed at **transferring scientific resources and knowledge**, to adapt the treatment standards of premature and pathological newborns to the most modern care protocols.

Thanks to the support of the Foundation, the Perinatology Network of the Centre Region (*Réseau de Périnatalogie de la Région du Centre*) was created in 2020 and formalized in 2022 with the validation of its strategic plan by the local Ministry of Health.

Led by HOSCO's medical director, Dr. Father Paul Ouedraogo, with the support of the Chiesi Foundation, the Network aims to structure **an effective referral system for the transfer of critical cases** from birth centers to the main hospitals in the capital equipped with a neonatology department, as well as developing common and shared **protocols and training programs** to improve the system for taking charge of newborns.

The main hospitals and birth centers of the city participate in the Network, along with some international and national health institutions. A fundamental step to promote dialogue and relationships between the different actors involved in the care of newborns in the Ouagadougou region.



FEATURED ACTIVITIES

SUPPORT FOR THE PERINATOLOGY NETWORK

TRAINING OF HOSCO NEONATOLOGY HEALTHCARE STAFF on the “Zero Separation” strategy between mothers and newborns

Development of an **ACTION PLAN**

PARTICIPATION IN THE NEST PARTNERS MEETING (hospital medical director, a doctor, and a nurse)

WHAT WE DID IN 2024

During 2024, the Chiesi Foundation continued to support the hospital by **training neonatology healthcare workers** on the “Zero Separation” strategy between mother and newborns, so that the hospital’s doctors and nurses are able to **support mothers and families** in actively caring for their hospitalized babies.

Furthermore, the Chiesi Foundation continued to support the Perinatology Network of the Central Region, facilitating meetings of its members.

Finally, with the advice of Professor Solange Odile Ouedraogo, a Burkinabe neonatologist pediatrician, the Foundation conducted an in-depth analysis of the needs and gaps in healthcare, in order to strengthen strategic support for the Saint Camille Hospital. The analysis revealed that **continuous training** for healthcare workers is essential, also involving the hospitals of the *Réseau de Périnatalogie*.

In collaboration with Prof. Ouedraogo and the Chiesi Foundation’s team, the hospital’s neonatology department developed an action plan and defined a budget, which were validated in December 2024. The planned activities will be implemented in 2025.

BURUNDI



NGOZI
REGIONAL HOSPITAL

Health staff members trained
in **KC**: **22** doctors and **148** nursing
and midwifery staff



Newborns admitted to
neonatology with their families:
1,789

Newborns admitted
to the **KC Unit** with their
families: **155**



Activities funded
by the 2023
budget

BACKGROUND

In 2014, the Chiesi Foundation began a collaboration with the Cardinal Tonini Foundation for Africa, now called Amahoro pro Africa Onlus, relating to a training and assistance project in favor of the neonatology department set up inside the new Maternal and Child Center of the Ngozi Hospital, built in 2013.

In 2019, the inauguration of the **Kangaroo Care area** took place, whose construction was financed by the Foundation.

In 2022, an assessment of the province's health facilities was conducted to provide a comprehensive picture of the neonatal health context. The analysis took into account the number of facilities present, their typology, the staff deployed, and the equipment used. The results of the analysis were presented together with the partner Amahoro and validated by the local health institutions in the first half of the year.



The analysis conducted highlighted the **care challenges in the neonatal field** and the **lack of the Kangaroo Care method** within local health facilities.

The data collected, together with some inspections carried out in the hospitals of the province, formed the basis for the **development of a pilot project** aimed at spreading the KC method at the provincial level. This project, funded by the Chiesi Foundation and implemented by Amahoro pro Africa Onlus in collaboration with the Ngozi Regional Hospital, is divided into three consecutive and hierarchical phases, starting from the hospital level and continuing up to the community level.

The first phase focused on Ngozi Regional Hospital, with the **education of trainers** and the **development of educational materials** on the KC method. Thanks to this project, in 2023, the Ngozi Regional Hospital was recognized as a **national training center on Kangaroo Care** by the Ministry of Health, which also validated the training materials developed.

The second phase of the project, which began in the second half of 2023 and continued in 2024, involved six hospitals in the province, smaller structures that report to the Ngozi Regional Hospital.

FEATURED ACTIVITIES

TRAINING OF MEDICAL AND NURSING STAFF of the maternal and child department of the six provincial hospitals

Activation of **DATA COLLECTION ON NEWBORNS** at the KC units of six provincial hospitals

Strengthening **THE FOLLOW-UP SERVICE FOR NEWBORNS DISCHARGED** from the KC service of the Ngozi Hospital

AWARENESS-RAISING ACTIVITIES during International Kangaroo Care Day and World Prematurity Day

Producing a **CASE STUDY ON THE DIFFUSION OF KC** in the Ngozi Province

WHAT WE DID IN 2024

In 2024, the project for the **diffusion of the KC method** in the province of Ngozi continued with the second phase, involving six hospitals.

Kangaroo Care **training courses** and **refresher sessions were carried out for new staff** hired in the hospitals of Buye, Kiremba, Mivo, Musenyi, Santa Terezina, and Polyclinique.

In addition to training, a **registry was created to collect data on newborns** with a birth weight of less than 2,500 g or with a gestational age of less than 37 weeks of amenorrhea, activated in all hospitals in the health province of Ngozi.

A Kangaroo Care Kit was also prepared, intended for every mother who practices KC in the hospitals involved and containing materials to support the kangaroo practice, such as a hat to keep the newborn warm, a band to support the newborn in the correct position, and hygiene materials, such as soap and diapers.

On the occasion of International Kangaroo Care Day and World Prematurity Day, awareness-raising activities were organized, involving all hospitals in the province of Ngozi.

Field activities were complemented by an ongoing dialogue with the Ministry of Health in Bujumbura and the Provincial Doctor of Ngozi, to further promote the diffusion of KC in provincial hospitals.

An audit session, carried out with the Provincial Doctor and hospital directors, allowed us to **identify best practices and lessons learned**, thus preparing the third phase of the project, which includes the engagement of Health Centers and local communities in 2025.

STORIES FROM THE DEPARTMENTS/Burundi BUKURU

HOSPITAL

Ngozi Regional Hospital

MOTHER

Jacqueline Manirambona

WHERE WAS SHE BORN?

Bukuru was born on the way to the hospital, followed by a ruptured uterus and, once at the hospital, an emergency caesarean section with extraction of her stillborn twin brother. Her mother, Jacqueline, was admitted to intensive care.

WHAT DID SHE HAVE WHEN SHE WAS ADMITTED?

The baby girl was born very prematurely, at 29 weeks and weighing 1,130 g.

HOW DID YOU MANAGE THE ASSESSMENT?

The baby arrived at the hospital with severe respiratory distress, severe hypothermia, and hypotonia, and was placed in an incubator with oxygen, while her mother was admitted to the intensive care unit.

WHAT HAPPENED TO BUKURU?

During her hospital stay, Bukuru developed neonatal jaundice, for which she was given phototherapy; she also developed hemolytic anemia and anemia of prematurity, for which she received 4 transfusions. At 90 days after birth, she contracted malaria and was treated with another transfusion.

Bukuru's growth in the first weeks of life was very uneven, also due to the unstable health conditions of her mother, Jacqueline, which meant that Bukuru was periodically transferred from the KC unit to the Neonatology department. However, at 104 days of life and 43 corrected weeks of gestation, Bukuru reached 1,660 grams in weight, and it was possible to discharge her from the hospital together with her mother so that they could continue the practice of Kangaroo Care at home.

WHY DID THIS STORY STRIKE YOU?

Bukuru spent more than three months with us in the hospital, first in the neonatal ward and then in the Kangaroo Care unit. The mother had suffered a series of complications and had received little help from her family, so we felt the baby was "ours".

We spent a lot of time with Bukuru and her mother. When we were finally able to discharge them, we helped Jacqueline set up a small law firm, so she would have some support, in addition to the care we provide her every time she comes to the hospital for a routine check-up.





CASE STUDY

Implementation of Kangaroo Care in Burundi

In 2024, the Chiesi Foundation **started a collaboration** with an external consultant specialized in international cooperation and public health, for the drafting of the case study “[Kangaroo Care in Burundi: a Chiesi Foundation’s Case Study](#),” which describes the implementation of the **NEST Model** and its **impact on neonatal health** at the Ngozi Regional Hospital.

To develop the case study, based on a sample of data collected between 2014 and 2023, various tools and bibliographic sources were used, including a series of interviews with the director of Ngozi Hospital, representatives of local and national institutions and local health personnel, including Dr. Sandrine Mukeshimana, head of the hospital’s neonatology department. The case study aims to **share the strategies, challenges, and successes of the NEST Model**, providing valuable insights for launching similar initiatives in the region.

Key Findings:

- 1. Implementation of the NEST Model:** the project led to the creation of a unit dedicated to Kangaroo Care at the Ngozi Hospital, recognized as a national reference center for the training and dissemination of this methodology.
- 2. Improvements in neonatal care:** the adoption of KC has significantly improved the quality of care for preterm infants, with an increase in the number of infants meeting discharge criteria and a reduction in neonatal mortality.
- 3. Training and awareness:** training courses for health personnel and awareness-raising activities for mothers were conducted, improving awareness and adoption of neonatal care practices.



CHALLENGES AND OPPORTUNITIES

The project faced several challenges, including a **shortage of trained staff** and the need to **improve data collection and analysis**. However, it also created significant opportunities to improve the quality of neonatal care and establish the Ngozi Hospital as a national reference model.

CONCLUSIONS AND RECOMMENDATIONS

The case study concludes that the implementation of the **NEST Model** and Kangaroo Care has had a **positive impact on the quality of neonatal care** at the Ngozi Hospital. It recommends continued investment in staff training, infrastructure improvements, and data collection to ensure the sustainability and effectiveness of future initiatives.



Scan the QR Code
to download
the full document



IVORY COAST



Healthcare staff
members trained: **40**



Newborns admitted to
neonatology with their families:
852



Newborns admitted
to the **new KC unit** with
their families: **5**



Invested **budget:**
€ 43,787

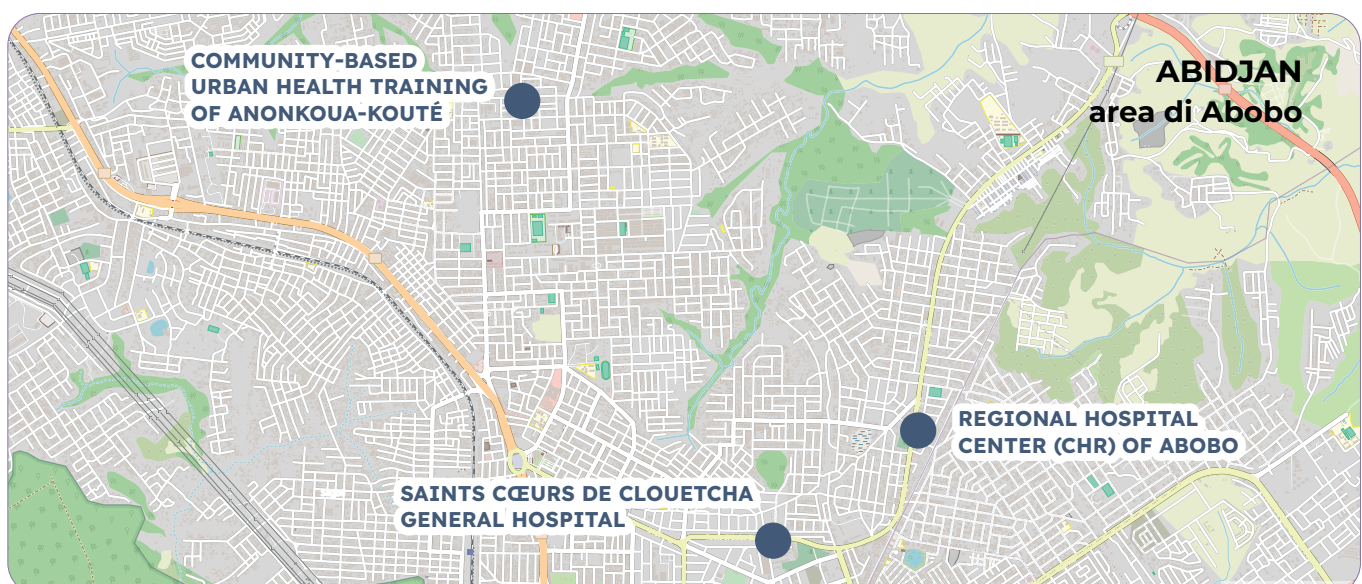


BACKGROUND

In response to the **high neonatal mortality rate** (28 per 1,000 live births) and in line with the Strategy for Surveillance and Response to Maternal and Perinatal Deaths and the Strategic Plan for Maternal and Child Health (2021-2025) defined by the government of the Ivory Coast, the NGO Doctors with Africa - CUAMM, with the financial support of the Chiesi Foundation, has launched the project “*Ensuring quality neonatal care in Abobo, Abidjan*” with an expected duration from May 2024 to April 2025.

The main objective of this ambitious project is to **improve the quality of neonatal care** in three key health facilities in the municipality of Abobo: the Community-Based Health Training (FSU-COM) of Anonkoua-Kouté, the Confessional General Hospital *Saints Cœurs de Clouétcha* (HGPPSCC), and the Regional Hospital Center (CHR) of Abobo.

In particular, the project includes **training sessions** for healthcare professionals of the three facilities involved in order to **improve the care of premature, low birth weight, or sick newborns** and the **donation of medical and healthcare materials and equipment**. Finally, in the Abobo hospital, the project will support the activities of the neonatology department, inaugurated in 2024.



FEATURED ACTIVITIES

ANALYSIS OF THE NEEDS OF THE THREE HEALTH FACILITIES in terms of training, materials, and medical supplies

TRAINING OF 40 FIGURES, INCLUDING MIDWIVES, NURSES, AND DOCTORS from three health facilities in the municipality of Abobo (Abidjan)

MONITORING THE MISSION of the **FOUNDATION** team and the **CUAMM** neonatologist experts

WHAT WE DID IN 2024

During the year, an **exploratory mission** was carried out, in collaboration with international experts from CUAMM, with three objectives:

- **identify the needs of the medical and healthcare personnel** of the three recipient facilities in terms of skills in essential neonatal care, resuscitation, and neonatal stabilization, to develop training modules
- **assess the needs** of the three facilities in terms of **medical and diagnostic equipment** in their respective maternity and neonatology departments, to draw up a list of medical and health equipment to be donated to them
- **identify the needs** of the three health facilities in terms of **coordination** between the different levels of the district health system.

In November 2024, a **seven-day training** was held, led by three international neonatologists together with two experts from the National Program for Maternal and Child Health, involving 40 health workers, including midwives, nurses and doctors from the three health facilities covered by the project, namely Anonkoua-Kouté, Saints Cœurs de Clouétcha and the Abobo Regional Hospital.

The overall objective of this training was to provide health-care workers with the knowledge, skills, and **competencies necessary** to effectively perform essential **neonatal care** functions, with a special focus on neonatal resuscitation techniques; the use of medical equipment, such as laryngeal masks and CPAP; and the promotion of good practices to prevent infections.

The training took place in two phases. The theoretical phase consisted of two days of plenary session with all participants, while in the practical phase, which included demonstrations of maneuvers and exercises on anatomical models, the participants were divided into two groups: three days for the participants of the Abobo Regional Hospital and two days for the group composed of health workers from the FSU-COM of Anonkoua-Kouté and the HGPS Clouétcha.

The Abobo Regional Hospital was opened, which will contribute to improving neonatal care by ensuring immediate care for full-term newborns, but especially premature babies and any post-natal complications.





STORIES FROM THE DEPARTMENTS/Ivory Coast

BETTI N'GOM

HOSPITAL

Houphouët-Boigny Regional Hospital
(CHR) of Abobo

AGE

36 years old

ROLE

Pediatrician



I am a pediatric neonatologist and I work in the recently inaugurated Neonatology Unit at the Houphouët-Boigny Regional Hospital (CHR) in Abobo.

My daily work consists of caring for newborns, whether they are premature, critically ill, or in need of specialized care. Every day, I take care of their stabilization, feeding, clinical monitoring, and accompanying their parents in this delicate moment.

The hospital is located in the municipality of Abobo, a rapidly growing municipality with a population of over 1.5 million, divided between the health districts of Abobo East and Abobo West.

In the past, each of the two districts had a second-level referral hospital, but now the CHR is the only functioning public hospital that serves as a referral center for the entire population and has now exceeded its capacity to receive and manage patients.

The obstetrics and gynecology department records approximately 7,000 births per year, of which 25% are by caesarean section. The absence, until a few months ago, of a dedicated and functioning neonatal unit had a dramatic impact on the quality of care provided and on the mortality rate of newborns.

I recently had the opportunity to follow a training course on neonatal resuscitation and essential newborn care, organized by Doctors with Africa - CUAMM and the Chiesi Foundation, which strengthened our skills as health workers, responding to a real need of the population of the municipality of Abobo.

In particular, it allowed me to acquire fundamental skills in the management of neonatal emergencies and in the care of newborns in difficulty at birth.

Today, I feel more confident and effective in my activities, with a greater ability to react quickly and also to train paramedic staff on these essential maneuvers.

Working in neonatology is a challenging but deeply rewarding experience. Every step forward, every baby saved, and every family reassured is a daily source of motivation.

The recent opening of the Neonatology Unit marks a turning point for our level-2 hospital, and I am proud to contribute to its development and to improving the quality of care for newborns.



TOGO



YENDUBE CHILDREN'S HOSPITAL
IN DAPAONG



**Newborns admitted to
neonatology** with their families:
1,482

**Newborns admitted
to the KC unit
with their families:** **146**



Invested **budget:**
€ 21,930

BACKGROUND

In 2018, the Chiesi Foundation entered into a partnership with the *Hôpital d'Enfants Yendube* (HEY) in Dapaong, a town in the north of Togo, capital of the Savannah Region, to support the **start of the activities** of the neonatology department and the KC unit and promote the **training of the staff** dedicated to neonatal care.

During 2023, thanks to the support of the Foundation, the Hospital equipped the new Kangaroo Care unit with reclining beds and chairs and agreed with a technician for the repair of malfunctioning machinery (heating tables, pulse oximeters, and phototherapy).

In addition, a **distance learning program** led by Dr. Lucia Tubaldi, neonatologist and member of the Italian Society of Neonatology, has been delivered starting from the second semester of 2023.



FEATURED ACTIVITIES

STRENGTHENING OF THE NEONATOLOGY STAFF

MAINTENANCE of medical equipment and purchase of **NEW ESSENTIAL EQUIPMENT**

Development of an **ACTION PLAN**

PARTICIPATION IN THE NEST PARTNERS MEETING

WHAT WE DID IN 2024

As part of the **implementation process of the NEST Model**, in 2024, Professor Ouro-Bagna Tchagbele, head of the department of pediatrics at the University of Kara (Togo), conducted, on behalf of the Foundation, an external evaluation of the Yendube Hospital.

The analysis highlighted strengths, but also several critical issues and shortcomings, which guided the development of the hospital's action plan.

Within this plan, priority areas were identified, on which the activities of 2024 were concentrated.

In particular, important steps forward have been made in **improving the neonatology service** with the hiring of a general practitioner and a nurse, who can ensure constant support for newborns. In parallel, the staff has participated in training sessions to **strengthen skills in the management of newborns**.

In addition, **maintenance of medical equipment** and the **purchase of new essential equipment**, including incubators, baby scales, electric syringes with touch screens, pulse oximeters, neonatal resuscitation tables, venoscopes and a portable device for analyzing hemoglobin directly on the ward, oxygen masks and wall thermometers, were carried out, thus improving the quality of care.

Finally, to prevent the spread of infections, hygiene supplies such as disposable towels, pedal bins, antiseptic soap with automatic dispensers, and reusable aprons were purchased.



3.2.2

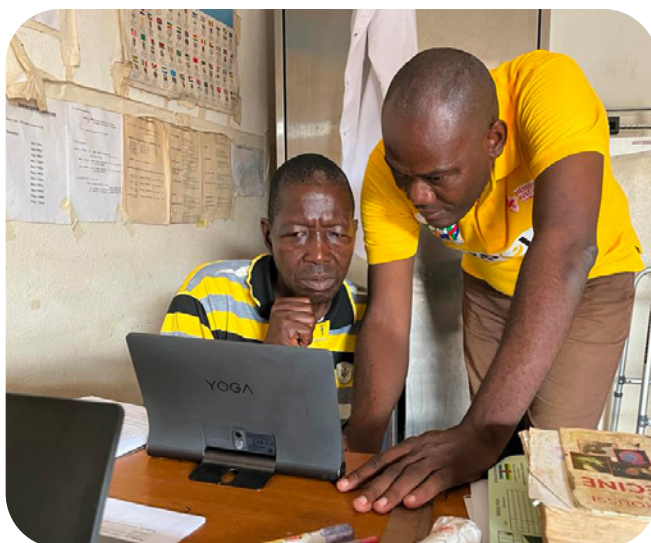
The IMPULSE Project

IMPULSE (IMProving qUaLity and uSE of newborn indicators) is a **research project** funded by the Chiesi Foundation that aims to **identify and fill gaps in the collection, quality, and use of neonatal indicators** in four African countries: Ethiopia, the Central African Republic, Tanzania, and Uganda.

The project is being carried out by a partnership of several institutions, including the London School of Hygiene and Tropical Medicine in the United Kingdom, the WHO Collaborating Centre for Maternal and Child Health Burlo Garofolo in Italy, Doctors with Africa – CUAMM, the Ifakara Health Institute in Tanzania, and Makerere University in Uganda.

The first phase of the project, which began in June 2021 and ended in May 2024, focused on conducting a **comprehensive assessment of the quality and use of neonatal data** in 15 regions across the four countries.

The second phase, currently under implementation, aims to co-create and test, together with national and international stakeholders, sustainable interventions and practical tools to **improve the availability, quality, and use of routine neonatal data**.



During 2024, the main activities carried out by the partners included:

- the multi-country **baseline assessment** of the **quality and use of neonatal data**. The research was conducted at 154 sites in the four countries covered by the project and generated a significant dataset.
- the **development of new search modules** and additional tools (EN-MINI Tools version 2.0) and the translation of these same tools into French/Amharic.
- the **organization** of various **moments of exchange and mutual learning** (North-South and South-South).
- the start of the **production of 15 academic articles** that will be published during 2025.
- the **organization of validation events** and dissemination of the results of the first phase of the study – four workshops (one for each country).

The implementation of the preparatory activities of the second phase of the project which foresees a two-level implementation: in Ethiopia and Uganda the focus will be on the **improvement of DHIS2**, i.e. the health management information system used on a national scale, while in Tanzania and the Central African Republic on the level of health facilities and **data collection tools** and on **staff training**.



3.3

Respiratory Care

Chronic respiratory diseases (CRDs) affect the body's airways: some of the most common are **chronic obstructive pulmonary disease** (COPD), **asthma**, **occupational lung diseases**, and **pulmonary hypertension**.

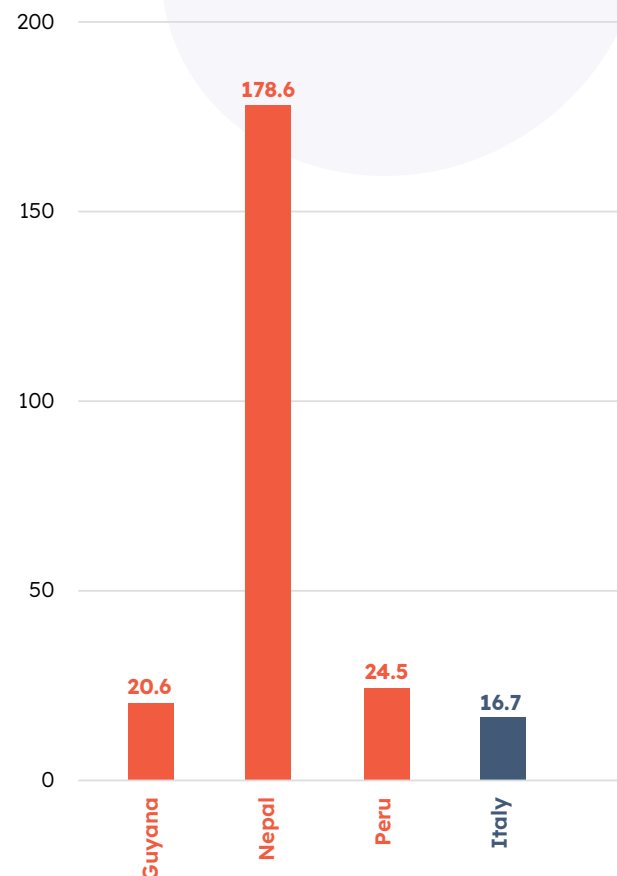
In addition to tobacco smoking, other risk factors include air pollution, chemicals and dust in the workplace, and frequent lower respiratory infections during childhood. **CRDs have no cure**; however, various forms of treatment can reduce shortness of breath, help control symptoms, and improve the daily lives of people living with these conditions.

The **management of asthma and COPD** in these countries is often neglected, resulting in **high rates of exacerbations and hospitalizations**, with a huge impact on local health systems and societies.



CHRONIC RESPIRATORY DISEASES MORTALITY RATES in the countries where the Chiesi Foundation operates

Data for the year 2021. Source: WHO

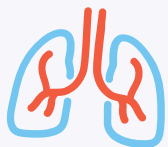


CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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. In people with COPD, the lungs can become damaged or clogged with phlegm. Symptoms include cough, sometimes accompanied by phlegm, difficulty in breathing, wheezing, and fatigue.

COPD has no cure, but symptoms can improve if you avoid smoking, air pollution and get vaccinated to prevent infections. It can also be treated with medications, oxygen, and pulmonary rehabilitation.

Chronic obstructive pulmonary disease (COPD) was the **fourth leading cause of death** worldwide with **3.5 million** deaths in 2021 (**5% of deaths**)



COPD deaths occurred in **low- and middle-income countries** out of all under-70 people worldwide



COPD CASES CAUSED BY TOBACCO SMOKING
Source: WHO

High-income countries



70%

Low-income countries



30-40%



ASTHMA

Asthma is a chronic lung disease that affects people of all ages and is caused by **inflammation and muscle contraction around the airways**, which makes breathing more difficult.

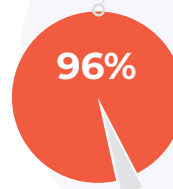
Symptoms can include coughing, wheezing, shortness of breath, and chest tightness, which can be mild or severe, and may come and go over time.

Although asthma can be a serious condition, it can be managed with the right treatment, following a consultation with a healthcare professional.

However, asthma often **remains underdiagnosed and undertreated**, particularly in **low- and middle-income country** settings.



In 2019, **asthma** affected around **262 million** people worldwide, causing **455,000 deaths**



of which occurred in **low- and middle-income countries**

3.3.1

The GASP Model

The Chiesi Foundation works in the respiratory field to **improve the quality of life of patients** and their families **affected by chronic respiratory diseases**, such as asthma and chronic obstructive pulmonary disease (COPD), in the Global South. The **GASP Model** – Global Access to Sustainable Pulmonology – originated from the pilot project “*Partners in Care: Optimizing Asthma & COPD Diagnosis and Chronic Disease Management in Guyana*,” a medical training initiative in pulmonology coordinated by Prof. Robert Levy of the University of British Columbia in collaboration with the British Columbia Lung Association.

Because the optimal management of asthma and COPD relies on accurate diagnosis through spirometry, effective treatment, patient education, and ongoing monitoring to assess disease severity and maintain control, the model focuses on four main pillars.



1. TRAINING

High-quality training for healthcare professionals on the diagnosis and management of asthma and COPD, as well as awareness and self-management programs for patients with these conditions.



2. SPACES

Establishment of spirometry laboratories for the accurate diagnosis of chronic respiratory diseases.



3. PROTOCOLS

Support local hospitals in adopting national and international guidelines and protocols.



4. DATA

Improving the quality and use of data and indicators through a Quality Improvement process, generating evidence for lessons learned and best practices.



3.3.1.1

THE TECHNICAL ADVISORY GROUP

The Technical Advisory Group (TAG), in line with the Chiesi Foundation 2030 strategic framework, is responsible for providing recommendations and guidance to **improve the quality, effectiveness, and impact of the GASP**.

The TAG plays a key role in supporting the development of **guidelines**, suggesting **improvements**, and ensuring that the program and individual projects are **consistent with the Foundation's mission**.

The Group, launched in late 2024, is composed of experts (Key Opinion Leaders or KOLs) from different fields relevant to the work of the GASP, such as research, clinical practice and education, who can contribute with diverse expertise and strategic vision to the management and improvement of the program and specific projects implemented by the Foundation.

The members, who join the Group voluntarily, have significant experience in the field of **global health** and understand the **unique challenges** faced by the **health systems of the countries of the Global South**, particularly in the field of respiratory diseases.



FOCUS

GASP Technical Advisory Group

CHECKLEY WILLIAM

Dr. William Checkley, MD, PhD, is a **Professor of Medicine** in the Division of Pulmonary and Critical Care Medicine at the Johns Hopkins School of Medicine and holds joint appointments in the departments of International Health and Biostatistics at the **Johns Hopkins Bloomberg School of Public Health**. He received his medical degree from Northwestern University, completed his residency in internal medicine at *Emory University*, and earned his PhD and residency in Pulmonary and Critical Care Medicine at Johns Hopkins University.

Currently, Dr. Checkley is the Director of the Center for Global Non-Communicable Disease Research and Training and the Fogarty Global Health Fellowship at Johns Hopkins University.

His research focuses on characterizing the **prevalence of COPD**, as well as identifying risk factors and biomarkers in low- and middle-income countries.



LEVY ROBERT

Dr. Robert D. Levy, MD, FRCPC, completed his residency in Respiratory Medicine at McGill University in Montreal and was appointed **Director of Research** at Meakins-Christie Laboratories. He is currently a **Professor of Medicine** at the University of British Columbia and previously served as **Director of the Division of Respiratory Medicine** at St. Paul's Hospital in Vancouver, and he was President of the Canadian Thoracic Society.

Dr. Levy's primary research interests include physiological and functional outcomes after lung transplantation. He also has a strong interest in chronic disease management and global health in resource-limited settings.



MASEKELA REFILOE

Professor Refiloe Masekela is the **Academic Head of the Department of Pediatrics and Child Health** at the University of KwaZulu-Natal and a faculty member at the Africa Health Research Institute. A distinguished **pediatric pulmonologist**, she has over 17 years of experience in lung health research. She is currently the NIHR Global Health Research Professor (2022–2027), with a primary focus on pediatric asthma and lung function testing.

Professor Masekela holds several leadership roles globally, including Co-Chair of the Global Asthma Network and regionally as President of the Pan African Thoracic Society and President of the South African Thoracic Society.

Finally, her expertise is also recognized through her participation in important organizations, including the Scientific Committee of the Global Initiative for Asthma (GINA).



NICOLAOU LAURA

Dr. Laura Nicolaou is an **Assistant Professor** in the **Division of Pulmonary and Critical Care Medicine** at the Johns Hopkins School of Medicine, with a joint appointment in the Department of Health and Environmental Engineering. She has a background in mechanical engineering, with a focus on aerosol science, exposure assessment, and high-performance computing.

Her research interests focus on global health and environmental epidemiology, with a focus on air pollution and non-communicable diseases in low- and middle-income countries. Dr. Nicolaou has five years of field research experience and currently leads projects on air pollution in Peru, Uganda, and Nepal.



GUYANA



Number of health facilities involved: **11**, including **5 hospitals** and **6 health centers**

Number of patients seen at GPHC: **4,983**



Number of patients visited in satellite centers: **8,772**



Number of trained healthcare personnel: **14**, of which **13 nurses** and **1 doctor**



Invested **budget**: Activities financed by the 2023 budget

GEORGETOWN PUBLIC HOSPITAL CORPORATION

BACKGROUND

The **first spirometry laboratory** in the country was established by the GASP Model at Georgetown Public Hospital Corporation (GPHC). The hospital now provides screening and diagnosis of **chronic respiratory diseases**.

The **spirometry test** is performed by nursing staff in collaboration with the patient, who is guided and supported by the staff at each stage of the test.

Patients are visited by medical staff, who prescribe the treatment and dosage and educate the patient on the management of the chronicity of the disease.

Thanks to the important developments brought by GASP, the hospital's Spirometry Department has so far carried out more than **30,000 visits**.

FEATURED ACTIVITIES

Support to the GPHC Pulmonology Department with **STAFF TRAINING**

PATIENT AND FAMILY EDUCATION for chronic respiratory disease management

GASP DECENTRALIZATION PROGRAM begins outside Georgetown



WHAT WE DID IN 2024

To respond to the **need for more effective management** of the disease, closer to the patient during the follow-up phase, since 2022 the GPHC, within the GASP Model, has started a **collaboration with six health centres in the capital**, which send patients to the GPHC (Campbellville Health Centre, Enmore Polyclinic, Kitty Health Centre, Industry Health Centre, Festival City Polyclinic). The initiative aims to **improve care for patients with asthma and COPD** by bringing essential care closer to the community and decongesting the central hospital.

In May 2024, an important mission took place in Guyana, involving the Chiesi Foundation team and two members of the University of British Columbia in Vancouver, Prof. Robert Levy and respiratory therapist Carmen Rempel. The two experts conducted a training session for GPHC staff, with the aim of **improving their skills in performing spirometry tests**.

During the mission, **crucial institutional meetings** were also held to discuss the **GASP decentralization program** beyond the capital. In collaboration with the Ministry of Health, a project was launched in 2024 to **establish out-patient clinics** for asthma and COPD patients in hospitals outside Georgetown. The goal of this initiative is to further decongest the GPHC, which will become the **center of reference for acute conditions**, and improve access to quality care for patients living in remote areas of the country. During the meetings, it was decided that, in order to ensure the quality and sustainability of the decentralization program, the Chiesi Foundation, the GPHC, and the Ministry of Health will have to sign a framework agreement that defines in detail the responsibilities of each entity involved.

STORIES FROM THE DEPARTMENTS/Guyana

SALEEM HAMILAH

HOSPITAL

Georgetown Public Hospital Corporation

AGE

34 YEARS OLD

ROLE

Senior Respiratory Therapist



As Guyana's first and only Respiratory Therapist, my journey has been one of what I would call pioneering change, breaking down barriers, and saving lives.

Every day, I enter the high-pressure environment of Georgetown Public Hospital Corporation, where patients count on me for their last breath of hope.

Whether it's managing critically ill patients in the ICU, guiding newborns through their first breaths in the NICU, or performing emergency respiratory interventions, my work is a delicate balance of science, expertise, and compassion.

Being the only expert in my field in an entire nation comes with great responsibility.

I am not only a physician, but also an educator, advocate, and innovator. I train doctors, nurses, and medical students, ensuring that respiratory care becomes a priority in Guyana's healthcare system.

With limited resources, I have adapted international best practices to local challenges, bridging knowledge and action.

The most rewarding aspect of my profession is witnessing the miracles of breathing: seeing a critically ill patient come off the ventilator, watching a premature baby grow healthy and strong, or giving new hope to families when they thought all was lost.

My career has taught me that respiratory care is more than a job; it is a mission to save and transform lives. Despite the challenges, including limited resources

and the emotional burden of intensive care, my passion remains strong.

I continue to move forward, knowing that every life I touch each day helps shape the future of respiratory care in Guyana.

I am not just saving lives; I am laying the foundation for a new era in respiratory care in my country, with the unwavering support of Dr. Waleema Bacchus-Ali, Head of the Spirometry Department.



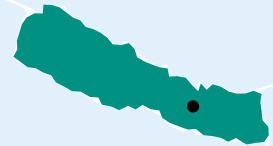


NEPAL

Number of brick
factory **workers**
screened: **302**

Number of
restaurant and school
workers screened: **599**

Invested **budget:**
€ 50,000



BHAKTAPUR

BACKGROUND

Brick production in South Asia, unlike in countries with modern systems such as China, is not mechanized and relies heavily on manual labor.

These productions involve working the mine soil, mixing clay, drying it in the sun, and firing bricks in a kiln. These activities involve worker exposure to respirable silica.

Inhaling respirable silica increases the **risk of silicosis**, an incurable and debilitating lung disease also associated with lung cancer, chronic obstructive pulmonary disease (COPD), and other respiratory diseases.

This industry in Nepal employs around **two hundred thousand seasonal workers** and is poorly regulated, so much so that the use of protective masks is not mandatory.

As a result, workers are exposed to **high levels of respirable silica** and average PM2.5 concentrations of **two hundred micrograms per cubic meter** (200 µg/m³) per day, compared to the WHO limit of 5µg/m³. Furthermore, the temporary nature of their role makes the health and well-being of these workers subject to multiple constraints. These include a lack of health education, a lack of financial resources for medical needs, and a general lack of access to care.

It is therefore essential to **ensure accessibility to free screening and awareness programs** regarding chronic respiratory diseases.





FEATURED ACTIVITIES

BRICK KILN OWNERS ASSOCIATION and **CHANGU NARAYAN MUNICIPALITY** outreach on chronic respiratory diseases

SCREENING OF PEOPLE AT RISK working inside ten **FURNACES**

SCREENING OF AT-RISK PEOPLE from the **BHAKTAPUR** community

WHAT WE DID IN 2024

The partnership with the Johns Hopkins University began in July 2023 and includes a **screening program**, including spirometry, to **diagnose chronic respiratory diseases**, such as silicosis, asthma, and COPD, in the community of Bhaktapur (Kathmandu Valley), with a special focus on workers in brick kilns. The goal of the project is to **analyze the effects** caused by exposure to silica and air pollution to **propose effective and sustainable solutions**.

Thanks to the contribution of the Chiesi Foundation, in 2023 the Johns Hopkins University purchased **six spirometers** and trained **ten members of the local team** at the Institute of Medicine at Tribhuvan University to correctly perform the spirometry test on patients.

In 2024, trained local personnel conducted **screenings on 302 workers** from the project's ten targeted brick kilns. Additionally, the Johns Hopkins University, together with the Institute of Medicine, conducted **lung function tests on 599 people** living in the Bhaktapur region (299 restaurant workers and 300 school workers).

To **ensure sustainability**, the intervention includes the commitment of the Brick Kiln Owner Association and Changu Narayan Municipality. With financial support from the Chiesi Foundation, Johns Hopkins University and the Institute of Medicine have held regular meetings with the association and the Municipality to raise awareness about the impact of chronic respiratory diseases on workers and the importance of a screening program. Through these awareness sessions, the two entities have signed a letter in support of the program, declaring their commitment to invest time and effort to **improve workers health**.

PERU



Patients followed
by the **pulmonology service**
of the *Policlinico Santa Rita*: **61**



Of which **in cardiorespiratory
rehabilitation therapy**: **19**

Visits carried
out by **trained nurses**:
593



Local **health workers
trained**: **30**



**Nursing
students** involved
in **training, awareness,
and prevention activities**:
532

People reached
by **primary healthcare
campaigns**: **1,094**



Invested **budget**:
€ 42,476



CUSCO

BACKGROUND

The GASP Model has been active since 2019 in the province of Cusco, under the guidance of the *Policlinico Santa Rita*.

The Model aims to **strengthen the province's health system** in the diagnosis and management of patients with chronic respiratory diseases (asthma and COPD), through training activities for health personnel, strengthening diagnostic tools and activities to raise awareness among the population and educate patients and their families, with particular attention to remote communities in the Andes and groups of workers exposed to risks related to working conditions.

In 2023, the project in Peru welcomed **two new strategic partners**: the Spanish Society of Pulmonology (*SEPAR*), and in particular its body dedicated to international cooperation programs, *SEPAR Solidaria*, and the Spanish branch of the Chiesi Group.

FEATURED ACTIVITIES

Launch of **SCREENING CAMPAIGNS** aimed at groups of **WORKERS**, particularly exposed to occupational risk factors, in the districts of San Sebastián and San Jeronimo

Organization of **WORKSHOPS ON RISK FACTORS** of chronic respiratory diseases and the importance of patient education for technical nursing students

Completion and inauguration of **3 HEALTH CENTERS**

Organization of a **TRAINING COURSE FOR HEALTHCARE PROFESSIONALS** with *SEPAR Solidaria* teachers

WHAT WE DID IN 2024

In 2024, *Policlinico Santa Rita* strengthened screening campaigns aimed at workers in sectors particularly exposed to **occupational risks**, including brick makers, recyclers, wood workers, tire dealers, and workers in water management, green areas, and solid waste, for a total of **186 people** who were **screened and spirometry tested** where necessary. In addition, **six workshops on the prevention of chronic respiratory diseases** were held for 388 technical nursing students from 3 different technical institutes in Cusco to raise awareness of risk factors and the importance of education and proper follow-up of chronic patients. Finally, **11 health campaigns** were carried out in rural communities in the Cusco area, reaching 1,094 people.

During the year, the renovation and furnishing of three health centers in Miraflores, Siete Cuartones, and San Pedro were completed, and their inauguration took place between September and October 2024. In addition, regular monitoring visits were made to the various centers already active.

Regarding the **training of local health personnel**, in collaboration with *Separ Solidaria*, an important training course was organized to raise awareness and train **30 professionals**, including 12 nurses, 6 doctors, 4 nursing technicians, 6 medical students, and 2 from other sectors. The



aim was to provide in-depth knowledge of chronic respiratory diseases, covering aspects ranging from diagnosis to treatment and management of the disease, to prevention and health promotion.

Furthermore, the first part of the **Technical Guide for the management of COPD** has been completed and will be presented to the competent local authorities in 2025.

Finally, in the area of communication, on November 15, 2024, on the occasion of **World COPD Day**, the mural dedicated to chronic respiratory diseases was inaugurated at the Santa Rita Polyclinic in Cusco, to inform people about the different causes that can damage the lungs, inviting them to go to a health center, in case they are symptomatic.

In December 2024, **three awareness-raising videos on chronic respiratory diseases** were produced, in Spanish and Quechua, for distribution in health centers, on social networks, and in strategic locations, such as national banks.



STORIES FROM THE DEPARTMENTS/Peru

CLORINDA VALDEZ CHACON

HOSPITAL

Centro de Salud Belenpampa

AGE

44 years old

ROLE

Head of the Spirometry Department
at the Belenpampa Health Center



I have a degree in nursing, and I am responsible for spirometry at the Centro de Salud Belenpampa. My role as a nurse is to prevent and treat diseases, take care of patients, and try to improve their well-being, both physical and psychological.

My job is to schedule appointments for patients to undergo a spirometry test. Through the GASP Model program, we have implemented a spirometry kit in the center and work closely with the doctors and the TB area to identify potential patients with the disease. When a patient shows up, several tests are requested, such as a BK (Koch's Bacillus) test to rule out TB, an electrocardiogram, and, of course, spirometry. All results are then evaluated by the center's internist, who provides integrated care.

Every patient gives me different emotions: I have to ask each new person how their life has been and if they have had previous respiratory problems. This sometimes makes me frustrated because I cannot change what has happened.

I cannot erase the fact that the patient has been exposed to smoke from the home all his life, or that he has smoked, or that he has come into contact with toxic substances in his work. However, I also have a lot of hope, because with monitoring and treatment, we can change some behaviors and help the patient improve his condition.

A case that shows the importance of the relationship with the patient and listening is that of Mr. Víctor, who had a lung problem a few years ago and now suffers from fibrosis. When he arrived at the center, he refused to cooperate because he did not accept his illness. But by talking to him and calmly explaining the situation, through the collaboration between the health personnel and the patient, we were able to perform spirometry. The doctor then made the diagnosis and sent him to the Policlínico Santa Rita for cardiorespiratory rehabilitation.

Thanks to the GASP Model, we have implemented technology in the center that allows us to apply procedures to patients. In addition, thanks to the training received, we have improved our techniques and skills. Medicine is a constantly evolving field, and training helps us stay up to date.

It is very rewarding to see patients recover, listen to the advice we give them, and follow the treatment correctly. We can say that we help them solve a part of their health problem and improve their lifestyle.





Section 4

ACCELERATE CHANGE FOR A HEALTHIER FUTURE



MONITORING AND LEARNING



PARTNERSHIP



BREAKING DOWN LANGUAGE BARRIERS



AWARENESS

4.1

Monitoring and learning



QUARTERLY ONLINE MEETINGS

We organize periodic meetings with local partners for updates on the development and progress of projects.



BIMONTHLY REPORTS

Local partners periodically draft and share with the Foundation narrative and financial reports, updating the progress of the projects and the use of the funds allocated.



SITE VISITS

The Foundation organizes periodic missions to the countries and locations in which it operates to meet and support local partners and hold coordination meetings with local institutions, so that all its interventions are aligned with national health strategies.



NEST PARTNERS MEETING

The annual event that brings together all the partners of the NEST Model to discuss specific challenges and find together sustainable and replicable solutions. Its main objective is to create an open space for dialogue, training, and networking for partners in Africa.



ACCOUNTING AUDIT

Periodic accounting audit activity entrusted to a Chiesi Foundation collaborator within the Chiesi Group.

Chiesi Foundation's Network and Partnerships

LOCAL HOSPITALS



NGOs



GLOBAL ALLIANCES



PHILANTHROPIC ORGANIZATIONS



RESEARCH INSTITUTES



WHO Collaborating Center
for Maternal and Child Health
Trieste Italy

4.2 Multilevel Partnership

The Chiesi Foundation actively collaborates with a variety of partners, including local hospitals, scientific societies, international organizations, and universities. We believe that a **true partnership** goes beyond financial support and involves acting as a **catalyst for change** among different stakeholders.

By fostering **connections** and encouraging joint and collaborative **strategic actions** among our partners, we aim to **accelerate progress** and **drive impactful solutions** so that every newborn can survive and thrive. Through these combined efforts, we can achieve **meaningful and lasting change**.

4.2.1 Types of partners

As a foundation, we are convinced that accelerating change requires a **strong commitment to partnership**, because responding to the complexity of today's challenges requires joint and strategic actions. For this reason, all the Chiesi Foundation interventions are based on a **collaborative model**, involving actors on multiple levels.

The Foundation does not directly implement interventions, but it still plays an active role: in addition to being a *grant-making organization*, it accompanies its partners on their path towards change and acts as a catalyst for different actors at different levels to facilitate connections and create opportunities.

- **Hospital level:** Collaboration with healthcare providers and hospital directors.
- **Institutional level:** involvement of local and national institutions, including the departments of the Ministry of Health in charge of maternal and neonatal health.
- **WHO and UN agencies:** establishing diverse relationships at central, regional, and local levels.
- **Networks:** Engagement of different stakeholders, including *key opinion leaders*, professional associations, and civil society organizations, to create perinatal networks

4.2.2 Selection of partners

Partnerships are developed through a mix of knowledge, selection criteria, and affinity of intent. Partners can submit proposals that are then discussed internally and together, in co-design, so much so that each agreement is renewed annually, through contact and verification paths.

At the heart of this **philanthropic strategy** is a deep reflection on **building meaningful partnerships**. Trust is a process that depends on the ability to align goals and values with chosen partners, creating a space where synergies become concrete actions, functional to the established objectives. However, while trust prevails in the initial process, the Foundation recognizes the need to carefully evaluate ongoing projects.

4.3 Knowledge Sharing

The Chiesi Foundation is firmly committed to **overcoming the language barriers** that hinder progress and cooperation in the territories of Francophone Central and West Africa. The Foundation has established a strong presence in the area, creating a network of contacts and collaborations with key players in the health sector, and actively supports the exchange of knowledge and expertise between the countries of the region and the rest of the world. This is done through the financing of research projects, the organization of conferences and seminars, and the facilitation of staff exchanges between different institutions. The Chiesi Foundation has promoted the translation of scientific documents, educational materials, and awareness initiatives into French, making information and knowledge accessible to a wider audience.

The Foundation collaborates with a wide range of partners, including governments, non-governmental organizations, universities, and research centers. These partnerships allow to broaden the scope of its activities and benefit from different skills and resources.

Through its focused work and network of collaborations, the Chiesi Foundation helps **create a future where language barriers do not hinder progress and cooperation** in Francophone sub-Saharan Africa.

4.3.1 African Neonatal Association



In order to contribute to the development of local networks and associations, the Chiesi Foundation supported the establishment of ANA, a **voluntary, non-profit professional organization** representing African neonatologists and acting as an authoritative voice in **neonatal care**, with active membership across the continent.

In the two-year period 2022-2023, the Chiesi Foundation supported ANA with a donation of **€ 37,221**. Thanks to the support of the Chiesi Foundation, ANA developed and launched its [website](#), registered its office in Rwanda, hired a professional administrative figure and launched the [ANA Journal](#), a scientific journal written in English and French.

Thanks to the extension of the 2022-2023 agreement to 2024, ANA was able to maintain its registered office in Kigali, its website, the ANA Journal, which published 23 articles in both French and English, and support the participation of two of its members in the congress of the *Association des*

Pédiatres de Langue Française (APLF), held in Dakar, from 24 to 26 October, and finance the small research grants to its members to improve research.

4.3.2 Council of International Neonatal Nurses



COINN is a **professional organization** founded in 2005 and is the **global voice for neonatal nurses**, with over 7,000 members worldwide.

Its mission is to ensure that all nurses who care for small and sick newborns have the education, skills, and resources to **provide high-quality care**. Nurses and midwives provide the majority of maternal and newborn care, yet they often lack the specialized knowledge and skills needed.



To address this need, COINN established the **Community of Neonatal Nursing Practice** (CoNP), a working group to share definitions, standards, models of care, and lessons learned in neonatal nursing care.

To strengthen the CoNP and create a **new cadre of specialized neonatal nurses**, the Chiesi Foundation supported COINN with a donation of **USD 20,000** in December 2023 to officially launch the CoNP in Zambia in 2024. In February 2024, the CoNP was officially launched in Lusaka, with the participation of about 200 people, including representatives of 5 Ministries of Health. Two of these came from French-speaking countries, Burkina Faso and Côte d'Ivoire.

Following the launch, and at the request of participants, COINN created two WhatsApp groups in English and French: in less than 48 hours, over a thousand people joined the English group and 75 joined the French one.

To continue to **expand nursing staff's accessibility to information** and exchanges through the CoNP, the Chiesi Foundation has once again supported COINN with an additional donation of **€15,000** in December 2024. This donation will be used throughout 2025 to translate the CoNP website and training materials into French and to facilitate simultaneous translation during the 2025 COINN Conference.

4.3.3 NEST360



In 2021, NEST360 and UNICEF launched the Implementation Toolkit for Small and Sick Newborn Care, a **free online platform** that brings together tools, readings, and resources to provide a **comprehensive reference point** for professionals who want to learn, take action, and share *best practices*.

The Toolkit is an open-access online resource *hub* and is conceived as a **global asset**, hosted on a neutral platform. Thanks to the support of the Chiesi Foundation, it has been translated into French to facilitate access in French-speaking African countries. The translation was achieved through a machine translation process, followed by careful human post-editing of the website content.

The project involved Professor Ousmane Ndiaye, a Senegalese neonatologist and vice-president of the *Association des Pédiatres de Langue Française (APLF)*, who led a tech-

nical group of over one hundred doctors, nurses and opinion leaders in the field of neonatology.

The group contributed important suggestions regarding the **Francophone African context**, developed a list of keywords that enabled a more effective translation of the Toolkit, and shared documents and guidelines in French to create a repository of reference resources and tools.

Professor Ndiaye also supported the promotion of the Toolkit in French within Francophone neonatal forums, with the official launch taking place in May 2023, at the International Maternal and Newborn Health Conference.

In 2024, the collaboration continued with the aim of expanding the diffusion of the Small and Sick Newborn Care (SNNC) Toolkit, facilitating access to information also in French-speaking countries. Thanks to the support of the Chiesi Foundation, the number of resources available in French has risen to over 200, contributing to a total of over a thousand resources in **more than 15 languages**. In addition, three webinars were organized in French on crucial topics, such as **newborn health** in humanitarian contexts and **partnerships for progress towards SDG 3.2**.

The second edition of the Essay Competition was launched in October 2024 to reward the most innovative ideas regarding the **care of premature, low birth weight, or pathological infants**. Participants presented essays on the central role that families must play in the context of neonatal care.

Additionally, weekly social media content and new promotional materials, both in English and French, have been created to disseminate the Toolkit at international events, including the *Association des Pédiatres de Langue Française (APLF)* held in Dakar in October 2024. During the event, a panel moderated by NEST360, composed of representatives from UNICEF, the Chiesi Foundation, and APLF, discussed ways to **accelerate progress towards quality neonatal care**.

At the end of 2024, the partnership with the London School of Hygiene & Tropical Medicine (LSHTM) was renewed with a €50,000 grant for the creation of new content in French, the organization of additional webinars in French and English, and the development of user paths to support healthcare professionals in using the Toolkit.

4.3.4

Partnership for Maternal, Newborn and Child Health



On August 21, 2023, the Chiesi Foundation became an **official member** of the Partnership for Maternal, Newborn and Child Health (PMNCH). Hosted at WHO in Geneva, PMNCH is **the world's largest alliance** for women's, children's, and adolescent health: nearly 1,500 partners working together to ensure that all women, newborns, and children not only stay healthy, but thrive.

PMNCH's primary function is to **mobilize, align, and amplify partner voices** to strengthen our impact and seek change in policy, funding, and service. For this reason, in 2024, the Chiesi Foundation supported PMNCH with a donation of € 35,000 for the creation of a Collaborative Advocacy Action Plan (CAAP) in Senegal, coordinated by Amref Health Senegal.

The goal of the CAAP initiative is **to improve accountability for women, children, and adolescents' health** (WCAH) through the collaborative efforts of key actors in a country, acting together to create more effective and coordinated advocacy for women, children, and adolescents. The process involves an initial phase of inclusive, partner-led mapping and assessment of WCAH commitments in each participating country. Based on this evidence, partners then identify a set of advocacy actions to be undertaken collaboratively by key WCAH actors to improve the quality and implementation of existing commitments while addressing the need for new commitments where critical gaps are identified.

These multi-constituency efforts aim to contribute to the **achievement of national priorities** by accelerating the implementation of existing commitments in the areas of Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR), and Adolescent Well-being (AWB). A CAAP is being developed to bring together partners' advocacy and accountability efforts around key national priorities. The plan is based on the results of a mapping and assessment of national commitments and feedback from discussions with organizations working on WCAH issues, including civil society, youth organizations, health professionals, media representatives, and academia, among others.

To facilitate this process, PMNCH has also launched a series of Digital Advocacy Hubs (DAHs), the world's most comprehensive digital advocacy platform for WCAH, ensuring that partners have continuous access to high-quality and timely knowledge and information, along with opportunities to strengthen their skills, networks, shared resources and capacity for effective advocacy. A national *hub* has been created specifically for each country where CAAP work has begun.

4.4 Awareness

4.4.1

Association de Pédiatres de Langue Française



SOSEPED

The Chiesi Foundation participated in the annual conference of the *Association des Pédiatres de Langue Française* (APLF) held in Dakar (Senegal), organized by the *Société Sénégalaise de Pédiatrie* (SoSePed). This prestigious event brought together pediatricians and health professionals from French-speaking countries to **explore the latest developments in pediatric and neonatal care**.

The Foundation's participation was characterized by **significant contributions** in several panels, including a symposium in which Massimo Salvadori illustrated the mission of the Chiesi Foundation and the NEST Model. Ousman Mouhamadou, Coordinator of IMPULSE, presented the project, aimed at **improving the quality and use of neonatal health indicators**, while Sandrine Mukeshimana, Head

of the Neonatology Department of the Regional Hospital of Ngozi (Burundi), discussed the integration of Kangaroo Care practice.

Furthermore, the Foundation participated with Tomomi Kitamura (UNICEF) and Ousmane Ndiaye (APLF) at a session entitled "*Boîte à outils pour les nouveau-nés*" (Newborn Toolkit), which played a crucial role in promoting the debate in favour of achieving **Sustainable Development Goal 3.2**, aimed at **reducing neonatal mortality** to less than 12 per 1,000 live births by 2030.



4.4.2 American Thoracic Society



The Foundation participated in the American Thoracic Society (ATS) Annual Conference held in San Diego, May 17-22, 2024. During the event, the Foundation hosted a session titled “*Global Health Inequities in Chronic Respiratory Disease: Challenges and Potential Solutions*”, which saw the participation of Mario Scuri, Technical Advisor for the GASP Model, William Checkley, Professor at the Johns Hopkins University, Laura Nicolaou, Assistant Professor at the Johns Hopkins University, and Robert Levy, Professor at the University of British Columbia.

The panel facilitated a productive discussion on the critical issue of **limited access to respiratory care in the Global South** and highlighted the importance of **strengthening partnerships** and further developing the **GASP Model**.

This strategy is in line with the United Nations Sustainable Development Goal 3.4, which aims to significantly reduce premature mortality from non-communicable diseases, including chronic respiratory diseases.

Founded in 1905, the American Thoracic Society (ATS) is the **world’s leading medical society dedicated to accelerating the advancement of global respiratory health** through multidisciplinary collaboration, education, and advocacy. The ATS is committed to improving global health by advancing research, patient care, and public health in pulmonary disease, critical illness, and sleep disorders.



4.4.3

Every Woman Every Newborn Everywhere



Every Woman Every Newborn Everywhere (EWENE) is a **global initiative** that aims to ensure that every pregnant woman, new mother, and newborn has **the best chance of survival and health**, regardless of where they are, through education, training, and monitoring of health indicators.

Developed and led by entities from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), this initiative builds on the legacy of the Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM), and aims to reduce maternal and neonatal mortality and prevent fetal deaths by 2030. To achieve these goals, EWENE works with over 25 countries to implement acceleration plans to **improve maternal and neonatal health**, providing tools and resources to governments and organizations to monitor and compare maternal and neonatal health indicators by country, region, and income.

The first West Africa Regional Consultation on Every Woman, Every Newborn, Everywhere and Child Survival Action (EWENE) was held in Dakar in November 2024, where the Chiesi Foundation participated as a philanthropic body that supports the definition and implementation of EWENE acceleration plans. In particular, the Foundation was invited to participate in the discussion table of Benin.

By supporting initiatives such as EWENE, the Chiesi Foundation actively contributes to the coordination among stakeholders in neonatal healthcare.



4.4.4 WeACT Day



The Chiesi Foundation took part in the 2024 edition of the **WeACT Day** event, organized by the Chiesi Group, to **raise awareness among colleagues** on the challenges that thousands of people in the Global South face in accessing quality care and on the activities that the Foundation has launched to respond to these challenges.

WeACT – We Actively Care for Tomorrow is a **sustainability program** launched by the Chiesi Group and aimed at the entire company population. It aims to **involve people through awareness-raising initiatives** to promote the natural integration of sustainability into daily work activities.

The WeAct project gave birth to WeACT Day: a day that coincides with the anniversary of the creation of the Sustainable Development Goals (25 September), dedicated to celebrating the commitment to issues in favor of the community within the Group.

For the 2024 edition, the Foundation has proposed the simulation of a representative patient journey and the difficulties that a mother from sub-Saharan Africa (together with her newborn) or a patient suffering from chronic obstructive pulmonary disease must face in asserting



their **right to health**. The participants, guided along the various stages of the journey by an app, were thus able to experience and better understand the conditions and inequalities that a different context of belonging can entail in the **management of a pregnancy** or a **chronic disease**.



4.4.5

World Prematurity Day

World Prematurity Day, celebrated on November 17, is a global initiative to raise awareness of preterm birth and its impact on families around the world. According to the World Health Organization (WHO), an estimated **13.4 million babies were born prematurely in 2020**, with complications resulting in the leading cause of death among children under five.

On this occasion, the Chiesi Foundation and the Chiesi Group launched the campaign “*Unscripted Beginnings: A Fragile Start, A Strong Future*” to shed light on the challenges faced by premature babies, their families, and health-care workers. The company population was offered an immersive experience that simulated the environment of a neonatal intensive care unit (NICU). Additionally, through virtual reality devices, Chiesi people were able to visit the Ngozi Regional Hospital in Burundi, one of the key sites where the Foundation works with local partners to improve neonatal care in sub-Saharan Africa.

Colleagues from the Chiesi Group in Parma were thus able to compare these experiences and **gain a new perspective** on the need to improve neonatal care in sub-Saharan Africa and the enormous obstacles that children born in different parts of the world face.





FOCUS

NEST Partners Meeting

The second edition of the NEST Partners Meeting, organized by the Foundation, was held from 7 to 11 October 2024 in Cotonou, Benin.

This important event brought together various stakeholders in the **neonatal health** sector to improve collaboration and **expand the impact of the NEST Model** across sub-Saharan Africa.

In particular, representatives of the Saint Camille Hospital in Ouagadougou (Burkina Faso), the Saint Jean de Dieu Hospital in Tanguiéta, the CHU-MEL and CN-HU-HKM in Cotonou (Benin), the Yendube Children Hospital in Dapaong (Togo), the Abobo CHR and the Cocody CHU. As well as a representative of the *Programme Nationale de Santé Mère Enfant* (Ivory Coast), the Ngozi Regional Hospital (Burundi), volunteer neonatologists who collaborate with the Foundation (NEST Trainers), Prof. Ousmane Ndiaye, Senegalese Key Opinion Leader, Dr. Franck Houndjahoue, Chair of the Research Committee of the African Neonatal Association, Dr. Ousman Mouhamadou, IMPULSE Project Coordinator, Federico Bianco, NEST Technical Advisor and the Foundation's operational team.

The week began with an introduction and presentation by the Chiesi Foundation, along with briefings from partner organizations involved in neonatal care projects.

On Tuesday, a workshop focused on the Logical Framework was held, followed by a visit to the *Centre Hospitalier et Universitaire de la Mère et de l'Enfant Lagune de Cotonou (CHU-MEL)*, where participants were able to see first-hand the impact of the NEST Model.

During the institutional day, participants discussed the urgent challenges and opportunities in the neonatal health landscape in Benin and the broader Francophone region of West Africa. Prominent figures, including Dr. Aitchéhou Romuald Bothon, *Chef de Service Santé Maternelle et Infantile* of the Ministry of Health of Benin, a representative of the World Health Organization, and various national and international stakeholders, supported the improvement of neonatal care.

Thursday's agenda included a workshop led by Dr. Ousman Mouhamadou, Study Coordinator of the IMPULSE project (Improving Quality and Use of Newborn Indicators), focused on the **importance of data** in driving quality improvements in neonatal care. The day was rounded off with a **training session** on neonatal death verification, ensuring that local health professionals are better equipped to analyse and improve factors that contribute to mortality rates.

The meeting concluded on Friday, 11 October, with the interventions of Dr. Rebecca N'Guessan Kouamé, representative of the Ministry of Health of Côte d'Ivoire, and Betti N'Gom, pediatrician at the *Centre Hospitalier Régional d'Abobo*, who shared insights and experiences related to neonatal health initiatives in the region. The closing session provided an opportunity to reflect on the progress made during the week and set the stage for future actions and initiatives.

The overall sentiment of the event was one of optimism, commitment, and a strengthened belief in **the power of partnerships** to bring about real change in neonatal health.



Section 5

HOW WE MANAGE OUR RESOURCES

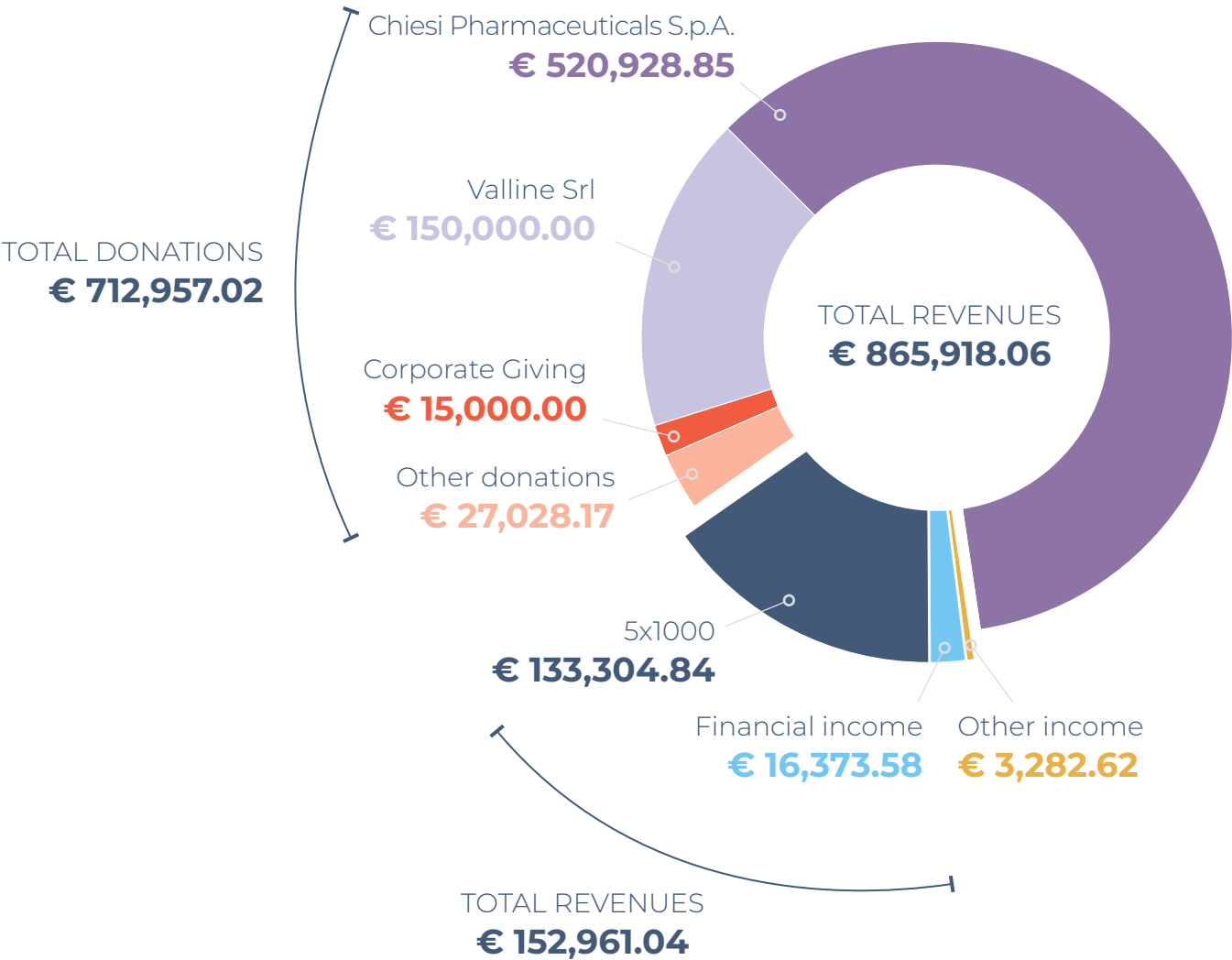


5.1 The financiers

To finance the activities related to 2024, the Chiesi Foundation has received donations for a total amount of €712,957.02; of which €520,928.85 was received from the founder, Chiesi Farmaceutici S.p.A., and €150,000 from Valline Srl.

In addition, there is the donation of IMA Group amounting to €15,000.00, numerous donations from private individuals in memory of Dr. Paolo Chiesi amounting to €25,712.97, including the donation of €5,000 from First Point, and further private donations to the Foundation’s projects amounting to €1,315.20.

Finally, the proceeds for the 5x1000 amounting to €133,304.84 were recorded, relating to the income tax returns for the year 2023 and collected in December 2024, to which financial proceeds, equal to €16,373.58, and other proceeds, equal to €3,282.62, must be added.



5.1.1

The 5x1000 campaign

Every year, the Chiesi Foundation, as a **philanthropic organization**, is involved in activities in favor of the 5x1000 campaign. The 5x1000 is a **portion of the IRPEF tax** (Personal Income Tax) that the State, upon indication of the individual taxpayer, redistributes to the Third Sector entities, which carry out socially relevant activities, registered in the register of the Revenue Agency.

Between April and June 2024, the Foundation launched an **omnichannel campaign**, online and offline, aimed primarily at employees of the Chiesi Group in Parma, as well as colleagues located abroad but tax residents in Italy. The **right to respiratory health** was chosen as the subject of the campaign: the funds donated by colleagues (which we will receive during 2025) will be used to **finance the GASP Model** (Global Access to Sustainable Pulmonology) in Guyana, Nepal, and Peru.

The campaign was carried out through social media publications, email marketing campaigns, distribution of infor-



mation materials (posters, flyers, information points) within Chiesi offices in Parma. In addition, colleagues were involved in **interactive activities in person**, through participation in a multimedia quiz, which allowed them to increase their awareness of the Foundation's mission and the **impact of chronic respiratory diseases** in the Global South.



5.2 Use of funds

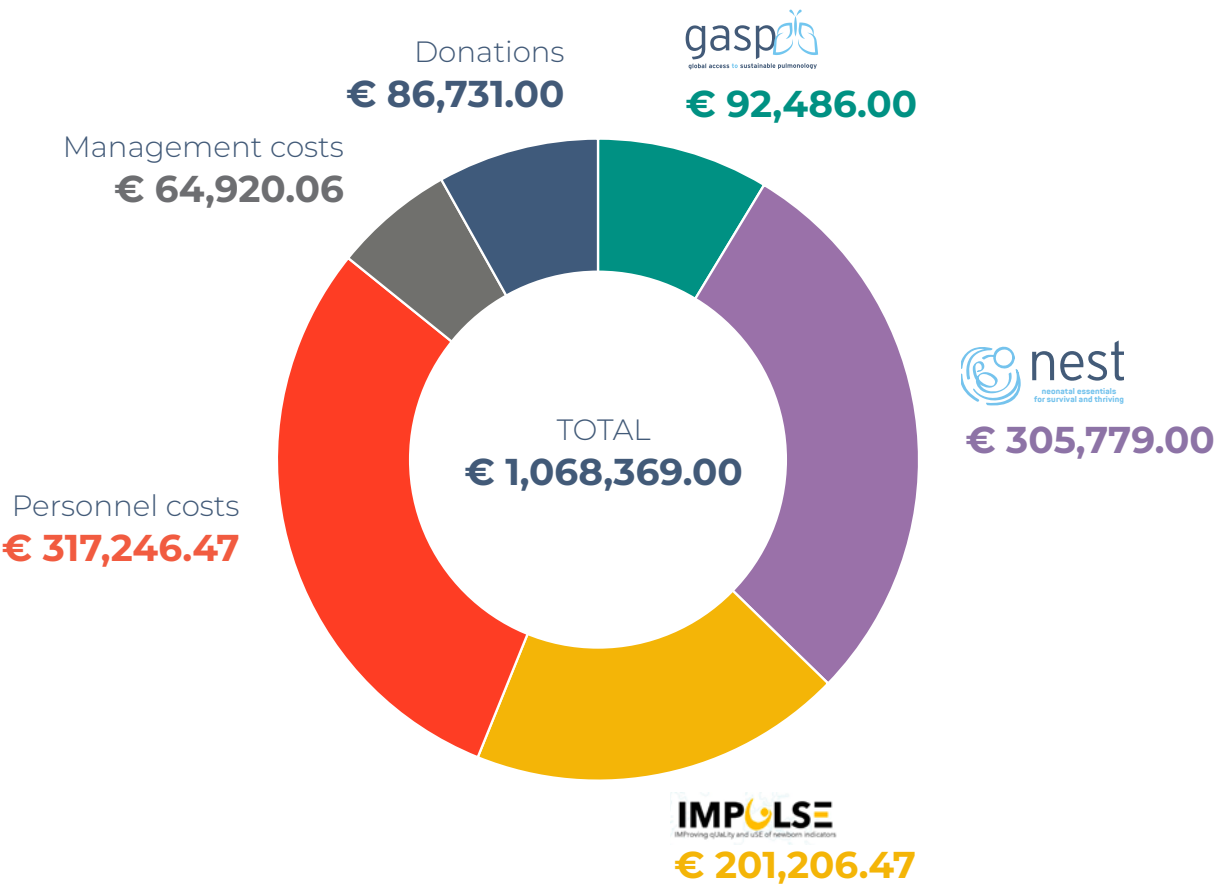
The funds available for 2024 have been divided, as shown in the figure, between the various financed programs and to cover the management costs of the Foundation itself.

In the context of **international cooperation**, €92,486.00 were allocated to the GASP Model (Global Access to Sustainable Pulmonology), active in Guyana, Nepal and Peru; €305,779.00 were allocated to the NEST Model (Neonatal Essentials for Survival and Thriving), active in Benin, Burkina Faso, Burundi, Ivory Coast and Togo.

In the field of **scientific research**, €201,206.47 was allocated to the IMPULSE project (IMProving qUaLity and uSE of newborn indicators), active in Ethiopia, the Central African Republic, Tanzania, and Uganda.

In addition, €382,166.53 was used to cover management costs; €317,246.47 of which related to the costs of seconded personnel.

The 2024 financial statement shows an operating deficit of €213,262.80, which was covered by the Foundation's assets.



5.2.1

The budget in summary

BALANCE SHEET (in Euro)	2024	2023
ACTIVE		
Net fixed assets	8,549	7,062
Credit to others	14,456	14,713
Liquidity	650,019	835,070
Accrued income and prepaid expenses	232	1,431
TOTAL ASSETS	673,256	858,276
PASSIVE		
Endowment fund	184,809	184,809
Profit reserves or operating surpluses	656,137	810,593
Operating deficit	-213,263	-154,456
TOTAL NET WORTH	627,683	840,946
Other short-term debts	45,573	17,330
TOTAL LIABILITIES	673,256	858,276

MANAGEMENT STATEMENT (in Euro)	2024	2023
REVENUES		
Membership fees and contributions of the Founder	520,929	518,103
Third-Party Donations	192,028	165,621
5x1000 proceeds	133,305	67,604
Various income	3,283	52,093
Financial income	16,373	15,470
TOTAL	865,918	818,891
CHARGES		
Costs incurred for projects	518,750	590,603
Staff on secondment	317,325	235,849
Institutional charges	206,806	105,688
General charges	35,065	40,059
Financial charges	1,235	1,148
TOTAL	1,079,181	973,347
OVERALL RESULT	-213,263	-154,456

5.2.2

Supervisory Body's Report

CHIESI FOUNDATION ONLUS**C.F. 92130510347**

Sede legale in Largo Francesco Belloli 11/a - 43122 Parma

Iscritta all'Anagrafe Unica delle ONLUS presso l'Agenzia delle Entrate - Direzione Regionale dell'Emilia-Romagna nel settore 3 (beneficenza) dal 26/06/2012
Iscritta al Registro delle persone giuridiche private presso la Prefettura di Parma al n. 15

**RELAZIONE DELL'ORGANO DI CONTROLLO IN
OCCASIONE DELL' APPROVAZIONE DEL RENDICONTO DI
GESTIONE CHIUSO AL 31 DICEMBRE 2024 REDATTO IN
BASE ALL'ATTIVITÀ DI VIGILANZA ESEGUITA AI SENSI
DELL'ART. 30 DEL d. lgs n. 117 del 3 luglio 2017**

Nel corso dell'esercizio chiuso al 31 dicembre 2024 la nostra attività è stata ispirata alle disposizioni di legge e alle Norme di comportamento dell'organo di controllo degli enti del Terzo settore emanate dal Consiglio Nazionale dei Dottori Commercialisti e degli Esperti Contabili, pubblicate nel dicembre 2020.

Di tale attività e dei risultati conseguiti Vi portiamo a conoscenza con la presente relazione.

È stato sottoposto all'esame del Consiglio di Gestione dell'ente il Rendiconto di gestione di CHIESI FOUNDATION ONLUS relativo all'esercizio chiuso al 31.12.2024, redatto in conformità all'art. 13 del D.Lgs. n. 117 del 3 luglio 2017 (d'ora in avanti anche "Codice del Terzo settore" o "CTS") e del D.M. 5 marzo 2020 del Ministero del Lavoro e delle Politiche Sociali, così come integrato dall'OIC 35 Principio contabile ETS (d'ora in avanti anche "OIC 35") che ne disciplinano la redazione; il Rendiconto evidenzia un disavanzo d'esercizio di euro 213.263.

A norma dell'art. 13, co. 1, del Codice del Terzo Settore esso è composto da stato patrimoniale, rendiconto gestionale e relazione di missione.

L'organo di controllo, non essendo stato incaricato di esercitare la revisione legale dei conti, per assenza dei presupposti previsti dall'art. 31 del Codice del Terzo Settore, ha svolto sul Rendiconto le attività di vigilanza e i controlli previsti dalla Norma 3.8. delle Norme di comportamento dell'organo di controllo degli enti del Terzo settore.

L'attività svolta non si è quindi sostanziata in una revisione legale dei conti.

L'esito dei controlli effettuati è riportato nel successivo paragrafo 3.

1) Attività di vigilanza ai sensi dell'art. 30, co. 7 del Codice del Terzo Settore

Abbiamo vigilato sull'osservanza della legge e dello statuto, sul rispetto dei principi di corretta amministrazione e, in particolare, sull'adeguatezza degli assetti organizzativi,

del sistema amministrativo e contabile, e sul loro concreto funzionamento; abbiamo inoltre monitorato, tenendo in considerazione le pertinenti indicazioni ministeriali, l'osservanza delle finalità civiche, solidaristiche e di utilità sociale, con particolare riguardo alle disposizioni di cui all'art. 5 del Codice del Terzo Settore, inerente all'obbligo di svolgimento in via esclusiva o principale di una o più attività di interesse generale, all'art. 6, inerente al rispetto dei limiti di svolgimento di eventuali attività diverse, all'art. 7, inerente alla raccolta fondi, e all' art. 8, inerente alla destinazione del patrimonio e all'assenza (diretta e indiretta) di scopo lucro.

Per quanto concerne il monitoraggio degli aspetti sopra indicati e delle relative disposizioni, si riferiscono di seguito le risultanze dell'attività svolta:

- l'ente persegue in via prevalente, in linea con quanto previsto all'art. 5 del Codice del Terzo Settore e nello statuto, l'attività di interesse generale costituita dal sostegno, mediante erogazioni in denaro, a favore di programmi di ricerca di particolare interesse scientifico e sociale nonché di programmi di cooperazione internazionale;
- l'ente non effettua attività diverse previste dall'art. 6 del Codice del Terzo Settore in base a quanto disposto dalle disposizioni statutarie rispettando i criteri e limiti previsti dal D.M. 19.5.2021, n. 107, come dimostrato nella Relazione di missione;
- l'ente non ha posto in essere attività di raccolta fondi di cui all'art. 7 del Codice del Terzo Settore;
- l'ente ha rispettato il divieto di distribuzione diretta o indiretta di avanzi e del patrimonio; a questo proposito, ai sensi dell'art. 14 del Codice del Terzo Settore, si precisa altresì che l'ente non ha erogato emolumenti, compensi o corrispettivi ai componenti degli organi sociali.

Sulla base delle informazioni reperite mediante incontri con Consiglieri e il Coordinatore, nonché dalla lettura dei verbali delle riunioni del Consiglio di Gestione, non abbiamo rilievi particolari da segnalare.

Abbiamo acquisito dal Consiglio di Gestione, con adeguato anticipo, informazioni sul generale andamento della gestione e sulla sua prevedibile evoluzione, nonché sulle operazioni di maggiore rilievo, per le loro dimensioni o caratteristiche, effettuate dall'ente e, in base alle informazioni acquisite, non abbiamo osservazioni particolari da riferire.

Abbiamo acquisito conoscenza e abbiamo vigilato sull'adeguatezza dell'assetto organizzativo, amministrativo e contabile e sul suo concreto funzionamento anche tramite la raccolta di informazioni dai responsabili delle funzioni e a tale riguardo non abbiamo osservazioni particolari da riferire.

Abbiamo acquisito conoscenza e vigilato, per quanto di nostra competenza, sull'adeguatezza e sul funzionamento del sistema amministrativo-contabile, nonché sull'affidabilità di quest'ultimo a rappresentare correttamente i fatti di gestione,



mediante l'ottenimento di informazioni dai responsabili delle funzioni e l'esame dei documenti dell'ente, e a tale riguardo, non abbiamo osservazioni particolari da riferire.

2) Osservazioni in ordine al Rendiconto di gestione

L'organo di controllo, non essendo incaricato della revisione legale, ha svolto sul Rendiconto le attività di vigilanza previste Norma 3.8. delle "Norme di comportamento dell'organo di controllo degli enti del Terzo settore" consistenti in un controllo sintetico complessivo volto a verificare che il Rendiconto sia stato correttamente redatto. In assenza di un soggetto incaricato della revisione legale, inoltre, l'organo di controllo ha verificato la rispondenza del Rendiconto e della relazione di missione ai fatti e alle informazioni di rilievo di cui l'organo di controllo era a conoscenza a seguito della partecipazione alle riunioni del Consiglio di gestione, dell'esercizio dei suoi doveri di vigilanza, dei suoi compiti di monitoraggio e dei suoi poteri di ispezione e controllo.

L'Organo di controllo ha verificato che gli schemi di bilancio fossero conformi a quanto disposto dal D.M. 5 marzo 2020 del Ministero del Lavoro e delle Politiche Sociali, così come integrato dall'OIC 35.

Per quanto a nostra conoscenza, l'organo di amministrazione, nella redazione del Rendiconto di gestione, non ha derogato alle norme di legge ai sensi dell'art. 2423, co. 5, C.c.

3) Osservazioni e proposte in ordine all'approvazione del Rendiconto di gestione

Considerando le risultanze dell'attività da noi svolta, invitiamo il Consiglio di gestione ad approvare il Rendiconto di gestione dell'esercizio chiuso al 31 dicembre 2024, così come da progetto sottoposto alla sua approvazione, di cui la presente relazione costituisce allegato.

L'organo di controllo concorda con la proposta di copertura del disavanzo formulata nel progetto di Rendiconto della gestione esercizio 2024 sottoposto all'approvazione dal Consiglio di gestione.

Parma, 26/03/2025

L'Organo di controllo

Giuseppe Pirolì

Raffaella Pagani

Matteo Ceni

Section 6

Glossary

Name	Definition
2030 Agenda	The United Nations 2030 Agenda for Sustainable Development is a program of action for people, the planet, and prosperity. Signed on 25 September 2015 by the governments of the 193 member countries of the United Nations and approved by the United Nations General Assembly, the Agenda establishes 17 Sustainable Development Goals (SDGs), which are part of a broader action program consisting of 169 associated targets to be achieved in the environmental, economic, social and institutional sectors by 2030.
Neonatal apnea	Brief cessation of breathing in newborns, often premature babies, which can be reduced by the practice of Kangaroo Care.
Perinatal asphyxia	Perinatal asphyxia, defined as the inability to establish breathing at birth, is responsible for approximately 900,000 deaths each year and is a leading cause of early neonatal mortality. The most common cause of perinatal asphyxia is complications during delivery. Neonatal resuscitation guidelines emphasize the importance of drying, stimulating, and warming newborns with birth asphyxia. Newborns who are still having trouble breathing need assistance with a bag and mask or equivalent device, which is considered by many to be the most important step in the management of asphyxiated newborns.
Asthma	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. Symptoms can include coughing, wheezing, shortness of breath, and chest tightness. These symptoms can be mild or severe and may come and go over time. Although asthma can be a serious condition, it can be managed with the right treatment. People with asthma symptoms should talk to a healthcare professional.
Family-centered care	Family-centered care (FCC) is a partnership approach to health care decision-making between the family and the healthcare provider. FCC is considered the standard of care in pediatric healthcare by many clinical practices, hospitals, and healthcare groups. Despite widespread support, the FCC continues to be under-implemented in clinical practice. In this document, we list the core principles of FCC in pediatric healthcare, describe recent advances in applying FCC principles to clinical practice, and propose an agenda for practitioners, hospitals, and healthcare groups to translate FCC into improved health outcomes, healthcare delivery, and health system transformation.
Clinical Audit	Clinical audit is a systematic process to evaluate and improve the quality of healthcare by comparing current practices to predefined standards. It helps identify areas for improvement and implement changes to optimize patient outcomes.
Chronic obstructive pulmonary disease (COPD)	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. Symptoms include cough, sometimes accompanied by phlegm, difficulty breathing, wheezing, and fatigue. Smoking and air pollution are the most common causes of COPD. It has no cure, but symptoms may improve if you avoid smoking, air pollution and get vaccinated to prevent infections. It can also be treated with medications, oxygen, and pulmonary rehabilitation.
International cooperation	A collaborative relationship between entities to work toward shared goals through an agreed division of labor. At the national level, this means engaging under the leadership of the government with national stakeholders and external partners (including international development agencies) in the development, implementation, and monitoring of a country's development strategy.
Corporate Social Responsibility	Corporate Social Responsibility (CSR) is a concept whereby companies adopt practices that aim to generate a positive impact on social and environmental issues. This includes activities related to the environment, consumers, employees, communities, and other stakeholders, with the aim of contributing to the well-being of society beyond the economic interests of the company.

Name	Definition
CPAP (Continuous Positive Airway Pressure)	Non-invasive ventilation technique that provides continuous positive airway pressure to keep the lung alveoli open. It is used in premature infants with breathing difficulties to improve oxygenation and reduce respiratory effort. In the context of the Chiesi Foundation projects, CPAP has been adopted as part of the clinical skills promoted in the training of healthcare personnel.
Philanthropy	Philanthropy refers to foundations, corporate funders, and individuals who use their financial and non-financial resources for the public good. Philanthropy supports programs in areas that benefit us all, such as education, health, science, environment, culture, and international development. It works with other civil society organizations, complementing government and private sector initiatives. A unique feature of philanthropy is its ability to respond in real time to the critical challenges facing our societies, while taking a longer-term view.
Phototherapy	Light-based treatment used to reduce bilirubin levels in newborns with jaundice. It is part of the equipment donated to partner hospitals.
Global Access to Sustainable Pulmonology (GASP)	The GASP Model promotes medical training in the respiratory field, focusing on the development of a model of diagnostic and clinical skills specific to the management of chronic respiratory diseases, with particular reference to asthma and chronic obstructive pulmonary disease (COPD). The aim is to transfer the acquired know-how also to other low-income countries.
IMPULSE - Improving Quality and Use of Newborn Indicators	Scientific research project supported by the Chiesi Foundation that aims to generate evidence on effective methods and tools to improve the availability, quality, and use of neonatal data in sub-Saharan Africa, thus contributing to improving the health and well-being of newborns admitted to neonatal units.
Nosocomial Infections	Nosocomial infections, or healthcare-associated infections (HAIs), are infections acquired during the process of care in hospitals or other healthcare facilities that were not present or incubating at the time of admission. They can appear at least 48 hours after admission or hospitalization and within three days after discharge.
Pulmonary hypertension	Pulmonary hypertension is a condition characterized by increased blood pressure in the pulmonary arteries, which can result from chronic lung disease, hypoxia, or other conditions. It can lead to right-sided heart failure if not treated properly.
Neonatal hypoglycemia	Low blood glucose in newborns, which can cause symptoms such as irritability, lethargy, and seizures. This is one of the conditions that Kangaroo Care helps prevent by improving body temperature regulation and promoting early breastfeeding, which provides a ready source of glucose.
Neonatal hypothermia	Dangerous drop in body temperature in newborns, frequently associated with prematurity. This is also effectively prevented by Kangaroo Care.
Kangaroo Care (KC) or Kangaroo Mother Care (KMC)	A method of care introduced in 1978 by Edgar Rey, at the Santa Fe Maternal and Infant Institute in Bogota (Colombia), which is mainly based on continuous and prolonged skin-to-skin contact between the mother and the child and on exclusive feeding with breast milk. The name of this practice originates from the similarities with the method adopted by marsupials to take care of their young. Scientific evidence finds numerous benefits, not only in terms of survival, but also in the quality of the newborn's development. Kangaroo Care reduces the risk of hypothermia, hypoglycemia, infections, and also helps reduce the incidence of apnea and lower respiratory tract diseases. It also improves the quality of the relationship between mother and child, promoting brain development.

Name	Definition
Occupational lung diseases	Occupational lung diseases are chronic respiratory conditions caused by exposure to dust, fumes, gases, or other harmful substances in the workplace. Examples include silicosis and chronic obstructive pulmonary disease (COPD). These diseases are a significant cause of morbidity and mortality among workers in the Global South.
Chronic respiratory diseases (CRD)	Chronic respiratory diseases are diseases of the airways and other structures of the lung. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension.
Non-Communicable Diseases (NCDs)	Non-Communicable Diseases (NCDs), also known as chronic diseases, tend to be long-lasting and result from a combination of genetic, physiological, environmental, and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attack and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes. NCDs disproportionately affect people in low- and middle-income countries, where nearly three-quarters of global NCD deaths occur.
Shortness of breath	Shortness of breath, or wheezing, is described as the frightening sensation of not being able to breathe normally or of feeling like you are suffocating. The medical term for shortness of breath is dyspnea. It is a common sensation, but it could also be a sign of a serious illness.
Laryngeal mask airway	Device used in neonatal resuscitation to maintain the patency of the airway, included in the technical training of healthcare personnel.
Morbidity	The definition of morbidity provided by the WHO (World Health Organization) refers to the frequency with which a disease occurs in a population, or the ratio between the number of sick subjects and the total population. It is a statistical index that helps monitor the spread of pathologies and evaluate the impact of the disease on public health.
Neonatology	Neonatology is a subspecialty of pediatrics that deals with the medical care of newborns, especially sick or premature infants. It is a hospital specialty and is usually practiced in neonatal intensive care units (NICUs). Neonatologists' primary patients are newborns who are sick or require special medical care because of prematurity, low birth weight, intrauterine growth restriction, congenital malformations (birth defects), sepsis, pulmonary hypoplasia, or birth asphyxia.
Neonatal Essentials for Survival and Thriving (NEST)	The NEST Model aims to reduce neonatal mortality (0-28 days), particularly among premature, low-birth-weight, or sick infants. The approach adopted is specific to each context addressed, since the target group of countries includes territories with different health facilities and different levels of financial and human resources.
Sustainable Development Goals (SDGs)	The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and in the future. At its heart are the 17 Sustainable Development Goals, which are an urgent call to action by all countries, developed and developing, in a global partnership. They recognize that ending poverty and other deprivations must go hand in hand with strategies that improve health and education, reduce inequalities, and stimulate economic growth, all while tackling climate change and working to preserve our oceans and forests.
Low-income countries	A country with a per capita gross national income of US\$1,145 or less in 2023, calculated by the World Bank using the Atlas method.
High-income countries	A country with a gross national income per capita of US\$14,005 or more in 2023, calculated by the World Bank using the Atlas method. While the term "high income" is often used interchangeably with "First World" and "developed country," the technical definitions of these terms differ. A high-income country can be classified as either developed or developing.

Name	Definition
Perinatal	It concerns the period immediately before and after birth. The perinatal period is defined in different ways: depending on the definition, it begins from the 20 th to the 28 th week of gestation and ends from 1 to 4 weeks after birth.
PM 2.5	PM 2.5, or fine particulate matter, is made up of microdust with a diameter of less than 2.5 micrometers, capable of penetrating deep into the lungs and damaging respiratory health. It has been associated with an increased risk of cardiovascular and lung diseases, as well as related deaths. The World Health Organization has highlighted, based on solid scientific evidence, that the most dangerous exposure to particulate matter is prolonged exposure to fine particles.
Pulmonology	A branch of medicine that specializes in the diagnosis and treatment of diseases of the lungs and other parts of the respiratory system. These diseases include asthma, emphysema, tuberculosis, and pneumonia.
Prematurity	Prematurity is defined as a birth that occurs before 37 completed weeks of gestation (less than 259 days). It is associated with a considerable risk of morbidity and mortality, particularly in extremely preterm infants (i.e., with a gestational age less than 28 weeks).
Recurrence	An exacerbation refers to a sudden and significant worsening of symptoms of a chronic disease, such as asthma or COPD. These episodes can be triggered by infections, exposure to pollutants, or other factors, often requiring urgent medical attention.
Global Health	Global health is an area of study, research, and practice that prioritizes improving health and achieving health equity for all people worldwide. Global health emphasizes transnational health problems, determinants, and solutions; it involves many disciplines within and outside the health sciences; and it promotes interdisciplinary collaboration.
Pulse Oximeter	A pulse oximeter is a medical device that measures blood oxygen saturation (SpO ₂) and heart rate. It uses light-emitting diodes (LEDs) that shine two types of red light through tissue, with a sensor that detects the transmitted light to determine the amount of oxygenated hemoglobin in arterial blood.
Zero Separation	Zero separation is a family-centered approach to newborn care, in which newborns should be accompanied by their mothers/parents, regardless of whether they have medical problems or not. The "zero separation policy," if feasible, is likely to be beneficial to both the mother and her baby. It will not only prevent the baby's exposure to potentially dangerous environments in the NICU, but will also alleviate the mother's anxiety and help her to start an early bond with her baby.
Silicosis	Chronic respiratory disease caused by the inhalation of silica dust. Diagnosed in brick kiln workers in Nepal, it is screened by spirometry in the GASP Model.
Spirometry	Spirometry is the most common type of lung function or breathing test. This test measures the amount of air a person can inhale and exhale, as well as how quickly and easily they can blow air out of their lungs.
Global South	Global North and Global South are terms that refer to a method of grouping countries based on their distinctive socioeconomic and political characteristics. According to UN Trade and Development (UNCTAD), the Global South broadly includes Africa, Latin America and the Caribbean, Asia excluding Israel, Japan, and South Korea, and Oceania excluding Australia and New Zealand. Most countries in the Global South are commonly identified as lacking in their standard of living, which includes lower incomes, high levels of poverty, high population growth rates, inadequate housing, limited educational opportunities, and poor health systems, among other problems.

Name	Definition
Mortality rate	Incidence of deaths in a given population during a defined period (e.g. a year), which is usually expressed per 1,000 or 100,000 individuals.
Neonatal intensive care unit (NICU)	A neonatal intensive care unit (NICU), also known as an intensive care nursery (ICN), is a unit that specializes in the care of sick or premature newborns. The NICU is divided into several areas, including an intensive care area for newborns who require close monitoring and intervention, an intermediate care area for newborns who are stable but still require specialized care, and an inpatient unit where newborns who are ready to leave the hospital can receive additional care before being discharged.
Venoscope	A venoscope is a device that uses transillumination to improve the location of veins, facilitating venous access, especially in patients with difficult-to-find veins. It is especially useful for newborns and pediatric patients.

The Chiesi Foundation is a philanthropic organization founded as an expression of the social responsibility of Chiesi Farmaceutici S.p.A.

The Foundation supports international scientific research and the implementation of local development programs to transfer medical-scientific knowledge and to empower families in the healthcare process, promoting sustainable development and local community ownership.

The Chiesi Foundation aims to reduce neonatal mortality rates in French-speaking countries of sub-Saharan Africa and improve the health of patients with chronic respiratory diseases in the Global South.

Founded in Parma 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.

Vision

We imagine a world where patients with chronic respiratory diseases and all newborns, along with their mothers and families, regardless of where they live, have equal access to high-quality care and the right to live healthier lives.

Mission

We support local health programs by promoting training and knowledge dissemination, provision of equipment, and redevelopment of infrastructure to reduce neonatal mortality rates in Francophone countries of sub-Saharan Africa and improve the health of patients with chronic respiratory diseases in the Global South.

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