



PAOLO
CHIESI
FOUNDATION

Health is everyone's right



The Paolo Chiesi Foundation



Accelerating change for a healthier future

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.

Our Mission



The Foundation aims to **reduce neonatal mortality** in 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



Neonatal and Respiratory Care 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.**

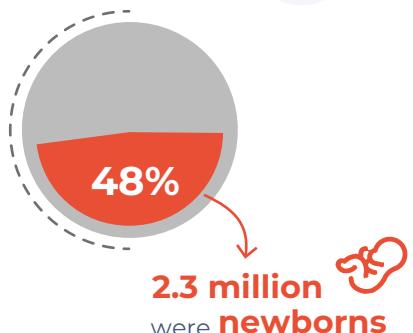
- **The first 28 days of life remain the most vulnerable period for child survival.** Reasons: respiratory distress, infections, complications and hypothermia
- **Conflict and emergencies** continue to threaten the survival of children
- **Data gaps** are limiting efforts to end preventable child death
- WHO: without urgent action 65 countries will miss the neonatal mortality target by 2030



Neonatal care must be a priority on the international agenda.



In 2023 **4.8 million children died before turning 5 years old**



11x

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



4.6

Births per woman: highest fertility rate worldwide

26/1,000

Sub-Saharan Africa has the highest newborn mortality rate worldwide

Source: UNICEF

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 challenges: many people with asthma or COPD remain undiagnosed or do not receive adequate treatment. Yet effective treatment and management can control symptoms, helping individuals lead normal, active lives.

COPD

3.5 million deaths

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



90% in Global South

ASTHMA

455,000 deaths



96% in Global South

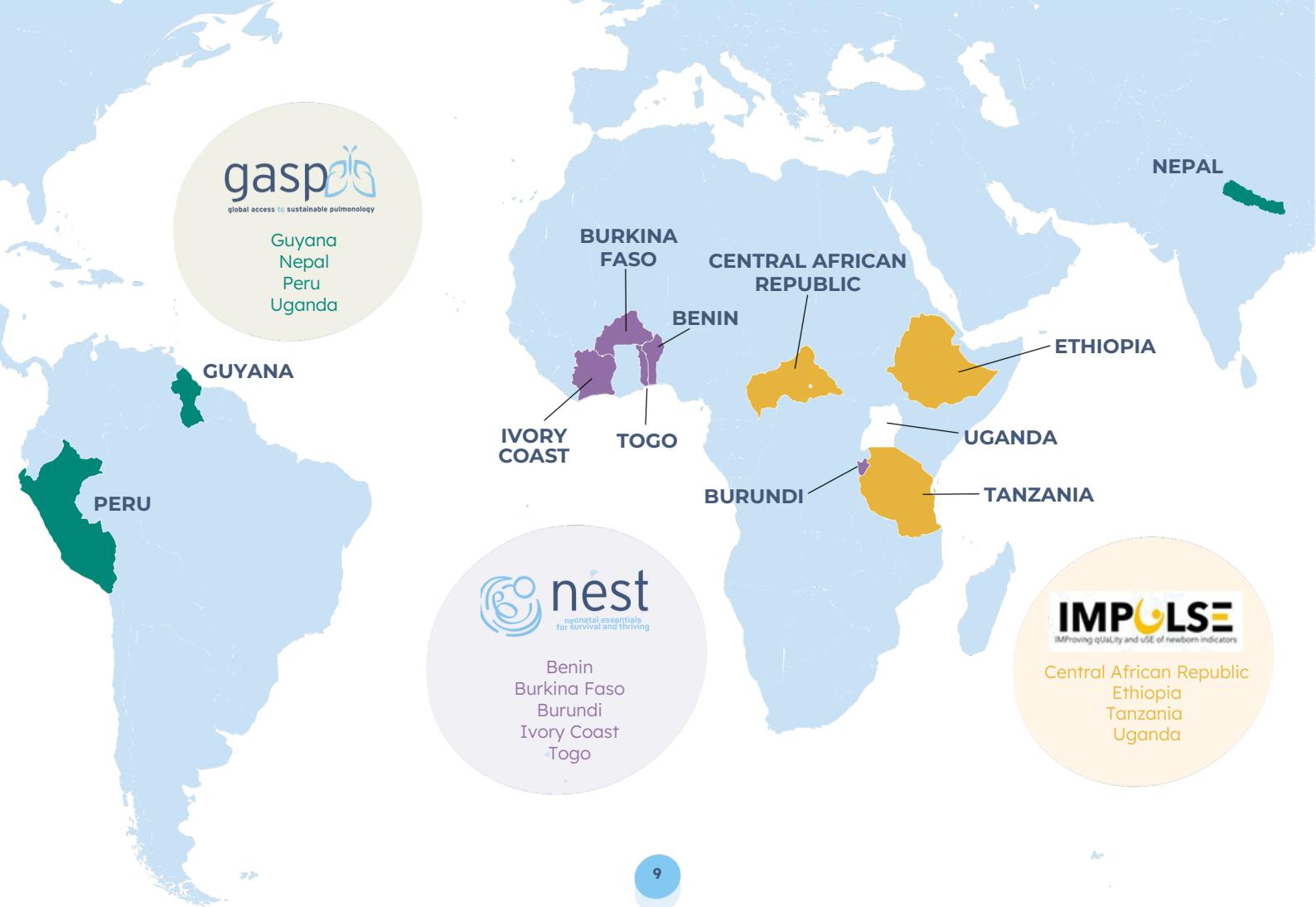
262 million
people affected in 2019

Source: WHO





Where
we work



NEST Model

Neonatal Essentials for Survival and Thriving

Co-developed by the Foundation, African partners, and international stakeholders, the NEST Model aims to reduce neonatal mortality and morbidity through a systemic approach grounded in four core pillars and a main strategy of Zero Separation and Family-Centered Care (FCC), ensuring care that is clinically effective, respectful, inclusive, and sustainable.

The NEST model is focused on four 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.



FACILITY READINESS

Setting up functional spaces that enable mothers and families to stay close to their newborns, supported by skilled human resources and equipped with context-adapted technologies, while ensuring optimal hygiene and the delivery of high-quality care.



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 TECHNICAL ADVISORY GROUP

Ousmane Ndiaye

Paolo Chiesi Foundation's Technical Advisor and Vice President of Association des Pédiatres de Langue Française



Solange Ouedraogo

*Head of Department at CHU de Bogodogo
Chair of the African Neonatal Association's Research Committee*



Franck Houndjahoue

Treasurer of the African Neonatal Association



Ousmane Mouhamadou

IMPULSE Project Coordinator



GASP Model

Global Access to Sustainable Pulmonology

The GASP aims at improving the accessibility and quality of respiratory care in Global South countries, reducing disease burden and improving the quality of life of patients affected by chronic respiratory diseases (CRDs) and their families.

The Model is built on four interconnected pillars:



EDUCATION

Strengthening the competencies of healthcare professionals, promoting patient self-management, and strengthening community awareness of CRDs.



FACILITY READINESS

Strengthening medical equipment, clinical protocols, and healthcare infrastructure to enhance diagnostic capacity and respiratory services.



DATA & RESEARCH

Standardizing and digitalizing data collection to promote data-driven clinical practice and strengthen evidence-based management of CRDs.



ADVOCACY & NETWORKING

Engaging relevant stakeholders to ensure sustainability and alignment with national priorities and international frameworks.

GASP TECHNICAL ADVISORY GROUP

William Checkley

Professor of Medicine, Division of Pulmonary and Critical Care at the School of Medicine, Johns Hopkins University



Robert Levy

Clinical Professor of Medicine, Respiratory Division at the University of British Columbia



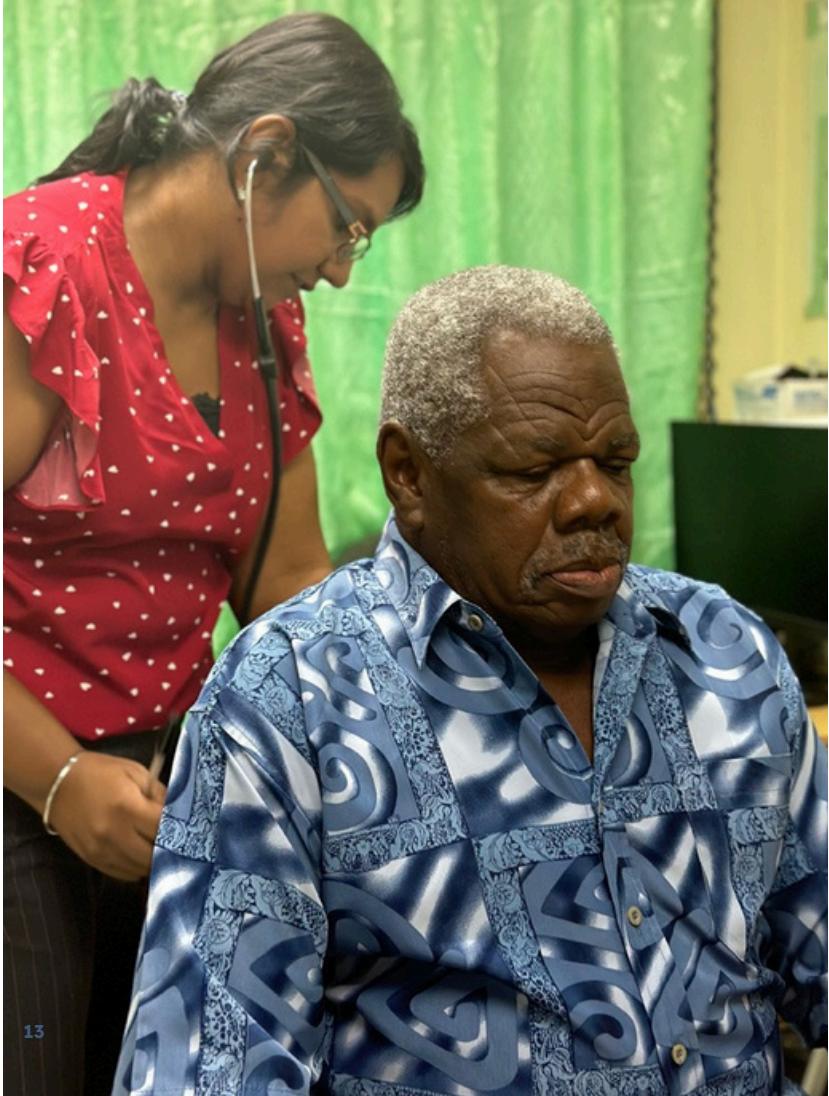
Refileo Masekela

Academic Head of the Department of Paediatrics and Child Health at the KwaZulu-Natal University



Laura Nicolaou

Assistant Professor of Medicine, Division of Pulmonary and Critical Care at the School of Medicine, Johns Hopkins University



IMPULSE

IMProving qUaLity and uSE of newborn indicators

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:

- London School of Hygiene and Tropical Medicine
- Doctors with Africa Cuamm
- WHO Collaborating Center for MCH in Italy, IRCCS Burlo Garofolo
- Ifakara Health Institute
- Makerere University



Paolo Chiesi Foundation's Network & Partnerships



SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Local Hospitals



NGOs



International Alliances



Philanthropic Organizations



Research Institutions



WHO Collaborating Center
for Maternal and Child Health
Trieste Italy

Healthcare and Scientific Societies





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