

Annual Report 2024



eni foundation





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Letter from the President



2024 was a year of intense commitment for the Eni Foundation, marked by its presence in areas of greatest need and strongest hope. We operated in a variety of complex contexts, guided by one firm belief: that health, dignity and human relationships are not privileges for the few, but rights to which everyone is entitled.

In Rwanda, we strengthened maternal and child health services across four districts, building maternity wards and enhancing emergency care during childbirth. This work will save lives and offer thousands of women and children access to safe, quality healthcare. In the Tabasco region of Mexico, we improved access to primary healthcare for the most vulnerable. In Egypt and Algeria, we focused respectively on establishing a burns centre for adults and children and deploying mobile clinics to reach remote and underserved communities. In Libya, in collaboration with the World Health Organisation, we ensured access to essential medicines for children with cancer.

Our commitment has also been present in Italy. Alongside Eni Plenitude Società Benefit, we implemented concrete actions in Naples, Rome and Turin, with the aim of preventing vulnerable situations from worsening and reducing the risk of extreme poverty for individuals and families with minors. We also offered support to elderly people living alone, individuals with disabilities, the homeless and young people facing financial hardship. These initiatives were designed to respond to the needs of urban and social margins - areas where hardship often concentrates, but where great strength and energy also reside. It is precisely in these peripheral spaces - geographical, social, cultural and healthcare-related - that the Eni Foundation has chosen to be close to people.

This spirit also inspired the conference organized by the Eni Foundation at the Italian Embassy to the Holy See, titled 'Il ruolo della Chiesa, delle imprese e del terzo settore a supporto della riabilitazione dei giovani negli istituti minorili' [The role of the Church, businesses and the third sector in supporting the rehabilitation of young people in juvenile detention centres]: a high-level cultural, ethical and institutional event, where we had the opportunity to reflect - together with experts and witnesses - on the value of proximity and the need for a new culture of care.

At the heart of every action we took was the individual, as the true measure and objective of all our efforts.

This same focus led to the publication of 'Come vento in un campo' [Like wind in a field] (published by il Mulino), a book curated by the University of Turin and the D.O.C. cooperative, offering an in-depth reflection on our project to support families - particularly mothers and children - fleeing the war in Ukraine. The initiative was carried out in the summer of 2022, in the early stages of the conflict. It was more than a response to an emergency: it created a temporary community offering meaning, care and dignity. It also provided an opportunity to 'scientifically' study a model of reception for displaced people - migrants forced to cross borders, whose lives had been shattered and were seeking a path to recovery.

All of this was made possible thanks to the professionalism and dedication of our team, to our institutional partners, to local communities, and to the support of Eni, which continues to believe in a Foundation whose aim is not charity, but the promotion of social justice and human development, a Foundation that embraces the world's vulnerabilities and actively contributes to the common good. I would like to express my sincere gratitude to the men and women of the Eni Foundation and to the Secretary General, for their commitment to turning projects into concrete action.

With humility, but also with a strong sense of purpose, we continue to believe that action, when driven by genuine commitment to serving others, can help change the course of events. That solidarity is a force capable of transforming reality. That care is a universal language.

And so, once again this year, the Eni Foundation has chosen to be like wind in a field: bringing life, awakening strength, and enabling new growth. Always standing beside those in greatest need. Always looking to the dignity of the other, of each person, of our neighbour.

Domenico Gianì
President Eni Foundation

Report on operations



ENI FOUNDATION PROFILE

The Eni Foundation was set up at the end of 2006 to independently promote and implement social and humanitarian initiatives in Italy and abroad, providing support, healthcare and education and protecting culture and the environment. Its particular focus is on the most vulnerable in society, like children, the most delicate and defenceless among us. In line with the values that have always defined Eni's work and Code of Ethics, the Eni Foundation works with respect for the Universal Declaration of Human Rights, core conventions of the International Labour Organisation (ILO) and OECD guidelines. The Eni Foundation is inspired by a desire to protect and promote the inalienable and essential rights of human beings, which are the foundation of societies built on principles of equality, solidarity and civil, political, social, economic, cultural and so-called 'third-generation' rights. The Eni Foundation respects the cultural, economic and social rights of the local communities it works in and tries to put them in place where possible, particularly the rights to health, proper nutrition, drinking water, the highest level of physical and mental health and education.

Human resources

In 2016 the Eni Foundation set up an internal structure for carrying out its activities. These include external communication, finding new opportunities, linking the work of bodies and government institutions with that of the Foundation, and support for planning, administration and compliance. We also rely on Eni's skills and expertise, having drawn up a supply contract with the company for technical services.

Working methods

The Eni Foundation is a business foundation that works towards the goals assigned to it with a proactive approach. It focuses its work on initiatives it designs and creates itself. All the Eni Foundation's work is inspired by the following principles:

- analysis and understanding of the contexts we work in;
- transparent communication with stakeholders;
- vision and commitment in the long-term;
- spreading and sharing results and skills.

The Foundation's main work is initiatives to help vulnerable people in society and, within its role as Eni's business foundation, to set out efficiency criteria for the company's work, namely:

- relevance of goals and content;
- management control;
- sustainability;
- measurability of results;
- repeatability of operations.

The Eni Foundation works on the experience and expertise of Eni's founder, Enrico Mattei, in a range of societies and cultures around the world. In the belief that complex problems require an integrated approach, the Foundation is open to collaborations and partnerships with other organisations (non-governmental organizations, humanitarian agencies, local institutions and administrations) both in the planning and action phases, provided they have proven experience and skills.

Organisational structure

The Eni Foundation's structure is made up of the following bodies:

Board of Directors

President Domenico Giani

Directors: Cristiana Argentino, Grazia Fimiani, Leonora Ruta

Secretary General: Filippo Uberti

Board of Auditors: Paolo Fumagalli (Chairman), Marco Tani (Chairman since February 7, 2025), Vanja Romano, Pier Paolo Sganga

RWANDA



COUNTRY DATA

Indicator	No. - %	Source
Population (thousands)	13,246,394 (of whom 6,817,068 women (51.5%) and 6,429,326 men (48.5%))	
under 17 years old (thousands)	5.9 (45%)	
16-30 years old	3.6 (27.1%)	
over 60 years old (thousands)	862,929 (6.5%)	
Life expectancy at birth (years)	69,6 (67,7 men - 71,2 women)	Fifth Rwanda Population and Housing Census, 2022. Ministry of Finance and Economic Planning National Institute of Statistics of Rwanda
Birth registration rate	94%	
Infant mortality rate (per 1,000 live births)		
0-5 years old	28.9	
Disability prevalence rate		
over 5 years old	3.4% (3.6 women - 3.1 men)	
Nutritional status		
Chronic malnutrition (% of children under 5 years old)	33	2019-2020 Rwanda Demographic and Health Survey - National Institute of Statistics of Rwanda (NISR)
Prevalence of underweight, weight by age (% of children under 5 years old)	8	
Maternal mortality rate (per 100,000 live births)	203	
Fertility rate	3.6	Fifth Rwanda Population and Housing Census, 2022. Ministry of Finance and Economic Planning National Institute of Statistics of Rwanda
Human Development Index	163 out of 191	Human Development Index (2023-2024 UNDP report)
Current health expenditure (% of GDP)	7.32	WORLD BANK 2020

INITIATIVE TO SUPPORT MATERNAL AND CHILD HEALTH IN THE NYAGATARE, MUSANZE, GISAGARA AND RULINDO DISTRICTS

Introduction

On November 23, 2022, the Eni Foundation, the Ministry of Health (MoH) and the Ministry of Finance and Economic Planning (MINECOFIN) signed a three-year agreement to strengthen maternal and child health services, with a focus on the management of emergency care during childbirth and for newborns in four districts of the country: Gisagara, Musanze, Nyagatare and Rulindo (about 1.5 million people).

The intended beneficiaries are mothers and children, vulnerable groups, including persons with disabilities, and health personnel.

Background

Rwanda, officially the Republic of Rwanda, is a landlocked Country located in the Great Rift Valley of central Africa and borders Uganda, Tanzania, Burundi and the Democratic Republic of the Congo. The country is divided into 4 Provinces (Northern

Province, Southern Province, Eastern Province and Western Province) and the city of Kigali, 30 districts, 416 sectors, 2,141 cells and 14,837 villages.

Rwanda has a population of about 13 million with over 40% of the population under the age of 15. The population is predominantly rural (83%), with a steady increase in urbanization.

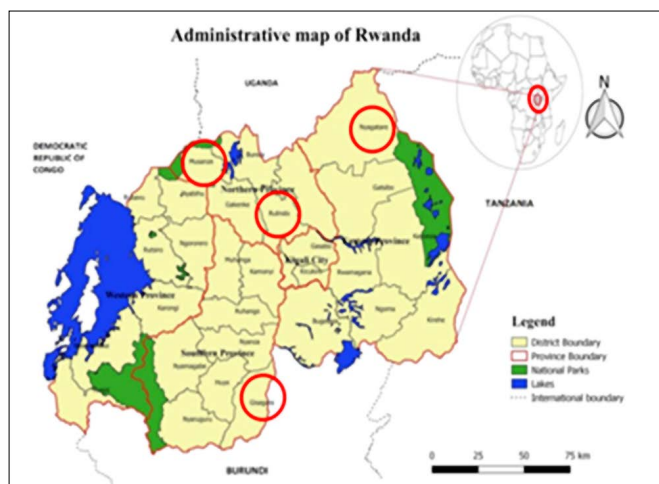
Rwanda has maintained its political stability since the 1994 genocide. Since then, the Rwandan government has made significant achievements in poverty reduction, gender equality, environmental sustainability, food production, education and public health, in line with the Millennium Development Goals. In the post-Millennium Development Goals era, the government has been committed to implementing the 2030 Agenda and addressing the significant challenges that remain and has prioritised the achievement of the Sustainable Development Goals as a key element of its development strategies.

Life expectancy has increased from 49 years in 2000 to 69 years in 2020. Poverty has been reduced significantly from 60.4% in 2000 to 38.2% in 2016/2017 and extreme poverty was reduced from 40% to 16% over the same period.

Maternal and child health has improved significantly over the last two decades. Maternal mortality decreased by 80% between 2000 and 2014, while infant mortality decreased by more than 70% over the same period.

Health insurance currently covers 85% of the population with CBHI (Mutuelle de Santé) community-based health insurance programmes.

Area of intervention and main problems identified



- Insufficient quality of maternal, newborn and child health services and emergency care during childbirth and for newborns.
- Insufficient provision of essential equipment for maternity and neonatology.
- Lack of some maternity facilities that do not meet quality standards: some of them are small compared to their capacity to accommodate the expected high number of deliveries.

- Need to improve the emergency transport system and the network of basic emergency care during childbirth and for newborns.
- Lack of sufficient numbers of qualified health workers and midwives in the selected districts.
- Need to improve the quality of ANC services (Antenatal care).
- Insufficient training of *Community Health Workers*, including the need to improve the health information system at village level by providing smartphones, tablets and other equipment.
- Need to raise awareness and inform the local population on health promotion issues with specific focus on prevention of endemic diseases, maternal and child health, nutrition, etc.

Health system structure

The Rwandan health sector has a pyramid structure and consists of three levels: the central level, the middle level and the peripheral level. The central level includes the Ministry of Health (MoH), the Rwanda Biomedical Center (RBC) and the national referral hospitals and universities.

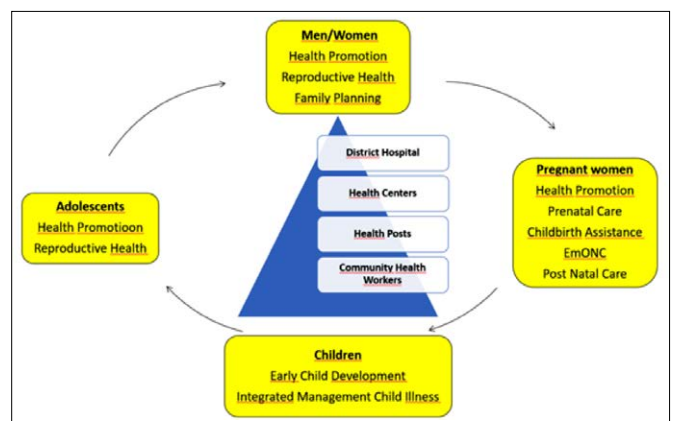
The referral hospitals in the province represent the intermediate level.

The peripheral level is represented by administrative offices (district health offices), district hospitals and a network of Health Centres, Health Posts and Community Health Workers¹.

Strategy and goals

The project's strategy was identified jointly with local health authorities, at central and district levels, and is considered in line with Rwanda's Fourth Health Sector Strategic Plan 2018-2024.

The project's strategy is based on the *Maternal and Child Health Service Cycle*:



The initiative aims to improve access to primary healthcare services, at different levels of the healthcare system (community, primary and secondary), with a focus on maternal and child services.

The initiative has two main components:

- infrastructure: construction of 13 maternity blocks, supply of equipment/furniture and ambulances to provide emergency care during childbirth and for newborns.

1) Health workers are selected and trained within their communities of origin and play a key role in ensuring access to basic health services.

- Capacity Building: support for the ongoing community health reform in the country through the training of over 6,000 community health workers at village level including the provision of kits and training of health personnel.

Partners and roles

The Eni Foundation finances the project and is responsible for its management. The Ministry of Health plays a crucial role in the implementation of the project as it is directly involved in the implementation of the infrastructure component through the government agency Rwanda Biomedical Center. It also ensures full cooperation at all levels of the health system with the various districts and actors involved.

Goal

Improving access to/use of maternal and child health services in the Nyagatare, Musanze, Gisagara and Rulindo districts at community, primary and secondary levels with a focus on emergency care during childbirth and for newborns.

Expected results and related activities

EXPECTED RESULT A

Primary healthcare is strengthened at the village level (**Community Health Workers**):

- supporting the action of Community Health Workers (Capacity Building on the multi-purpose model² and supply of kits);
- health promotion and prevention of endemic diseases through local leaders and Community Health Workers.

Activities:

- A.1.1.: Implementation of training courses on the multi-purpose model for Community Health Workers;
- A.1.2.: Supply of kits;
- A.1.3.: Planning and implementation of health education activities.

EXPECTED RESULT B

Primary healthcare is strengthened at district level - **Health Post**

- Staff capacity building:
 - MCH Life Cycle services*;
 - Early identification and care of children with disabilities - implementation of MoH policy;
 - Basic emergency care during childbirth and for newborns (EmONC);
- Building of a maternity block at the Gakagati Health Post (Nyagatare District) and supply of equipment.

Activities:

- B.1.1.: Planning and delivery of training courses in the various subjects;

- B.1.2.: Design and construction of a maternity block at the Gakagati Health Post and supply of equipment/furniture.

EXPECTED RESULT C

Primary healthcare strengthened at sector level - **Health Center**:

- 12 selected health centres with new maternity blocks, supply of equipment/furniture and ambulances (EmONC core network);
- Capacity building (Emergency care during childbirth and for newborns).

Activities:

- C.1.1.: Evaluation of the 12 selected HCs;
- C.1.2.: Final construction design;
- C.1.3.: Execution of construction works;
- C.1.4.: Purchase and installation of equipment/furniture and ambulances;
- C.1.5.: Planning and delivery of training courses in the various subjects.

EXPECTED RESULT D

Primary healthcare strengthened at district level - **Hospital** (Gakoma and Kibilizi in the Gisagara district):

- Capacity building (Emergency care during childbirth and for newborns);
- Supply of equipment for the maternity wards of the 2 district hospitals.

Activities:

- D.1.1.: Planning and delivery of training courses;
- D.1.2.: Assessment and supply of equipment for maternity wards (Gakoma and Kibilizi in Gisagara).

EXPECTED RESULT E

Strengthened primary healthcare at primary and secondary community level.

Rapid transfer of urgent cases from EmONC network facilities to the referral district hospital.

Activities:

- E.1.1.: Supply of four ambulances.

Duration and cost

The three-year initiative has a total cost of €6.5 million.

Activities completed in 2024

4 maternity blocks completed:

1. NYAGATARE/BUGARAGARA;
2. RULINDO/SHYORONGI;
3. GISAGARA/MUGOMBWA;
4. GISAGARA/GISHUBI.

² The multi-purpose model is provided for in the ongoing reform of the community health programme and consists of training CHWs in an integrated manner across 14 subjects to enable all CHWs to provide the entire integrated community health package. This new model is currently being implemented in 6 districts: Nyabihu, Nyamagabe, Gakenke, Nyaruguru (founded by the WHO Global Strategic Preparedness and Response Plan - SPRP), Nyanza (USAID, as part of the Ingobyi activities) and Nyamasheke (ENABEL, under the BARAME project).

Progress of activities

CONSTRUCTION OF MATERNITY BLOCKS

Y/N	District	Location	%	Notes
1	NYAGATARE	BUGARAGARA HC	100%	Completed, waiting to be delivered
2	NYAGATARE	GAKAGATI SGHP	98%	Final work in progress
3	MUSANZE	KARWASA HC	80%	Final work in progress
4	MUSANZE	SHINGIRO HC	82%	Final work in progress
5	MUSANZE	RWAZA HC	81%	Final work in progress
6	RULINDO	SHYORONGI HC	100%	Completed and delivered
7	GISAGARA	MUGOMBWA HC	100%	Completed and delivered
8	GISAGARA	GISHUBI HC	100%	Completed and delivered

Y/N	District	Location	Notes
1	NYAGATARE	NTOMA HC	Contract signed
2	NYAGATARE	RUKOMO HC	Contract signed
3	MUSANZE	GASIZA HC	Contract signed
4	GISAGARA	MUSHA HC	Contract signed
5	GISAGARA	GIKORE HC	Contract signed

MEDICAL EQUIPMENT

Y/N	District	Location	Delivery status (%)	Notes
1	NYAGATARE	BUGARAGARA HC	36.18%	Second phase (May 2025)
2	NYAGATARE	GAKAGATI SGHP	0.00%	First phase (May 2025)
3	NYAGATARE	RUKOMO HC	0.00%	Second phase (May 2025)
4	NYAGATARE	NTOMA HC	0.00%	Second phase (May 2025)
5	MUSANZE	KARWASA HC	54%	Delivery scheduled for January 2025
6	MUSANZE	SHINGIRO HC	54%	Delivery scheduled for January 2025
7	MUSANZE	RWAZA HC	54%	Delivery scheduled for January 2025
8	MUSANZE	GASIZA HC	0.00%	Second phase (May 2025)
9	GISAGARA	MUGOMBWA HC	0.00%	Second phase (May 2025)
10	GISAGARA	GISHUBI HC	36.18%	Second phase (May 2025)
11	GISAGARA	KIBILIZI DH	65.97%	Delivery scheduled for January 2025
12	GISAGARA	GAKOMA DH	100%	Completed
13	GISAGARA	MUSHA HC	0.00%	Second phase (May 2025)
14	GISAGARA	GIKORE HC	0.00%	Second phase (May 2025)

AMBULANCES

Four ambulances delivered to the Rwanda Biomedical Centre. The ambulances will be registered between January and February 2025 and delivered to the 3 selected districts:

- 2 ambulances for the MUSANZE district: RUHENGERRI Level 2 Teaching Hospital;
- 1 ambulance for the NYAGATARE district: District Hospital;
- 1 ambulance for the GISAGARA district: GAKOMA District Hospital.



COUNTRY DATA

Indicator	No.	Source
Population (thousands)	129,739	World Health Organization, 2023
under 14 years (thousands)	32,328	
over 65 years (thousands)	10,353	
Life expectancy at birth (years)	74.6	World Bank, 2021
Infant mortality rate (per 1,000 live births)		UNICEF, 2021
0-5 years old	12.8	
0-12 months	11	
newborns	8	
Nutritional status		World Health Organization, 2022
Prevalence of stunting, height by age (% of children under 5 years old)	12.6	
Prevalence of weight loss due to malnutrition, weight relative to height (% of children under 5 years old)	1.7	
Prevalence of underweight, weight by age (% of children under 5 years old)	4.2	
Prevalence of undernutrition (% of population)	3.0	
Prevalence of overweight (% of children under 5 years old)	7.2	
Maternal mortality rate (per 100,000 live births)	59	World Bank, 2020
Risk of maternal death throughout life	1 in 820	World Bank, 2020
Current health expenditure (% of GDP)	6.08	World Health Organization, 2021
Prevalence of diabetes (% of population aged 20-79)	16.9	World Bank, 2021

Background

Mexico, located in the southern part of North America, is bordered to the north by the United States, to the south and west by the Pacific Ocean, to the southeast by Guatemala, Belize, and the Caribbean Sea, and to the east by the Gulf of Mexico. Mexico is a federation of 32 States, including Mexico City, the seat of the federal government. With a population of **131 million (estimated 2023)**, it is the tenth most populous country in the world and thirteenth largest in terms of land area.

In Mexico, life expectancy at birth is **74 years** (72 years for males and 78 years for females, 2023). The crude birth rate was 15 births per 1,000 inhabitants in 2021. Mexico is ranked among the countries with the highest rates of obesity and overweight globally, with **75.2%** of the adult population (over 20 years) currently classified as obese or overweight (National Institute of Public Health, 2022). The increasing prevalence of obesity and associated non-communicable diseases, particularly diabetes, is a serious public

health emergency. In addition, Mexico has the highest rate of childhood obesity worldwide.



Some important data:

- the population is relatively young, with only 14% aged 60 and over (new edition of the National Employment Survey, 2022). However, declining mortality and fertility rates are contributing to the gradual ageing of the population;
- poverty and food insecurity are persistent challenges; these affect rural residents disproportionately;
- heart disease, diabetes mellitus and malignant tumours were the leading causes of death in 2023 (National Institute of Statistics and Geography, 2023);
- the prevalence of obesity in Mexico is the second highest in the world (after the United States), while overweight and childhood obesity have the highest levels globally;
- the COVID-19 pandemic had a significant impact on morbidity and mortality in the country. Life expectancy decreased rapidly from 75 years in 2020 to 72 years in 2022, was 78 years for women and just over 72 years for men (National Institute of Statistics and Geography, 2023).

Area of intervention and identification of the problem



Tabasco, officially the Free and Sovereign State of Tabasco, is one of Mexico's 32 federal entities. It is divided into 17 municipalities and its capital is Villahermosa. Located in the south-east of the country, it borders the Gulf of Mexico to the north.

Most of the territory is covered by rainforest, since, unlike many other regions of Mexico, Tabasco experiences abundant rainfall throughout the year.

The State covers 24,731 km² (9,549 square miles). The municipality of Cárdenas is the second most populous in the State, after the municipality of Centro, where the capital Villahermosa is located.

The population of the municipality of Cárdenas in 2024 was 283,587, of whom 49.1 % were male and 50.9 % female. There are several smaller communities in the municipality, but the largest are Sánchez Magallanes and Campo Magallanes. The area of the municipality is 2,112 km² (815.45 square miles).

Cárdenas is the second largest city in the state of Tabasco in southeastern Mexico. It is located in the northwestern part of the State, on the coast of the Gulf of Mexico, east of the city of Coatzacoalcas, Veracruz. The city is the seat of the municipality of Cárdenas.

According to the Health Directorate of the Cárdenas Health Jurisdiction, in 2024, the population of productive age, between 15 and 49 years old, had 146,112 inhabitants, or 51.52% of the total population. In this group, 75,375 women of childbearing age represent 51.58% of this segment, corresponding to 26.58% of the total population. This age group is particularly vulnerable to pregnancy, childbirth and postpartum control actions, family planning, vaccination against infectious diseases, and cervical and breast cancer monitoring.

The population is divided into 3 main age groups:

1. **children and teenagers (0-19 years):** 104,732 inhabitants. This age group is further divided into four groups, each of which receives specific interventions: newborns, children under the age of 5, children aged 5 to 9, and teenagers aged 10 to 19;
2. **adults (20-59 years):** 148,458 people;
3. **elderly (60 years and over):** 30,395 inhabitants.

VULNERABLE GROUPS

Group	Population	%
Under 5 years old	25,895	9.13%
Women of childbearing age	75,375	26.58%
Over 60 years old	30,395	10.72%

INFANT MORTALITY

In the municipality of Cárdenas, in 2021 the total number of deaths in the 0-5 age group was 19, with a rate of 6.6 per 100,000 inhabitants, lower than in the last five years. In 2020, 13 child deaths occurred at a rate of 4.66 per 100,000.

In the State of Tabasco, in 2021 there were 524 reported deaths among children aged 1 to 4 years, resulting in a mortality rate of 16.44%.

MATERNAL MORTALITY

In 2021, 26 maternal deaths occurred. Of these deaths, 9 were due to complications from obstetric issues, and 12 were related to postpartum problems.

HEALTHCARE FACILITIES IN THE MUNICIPALITY OF CÁRDENAS

In the municipality of Cárdenas, the Ministry of Health has 42 health centres for primary healthcare, each covering approximately 1,500 inhabitants. There is also 1 mobile clinic serving 5 communities, 1 polyclinic and 3 specialised medical units distributed throughout the municipality.

IDENTIFIED PRIORITY HEALTH NEEDS

- Healthcare facilities need urgent rehabilitation to meet minimum health service requirements.
- Lack of clean water, irregular electricity supply, lack of equipment and maintenance/repair capacity.
- The shortage of health personnel is frequently reported as a limiting factor.
- At the hospital level, the shortage of consumables (especially personal protective equipment - PPE) is considered a critical issue.
- The lack of computer devices and of Internet connection negatively affect the efficiency of the Health Management Information and Epidemic Surveillance systems, hindering the effective and efficient management of the Cárdenas Health System.

Strategy and goals

In line with its mission, the **Eni Foundation**, with the support of the Ministry of Health of the State of Tabasco, aims to strengthen the **Primary healthcare** (PHC) system in the Municipality of Cárdenas by focusing on the most vulnerable groups such as mothers/children, elderly and people with chronic diseases and disabilities especially in the most disadvantaged communities. In this regard, a medium-to-long-term strategy has been designed.

In 2023, the **Eni Foundation** planned a medium-to-long-term activity to support local health authorities in increasing access to **Basic healthcare** (PHC) services in the State of Tabasco, in particular in the municipality of Cárdenas. This initiative is aligned with the **Programa Sectorial de Salud 2019-2024** [Sectoral Health Programme 2019-2024], with the aim of benefiting the most vulnerable groups and the most disadvantaged communities, continuing with the activity initiated in 2022.

SPECIFIC MEDIUM/LONG-TERM GOAL

To increase the access of the most vulnerable groups to **Primary Healthcare Services** in the municipality of Cárdenas and surrounding communities through actions at different system levels (jurisdiction, referral hospital, priority health centres).

Partners and roles

The **Eni Foundation** finances the project and is responsible for its management.

The **Ministry of Health (Secretaría de Salud, SSA)** in the State of Tabasco plays a crucial role in the implementation of the project by ensuring full cooperation at all levels with particular reference to the jurisdictional level through the relevant departments. The **Health Jurisdiction of the Municipality of Cárdenas (Jurisdicción Sanitaria de Cárdenas)** is directly involved, providing the facilities, technical personnel, equipment and any additional support needed.

Furthermore, **IMSS-Bienestar** is a key partner in the project, as it works with the Ministry of Health and local authorities to

strengthen primary healthcare in the most vulnerable areas, contributing resources, training and expertise in supporting health services in the communities of Cárdenas.

Duration and cost

2022-2026 (€5 million).

Expected Results

The project, in line with the strategy of the Ministry of Health in the State of Tabasco, involves improving access to primary healthcare services by:

1. strengthening the ability of health jurisdictions to manage the healthcare system through the health information, epidemiological surveillance and continuing education systems;
2. supporting the referral hospital services in Cárdenas (obstetric/neonatal care, diabetes, cardiovascular);
3. strengthening the infrastructure of the Primary healthcare service network to promote effectiveness and quality of care;
4. supporting federal/state information, education and communication campaigns on priority diseases and conditions (obesity, diabetes, cardiovascular diseases, teenage pregnancy).

Activities completed by 2024 Administration and Governance

In 2024, the project continued under the supervision of a high-level Steering Committee (SC), composed of representatives from the Tabasco State Ministry of Health and the Eni Foundation, ensuring alignment with health policies and providing institutional support. The Technical Committee (TC) at the municipal level in Cárdenas met quarterly to discuss project planning and implementation, with monthly coordination between the Eni Foundation operative and the Cárdenas Health Jurisdiction.

Following significant political changes, among them the election of new leaders at federal and state levels, the Eni Foundation began preparations to revise the Memorandum of Understanding (MoU) to reflect the reorganization of the Mexican healthcare system and the incorporation of IMSS-Bienestar.

Activities carried out in relation to the expected results

IN RELATION TO RESULT 1

Improved capacity to coordinate and manage public services by:

- 1) Strengthening the Health Information System and expanding it to all Health Units in the jurisdiction.

Significant progress was made in 2024 in improving the health information system in the Jurisdiction of Cárdenas, addressing the main deficiencies in ICT resources. A needs assessment carried out in 2022 identified essential equipment to improve system efficiency, which led to the delivery of 81 Lenovo laptops, printers, Samsung tablets and portable printers for health centres and health promoters.

These devices were deployed by January 2023 and have been essential in supporting epidemiological surveillance and



awareness-raising activities in communities. The equipment also contributed to the collection of data for the state-wide epidemiological platform.

Monitoring activities were carried out to ensure effective use of the delivered equipment, with reports from the staff of the Cárdenas Health Jurisdiction confirming improvements in data collection. A report detailing the use of ICT hardware for medical consultations during the last six months of 2024 was sent in January 2025. Despite the ongoing transition from SSA to IMSS-Bienestar, meetings were organised to monitor the use of the equipment. In addition, monthly user registration was tracked in 43 primary health centres and the population census with the Health Card benefited from ICT equipment in 81 health units distributed in the locations.

2) Enhancing the Epidemiological Surveillance Unit in synergy with the Jurisdiction's Information System.

The epidemiological surveillance service is supported by a comprehensive system that includes trained personnel to collect information, suitable hardware and software, and effective Internet coverage. The activities of the Eni Foundation aim to: 1) support health centre staff, particularly health promoters, by providing them with equipment such as tablets and portable printers for real time data collection during door-to-door visits, and 2) ensure sufficient internet coverage for the municipality of Cárdenas, ensuring the timely transfer of medical data and improving the digitalisation of the health information system. The activity is carried out by a local implementer, in cooperation with the training activities and project results.

In 2024, epidemiological surveillance activities benefited from advanced equipment and improved internet coverage in the health centres in Cárdenas. The main objective was to provide health promoters with tablets and portable printers to collect data in

real time during door-to-door visits. In addition, adequate internet coverage was ensured in all 43 health centres in Cárdenas, thanks to the installation of fibre optics and modems by the service provider *Servizi IT Aziendali Completi (SIAC)*, in collaboration with the Institute for University Cooperation (ICU) and the Ministry of Health. Although the government change caused a temporary suspension of the Internet service, activities resumed smoothly and continuous monitoring ensured the stability of the service.

3) Strengthening the Continuing Education System (CES) through the establishment of a Municipal Training Centre and the implementation of capacity building activities.

i. Design and construction of a training centre in Cárdenas and supply of related equipment

In 2024, the construction of the training centre in Cárdenas continued in parallel with the activities planned in Expected Result 3. After the plans were completed, general approval by the state-level Engineering Department was obtained in 2023. The tender process, technically supported by the relevant procurement departments, was concluded with the signing of the contract in June 2024.

The construction process saw some major milestones: in July the development of the executive plan began; in October the executive plan was completed; in November the building permit was requested, and construction work began in the second week of November. Excavation, ground improvement and foundation works were completed in December. In parallel, the relevant departments and the SSA worked together to draw up a list of furniture and equipment, with the SSA providing a list of voice, data and security systems by October 2024. The preliminary proposal for medical equipment and furniture was completed in December 2024 and is awaiting approval by the SSA.

ii. Design and implementation of training courses in different subjects

Training priorities were discussed with the jurisdiction of Cárdenas and three levels of training needs were identified.

CONTINUING MEDICAL TRAINING PROGRAMME

Aim: promoting the further training of staff in the various operationally oriented diploma courses.

In 2024, the Continuing Medical Education (CME) programme, supported by the Eni Foundation, played a key role in updating healthcare personnel on the latest developments in the medical field, promoting the acquisition of advanced knowledge, optimising professional performance and raising the overall quality of healthcare. This programme involved a total of 300 participants, divided into three monthly groups.

Throughout the first half of the year, targeted training on Human Factor development was carried out, centred on enhancing

communication, behavioural attitudes, and healthcare staff productivity.

In parallel, the Continuing Medical Education courses continued, covering important topics such as cardiometabolic and mental health, with a high level of participation.

During the remainder of the year, the training programme continued to be well attended, with crucial topics such as infectious diseases (HIV, tuberculosis, hepatitis C) and the prevention of seasonal illnesses (influenza, COVID-19) being covered in depth, as well as other areas of interest, such as breast cancer and pharmacovigilance.

In summary, the Continuing Medical Education programme achieved a high level of participant engagement throughout the year, with a total of 2,453 attendees at all training sessions.

Below is a summary of participation in the training sessions for the entire year:

Month	Interpersonal skills and productivity sessions	Medical Education Sessions	Total Participation
January	0	251	251
February	258	0	258
March	254	0	254
April	239	0	239
May	0	261	261
June	0	243	243
July	0	186	186
August	0	239	239
September	0	257	257
October	0	205	205
November	0	221	221
Total	751	1,702	2,453

DIPLOMA IN PUBLIC HEALTH

Promoting post-graduate training of jurisdiction personnel through professional development programmes.

In 2024, the Eni Foundation supported the Diploma in Public Health for Decision Making programme offered by the National Institute of Public Health (INSP) for health workers in the Cárdenas Health Jurisdiction. This six-month, 160-hour programme is aimed at improving knowledge of public health, health policies, priority programmes and psychosocial factors influencing the health-illness process. It is designed for 45 health workers per year for a period of two years, including doctors, nurses and health promoters.

The selection process for the 2024 group was conducted internally by the Cárdenas Health Jurisdiction.

Fifty candidates were chosen through an open call and evaluation process. The programme ran from March 15, to July 15, with 42 participants successfully completing the training. The academic programme comprised four modules:

- 1. Fundamentals of public health.
- 2. Public health practice.
- 3. Public health in Mexico.
- 4. Principles of public health research.

This degree was part of an ongoing effort by the Eni Foundation to strengthen the public health workforce and improve decision-making in the Cárdenas Health Jurisdiction.

MASTER'S DEGREE IN PUBLIC HEALTH

Aim: strengthening already established continuing medical education.

The Master's Degree in Public Health, provided by the National Institute of Public Health (INSP) and supported by the Eni Foundation, is a two-and-a-half year course designed to train professionals to design, manage and evaluate multi-sectoral public health initiatives. The programme covers essential topics such as health systems, determinants of health and policies, thereby contributing to creating healthier communities.

For the 2023 cohort, the selected health professionals continued their studies in 2024. They successfully completed several units, focusing on epidemiology, biostatistics and the design and evaluation of public health programmes. The results and progress of the 2023 cohort are monitored quarterly in cooperation with the Cárdenas Health Jurisdiction.

For the 2024 cohort, the selection process started. However, due to the transition of the national health system, no candidates were identified by the Cárdenas Health Jurisdiction. At the end of 2024, the selection process for the 2025 cohort began.

IN RELATION TO RESULT 2

Support to Cárdenas' referral hospital services (Obstetric/ Neonatal Care, Diabetes, Cardiovascular).

Currently, complex cases found in the municipality of Cárdenas are referred directly to the capital city of Villahermosa, where there are three third-level public hospitals and two private hospitals.

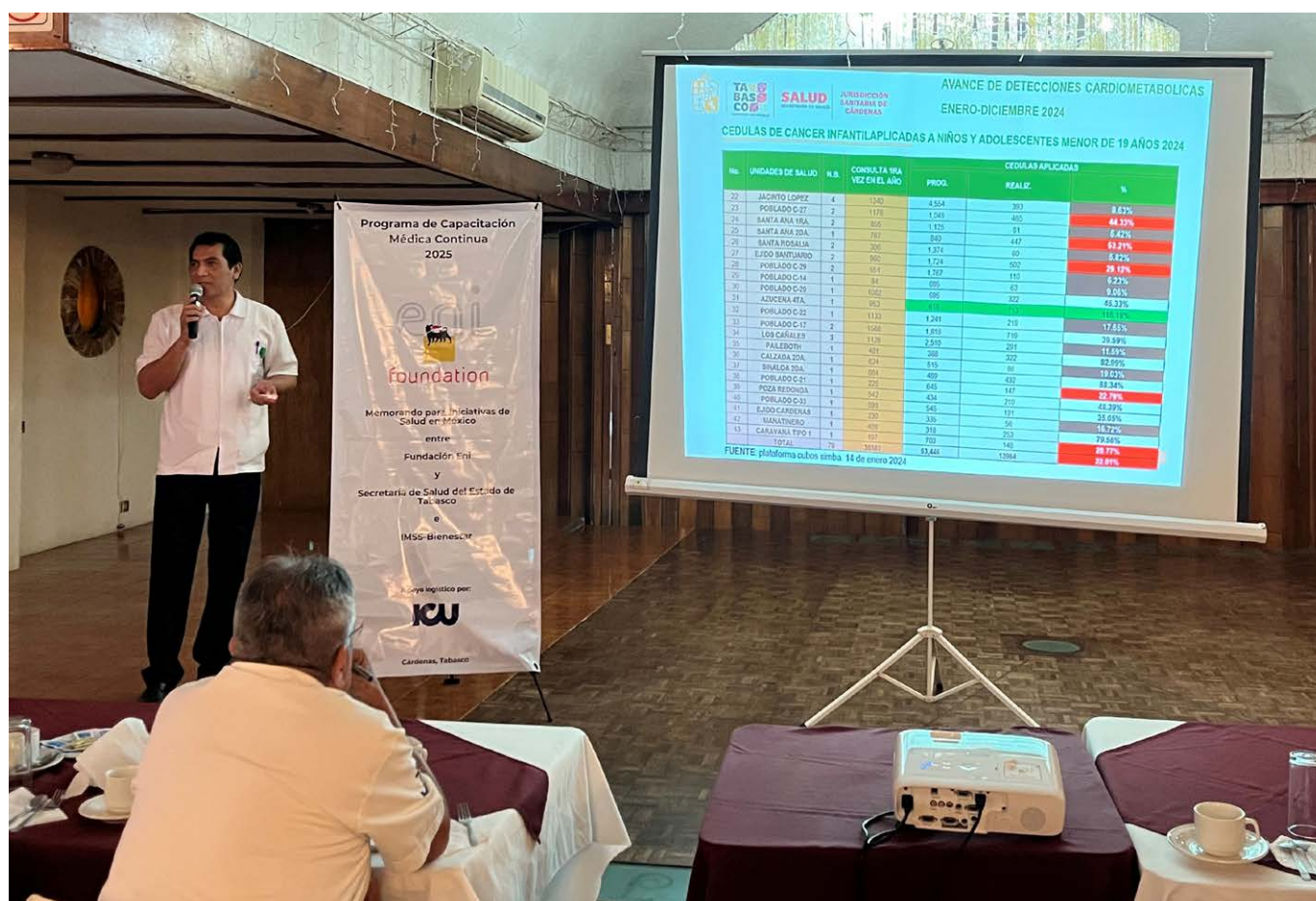
The Tabasco Secretaria de Salud [Ministry of Health] intends to further strengthen the health capacity in the city of Cárdenas in order to reduce the current pressure on health facilities in the city of Villahermosa. One of the main problems encountered is the shortage of medical devices.

At the beginning of the project, a joint assessment was conducted together with the municipality of Cárdenas. The main beneficiary was the Cárdenas General Hospital, which is currently the only general hospital in the municipality of Cárdenas and serves as the referral healthcare facility for the whole municipality.

To improve the diagnostic capacity in Obstetric/Neonatal Medicine and Diabetology and Cardiovascular Diseases, the Eni Foundation provided medical equipment and furniture to the Cárdenas General Hospital at the end of 2023. In 2024, the Eni Foundation and the Cárdenas Health Jurisdiction conducted joint monitoring to ensure proper control and use of these resources. An amendment to the MoU is planned to include IMSS- Bienestar, in order to improve supervision.

The Cárdenas General Hospital recorded a total of 32,873 patient examinations, including general consultations, discharges, accidents and emergency cases. These measures have helped to improve access to healthcare and the quality of the service offered in Cárdenas.





IN RELATION TO RESULT 3

Strengthening the infrastructure of the Primary healthcare service network to promote effectiveness and quality of care.

During the assessment carried out during the feasibility study phase, some of the health facilities in Cárdenas were found to be in very poor condition and required urgent action, as stated in the official document 'Diagnóstico de Infraestructura Física 2022, Jurisdicción Sanitaria de Cárdenas' [2022 Physical Infrastructure Assessment, Cárdenas Health Jurisdiction].

After the MoU was signed, a further assessment of the sites was conducted in agreement with the local health authorities to identify priority areas for intervention by the Eni Foundation.

The Eni Foundation completed the overall design of the planned health facilities, in compliance with federal and state standards. The project was reviewed and approved by the Tabasco State Ministry of Health, and the necessary building permits were issued by the municipality of Cárdenas.

In line with Eni's requirements, the Eni Foundation started construction activities through a tender process, which is expected to be completed in early 2025. The selected supplier will finalise the executive plan, including technical details, for official approval by the health authorities.

IN RELATION TO RESULT 4

Support for federal/state information, education and communication campaigns on priority diseases and conditions

(obesity, diabetes, cardiovascular diseases, teenage pregnancy).

Information and awareness-raising campaigns in the beneficiary communities (Sexual and Reproductive Health, Nutrition, Dysmetabolic Diseases, Chronic Degenerative Diseases) in line with the national prevention programme as requested by the Federal level through the active deployment of trained Health Promoters and the distribution of informational material to families and main social and health services are considered as priority needs for health service improvement.

The possibilities of access to quality health services are very different among population groups. Health promotion and prevention services, including the Information, Education and Communication on Health (IEC) campaign, aim to improve primary health services for the entire population of the municipality of Cárdenas. The Eni Foundation's activities towards this objective will enhance the capacity of community health promoters.

In 2024, joint activities were carried out with the SSA to support health promotion and prevention services, in line with the project objectives. Promotional materials, including training manuals, bags, t-shirts and other educational material, were designed and distributed to the Cárdenas Health Jurisdiction and other beneficiaries. In addition, special staff development workshops were organised during the year, ensuring the inclusion of health promoters in continuing education programmes.

EGYPT



COUNTRY DATA

Indicator	No.	Source
Gross national income per capita (USD)	per capita GDP 3,160.11 USD ^{(a)(b)}	IMF*2025 *2025 statistics
Population (thousands)	107,365,382 ^(c)	CAPMAS*2025
under 18 years old	approximately 38,8 million children ^(d)	CAMPAS*2024
under 4 years old	approximately 14,24 million children ^(a)	*2023 statistics
Life expectancy at birth	74,458 ^(f) 68,59 ^(g)	WHO*2021
men	68 ^(f)	WHO*2021
women	69,2 ^(g)	WHO*2021
Infant mortality rate (per 1,000 live births)	17,8 ^(f)	CAPMAS*2021
Mortality rate 0-5 years old	22,7 ^(h)	CAPMAS*2022
Burns	Second cause of accidents	CAPMAS The Annual Report of Fire Accidents in Egypt 2023

(a) <https://www.imf.org/external/datamapper/NGDPDPC@WEO/OEMDC/ADVEC/WEO/WORLD>.

(b) <https://www.statista.com/statistics/377353/gross-domestic-product-gdp-per-capita-in-egypt/>.

(c) <https://www.capmas.gov.eg/>.

(d) https://www.capmas.gov.eg/Admin/News/PressRelease/2019112013343_666%20e.pdf.

(e) Egypt: population by age group and gender 2023 | Statista.

(f) Egypt.

(g) <https://censusinfo.capmas.gov.eg/Metadata-ar-v4.2/index.php/catalog/1823/download/6379>.

(h) https://www.capmas.gov.eg/Pages/IndicatorsPage.aspx?Ind_id=2531.

Background

On May 13, 2019, the Eni Foundation signed a Memorandum of Understanding (MoU) with the Egyptian Ministry of Health and Population to implement a project aimed at improving access to healthcare services for paediatric burn patients in Cairo. However, following the outbreak of the COVID-19 pandemic, the project underwent a strategic reorientation in late 2020 to address the different needs that emerged, which on the one hand led to direct support for the COVID-19 emergency response through the provision of emergency medical equipment, and on the other led to a modification of the previously identified initiative by expanding the area of intervention to the Governorate of Port Said and focusing support on strengthening burn care services.

Strategy

The Project aims to extend services to burn patients, especially children, in the country with activities in Cairo to prepare the technical engineering package for the renovation of the Al Haram Hospital, and activities in the Governorate of Port Said in the Suez region through the complete renovation of the fourth floor of the Al-Salam Hospital and the provision of medical equipment and furniture. The project also provides the Al-Salam hospital with training for dedicated health personnel, support for the development of networks for burn care services in the Suez region, as well as the implementation of community-based prevention initiatives to reduce the risk of burns.

Partners and roles

The Eni Foundation finances the project and is responsible for its management. The Egyptian Ministry of Health and Population has a crucial role in the implementation of the project by ensuring full cooperation at all levels with particular reference to the local and hospital level through the relevant departments.

Goal

Supporting the Ministry of Health in expanding severe burn care services in Egypt, particularly in the Port Said Governorate within the Suez region.

Expected Results

EXPECTED RESULT 1

Strengthening of the healthcare infrastructure for the provision of quality services to burn victims through:

- technical engineering package for the renovation of the first floor of the Al Haram Hospital, Giza, Cairo.
- renovation and supply of equipment and furniture for the fourth floor of the Al-Salam General Hospital, Port Said.

EXPECTED RESULT 2

Improvement of the skills of the medical staff working in the Al-Salam hospital ward.

EXPECTED RESULT 3

Strengthening the network for burn services in the Suez region.

EXPECTED RESULT 4

Implementation of community-wide awareness-raising activities on burn risk prevention.

The project methodology is based on two main components:

- on the one hand, support for hospital infrastructures targeting paediatric burn patients through the provision of a technical engineering package for the Al Haram hospital in Giza, Cairo, as well as the start-up of a high-level paediatric burn patient hospital and its connection to the first-level facilities in the Port Said Governorate in the Suez Region.
- on the other hand, training activities for building a task force of professionals with skills recognised by the MOHP who will work at the facility and in other Egyptian burns centres, along with initiatives to raise community awareness of burns in domestic and peridomestic settings, with support from peripheral medical centres.

This systemic approach makes it possible, on the one hand, to improve healthcare by reinforcing the infrastructure and capacity of healthcare personnel and, on the other hand, to support the demand for healthcare services by aiming at risk reduction and providing guidance on the correct behaviour to adopt in the event of an accident.

Duration and cost

2018-2026 (€5.4 million).

Area of intervention



Source: Eni Projects' Locations Within Egypt.

PORT SAID GOVERNORATE (SUEZ REGION)

The Port Said Governorate is located at the north-eastern end of the Nile Delta. As of January 2023, the population of the Port Said Governorate was estimated at **789,241 inhabitants**.

In the healthcare field, Port Said has been at the forefront of Egypt's medical reforms. In particular, it was one of the first governorates to test the implementation of the Universal Health Insurance System (UHIS), marking a transformative step in the nation's healthcare landscape.

THE PROBLEM OF BURNS IN EGYPT

Burn injuries are a major public health problem in Egypt, with high incidence rates among both adults and children. About 17% of children with burns suffer temporary disabilities and 18% permanent disabilities, with significant risks in industrial and domestic settings. Studies reveal that paediatric burns often lead to high mortality rates, particularly when they cover more than 40% of the body surface, and flame burns are the leading cause of death. The long-term effects of burns, such as disfigurement and disability, create a significant health and social burden.

At the paediatric level, burns in Egypt represent a significant public health challenge, with high incidence rates and considerable mortality. A study conducted at the Alexandria Main University Hospital between 2008 and 2020 reported that out of 7,450 cases of burns, 2,831 (about 38%) involved children under the age of 14. The most common causes are scalding and flames. In a study conducted in Upper Egypt, scalds accounted for 68% of cases and flame burns for 28%.

The age distribution of paediatric burn cases shows a higher incidence among younger children. In addition, children under 5 years account for 61% of hospitalisations, with most burns

occurring at home. The severity of burns varies, with a significant percentage of cases involving extensive injuries. In addition, 43% of paediatric hospitalisation cases had burns covering more than 20% of the total body surface. Mortality rates among paediatric burn victims are worryingly high at 13.1% among hospitalised children. In light of this, healthcare measures addressing paediatric burns in Egypt remain a critical concern due to the high incidence of such injuries, particularly within families. They reduce the physical, psychological and socio-economic burden on families. By improving prevention, access to treatment and public awareness, Egypt can significantly reduce burn-related injuries. These measures are essential to ensure children's health and improve the effectiveness of public health services.

Activities completed in 2024

During 2024, the tendering process for the **infrastructure works** and for the **supply of medical equipment** to meet the needs of the new burn unit at the As Salam Hospital in Port Said was completed.

Renovations started in September-October 2024, with an initial step involving the handover of the fourth floor of the hospital and demolition work.

At the same time, work was carried out to integrate and update the infrastructure plans, introducing certain modifications aimed at reducing the scope of works and improving the efficiency of areas designated for water management systems and the treatment of burn patients, including paediatric cases.

The **revision of the medical staff capacity building component**, requested by the Ministry of Health, led to the planning of a new work programme. This will involve a technical team of healthcare professionals selected by the Egyptian Ministry of Health, who will benefit from training provided by two centres of excellence in South Africa and Italy. The activities focused on defining the programme with the two centres of excellence to be engaged: the Burn Centre at Niguarda Hospital in Milan and the Department of Paediatric Surgery at Chris Hani Baragwanath Academic Hospital.

In 2024, the awareness campaign aimed at increasing knowledge of burn risks was completed, reaching 45,629 people in Port Said through 35 healthcare clinics. Meanwhile, the campaign conducted via the Ministry of Health's official Facebook page garnered 1.149 million views.



ALGERIA



COUNTRY DATA

Indicator	No.	Source
Gross national income per capita (US \$)	12,128.3	WB 2021
Population (thousands)	45,350.1	UNICEF
Life expectancy at birth (years)	74	WB 2021
men	73	WB 2021
women	76	WB 2021
Infant mortality rate (per 1,000 live births)	19	UNICEF
Mortality rate 0-5 years old	22.7	UNICEF
Maternal Mortality Rate (per 100 live births)	112	UNICEF

Source: <https://hdr.undp.org/en/countries/profiles/DZA> ; <https://data.unicef.org/country/dza/>

On June 1st, 2021, the Eni Foundation signed a Memorandum of Understanding with the Algerian Ministry of Health to implement a project that aims to improve access to maternal and child services in remote areas of southern Algeria by strengthening home-based services.

The Ministry of Health's (MoH) national health plan emphasises the need to improve the quality of maternal and child health services through prevention programmes and initiatives to expand family planning services, reduce communicable diseases and support quality services in remote areas of the country. The national plan to accelerate the reduction of maternal mortality underway since 2015 is aimed at:

- making access to quality services during pregnancy and childbirth universal;
- strengthening pregnancy monitoring services and improving neonatal care services;
- strengthening the vaccination programme;
- providing an inclusive preventive and curative service to the 0-18 age group;
- adopting and implementing mechanisms to control the causes of death.

The Eni Foundation, together with the Ministry of Health, identified the need to support maternal and child health services in remote areas.

Partners and roles

The Eni Foundation finances the project and is responsible for its management.

The Algerian Ministry of Health plays a crucial role in the implementation of the project by ensuring full cooperation at all levels, in particular locally, through the relevant departments.

Goal

Contributing to the reduction of maternal and infant morbidity and mortality in the southern provinces of Algeria.

Expected Results

1. Strengthening of maternal and child services in the referral hospital by providing medical equipment.
2. Expanding maternal and child health services at home in remote southern areas and supporting case management and referral through mobile clinics.
3. Case referral support in the southern provinces.

Duration and cost

2021-2022 (€1.2 million).

Activities completed in 2024

In February 2024, the first mobile clinic was handed over to the Algerian Ministry of Health, a semi-trailer with two fully equipped clinics for maternal and child healthcare. The handover ceremony was held in March 2024 in the presence of Minister of Health, Population and Hospital Reform Abdehak Sayhi, of the Health Advisor to the President of the Republic Kamel Sanhadji and other local authorities. In May 2024, the second mobile clinic was successfully delivered. Designed to offer comprehensive mammography screening and advanced diagnostic services, this unit is equipped with state-of-the-art technology, guaranteeing an

operational autonomy of at least three days, both during transport and during use.

The official handover to the Ministry of Health marks a significant milestone in the fight against breast cancer and the expansion of access to quality healthcare, particularly in remote and underserved areas.

After the handover, training sessions were organised for a medical team appointed by the Ministry of Health. The courses provided healthcare personnel with the necessary skills to manage and operate the mobile clinics efficiently, ensuring the delivery of high quality screening and diagnostic services.

At the end of the project, mobile clinics were immediately deployed in the national 'Pink October' campaign, an important initiative to raise awareness and promote breast cancer prevention.

During the campaign, clinics crossed several provinces (wilayas), including Medea, Khenchela, Ghardaïa, Ain Defla and Tipaza, reaching a large segment of the female population and offering accessible and free screening services.

Thanks to this initiative, some 3,200 women were screened for breast cancer, benefiting from timely and high-quality diagnostic examinations. Among them, six cases of breast cancer were identified and immediately referred for further diagnostic investigation and medical treatment, ensuring early and targeted intervention to increase the likelihood of treatment success and survival rates.

This initiative represents a significant step forward in promoting women's health, strengthening the local health system and improving access to essential diagnostic services in areas that would otherwise have faced significant difficulties in obtaining such specialised services.





COUNTRY DATA

Indicator	No.	Source
Gross national income per capita (US \$) (2021)	6,357.2	WB2021
Population (thousands)	6,735.3	WB2021
under 19 years old (thousands)	615	UN Demographic 2020
under 4 years old (thousands)	2,273	UN Demographic 2020
Life expectancy at birth (years)	72	WB2020
men	70	WB2020
women	75	WB2020
Newborn mortality rate	6	WB2021
Infant mortality rate (per 1,000 live births)	9	WB2021
Mortality rate 0-5 years old	12	WB2021

Background

In 2021, the Eni Foundation received a proposal from the World Health Organisation (WHO) to support the *WHO Global Initiative for Childhood Cancer (GICC)* programme in Libya. Worldwide, around 400,000 children are diagnosed with cancer each year, most of them living in low- and middle-income countries where treatment is often unavailable or unaffordable. Only about 20-30% of these children survive, compared to more than 80% of children in high-income countries. The World Health Organisation's (WHO) Global Initiative for Childhood Cancer (GICC) aims to improve health conditions for children with cancer, both by increasing their chances of survival and by alleviating treatment-related symptoms and reducing suffering. The GICC aims to achieve at least a 60 % survival rate for children with cancer by 2030, thus saving an additional one million lives.

In 2020, 722 children with cancer were registered in Libya's main paediatric hospitals and placed on cancer protocols. However, their health outcomes were jeopardised by the severe shortage of paediatric oncology drugs, essential equipment and shortage of qualified personnel, including specialised paediatric oncologists. Although Libya has traditionally depended heavily on foreign health workers, the foreign workforce has steadily declined since 2011, when political instability began, and the growing shortage of specialists jeopardises the health outcomes of children with cancer.

Leukaemia is the most common childhood cancer not only in Libya but worldwide and accounts for more than 40% of all childhood cancers treated by the Tripoli Medical Centre over the past 14 years.

Area of intervention

The initiative will involve the main paediatric hospitals in Libya and in particular:

District	Beneficiary hospital
Tripoli	Tripoli Paediatric Hospital Tripoli Medical Centre
Bengasi	Benghazi Paediatric Hospital
Misurata	Misrata Medical Centre (needs assessment pending)

Strategy and goals

The project aims to improve the health outcomes of children with cancer in Libya (722 children currently registered) through the provision of anti-cancer drugs. WHO will also provide essential equipment and supplies to help oncology wards in Libyan hospitals prepare and administer chemotherapy cycles to children and train health staff in these facilities on how to use and maintain the equipment and how to provide palliative care to children and support their families, in collaboration with the Bambino Gesù Children's Hospital in Rome. The WHO will also analyze the situation of paediatric oncology services in the country and use the baseline data provided by this assessment to forecast supply needs and plan future interventions.

General goal

Contributing to the reduction of morbidity and mortality of paediatric cancer patients in the main Libyan paediatric hospitals in Tripoli, Benghazi, Misurata.

Specific goal

Improving the living conditions of paediatric cancer patients also by reducing their suffering during chemotherapy treatments.

Expected Results

1. Libyan paediatric hospitals have ensured the regular supply of essential medicines and materials to treat paediatric cancer patients for a period of 18 months.
2. The skills of health personnel working in oncology units are improved through training and workshops.

Partner

World Health Organisation, Libyan Ministry of Health, National Oil Corporation, Repsol and Total.

Duration and cost

18 months, total value of the initiative USD 5,437,918 of which USD 1,812,639 as a contribution from the Eni Foundation.

Activities completed in 2024

In February 2024, the World Health Organisation reported that it had implemented 83% of the activities and that due to logistical complexities, including operational conditions on site, the project duration had to be extended.

In May 2024, the donors, together with the World Health Organisation and the National Oil Corporation, agreed to extend the project duration in order to implement 100% of the planned activity plan.



GUINEA-BISSAU



COUNTRY DATA

Indicator	No.	Source
Population	2,153,339	World Bank, 2023
Life expectancy at birth (years)	60	World Bank, 2022
Gross national income per capita (US \$)	951,2	World Bank 2023
Human Development Index	0.483 (179/193)	UNDP 2023
Infant mortality rate (per 1,000 live births)		World Bank, 2021
0-5 years old	71,91	WHO 2022
0-12 months old	33,59	WHO 2022
Maternal mortality rate (per 100,000 live births)	725,1	WHO 2020
Current health expenditure (% of GDP)	8,22	WHO 2021

Background

The Eni Foundation supports the Ministry of Health in Guinea Bissau on initiatives to improve the health status of the population and health services.

The Eni Foundation and the Ministry of Health signed a Memorandum of Understanding in December 2023 that aims to support the Ministry in its efforts to improve the health of the population of Guinea-Bissau by focusing on women and children. The project under the agreement supports access to post-operative, intensive care and neonatology services at the Simão Mendes National Hospital in the city of Bissau and primary healthcare in the administrative sector of Farim.

The beneficiaries of the initiative are: people accessing the Neonatology and Intensive Care wards, the Emergency Room, the Internal Medicine, Infectious Diseases and the Paediatric Intensive Care wards at the Simão Mendes National Hospital; the population

of the administrative sector of Farim, approximately 70,000 people, and vulnerable groups, in particular, namely mothers and children with disabilities.

Introduction to the country and identified areas of intervention

Despite non being an island, Guinea-Bissau is classified by the United Nations as a SIDS - small island developing state. With a population of about 2 million people and an area of 36,125 square kilometres, it is one of the least populous and smallest countries in Africa. It borders Senegal to the north and Guinea to the south and east. The maritime territory covers 10,500 square kilometres with a coastline of over 350 km. The Bijogos islands, a large archipelago in the west of the country, consist of more than 100 small islands. The country is endowed with natural resources including forests, fisheries, minerals, water and arable land, as well as rich biological diversity.

The country is a member of the Economic Community of West African States (ECOWAS) and the West African Economic and Monetary Union (UEMOA), as well as the Community of Portuguese Language Countries (CPLP).

It is a unitary republic with a dual executive system. The country is governed by the 1996 Constitution that supports the institution of liberal democracy.

The government of Guinea-Bissau has established a strategic and operational plan for 2015-2025, Terra Ranka, which emphasises the development of human capital through better education, health services and social protection.

The country's health system faces persistent challenges related to low public spending, poor infrastructure, under-trained health workers, inadequate clinical and managerial training systems, malfunctioning referral system, non-operational health information systems, and weak governance.

Guinea-Bissau has faced many serious epidemics, including a devastating cholera epidemic in 2008-2009 (associated with poor hygiene and drinking water supply), meningococcal meningitis (endemic and limited to Bafatá, Gabú and the Farim sector of the Oio region) and dysentery. These outbreaks demonstrate the critical state of the national public health system and the urgency to strengthen infrastructure and capacity.

Guinea-Bissau has one of the highest maternal mortality rates in the world, a high burden of infectious diseases and high infant mortality rates. Maternal and child malnutrition is widespread.

The main needs that were identified during the project planning phase were:

- poor quality of surgical, post-operative and intensive care services due to inadequate healthcare infrastructure, logistics and medical and surgical equipment in the referral facilities;
- lack of experienced specialists in different areas of specialisation, particularly in the neonatology referral services;
- unequal access to essential health services (in particular emergency obstetrical neonatal care - EmONC) and uneven quality levels, particularly in remote areas and mainly due to unequal distribution of human resources for healthcare;
- poor infrastructure, including photovoltaic system, emergency lighting, water supply and sanitation;
- lack of essential equipment for basic EmONC (suction devices and other equipment);
- need for an effective system of continuous education and ongoing training in the management of maternal and neonatal complications;
- high burden of infectious diseases, which, together with all of the above, leads to high infant and maternal mortality rates;
- high burden of child disability due to endemic diseases and conditions, as well as improper management of complicated pregnancies.

It is worth noting that only a very small percentage of the population receives at least one form of social protection benefit, whether through social assistance or social insurance.

Partners and roles

The Eni Foundation finances the project and is responsible for its management.

The Ministry of Public Health of Guinea-Bissau plays a crucial role in the implementation of the project by ensuring institutional support and the full cooperation of the authorities at all levels.

Strategy and goals

GENERAL GOAL

Supporting the Ministry of Health in its efforts to improve the health status of the population of Guinea Bissau, focusing on women and children.

According to the strategy, the project will be implemented in two distinct areas, each corresponding to a different level of intervention.

1. component of the Simão Mendes Hospital;
2. component of the Farim administrative sector.

COMPONENT 1

Simão Mendes Hospital.

SPECIFIC GOAL 1

Improving access to post-operative, intensive care and neonatology services at the Simão Mendes National Hospital.

EXPECTED RESULTS

1. improved post-operative, intensive care and neonatology services in terms of equipment and staff capacity building.

COMPONENT 2

Farim Administrative Sector.

SPECIFIC GOAL 2

Improving access and primary healthcare services in the Farim administrative sector.

EXPECTED RESULTS

1. strengthened basic emergency care during childbirth and for newborns;
2. early active recognition and basic treatment of children with motor disabilities and rehabilitation needs in the Farim administrative sector and the referral centre in Bissau were improved;
3. increased awareness and treatment of endemic diseases and conditions (malnutrition, water-borne diseases).

The actions planned to achieve these goals concern primarily the training and capacity building of health personnel, the construction and renovation of infrastructure, the provision of equipment, and community outreach efforts.

Duration and cost

The activities in the initiative, which will last about one and a half years, are supported by an investment of €500,000.

Activities completed in 2024

In 2024, most of the actions aimed at achieving Specific Objective 1 related to Project Component 1 took place. In particular, training was delivered and equipment supplied to strengthen the neonatology ward, the intensive care unit and post-operative services.

NEONATOLOGY SERVICES

The Eni Foundation supported the neonatology ward with training, technical assistance and the purchase and distribution of materials. The first mission was organized in April 2024 to carry out a needs assessment in terms of equipment and training.

A list of consumables and tools for improving the ward was drawn up in order to provide the NICU (Neonatal Intensive Care Unit) with equipment, that would make it more independent, facilitating the work of healthcare personnel in both routine and emergency situations; disposable material, necessary for proper basic care; and material that would be useful for better management of the three main causes of death in neonatology: prematurity, asphyxia and neonatal infections. A second mission was organised in November 2024 to conduct a training course for nurses, obstetrics and medical staff in the maternity-obstetrics and paediatrics-neonatology wards, focusing on neonatal care. The training involved a diverse group of healthcare professionals, including neonatology nurses, maternity nurses, neonatology doctors, maternity doctors and midwives. This mixed composition was chosen to address a critical issue: during the first few minutes of a newborn's life, care is mainly provided by maternity ward staff, while subsequent management is handled by neonatology. This separation often leads to communication problems and gaps in continuity of care, especially in critical situations.

The practical aspect of the course encouraged active and collaborative learning. Participants were divided into small groups and practised specific procedures using the materials provided during the training. This approach allowed them to consolidate their skills through direct application, while fostering collaboration between the staff of the two wards.

INTENSIVE CARE AND POST-OPERATIVE SERVICES

The Eni Foundation supported the intensive care and post-operative care units with training, technical assistance and the purchase and distribution of materials.

The Eni Foundation purchased and delivered equipment and consumables to the Simão Mendes Hospital to strengthen intensive care and post-operative services.

In November 2024, practical training was provided on medical devices: mechanical ventilators, defibrillators, syringe pumps, and equipment used in intensive care medicine and intensive care. The training was provided to improve understanding of the equipment already in use. The training was expanded to technicians in order to improve communication between technical support and the rest of the hospital staff. The sessions included a brief theoretical overview, reviewing the essential concepts of respiratory physiology and mechanical ventilation. This was followed by practical sessions in which participants analysed the devices currently in use or those to be introduced in the service, using real medical case scenarios. A team of technicians and maintenance personnel was involved: they received support in creating essential maintenance checklists and compiling lists of consumables needed to ensure the proper functioning of the devices.

Beneficiaries in 2024

The beneficiaries of the activities implemented by the Eni Foundation at the Simão Mendes National Hospital in 2024 include:

- 56 people trained (54 doctors and nurses and 4 technicians);
- approximately 1,500 people gained improved access to the neonatology, intensive care, emergency, internal medicine, infectious diseases, and paediatric intensive care wards.





ITALY

The Eni Foundation, together with Eni Plenitude Società Benefit, supported an initiative promoted by the Comunità di Sant'Egidio in support of the 'Case dell'Amicizia' ['Houses of Friendship']. This initiative also provided 1,500 meals and Christmas solidarity gifts in 2024 in Rome, Naples and Turin.

The 'Case dell'Amicizia' have become established points of reference in many neighbourhoods across Italian cities. They provide comprehensive support to individuals in vulnerable situations, combining counselling and guidance with the friendship and trust built between volunteers and those they assist. Each person is supported in identifying their challenges, needs and priorities, and is guided in finding appropriate solutions. Through its network of collaboration with public and private (third-sector) services at the local level, the initiative has developed a range of solutions that better meet the growing, specific needs of individuals over time.

Beneficiaries

Individuals facing economic, social and housing vulnerabilities. In particular, these include individuals and members of families in vulnerable situations, such as families with children, young people living in poverty, elderly individuals living alone, people with disabilities, and those living in extreme poverty and homelessness.

General goal

Fighting poverty and preventing individuals and families – especially those facing significant economic, social, and housing vulnerabilities – from falling into absolute poverty.

Supporting and guiding individuals out of hardship and poverty by offering a range of services that combine emergency aid (to meet basic needs) with tailored support to achieve economic independence and keep stable housing.

Specific goals

Meeting the primary needs of individuals and families living in extreme poverty, facing economic and social fragility and unstable housing conditions in the cities of Rome, Naples and Turin.

Planned activities and actions

The following services are available at the 'Case dell'Amicizia':

COUNSELLING, PROVISION OF SUPPLIES AND GUIDANCE SERVICES AT THE 'CASE DELL'AMICIZIA'

Counselling services and programmes to help people move out of poverty and unstable housing are the main measures for preventing long-term poverty and providing effective, lasting help. The Case dell'Amicizia offer a range of services that help people access both public and private (third sector) support for civil, social, and health

rights. This includes information, advice, legal help, support for homeless people or those without registered residence, providing postal addresses and assistance in obtaining public services and documents (residence permits, citizenship, asylum applications, social and health benefits).

As more people need support to cope with poverty, it is important to keep providing food (parcels, kits, vouchers), clothing, and hygiene kits through the Case dell'Amicizia in local neighbourhoods. Many people also struggle to access public support programmes. For individuals who risk being left out due to age, language barriers, or lack of digital tools and skills, it is essential to guarantee easy access to information, advice and support services.

SUPPORT FOR ELDERLY PEOPLE THROUGH THE 'CASE DELL'AMICIZIA'

Food and essential items are distributed, including home

deliveries, to elderly people living in poverty. Volunteer teams provide guidance and accompany them to access services; Individual elderly people are also assisted, thanks in part to the 'Viva gli Anziani!' [Long live the elderly] programme, an initiative by Sant'Egidio that maps, monitors and supports the most vulnerable elderly in many cities.

HELPING PEOPLE FIND WORK, HOUSING AND BECOMING INDEPENDENT

Sant'Egidio works with the most vulnerable people at the Case dell'Amicizia across Italy to help them find work, secure housing, and become independent. Thanks to the experience and commitment of volunteers and staff, these efforts help people move out of poverty and social isolation. Trust is at the heart of the relationship between those receiving help and the social workers or volunteers. For this reason, the support provided is tailored as much as possible to each



person’s needs, wishes and skills, based on what they want and what they actually need.

Finding employment is one of the main goals of these personalised support plans at the Case dell’Amicizia. Thanks to its local and international network, Sant’Egidio connects job seekers with employers and also runs training and inclusion programmes to help people get back into work.

WORK AND HOUSING

In many cases, housing insecurity or the lack of stable accommodation is the primary barrier preventing individuals from accessing their rights and becoming more independent, or taking control of their lives. Sant’Egidio supports projects that promote independent living, including co-housing schemes. In other cases, financial contributions are provided to help with housing costs and to cover utility bills during critical periods for families. Sant’Egidio volunteers and social

workers play a key role in supporting people through these changes. Building a strong relationship helps plan each step together, offering guidance, opportunities, and instruments to achieve social and economic independence. In many cases, this support also includes help with mental health and social issues, plus activities that encourage integration for those living in conditions of severe isolation.

Final beneficiaries

5,100 people in vulnerable conditions divided among the three cities: Rome (2,600), Naples (1,300), and Turin (1,200).

Duration

1 year, from December 2024 to November 2025.

Budget

€350,000 (see table) + €30,000 (Christmas lunch and solidarity gifts).

Budget category	Naples	Rome	Turin
Inclusion tutors/cultural mediators	15,000.00	30,000.00	15,000.00
Basic supplies kit (food, clothing, hygiene items)	50,000.00	90,000.00	50,000.00
Support for independence (vouchers, rent assistance, job placement, etc.)	17,500.00	35,000.00	17,500.00
Costs related to managing Case Amicizia (rent, utilities, cleaning)	7,500.00	15,000.00	7,500.00
Total	90,000.00	170,000.00	90,000.00



Financial statement 2024

TABLES

BALANCE SHEET

ASSETS (euros)	Notes	December 31, 2023	December 31, 2024
A RECEIVABLES FROM ASSOCIATES FOR PAYMENT OF SHARES			
B FIXED ASSETS			
C CURRENT ASSETS			
II <i>Credit</i>			
Pre-paid taxes	1	3,410	44
		3,410	44
III <i>Financial Assets (which are not considered fixed assets)</i>			
IV <i>Cash and cash equivalents</i>	2		
Bank and postal deposits		7,402,938	4,065,300
		7,402,938	4,065,300
D ACCRUALS AND DEFERRALS			
TOTAL ASSETS		7,406,348	4,065,344
LIABILITIES AND SHAREHOLDERS' EQUITY (euros)	Notes	December 31, 2023	December 31, 2024
A SHAREHOLDERS' EQUITY			
I <i>Free assets</i>	3		
Operating fund (art. 6 of the By-laws)		61,707,897	64,479,697
Operating result for previous years		(54,986,655)	(56,990,098)
Operating result for current year		(2,003,443)	(4,935,631)
II <i>Company endowment fund</i>	4	110,000	110,000
		4,827,799	2,663,968
B PROVISIONS FOR RISKS AND CHARGES			
C EMPLOYEE SEVERANCE PAY			
D DEBTS			
Trade payables	5	142,842	248,519
Payables due to founding partner	6	2,270,302	1,091,649
Payable taxes	7	1,200	1,200
Other debts	8	164,204	60,008
		2,578,548	1,401,376
E ACCRUALS AND DEFERRALS			
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY		7,406,348	4,065,344

MANAGEMENT REPORT

EXPENSES (euros)	Notes	December 31, 2023	December 31, 2024
Expenses from typical activities			
Purchases	9	667,947	1,341,371
Services	10	1,054,114	2,922,859
Various operating costs	11	82,709	338,754
		1,804,770	4,602,984
Financial and assets charges			
Financial charges on bank deposits		-	-
General support costs			
Services	12	195,399	329,417
		195,399	329,417
TOTAL EXPENSES		2,000,168	4,932,400
RESULT BEFORE TAX		(2,000,168)	(4,932,400)
TAXES FOR THE YEAR			
Current Taxes	13	(3,275)	(3,231)
TOTAL TAXES FOR THE YEAR		(3,257)	(3,231)
OPERATING RESULT		(2,003,443)	(4,935,631)

Notes to the financial statement as at December 31, 2024

PREPARATION CRITERIA

The financial statement for the Foundation for the year ending on December 31, 2024 conforms to the instructions given in art. 20 of Presidential Decree No. 600/73, which requires also non-commercial bodies to carry out all management operations with general, systematic accounting that allows them to draw up a financial statement every year, when the Board of Directors is required by the By-laws to approve the financial statement every year.

The criteria adopted in the absence of specific legislation has the structure recommended in articles 2423 et seq. of the Italian Civil Code, adapted to the specific features of non-profit company bodies. In this regard, we have chosen to refer to the criteria suggested by the Consiglio Nazionale dei Dottori Commercialisti in its Recommendation No. 1 of July 2002.

The criteria adopted for the balance sheet are those suggested for non-profit bodies that do not carry out activities associated with corporate ones. The activity carried out by the Foundation lies within this remit, in terms of its direct aims, as set out in the By-laws.

The management report follows a structure based on categorizing expenses. The management of typical activities is therefore distinguished from financial and general support activities.

On the basis of the above considerations, the financial statement is made up of the balance sheet, the management report and the note, which is an integral part of the document.

REPORT ON THE FINANCIAL STATEMENT

Pursuant to the Foundation's By-laws, the Board of Auditors, composed of three members, ascertained that the accounts had been regularly kept throughout the year, and that civil, tax, social security and statutory compliance had been observed.

ASSESSMENT CRITERIA

The financial statement items were assessed on the basis of principles of prudence and competence, with a view to continuation of activities. The effect of operations and other

events was recorded in accounting and attributed to the year to which the operations refer, not to those in which the relevant cash movement took place (collections and payments).

BALANCE SHEET

The assessment criteria for the balance sheet items were as follows:

- receivables are stated at their estimated realisable value;
- debts are recorded at nominal value.

MANAGEMENT REPORT

The assessment criteria for the income statement were as follows:

- revenues and expenses: recorded in the income statement according to category and based on the principle of prudence.

TAX ASPECTS

The Foundation is subject to the tax rules particular to non-commercial bodies.

The main aspect is that the activities carried out by the Foundation are not liable to income taxes, as they are related to achieving social and humanitarian aims. Withheld taxes on interest income on bank deposits are considered subject to tax withholding and cannot therefore be requested as reimbursement or compensated with other taxes. The Foundation is subject to IRAP tax at a rate of 4.82% also for the financial year 2024. The taxable base for determining tax is made up of the total payments to coordinated and ongoing collaborators, and the cost of seconded staff.

As it has not carried out its own business, artistic or professional activities over the year, the Foundation is not subject to any VAT compliance in absence of specific conditions.

INFORMATION ON EMPLOYMENT

The Foundation has no paid employees.

STATE FUNDS - INFORMATION PURSUANT TO LAW NO. 124/2017

Pursuant to art. 1, paragraph 125, of Law no. 124/2017, below is a list of funds received by Italian state bodies.

Funding body	Financial amount received (€)	Description	Date of collection
ENI SpA	2,391,800	Founding Partner Contribution	October 1 st , 2024
Eni Plenitude S.p.A. Società Benefit	380,000	Payment of an unrestricted donation	December 18, 2024

Balance Sheet

CURRENT ASSETS

1 Pre-paid taxes

As of December 31, 2024, pre-paid taxes of €44 were attributable to advance payments of IRAP (they were €3,410 in 2023).

2 Cash and cash equivalents

Cash and cash equivalents of €4,065,300 (€7,402,938 in 2023) are entirely made up of stock at Banque Eni, with one active current account.

SHAREHOLDERS' EQUITY

3 Free assets

Free assets are made up of:

- the operating fund, provided for in Art. 6 of the Foundation's By-laws, currently €64,479,697 (€61,707,897 in 2023);
- the negative operating result of previous years of €56,990,098 (€54,986,655 in 2023);
- the negative operating result for the year in question, €4,935,631 (€2,003,443 in 2023).

4 Endowment fund

The endowment fund has €110,000 (€110,000 in 2023) and is made up of payments by the founding partner Eni SpA.

DEBTS

5 Trade payables

Trade payables amount to €248,519 (€142,842 in 2023), of which:

- €150,000 to A.I.F.O. Associazione Italiana amici di Raoul Follereau, which refer to services rendered under the relevant contracts of the Guinea-Bissau project;
- €42,700 payable to EY ADVISORY SPA that refer to consulting services rendered under the related contracts for support to the revision of the Eni Foundation regulatory system;
- €55,819 payable to Petrojet for services rendered in connection with the related contracts as part of the Egypt project.

6 Payables due to founding partner

Accounts payable to Eni SpA of €1,091,649 (€2,270,302 in 2023) consist of:

- €195,226 from charges for equipment costs (Guinea-Bissau project €123,000, Mexico project €35,000, Algeria project €37,226);
- €129,921 from charges for training costs (Egypt project €95,225, Guinea-Bissau project €34,696);
- €260,848 from charges for construction works (Egypt project €90,535, Mexico project €170,313);
- €108,165 from charges for seconded personnel costs from Support Functions;

- €366,988 from charges received for various consultancies and services (Egypt project €101,536, Mexico project €256,923, communication €8,529);

- €30,500 from charges received for professional, administrative and financial services.

7 Payable taxes

Payable taxes of €1,200 (€1,200 in 2023) relate to debts for withheld taxes on independent work.

8 Other debts

Other debts amount to €60,008 (€164,204 in 2023) and are related to the remuneration of members of company boards for €60,008.

OPERATING INCOME STATEMENT

EXPENSES FROM TYPICAL ACTIVITIES

The expenses in question relate to costs borne by the Foundation specifically for carrying out its institutional activity.

9 Purchases

They amount to €1,341,371 (€667,947 in 2023) and concern purchases of materials: Egypt Project €303,172; Rwanda Project €601,747; Algeria Project €401,452 and Mexico Project €35,000.

10 Services

They amount to €2,922,859 (€1,054,114 in 2023) and relate to expenses incurred in connection with the Mexico, Algeria, Egypt and Rwanda projects, mainly for training, feasibility studies, consultancy, construction works and other miscellaneous services, of which:

- €825,360 for the Mexico project;
- €650,475 for the Rwanda project;
- €296,595 for the Guinea Bissau project;
- €1,150,429 for the Egypt project.

11 Various operating costs

They amount to €338,754 (€82,709 in 2023) and relate:

- for €141,595 to the Egypt project;
- for €103,800 to the Ukraine project;
- for €82,254 to the Myanmar project;
- for €380,000 to donations to the Comunità di Sant'Egidio;
- for €3,213 for general taxes for the year 2023.

GENERAL SUPPORT COSTS

The expenses in question refer to costs of carrying out the Foundation's management activities.

12 Services

They amount to €329,417 (€195,399 in 2023) and consist of:

- services rendered by Eni SpA under the service contract for €61,000;
- services rendered by members of the Statutory Bodies for €76,169, of which €60,008 related to the Board of Auditors and €16,161 related to the Supervisory Board;
- services of seconded staff amounting to €108,585;
- banking services for €3,985;
- legal and notary services amounting to €222;

- other miscellaneous services €79,456, of which €42,700 for consultancy and €36,756 for communication.

TAXES

13 Current taxes

Current taxes amount to €3,231 (€3,275 in 2023).

The operating result as of December 31, 2024 is a loss of €4,935,631 (€2,003,443 in 2023).



Auditors' report on the financial statement for the year ending on December 31, 2024

ENI FOUNDATION

Rome Headquarters Piazzale Enrico Mattei, 1 - 00144

No. 46/2007 in the register of legal persons

Tax Code 97436250589

REPORT OF THE BOARD OF AUDITORS

ON THE FINANCIAL STATEMENT AS OF 31 DECEMBER 2024

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Dear President and Directors,

over the financial year ending on 31 December 2024, we carried out our monitoring activities in compliance with existing legislation, applying the principles of conduct recommended by the Consiglio Nazionale dei Dottori Commercialisti e degli Esperti Contabili.

Following the untimely passing of Paolo Fumagalli, Chairman of the Board of Auditors, the Board of Directors of the Foundation, in accordance with Article 18 of the By-laws, appointed Marco Tani as Chairman of the supervisory body to serve for the remainder of the current term, i.e. for the 2025–2026 period, until the approval of the financial statement for 2026.

In relation to the activities carried out in the year 2024, we report as follows.

We monitored compliance with the law and By-laws.

We obtained information from the Directors and from the operational bodies of the Foundation on the activities carried out and operations of greater importance in terms of finance and assets which were approved and carried out in the financial year and recorded exhaustively in the report on operations, to which we refer you.

Based on information made available to us, we can reasonably state that operations started by the Foundations conform to law and the By-laws and are not manifestly unwise, risky, contrary to the Board's decisions or likely to compromise the integrity of the foundation's assets.

At our meetings, we have monitored and acquired knowledge of the organisational structure of the Foundation, internal control system, administrative and accounting system, and ability to present the operating information accurately.

The Supervisory Board published its two half-yearly monitoring reports on 25 September 2024 and 12 March 2025 and found no significant events or violations of the Model. The Foundation approved the General Part of Model 231 on 26 April 2022, aligning it with the current Model 231 of Eni S.p.A. The latest update of the Special Part of Model 231 was approved on 7 July 2023 and is not in line with the corresponding document of Eni S.p.A. dated 17 July 2024. The Supervisory Body has therefore invited the Foundation to update the Model in line with the corresponding document of Eni S.p.A., in accordance with the timeline of the update projects for the Models 231 of Eni S.p.A.'s Italian subsidiaries, as defined by the competent COMP function of Eni S.p.A. based on a risk-based approach.

On 29 October 2024, the Board of Directors of the Eni Foundation approved the adoption of its "Regulatory System" policy and the repeal of the non-compliant regulatory instruments, including policies, related to operational processes issued by Eni S.p.A. and previously adopted by the Eni Foundation before the approval of this Policy. The adoption of its own Regulatory System allows the Eni Foundation to establish rules and principles that enable it to efficiently support its activities while maintaining adequate control mechanisms in line with the principles and requirements of the Control System adopted by Eni, the organisation's founder. In particular, the Eni Foundation's "Regulatory System" policy sets out the criteria for the drafting, approval/repeal, and dissemination of regulatory instruments created for the specific needs of the Foundation.

Furthermore, on the same date, the Board of Directors of the Foundation approved the Procedure “Linee Guida per la identificazione e gestione delle iniziative e dei progetti di Eni Foundation” [Guidelines for the identification and management of the Eni Foundation’s initiatives and projects] which replaces the previous regulations titled “Linee guida per la gestione dei progetti di Eni Foundation” [“Guidelines for managing the Eni Foundation's projects”] approved dated 15 December 2017, integrating it with the parts of the Foundation's Regulations that have been consequently repealed and with the new process flow for the Foundation’s operational programme and budget (the so-called “Master Programme Review”).

During the monitoring activities described above, we found nothing to condemn under art. 2408 of the Italian Civil Code, and no unusual activity with related and/or third parties, or petitions, omissions or reprehensible actions to report or mention in this report.

The Board of Auditors notes that the negative result for the year 2024 of €4,935,631 is made up of expenses for costs and services mainly in support of ongoing projects.

In 2024, the Foundation incurred the following expenses for activities related to the following ongoing projects

	Mexico	Egypt	Rwanda	Algeria	Guinea Bissau	Total
Purchases	€35,000	€303,172	€601,747	€401,452	€0	€1,341,371
Services	€825,360	€1,150,429	€650,475	€0	€296,595	€2,922,859
Total	€860,360	€1,453,601	€1,252,222	€401,452	€296,595	€4,264,230

Other operating expenses amount to approximately €339,000, primarily related to the contribution made to the Comunità di Sant'Egidio, funded through a donation received from Eni Plenitude (€380,000), and expenses related to previous years for the Egypt project (approx. €142,000), as well as the closure of outstanding liabilities from previous years related to completed projects, particularly the Myanmar Project and the Ukraine project, for approx. €-82,000 and €-104,000, respectively.

General support costs amount to approx. €329,000, divided between seconded staff for approx. €108,000, services from Eni S.p.A. for approx. €61,000, fees to the Board of Auditors for approx. €60,000, consultancy for support to the new regulatory system for approx. €43,000, fees for the external member of the Supervisory Body for approx. €16,000, communication costs for approx. €37,000, and other minor services for approx. €4,000.

Current taxes total around €3,000.

Concerning the financial statement for the year ending on 31 December 2024, we monitored the implementation and general conformity to the law of its preparation and structure. Specifically, we found that the statement was written in conformity with the instructions contained in articles 2423 et seq. of the Italian Civil Code, adapted to the specific concerns of non-profit bodies as stated in the scheme suggested by the Consiglio Nazionale dei Dottori Commercialisti in its Recommendation no. 1 of July 2002.

We have monitored compliance with the legislation on the Report on Operations.

Within their remit, the Board of Auditors noted the results of the financial statement as at 31 December 2024, taking into account what is observed in this Report. The Board has no objections to make in relation to the approval of the 2024 Financial Statement.

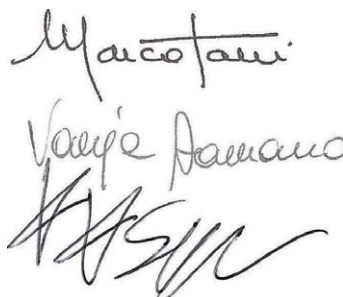
Rome, 1 April 2025

Board of Auditors

Marco Tani - Chairman

Vanja Romano

Pier Paolo Sganga

The image shows three handwritten signatures in black ink. The first signature is 'Marco Tani', the second is 'Vanja Romano', and the third is 'Pier Paolo Sganga'. They are arranged vertically, corresponding to the names listed to the left.



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K-Change - Rome

