Paolo Chiesi Foundation

Accelerating change for a healthier future

PAOLO CHIESI FOUNDATION

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PAOLO CHIESI FOUNDATION

01

The Paolo Chiesi Foundation

The Foundation

The Paolo Chiesi Foundation is a philanthropic organization established by Paolo Chiesi and his family, inspired by the belief that every person has the right to **access quality healthcare** and live a healthy life.

The Foundation supports **international scientific research** and **local development programs** to transfer medical-scientific knowledge and to empower families in the healthcare process, promoting **sustainable growth** and local communities' accountability.

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

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Our Mission

The Foundation aims to **reduce neonatal mortality** in Francophone sub-Saharan Africa and improve the health of patients affected by **chronic respiratory diseases** in the Global South through cost-effective interventions:

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

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The Board of Directors

Maria Paola Chiesi

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The Technical Advisors

Federico Bianco

Ousmane Ndiaye

Mario Scuri

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The Operational Team

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Coordinator

Federica Cassera

Program Development Officer

Alessandra Folcio

Program Quality Officer

Lorenzo Picicco

Communication and Events Officer

02

Neonatal and Respiratory Care Scenario in the Global South

Neonatal Mortality Global Burden

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

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

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

Neonatal care must be a priority on the international agenda

Neonatal Mortality Global Burden

1990

12.5 million

children died before turning 5 years old

5 million (40%)

were newborns

2023

4.8 million

children died before turning 5 years old

2.3 million (48%)

were newborns

-61.6%

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Neonatal Mortality in sub-Saharan Africa

4.6

Births per woman: highest fertility rate worldwide

26/1,000

Sub-Saharan Africa has the highest newborn mortality rate worldwide

11x

A child born here is 11 times more likely to die in the first month of life than one born in New Zealand

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Asthma and COPD Global Burden

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

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

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

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

Access problem:

- **Under-diagnosis** and **under-treatment**

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

COPD & Asthma Global Burden

COPD

3.5 million deaths

90%
of them occurred
in LMIC countries

5%
of all deaths worldwide
(4th leading cause)

ASTHMA

461,000 deaths

96%
of them occurred
in LMIC countries

262 million
people affected
in 2019

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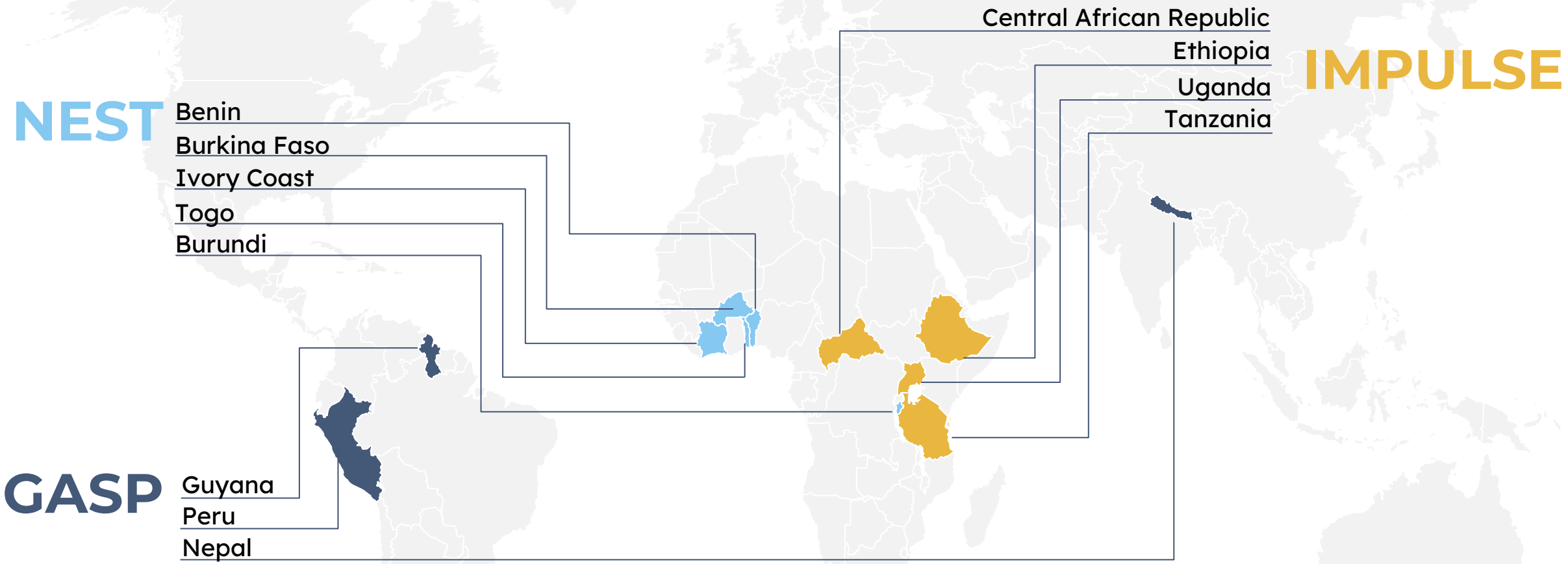
03

What we do and where we work

Where we work



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NEST Model – Neonatal Essentials for Survival and Thriving

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NEST Model – Neonatal Essentials for Survival and Thriving

The NEST Model aims at reducing the neonatal mortality rate by improving the quality of neonatal care, with specific attention to small and sick newborn babies. The NEST model is focused on 4 main areas:

EDUCATION

Training programs on essential and special care of newborns for local health workers and the development of an education and awareness program for families.

SPACES

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

DATA

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

ADVOCACY & NETWORKING

Creation of strategic partnerships with local and international stakeholders.

NEST Model – Neonatal Essentials for Survival and Thriving

https://www.paolochiesifoundation.org/wp-content/uploads/2024/12/NEST_Model_2025_FR.pdf

https://www.paolochiesifoundation.org/wp-content/uploads/2024/12/NEST_Model_2025_EN.pdf

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NEST in Benin

Year: 2012

Current Partners: *Hôpital Saint Jean de Dieu de Tanguiéta*, new partnership with CHU-MEL in 2025

Main Activities

- **Capacity building** of local healthcare personnel in neonatal care with a major focus on zero-separation and KMC
- **Hygiene Program** to reduce infections
- **At home follow-up** newborn babies and their families
- **Action Plan development** with the CHU-MEL in Cotonou

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NEST in Burkina Faso

Year: 2010

Current Partners: *Hôpital Saint Camille de Ouagadougou* (main)

Main Activities

- **Capacity building** of local healthcare personnel in neonatal care with a major focus on zero-separation, KMC, and Bubble CPAP
- **Perinatal network** with the other hospitals of the capital city

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NEST in Burundi

Year: 2014

Current Partners: Amahoro, *Hôpital de Troisième Référence*, Ministry of Health (PNSR) WeWorld for 2025

Main Activities

- **Pilot Project for the diffusion of KMC** across the Ngozi Region. Phase 1 (Ngozi Hospital & Phase 2 (other Hospitals) completed. Phase 3 in 2025 with *Centres de Santé* & community
- **Recognition** of the Ngozi Hospital as a KMC training center and KMC training materials by the Ministry of Health
- **Introduction of the Bubble CPAP** in the neonatal ward

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NEST in Ivory Coast

Year: 2024

Current Partners: CUAMM (main), synergies with Ministry of Health

Main Activities

- **Capacity building** for CHR-Abobo and 2 referral centres in neonatal care
- **Equipment provision** for the 3 targeted centres
- **Neonatal ward setup** at CHR-Abobo

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NEST in Togo

Year: 2014

Current Partners: *Hôpital d'Enfants Yendubé de Dapaong*, Togo

Main Activities

- **Equipment provision** for the neonatal ward and the KMC Unit
- Support for **equipment maintenance**
- **Online training** on essential newborn care

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NEST Strategic Partnerships

Since 2022, the Paolo Chiesi Foundation has been supporting its organizational development, also through the development of its website and scientific journal

Since 2024, the Paolo Chiesi Foundation has been supporting the diffusion in Francophone Africa of COINN's Community of Neonatal Nursing Practice (a hub for training to create skilled nurses)

Since 2022, the Paolo Chiesi Foundation has been supporting the Implementation Toolkit for Small & Sick Newborn Care (hub of tools and resources) and its diffusion in Francophone countries

Since 2024, the Paolo Chiesi Foundation has been part of the donor group of PMNCH

05

GASP Model – Global Access to Sustainable Pulmonology

GASP Model – Global Access to Sustainable Pulmonology

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

EDUCATION

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

SPACES

Establishment of spirometry laboratories for the accurate diagnosis of CRDs.

DATA

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

ADVOCACY & NETWORKING

Creation of strategic partnerships with local and international stakeholders.

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GASP in Guyana

Year: 2014

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

Main Activities

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

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GASP in Peru

Year: 2018

Current Partners: *Policlínico Santa Rita del Cusco*, SEPAR, Chiesi Spain

Main Activities

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

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GASP in Nepal

Year: 2023

Current Partner: Johns Hopkins University

Main Activities

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

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GASP Strategic Partnerships

Since 2022, the Paolo Chiesi Foundation has been supporting the Johns Hopkins University screening project in Bhaktapur (Nepal), which will be followed by the implementation of the GASP Model

In 2024, the Paolo Chiesi Foundation established a new partnership with the Pan African Thoracic Society (PATS) to improve pulmonology research by African professionals in the continent

Since 2022, *SEPAR Solidaria* has been collaborating with the Paolo Chiesi Foundation on the enhancement of healthcare professionals' training in Cusco (Peru), within the GASP Model framework

In 2024, the Paolo Chiesi Foundation signed a new partnership with the Italian Respiratory Society (IRS), which is supporting the development of the GASP Model in Guyana

06

IMPULSE - IMProving qUaLity and uSE of newborn indicators

The IMPULSE Project

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

The project is carried out by a consortium formed by: LSHTM – London School of Hygiene and Tropical Medicine, CUAMM Doctors with Africa, WHO Collaborating Center for MCH in Italy– Burlo Garofolo, Ifakara Health Institute in Tanzania, and Makerere University in Uganda.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MAKERERE UNIVERSITY

DOCTORS WITH AFRICA CUAMM

ISO 9001:2015 certified
IFAKARA HEALTH INSTITUTE
research | training | services

WHO Collaborating Center for Maternal and Child Health Trieste Italy

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Main activities

Phase 1
August 2021 - May 2024

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

Phase 2
June 2024 - May 2026

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

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Our International Network

Paolo Chiesi Foundation's Network & Partnerships

17 PARTNERSHIPS FOR THE GOALS

Local hospitals

Ordre Hospitalier Saint Jean de Dieu · Hosco · Georgetown Public Hospital Corporation · Unité Travail Progrès · Hôpital d'Enfants Yendubé · Policlínico Santa Rita

NGOs

Amahoro Pro Africa – Associazione per la cooperazione e lo sviluppo · Doctors with Africa CUAMM · We World – Member of ChildFund Alliance

Global Alliances

ANA – African Neonatal Association – Association Néonatale Africaine · COINN – Council of International Neonatal Nurses · PMNCH for Women's, Children's and Adolescents' Health · NEST360

Philanthropic Organizations

Philea – Philanthropy Europe Association · Gates Foundation

Research Institutions

Johns Hopkins University · London School of Hygiene & Tropical Medicine · Pan African Thoracic Society · SIN – Società Italiana di Neonatologia · SIP IRS – Società Italiana di Pneumologia · Sociedad Española de Neumología y Cirugía Torácica SEPAR · WHO Collaborating Center for Maternal and Child Health Trieste Italy

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