2025
Social Report

PAOLO CHIESI FOUNDATION

2025 Social Report

Printing
EFT srl, Via Reggio 45/a, 43126 Parma (Italy)
The Social Report can be downloaded at: **paolochiesifoundation.org/en/social-report/**

We would like to thank
our colleagues, partners, and collaborators who work every day to improve access to quality healthcare for thousands of people in the countries of the Global South and to make health a right for all.

Paolo Chiesi Foundation ETS
Registered office: Via Paradigna 131/A - 43122 Parma (Italy)
Fiscal code: 92130510347
info@paolochiesifoundation.org
paolochiesifoundation.org

Index

Section 1

INTRODUCTION

1.1

Methodological note

This 2025 Social Report is the fourth for the Paolo Chiesi Foundation. The first Social Report, published in 2023, was prepared voluntarily and was called 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 preparing the social report for Third Sector Entities** (Decree of 4 July 2019, Official Journal no. 186 of 9 August 2019) and contains all the aspects that the legislator requires to be explained: general information on the entity, its structure, governance, relationships with stakeholders, personnel, administration, objectives and activities carried out, economic and financial situation, and this brief methodological note.

The reporting period is 2025 (January 1 to December 31), which coincides with the financial statement period. This document accompanies and complements, but does not replace, the financial statements, which were prepared in accordance with the **Financial Statement Forms for Third Sector Entities**, which came into force with the Decree of the Ministry of Labor and Social Policies of 5 March 2020.

With this Social Report, we want to explain who we are, what our mission is, and the strategy that guides our work, in line with the **Sustainable Development Goals** of the United Nations 2030 Agenda.

We want to report on the activities carried out within our programs and our commitment to ensuring equity in access to quality healthcare, based on the resources employed.

The completed projects have been reported according to their area of intervention (neonatal and respiratory health), sector (scientific research and international cooperation), and respective geographical areas. “Our Programs” chapter is divided into the sections “Neonatal Care,” which includes the **NEST** (Neonatal Essentials for Survival and Thriving) Model and the IMPULSE (IMProving quality and use of newborn indicators) project, and “Respiratory Care,” which includes the **GASP** (Global Access to Sustainable Pulmonology) Model. The sections relating to the NEST and GASP models include specific fact sheets for each country, which describe the initial background, the activities carried out, and the main results achieved.

Financial information was reported, including all the sources of the funds used in the 2025 activities and the allocation of these funds to individual projects, as a percentage of the total available budget and in absolute values.

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

During the financial year ending 31 December 2025, our business was guided by the legal provisions 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 entrusted with the statutory audit of the accounts due to the absence of the requirements outlined in Article 31 of the Third Sector Code, carried out the supervisory activities and controls on the financial statements required by Rule 3.8 of the Rules of Conduct for the Supervisory Body of Third Sector Entities, consisting of a **comprehensive summary check** aimed at verifying that the financial statements have been correctly prepared.

This document was approved by the Management Board on 14 April 2026, as required by Legislative Decree 117/17, and is available on the Foundation's website at **www.paolochiesifoundation.org/en/social-report/**. A communication informs our key stakeholders of its online publication on our website, our social media channels, and the main Italian transparency and accountability portals for non-profit organizations.

Finally, in a spirit of responsibility and accountability to our various international partners and stakeholders, the Social Report is published **as well in Italian, French, and Spanish.**

1.2
Premise

The Paolo Chiesi Foundation is a philanthropic organization with registered office at Via Paradigna 131/A, 43122, Parma (Italy) and with fiscal code 92130510347.

It 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 Article 2 of the Statute, the **Foundation pursues, on a non-profit basis, civic, solidarity, and socially beneficial goals, with a particular focus on the health and social sectors**. Its activities are in accordance with the Third Sector Code (Legislative Decree 3 July 2017, no. 117) and the Law on the general regulation of international development cooperation (Law 11 August 2014, no. 125).

Paolo Chiesi Foundation is also part of the Philanthropy Europe Association (Philea), recognized by the Italian Agency for Development Cooperation (AICS) and the Emilia-Romagna Region.

1.3
Building stability, generating value

"Continuous relationships with our partners and constant commitment to the contexts in which we operate are the cornerstones for generating a lasting and sustainable impact."

We are pleased to present the 2025 edition of our Social Report, the document through which we share with our stakeholders the activities carried out, the results achieved, and the challenges faced throughout the year. This annual event represents not only an exercise in transparency but also an opportunity to reflect on the journey we've made together with our partners and the communities we work with.

2025 represented a particularly significant moment for our organization, marking a symbolic shift in our identity. Over the course of the year, we decided to adopt the name **Paolo Chiesi Foundation** to pay even more explicit tribute to the vision and commitment of our founder, Paolo Chiesi. "Dr. Paolo," as he was affectionately known among colleagues and collaborators, always believed in putting science, research, and technological innovation at the **service of the community**, with a particular focus on the most vulnerable populations. This belief continues to guide our daily actions.

This change also reflects the evolutionary path our Foundation has undertaken over the years. Established in 2005 as a corporate foundation, an expression of the Chiesi Group's commitment to social responsibility, the Foundation has gradually consolidated its autonomy and positioning as a philanthropic organization, increasingly oriented towards operating independently in the field of global health. The transition to the Paolo Chiesi Foundation, therefore, represents not only a symbolic gesture but also **recognition of a journey of institutional maturation and growing responsibility**.

This growth, however, is occurring within a profoundly changed and particularly complex international context for the sectors of development cooperation and global health. In recent years, we have witnessed significant **contractions in institutional funding** and Official Development Assistance (ODA), with tangible consequences for the entire international cooperation ecosystem. The new geopolitical priorities of some major international donors have led to a reduction in

investments in various areas, with concrete repercussions: the closure or downsizing of health programs, the reorganization of multilateral agencies and non-governmental organizations, as well as a **growing risk of slowing the progress achieved** in reducing maternal and neonatal mortality over the past decades.

At the same time, the ongoing changes are helping to redefine the roles of the various actors involved in international cooperation. On the one hand, in many partner countries, there is a **growing commitment by national governments** to strengthen their health systems and invest directly in public health programs. On the other hand, the private sector and philanthropic organizations, including foundations, are assuming an increasingly important role in supporting innovative initiatives, promoting partnerships, and ensuring the continuation of programs that are now essential for the most vulnerable communities.

In this changing landscape, the Paolo Chiesi Foundation continues to pursue an approach based on continuity, reliability, and the building of long-term partnerships with its collaborators. We believe that stable relationships and ongoing commitment to the contexts in which we operate are the cornerstones for **generating a lasting and sustainable impact**. Through our programs and intervention models—developed over the years with local partners, healthcare institutions, and communities—we continue to contribute to strengthening local capacities and disseminating effective solutions to improve access to quality care.

This Social Report recounts the work accomplished in 2025 and demonstrates the Foundation's commitment to continuing the path initiated by our Founder, maintaining a strong bond with the values that have always guided our actions: responsibility towards society and the environment, sharing medical and scientific knowledge, and promoting equity in access to care.

Finally, I would like to extend my **sincere thanks to all our collaborators, institutional and scientific partners, civil society organizations, and all the individuals** whose daily commitment makes our mission possible. In a time of uncertainty and significant change for the international cooperation sector, the strength of partnerships and a shared vision remain essential to addressing global health challenges. We extend our gratitude to each of them for their trust and support.

With this spirit, we look to the future, renewing our commitment to work together to ensure that every person, everywhere in the world, can have access to quality care and a more equitable and resilient health system.

Maria Paola Chiesi
President of the Paolo Chiesi Foundation

1.4

Highlights of 2025

PROGRAMS

12 Countries

16 Projects

PATIENTS WITH THEIR FAMILIES

People assisted:
14,679

Patients with respiratory problems visited: **5,499**

Workers undergoing **diagnostic screening** for CRDs: **811**

Newborn taken into care by the **neonatology** units:
8,011

Of those admitted to the **KC units** with their families: **885**

TRAINING

Healthcare personnel trained:
438

In **newborn** care: **202**

In **asthma** and **COPD** management: **236**

PARTNERSHIPS

International **partners: 23**

Agreements signed: **14**

Hospitals and clinics supported: **47**

SCIENTIFIC RESEARCH

Publications: 6

FUNDS

Invested budget: **€ 833,954**

Corporate donations: **€ 952,531**

Donations from **individuals:** **€ 41,029**

Section 2

WHO WE ARE

2.1
Legal identity

PAOLO CHIESI FOUNDATION is an entity with legal personality established on 14 April 2005, on the initiative of Chiesi Farmaceutici S.p.A.

On 27 March 2026, the Paolo Chiesi Foundation Onlus officially registered with the RUNTS (National Register of the Third Sector), changing its name to **Paolo Chiesi Foundation ETS** and adopting a new Statute, in accordance with the provisions of Legislative Decree no. 117/2017, relating to the Reform of the Third Sector.

NAME
Paolo Chiesi Foundation ETS

LEGAL FORM
Philanthropic foundation registered in the National Register of the Third Sector (RUNTS), pursuant to Legislative Decree no. 117 of 3 July 2017 (Third Sector Code)

TAX CONFIGURATION
Third Sector Organization

REGISTERED OFFICE ADDRESS:
Via Paradigna 131/A, 43122, Parma

INTERNATIONAL CLASSIFICATION OF ACTIVITIES OF NON-PROFIT ORGANIZATIONS (ICNPO):
2400 - Research
8100 - Provision of philanthropic contributions and promotion of volunteering
9100 - Economic and humanitarian support activities abroad
12100 - Other activities

TERRITORIAL AREAS OF OPERATION:
Legal, administrative, and strategic management are based in Parma, Italy, while development cooperation programs are implemented in countries of the Global South, particularly sub-Saharan Africa, Guyana, Nepal, and Peru.

2.2

Who is the Paolo Chiesi Foundation

The Paolo Chiesi Foundation is a non-profit organization founded in 2005 by Paolo Chiesi and his family. Its mission is to **improve access to quality healthcare** and alleviate the suffering of patients with respiratory and neonatal diseases, and their families, in developing countries.

Established as a corporate foundation and heir to the group's expertise, today the Paolo Chiesi Foundation **supports scientific research and international cooperation** through intervention programs in neonatal and respiratory care, promoting the sustainable development of clinical and scientific expertise in the pursuit of progressive autonomy for local communities.

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 expanded access to quality healthcare and improved quality of life for patients—and their families—with chronic respiratory and neonatal diseases in the Global South. We do this through:

- **capacity building and training** solutions for healthcare workers, patients, and families
- the provision of **innovative and sustainable technologies** for healthcare facilities
- the creation of **strategic partnerships** with local, international, and institutional stakeholders
- the adoption of a **data-driven approach** to improve the quality of clinical practice.

OUR VALUES

Sense of responsibility *towards society and the environment*

We work to ensure that our programs are institutionally recognized as effective, sustainable, and replicable models in countries where the need is greatest, creating equitable access to quality care.

Dissemination of scientific knowledge *without borders or restrictions*

We support international scientific research and develop programs to transfer medical and scientific knowledge to the local level, promoting sustainable development and the progressive autonomy of local communities.

Equity *through caring for those who suffer*

We support projects that promote the full realization of the right to health for the populations most in need in the Global South.

2.3

Our contribution to the Sustainable Development Goals

In line with the Sustainable Development Goals (SDGs) of the United Nations 2030 Agenda, we work to guarantee 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 closely 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).

All the activities carried out by the Foundation and described in the following chapters of this Social Report respect these two fundamental objectives.

THE FIGHT AGAINST THE CLIMATE CRISIS

Sustainability and respect for the environment are at the heart of the Paolo Chiesi Foundation's work. *"Take urgent action to combat climate change and its impacts"* (SDG 13).

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 Paolo Chiesi Foundation is committed to reducing the environmental impact of its activities, adhering to the principle of *"do no harm"*.

We have adopted a strategic approach to integrating 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 institutions for the climate crisis", joining the over 635 signatory organizations of the global **WEACT Philanthropy for Climate plan**.

To further strengthen its commitment to fighting the climate crisis, the Paolo Chiesi Foundation has progressively integrated the environmental dimension into its two main areas of intervention. In the area of maternal and newborn health, at the end of 2025, the Foundation signed an agreement with the **Partnership for Maternal, Newborn & Child Health (PMNCH)**, hosted by the World Health Organization, to support evidence-based advocacy activities addressing the impact of the climate crisis on the health of mothers and newborns. Through this collaboration, the Foundation will contribute to the production and dissemination of knowledge, data, and key messages on the link between climate change and maternal and newborn health, promoting solutions with co-benefits for health and the environment, and encouraging the integration of these issues into key decision-making and policy processes at the global level.

At the same time, in the field of respiratory health, several activities developed within the GASP program promote greater awareness of the environmental factors and pollutants that impact respiratory health. Through awareness-raising, training, and dissemination of scientific evidence initiatives, the Foundation aims to **strengthen understanding of the link between air quality, environmental pollution, and respiratory diseases**, contributing to an integrated approach that recognizes the interdependence between human health and the health of the planet.

These represent gradual but significant steps toward implementing concrete changes in the way the Foundation operates, strengthening internal awareness and that of its partners. This process is not intended to overturn the objectives of the Paolo Chiesi Foundation, but rather to integrate them progressively and responsibly, so that sustainability becomes a cross-cutting and structural component of its actions.

2.4

Our strategy to 2030

During 2021, the Paolo Chiesi Foundation initiated 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 various stakeholders, who helped define, based on the results achieved in previous years and an analysis of the international cooperation context, an internal working tool to guide the Foundation's work in the coming years.

It was decided to set the strategic plan's horizon at 2030, with intermediate objectives up to 2025.

Halfway through this journey, the Paolo Chiesi Foundation conducted a mid-term review aimed at thoroughly assessing the results achieved and reshaping activities in light of internal changes and global dynamics. This process, **characterized by systematic analysis and inclusive dialogue**, enabled the Foundation to consolidate and refine its strategic objectives, making them even clearer and more targeted. At the same time, the roadmap was updated to reflect both the evidence gathered and the shifting context, ensuring coherence between vision, operations, and impact.

The review led to the **definition of a new strategic plan**, which is organically integrated with the Foundation's mission and strengthens its continuity. This plan precisely outlines future priorities, allowing for a smooth transition towards the strategic objectives described in the following paragraph. In this way, the path taken emerges as a **virtuous cycle of learning and adaptation**, aimed at maximizing the effectiveness and relevance of the Foundation's actions in the field of global health.

The Paolo Chiesi Foundation's 2030 Strategy outlines a clear path to consolidate its role as an **innovative and influential player in global health**. Through international and local partnerships, field implementation, capacity building, and research activities, the Foundation intends to expand its impact while consolidating its independence and credibility. This strategy provides a direction for its continued contribution to equitable, evidence-based healthcare for populations around the world.

2.4.1 Strategic objectives

CATALYST

The Foundation helps shape global and local health agendas in maternal, newborn, and respiratory care, leveraging organizational resilience, resource sustainability, and strategic communications to maximize impact.

The Foundation is increasingly taking on the role of **catalyst of ideas, tools, and resources**, and facilitating 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 international cooperation, the Paolo Chiesi Foundation has initiated a process of institutional recognition that has led to accreditation with the **Italian Agency for Development Cooperation (AICS) and the International Cooperation Office of the Emilia-Romagna Region**.

At the same time, coordination and collaboration with the World Health Organization (WHO) has intensified, particularly regarding the implementation of the NEST Model and the definition of strategic partnerships with several internationally recognized players.

PATIENTS

The NEST and GASP models are implemented as quality care approaches, designed to address the real needs of patients, particularly neonates and people with chronic respiratory diseases, through locally driven and patient-centered solutions.

Both models are designed to integrate and support the ministerial guidelines of the countries in which the Paolo Chiesi Foundation operates.

The involvement of institutional stakeholders at multiple levels is the foundation of the work we, as a Foundation, are carrying out in various countries. This approach allows us to see our work recognized, but above all, it gives sustainability to the initiatives funded by the Paolo Chiesi Foundation.

DATA

Ensure that all Foundation programs achieve greater effectiveness and measurable impact through the systematic use of data-driven quality improvement methods.

This allows for a better understanding of errors and gaps and for the implementation of 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**, thus contributing to improving patient health and generating effective, sustainable, and reproducible models based on scientific evidence.

FOCUS

From Corporate to Family Foundation

Over the years, our Foundation has undergone profound changes. Established in 2005 as a corporate foundation, a direct expression of the Chiesi Group's social responsibility, it has long represented the company's way of giving back to the communities with which it interacted every day. It was a natural choice: to **transform the Group's social commitment into concrete projects supporting scientific research**, developed together with those facing challenges related to health and access to care.

Over time, however, this project began to grow beyond the confines of the company. The Foundation broadened its view, focusing on the Global South, consolidated relationships with international organizations, institutions, and universities, and developed an increasingly independent vision. And it was precisely from this evolution that a new phase emerged.

On 25 September 2025, on the occasion of its twentieth anniversary, the Foundation changed its name to Paolo Chiesi Foundation, in memory of Paolo Chiesi, its founder and first president. This simple yet decisive gesture marks the **transition from a corporate foundation to a family foundation**: an institution rooted in the values of the Chiesi family and oriented towards long-term commitment, free from operational or strategic constraints tied to the Group's activities.

Today, as a family foundation, our role is clearer and more independent. We can invest in the long-term and support communities and partners with a more direct approach, based on relationships and trust. The Foundation's identity has been consolidated precisely here, in a way that prioritizes **continuity, concrete impact, and collaboration**, sharing responsibility and knowledge.

This transition is not a break, but a natural evolution. We maintain the same commitment to people and to global health challenges; only the scope and perspective have changed. We are becoming closer to the history from which we were born and, at the same time, more independent in the choices that shape our future.

The Paolo Chiesi Foundation is today the living legacy of a journey that began twenty years ago and the **starting point of a new phase**. A commitment that continues, with a more personal, more responsible, and more aware perspective on our role in global society.

2.5

A 20-year journey

Valuing relationships, listening to others, and adapting to change: these are the principles on which the Foundation has charted its course over the past twenty years and on which it continues to plan its future.

2005

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

2010

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

2011

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

2014

Publication of the NEST and GASP international cooperation models. First partnerships in Burundi and Guyana, at the Ngozi Regional Hospital and the Georgetown Public Hospital Corporation, respectively.

2018

First collaborations in Togo and Peru, respectively at the Yendube Pediatric Hospital in Dapaong and the Santa Rita Polyclinic in Cusco

2021

Appointment of the Foundation's new Coordinator and President, and launch of the IMPULSE project

2023

First partnership in Nepal, in Bhaktapur with Johns Hopkins University, and launch of a new partnership in Cusco with SEPAR Solidaria

2024

First partnerships in Côte d'Ivoire and Senegal, respectively with Doctors with Africa CUAMM and the WHO Partnership for Maternal Newborn and Child Health (PMNCH).

2025

The Foundation is named after its founder and first president, Paolo Chiesi, and new collaborations are launched in the neonatal field, with the CHU-MEL Hospital in Cotonou (Benin), and with WeWorld (Burundi), and in the respiratory field, with the Pan African Thoracic Society.

Section 3

GOVERNANCE AND ADMINISTRATION

3.1
Governance

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

PRESIDENT AND VICE PRESIDENT


MARIA PAOLA CHIESI


ALBERTO CHIESI

MANAGEMENT BOARD


ANDREA CHIESI


EMMA GRETA CHIESI


GIACOMO CHIESI


MADDALENA CHIESI


VALENTINA CHIESI


PAOLO ANDREA DE BERNARDIS

COORDINATOR


MASSIMO SALVADORI

TECHNICAL ADVISOR


FEDERICO BIANCO


OUSMANE NDIAYE


MARIO SCURI

SUPERVISORY BODY


MASSIMO LIVATINO


RAFFAELLA PAGANI


ANDREA SILVESTRI

Management Board

The Management Board is composed of no fewer than five and no more than nine members and manages the Foundation.

The members of the Management Board hold office for three management terms. The Management Board meets, at the initiative of the President and at the Foundation's headquarters, at least three times a year or upon reasoned request addressed to the President by at least four members, or by one member and the Coordinator.

The Management Board is responsible, in particular, for: appointing the members of the Supervisory Body; appointing the Coordinator, assigning him operational responsibilities; approving the Management Report, both budget and final; and approving the Foundation's business plan and strategic directions.

The work of the members of the Management Board is carried out, in accordance with the institutional objectives pursued by the Foundation, completely free of charge.

President

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

The President is the legal representative of the Foundation, convenes and chairs meetings of the Management Board, and ensures the implementation of the resolutions adopted by the Board.

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 independently and responsibly, but in harmony with the Coordinator, taking into account the Foundation's non-profit and solidarity mission.

The Technical Advisors' work is performed free of charge, in accordance with the institutional objectives pursued by the Foundation. Travel expenses, duly documented, may be reimbursed. In exceptional and specific cases, which the Board itself must recognize as such after obtaining the opinion of the Supervisory Body, reimbursement may be granted for mere expenses incurred by members.

FEDERICO BIANCO

Federico holds a degree in **veterinary medicine and a phd in endocrinology**. He has been working at Chiesi Farmaceutici S.p.A. since 2005, where he has held various roles in the Neonatology and Special Care departments. During his time at Chiesi, he spent ten years in research and development, leading the neonatology preclinical pharmacology team and serving as a project leader.

Federico's main research areas were **aerosol administration and other less invasive techniques for surfactant administration**. During his time in R&D, he supported the Foundation by serving on the scientific committee responsible for evaluating neonatology projects.

In 2020, Federico joined the Global Medical Affairs department as Head of Care, coordinating a team of medical directors working in various therapeutic areas: **neonatology, transplantation, and intensive care.** Since 2024, in addition to his role in Care, he has been working as a technical advisor to the Paolo Chiesi Foundation.

OUSMANE NDIAYE

Ousmane Ndiaye, a pediatrician specializing in neonatology and epidemiology, has made significant contributions to the field of child health. As a **researcher and professor of pediatrics at Cheikh Anta Diop University** in Dakar (Senegal), he has undertaken numerous teaching missions in the subregion, 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 Miller School of Medicine at the University of Miami. While at the University of Miami, he was an associate professor of medicine from 1994 to 2006. He subsequently held the position of full **professor of medicine at the West Virginia University School of Medicine** from 2006 to 2010.

In 2011, Mario joined Chiesi Farmaceutici, where he held various roles in clinical development. From 2011 to 2018, he was **clinical lead for the Foster and Trimbow programs**, focusing 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 and, until 2025, Senior Lead Physician for Respiratory, serving 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 Paolo Chiesi Foundation.

Technical Advisory Groups

Between 2024 and 2025, the Foundation established two Technical Advisory Groups to support the GASP and NEST models, composed respectively of experts and key opinion leaders in the fields of respiratory and neonatal health from the Global South.

GASP TECHNICAL ADVISORY GROUP

- **William Checkley**, Professor at Johns Hopkins University
- **Laura Nicolaou**, Assistant Professor at Johns Hopkins University
- **Robert Levy**, Professor at the University of British Columbia
- **Refiloe Masekela**, Head of the Department of Pediatrics and Child Health at the University of KwaZulu-Natal.

NEST TECHNICAL ADVISORY GROUP

- **Solange Ouedraogo**, Chair of the Research Committee of the African Neonatal Association
- **Ousmane Ndiaye**, Vice President of the *Association des Pédiatres de Langue Française*
- **Franck Houndjahoue**, Treasurer of the African Neonatal Association
- **Ousman Mouhamadou**, IMPULSE Project Coordinator

The Technical Advisory Groups provide strategic guidance for the development of the GASP and NEST models and will contribute to their advancement and impact on the health of thousands of people in the Global South.

Supervisory Body

The Supervisory Body is composed of three members, appointed by the Management Board, who serve three management terms. The Supervisory Body:

- **monitors compliance with the law and the bylaws** and with the principles of good administration, including with reference to the provisions of Legislative Decree No. 231 of 8 June 2001, where applicable, as well as the adequacy of the organizational, accounting, and administrative structure and its actual functioning
- **it monitors compliance** with civic, solidarity, and socially beneficial purposes, with particular regard to the provisions of Articles 5, 6, 7, and 8 of Legislative Decree No. 117 of 3 July 2017.

The activities of the members of the Supervisory Body are carried out, in accordance with the institutional objectives pursued by the Foundation, free of charge.

Travel expenses may be reimbursed if properly documented.

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 outlined in 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 Foundation's Coordinator oversees the Foundation's activities, ensuring its day-to-day 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 own members and **remains in office for three management periods.**

The Coordinator raises awareness among the Management Board, suggesting one or more specific types of intervention, also based on their operational experience.

- 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, regarding the hiring of staff and the assignment of professional tasks.

The Coordinator's work is performed completely voluntarily, in accordance with the Foundation's institutional objectives. The Management Board may, taking into account specific needs and the pursuit of the Foundation's objectives, assign the Coordinator a market-based salary.

To pursue the Foundation's activities, the Coordinator may make use of an operational team.

3.1.1
The Statute

The Paolo Chiesi Foundation's Bylaws are the central document governing its structure, objectives, and operations. They define the **Foundation's institutional goals**, which guide all its activities and projects. The Bylaws establish the rules governing the composition of the Management Board and the role of the Coordinator, outlining their powers, duties, and responsibilities. Furthermore, they govern the operational procedures through which initiatives are implemented, **ensuring administrative transparency and adherence to fundamental ethical principles**. This set of rules ensures the Foundation's clear and consistent pursuit of its social and cultural objectives.

3.1.2
The Code of Ethics

The Paolo Chiesi Foundation's Code of Ethics is the fundamental framework for ensuring the integrity, transparency, and accountability of all its activities. It serves as a guide for behavior, guiding decisions and internal and external relationships **according to principles of fairness, respect, and protection of individuals**.

The subjects to whom this document is addressed include the members of the Management Board, the President, the Supervisory Body, the Treasurer, employees, consultants, collaborators, volunteers, suppliers, partners, testimonials, and anyone acting in the name and/or on behalf of the Foundation, without exception.

The adoption of the Code of Ethics strengthens the Foundation's credibility and demonstrates its ongoing commitment to shared values, **fostering a healthy and collaborative work environment**.

The Statute and Code of Ethics are available and downloadable from the Governance page of the Foundation's website:
www.paolochiesifoundation.org/en/governance/

3.2

Organizational chart

SUPERVISORY BODY

Massimo Livatino
– *Auditor*

Raffaella Pagani
– *Auditor*

Andrea Silvestri
– *Auditor*

Emma Greta Chiesi
– *Board Member*

Maddalena Chiesi
– *Board Member*

Valentina Chiesi
– *Board Member*

OPERATIONAL TEAM

Alessandra Folcio
– *Respiratory Health Program Manager*

Lorenzo Picicco
– *Communication & Fundraising Manager*

GASP TECHNICAL ADVISORY GROUP

William Checkley

Robert Levy

Refiloe Masekela

Laura Nicolaou

TECHNICAL ADVISOR

Mario Scuri
– *GASP Technical Advisor*

Federico Bianco
– *NEST Technical Advisor*

PRESIDENCY

Maria Paola Chiesi
– President

MANAGEMENT BOARD

Massimo Salvadori
– Board Member and Coordinator

Alberto Chiesi
– Board Member and Vice President

Giacomo Chiesi
– Board Member

Andrea Chiesi
– Board Member

Paolo Andrea De Bernardis
– Board Member

Federica Cassera
– Neonatal Health Program Manager

NEST TECHNICAL ADVISORY GROUP

Ousman Mouhamadou

Ousmane Ndiaye

Franck Houndjahoue

LOCAL ADVISORS

Ousmane Ndiaye
– NEST Technical Advisor

Ouro-Bagna Tchagbele
– NEST Advisor in Togo

Solange Ouedraogo
– NEST Advisor in Burkina Faso

3.3

Our stakeholders

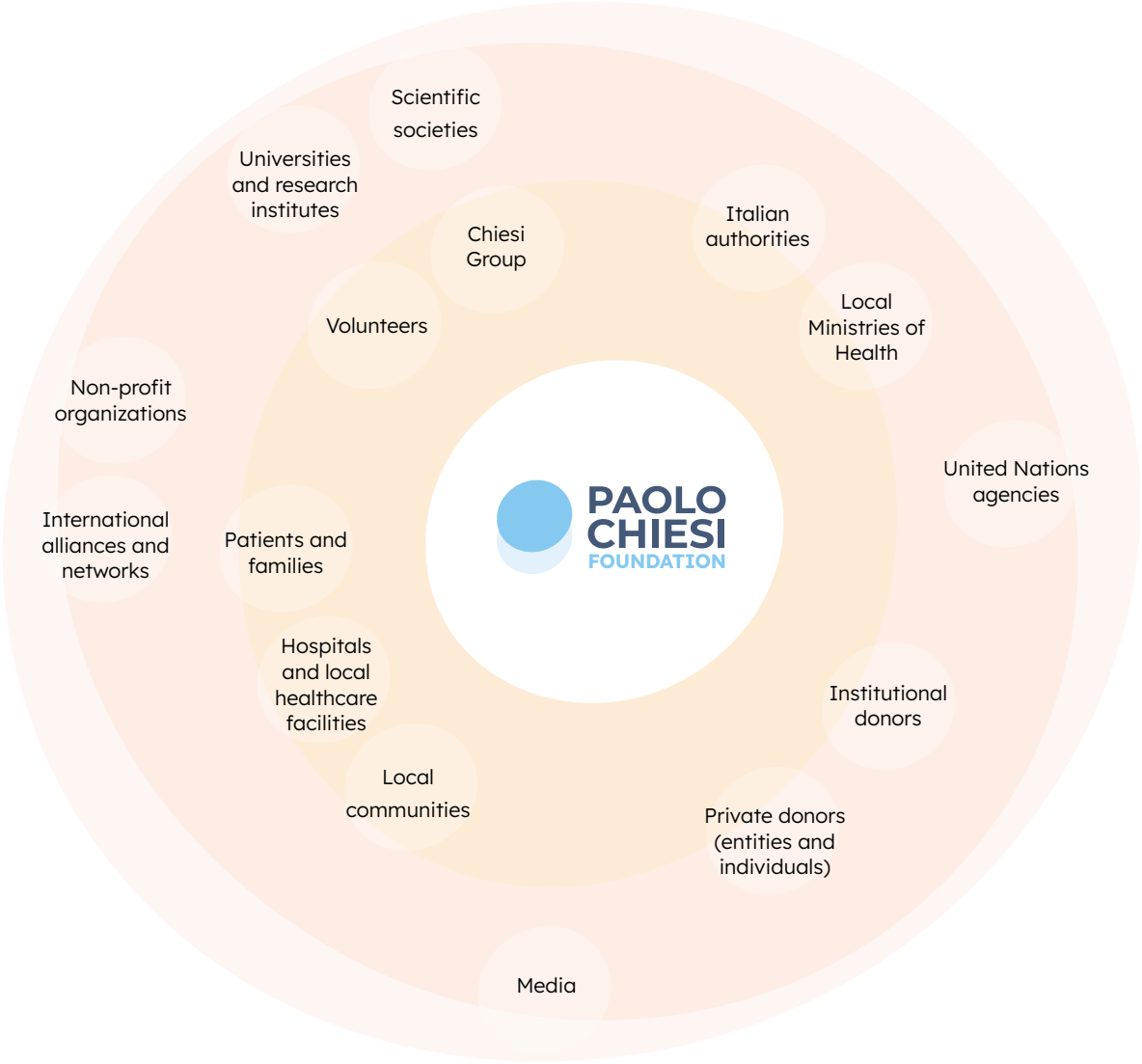
The Paolo Chiesi Foundation places great emphasis on its relationships with its stakeholders, recognizing them as key players in the journey toward achieving shared goals.

With both internal and external stakeholders, the Foundation cultivates relationships based on trust, mutual respect, and transparency, elements that form the basis for building solid and lasting partnerships. This approach, rooted in the organizational culture, fosters synergistic collaboration and **generates social and cultural value** through shared goals and the active participation of all stakeholders.

Among these, the most significant are the direct beneficiaries of our activities and, more broadly, their **respective communities**, with whom we interact and collaborate to promote long-term social change.

Partners, non-profit organizations and associations, research institutes, and institutional stakeholders are part of the broad category of stakeholders we work with daily to implement and streamline our intervention models.

The collaborative and dialogic approach is also adopted in **relations with private and institutional donors** who, through their support, allow the Foundation to continue working and ensure continuity and stability in the delivery of its development programs.



3.4

The Paolo Chiesi Foundation Team

In recent years, the Foundation has strengthened its organizational structure, becoming a more solid and technically competent entity. It currently has an operational team made up of **three experts in international cooperation and one communication specialist**, supported by a well-established network of technical consultants: one dedicated to respiratory health and two to neonatal health, including a key opinion leader from the Global South. Additionally, between 2024 and 2025, two **Technical Advisory Groups (TAGs)** were established, one for each healthcare intervention area, with the goal of supporting the team in strategic decisions and ensuring choices are informed and technically sound. This evolution has enhanced the Foundation's ability to operate effectively in complex contexts, while preserving its distinctive identity—flexible and collaboration-oriented within the global health sector.

MASSIMO SALVADORI

After obtaining a degree in sociology and a master's degree in social enterprise management, in 2007, he began his career in international cooperation, working for several years in West Africa and subsequently in Central America. He has collaborated with several international NGOs, both in the field and at headquarters, managing **humanitarian programs in the fields of health, nutrition, and protection**. Since 2021, he has been the Managing Director of the Paolo 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**. From September 2022 to 2026, as Program Development Officer of the Paolo Chiesi Foundation, she oversaw the NEST Model in Benin, Burkina Faso, and Burundi, and the GASP Model in Guyana and Nepal, supporting the Managing Director in strengthening collaboration with existing partners and building new strategic partnerships. In early 2026, she assumed the role of Neonatal Health Program Manager.

ALESSANDRA FOLCIO

After several experiences working in international cooperation, in Zambia and Sudan, and collaborations with Italian NGOs and foundations, starting in September 2024, she joined the Foundation as Program Quality Officer. Between 2024 and 2025, she directly supervised the NEST Model in Togo and Côte d'Ivoire, and the GASP Model in Peru, also **ensuring cross-functional oversight of processes related to data collection, management, and analysis**, as well as quality improvement. In early 2026, she assumed the role of Respiratory Health Program Manager at the Foundation.

LORENZO PICICCO

After earning a master's degree in languages and cultures for communication and international cooperation, he built his professional career in **communications in various fields, including higher education, martech, and healthcare**. He joined the Paolo Chiesi Foundation in May 2024 as Communication & Fundraising Manager. In this role, he oversees all internal and external communications activities, supporting the rest of the team in promoting the Foundation's initiatives and projects. He also coordinates the organization of events and fundraising campaigns.

3.5

Other information

LITIGATION/DISPUTES

The Foundation is not involved in any ongoing disputes or controversies with the Public Administration, entities, or individuals.

NUMBER OF MANAGEMENT BOARD MEETINGS HELD IN THE REPORTING PERIOD

The Foundation's Board of Directors met four times in 2025: Friday, April 11 (the meeting during which the 2024 Financial Statement was approved), Monday, June 30 (the meeting during which the 2024 Social Report was approved), Friday, October 31, and Friday, December 12.

MONITORING CARRIED OUT BY THE SUPERVISORY BODY

The Board of Auditors, as the Foundation's supervisory body, met once during the year, on 26 March 2025.
The checks concerned:

- Supervisory activities pursuant to Article 30, paragraph 7 of the Third Sector Code
- Observations on the Management Report
- Observations and proposals regarding the approval of the Management Report.

Section 4

OUR PROGRAMS

4.1

Why we operate in the Global South

The Paolo Chiesi Foundation actively works in twelve countries of the Global South, intending to improve the health and quality of life of children born prematurely and affected by neonatal diseases 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.

We are currently present in Guyana, Nepal, and Peru with the **GASP** (Global Access to Sustainable Pulmonology) Model; in Benin, Burkina Faso, Burundi, Côte d'Ivoire, and Togo with the **NEST** (Neonatal Essentials for Survival and Thriving) Model; and in Ethiopia, the Central African Republic, Tanzania, and Uganda with the **IMPULSE** (IMProving qUaLity and uSE of newborn indicators) research project.

gasp — global access to sustainable pulmonology

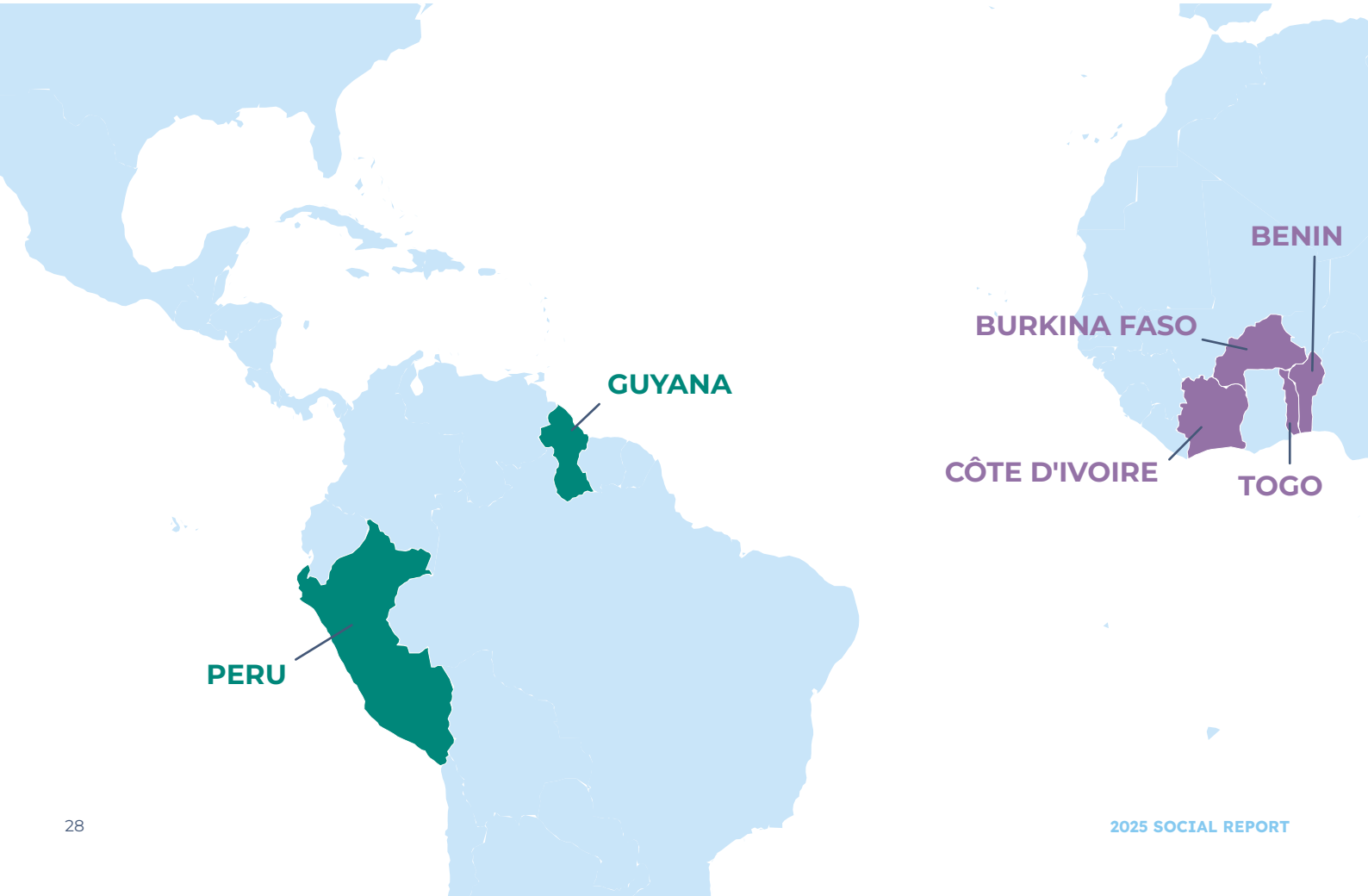
GUYANA
NEPAL
PERU

nest — neonatal essentials for survival and thriving

BENIN
BURKINA FASO
BURUNDI
CÔTE D'IVOIRE
TOGO

IMPULSE — IMProving qUaLity and uSE of newborn indicators

ETHIOPIA
CENTRAL AFRICAN REPUBLIC
TANZANIA
UGANDA



4.2

The current scenario

Global health is undergoing a profound transformation, marked by declining funding, geopolitical instability, digital innovation, demographic shifts, and the accelerated effects of climate change. In this environment, the Foundation must be able to adapt and innovate to ensure effective and sustainable interventions.

PARADIGM SHIFT

In recent years, international health aid flows have declined due to **changing priorities, global crises, and geopolitical shifts**, exacerbating competition for resources and making the future of many health programs uncertain.

NEW INSTABILITY

Armed conflict, political tensions, migration flows, and natural disasters are increasing operational challenges in many areas, especially in West Africa and the Great Lakes region, **limiting access to humanitarian aid** and jeopardizing the continuity of care.

DIGITALIZATION OF CARE

Digital innovation and the growing use of artificial intelligence offer new opportunities even in the most vulnerable contexts: **telemedicine, remote monitoring, and advanced analytics** improve access, diagnosis, and follow-up, both in neonatal health and chronic respiratory diseases.

DEMOGRAPHIC IMBALANCES

The demographic landscape is marked by several simultaneous yet divergent trends in different parts of the world: aging populations in high-income countries, with a consequent increase in chronic diseases, and young populations in Africa and Asia, where maternal and newborn health remains central. At the same time, **large-scale urbanization and migration** require flexible intervention models.

CLIMATE CRISIS

The increase in extreme weather events has serious health consequences, worsening respiratory diseases and increasing risks for newborns and mothers. Integrating **climate resilience** into health programs is now essential.

FOCUS

Partner hospitals

The Paolo Chiesi Foundation formally collaborates with eight hospitals, as well as clinics and other healthcare facilities within their network, in sub-Saharan Africa and Latin America.

These healthcare facilities are the main providers of care financed and promoted by the Foundation and represent the direct **point of contact between the Foundation and the beneficiaries of its interventions**, namely newborns, mothers, patients suffering from chronic respiratory diseases, doctors, nurses, and other healthcare workers:

Saint Jean de Dieu Hospital in Tanguiéta, Benin
Newborns born in the facility: **2,444**

Georgetown Public Hospital Corporation in Georgetown, Guyana
Patients with respiratory problems visited: **3,373**

Santa Rita Polyclinic in Cusco, Peru
Patients with respiratory problems visited: **193**

Ngozi Regional Hospital, Burundi
Newborns born in the facility: **5,295**

Lagoon Mother and Child University Hospital Center in Cotonou

Benin

Newborns born in the facility: **6,297**

Saint Camille Hospital in Ouagadougou,

Burkina Faso

Newborns born in the facility: **1,930**

Abobo Regional Hospital, Côte d'Ivoire

Newborns born in the facility: **5,044**

Yendube Pediatric Hospital in Dapaong,

Togo

All newborns admitted to the hospital are referred from other centers, as this facility does not have a maternity ward

4.3

Neonatal care

Newborns have tragically different chances of survival based on where they are born, both on a global and regional scale.

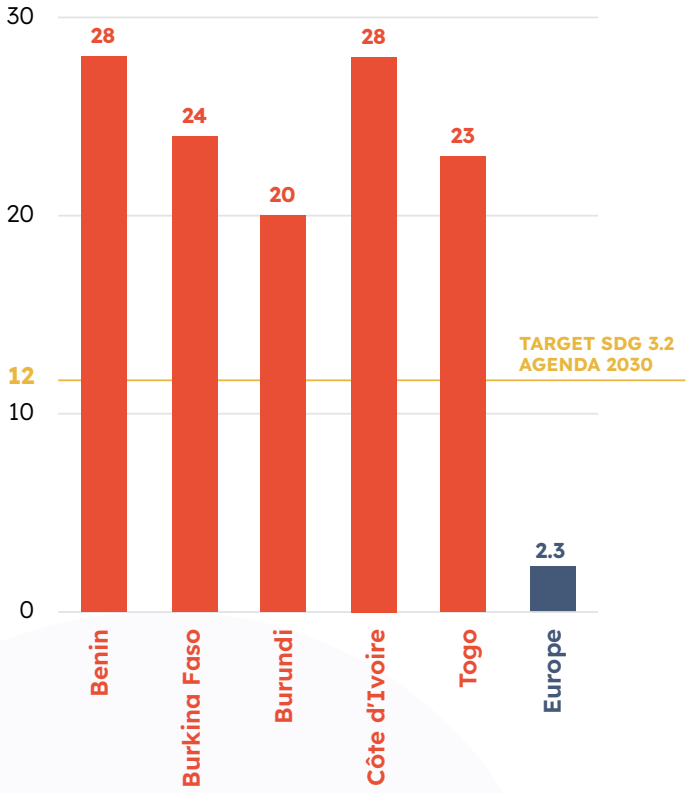
In addition to the clear gap between the Global North and South, even within the African continent alone, there is a significant gap in access to healthcare: between **English-speaking and French-speaking countries**, resulting from a lack of development assistance for health and isolation from the scientific community, particularly due to the language barrier and the predominance of English in global health.

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

Neonatal mortality in the region is a significant challenge: it 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 an entire community.

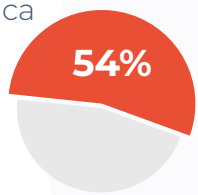
NEONATAL MORTALITY RATES(‰) in sub-Saharan African countries where the Foundation operates

Number of infant deaths per 1,000 live births in 2023, source: WHO

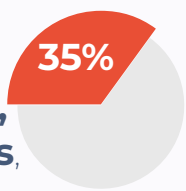


Every 37 seconds, a newborn dies from causes related to prematurity.

54% of deaths caused by infectious diseases **within the first 5 years of life** occur in sub-Saharan Africa



Between 2000 and 2024, **76 million** children died in the **first month of life.**



Neonatal conditions, such as **prematurity, asphyxia**, and **congenital anomalies**, cause **35%** (1 in 3) of **all deaths under 5 years** of age globally.

4.3.1
The NEST Model

In 2014, the Paolo Chiesi Foundation launched a new and ambitious model of intervention in the neonatal field, dubbed the NEST Model – Neonatal Essentials for Survival and Thriving.

The model was designed and developed with a view to long-term implementation, with the aim of **reducing neonatal mortality rates** and improving the quality of life of newborns and their mothers, through close collaboration with local hospitals.

In 2023, a process of reviewing the model was launched, which currently focuses on **four pillars:**

1. TRAINING

Training programs on essential and special newborn care 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, generate evidence to identify lessons learned and best practices.

4. ADVOCACY AND NETWORKING

Building strategic partnerships with various local and international stakeholders.

nest
neonatal essentials
for survival and thriving

4.3.1.1

THE NEST MODEL DOCUMENT AND WEBSITE

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 the French-speaking area.

The specific objective is to reduce neonatal mortality (first 28 days of life), particularly among **premature, low birth weight, or sick infants**. The approach adopted is specific to each context, as the target group of countries includes regions with different healthcare facilities and varying levels of financial and human resources.

The NEST Model aims to provide a practical methodology for addressing mortality and morbidity issues, starting by **recognizing barriers to accessing quality neonatal care**, analyzing them, and finding appropriate and sustainable solutions. It is, therefore, a guide for translating the theoretical framework into concrete practices.

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

The fruit of this review process resulted 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 can 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.

In 2025, to further expand the communication, dissemination, and effectiveness of the NEST Model, the Foundation launched a **new website entirely dedicated to this approach.** The portal was designed as a comprehensive reference point for those wishing to learn more about and apply the NEST Model, offering a structured approach divided into several key sections:

- **Introduction to the NEST Model:** an overview illustrating the philosophy, guiding principles, and reasons why the NEST Model represents a significant innovation in neonatal care, highlighting its impact on newborn survival and well-being
- **Structure and Components of the NEST Model:** this section describes the key pillars—training, facility readiness, data, and advocacy—detailing the role of each element within the system.
- **Practical resources:** downloadable documents, operational guidelines, checklists, and tools designed to facilitate the implementation of the model in different contexts, to provide useful materials that can be directly applied by healthcare teams.
- **Insights and case studies:** concrete examples of the application of the NEST Model in various hospital settings in the Global South, demonstrating the model's ability to adapt to specific local needs.
- **Language accessibility:** to promote international collaboration, the site is available in both English and French, reaching as many professionals and organizations as possible.

The launch of this new digital tool aims to support healthcare professionals in caring for newborns in resource-limited settings, representing a significant step towards **greater accessibility, understanding, and application of the NEST Model globally**.

Scan the QR code to access the NEST site
nest.paolochiesifoundation.org

FOCUS

The 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 Paolo Chiesi Foundation collaborates.

Kangaroo Care is a care method introduced in 1978 by Edgar Rey at the Santa Fe Maternal and Infant Institute in Bogotá, Colombia. It is based primarily on **continuous and prolonged skin-to-skin contact between mother and child** and exclusive breastfeeding.

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

Scientific evidence shows 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, and infections**, and also helps reduce the incidence of apnea and lower respiratory tract diseases. It also **improves the quality of the mother-child relationship, promoting brain development, the parenting process, and mothers' confidence**, among other things.

Kangaroo Care is strongly recommended by the World Health Organization for all babies born prematurely or with low birth weight. The Organization's latest recommendations, published in 2022, state that Kangaroo Care should be **immediate**, provided at birth; **intermittent**, provided in the neonatal unit; and **continuous**, provided in the hospital and then at home.

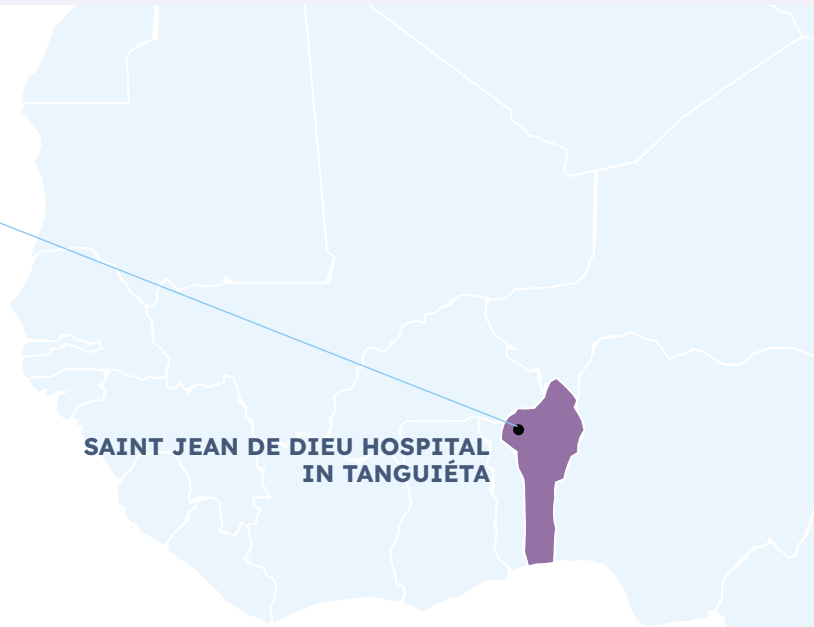
An effective method that doesn't require the use of technology, but rather a trained family and healthcare workers who can support and accompany the mother and newborn during this time of great vulnerability.

Given the need to continue Kangaroo Care even after being discharged from the hospital, this method requires the participation not only of a family and healthcare workers,

but also of a wider community, ready to **welcome and support the mother and child**.

If the mother is unable to perform Kangaroo Care, a family member can replace her. The choice to use the term Kangaroo Care specifically emphasizes the possibility that the newborn's care may be provided not only by the mother but also, primarily, by the father or any **other parental figure** in the woman's family.

BENIN



Healthcare staff members trained: 25

Newborns admitted to neonatology with their families: **1,092**

Newborns admitted to the KC with their families: **221**

Parents sensitized: 260

Newborns visited at home: 11

Invested **Budget**: **€ 25,500**

BACKGROUND

Since 2011, the Paolo Chiesi Foundation has collaborated with the Saint Jean de Dieu Hospital in Tanguiéta (HSJDT), located in northern Benin, an area identified by local authorities as particularly vulnerable and with high healthcare needs. The collaboration focuses on the **28-bed neonatology department and the six-bed Kangaroo Care unit**, with the aim of contributing to the reduction of neonatal mortality in the region by strengthening the quality of care, the skills of healthcare professionals, and supporting the families of the most vulnerable newborns.

Over the years, the Foundation's work has supported the **progressive consolidation of the family-centered care model**, promoting improved service organization, continuity of care, and the adoption of care practices appropriate to the local context. Within this framework, specific attention has also been paid to the prevention and control of nosocomial infections and the reinforcement of hospital hygiene, continuing the work initiated by the hospital's Committee for the Fight against Nosocomial Infections (CLIN).

Capital: Porto-Novo
Population: 14,111,034
Area: 114,763 km²
Median age of the population: 18 years
Life expectancy: 64 years

Human Development Index: 173/193
Fertility rate: 4.8
Maternal mortality (per 100,000 births): 523
Women aged 15 to 49 using contraceptives: 15%
Neonatal mortality (per 1,000 live births): 28.6

FEATURED ACTIVITIES

- **STRENGTHENING THE CAPACITY OF THE NEONATOLOGY SERVICE** through training activities for healthcare personnel
- **AWARENESS-RAISING AND SUPPORT ACTIVITIES** for the families of hospitalized newborns
- **PROVISION OF MEALS TO MOTHERS** of newborns hospitalized in the neonatology and Kangaroo Care units
- **PROVISION OF KANGAROO CARE KITS** to support the care of premature babies
- Post-discharge **FOLLOW-UP ACTIVITIES,** through telephone contacts and home visits
- **SUPPORT FOR THE PREVENTION AND CONTROL** of nosocomial infections and hospital hygiene programs
- Participation in the **NEST PARTNERS MEETING**
- **CASE STUDY DEVELOPMENT:** The Impact of the NEST Model at the HSJDT

WHAT WE DID IN 2025

Throughout 2025, with the support of the Paolo Chiesi Foundation, the Saint Jean de Dieu Hospital in Tanguiéta continued to strengthen its care for newborns and their families according to the NEST Model. During the year, 1,092 newborns were admitted to the neonatology department, of which 672 were born in the hospital (inborn), and 420 were transferred from other facilities (outborn), while 221 newborns were admitted to the Kangaroo Care unit.

In March 2025, a **mission to analyze needs and gaps related to the quality of care** was conducted by Professor Ousmane Ndiaye, Technical Advisor to the Foundation. Based on the main findings of the analysis, the Paolo Chiesi Foundation and the hospital's neonatology team developed an action plan aimed at addressing needs and improving the quality of care in the neonatology department and the Kangaroo Care unit. One of the main activities carried out was reinforcing the skills

of healthcare personnel: **three training sessions were organized on key topics such as hygiene in neonatology, shift management, and patient rights and duties**, involving a total of 25 healthcare workers (doctors, nurses, and *aide-soignantes*). At the same time, support for the nosocomial infection prevention and control and hospital hygiene program continued, following up on the recommendations emerging from audits conducted in previous years and fortifying safety practices in the neonatology and maternity departments.

Special attention was paid to supporting families. Throughout the year, 27 awareness-raising activities were carried out, involving 260 mothers and family members. **Nutrition support was also provided to mothers of hospitalized newborns, with a total of 3,276 meals distributed**, ensuring concrete support during their hospitalization. All mothers admitted to the Kangaroo Care unit were provided with 221 kits containing a KC sling, a cup and spoon for feeding newborns, and a newborn outfit with a hat and socks, designed to promote **continuity of care and the newborn's well-being**.

Post-discharge follow-up activities also continued in 2025. Due to the precarious security situation in the area, newborn monitoring was carried out primarily through telephone contact with families, supplemented by **two home visits**. This allowed 11 newborns to be monitored, providing support to mothers and building up continuity of care after hospital discharge.

Finally, the hospital participated in the **NEST Partners Meeting**, with the presence of two healthcare professionals, contributing to the exchange of experiences, strengthening skills, and consolidating the international collaboration network.

CASE STUDY

The Impact of the NEST Model at the Saint Jean de Dieu Hospital in Tanguiéta

Beginning in 2022, a new strategic phase began in the partnership between the Paolo Chiesi Foundation and Tanguiéta Hospital. On the one hand, the hospital underwent a change of direction, with the **appointment of Friar Parfait Tchaou as its new Director**, who initiated a process of consolidating governance and internal organization. On the other hand, the NEST Model was further consolidated, with a more systemic approach based on four pillars: **infrastructure, equipment, expertise, and data-driven governance**. This dual shift made it possible and appropriate to initiate a structured impact assessment of the Foundation's supported actions.

The case study idea, therefore, arose from the need to go beyond activity reporting to rigorously analyze whether and how the NEST Model has contributed to improving the quality of care and, in particular, neonatal survival. The analysis was **focused on the three years 2022–2024**, considered consistent from an organizational and programmatic standpoint, integrating the observation of trends emerging in the first quarter of 2025 as a preliminary indicator of consolidation.

The study was led by **Dr. Ousman Mouhamadou**, a public health physician with extensive experience analyzing neonatal care systems in resource-limited settings.

The analysis shows that, over the observed period, the overall volume of neonatology admissions remained stable, confirming Tanguiéta's role as a regional referral center. Within this framework, however, significant changes were observed in the clinical profile of admitted newborns and, more importantly, in treatment outcomes.

The most significant data concerns the reduction in neonatal mortality, which has decreased steadily over time, going **from over 33% in 2022 to less than 20% in 2024**, until dropping further in the first quarter of 2025. This reduction is observable both among newborns born in hospital (inborn) and among those referred from other facilities or born outside of hospital (outborn), with a particularly marked decline in this second group, historically more vulnerable.

Even among very low-birth-weight infants (under 1,500 g), who represent the highest-risk population, mortality decreased significantly over the period analyzed, although it remained high in absolute terms. At the same time, a decrease in some of the main conditions associated with the risk of death was observed, **particularly perinatal asphyxia and neonatal infections**, while others, such as respiratory distress, are more frequently diagnosed, likely due in part to improved clinical identification and data recording capabilities.

The analysis suggests that the reduction in mortality is not attributable to a single intervention, but to a **combined effect of multiple factors**: strengthened infection prevention and control, more effective management of asphyxia, wider use of respiratory support technologies such as CPAP, and the systematic dissemination of Kangaroo Care, widely recognized in the literature as an intervention with a high impact on the survival of preterm and low-birth-weight infants.

The case study on the impact of the NEST Model in Tanguiéta represents a key step for the Paolo Chiesi Foundation. On the one hand, it provides **concrete evidence of the effectiveness of an integrated approach** to improving the quality of neonatal care in a rural, resource-limited setting; on the other, it helps identify areas for improvement, particularly in infection prevention and a more in-depth analysis of specific causes of death.

Overall, the case study confirms Tanguiéta as a **reference and learning site for the NEST Model**, strengthening the knowledge base for dialogue with health authorities, for the Foundation's future planning, and for the replicability of the model in other African contexts where the Paolo Chiesi Foundation is active.

To learn more about the results and the methodology used, you can consult the full version of the case study available on the Foundation's website.

STORIES FROM THE DEPARTMENTS/BENIN

SOUA SYLVIE

Newborn admitted to Saint Jean de Dieu Hospital in Tanguiéta (Benin)

When Soua arrived at the Saint Jean de Dieu Hospital in Tanguiéta, his story was already **marked by a complex journey**. His 26-year-old mother had first been seen at the district health center in Taïacou, but the severity of her condition made an **urgent transfer** to a facility capable of managing the delivery safely necessary. Upon arrival at the hospital, the obstetric team found that the pregnancy had not been followed regularly and that both mother and baby were in critical condition. To save them both, the doctor on duty decided to proceed with an **emergency caesarean section**.

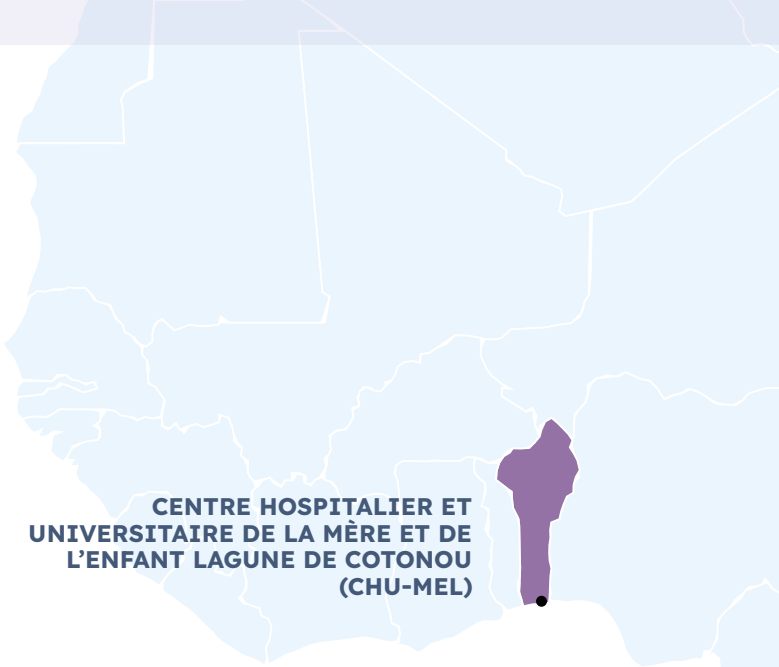
Soua was born with a very low birth weight and with several symptoms associated with prematurity and the fragility of his condition. Immediately after birth, he was transferred to the neonatal unit and enrolled in the **Kangaroo Care program**, the method based on continuous skin-to-skin contact between mother and baby, using a wrap that allows him to be kept close to his mother's chest. During this phase, the mother was welcomed into the ward and was able to **rely on daily support**: regular meals, support from staff, and constant attention from the neonatal team.

During his hospital stay, Soua responded progressively to treatment. His mother's warmth, continuous monitoring, and the unit's integrated care helped stabilise him day by day. Once back home, **follow-up was ensured by the head of social services and a neonatal nurse**, who organized home visits to check his health condition and support the family after discharge.

This story deeply affected the healthcare staff: at certain moments, the baby's survival seemed uncertain, and both his mother and the team feared the worst. Soua's improvement, however, came **gradually but clearly**, bringing relief and satisfaction to everyone who had closely followed his progress.

Some time after discharge, Soua's mother and grandmother decided to return to the hospital to show Soua, now in good condition, and **thank the staff**. It was a simple but meaningful moment: a gesture of gratitude that served as a reminder of how the team's daily work and the support provided to the most vulnerable patients can make a difference, especially in the first days of life.

BENIN



Healthcare staff members trained: 25

Newborns admitted to neonatology with their families: **2,601**

Newborns admitted to the KC unit with their families: **180**

Parents sensitized: 20

Invested **Budget**: **€ 25,500**

BACKGROUND

Also in Benin, the NEST Model underwent a significant expansion in 2025 at the Lagoon Mother and Child University Hospital Center in Cotonou (CHU-MEL). CHU-MEL is a **national referral teaching hospital, specializing in gynecology, obstetrics, and pediatrics**, and is entirely dedicated to maternal and child health. Located in Cotonou, the country's economic capital, CHU-MEL plays a strategic role in the Benin healthcare system, managing the most complex cases and training healthcare personnel.

The collaboration with the Paolo Chiesi Foundation fits into this context, aiming to strengthen the quality of neonatal care, **promote a family-centered approach to care**, and support the consolidation of the neonatology unit's clinical and organizational skills, in line with the principles of the NEST Model.

FEATURED ACTIVITIES

- **TRAINING OF MEDICAL AND NURSING STAFF** on neonatal resuscitation, Kangaroo Care, and management of neonatal respiratory distress
- **PURCHASE OF ESSENTIAL MEDICAL EQUIPMENT** for neonatology
- **INFECTION PREVENTION ACTIVITIES** and improvement of **SPACES DEDICATED TO KANGAROO CARE**
- Participation in the **NEST PARTNERS MEETING**

WHAT WE DID IN 2025

During 2025, the implementation of the NEST Model at CHU-MEL began with a mission to **analyze needs and gaps in the quality of care, conducted in March by Professor Ousmane Ndiaye**, Technical Advisor of the Paolo Chiesi Foundation. The visit provided a structured assessment of the neonatology unit's organization, care flows, staff skills, and key critical issues, laying the foundation for a shared discussion with the hospital team.

Based on the findings of this analysis, the Paolo Chiesi Foundation and the staff of CHU-MEL have initiated a process to develop an action plan aimed at progressively reinforcing the quality of neonatal care and the Kangaroo Care unit, in line with the principles of the NEST Model.

Based on this strategic framework, several operational activities were initiated and built up throughout the year. The neonatology unit cared for **2,601 newborns, with a particular focus on premature and low-birth-weight infants**; 180 newborns were admitted to the Kangaroo Care unit. To reinforce the skills of healthcare personnel, three training sessions were organized on neonatal resuscitation, Kangaroo Care, and the management of neonatal respiratory distress using CPAP, involving a total of **25 healthcare workers, including doctors and nurses**.

At the same time, the Foundation's support has enabled the purchase of essential medical equipment for neonatology, including two-way syringe pumps, pulse oximeters, and glucometers, helping fortify the unit's capacity to meet the clinical needs of the most vulnerable newborns. **Infection prevention activities**, along with staff training and cleaning of the Kangaroo Care unit, have also been implemented to improve the safety and quality of care.

The implementation process was finally consolidated by the participation of CHU-MEL staff in the NEST Partners Meeting, together with other centers involved in the program, **promoting the exchange of best practices**, methodological alignment, and the consolidation of the international collaboration network.

STORIES FROM THE DEPARTMENTS/BENIN

GANDAHO TWINS

Newborns admitted to the CHU-MEL Hospital in Cotonou (Benin)

Daughters of Pulchérie, J1 and J2 do not yet have names (tradition has it that the name is given a few days after birth). They were born at 27 weeks of gestation at the CHU-MEL. It was a **twin pregnancy** and, from birth, both girls had to face a complex clinical condition. At birth, they weighed **880 and 940 grams** respectively, and were immediately resuscitated and admitted for severe neonatal respiratory distress syndrome related to extreme prematurity.

In the absence of CPAP, the two newborns were supported with oxygen therapy. From the very first days, the team started attentive and continuous care. Feeding began as early as the second day of life **exclusively with breast milk** and, as soon as possible, early skin-to-skin contact was encouraged in the delivery room, with the mother beside her babies. During hospitalization, the clinical picture became more complicated with the onset of jaundice, **treated with intensive phototherapy**, hypocalcemia, and episodes of anemia that made four red blood cell transfusions necessary.

On the twentieth day of life, once greater clinical stability had been achieved, the twins were transferred to the Kangaroo Care unit, weighing 940 grams for J1 and 950 grams for J2. In this context, **weight gain was steady:** in 18 days J1 recorded an average daily gain of 38.9 grams, while J2 gained 53.3 grams. Follow-up then continued on an outpatient basis until discharge, when the babies had reached 1,640 and 1,750 grams respectively.

During follow-up, both twins were readmitted for anemia and viral pneumonia, conditions that were successfully identified and treated. Kangaroo Care monitoring continued until 26 December 2025, when the **babies reached 2,480 and 2,590 grams**, at a corrected age of 40 weeks and 5 days.

The two girls were born in a condition of extreme fragility and faced a complex clinical journey marked by intensive care, continuous monitoring, and timely decisions. The mother played a decisive role, actively **participating in every stage of the care pathway**. Her constant involvement in KC practices represented a fundamental pillar of care, contributing concretely to the twins' stabilization and growth.

The favorable course of J1 and J2 is the result of shared work, in which **clinical expertise, organization of care, and family participation** came together day after day, accompanying the girls along a path of gradual and continuous care.

STORIE DAI REPARTI/BENIN

BÉRÉNICE AMETEPE

Nurse in the neonatology ward of CHU-MEL Hospital in Cotonou (Benin)

Bérénice has worked as a nurse in the neonatology ward for fifteen years. Throughout her professional experience, she has followed the evolution of neonatal care and, more recently, the **introduction of the NEST Model**, which has had a concrete impact on work organization and the quality of care.

In her role, Bérénice coordinates and supervises the care activities dedicated to newborns, with particular attention to the **prevention of hospital-acquired infections**. Hand hygiene is a daily priority, supported by the constant availability of alcohol-based hand rub during care. She also works closely with paramedical staff to **ensure adequate nutrition for newborns** and spends time speaking with mothers, explaining the importance of skin-to-skin contact and breastfeeding in Kangaroo Care units.

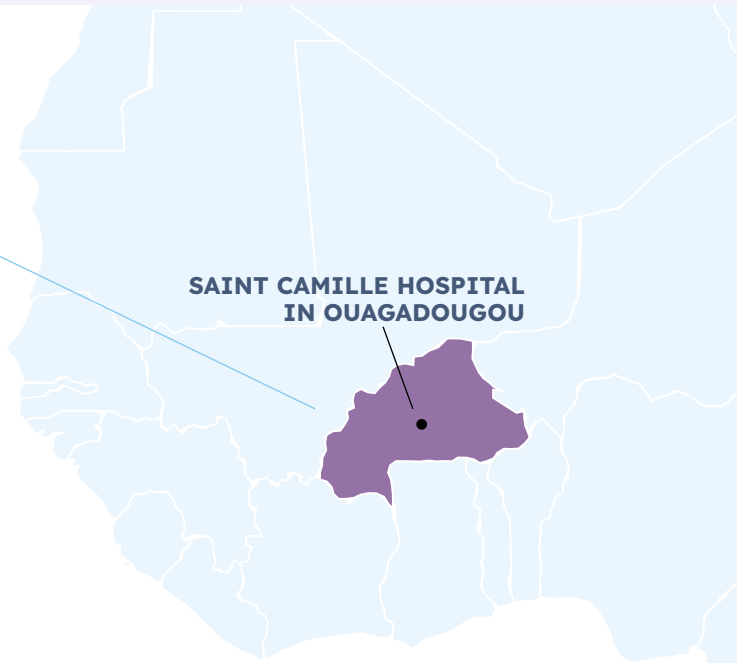
With the introduction of the NEST Model, her daily work has undergone significant changes. The management of premature newborns has improved, especially in relation to neonatal respiratory distress, and feeding protocols have been revised to better adapt them to the needs of the most fragile babies. Another important development has been **the assignment of a nurse dedicated exclusively to premature infants** admitted to the KC unit; an organizational choice that has strengthened continuity of care. At the same time, staff training in neonatal resuscitation has helped update the team's skills and make interventions more timely and effective.

In her experience, these changes have led to concrete improvements in newborn care. Monitoring of premature infants in the KC unit has become more regular: **babies are seen every day by a healthcare worker**, and feeding is now more careful and structured. The practice of neonatal resuscitation in the delivery room has also been revised, improving the response to critical situations from the very first moments of life.

For Bérénice, the most important aspect of the NEST Model is the strengthening of **mothers' involvement in care**. Their active presence, continuous contact with the newborn, and participation in daily practices represent a fundamental added value for the baby's well-being.

Looking at her work, she sums up her experience this way: skilled healthcare staff, clear organization, and the involvement of mothers make the difference. Together, they contribute concretely to improving newborn survival and the quality of care provided from the very first days of life.

BURKINA FASO



Healthcare staff
members trained: 50

Newborns admitted
to neonatology
with their families: **568**

Newborns admitted
to the KC unit
with their families: **140**

Newborns visited
at home: 48

Support for
1 perinatology network

Invested **Budget** (budget 2024):
€ 30,000

BACKGROUND

Since 2010, the Paolo Chiesi Foundation has collaborated with the *Hôpital Saint Camille de Ouagadougou (HOSCO)*, run by the Camillian Fathers, to strengthen the neonatology department through ongoing strategic, technical, and educational support. The goal of the collaboration is to **contribute to improving the quality of neonatal care**, particularly for premature and pathological infants, by promoting the adoption of care practices consistent with international standards and sustainable in the local context.

Since 2020, with the support of the Paolo Chiesi Foundation, the *Réseau de Périnatologie de la Région du Centre (RPRC)* has been launched and structured, a coordination platform bringing together the main hospitals and birth centers in the city of Ouagadougou, along with national and international health institutions. Formalized in 2022 with the validation of the strategic plan by the Burkinabe Ministry of Health, the Network aims to **strengthen the referral and counter-referral system for critically ill newborns**, foster the development of shared protocols, and promote joint training programs to improve neonatal care at the regional level.

Capital: Ouagadougou
Population: 23,025,776
Area: 274,223 km²
Median age of the population: 17.7 years
Life expectancy: 62.3 years

Human Development Index: 186/193 countries
Fertility rate: 4.6
Maternal mortality (per 100,000 births): 264
Women aged 15 to 49 using contraceptives: 29%
Neonatal mortality (per 1,000 live births): 24.6

FEATURED ACTIVITIES

STRENGTHENING HUMAN RESOURCES and the organization of the **NEONATOLOGY SERVICE**, both in terms of quantity and skills

DEVELOPMENT AND IMPLEMENTATION OF AN ACTION PLAN based on needs analysis and technical supervision

IMPROVEMENT OF INFRASTRUCTURE AND FACILITIES for neonatal care, both in terms of equipment and the oxygen and medical air network

Consolidating **MONITORING SYSTEMS**, clinical audits, and inter-service coordination

FOLLOW-UP AND SUPPORT ACTIVITIES FOR THE FAMILIES of newborns discharged from the KC unit

Support for the **RÉSEAU DE PÉRINATOLOGIE DE LA RÉGION DU CENTRE**

Participation in the **NEST PARTNERS MEETING**

WHAT WE DID IN 2025

During 2025, the Paolo Chiesi Foundation's support was integrated into the NEST – Neonatal Essentials for Survival and Thriving program, through the implementation of an annual activity plan based on the supervision visits of **Professor Solange Odile Ouedraogo, NEST advisor and Chair of the Research Committee of the African Neonatal Association (ANA)**, and the technical reports she developed to improve the quality of care.

One of the most significant achievements of 2025 was the strengthening of human resources, which enabled **continuous medical presence in the neonatology department, 24/7**, including night and weekend coverage. While not directly funding salaries, the Foundation's efforts played a key role in guiding the hospital's organizational decisions: based on the technical recommendations emerging from the supervision missions and the shared action plan, HOSCO hired new healthcare staff—including a locally trained pediatrician and three general practitioners—and covered the associated costs, ensuring the **long-term sustainability of the on-call medical service** and the care of newborns, including those cared for in the Kangaroo Care unit during night hours.

In parallel, in 2025, the Paolo Chiesi Foundation directly supported, through its financial contribution, a **series of structural and organizational interventions deemed priority for improving the quality of care**. These include the extension of the centralized oxygen system to the pediatric emergency areas and the installation and expansion of the medical air system, which allowed for the addition of new oxygen points in critical areas and the reactivation of non-invasive ventilation devices (**Bubble CPAP**). Sensors and pulse oximeters were also purchased for each bed, improving oxygen therapy management, as well as hygiene devices to strengthen the prevention of nosocomial infections. Finally, the Foundation's contribution enabled the **improvement of the maternity ward and operating block equipment** through the acquisition of two radiation tables, a medical aspirator, and a pulse oximeter with three sensors, reinforcing newborn care at birth.

The Foundation's support also included strengthening organizational and monitoring systems through the acquisition of two computers and a printer, which facilitated the **collection, analysis, and sharing of clinical data**. It also supported four quarterly audit sessions of maternal and neonatal deaths and twelve-monthly coordination meetings between the neonatology and maternity teams. These are essential tools for continuously improving the quality of care and for aligning with the Ministry of Health's recommendations.

Another area of intervention focused on building up **healthcare personnel's skills**: refresher sessions were organized on key topics such as early initiation of breastfeeding, skin-to-skin contact, and the prevention and management of neonatal hypothermia, in addition to three training workshops dedicated to breastfeeding, Kangaroo Care, and hypothermia management. Overall, the **training activities involved between 40 and 50 healthcare workers** for each module, including doctors, nurses, and midwives. An innovative program of 48 home visits to follow up on newborns discharged from the KC unit was also supported, conducted over six months, strengthening the continuity of care between the hospital and the community.

Finally, the Paolo Chiesi Foundation continued to support the activities of the *Réseau de Périnatologie de la Région du Centre (RPRC)*, contributing to fortifying the network's governance and operational capacity. The Foundation's support facilitated the organization of the annual General Assembly, training activities, and opportunities for exchange between member healthcare facilities. In 2025, the Network promoted **training on the use of CPAP** involving 46 healthcare professionals from five hospitals and supported the **collection and analysis of clinical data in 13 large healthcare facilities**. The Network also consolidated its visibility and advocacy capacity through participation in national scientific events and its contribution to national strategic planning processes in the maternal and neonatal field, consolidating its role as a key player at the regional level.

BURUNDI

REGIONAL HOSPITAL OF NGOZI

Healthcare staff members trained: 48

Newborns admitted to neonatology with their families: **2,056**

Newborns admitted to the KC unit with their families: **147**

Rehabilitation of common areas of **1 healthcare facility**

Involvement of **6 provincial hospitals** and **12 health centers**

Invested **Budget**: **€ 116,700**

BACKGROUND

In 2014, the Paolo Chiesi Foundation began a collaboration with Cardinal Tonini's Foundation for Africa, now the **Amahoro Pro Africa Onlus Association**, to support a training and care project for the neonatology department of **Ngozi Regional Hospital**. The goal is to improve the quality of neonatal care in the Ngozi Health Province, Burundi. The collaboration has developed progressively over time, complementing the strengthening of healthcare personnel's skills, infrastructure, and care models for the most vulnerable newborns.

In 2019, the Kangaroo Care area was inaugurated at Ngozi Regional Hospital, its construction funded by the Foundation. In 2022, an in-depth assessment of the province's healthcare facilities provided a comprehensive picture of the neonatal context, highlighting the main care challenges and the limited uptake of the Kangaroo Care method outside the referral hospital. The results of the analysis, shared with our partner Amahoro and validated by local healthcare institutions, formed the basis for the development of a pilot project aimed at **expanding Kangaroo Care** at the provincial level.

The project, funded by the Paolo Chiesi Foundation and implemented by Amahoro pro Africa Onlus in collaboration with Ngozi Regional Hospital, was divided into successive and complementary phases, starting at the hospital level and **extending to the local community**. Thanks to this process, in 2023, Ngozi Regional Hospital was recognized by the Ministry of Health as a national reference center for training in Kangaroo Care, with the training materials developed and validated.

Capital: Gitega
Population: 13,689,450
Area: 27,834 km²
Median age of the population: 16.4 years
Life expectancy: 64 years

Human Development Index: 187/193 countries
Fertility rate: 4.9
Maternal mortality (per 100,000 births): 494
Women aged 15 to 49 using contraceptives: 18%
Neonatal mortality (per 1,000 live births): 19.8

FEATURED ACTIVITIES

ADVANCED TRAINING of healthcare personnel with a **TRAIN-OF-TRAINERS** approach on the care of newborns with respiratory distress

Installation of **CIRCUITS FOR THE DISTRIBUTION OF OXYGEN AND MEDICAL AIR**

Dissemination and consolidation of **KANGAROO CARE** at the hospital and provincial level

AWARENESS-RAISING ACTIVITIES on the occasion of World Kangaroo Care Day and World Prematurity Day

Launch of the **THIRD PHASE OF THE KANGAROO CARE PROJECT**, with extension to the community level

REDEVELOPMENT OF HOSPITAL SPACES to support a family-centered care model

WHAT WE DID IN 2025

During 2025, the collaboration between the Paolo Chiesi Foundation and Amahoro pro Africa Onlus was further consolidated with the **launch of the NEST – Bubble CPAP** project at Ngozi Regional Hospital, which began in August. The project aims to improve the care of premature infants suffering from neonatal respiratory distress, a leading cause of neonatal mortality, through the introduction of appropriate technologies, strengthening infrastructure, and a comprehensive training program for healthcare personnel.

The medical air and oxygen distribution systems, essential for the safe use of Bubble CPAP, have been installed and tested. At the same time, **standardized clinical protocols have been established for the management of newborns with respiratory distress**, including criteria for starting and stopping CPAP, clinical monitoring, and prevention of side effects.

A central element of the project was reinforcing the skills of healthcare personnel: a total of 48 healthcare workers from the neonatology and obstetrics departments were trained. In the initial phase, a train-of-trainers approach was adopted, with the **selection and training of 10 local representatives** (4 doctors, 2 nurses, and 4 midwives) to ensure the sustainability of the intervention. Subsequently, training involved 19 staff from the neonatology department and 29 staff from the obstetrics department, covering topics such as neonatal lung development, hypothermia prevention, neonatal resuscitation, oxygen therapy, the use of the NeoPuff and Bubble CPAP, and clinical data collection. Pre- and post-test assessments showed a **significant improvement in knowledge**.

The project also included the identification of a dedicated nursing professional for the operational management of the equipment, assembly, and cleaning of the circuits, and recording of clinical data, laying the foundation for autonomous and sustainable management of the service in the medium term. Overall, the project contributed to structurally fortifying the Ngozi Regional Hospital's capacity to provide quality neonatal respiratory care.

During the year, the rehabilitation of the hospital's outdoor spaces was also completed, conceived as an integral part of the care delivery system. The projects included **the creation of gardens, covered walkways, a community kitchen, and a washroom area**, now fully utilized as an extension of the neonatology and maternity wards. These spaces encourage caregivers to remain close to mothers and newborns, strengthening a person- and family-centered care model.

At the same time, the multi-year Kangaroo Care dissemination program continued in Ngozi province. Activities focused on consolidating awareness-raising efforts and consolidating the network of professionals already involved. On the occasion of **World Kangaroo Care Day (May 15)** and **World Prematurity Day (November 17)**, awareness-raising activities were conducted for healthcare workers and the local community, accompanied by the dissemination of informational materials and in-depth training sessions.

The KC project has launched a third phase, marking a strategic shift from the hospital to the community. In collaboration with WeWorld, with the technical support of Amahoro and the involvement of Burundi's Ministry of Public Health and the National Reproductive Health Program, a pilot project was launched to extend KC to the community level. The technical and institutional foundations for this new phase were laid by **adapting the national KC manual to community settings**, planning training activities, and organizing a technical workshop in Gitega (November 17–27). This workshop involved institutional representatives and project partners and enabled the development of operational tools for Health Centers and

Community Health Agents, with a view to the operational launch of activities in 2026.

Finally, the process of building up capacity and aligning methodology was further consolidated through the joint **participation of two representatives from Ngozi Regional Hospital and WeWorld's Medical Coordinator in the NEST Partners Meeting**. Participation in the meeting represented an important opportunity for exchange among the various partners involved in implementing the NEST Model and contributed to strengthening the integrated vision across the hospital-territory-community continuum.

STORIES FROM THE DEPARTMENTS/BURUNDI

ISRAËL YAMUREMYE

Nurse in the neonatology ward at Ngozi Regional Hospital (Burundi)

Israël has been working as a nurse in the neonatology ward since September 2015. Over the years, he has supported many newborns and their families through the most delicate moments of the first days of life, developing a strong conviction: caring for a newborn also means **caring for their parents**.

In his daily work, his role is to ensure the well-being of sick newborns and to actively involve mothers and fathers in the care pathway. He explains that parents often arrive on the ward feeling like spectators, unsure of the place they can have. In reality, an important part of his work is answering their questions, explaining what is happening, **clarifying the meaning of care**, and constantly updating them on their baby's condition. This ongoing dialogue, he says, gives parents back a central role and makes them an integral part of care.

With the introduction of the NEST Model, his work changed significantly. In the past, he associated neonatology almost exclusively with incubators and technical equipment, imagining that these were the main elements of care. Over time, he came to understand that these tools are essential only in some cases and that the heart of care lies above all in the **relationship between the newborn and their family**. Recognizing the role of parents in the care process also represented an important personal change: what initially seemed like an additional task proved instead to be a resource. Once their role has been explained—to help with monitoring, nutrition, and the administration of some therapies—parents become active and concrete support.

According to Israël, this approach has brought clear improvements in newborn care. The introduction of Kangaroo Care is one of the clearest examples: encouraging skin-to-skin contact has improved **babies' stability and mothers' involvement**. Although mortality remains high among preterm and low-birth-weight newborns, a gradual reduction can be observed, together with an improvement in the quality of care.

For him, the most important element of the NEST Model is protecting the mother-baby unit, with the aim of **reducing separation to a minimum**. The mother, he says, is not a secondary presence, but a key actor in the care of the newborn, capable of contributing concretely to the baby's well-being and clinical progress.

Looking back on his journey, Israël highlights the value of a **model that puts people back at the center**: newborns, families, and healthcare workers working together. It is an approach that has changed the way neonatology is understood and has made everyday work more shared, aware, and closer to the real needs of babies and their mothers.

STORIES FROM THE DEPARTMENTS/BURUNDI

AKIZA NDIBANJE JOSH MATHIS QADESH

Newborn admitted to the Ngozi Regional Hospital (Burundi)

Akiza Ndibanje Josh Mathis Qadesh was born at the Ngozi Hospital to a 33-year-old mother giving birth for the first time. At birth, the baby weighed 4,290 g and presented with **very severe birth asphyxia**. He was immediately resuscitated in the delivery room with advanced procedures: positive pressure ventilation with bag and mask, chest compressions, and umbilical administration of adrenaline. After being stabilized by the midwife, he was transferred to the neonatal unit about one hour after birth.

On arrival in the ward, the clinical picture remained complex. The newborn was macrosomic and presented with **mild hypothermia, cyanosis, seizures, and stress hyperglycemia**. He was immediately placed under a warming lamp, started on intravenous infusion, and given oxygen therapy through nasal cannulas. The seizures were managed by the physician and treated appropriately. From the very first hours, the team encouraged the mother to express colostrum in order to stimulate lactation and start feeding as soon as possible, despite the initial difficulties.

Following shoulder dystocia, the baby was diagnosed with **left brachial plexus palsy** and therefore continued oxygen therapy for the following 18 days. Between the fourth and fifth day of life, he developed physiological jaundice, which was treated with 48 hours of phototherapy. Hemolytic anemia also appeared and was managed with folic acid and iron supplementation. Gradually, by the twelfth day of life, the seizures decreased and **the baby began to latch on for breastfeeding**. Over time, he was able to feed exclusively through breastfeeding.

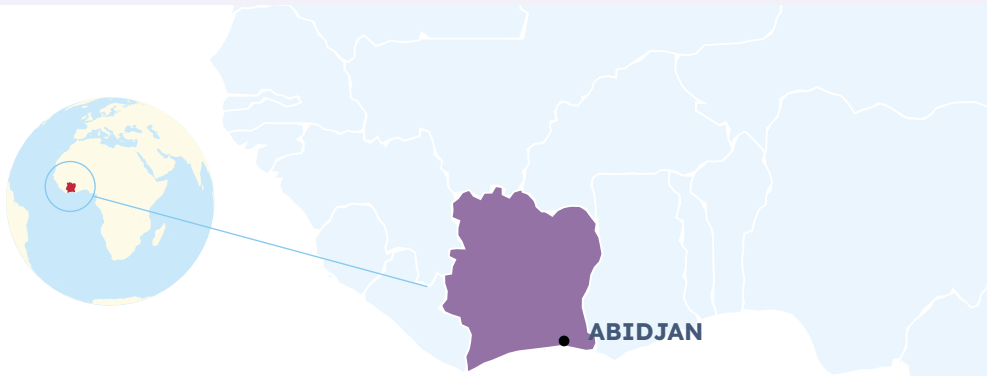
At the same time, a physiotherapy program was started to stimulate functional recovery of the left arm. At twenty days of life, the general condition allowed discharge: the family was offered a structured follow-up plan to monitor growth, neurological development, and possible recovery of movement in the affected limb.

From the very first moment, in the delivery room, **teamwork between the midwife, anesthetist, and nurses** was decisive in resuscitating a newborn who appeared to show no signs of life after an extremely difficult delivery. The collaboration of the mother and father, together with their trust in the midwife and staff, also played an important role. The midwife, in particular, continued to follow both the baby and the mother in the neonatal ward, strengthening continuity between services.

This mutual trust also sustained the team, which continued to care for the baby attentively and with the hope that he might survive with minimal neurological consequences. As the months passed, that hope became reality: at nearly one year of age, **Akiza's neurological development is good**, with no psychomotor delay. The only remaining consequence is the brachial plexus palsy, for which the family was encouraged to continue specialist consultations and the necessary stimulation exercises.

What remains for those who followed this journey is the experience of real collaboration between obstetrics and neonatology, supported by the family's active participation and positive attitude. A shared journey, built on **skills, trust, and constant presence**, which accompanied the baby through his first difficult days of life and continues even today through follow-up care.

CÔTE D'IVOIRE



Medical equipment distributed: 42

Newborns admitted to neonatology with their families: **610**

Invested **Budget** (budget 2024): **€ 43,787**

BACKGROUND

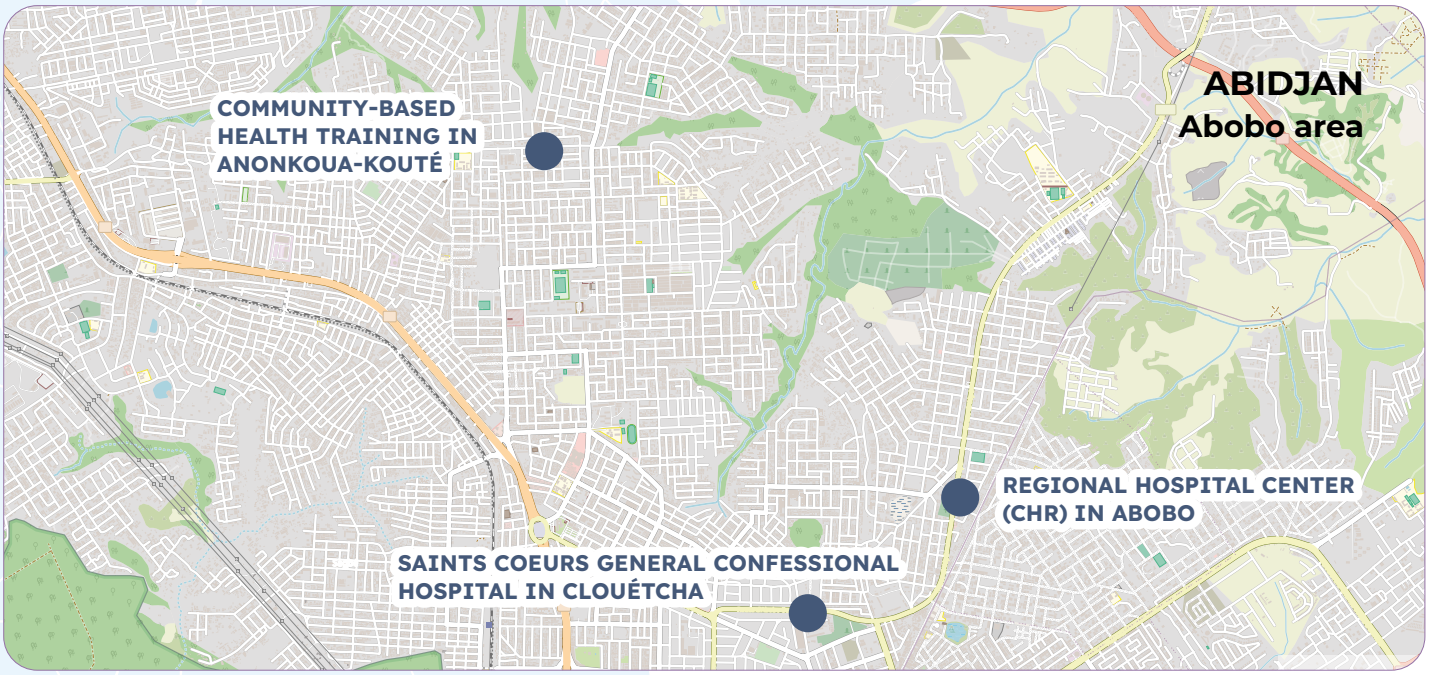
In 2024, in response to the high neonatal mortality rate (30 per 1,000 live births) and in line with the **Strategy for Surveillance and Response to Maternal and Perinatal Deaths and the Strategic Plan for Maternal and Child Health (2021-2025)** defined by the government of Côte d'Ivoire, the NGO Doctors with Africa CUAMM, with the financial support of the Paolo Chiesi Foundation, launched the project "Ensuring quality neonatal care in Abobo, Abidjan."

The primary 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) in Anonkoua-Kouté, the Saints Cœurs General Confessional Hospital in Clouétcha (HGPSCC), and the Regional Hospital Center (CHR) in Abobo.

Specifically, the project provided theoretical and practical training for healthcare professionals at the three participating facilities to **improve the care of premature, low birth weight, or sick infants**, and the donation of medical and healthcare materials and equipment. Finally, at the Abobo CHR, the project supported the opening and commencement of the neonatology department, scheduled to open at the end of 2024.

Capital: Yamoussoukro
Population: 31,165,654
Area: 322,462 km²
Median age of the population: 18.3 years
Life expectancy: 63.5 years

Human Development Index: 157/193 countries
Fertility rate: 4.3
Maternal mortality (per 100,000 births): 480
Women aged 15 to 49 using contraceptives: 23%
Neonatal mortality (per 1,000 live births): 28.7



FEATURED ACTIVITIES

SUPERVISION AND CONTINUOUS MONITORING of the centers involved in the project

Purchase and distribution of **MEDICAL EQUIPMENT**

WHAT WE DID IN 2025

After 2024, dedicated to needs analysis and theoretical and practical training for healthcare personnel at the three facilities involved in the project, activities continued in 2025, with a particular focus on supervising and monitoring healthcare facilities, strengthening medical equipment, and improving the quality of care.

In this context, the activities of the CHR Abobo, HGPSCC Clouétcha, FSU-COM Anonkoua-Kouté centers were monitored, where **medical equipment was also distributed** to support the care of newborns, with particular attention to premature and low-birth-weight newborns.

The participation of the medical and nursing staff of the CHR Abobo in the **NEST Partner Meeting** was also promoted, together with two trainers from the ***Programme National de Santé Mère-Enfant***.

STORIES FROM THE DEPARTMENTS/CÔTE D'IVOIRE

NANGUI

Child admitted to Saint-Coeur de Clouétcha Hospital (Côte d'Ivoire)

When Nangui was born, she was only 26 weeks into gestation. Her premature birth occurred vaginally, in an **already fragile context**: the young mother, just sixteen years old, went into labor far too early, and every forecast left little room for optimism. The healthcare staff did everything possible to support that unexpected and complex delivery. The baby girl, however, came into the world in critical condition: **extreme prematurity, severe respiratory distress, signs of maternal-fetal infection** and, as later tests revealed, malaria and anemia as well.

Immediately after delivery, Nangui was transferred to the neonatal ward, where the team began intensive care. The first hours were delicate: resuscitation procedures, oxygen therapy, and continuous monitoring were required. She was placed in an incubator to **stabilize her temperature and vital functions**, remaining in the ward for nearly three months, including one full month in the incubator and one week on continuous oxygen therapy. To ensure the treatments she needed, an umbilical venous catheter was inserted and later replaced with a peripheral line. Lung maturation progressed slowly, and oxygen had to be resumed several times when necessary. In the meantime, the baby received **antibiotics, antimalarial therapy**, and **blood transfusions**, all essential interventions to support her survival.

Despite the care she received, Nangui went through several episodes of respiratory distress, some of which required repeated resuscitation. The ward staff followed every stage with constant attention, also aware of the family's difficult situation: the very young mother was a student and lived with her own mother; the father could not be reached and had not acknowledged the pregnancy. Faced with these vulnerabilities, the team rallied around the family, **voluntarily contributing to the medical expenses** and ensuring ongoing support. Sister Marie Denise N'Takpé, then director of the hospital, also personally covered some of the baby's expenses.

When Nangui passed the 1,500-gram mark—after being born weighing only 800 g—the team considered a possible transfer to the University Hospital Center of Treichville, to the Kangaroo Care unit. But the family's difficult financial situation made the transfer impossible, and the baby remained in the ward to continue treatment. When she reached 1,800 grams, her parents, by then exhausted of resources, decided to return home. Discharge did not interrupt the support: the healthcare worker who had followed Nangui **maintained regular contact with the family** to monitor feeding, health, development, and the vaccination schedule.

Thanks to this continuity of care, the mother's commitment, and the baby's remarkable resilience, Nangui continued to grow with a positive outcome. Today she is doing well, and her story is remembered by the team as a complex journey marked by concrete difficulties, shared decisions, and mutual support. More than once, within the team, it was said that that **little girl had something special**. Perhaps for this reason, the habit arose spontaneously of calling her simply "the Miracle Baby."

STORIES FROM THE DEPARTMENTS/CÔTE D'IVOIRE

MARCEL ADONY ANON

Head Nurse of the neonatology department at Saint-Coeur de Clouétcha Hospital (Côte d'Ivoire)

Marcel works as the head nurse in the neonatology department of the Private Faith-Based Saint-Coeur de Clouétcha Hospital. He joined the hospital in July 2022 and, since then, has been responsible for **organizing the department's activities**, providing nursing care, and carrying out the resuscitation procedures needed in the most critical moments. In his daily work, he leads the team in caring for newborns and supports mothers along a path that is often complex, where technical expertise and human attention must go hand in hand.

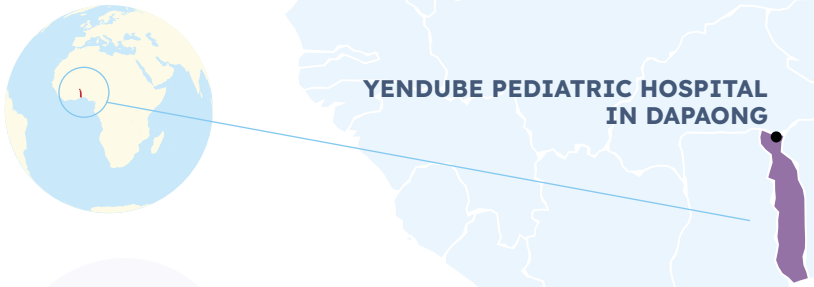
He says that the support received from the Foundation brought about a concrete change in the way the whole department works. **Training was the most significant element**: it enabled staff to learn new practices, better understand some of the delicate steps in care, and feel more confident in managing newborns and their mothers. This was accompanied by the availability of appropriate equipment, which made everyday work faster and easier and improved the overall organization of the service.

According to Marcel, the results are clearly visible. **The team's skills have grown thanks to the various training programs**, and this has had a positive impact on the quality of care. The department has recorded a decline in the mortality rate, a result that encourages the whole staff and confirms the direction taken. Other local health facilities have also started turning more and more often to their neonatology service, an important sign of trust.

After training in neonatal resuscitation, the department admitted a newborn with severe breathing difficulties. The first resuscitation attempt was unsuccessful, so **Marcel decided to use a laryngeal mask**, a technique he had learned during a training session supported by the Foundation, and was putting into practice on a newborn for the first time. The pediatrician on duty, surprised by the choice - normally reserved for pediatric intensive care units or specialized emergency departments - stopped to observe. Thanks to that technique, the resuscitation was successful, and the baby survived.

For Marcel, this was not an exceptional gesture, but concrete proof of how training can have an **impact on the lives of newborns and on the professional autonomy of healthcare workers**. It is a simple yet meaningful example of how the sharing of skills can translate into real outcomes for the families who rely on their department.

TOGO



Newborns at the center involved in the project: **1,501**

Newborns admitted to neonatology with their families: **1,084**

Newborns admitted to the KC unit with their families: **197**

Invested **Budget**: **€ 20,000**

BACKGROUND

In 2018, the Paolo Chiesi Foundation began a collaboration with the *Hôpital d'Enfants Yendube (HEY)* in Dapaong, a city in northern Togo and the capital of the Savanes Region, intending to support the launch of the neonatology department and the Kangaroo Care (KC) unit and promote the training of staff dedicated to neonatal care.

In the following years, **the collaboration was consolidated through more structured activities**, including analyzing healthcare personnel needs, providing theoretical and practical training sessions to reinforce skills in essential neonatal care, purchasing, distributing, and maintaining medical equipment, and improving spaces and infrastructure.

ATTIVITÀ IN EVIDENZA

- **HYBRID TRAINING COURSES** for healthcare workers
- **AWARENESS-RAISING ACTIVITIES** aimed at mothers and caregivers
- **PURCHASE OF NEW ESSENTIAL MEDICAL EQUIPMENT** and ongoing maintenance of existing ones

Capital: Lomé
Population: 9,304,337
Area: 57,000 km²
Median age of the population: 19.1 years
Life expectancy: 63.9 years

Human Development Index: 161/193 countries
Fertility rate: 4.1
Maternal mortality (per 100,000 births): 399
Women aged 15 to 49 using contraceptives: 23%
Neonatal mortality (per 1,000 live births): 23.5

WHAT WE DID IN 2025

Throughout 2025, as part of the collaboration with the Yendube Pediatric Hospital in Dapaong, **three training sessions were held to strengthen the skills of healthcare personnel in neonatal and pediatric care:** two online sessions, led by Dr. Lucia Tubaldi (SIN – Italian Society of Neonatology), and one in-person session with Prof. Ouro-Bagna Tchagbele, the Foundation's on-site consultant.

The training activities involved a total of approximately 54 healthcare workers, including doctors, nurses, and assistants, and covered **key topics in the care of newborns and young children**, including essential newborn care, management of asphyxia (theoretical and practical), breastfeeding, care of low-birth-weight newborns using the Kangaroo Care method, nutrition of premature babies, and oxygenation.

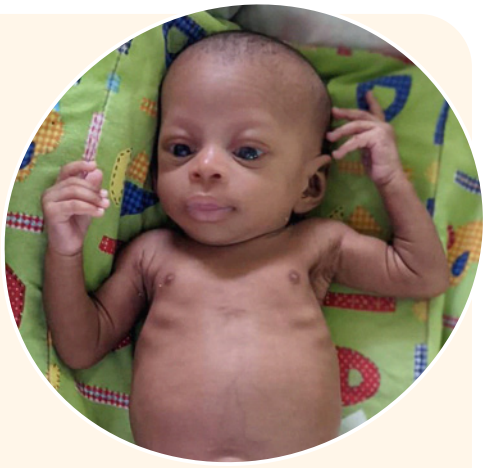
In parallel, three awareness-raising activities were organized for mothers and families of newborns, involving approximately 78 participants. The sessions provided practical information on **breastfeeding, Kangaroo Care, and recognizing danger signs in newborns and young children**, helping to build up treatment and prevention capabilities within the community.

Finally, medical equipment and supplies were purchased for the neonatology department to support clinical activities and ensure increasingly high-quality care for newborns and young children.

STORIES FROM THE DEPARTMENTS/TOGO

OUEDRAOGO

Newborn admitted to the Yendube Pediatric Hospital in Dapaong (Togo)



Ouedraogo was born at home on 28 July 2025, at 34 weeks of amenorrhea. Her mother, **22 years old and HIV-positive**, had not been receiving regular medical care. After the birth, the newborn was taken to the Regional Hospital Center of Dapaong, but her condition required a further transfer to the neonatology ward of the Yendube Pediatric Hospital. Her very low birth weight, just 900 grams, and the HIV-related risk context made the immediate **initiation of the PMTCT protocol (Prevention of Mother-to-Child Transmission of HIV)** necessary.

Upon arrival in neonatology, the team took charge of the baby with continuous and structured care. The management of prematurity focused first and foremost on **maintaining body temperature and metabolic stabilization**, with the administration of 10% hypertonic glucose solution adjusted to her weight. Treatment with caffeine citrate was also started for respiratory support in the first days of life. Following the mother's subsequent death, Kangaroo Care was **provided by a nurse**, ensuring continuity of closeness and care.

Feeding was introduced cautiously. From the second day of life, nutrition began through a feeding tube with formula milk, accompanied by vitamin supplementation. As the weeks passed, starting from the 28th day of life, the baby was able to begin drinking milk from a cup, showing progressive tolerance and an increasing ability to feed.

Over the course of nearly three months in hospital, the newborn was monitored with constant attention. **Weight gain was gradual but continuous**, until she reached 2,680 grams. At discharge, the baby was assessed as being in good general condition. Because of the loss of her mother and the absence of her father, and with the consent of her paternal grandfather, she was entrusted to an orphanage, thus ensuring continuity of protection and care.

This story deeply affected the healthcare staff because it clearly and concretely shows the consequences of failing to provide care to a pregnant woman living with HIV. The late diagnosis and the absence of adequate follow-up had an impact not only on the mother's health, but also on the baby's early life journey. It is a **story of fragility, but also of daily care, clinical attention, and shared responsibility**, which enabled the newborn to overcome a particularly complex initial phase and begin her growth journey in stable conditions.

STORIES FROM THE DEPARTMENTS/TOGO

DAMIGOU TINDANO

Nurse at Yendube Pediatric Hospital in Dapaong (Togo)

Damigou is 27 years old and has been working as a nurse in the neonatal ward for almost three years, a service that represents a key point of reference for neonatal care in the region. In his daily work, he collaborates closely with doctors, takes part in ward rounds, **provides routine nursing care and closely monitors the most fragile newborns**, ensuring continuous supervision and feeding, including through a tube when necessary.

An important part of his role is dedicated to families. Damigou provides health education to mothers, explaining the care their babies need, supporting them in Kangaroo Care, and helping them understand the importance of their involvement in the care pathway. For some premature newborns, he also keeps in touch with parents after discharge, ensuring follow-up that continues beyond the hospital stay.

According to Damigou, the support provided by the Foundation is based on elements that are inseparable from one another. Financial support makes it possible to **strengthen the team with qualified staff**; equipment improves the ward's technical level and its capacity to receive patients; ongoing training enables healthcare workers to acquire up-to-date skills and improve the quality of care. In a context such as northern Togo, he explains, these factors are closely linked and crucial to reducing neonatal mortality.

In recent years, Damigou has observed tangible changes in the management of newborns. Since 2018, the neonatal service at the Yendube Pediatric Hospital has become **a pillar of care in the Savanes region**, as shown by the growing number of newborns treated there. This role, he says, has been made possible by efforts to improve the organization of the ward and the quality of care. Collaboration with the Foundation has had a direct impact, both through the introduction of new equipment and through staff training. These interventions have helped strengthen the team's skills and improve newborn survival, while acknowledging that there are still aspects that need further improvement.

On the evening of 19 February 2025, the ward admitted a newborn transferred from Ghana for perinatal asphyxia. The nurse accompanying the baby explained that she had chosen Yendube Hospital because it was recognized as the most suitable place for newborn care. For Damigou, that moment represented an important sign: confirmation that the work carried out by the ward is now recognized **beyond national borders as well.**

His story paints the picture of a service that grows over time, building skills, trust, and relationships. A path shaped by **daily care, collaboration, and investment in people**, which continues to strengthen neonatology's role as a point of reference for newborns and their families.

4.3.2

Scientific research: the IMPULSE Project

During 2025, the IMPULSE – IMProving qUaLity and uSE of newborn indicators project, funded by the Foundation and implemented by several institutions – including the London School of Hygiene and Tropical Medicine (LSHTM), the World Health Organization (WHO) Collaborating Centre for Maternal and Child Health Burlo Garofolo (Italy), the NGO Doctors with Africa CUAMM, the Ifakara Health Institute (Tanzania) and Makerere University (Uganda) – continued the research and development activities envisaged in the work program.

The project, which entered its second phase in June 2024 and is scheduled for completion in 2026, is active in four countries: **Ethiopia and Uganda**, on one side, and the **Central African Republic and Tanzania**, on the other.

In Ethiopia and Uganda, the project collaborated with national stakeholders to co-create approaches to optimize the use of the **DHIS2 health information system**, improving the availability, quality, and use of newborn and stillbirth data. New system configurations, data visualization tools, operational guides, and dedicated training courses were developed, and pilot activities were launched to test the innovations introduced.

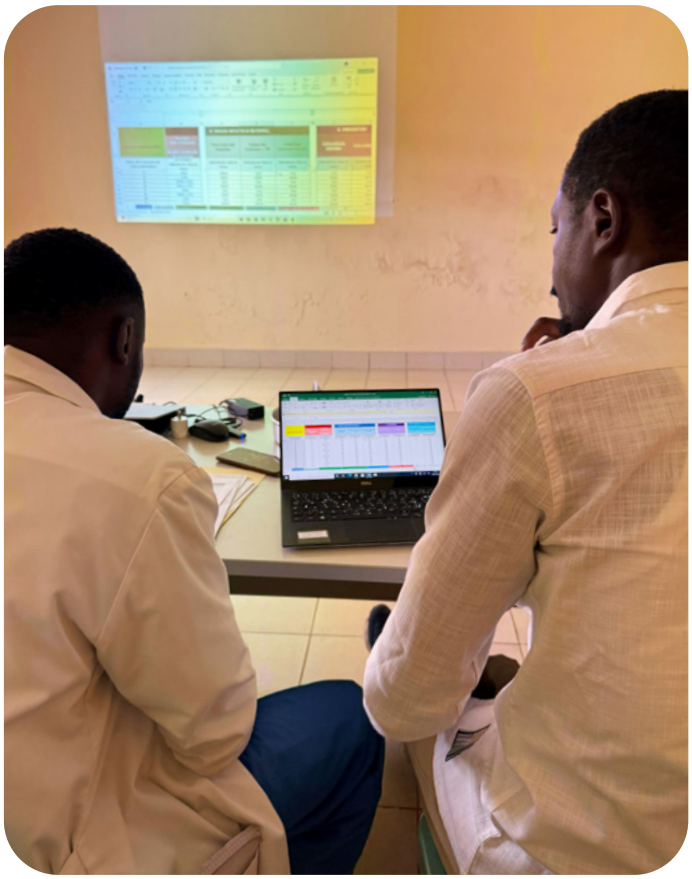
In the Central African Republic and Tanzania, through a co-creation process with local health personnel, **two standardized clinical record templates for hospital care** of newborns were developed.

Additionally, **two online training modules** have been developed: the first, based on the WHO *Essential Newborn Care – Data Collection and Use* course, maintains a high level of adherence to the Organization's content; the second is geared towards transferring skills into clinical practice and peer learning, with particular attention to reducing birth weight heaping in live and stillborn infants, and monitoring temperature on admission to identify hypothermia early, a condition associated with increased neonatal mortality and morbidity.

On the scientific front, five articles by researchers from the Global North and Global South involved in the project have been published in the Journal of Global Health, the journal of

the International Society of Global Health, while six more are currently in progress.

Finally, during 2025, the project was presented at several national and international conferences, including: the 26th Annual Conference of the Ethiopian Society of Pediatrics (May 2025), the DHIS2 Annual Conference in Oslo (June 2025), the 10th East Africa Health and Scientific Conference in Juba (June 2025), the African Neonatal Association Conference in Kigali (August 2025), and the Doctors Without Borders "Pediatric Days" event (November 2025).



IMPULSE
IMProving qUaLity and uSE of newborn indicators

STORIES FROM THE DEPARTMENTS/BENIN

SISTER FÉLICITÉ

Head nurse of the Neonatology Unit at Saint Jean de Dieu Hospital in Tanguiéta (Benin)

For fifteen years, Sister Félicité has worked in the neonatology unit at the Saint Jean de Dieu Hospital in Tanguiéta, where she now serves as head nurse. Over time, she has seen many changes in the ward, but the introduction of the **NEST Model (Neonatal Essentials for Survival and Thriving)** has been, for her, one of the most significant milestones.

Her daily work begins with organization: ensuring that the ward has the necessary equipment, that everything functions as it should, and that staff are able to respond to the needs of newborns and their families. But the biggest change, she says, came with **opening the unit to parents**. Allowing them continuous access, guiding them, training them, and supporting them transformed the way care is provided to babies and made possible something that once seemed complex: **"zero separation"** between mother and newborn.

According to Sister Félicité, the constant presence of mothers has profoundly changed the dynamics of the ward: women actively take part in monitoring their babies, work alongside health staff, and contribute to a **more effective management of delicate conditions**. The adaptation of Kangaroo Care has made contact between mother and baby earlier and more natural, with visible effects both on the wellbeing of the babies and on the confidence of families.

For her, the results are visible every day. Mothers show greater confidence, build a stronger bond with their children, and experience hospitalization more calmly. **Taking part in care makes them more aware of the newborn's condition and more motivated to follow clinical guidance**. Sister Félicité is also seeing fewer healthcare-associated infections and a lower risk that families will decide to interrupt hospitalization against medical advice. When asked what the most important aspect of the NEST Model is, she answers without hesitation: **reducing neonatal mortality**. This is the ultimate meaning of their work, the principle that guides every choice, every gesture, every act of care.

Looking ahead, Sister Félicité adds one simple and practical consideration. The model works, she says, but for it to work fully it needs adequate space. Families must be able to move around, stay close to their babies, and take part in care without obstacles. This is an essential requirement, because family-centered care is not just a method: it is **an environment that must be built**, day after day, together.

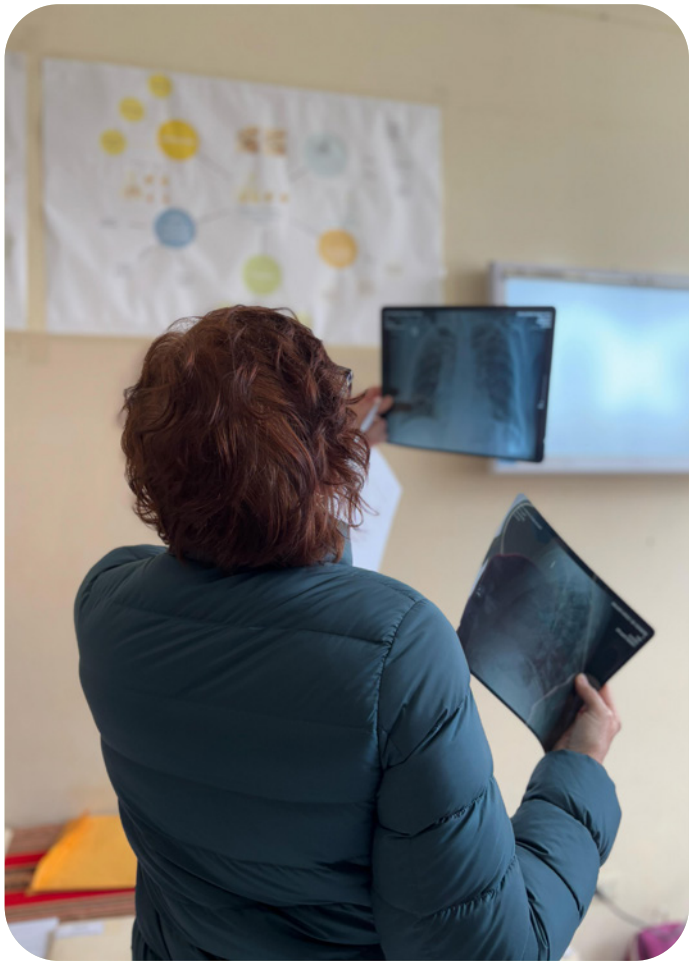
4.4

Respiratory care

Chronic respiratory diseases (CRDs) are pathologies that affect the airways and lungs, progressively **compromising respiratory function**: some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases, and pulmonary hypertension.

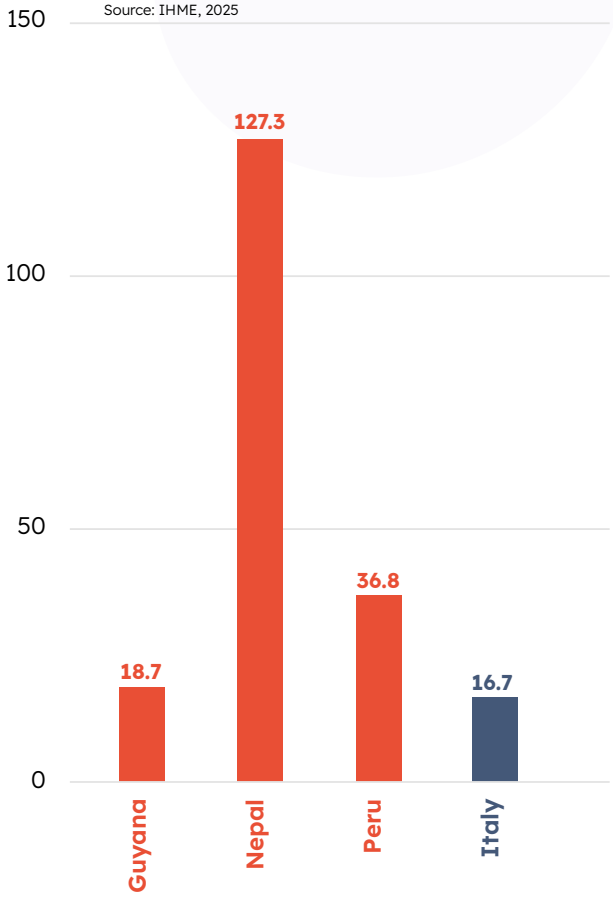
Besides tobacco smoke, other risk factors include air pollution, chemicals and dust in the workplace, and frequent lower respiratory tract infections during childhood. Although these conditions are not curable, if properly and promptly diagnosed, they **can be effectively managed with appropriate treatments** that can reduce symptoms, improve quality of life, and prevent complications.

However, in many of the countries where we operate, asthma and COPD management remains limited. This translates into **high rates of exacerbations and hospitalizations,** significantly impacting not only patient health but also the sustainability of healthcare systems and the well-being of communities.



MORTALITY RATES FROM CHRONIC RESPIRATORY DISEASES (number of deaths per 100,000 inhabitants in 2023) in the countries where the Foundation operates

Source: IHME, 2025



CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a common lung disease characterized by **persistent airflow limitation**, causing breathing difficulties. It includes conditions such as chronic bronchitis and emphysema. In people with COPD, the airways may become inflamed and clogged with mucus, and lung tissue may be damaged. The most common symptoms are cough (sometimes with phlegm), shortness of breath, wheezing, and fatigue.

COPD has no cure, but it can be effectively managed. Quitting smoking, reducing exposure to pollutants, and preventing infections (including through vaccination) can help **slow its progression and improve quality of life**. Treatment may include medications, oxygen therapy, and pulmonary rehabilitation.

ASTHMA

Asthma is a chronic lung disease that **can affect people of all ages**. It is characterized by inflammation of the airways and contraction of the muscles around them, making breathing more difficult.

Common symptoms include **coughing, wheezing, shortness of breath, and chest tightness**, which can be mild or severe and come and go.

Although asthma can be a serious condition, it can be **effectively managed with appropriate treatment** and the support of healthcare professionals.

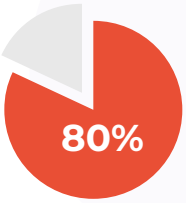
However, it often **remains underdiagnosed and undertreated**, especially in low- and middle-income countries, where access to care and timely diagnosis is limited.

Worldwide, chronic obstructive pulmonary disease (**COPD**) is the **fourth leading cause of death** accounting for **3.5 million** deaths in 2021 (**5% of all deaths globally**)

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

Among people under 70, 90% of **COPD deaths** occur in **low- and middle-income** countries

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



Over **80%** of **COPD and asthma deaths** occur in **20 countries**, mostly **low- and middle-income countries**


LHRP

4.4.1

International Cooperation: The GASP Model

The Paolo 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 countries of the Global South.

To effectively address these conditions, the Foundation promotes the GASP Model – Global Access to Sustainable Pulmonology, aimed at defining a replicable approach for **developing clinical and diagnostic skills** in the management of chronic respiratory diseases.

Born from the "Partners in Care – Optimizing Asthma & COPD Diagnosis and Chronic Disease Management project in Guyana," a pulmonology medical training initiative coordinated by Prof. Robert Levy of the University of British Columbia, in collaboration with the British Columbia Lung Association, launched in 2014 in Guyana, the Model was subsequently implemented by the Foundation **in Peru in 2018 and in Nepal in 2023**.

Because optimal management of asthma and COPD relies on an accurate diagnosis that integrates history, clinical examination, differential diagnosis, and, where possible, spirometric confirmation; effective therapy; patient education; and ongoing monitoring to assess disease severity and control, the model focuses on four main axes:

1. TRAINING

Developing healthcare worker capacity, **promoting patient self-management**, and increasing community awareness of chronic respiratory diseases.

2. SPACES AND INFRASTRUCTURES

Availability of essential medical equipment, clinical protocols, and a service organization that enhances **diagnostic and therapeutic capacity** through networking between hospitals and health centers, ensuring continuity of care across the different levels of the healthcare system.

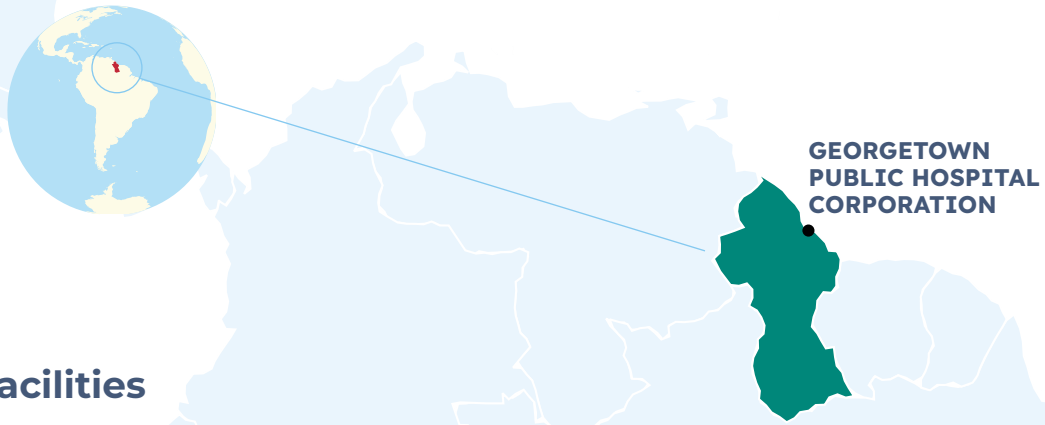
3. DATA AND RESEARCH

Standardization and digitalization of data collection to promote evidence-based diagnostic and therapeutic decisions. This systematic collection also enables the **generation of local knowledge,** monitoring performance indicators, and strengthening the management of chronic respiratory diseases.

4. NETWORKING AND ADVOCACY

Engagement of key institutional stakeholders—including governments and public health authorities, healthcare providers and professional associations, international organizations, and academic and research institutions—to **support policy alignment, health system integration, and the long-term sustainability** of chronic respiratory disease management in resource-limited settings.

GUYANA



Healthcare facilities involved: **10**

Patients seen at the GPHC: **3,373**

Patients seen in **satellite centers**: **1,661**

Trained healthcare personnel: **42**

People who attended **awareness events**: **586**

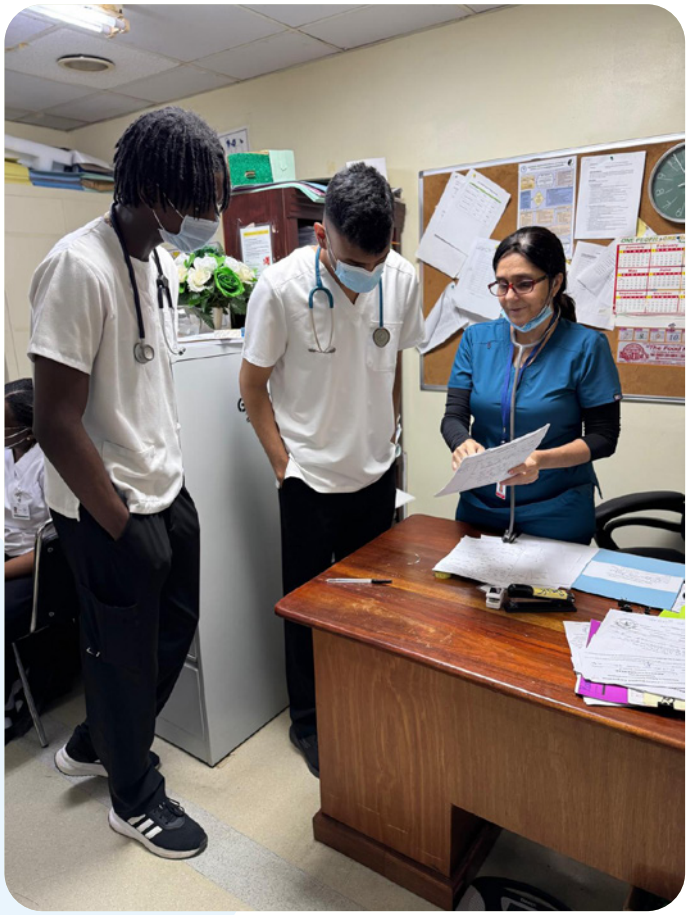
BACKGROUND

The country's first spirometry laboratory was established by GASP at the Georgetown Public Hospital Corporation (GPHC) in 2014, **enabling the diagnosis and follow-up of major chronic respiratory diseases**. At the hospital, spirometry testing is performed by nursing staff, who guide and support the patient through every step of the procedure, while medical staff handles clinical assessment, treatment prescription, and patient education on chronic disease management.

Thanks to the progressive development of the GASP program throughout the country, the GPHC Spirometry Department has consolidated its activities over time and gradually expanded its scope of action, now involving **nine additional healthcare facilities throughout the country**, some under the direct control of the GPHC and others affiliated with the Ministry of Health.

Capital: Georgetown
Population: 826,353
Area: 214,970 km²
Median age of the population: 26.2 years
Life expectancy: 66.1 years

Human Development Index: 89/193 countries
Mortality caused by air pollution (per 100,000 individuals): 96.1
Mortality from chronic respiratory diseases (per 100,000 individuals): 18.7



FEATURED ACTIVITIES

TRAINING ACTIVITIES aimed at healthcare personnel of the GPHC and the centers involved

PATIENT AND FAMILY EDUCATION for the management of chronic respiratory diseases

AWARENESS-RAISING EVENTS on the occasion of World Health Organization recognized global health and prevention days

WHAT WE DID IN 2025

During 2025, GASP program activities focused on operationally **strengthening the management model for chronic respiratory diseases** through enhancing the clinical skills of healthcare personnel, expanding dedicated services, and actively engaging patients, both at the GPHC and in the other nine healthcare facilities participating in the project.

Over the course of the year, over 5,000 patients were seen at the various participating centers, both in Georgetown and in the surrounding areas, including more than 2,800 with confirmed diagnoses of chronic respiratory diseases who are regularly followed up. At the same time, healthcare personnel received training in key areas such as **therapeutic education for asthma and COPD**, spirometry testing and interpretation, and pulmonary rehabilitation.

Throughout the year, on the occasion of international events promoted by the WHO, such as World Asthma Day and World No Tobacco Day, **structured education and awareness-raising activities were carried out for patients and communities**, involving over 500 people and helping to improve treatment adherence and the ability to self-manage the disease.

Finally, the launch of a process aimed at defining **formal institutional agreements** between the Foundation, the GPHC, and the Ministry of Health was agreed upon, aimed at ensuring the quality, sustainability, and coordination of future phases of the program's expansion.

STORIES FROM THE DEPARTMENTS/GUYANA

EARL DOUGLAS

Patient receiving care at the West Coast Demerara community centre (Guyana)

Earl is 65 years old and lives in Good Fortune, in the West Coast Demerara region. He was referred to the centre by his community health centre after living for **about two years with intermittent respiratory symptoms** that had begun to significantly affect his daily life.

He describes recurring episodes of **shortness of breath, coughing and wheezing**, which found only temporary relief through frequent use of salbutamol or nebulization administered in hospital. He had no history of childhood asthma and no known family history, but he had been exposed to cigarette smoke as a child and had also smoked as an adult. Over time, his use of salbutamol became increasingly frequent, **up to five times a day** during some periods. The main factors triggering his symptoms included dust, smoke, strong smells, weather changes and physical exertion.

This situation had a direct impact on his quality of life. His sleep was disturbed, anxiety related to his breathing was constant, and everyday movements were often limited by the **fear of a sudden attack**. Even simple activities became difficult to face with peace of mind.

At his first visit to the centre, Earl was assessed by a pulmonologist and enrolled in a structured care pathway. He was prescribed an initial treatment and a follow-up visit was scheduled one month later. In the meantime, several diagnostic tests were requested — **spirometry, chest X-ray and electrocardiogram** — in addition to blood tests already carried out at the referral centre. At the next follow-up, the team assessed his response to therapy, provided targeted education about the condition, and shared a personalised action plan with the patient.

With the introduction of a controller therapy to be taken twice a day and greater awareness of his own triggers, the situation gradually improved. Today Earl uses salbutamol only occasionally, two or three times a month. For more than two years he has **no longer needed to go to the emergency department**, be admitted to hospital, or attend unscheduled visits.

His journey shows how a structured diagnosis, regular monitoring and clear education can enable people living with asthma to **regain stability and control over the disease**. For Earl, this has meant returning to his daily activities with greater peace of mind and achieving a tangible improvement in his quality of life.

STORIES FROM THE DEPARTMENTS/GUYANA

AYODELE KENDALL

Nursing assistant at Georgetown Public Hospital Corporation in Georgetown (Guyana)

Ayodele has been working as a nursing assistant at the Georgetown Public Hospital Corporation for four years. In her daily work, she cares for patients with chronic respiratory diseases and has been able to observe firsthand **the changes introduced in recent years** thanks to the collaboration between her center and the Foundation.

In her experience, the most evident improvements concern clinical outcomes first and foremost. Hospital admissions for exacerbations, visits to the emergency department, and mortality related to respiratory diseases have decreased significantly. The frequency of exacerbations has also declined, a sign of **more effective and continuous disease management**. Today, patients are treated according to guidelines, with more appropriate and personalized therapies, moving beyond standardized approaches that in the past did not take into account the severity of each individual case.

A central aspect of this change is the **focus on patient education**. The introduction of clear and shared action plans has improved the correct use of inhalers, adherence to therapies, and the ability to recognize early signs of worsening. Services such as pulmonary rehabilitation and vaccination programs have helped reduce recurrent infections and improve the quality of life of the people receiving care. The quality of care has also improved: diagnosis times have been shortened, **spirometry has become a routine tool** both for diagnosis and follow-up, and the documentation of care plans is now more structured and systematic.

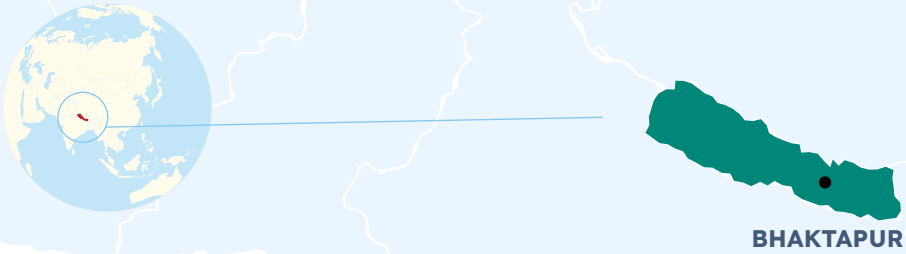
From the perspective of clinical practice, Ayodele says that the training she received has had a concrete impact. She and her colleagues are now able to perform high-quality spirometry and interpret the results independently, reducing diagnoses based solely on clinical criteria. Procedures have become more standardized, with **the use of checklists and guideline-based therapeutic algorithms**, both in the management of exacerbations and in long-term treatment. Care is now multidisciplinary: doctors, nurses, respiratory therapists, support staff, and administrative staff work in a coordinated way, sharing information and decisions during regular team meetings.

Another important element is the focus on equity and access to care. Thanks to satellite centers, the service is also able to reach populations in the city's peripheral areas, offering continuity of care to those who would otherwise face greater difficulties. The systematic collection of patient-reported outcomes shows an **improvement in symptoms and a high level of satisfaction**, confirming a care pathway that is closer to people's real needs.

For Ayodele, the most important aspect of care for patients with chronic respiratory diseases is the **continuity of person-centered care**. Clear education, personalized action plans, timely access to multidisciplinary support, and regular monitoring are the elements that allow patients and their families to gain autonomy and manage the disease over time.

Looking at her experience, she describes the GASP Model as a stable reference for building **a truly integrated management of chronic respiratory diseases**: an approach that combines clinical expertise, organization of care, and the active involvement of patients in their own care pathway.

NEPAL



Brick kiln workers screened: 811

Health facilities examined: **61**

Associations of oven owners **sensitized**: **1**

Invested **budget**: **€ 143,109**

BACKGROUND

In 2023, a partnership was launched with Johns Hopkins University to implement a screening program to **diagnose chronic respiratory diseases, including silicosis, asthma, and COPD**, in the Bhaktapur community in the Kathmandu Valley, with a particular focus on brick kiln workers. In Nepal, brick production is not mechanized and relies primarily on manual labor: it involves digging soil, mixing clay, sun-drying, and firing the bricks in kilns. These activities expose workers to **high concentrations of respirable silica** and other air pollutants, increasing the risk of silicosis, an incurable and debilitating lung disease also associated with lung cancer, as well as other chronic respiratory conditions such as asthma and COPD.

Brick production in Nepal employs **approximately 200,000 seasonal workers** and is poorly regulated: the use of personal protective equipment, such as masks, is not mandatory. Workers are exposed to high levels of respirable silica and average PM2.5 concentrations of approximately 200 µg/m³ per day, and face additional constraints related to their health and well-being, including **poor health education**, limited financial resources, and limited access to healthcare services.

Capital: Kathmandu
Population: 29,694,614
Area: 147,516 km²
Median age of the population: 25.3 years
Life expectancy: 70 years

Human Development Index: 145/193 countries
Mortality caused by air pollution (per 100,000 individuals): 179.5
Mortality from chronic respiratory diseases (per 100,000 individuals): 127.3

FEATURED ACTIVITIES

CENSUS OF WORKERS AND FAMILIES living around the furnaces involved in the project

RESPIRATORY ASSESSMENT AND SCREENING for at-risk bricklayers

EDUCATION AND AWARENESS-RAISING ACTIVITIES on the prevention and management of chronic respiratory diseases

EVALUATION OF HEALTHCARE FACILITIES for the launch of the clinical component of the GASP Model

WHAT WE DID IN 2025

In 2025, thanks to the contribution of the Paolo Chiesi Foundation, the screening program entered an advanced operational phase. After a census of temporary housing at 20 brickyards, **942 high-risk workers were identified who joined the screening program**. Of these, 811 participants successfully completed pre- and post-bronchodilator spirometry tests, enabling the identification of obstructive and restrictive patterns of lung function. All participants also received informational materials on chronic respiratory diseases, accompanied by health education sessions led by 10 field workers specifically trained to conduct educational activities and perform and monitor the quality of lung function tests.

A second census began in December 2025, involving 20 additional kilns in Bhaktapur district, involving 1,479 households and 4,805 individuals. Among these, 1,789 high-risk individuals (over 40 years of age or with at least 10 seasons of kiln work) were identified and will be eligible for **lung function testing** during the 2026 season.

Finally, an assessment was conducted of 61 health facilities, including hospitals, urban health centers, and rural health centers, located in the four municipalities of Bhaktapur district (Bhaktapur, Changunarayan, Suryabinayak, and Madhyapur Thimi) to analyze their capacity to diagnose and manage chronic respiratory diseases (CRDs). The assessment considered five main areas: **diagnostics, drug availability, health workforce, services, and prevention**.

Environmental monitoring activities also continued in 2025, with a network of sensors measuring PM2.5 and other air pollutants in the Bhaktapur region, as well as specific studies on personal exposure to respirable dust and silica in brick kilns.

PERU

Healthcare facilities involved: **11**

Patients continuously followed by the **pulmonology department** of the Santa Rita Polyclinic: **102**

Of which **in cardiorespiratory rehabilitation therapy**: **48**

Of whom received **individual and/or group psychological support**: **43**

Local **health workers trained: 194**

People reached by **primary healthcare campaigns**: **144**

Budget investito: **€ 53,556**

BACKGROUND

The GASP Model, active since 2019 in the province of Cusco under the guidance of the Santa Rita Polyclinic, has been partnering with the Spanish Society of Pulmonology (SEPAR) since 2023, specifically with its international cooperation agency, **SEPAR Solidaria**, and with the Spanish branch of the Chiesi Group.

The model aims to strengthen the local healthcare system in the diagnosis and management of chronic respiratory diseases, such as asthma and COPD, through training healthcare workers, improving diagnostic tools, and raising awareness among the population, with **particular attention to remote communities in the Andes** and groups of workers exposed to risks related to working conditions.

Capital: Lima
Population: 33,845,617
Area: 1,285,000 km²
Median age of the population: 30.2 years
Life expectancy: 71.7 years

Human Development Index: 79/193 countries
Mortality caused by air pollution (per 100,000 individuals): 38.7
Mortality from chronic respiratory diseases (per 100,000 individuals): 36.8

FEATURED ACTIVITIES

- Continuous strengthening of the centers involved in the project, with **SUPERVISION AND DISTRIBUTION** of spirometry kits
- Organization of a **TRAINING MISSION OF INTERNATIONAL EXPERTS** in Peru
- **INTERNATIONAL TRAINING STAYS** for Peruvian doctors
- Conducting a **HEALTH CAMPAIGN IN A REMOTE ANDEAN COMMUNITY**

WHAT WE DID IN 2025

Throughout 2025, several activities were carried out in Peru as part of the partnership with the Santa Rita Polyclinic in Cusco. To strengthen diagnostic capacity, **three spirometry kits were distributed to participating centers**, and Polyclinic staff carried out ongoing monitoring and supervision of the network of participating centers.

The project also included a **field training mission**, conducted between March and April by three SEPAR Solidaria volunteers (a doctor, a nurse, and a physiotherapist). During the mission, several training and awareness-raising activities were conducted, including a course for nurses with 20 participants, a course for physiotherapists with 47 participants, and a course for primary care physicians and pulmonologists with 19 participants.

During the same mission, a health **campaign was also organized in a rural community** in the province of Cusco, with 144 patients treated in various specialties; of these, 39 patients were examined in pulmonology, and 10 underwent spirometry tests.

As a follow-up to the in-person mission, between September and October 2025, SEPAR volunteers carried out **virtual training activities** for local healthcare personnel:

- course on bronchial hygiene and cardiorespiratory rehabilitation techniques (69 participants)
- session on clinical cases and interpretation of spirometry (21 participants)
- meeting on spirometry and use of inhalers (18 participants).

Furthermore, the project offered two Peruvian professionals the opportunity to participate in **international training programs**: Dr. Humberto Espinoza, the project's medical coordinator, completed a training program at the Hospital de Figueres (Spain), while Dr. Juan Carlos Rojas Marroquín was selected and supported to participate in the ATS MECOR Latin America international program.

Scientific and technical achievements include the publication of a technical guide for the management of patients with COPD and the launch of a **Clinical Practice Guide** in collaboration with GERESA Cusco, work that will continue in 2026.

Finally, digitization and epidemiological data collection activities have been launched to support project monitoring and analysis of the local health situation.

STORIES FROM THE DEPARTMENTS/PERU

LUZ MÓNICA ALBI ALCCA

Nurse at Antonio Lorena Hospital in Cusco (Peru)

Luz Mónica Albi Alcca has worked as a nurse at the Antonio Lorena Hospital for thirteen years. Over time, she has seen many changes in the department, especially since the center began collaborating with the Paolo Chiesi Foundation. She says that one of the most visible improvements concerns the quality of care for patients with chronic respiratory diseases: today **people come to appointments with greater confidence**, return for follow-up visits, and adhere more consistently to inhaled treatments for asthma and COPD. This, she says, is an important sign, because it shows that patients recognize their condition and feel supported in managing it.

Another concrete result is **the relationship between nurse and patient**. Therapeutic education—how to use inhalers correctly, what timing to follow, how to prevent complications—has become a central part of the care relationship and has strengthened **dialogue with families**. Even the spaces, though small, have been reorganized to provide a more functional service.

Luz explains that training made a fundamental contribution. Thanks to the sessions organized through **GERESA (Cusco Regional Health Management)**, she and her colleagues were able to update their skills, especially in the management and performance of spirometry tests. Previously, it was difficult to guarantee reliable examinations: the spirometer they had was experiencing technical problems and made it hard to obtain valid curves. Through the project, the hospital was able to obtain a new device, calibrated and suitable for daily work.

Training had immediate effects on clinical practice. Luz explains that today the quality of spirometry has improved because **the team works according to clear protocols**: proper patient preparation, calibrated equipment, correct posture, careful performance of the maneuver and, above all, constant encouragement to obtain repeatable and reliable curves. The ability to recognize errors during the test—such as coughing, closure of the glottis or incomplete inhalation—has also grown significantly. “The most critical point remains continuous training,” she emphasizes. “Only in this way can we guarantee high-quality tests and consistent service.”

When asked what the most important aspect is in caring for patients with chronic respiratory diseases, Luz speaks about work that must necessarily be multidisciplinary. Rigorous medical management is essential, but it is not enough. **Education, emotional support, infection prevention and a lifestyle** that helps control symptoms are also needed: giving up smoking, moderate exercise, and good nutrition. The family, she adds, also plays an essential role, because the disease affects daily life and requires a balance that must be built together.

Looking back on the journey of recent years, Luz recognizes that the project has enabled their department to grow, especially in the quality of spirometry. It is **an improvement she sees as concrete and measurable**, born from the commitment of the team and the strengthening of professional skills. “Our goal,” she concludes, “is to continue improving, so as to build a pulmonary function unit capable of providing excellent care to the patients who rely on us.”

STORIES FROM THE DEPARTMENTS/PERU

HILARIA CARBAJAL HUAMÁN

Patient at the Miraflores Health Center in Cusco (Peru)

When Hilaria Carbajal Huamán, seventy-one, turned to the Miraflores Health Center, she was worried and tired of living with symptoms that had no clear explanation. She had been dealing with a **case of bronchopneumonia that did not seem to resolve**. Despite several visits to the health center and an initial course of treatment based on injections, her breathing remained labored, her cough persistent, and chest pain accompanied her every day. Over time, the lack of a precise diagnosis had also begun to weigh on her emotionally: **Hilaria feared she had tuberculosis**, felt that she was not being listened to, and could no longer carry out her work at the market, where she sells fruit.

It was thanks to Dr. Bertha Fernández, a nurse at the Miraflores Health Center and part of the GASP program (Global Access to Sustainable Pulmonology), that the patient was directed toward a more structured care pathway. After an in-depth consultation, she was advised to go to the Santa Rita Polyclinic for further tests and to assess her inclusion in the **program dedicated to education** and the monitoring of respiratory diseases.

Upon her arrival at the Polyclinic, Hilaria presented with shortness of breath, cough, sputum production, and chest pain. The general practitioner prescribed a series of tests—laboratory tests, X-ray, spirometry—and referred her to the pulmonology and cardiology services. The spirometry test was not simple: the procedure required several attempts and a patient explanation from the staff. At the same time, Hilaria began a **training pathway on the correct use of inhalers**, which is essential for the daily management of the disease.

The pulmonology visit finally clarified the situation: it was asthma. A **treatment based on inhalers and oral medication** was therefore started, together with a program of cardiorespiratory therapy on alternate days. During these sessions, the team continued to reinforce guidance on the use of inhalers and provided the patient with a direct contact to use in case of doubts or needs. At the same time, Hilaria also began individual and group psychological support, **helpful in addressing the fears** and sense of loneliness that the illness had brought into her life.

Today, the situation is very different. Hilaria says she finally feels more at ease: she breathes better, walks without fatigue, and has returned to work. She has gained awareness of her condition, knows that she will have to live with it in the long term, and that **the key is continuity of check-ups**, the correct use of inhaled therapy, and a timely response to the first signs of worsening. She also recognizes the value of respiratory therapy, which taught her useful techniques for managing episodes of dyspnea, and of psychological support, which **offered her a space where she could be heard** and tools to face the illness in its broader dimension.

Her journey is not over yet, but today Hilaria **faces everyday life with greater balance and confidence**. She attends her check-ups regularly and takes an active, responsible role in her care plan. Her testimony shows how personalized support, combined with clear communication and ongoing care, can make a difference for people living with a chronic disease.

Section 5

ACCELERATE CHANGE FOR A HEALTHIER FUTURE

MONITORING AND LEARNING

PARTNERSHIP

BREAKING DOWN LANGUAGE BARRIERS

AWARENESS

5.1

Monitoring and learning

The Paolo Chiesi Foundation uses a variety of activities and initiatives to monitor ongoing projects and consolidate the lessons learned from their implementation:

QUARTERLY ONLINE MEETINGS

We organize **regular meetings with local partners** to provide updates on project development and progress.

BIMONTHLY REPORTS

Local partners prepare and share periodic **narrative and financial reports** with the Foundation, updating them on project progress and the use of allocated funds.

ON-SITE SUPERVISION AND MONITORING

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

NEST PARTNERS MEETING

The NEST Partners Meeting is the annual event that brings together all NEST Model partners to discuss specific challenges and jointly find **sustainable and replicable solutions**. Its primary goal is to create an open space for dialogue, training, and networking for partners in Africa.

ACCOUNTING AUDITING

Periodic accounting auditing activities entrusted by the Foundation to an external supporting firm.

The Paolo Chiesi Foundation's network and partnerships

LOCAL HOSPITALS

NGOs

GLOBAL ALLIANCES

PHILANTHROPIC ORGANIZATIONS

RESEARCH INSTITUTES

5.2
Multilevel collaborations

The Foundation actively collaborates with a variety of partners, including local hospitals, scientific societies, international organizations, and universities. We believe that true partnership goes beyond financial support and requires the Foundation to act as a **catalyst for change**.

By fostering connections and encouraging joint strategic action among our partners, we aim to **accelerate progress and drive impactful solutions** so that every newborn can survive and every person affected by a respiratory disease can improve their quality of life. Through these combined efforts, we can achieve a meaningful and lasting change.

5.2.1 Types of partners

As a foundation, we believe that accelerating change requires a **strong commitment to partnership**, because meeting today's complex challenges requires joint and strategic action. Therefore, all of the Paolo Chiesi Foundation's interventions are based on a collaborative model, involving stakeholders at 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 journey and acts as a bridge for various 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 Ministry of Health departments responsible for maternal and neonatal health
- **WHO and UN agencies:** establishing diverse relationships at central, regional, and local levels
- **Networks:** Engagement of diverse stakeholders, including key opinion leaders, professional associations, and civil society organizations, to create perinatal networks.

5.2.2
Partner selection

Partnerships develop through a combination of knowledge, selection criteria, and shared goals. Partners can submit proposals that are then discussed internally and jointly, in a co-design process. **Each agreement is renewed annually** through regular contact and review.

At the heart of this philanthropic strategy is a profound 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 translate into concrete actions** that serve established objectives.

However, while trust prevails in the initial process, the Foundation recognizes the need to carefully evaluate and monitor projects throughout their development.

5.2.3
Strategic partnerships

The Foundation collaborates with a wide range of partners, including governments, non-governmental organizations, universities, and research centers. These partnerships allow it to **broaden its scope of activities** and benefit from diverse expertise and resources, hopefully leading to the creation of functional ecosystems.

AFRICAN NEONATAL ASSOCIATION (ANA)

To contribute to the development of local networks and associations, the Paolo Chiesi Foundation supported the establishment of ANA, a **pan-African professional organization** that brings together neonatologists, pediatricians, and other healthcare professionals committed to improving neonatal care in Africa. The organization's goal is to strengthen clinical expertise, promote research, and foster the dissemination of evidence-based practices across the continent.

Throughout 2025, the Paolo Chiesi Foundation supported the African Neonatal Association (ANA) with a €20,000 grant **to support the association's institutional and scientific activities**. Thanks to the Foundation's contribution, ANA was able to ensure the continuity of its organizational operations by covering administrative support and office management costs and to strengthen its digital presence through the maintenance and updating of its official website. The grant also supported the activities of the **Journal of the African Neonatal Association (JANA)**, an open-access scientific journal that serves as a reference platform for the publication and dissemination of neonatology research led by African professionals, ensuring its editorial management and operational support.

The contribution of the Paolo Chiesi Foundation also covered part of the administrative and banking costs necessary for the financial management of the association, helping to strengthen ANA's capacity to **operate in a structured, transparent, and sustainable way** and to consolidate its role as a credible interlocutor for the scientific community, institutions, and partners committed to reducing neonatal mortality in Africa.

Finally, thanks to the contribution made in 2025, ANA was able to secure its presence at the International Maternal Newborn Health Conference (IMNHC) 2026 with a dedicated exhibition booth. This participation represented **an important opportunity for visibility and institutional positioning for the association**, allowing it to present its activities, promote its scientific journal, and strengthen dialogue with the international scientific community, policymakers, and partners committed to improving maternal and newborn health globally.

COUNCIL OF INTERNATIONAL NEONATAL NURSES (COINN)

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 caring for small and sick newborns have **the training, skills, and resources to provide high-quality care**. Nurses and midwives provide the majority of maternal and newborn care, yet they often lack the necessary specialized knowledge and skills.

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.

The Paolo Chiesi Foundation supported COINN with a total donation of €30,000, of which €15,000 awarded in 2024 and €15,000 in 2025. Throughout 2025, thanks to this contribution, the Foundation supported COINN in **translating the CoNP website into French, including training modules, training courses, educational materials, and webinars**, significantly expanding access to the platform for the French-speaking neonatal nursing community. Activities included the translation of over 30 website pages, structured training courses (including the Neonatal Preceptor Training and the Neonatal Externship Course), as well as numerous multimedia content and support materials.

The availability of the CoNP in French, in addition to English, is essential to **ensuring equitable access to training and professional resources for neonatal nurses in French-speaking countries**, particularly in Africa, where the language barrier often limits continuing education and training. Making training content, courses, and educational materials available in French helps strengthen nurses' clinical skills and promote the adoption of shared standards of care. Adequately trained and qualified neonatal nurses play a vital role in caring for small and sick newborns and are crucial to improving the quality of neonatal care and health outcomes.

The donation also helped support the **COINN Conference held in Lusaka, Zambia**, in August 2025, encouraging the participation of French-speaking professionals and strengthening COINN's role as a global platform for discussion, advocacy, and sharing of best practices in neonatal nursing care.

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

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

The project has seen the involvement from the beginning of **Prof. Ousmane Ndiaye**, a Senegalese neonatologist, vice president of the *Association des Pédiatres de Langue Française (APLF)*, and Technical Advisor to the Foundation, who coordinated a large technical group composed of doctors, nurses, and opinion leaders in the field of neonatology, contributing to the validation and dissemination of the content.

In 2025, the collaboration entered its fourth year, further consolidating and expanding the impact of the SSNC Toolkit, with a strategic focus on strengthening its content and the French-speaking community of practice. Thanks to the support of the Paolo Chiesi Foundation, the number of resources available in French has exceeded 250, bringing the **total to over 1,100 resources available in more than 15 languages**. In parallel, new action pathways have been developed in English and French to support the practical implementation of neonatal care, addressing priority topics such as pain management, Kangaroo Care, and the response to infectious disease outbreaks in neonatal units.

An essay competition was also organized in 2025, with the winners announced in November on the occasion of **World Prematurity Day**. The initiative rewarded innovative contributions on overcoming professional hierarchies in neonatal care teams and on the central role of families, strengthening the involvement of healthcare workers working in limited-resource settings.

Dissemination and communication efforts continued with the production of weekly content on social media, in English and French, and the translation of new articles and informational materials. **The SSNC Toolkit was promoted at numerous international events and conferences in Africa, Latin America, the Caribbean, and Europe**, helping to broaden the platform's visibility and foster the exchange of best practices among professionals.

Thirteen webinars were also held with simultaneous translation from English into French, with increasing participation of French-speaking experts and participants. This hybrid approach strengthened the international community of practice and fostered shared learning on key topics in neonatal care.

Finally, technical improvements have been implemented to the platform to **optimize navigation and search for resources** in French, helping to make the Toolkit increasingly accessible and functional for healthcare professionals caring for the most vulnerable newborns.

PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH (PMNCH)

On 21 August 2023, the Paolo Chiesi Foundation became an official member of the Partnership for Maternal, Newborn and Child Health (PMNCH). Hosted at the World Health Organization in Geneva, PMNCH is the **largest global alliance dedicated to women's, children's, and adolescent health**: nearly 1,500 partners collaborate to ensure that women, newborns, and children not only survive, but thrive.

PMNCH's primary function is to mobilize, align, and amplify partners' voices to strengthen collective impact and promote changes in policies, funding, and service delivery. Throughout 2025, the €35,000 grant (allocated in 2024) supported the concrete implementation of the **Collaborative Advocacy Action Plan (CAAP) process in Senegal**, coordinated at the national level by Amref Health Senegal. The goal of the CAAP initiative is to strengthen accountability for women's, children's, and adolescents' health (WCAH) through collaborative efforts among key national stakeholders, promoting more effective, structured, and coordinated advocacy.

The CAAP process includes an initial phase of inclusive mapping and evaluation, led by partners, of existing WCAH commitments in the country. Based on the evidence and discussions with civil society organizations, youth organizations, health professionals, the media, and academia, the ***Plan d'Action Collaboratif de Plaidoyer – Sénégal*** was finalized and published in 2025 and is now available for download. The document identifies five national advocacy priorities: eliminating preventable maternal and newborn deaths; strengthening equitable access to family planning; strengthening essential interventions for child survival; promoting the health and rights of adolescents and young people; and reducing child malnutrition to below 5% through integrated, multisectoral strategies.

These multi-stakeholder 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), while fostering the emergence of new commitments where critical gaps persist.

To support the process, PMNCH has also made available **Digital Advocacy Hubs (DAH)**, the leading global digital platform for advocacy in the WCAH field, with a dedicated national hub for Senegal.

Confirming the Foundation's commitment to strengthening evidence-based advocacy, at the end of 2025, the Paolo Chiesi Foundation also made a new donation of €35,000 to PMNCH. This contribution will support activities to be implemented throughout 2026 and aimed at strengthening advocacy in the field of maternal and newborn health (MNH), with a specific focus on the **impact of the climate crisis on maternal and newborn** health and promoting integrated policies and actions to systemically address these emerging challenges.

AMERICAN THORACIC SOCIETY

At the American Thoracic Society (ATS) Annual Conference, held in San Francisco from 17 to 21 May 2025, the Foundation presented the session titled “Quality Management of Chronic Respiratory Diseases in Resource-Constrained Countries,” with the participation of Massimo Salvadori, Managing Director of the Foundation, William Checkley, Professor at Johns Hopkins University, Refiloe Masekela, President of the Pan African Thoracic Society, and Sundeep Salvi, Director of the Chest Research Foundation.

The session offered an overview of the main challenges and potential solutions in managing chronic respiratory diseases, such as asthma and COPD, in low- and middle-income countries, with a **particular focus on adapting international guidelines** (e.g., GINA and GOLD) to local contexts, social, economic, and political barriers, and the role of philanthropic organizations, such as the Foundation, in supporting health initiatives. The meeting provided insights into how innovation, targeted interventions, and collaboration among diverse stakeholders can contribute to improving respiratory health in low-resource areas, stimulating concrete actions and synergies between healthcare professionals, policymakers, and private and philanthropic organizations.

Finally, in line with its mission to promote medical education and improve respiratory care globally, the Foundation confirmed its commitment to supporting the American Thoracic Society with a one-time grant of €5,000 to support the 2025 edition of **MECOR Southeast Asia**, recognizing the program's critical role in strengthening research capacity and healthcare systems in low- and middle-income countries through training, mentoring, and support for participants in the region.

PAN AFRICAN THORACIC SOCIETY (PATS)

In 2025, the Foundation officially began collaborating with the Pan African Thoracic Society (PATS), **Africa's leading professional organization for respiratory health**. As part of this partnership, the Foundation co-funded the implementation of the 2025 edition of ATS MECOR Africa (Methods in Epidemiologic, Clinical, and Operations Research), a training and mentorship program aimed at developing the skills of African healthcare professionals in **clinical research and the management of respiratory diseases**, promoting local scientific projects, and disseminating evidence-based knowledge.

The course took place from 31 August to 5 September 2025 in Brackenhurst, Limuru (Kenya) and **involved 39 participants** (21 women and 18 men) from various African countries, including Burkina Faso, Cameroon, Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Nigeria, South Africa, Tanzania, and Uganda.

During the course, four grants were awarded to support local research projects in the field of respiratory health. Additionally, two travel grants were awarded, allowing participants to attend the **ESSB/PATS International Conference in Egypt**, where they presented their abstracts, promoting the dissemination of scientific results and international networking.

5.3
Shared knowledge

Knowledge sharing is a fundamental pillar for collective growth and the improvement of healthcare practices, fully aligned with one of the Foundation's founding values: **the free and universal dissemination of medical and scientific knowledge**, without borders or restrictions. Through collaborations with associations, scientific societies, and global initiatives, the Foundation is committed to promoting the open exchange of experiences, data, and results, fostering innovation and the adoption of effective solutions in resource-limited settings.

ASSOCIATION DES PÉDIATRES DE LANGUE FRANÇAISE

From November 20 to 22, the Foundation participated in the joint conference of the Association of French-speaking Pediatricians, the Mauritanian Society of Pediatrics (SOMAUPED), and the Maghreb Pediatrics Conference, hosted in Nouakchott, Mauritania. The meeting brought together hundreds of specialists from Africa and Europe and offered **over forty sessions dedicated to key topics in infant and newborn health**, with a special focus on challenges in resource-limited settings.

As part of the scientific program, the Foundation hosted the symposium "Innovating and Acting for Perinatal Health through the NEST Model," moderated by Prof. Ousmane Ndiaye. Federica Cassera, Neonatal Health Program Manager, presented the Foundation's mission and commitment to French-speaking countries in sub-Saharan Africa, introducing the **NEST Model as an integrated approach** to improving the quality of neonatal care.

Federico Bianco, Technical Advisor, explored the concept of Patient Journey, illustrating how a comprehensive analysis of the newborn's journey — from birth to follow-up — allows for the identification of **needs, critical issues, and opportunities for improvement**, promoting care that is more focused on the newborn and the family.

Dr. Anita Dogo, head of Neonatology at Saint Jean de Dieu Hospital in Tanguiéta, Benin, shared her first-hand **experience implementing the NEST Model at her hospital**. Dr. Ousman Mouhamadou, consultant and member of the Technical Advisory Group, followed, presenting the results of the case study conducted in Benin: a **reduction in neonatal mortality from 33.1% in 2022 to 19.1% in 2024**, along with a significant improvement in communication between healthcare providers and families.

Participation in the conference provided an opportunity for discussion and exchange **with the international pediatric community** and helped consolidate collaborations aimed at continuously improving the quality of perinatal care.

WORLD COPD DAY

On World COPD Day, the Paolo Chiesi Foundation participated in the global campaign "Short of Breath, Think COPD" promoted by the **Global Initiative for Chronic Obstructive Lung Disease (GOLD)**. This day is dedicated to remembering how respiratory health is linked to each person's choices and lifestyle, starting from the prenatal period: physical activity, air quality, nutrition, vaccinations, and prevention all play a crucial role.

At the Chiesi Group headquarters in Parma, colleagues were able to wear a vest designed to provide immediate and direct awareness of the respiratory fatigue that characterizes the lives of those living with chronic obstructive pulmonary disease (COPD). A simple yet impactful experience, it provided a deeper understanding of what it means to daily cope with a disease that remains among the **leading causes of mortality worldwide** and which, 90% of the time, affects people living in the Global South.

The active participation of colleagues made the day a useful opportunity to **generate awareness and responsibility,** starting with a simple gesture: putting yourself, even if only for a few minutes, in the shoes of those living with chronic respiratory difficulties.

WORLD PREMATURITY DAY

On 17 November 2025, World Prematurity Day, the Paolo Chiesi Foundation and the Chiesi Group launched an initiative to raise awareness about prematurity, involving colleagues from the Parma offices. The simple yet concrete goal was to **refocus attention on the value of care** through the testimonies of those who care for the most vulnerable newborns every day.

An exhibition was held within the company premises, bringing together the words and experiences of neonatal doctors and nurses from around the world. Their reflections on what it means to "take care" in the daily work with premature babies offered an **authentic glimpse into the complexity and humanity of providing care in highly emotionally charged contexts**. These stories speak of professionalism, commitment, and closeness to families, elements that profoundly impact the journey of every child born too soon.

To broaden the perspective, the Foundation also included the voices of healthcare workers working at partner hospitals in sub-Saharan Africa. Their testimonies highlighted **the challenges of neonatal care in resource-limited** settings and the solutions they implement every day to ensure premature babies have the best chance of survival and development. This global perspective allowed us to understand how quality care can take different forms yet remains a shared goal.

The initiative involved numerous colleagues who visited the exhibition and engaged with the stories presented. It was a moment of listening and awareness that helped **strengthen a broader culture of care**, capable of transcending geographical and professional boundaries.

ESSENTIAL NEWBORN CARE IN LMICS

From 5 to 7 November 2025, the Paolo Chiesi Foundation hosted the **Italian Society of Neonatology (SIN)** Course "Essential Care for Newborns in LMICs" at the Chiesi Farmaceutici headquarters in Parma. The initiative, organized in collaboration with the SIN Study Group on Neonatal Care in Low-Resource Countries, brought together neonatologists, nurses, and healthcare professionals for three days of training and discussion.

The program progressively addressed the key aspects of newborn care, from the epidemiology of neonatal mortality to the priorities of Essential Newborn Care, and the definition of the correct sequence of interventions in the delivery room. Considerable attention was given to Kangaroo Care, the prevention of hypothermia and nosocomial infections, newborn nutrition, and post-asphyxia care, combining theoretical foundations with field experiences in low-resource settings. **Practical sessions and neonatal resuscitation scenarios fostered active learning**, while the final discussion of quality care models, such as the NEST Model and WHO materials, strengthened a shared vision geared toward sustainable and effective practices.

Overall, the course represented a significant opportunity for the exchange of knowledge and skills, contributing to the dissemination of care models capable of concretely improving neonatal health in the most vulnerable contexts.

FOCUS

NEST Partners Meeting

The third edition of the NEST Partners Meeting, organized by the Paolo Chiesi Foundation, took place from 7 to 10 July 2025 in Abidjan (Côte d'Ivoire) to **bring together healthcare professionals, institutions, and international partners** committed to implementing the NEST Model – Neonatal Essentials for Survival and Thriving.

The meeting was attended by key opinion leaders, stakeholders, and delegations from several countries in French-speaking sub-Saharan Africa, including **representatives of the NEST Model partner hospitals**: the Saint Jean de Dieu Hospital in Tanguiéta and the CHU-MEL in Cotonou (Benin), the Saint Camille Hospital in Ouagadougou (Burkina Faso), the Ngozi Regional Hospital (Burundi), the CHR Abobo (Côte d'Ivoire), and the Yendube Pediatric Hospital in Dapaong (Togo). Of particular note was the presence of Prof. Solange Ouedraogo (Burkina Faso) and Prof. Ouro-Bagna Tchagbele (Togo), both consultants to the NEST Model.

A key focus of this edition was **strengthening clinical skills through practical workshops, simulations, and case studies**. Among the most significant presentations were those by Anna Cavestro (Doctors with Africa CUAMM) and pediatrician Betti N'Gom, who illustrated recent developments in Côte d'Ivoire: the activation of the new neonatology unit at the CHR Abobo and the launch of a training program developed with the Italian Society of Neonatology (SIN) and the National Program for Mother and Child Health (PNSME), involving three Italian neonatologists.

This collaboration led to the **neonatal resuscitation workshop**, presented during the meeting by Dr. Paolo Villani. The training, a smaller version of the program implemented at the CHR Abobo, offered participants an immersive experience through simulations of realistic clinical scenarios designed for limited-resource settings. Another technical session, led by the Foundation's Technical Advisors, Ousmane Ndiaye and Federico Bianco, guided participants through the analysis of complex cases. Particular interest was shown by the presentation on the **patient journey of mothers at risk of preterm birth**, which highlighted the importance of a timely and integrated approach, from early diagnosis to follow-up.

Among the cross-cutting themes of the meeting, considerable attention was paid to family-centered care. A visit to the **national reference center for Kangaroo Care at the CHU Treichville** allowed participants to closely observe a sustainable, high-impact care model based on skin-to-skin contact to improve the survival of premature, sick, or low-birth-weight infants. The dedicated roundtable discussion explored the benefits and evidence of Kangaroo Care, also thanks to the contribution of Professor Ndiaye on the importance of effective communication and relationships with families.

The event also hosted the institutional day "Maternal and Neonatal Health: A Common Vision for the Future," which brought together representatives from the **Ivorian Ministry of Health, WHO, UNICEF, Doctors with Africa CUAMM, the Gates Foundation, and Jhpiego**. The discussion, moderated by Dr. Franck Houndjahoue, reiterated the need for coordinated action to reduce maternal and neonatal mortality and strengthen equity in access to care. The NEST Partners Meeting concluded with a strong sense of collaboration and shared vision. The days in Abidjan confirmed the importance of a shared and ongoing commitment to building **more resilient and inclusive healthcare systems**. Through the exchange of best practices, training of professionals, and dialogue with institutions, the NEST Model continues to grow with the goal of ensuring every newborn has a healthier start in life.

5.4

The philanthropic role of the Foundation

Over the years, the Paolo Chiesi Foundation's role has become increasingly defined on a philanthropic level. Alongside its ability to design and implement its own initiatives, the Foundation has developed a **solid presence as a grant maker**: a player that supports organizations, research institutes, and civil society groups in developing high-impact projects in the contexts in which we operate.

This dual nature — implementing partner and grant maker — has become a distinctive feature of our approach. On the one hand, we continue to directly design initiatives in the fields of global health and scientific research, providing **expertise, relationships, and a deep understanding of local communities**, especially in countries involved in development cooperation activities. On the other hand, we support partners who share our vision and are able to generate innovative and sustainable solutions, with a particular focus on inequalities in access to healthcare.

This approach has allowed us to consolidate our positioning: a foundation that doesn't intervene from above, **but builds together with partners**; that doesn't simply finance, but supports; that doesn't impose, but listens to understand needs, contexts, and priorities. A practical philanthropy, focused on impact and continuity, capable of working with research institutions, universities, hospitals, NGOs, and local stakeholders in the countries where we operate.

This balance between direct planning and partner support defines our identity today: a foundation that helps generate social value through **strong collaborations, strategic investments, and an ongoing commitment** to addressing the challenges of global health and scientific research.

MNH DONOR FORUM

In May 2025, the Foundation joined the MNH (Maternal and Neonatal Health) Donor Forum, a forum for donors created to coordinate efforts dedicated to maternal and neonatal health. Created in 2023 at the International Maternal Newborn Health Conference in Cape Town, the Forum was initiated by the **Gates Foundation, MSD for Mothers, FCDO, and USAID**. Over time, it has evolved into a stable group that meets regularly to share updates, address common challenges, and improve the alignment of global initiatives.

The Forum has assumed an increasingly strategic role in overseeing and supporting major international events, both thematic and high-level, with the aim of **keeping maternal and newborn health at the heart of the global agenda**. Through a coordinated presence at settings such as the World Health Assembly, the World Health Summit, and the United Nations General Assembly (UNGA), among others, the Forum contributes to strengthening dialogue between donors, institutions, and partners, promoting a more coherent approach, aligned with country-led priorities and geared toward strengthening health systems.

In a global context marked by increasingly uncertain resources, members reiterated the importance of **collaborating more strategically, aligning with country-led plans, and supporting the strengthening of local health systems**. The Forum thus continues to serve as a point of reference for coordinating investments, sharing evidence, and promoting a more coherent and sustainable approach to maternal and newborn health internationally.

PHILEA

Philea – Philanthropy Europe Association is the leading European network bringing together foundations, philanthropic organizations, and philanthropic infrastructures in over 30 countries. The association works to **strengthen the European philanthropic ecosystem** by promoting collaboration, knowledge sharing, and a favorable environment for public interest initiatives. The goal is to enable philanthropy to contribute more effectively to a pluralistic, just, and resilient society, emphasizing themes such as **inclusion, transparency, innovation, and social impact**.

Philea acts as a **learning and coordination platform**: it helps members connect, exchange effective practices, and work together on emerging challenges. It is also an active interlocutor at the European level, amplifying the voice of the sector and promoting policies that support the role of foundations in generating positive change.

Within this context, the Paolo Chiesi Foundation participates in the activities promoted by Philea as part of the community of foundations committed to international cooperation, global health, and sustainable development. Specifically, the Foundation is a member of the Steering Committee of the **FIND network – Funders International Network for Development**, a European collaborative platform hosted by Philea that brings together donors interested in strengthening the effectiveness of international cooperation through peer learning, discussion of new trends, and development of innovative approaches.

As part of the Steering Committee, the Foundation contributes to the definition and implementation of the network's work plan, actively participating in the strategic direction of activities and promoting the alignment of members' ambitions and resources. In this context, it brings its experience in global health programs, contributing to the dialogue on key issues such as equitable and local partnerships, new financing tools, and **more sustainable and inclusive approaches to international cooperation**. Participation in the FIND network allows the Foundation to engage with other philanthropic actors on emerging challenges, contribute to the European dialogue on cooperation policies, and promote intervention models increasingly focused on impact, collaboration, and consolidating local capacities.

Section 6

HOW WE MANAGE OUR RESOURCES

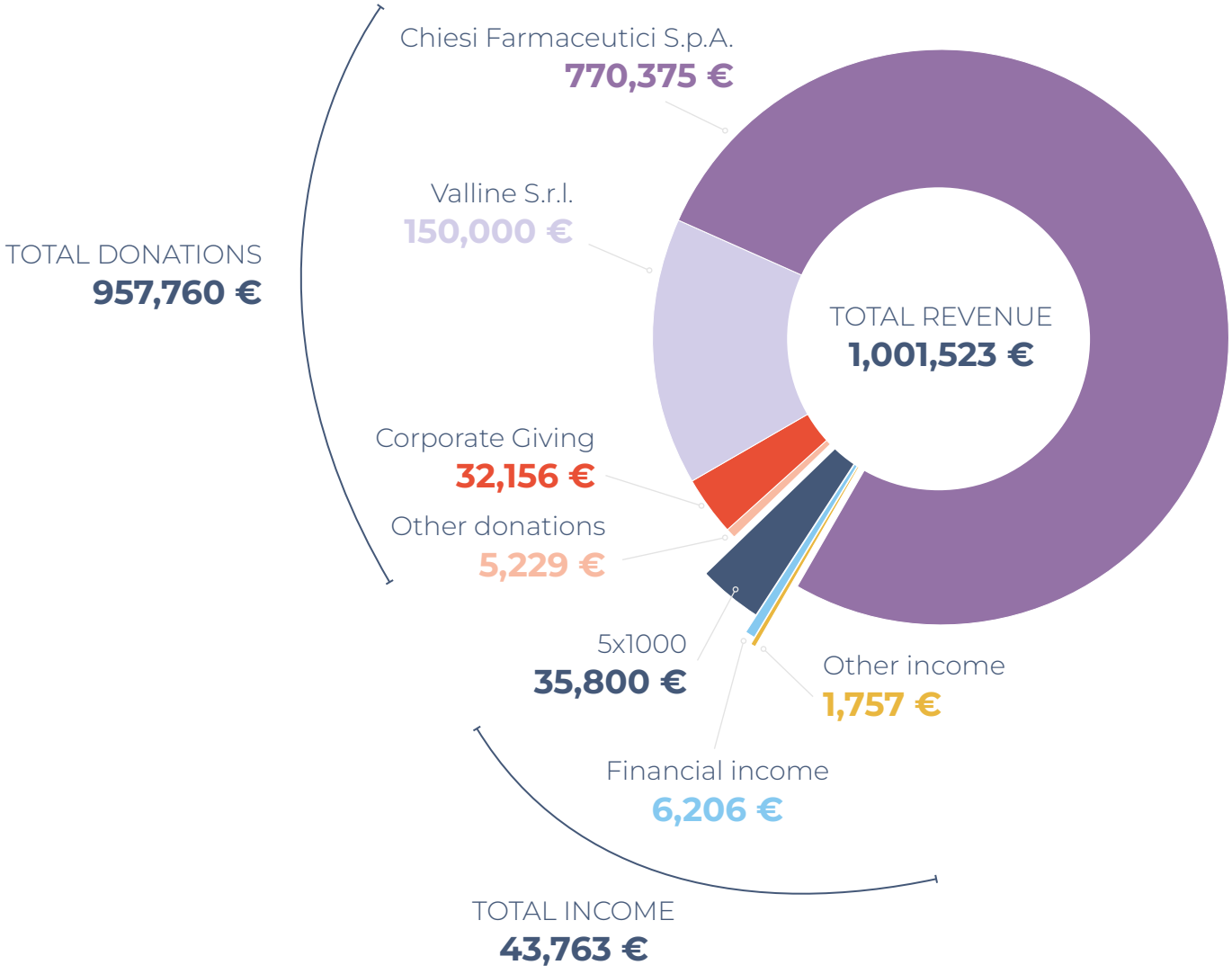
6.1

The Foundation's financiers

To finance its activities for 2025, the Paolo Chiesi Foundation received donations totaling **€957,760**; of which €770,375 was received from the founder, Chiesi Farmaceutici S.p.A., and €150,000 from Valline S.r.l.

In addition, there is a donation of €25,000 from the **Marchesini ACT Foundation**, a donation of €7,156 from Chiesi Italy, and several private donations to support the Foundation's activities and projects, totaling €5,229.

Finally, proceeds of €35,800 were recorded for the **5x1000** tax return, relating to the 2024 UNICO PF tax return (tax period 2023) and collected on 20 August 2025. This amount is in addition to the financial income of €6,206 and other income of €1,757.



6.1.1
The 5x1000 campaign

The Paolo Chiesi Foundation, as a non-profit organization, is committed to supporting the 5x1000 campaign. The 5x1000 is a portion of the personal income tax (IRPEF) that the state, based on the individual taxpayer's instructions, **redistributes to non-profit organizations** that perform socially relevant activities and are registered with the Revenue Agency.

Between April and June 2025, the Foundation launched an omnichannel campaign, both online and offline, aimed primarily at Chiesi Group employees in Parma, as well as colleagues deployed abroad but tax residents in Italy. The campaign's focus was on **eliminating healthcare inequalities**, which still plague many parts of the world. The message is clear: choosing to donate 5x1000 to the Paolo Chiesi Foundation means supporting initiatives that improve access to essential care, especially in countries where services and equipment are limited.

At the heart of the campaign is **the idea that health should never be a privilege**. Even a small portion of your tax return can help strengthen hospitals, train healthcare workers, improve the diagnosis of respiratory diseases, and ensure the most vulnerable newborns have a safer start in life.

The campaign was conducted through social media posts, email marketing campaigns, and the distribution of informational materials (posters, flyers, and information points) within Chiesi's Parma offices. Additionally, colleagues were involved in interactive in-person activities, **including a multimedia quiz**, which allowed them to increase their awareness of the Foundation's mission and the impact of its interventions in the Global South.

6.1.2
Corporate fundraising

In our journey, corporate fundraising isn't just an alternative way to raise new resources: it's a natural extension of our way of working. As a Foundation, we believe that collaborations with the corporate world can **generate value far beyond financial contributions**. Each partnership expands our network, opens new connections, and brings energy, expertise, and perspectives that strengthen the Foundation's ability to support its initiatives and achieve its goals.

We're not simply looking for supporters, but allies with whom we can share a concrete commitment to global health and scientific research. It's in this dialogue, built on trust and mutual responsibility, that corporate fundraising takes on its deepest meaning: **becoming a driver of relationships, opportunities, and impact**, capable of making our projects stronger and our role in society even more effective.

6.1.3
Corporate partnerships

Throughout 2025, the Foundation consolidated and launched new corporate partnerships that have been a **key element in the growth and expansion of existing projects**. Working side by side with businesses that share our values has enabled us to generate concrete synergies, furthering the development of our activities.

IMA Group supported the Foundation with a donation of €15,000, disbursed in 2024 and earmarked for the **redevelopment project of the outdoor spaces of Ngozi Hospital**, Burundi. This project enhanced the outdoor spaces of the hospital's maternal and child ward, improving safety, hygiene, and the capacity to accommodate mothers, newborns, and caregivers. The project also helped strengthen the hospital's role as a regional referral center for maternal and neonatal health.

IMA Group, founded in 1961 and headquartered in Bologna, is today a world leader in the design and production of automatic machines for the processing and packaging of pharmaceuticals, cosmetics, food, tea, and coffee, with over 7,000 employees, 53 production sites, and a strong international presence, exporting to approximately 80 countries.

The Marchesini ACT Foundation collaborated on the Foundation's projects during 2025 with a donation of €25,000 to **support and finance the pilot project for the dissemination of Kangaroo Care in the Province of Butanyerera**. The project aims to improve the quality of care for premature and low-birth-weight infants by disseminating Kangaroo Care in the province's hospitals and health centers, thanks to the adoption of a training of trainers model.

The Marchesini ACT Foundation is a non-profit organization established in 2021 to structure the social initiatives of the Marchesini Group, a leader in pharmaceutical packaging. Founded by Valentina Marchesini and other family members, it supports non-profit organizations and local projects focused on avant-garde culture and local communities, with a strong focus on post-pandemic solidarity.

CHIESI SPAIN

Since 2023, the Spanish branch of the Chiesi Group has been financially supporting the implementation of the GASP Model in Peru by supporting SEPAR Solidaria. This committee was created within SEPAR (Sociedad Española de Neumología y Cirugía Torácica), the scientific society that brings together over 6,000 respiratory health professionals in Spain. The committee's objective is to promote the Society's international cooperation and consultancy goals.

The activities supported by Chiesi Spain include, on an annual basis, covering the travel costs of Spanish experts engaged in training in Peru, as well as **covering the travel and accommodation costs of Peruvian doctors and nurses participating in education and training programs in Spain**, for a total donation of €22,000.

These initiatives aim to consolidate the skills of local staff, ensure quality care for patients with respiratory diseases, and support the project's continuity and impact throughout Peru.

6.2

How we use the funds

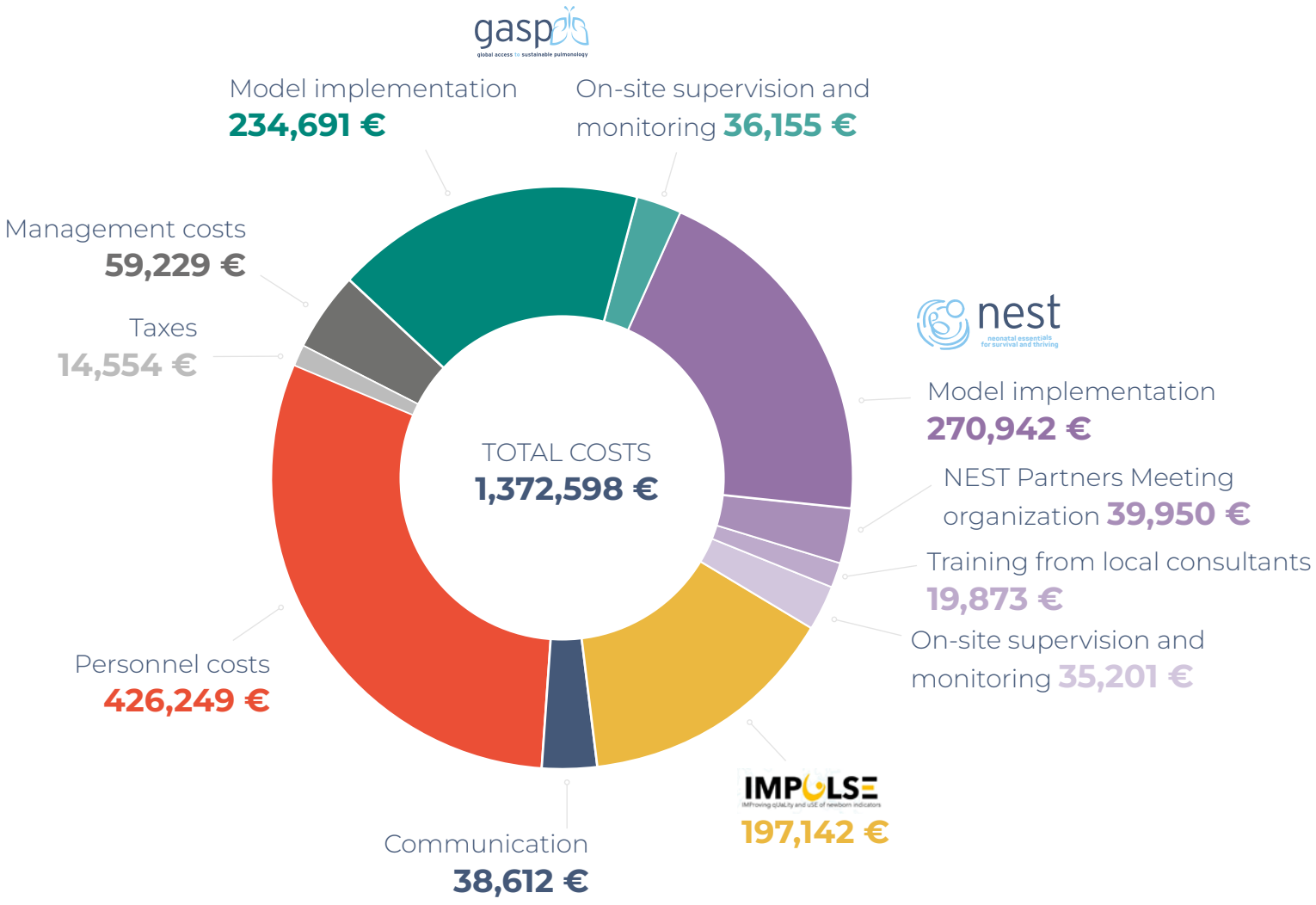
The funds available for 2025 have been divided, as shown in the figure, between the various funded programs and to cover the Foundation's management costs.

In the area of international cooperation, **€270,846** was allocated to the GASP (Global Access to Sustainable Pulmonology) project, active in Guyana, Nepal, and Peru; **€365,606** was allocated to the NEST (Neonatal Essentials for Survival and Thriving) project, active in Benin, Burkina Faso, Burundi, Côte d'Ivoire, and Togo.

In the field of scientific research, funds of **€197,142** were allocated to the IMPULSE project (IMProving qUaLity and uSE of newborn indicators), active in Ethiopia, the Central African Republic, Tanzania, and Uganda.

The Foundation also incurred management costs of **€59,229**, as well as a further **€426,249** relating to the costs of seconded personnel.

The 2025 financial statement shows an operating deficit of **€384,984**, covered by the use of operating surpluses from previous years, recorded among the Foundation's assets.



6.3

The budget in summary

BALANCE SHEET (in Euro)	31/12/2025	31/12/2024
ACTIVE		
Net fixed assets	17,031	8,549
Credit to others	9,867	14,456
Liquidity	420,517	650,019
Accrued income and prepaid expenses	26,420	232
TOTAL ASSETS	**473,835**	**673,256**
PASSIVE		
Endowment fund	184,809	184,809
Profit reserves or operating surpluses	442,874	656,137
Other reserves	-1	0
Operating deficit	-371,074	-213,263
TOTAL NET WORTH	**256,608**	**627,683**
Other short-term debts	217,227	45,573
TOTAL LIABILITIES	**473,835**	**673,256**

MANAGEMENT STATEMENT (in Euro)	31/12/2025	31/12/2024
REVENUES		
Membership fees and contributions of the Founder	770,375	520,929
Third-Party Donations	182,775	192,028
5x1000 proceeds	35,800	133,305
Various income	1,757	3,283
Fundraising proceeds	4,610	0
Financial income	6,206	16,373
TOTAL	**1,001,523**	**865,918**
CHARGES		
Costs incurred for projects	833,954	518,750
Staff on secondment	426,249	317,325
Institutional charges	38,612	206,806
General charges	59,229	35,065
Financial charges	14,554	1,235
TOTAL	**1,372,598**	**1,079,181**
OVERALL RESULT	**-371,075**	**-213,263**

6.4

Supervisory Body's Report

PAOLO CHIESI FOUNDATION ETS

C.F. 92130510347

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

***

RELAZIONE DELL'ORGANO DI CONTROLLO IN OCCASIONE DELL' APPROVAZIONE DEL RENDICONTO DI GESTIONE CHIUSO AL 31 DICEMBRE 2025 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 2025 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, a oggi applicabili.

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 ETS relativo all''esercizio chiuso al 31.12.2025, 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 371.074.

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 ha posto in essere attività di raccolta fondi di cui all'art. 7 del Codice del Terzo Settore solo in forma occasionale. Le stesse sono adeguatamente contabilizzate e commentate nel Rendiconto di gestione;
- 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.

Ai sensi dell'art. 2426, n. 5, c.c., l'organo di controllo esprime il proprio consenso all'iscrizione nell'attivo dello stato patrimoniale di costi di impianto e di ampliamento per € 6.078, al netto del relativo ammortamento.

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 2025, 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 2025 sottoposto all'approvazione dal Consiglio di gestione.

Parma,10/04/2026

L'Organo di controllo

Giuseppe Piroli 

Raffaella Pagani 

Matteo Ceni 

Appendix

Glossary

NAME	DEFINITION
Agenda 2030	The United Nations 2030 Agenda for Sustainable Development is a blueprint for action for people, the planet, and prosperity. Signed on 25 September 2015, by the governments of the 193 United Nations member states 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.
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 breathing more difficult. Symptoms may 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.
Clinical audit	Clinical audit is a systematic process aimed at evaluating and improving the quality of healthcare by comparing current practices to predefined standards. It allows for identifying areas for improvement and implementing 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 with phlegm, difficulty in breathing, wheezing, and fatigue. Smoking and air pollution are the most common causes of COPD. COPD has no cure, but symptoms can improve if you avoid smoking and exposure to air pollution and get vaccinated to prevent infections. It can also be treated with medications, oxygen, and pulmonary rehabilitation.
Chronic respiratory diseases (CRD)	Chronic respiratory diseases are diseases of the airways and other lung structures. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension.
Corporate Social Responsibility	Corporate Social Responsibility (CSR) is a concept whereby companies adopt practices that aim to have 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 company's economic interests.
CPAP (Continuous Positive Airway Pressure)	A non-invasive ventilation technique that provides continuous positive airway pressure to keep the alveoli open. It is used in premature infants with breathing difficulties to improve oxygenation and reduce respiratory effort. Within the Paolo Chiesi Foundation's projects, CPAP has been adopted as part of the clinical skills promoted in healthcare personnel training.
Family-Centered care	Family-Centered Care (FCC) is a partnership approach to healthcare decision-making between the family and the healthcare provider. FCC is considered the standard of pediatric healthcare by many clinical practices, hospitals, and healthcare groups. Despite widespread support, FCC continues to be insufficiently implemented in clinical practice.
Global Access to Sustainable Pulmonology (GASP)	The GASP Model promotes respiratory medical training, 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 goal is to transfer the acquired expertise to other low-income countries.
Global health	Global health is a field 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 beyond the health sciences and promotes interdisciplinary collaboration.
Global South	Global North and Global South are terms used to group countries based on their distinctive socioeconomic and political characteristics. According to the United Nations Trade and Development Organization (UNCTAD), the Global South broadly encompasses 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 healthcare systems, among other problems.
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.
IMPULSE - Improving Quality and Use of Newborn Indicators	Scientific research project supported by the Paolo 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.
International cooperation	A collaborative relationship between entities to work toward shared goals through an agreed-upon division of labor. At the national level, this means engaging, under the guidance 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.
Kangaroo Care (KC)	A method of care introduced in 1978 by Edgar Rey at the Santa Fe Maternal and Infant Institute in Bogotá, Colombia, which is primarily based on continuous and prolonged skin-to-skin contact between mother and child and exclusive breastfeeding. The name of this practice derives from its similarities to the way marsupials care for their young. Scientific evidence shows 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, and infections, and also helps reduce the incidence of apnea and lower respiratory tract diseases. It also improves the quality of the mother-child bond, promoting brain development.
Low-income countries	A country with a gross national income per capita of US$1,145 or less in 2023, calculated by the World Bank using the Atlas method.
Morbidity	The WHO (World Health Organization) definition of morbidity refers to the frequency with which a disease occurs in a population, or the ratio of the number of affected individuals to the total population. It is a statistical index that helps monitor the spread of diseases and assess their impact on public health.
Mortality rate	Incidence of deaths in a given population during a defined period of time (e.g., a year), which is typically expressed per 1,000 or 100,000 individuals.
Neonatal Essentials for Survival and Thriving (NEST)	The NEST Model aims to reduce neonatal mortality (0-28 days), particularly among severely premature, low-birth-weight, or sick infants. The approach adopted is specific to each context, as the target group of countries includes territories with different health facilities and varying levels of financial and human resources.

NAME	DEFINITION
Neonatal hypothermia	A dangerous drop in body temperature in newborns, frequently associated with prematurity. This, too, is effectively prevented by Kangaroo Care.
Neonatal Intensive Care Unit (NICU)	A neonatal intensive care unit (NICU) is a unit specialized in the care of sick or premature newborns. The NICU is divided into several areas, including an intensive care area for newborns requiring close monitoring and intervention, an intermediate care area for stable newborns who still require specialized care, and an inpatient unit where newborns ready to leave the hospital can receive additional care before being discharged.
Neonatology	Neonatology is a subspecialty of pediatrics that focuses on the medical care of newborns, particularly sick or premature infants. It is a hospital-based specialty and is usually practiced in neonatal intensive care units (NICUs). Neonatologists' primary patients are sick newborns or those requiring special medical care due to prematurity, low birth weight, intrauterine growth restriction, congenital malformations (birth defects), sepsis, pulmonary hypoplasia, or birth asphyxia.
Nosocomial Infections	Nosocomial infections, or healthcare-associated infections (HAIs), are infections acquired during the treatment process 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 stay and within three days after discharge.
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 represent a significant cause of morbidity and mortality among workers in the Global South.
Perinatal	It refers to the period immediately before and after birth. The perinatal period is defined differently: depending on the definition, it begins between the twentieth and twenty-eighth weeks of gestation and ends one to four weeks after birth.
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 difficulty breathing require assistance with a bag-and-mask breathing apparatus or equivalent, which is considered by many to be the most important step in managing asphyxiated newborns.
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, the environment, culture, and international development. It works with other civil society organizations, complementing government and private sector initiatives. A unique characteristic of philanthropy is its ability to respond in real time to the critical challenges facing our societies, while also adopting a longer-term vision.
PM2.5	PM2.5, or fine particulate matter, consists of microparticles smaller than 2.5 micrometers in diameter, 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.
Prematurity	Prematurity is defined as a birth that occurs before 37 completed weeks of gestation (less than 259 days). It is associated with a significant risk of morbidity and mortality, particularly in extremely preterm infants (i.e., with a gestational age less than 28 weeks).
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. If not treated properly, it can lead to right-sided heart failure.
Pulmonology	A branch of medicine specializing 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.
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 emit 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.
Shortness of breath	Shortness of breath, or wheezing, is described as the frightening sensation of not being able to breathe normally or of feeling suffocated. The medical term for shortness of breath is dyspnea. It's a common sensation, but it could also be a sign of a serious illness.
Silicosis	Chronic respiratory disease caused by inhaling silica dust. Diagnosed in brick kiln workers in Nepal, it is screened for by spirometry as part of the GASP model.
Spirometry	Spirometry is the most common type of pulmonary function or breathing test. This test measures the amount of air a person can inhale and exhale, as well as the speed and ease with which they can exhale air from their lungs.
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 core 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 addressing climate change and working to preserve our oceans and forests.
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 health problems. A "zero separation" policy, if feasible, is likely to be beneficial for both mother and baby. Not only will it prevent the baby's exposure to potentially dangerous NICU environments, but it will also alleviate the mother's anxiety and help her bond with her baby early.

HOW TO SUPPORT US

PAOLO CHIESI FOUNDATION

Help us defend and promote the right to neonatal and respiratory health in countries of the Global South.

Every contribution, large or small, brings the right to healthcare a little closer to those who need it most.

Thank you for being part of the change.

DONATE ONLINE

Support us with a simple click on the **paolochiesifoundation.org** website. Choose whether to make a one-time or ongoing donation, as often as you prefer.

BANK TRANSFER

Intesa Sanpaolo Bank
Payable to: **Paolo Chiesi Foundation ETS**
IBAN: **IT39L0306909606100000138268**

5X1000

Please sign and include the Paolo Chiesi Foundation's **tax code, 92130510347,** in the "Support for Third Sector entities registered in the RUNTS" section of your tax return.

WE BUILD PARTNERSHIPS

Collaborations with companies, foundations, and organizations are essential to expanding the impact of initiatives and strengthening local healthcare systems. We work together to develop **shared projects, built on community needs and focused on sustainability**.

The Paolo Chiesi Foundation is a philanthropic organization founded 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.

Its goal is to reduce neonatal mortality in sub-Saharan Africa and improve the health of patients with chronic respiratory diseases in the Global South.

The Foundation supports international scientific research and local development programs to transfer medical and scientific knowledge and support families in the healthcare process, promoting sustainable growth and empowering local communities.

Founded in Parma (Italy) in 2005 and operational since 2010, the Paolo Chiesi Foundation today operates in Benin, Burkina Faso, Burundi, Central African Republic, Ethiopia, Guyana, Côte d'Ivoire, Nepal, Peru, 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 providing training, knowledge, and equipment and promoting infrastructure rehabilitation to reduce neonatal mortality rates in sub-Saharan African countries and improve the health and quality of life of patients with chronic respiratory diseases in the Global South.

PAOLO CHIESI FOUNDATION

Via Paradigna 131/A
43122 - Parma, Italy
Fiscal code 92130510347
info@paolochiesifoundation.org

www.paolochiesifoundation.org