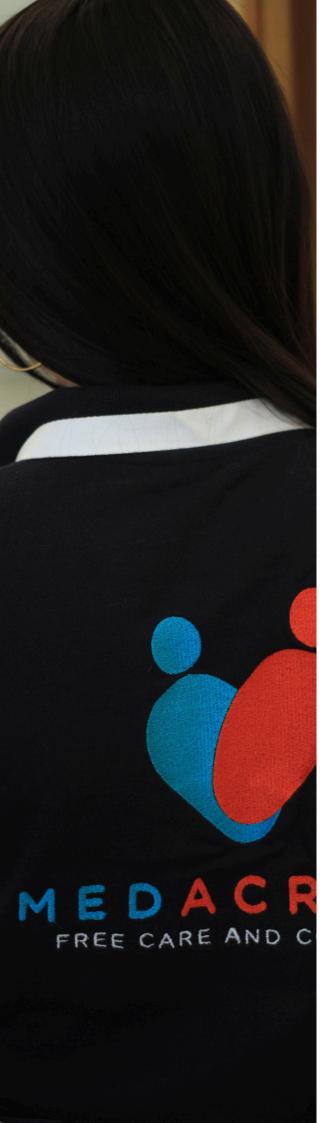




REPORT
ACTIVITIES
2024



CONTENTS

- **03** WHO WE ARE
- **04** HOW WE WORK
- **05** WHERE WE WORK
- **06** MYANMAR
- **07** MYANMAR PROJECTS
- **08** MOBILE CLINICS IN MYANMAR
- **09** THAILAND
- 10 THAILAND PROJECTS
- 11 SOMALILAND
- 12 SOMALILAND PROJECTS
- 13 MOBILE CLINICS IN SOMALILAND
- **14** EVENT ON SOMALILAND MISSION
- **15** VOICES FROM OUR STAFF AROUND THE WORLD
- 17 UNIVERSITY WORKSHOP

WHO WE ARE



MedAcross is a non-governmental organization (NGO) founded in **Turin** in **2016** by a group of doctors and professionals who decided to dedicate their free time to concretely **helping those without access to healthcare around the world**.

MedAcross envisions a future in which everyone, even the most remote communities in the world, has access to medical care, disease prevention, and safe, nutritious, and sufficient food, in order to ensure the essential conditions for good health.

Our distinctive approach is based on three fundamental pillars:

1. Training Local Healthcare Staff: we believe that empowering communities begins with education and the development of local resources. In collaboration with communities.

we work to train local healthcare personnel so they can provide basic medical care and improve health at the local level

- **2. Designing with Communities**: we don't impose ready-made solutions. On the contrary, we collaborate with communities to identify their specific needs and develop tailored healthcare projects. We believe that only through this approach can sustainable and meaningful results be achieved.
- **3. Engaging with Local Health Systems**: we actively collaborate with the healthcare systems of countries in the Global South to ensure that basic medical care is accessible to all. In addition to working with local authorities, we closely partner with NGOs operating on the ground to maximize development outcomes.

HOW WE WORK

We provide free medical consultations and medicines to patients treated in our facilities.

We operate in contexts where healthcare costs fall largely on individuals, preventing the poorest segments of the population from accessing basic medical care.

We reach communities living in the most remote areas, who are unable to access hospitals due to logistical and economic barriers.

We treat anyone in need of help, regardless of age, gender, religion, or ethnicity. We ensure our patients' confidentiality and support them in coping with social stigma, especially in the case of socially unaccepted illnesses.

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

We create partnerships with local and international organizations operating on-site to maximize the impact of our work.





WHERE WE WORK



In 2024, our activities in **Somaliland** and **Thailand** were consolidated, where we provide **assistance to displaced people** who lack access to basic healthcare.

MedAcross continues to operate in **Myanmar**, where international cooperation is limited, to **support the population amid the ongoing widespread conflict.**

In all the contexts where we carry out our projects, we have strengthened our network with non-governmental organizations that share our international development goals and cooperation methods.



MYANMAR

Three years after the coup d'état of February 1, 2021, Myanmar is facing one of the worst humanitarian crises in Southeast Asia. The civil conflict has forced over **2.3 million people** to flee their homes, while the population is experiencing a severe deterioration in economic and health conditions.

Since 2019, 75% of families have suffered a decline in income, directly impacting access to food, medicine, and essential goods. The already fragile healthcare system is in deep crisis: 70% of medical expenses are borne by patients, and more and more people are foregoing treatment for economic reasons (the price of medicines has increased by 40%).

Since 2016, MedAcross has been operating in the southern part of the country, in the **Tanintharyi** region, where the situation is particularly critical. In the **Kawthaung district**, rural health centers are almost completely shut down, while **the only available hospital is overcrowded** and managed by a few doctors who face constant difficulties.

Residents of rural areas struggle to reach healthcare facilities due to military checkpoints and the high cost of fuel.

Essential services, such as pregnancy care and management of chronic diseases, are often nonexistent. For this reason, MedAcross focuses its intervention on three priorities: ensuring care for women, children, and chronic patients; providing mobile health support in areas excluded from the public system; and promoting health education and prevention within local communities.



MYANMAR PROJECTS



HEALTHCARE SUPPORT

In 2024, MedAcross's mobile clinic provided free care to **1,290 patients** across **12 rural villages**, remote islands, and plantations in the **Kawthaung** district, while the fixed clinic treated **1,316 patients**, ensuring continuous care.

Field operations are particularly challenging: the ongoing conflict often prevents the mobile clinic from reaching patients, while the scarcity of open public healthcare facilities and the climate of constant uncertainty make it difficult to provide comprehensive health services.

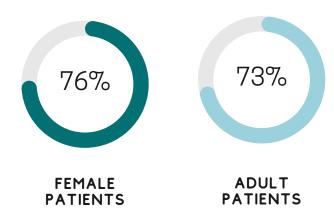
COMMUNITY TRAINING

Community volunteer training focuses on first aid, prevention, and hygiene. Volunteers present in remote communities serve as the point of contact between the village and our healthcare team. This way, we can stay in touch with patients who require regular check-ups and treatments, even during periods when connections are interrupted due to conflict and/or the monsoon season.

Through the network of volunteers who patients' vital monitor signs and communicate with the healthcare team. receiving treatments to distribute to patients, it has been possible to provide continuous support to more than 400 hypertensive diabetic and patients. Additionally, the health knowledge gained by the volunteers is shared within the community, reducing the risk of disease.

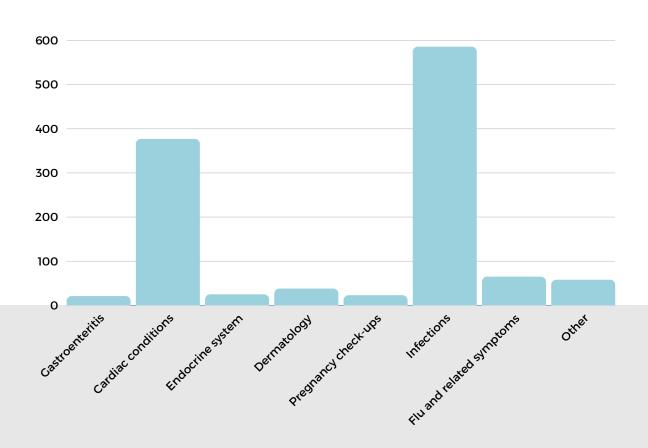


MOBILE CLINICS IN MYANMAR



From internal clinical analyses conducted in 2024, we gathered basic information about the composition of patients seen during the Mobile Clinics in Myanmar. It emerged that the majority of patients treated are **female**, and more than half of those accessing healthcare services are **between 20 and 60 years old**.

MAIN CONDITIONS TREATED





THAILAND

In the provinces of **Phang Nga and Ranong,** on the border with Myanmar, there are two particularly disadvantaged groups: on the one hand, a large community of **Burmese migrants**, often without regular documents, and on the other, large sections of the **local population living in rural areas**.

Both groups face severe daily challenges, such as lack of access to land, limited job opportunities, and major difficulties in receiving medical care, especially in the most isolated villages.

In these areas, the situation is further worsened by significant **food insecurity**: around **10% of the population** lives in severe conditions, **without sufficient or adequate food**. At the same time, access to healthcare and natural resources continues to deteriorate.

Women, both migrant and local, are affected even more harshly. In addition to poverty and the lack of services, they face **gender-based discrimination** that restricts their freedom and limits access to food, healthcare, and education.

In this challenging context, MedAcross's intervention represents a concrete and urgent response. The goal is to ensure access to healthcare and food, and to defend the human rights of the most marginalized. Activities focus on strengthening communities, empowering women, and valuing local traditional knowledge, building together paths toward autonomy, dignity, and social justice.



THAILAND PROJECTS



ACCESS TO HEALTHCARE AND TRAINING

MedAcross works together with FED to support Burmese migrant communities living in southern Thailand. These individuals often lack access to healthcare services and are unaware of their rights. The project has trained **20 local volunteers**, who have been equipped to inform their communities, provide health advice, and assist people in the villages. It also focuses on **cancer prevention** through educational sessions and practical support for patients, such as translation services and transportation to hospitals. In addition, we launched a campaign **to register Burmese migrants within the public health insurance system**, making it easier for them to access medical care. So far, over **360 people** have been successfully registered.

COASTAL COMMUNITY MAPPING

Along Thailand's Andaman coast, coastal communities depend on **mangrove forests** for their livelihoods. However, without secure land rights, their ability to protect these ecosystems remains limited.

In 2024, MedAcross launched a project in **20 coastal communities** to strengthen land rights by registering community forests. Focusing on **food security** and **women's empowerment**, we are supporting **130 community members** and documenting traditional knowledge related to the use of edible and medicinal plants, laying the foundation for both human health and ecosystem resilience.





SOMALILAND

In recent decades, Somaliland has faced severe climate emergencies and growing food insecurity, pushing large segments of the population to migrate from rural areas to urban centers. According to 2024 data, Somalia counts over 3.8 million internally displaced people, with approximately 98,586 hosted in the 22 displacement camps in the city of Hargeisa.

These settlements, often overcrowded and lacking basic services, concentrate the most dramatic effects of the nutritional and health emergency. Prolonged drought has forced rural populations to move to cities in search of food and water. The region also has the second-highest prevalence of malnutrition in the world (48.7% for the 2020–2022 period) and the second-highest infant mortality rate (11.2% in 2021).

In addition to environmental disasters, the country faces complex humanitarian crises, also linked to **tensions and conflict**, which have further exacerbated the emergency and increased the number of displaced people. Between September and November 2023, Somaliland was hit by a severe Dengue outbreak, affecting over 30% of children in the Hargeisa area. The neonatal mortality rate in Somaliland stands at 40 per 1,000 live births.

MedAcross operates in this context through its mobile pediatric clinic in refugee camps and by strengthening the Neonatal Unit of the main pediatric hospital in Somaliland.



SOMALILAND PROJECTS

PEDIATRIC ASSISTANCE AT MAS-CTH HOSPITAL

The multi-year project aims to strengthen neonatal care within MAS Hospital. Among the main activities, in 2024 an intensive neonatal resuscitation course was conducted, training 63 doctors and nurses from MAS-CTH Hospital and Hargeisa Group Hospital.

In the same year, a surgical mission carried out in collaboration with **the organization**Operare Per enabled screenings for over 100 children and the completion of 30 complex or urgent surgeries, providing specialized care to pediatric patients who would otherwise have no access to treatment.



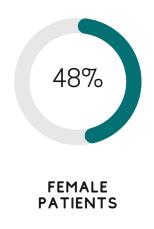
MOBILE CLINIC

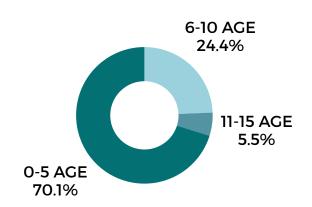
The mobile clinic service reaches **five internally displaced persons** (IDP) **camps on the outskirts of Hargeisa**, Digaale, Malowle, Qalax, Nasa Hablood C, and Nasa Hablood B, all located 30 to 45 minutes by car from the country's only pediatric hospital, the MAS Children Teaching Hospital.

The service provides **medical visits twice a month**, offering free treatment and—when necessary—**transport for the most critical patients to MAS Hospital**.

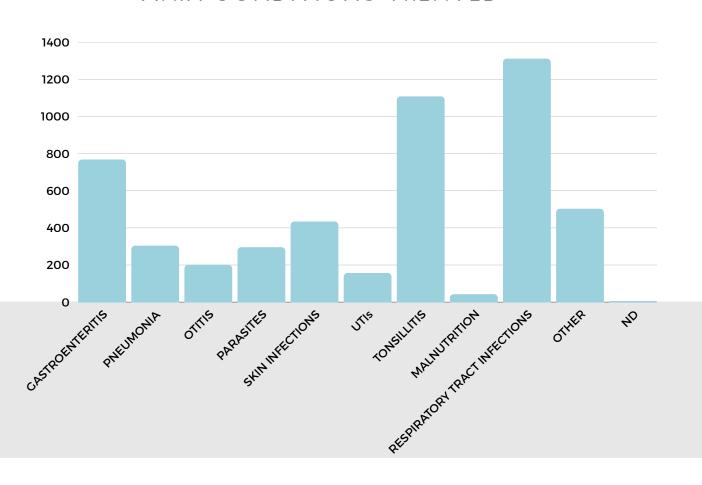
Over the course of one year, we treated **5,746** children and carried out **20 emergency transfers**. In the same year, we also made significant improvements to the medicine storage facilities dedicated to the mobile clinic.

MOBILE CLINICS IN SOMALILAND





MAIN CONDITIONS TREATED



EVENT ON SOMALILAND MISSION



On May 29, 2024, in Turin, MedAcross—together with the **Specchio dei Tempi Foundation**, held a public event to present the results of two years of healthcare activities in **Somaliland**. The meeting served as a moment of reflection and dialogue on the achievements made and the future prospects of the project. The initiative focused on two main areas: the upgrading of the **Neonatal Unit at MAS Hospital** in Hargeisa and **the operation of Mobile Clinics in the nearby refugee camps.**

The intervention in the Neonatal Unit involved the introduction of advanced clinical protocols, the training of healthcare personnel, and the adoption of updated medical technologies. These efforts led to a significant improvement in the quality of neonatal care and a reduction in infant mortality in the region.

At the same time, the Mobile Clinics played a crucial role in providing basic healthcare and preventive services to displaced communities in the five main refugee camps around Hargeisa. Thanks to their mobility, these clinics were able to reach isolated areas, delivering essential services to populations affected by ongoing humanitarian crises.

The event featured speakers from MedAcross and the Specchio dei Tempi Foundation, as well as doctors and nurses from Piedmont who took part in missions to Hargeisa, sharing data, field experiences, and firsthand stories from their work.

VOICES FROM OUR STAFF AROUND THE WORLD



ERIKA VITALE - PROGRAM COORDINATOR

2024 was a difficult year for MedAcross's work in Myanmar: The country's crisis became increasingly widespread and harder to bear for its citizens—especially those living in remote, conflict-affected areas. Economic conditions deteriorated dramatically, and more and more families fell into poverty.

Despite this, Myanmar has been increasingly pushed to the sidelines of humanitarian funding, overshadowed by other crises that are geographically closer to the Western world. Tough decisions had to be made, such as reducing the scale of activities and cutting the working hours of local staff, in order to keep the projects running and essential services active despite limited financial resources.

Thanks to the unity and tremendous humanitarian spirit of the local team, MedAcross managed to overcome yet another challenge and remained by the side of the people—continuing to provide healthcare support and strengthening community resilience through the training of community health workers.

VALENTINA DEMONTIS - ADMINISTRATION

Participating in the seminar organized again in 2024 by MedAcross for students of the University of Turin was a truly enriching experience. Exploring topics like project planning and international cooperation, and learning more about MedAcross' activities, gave me the chance not only to share my experience but also to learn a lot through meaningful exchanges with the students...

Their curiosity, enthusiasm, and original ideas made the discussions dynamic and stimulating. It's always inspiring to see how new generations approach crucial issues like health and cooperation with such passion. It was a valuable opportunity for mutual exchange and growth.



VOICES FROM OUR STAFF AROUND THE WORLD



JESSICA GENOVA - AFRICA AREA

In Somaliland, we contribute to strengthening access to healthcare for vulnerable girls and boys. This is made possible also through daily dialogue with healthcare personnel, camp coordinators for internally displaced persons, institutions, and local organizations rooted in the territory.

In 2024, we continued to support healthcare activities within the MAS-CTH pediatric hospital, strengthening the Neonatology and Surgery departments, as well as providing healthcare assistance in the displacement camps. Among the many activities implemented, I personally experienced the opening of a new mobile clinic service in a camp for displaced people.

This experience demonstrated the synergy between organizations, institutions, and the warm welcome from camp coordinators and families. Unfortunately, the right to health is still a privilege. I believe that being close to people, building shared strategies, and taking concrete action is the most effective way to improve everyone's living conditions. We are all part of an interconnected system, and only by working together can we create real and lasting change.

NICHAMON CHAICHANACHUCHIRD (JAN)- THAILAND

In 2024, we began implementing our project in the coastal communities of Thailand, after years of assessments. I was grateful to be part of the field coordination team, working closely with the people and witnessing firsthand the vital role that mangrove ecosystems play for their health and livelihoods.

At MedAcross, we recognize that health is deeply connected to environmental and social factors. Many women are key custodians of these natural resources, yet they still face numerous limitations in participation and decision-making processes.

I believe that our initiatives for women's empowerment and the research started this year to assess the nutritional, medicinal, and cultural value of forest resources will lay a crucial foundation for the health of the people and for more resilient coastal ecosystems.





UNIVERSITY WORKSHOP

In 2024, MedAcross once again renewed its commitment to strengthening the connection between academia and international cooperation to contribute to the education of young professionals in being aware, skilled, and prepared to face the complex global challenges ahead.

In collaboration with the **University of Turin**, we launched a new series of seminars. This year's training program focused on **Somaliland**—a fragile yet highly significant region for understanding the dynamics of humanitarian action in areas affected by protracted crises and political instability.

Through the combined contributions of university professors and MedAcross staff, the seminars explored topics such as: the role of NGOs in crisis contexts, operational field strategies, planning and monitoring tools, and critical aspects of international cooperation.

The final part of the seminar took the form of a

The final part of the seminar took the form of a practical workshop, where participants worked in groups to draft project proposals inspired by MedAcross's real-world operations.

This experience proved to be particularly enriching, allowing students to apply the theoretical knowledge they had gained, strengthen their skills in Project Cycle Management, and develop а understanding of the ethical and operational responsibilities involved in humanitarian work. For MedAcross, collaboration with universities represents a dynamic space for exchange, learning, and mutual growth. We believe that investing in education also means planting the seeds of change—laying the foundation today for a more just, effective, and sustainable model of cooperation tomorrow.