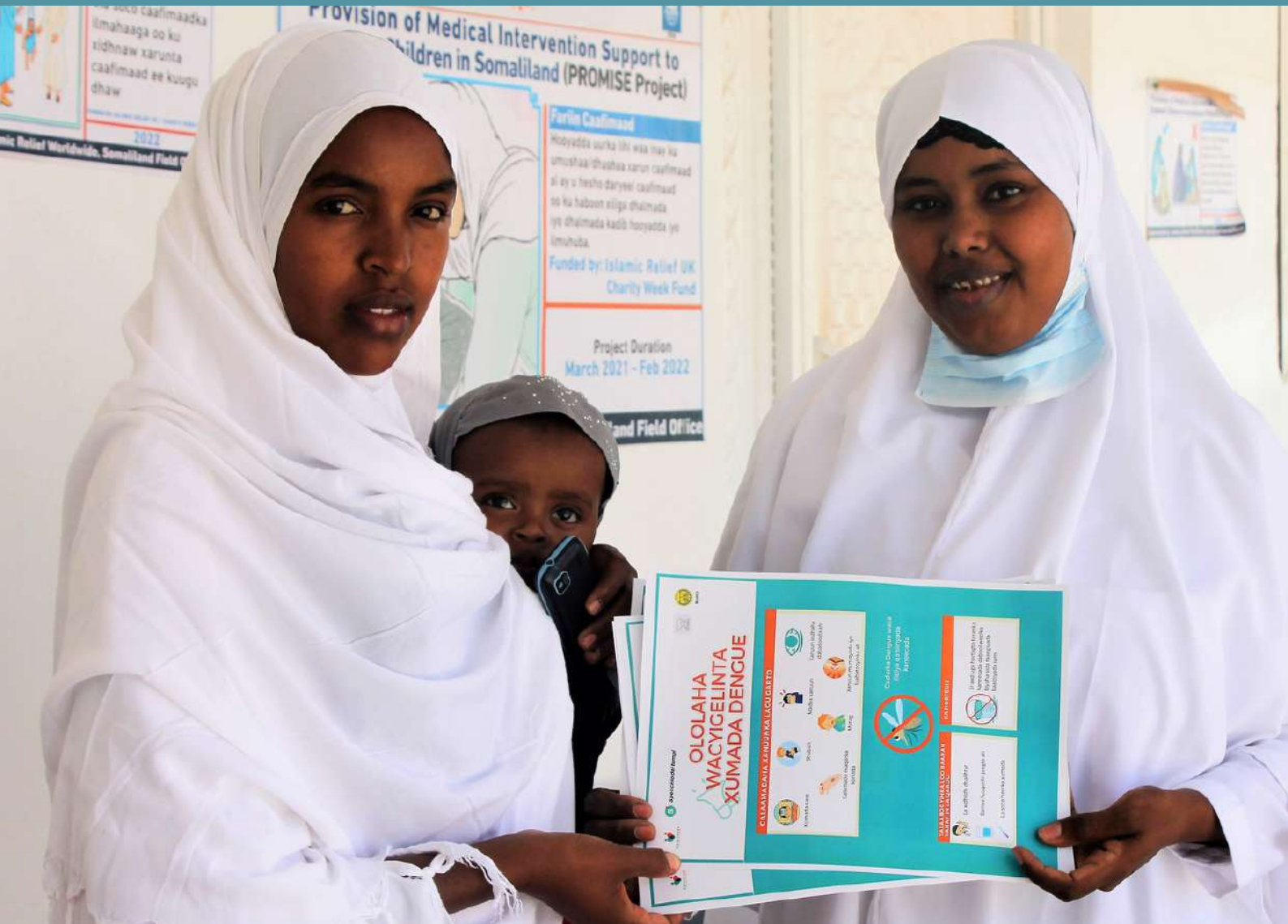




MEDACROSS
FREE CARE AND COACHING



REPORT ACTIVITIES 2022



CONTENT

04 WHO WE ARE

05 WHAT WE DO

06. WHERE WE ACT

07 MOBILE CLINICS

08 MYANMAR

09 MYANMAR PROJECT

10 TURIN - BURMA

11 THAILAND

12 THAILAND PROJECT

13 SOMALILAND

14 SOMALILAND PROJECT



WE OFFER FREE MEDICAL
CONSULTATIONS AND
MEDICINES TO COMMUNITIES
LIVING FAR FROM HOSPITALS
IN THE SOUTH OF THE WORLD.

WE TRAIN LOCAL MEDICAL
PERSONNEL TO FACILITATE
ACCESS TO CARE.

WHO WE ARE



Founded in 2016 by a group of friends from Turin with a common vision, MedAcross has embraced the essence of international cooperation, carrying hope and assistance to remote territories where healthcare is often a rarity reserved for the few.

Our **Mission**: MedAcross was founded with a clear mission: to make a positive impact in the world's most vulnerable communities, working closely with them to build a healthier, more sustainable future.

Our distinctive approach is based on three fundamental cornerstones:

- **Training Local Health Personnel:** We believe that community empowerment comes through the training and development of local resources. In partnership with local communities,

we work to train in site healthcare personnel so that they can provide basic care and improve health at the community level.

- **Planning with Communities:** We do not impose pre-packaged solutions. Instead, we work with communities to identify their specific needs and develop tailor-made healthcare projects. We believe that only through this approach can we achieve sustainable and relevant results.
- **Dialogue with local health systems:** We actively collaborate with health systems in emerging countries to ensure that basic care is accessible to all. Our mission is to integrate into the existing structure and work together to improve the health of the populations most in need.

WHAT WE DO



We provide free medical examinations and medicines to patients who are treated in our facilities.

We operate in contexts where the 70% of healthcare costs are out of pocket expenses, preventing access to basic care for the poorest population.



We reach communities living in the most isolated areas that cannot go to hospitals for logistical and economic reasons.



We treat anyone who needs help, regardless of age, gender, religion, etc.

We guarantee confidentiality to our patients and help them manage social stigma in the case of socially not accepted diseases.



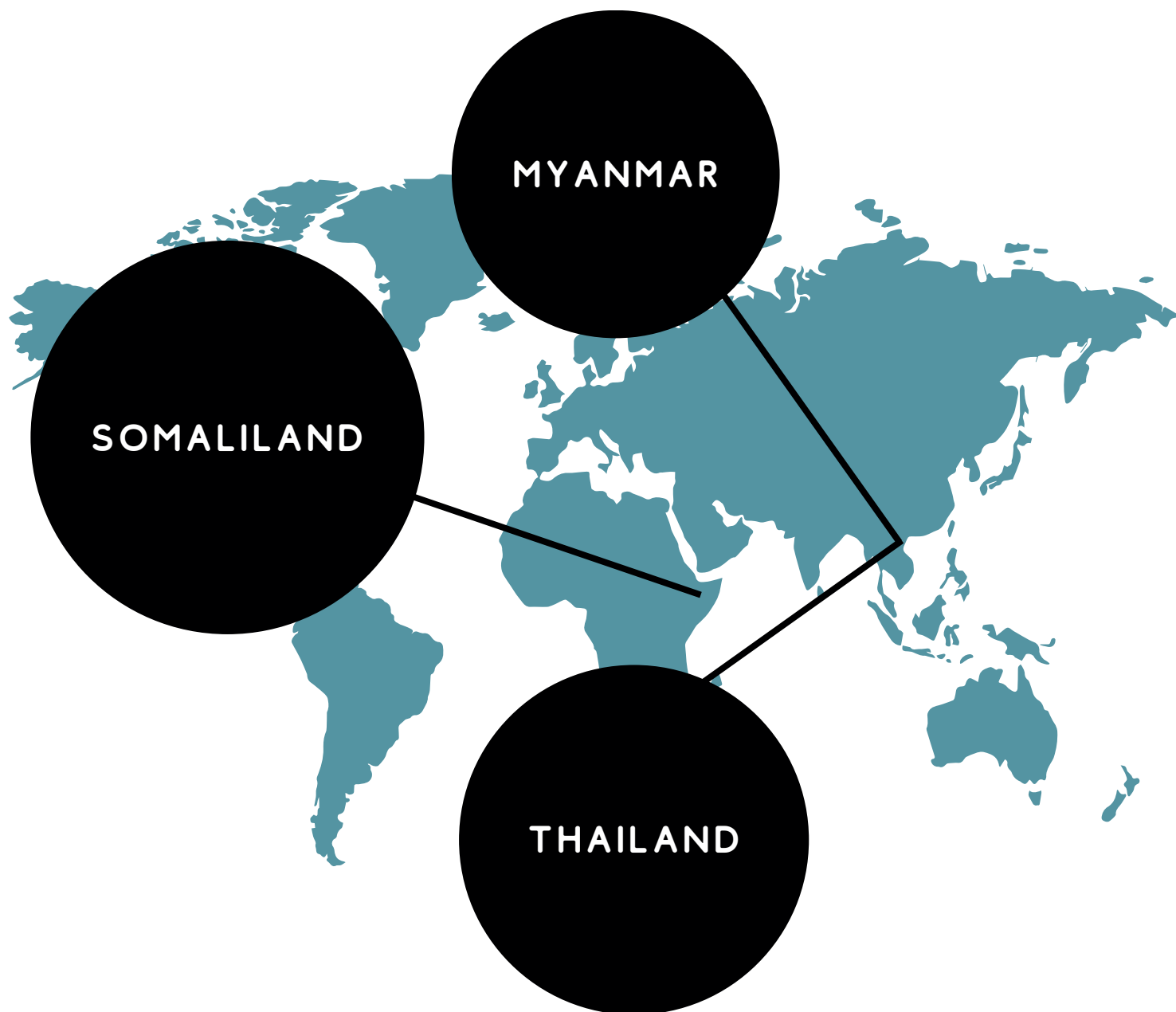
We hire local staff, training them with training and courses designed by medical professors and volunteer nurses. In this way, we contribute to the development of the country in which we operate.



We create partnerships with local and international organizations operating locally, to maximize the impact of our work.



WHERE WE ARE



In 2022, MedAcross' activities tripled, expanding healthcare projects in Thailand, for Burmese migrants fleeing the country, and in Somaliland, for children living in refugee camps on the outskirts of Hargeisa.

The involvement in Myanmar has remained strong, although it has had to undergo adjustments driven by the constantly changing political situation. Burmese staff collaborated with Thai staff to organise activities at the border.

MOBILE CLINICS

In the developing country context, where access to health care is often constrained or non-existent, mobile clinics have proven to be a valuable ally for medical non-governmental organisations (NGOs) for the following reasons

Access to Basic Healthcare: Mobile clinics are designed to offer a wide range of basic healthcare services directly in the field. Due to their mobility, these units can reach remote communities that would otherwise remain without healthcare.

Adaptability and Flexibility: Mobile clinics are designed to adapt to the specific needs of the communities served. In this way, we can structure these mobile units according to emerging needs, ensuring customised care for local populations.

Low Costs: Mobile clinics are a cost-effective solution compared to building permanent health facilities. In addition, they reduce patient transport costs, which is particularly relevant in regions with underdeveloped road infrastructure.

Involved Communities: Mobile clinics foster direct interaction between medical personnel and local communities. This direct involvement not only improves the confidence of local communities in our work, but also raises awareness of the importance of preventive care and hygiene, helping to promote a healthier lifestyle.

The ability to bring medical care directly to the neediest communities, flexibility in responding to local needs, and efficiency in managing resources makes mobile clinics a key pillar in the mission to improve the health and well-being of disadvantaged populations around the world.

MYANMAR

2022 was a particularly difficult year for activities in Myanmar, which are periodically constrained by the security situation one year after the coup. Myanmar is currently one of the poorest countries in South East Asia, 149th out of 189 countries and territories, according to the UN Human Development Index.

Following the coup d'état on 1 February 2021, the day the Burmese army party came to power, a crisis began in Myanmar that has seen much of the Burmese population protest through months of demonstrations and strikes. This protracted crisis situation is at the root of the presence of some 1,473,000 internal migrants in Myanmar and 1,086,000 Burmese refugees and asylum seekers in neighbouring countries.

The health situation for migrants living in Kawthaung district accounts for the lowest number of health facilities in the country (with 3 state hospitals and 43 rural health centres) in an area of 43,345 km² and only one fifth of the rural health centres are operating in Kawthaung district. Another negative effect of the political crisis is the rapid increase in the prices of primary goods, which is driving many families over the poverty line.



MYANMAR PROJECTS



BASIC HEALTH CLINIC

The permanent clinic in the city of Kawthaung provides primary health care to dozens of patients every day who would otherwise not be able to afford any kind of medical assistance.

In 2022, the clinic changed location, moving to another building in the same neighbourhood to reduce the costs of maintainance and redirect resources to the increased health demand of the population. The clinic treats 1.200 patients and provided 5.400 free health services and related therapies during the year.

PROJECT FINANCED BY PRIVATE DONORS

MOBILE CLINIC

Mobile clinic activities have been the most heavily penalised by the restrictions and security measures taken in the context of the delicate political situation in Myanmar. Many of the areas previously served by the mobile clinic service have been caught up in armed clashes, with villages evacuated and people forced to migrate to other areas of the country or to neighbouring Thailand. Despite this, in 2022 we treated 3,808 patients with the mobile clinic.

PROJECT FUNDED BY

FONDAZIONESPECCHIO DEI TEMPI



SEXUAL AND REPRODUCTIVE HEALTH

The sexual and reproductive health project launched in November 2021 and funded by UN Women with funds from the WPHF, continued throughout 2022 with health care activities, distribution of hygiene and contraception kits and sexual and reproductive health training for thousands of women in Kawthaung district.

UNWOMAN-FUNDED PROJECT

TURIN BURMA

Three hundred years of friendship.

Relations between Italy and Myanmar have a long history: from the Barnabite religious, who worked in Myanmar in the eighteenth century, to the Congregation of the Oblates of the Virgin Mary who left Piedmont to reach this distant land in the early nineteenth century.

Among the Italians who worked in the Burma, the figure of the Cuneo-based **Father Paolo Abbona** deserves to be mentioned, whom the Burmese scholar Vivian Ba de fi ned “**the greatest and most Burmanized of the Oblates of Turin**”.

As a missionary, Father Abbona had built schools, hospitals, churches; he was also an able diplomatic managing relationship between the English and the Burmese court.

In the economic field, Father Abbona prepared the Treaty of Commerce and Friendship between the Kingdom of Italy and the Burmese Empire.

The recent establishment of the **Italy Myanmar Business Council** and the **Italy-Myanmar Chamber of Commerce** strengthens the cultural and economic link between the countries.

THAILAND

Since the Burmese crisis of 2021, Burmese migration to Thailand has intensified: about 3.7 million migrants are currently living in Thailand, 79.28% of these are Burmese and one has to exclude all Burmese migrants staying in the country illegally.

The majority of migrants enter Thailand through illegal channels, due to the high economic contribution required to obtain a work permit and the difficulties in obtaining refugee status.

In addition, Myanmar's ethnic minorities often lack identity documents, without which legal migration is impossible. The high travel costs required to cross the border often absorb the entire amount of money earned from the sale of all their property in Myanmar. This is why many migrants incur debts to reach Thai territory and fall victim to illicit trafficking at the border (human trafficking, drug trafficking, forced labour).

It is estimated that 2 million migrants currently work in dangerous environments and without basic services.

Burmese migrants and their children born in Thailand do not have access to the national health service and only go to hospital in extreme emergencies and the costs can totally absorb the average monthly salary of an illegal worker.

THAILAND PROJECTS

MOBILE CLINIC

To better reach the Burmese migrant population living and working in Thailand, particularly in the neighbouring province of Ranong, the Burmese mobile clinic model was applied to the Thai context. Here, Burmese communities live separately from the local population, in compounds adjacent to construction sites and harbours or within oil palm and rubber plantations.

Together with local partner DISAC, we served 11 communities by providing free visits to 2,013 Burmese patients without basic medical care in Thailand.

PROJECT FUNDED BY THE CITY OF TURIN AND PRIVATE DONORS



HEALTH TRAINING FOR COMMUNITY VOLUNTEERS

In conjunction with the mobile clinic days, MedAcross staff trained 15 Community Health Volunteers, members of the target communities of the intervention, who will be integrated to support the clinical activities following the training.

The training includes several thematic cycles that respond to the most widespread health needs in Burmese migrant communities: sexually transmitted diseases, particularly HIV, non-communicable diseases such as diabetes and hypertension, and notions of nutrition and prevention.

PROJECT FINANCED BY THE CITY OF TURIN AND PRIVATE DONORS

SOMALILAND

Since January 2022, we have been operating in Somaliland, a country in the Horn of Africa that declared its independence in 1991, but to date is still not recognised.

Although in a situation of relative stability, the country is one of the poorest in the world, with a GDP per capita of only 775 Euro.

In recent decades Somaliland has been severely affected by the effects of the climate crisis, which has led to recurring periods of drought, so intense that the UN has issued a famine warning.

The climatic emergency and food insecurity have led to the migration of a large part of the population from the southern and eastern areas to urban centres, with the establishment of 183 Internally Displaced Persons (IDP) camps, housing a total population of 557,000 people.

Around Hargeisa, the main city, there are 20 IDP camps housing 77,191 people, 60% of whom are children.

The difficult environmental conditions, aggravated by the drought, and the country's scarce resources have had a serious impact on the health of the population, whose life expectancy is only 56 years, mainly due to the very high infant mortality rate.

Our activities aimed at children in the 0-15 age group are part of this emergency context.



SOMALILAND PROJECTS



PEDIATRIC MOBILE CLINIC

The mobile clinic service reaches 4 IDP camps surrounding the city of Hargeisa twice a month, organising medical examinations, giving free treatment and - if necessary - transporting the most critical patients to the single paediatric hospital in the country: MAS Children Teaching Hospital.

In one year, we visited more than 1400 boys and girls, organised 1 emergency transport and connected 8 patients with the hospital for further investigations.

PROJECT FINANCED BY
FONDAZIONE SPECCHIO DEI TEMPI

PREVENTION IN IDP CAMPS

The prevention and awareness-raising programme is implemented at the same time as the mobile clinic service. In the year 2022, we implemented the Dengue and Respiratory Disease prevention campaign, helping 447 families to identify prevention methods, recognise symptoms and connect them with our doctors and/or health centres in the field.

PROJECT FINANCED BY
FONDAZIONE SPECCHIO DEI TEMPI



MAS CHILDREN HOSPITAL

Since the beginning of 2022, through the 'Mobile Clinics' project and later the 'Upgrading Somaliland Pediatric Health Care Services Quality' project, we have been supporting the children's hospital by paying part of the medical and nursing staff.

We have thus helped to care for an average of 50 to 60 patients per day.

PROJECT FINANCED BY
FONDAZIONE SPECCHIO DEI TEMPI