The mission of the Order of Malta

The origins of the Sovereign, Military and Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta—better known as the Order of Malta—go back to the eleventh century. When the crusaders arrived in Jerusalem in AD 1099, the Hospitallers were administering the Hospital of St John the Baptist, which had been established around 1048 to care for pilgrims coming to the Holy Land and for the indigenous Christian, Jewish and Muslim population. Made a religious Order by a bull issued by Pope Pascal II in 1113, the Order had to defend the sick and Christian territory. Today, its mission is an exclusively humanitarian one, as its military role ended with the loss of its territory in 1798.

In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is ‘the promotion of... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfils its institutional tasks especially by carrying out hospitaller works, including health and social assistance, as well as aiding victims of exceptional disasters and war...’

- The Order has a permanent presence in most countries in the world, both developed and developing. This presence has been built up over nine centuries of colourful history, in which it took part in the great exchanges between Europe and the Mediterranean basin and the rest of the world, gradually extending its scope to cover most of the geographical areas in which its charitable mission could usefully be conducted.

Because of its centuries-old experience and its members’ active involvement in the major trends in society, the Order has been able to adapt its resources and methods rapidly, keeping constantly up to date, to be in a position to tackle the new and ever-growing needs for medical aid, emergency relief and humanitarian missions.

Today the Order is a major global, professional organisation in terms of the humanitarian aid, medical care and emergency medicine it provides, in its management of hospitals, specialised homes for dependent elderly people, socio-medical care centres, the collection and transporting of medicines and the training of workers and ambulance staff.

History: key dates

1048: Jerusalem
The foundation of the Hospital of St John of Jerusalem as a monastic community by the Blessed Gerard. Knights of the Order care for pilgrims, the sick and the needy, as they have done ever since.

By virtue of the Papal Bull of 1113 issued by Pope Pascal II, the hospital of St John is placed under the aegis of the Church, and granted exemptions. With the responsibilities of military defence of the sick and the Christian territories, the Order evolves into both a religious and military-chivalric Order.

1310: Rhodes
In 1291, with the fall of St John of Acre, the last bastion of Christianity in the Holy Land, the Order is forced to leave and settle in Cyprus. It acquires territorial sovereignty on taking possession of the island of Rhodes in 1306. To defend the Christian world, the Order assembles a powerful military fleet, patrolling the eastern seas and engaging in several celebrated battles. Governed by a Grand Master as Sovereign Prince of Rhodes, together with a Sovereign Council, it mint its own currency and establishes diplomatic relations with other States. The Order’s knights are victorious over numerous Ottoman attacks until overrun by Sultan Suleiman the Magnificent with his powerful fleet and large army, they are forced to surrender on January 1st 1523 and, with the Sultan’s recognition of their bravery, leave the island with full military honours.

1530: Malta
The next seven years see the Order without territory, but retaining its sovereignty, a situation which prevailed until Emperor Charles V granted the knights the islands of Malta, Gozo and Comino, and the city of Tripoli, as a sovereign fiefdom. On October 26th 1530, the Order takes possession of Malta with the approval of Pope Clement VII. During the Great Siege between May and September 1565, the knights rout the Ottomans under the leadership of Grand Master Fra de la Valette (who gave his name to the capital of Malta). The fleet of the Order of St John (of Malta, as they are now known) is one of the mightiest in the Mediterranean and plays its part in the victory over the Ottomans at the battle of Lepanto in 1571.

1798: Egypt
In 1798, Napoleon Bonaparte occupies Malta en route to his campaign in Egypt. He meets with no resistance from the knights, as their regulations forbid them to fight other Christians, and thus the Order is forced to leave the island. By 1801, Malta is occupied by the British, and despite the recognition of the Order of Malta’s rights of sovereignty as enshrined in the Treaty of Amiens (1802), it is unable to retake possession of the island.

1834: Rome
Having resided temporarily in Messina, Catania and then Ferrara, the Order settles in Rome in 1834, in properties with extraterritorial status the Grand Master in via Condotti and the Villa Malta on the Aventine Hill. From this time, the Order’s original mission of service to the poor and the sick again becomes its main activity. The Order carries out hospital and charitable activities during both World Wars, and these activities are developed and intensified under the stewardship of Grand Master Fra Angelo de Mijena (1962-1980) and continue today under his successor, the 78th Grand Master, Fra Andrew Bertie.

21st Century
Spanning a history of almost nine centuries, the Sovereign Order of Malta can proudly claim to be the sole successor to the Hospitaller Order of St John of Jerusalem, recognised by the Catholic Church in 1113. The Order has the unique characteristic of being both a religious and a chivalric Order of the Catholic Church. It is this sole organisation with an unbroken sovereignty to have professed knights, the direct successors of its founders.
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There have been many reasons for pain and apprehension during the year 2006 which has just ended - wars, refugees, drug trafficking, the clash between cultures and religions, natural catastrophies.

Nevertheless there are still reasons to hope for a better future. Positive signs, such as His Holiness Pope Benedict XVI’s apostolic visit to Turkey, is certainly an extraordinary event which will remain in the history of the Church and the history of humanity.

In the context of continual human dramas, the Order of Malta has steadily carried out its mission in all the regions where its teams were already present or where they have been requested to intervene.

As I highlighted in my annual address to the Diplomatic Corps accredited to the Order, the Order of Malta is somewhat different from other humanitarian organisations. Subject of international public law, neutral, impartial and apolitical by vocation, the Order is first of all, on the operational level, a transnational, global and decentralised structure, at the service of the poor, the sick, refugees and all those in difficulty. The Order is sovereign, it does not depend from any other state or government and it does not pursue any economic or political goal.

The members of the Order experience their faith not as an instrument of evangelisation or proselytism but as a way of living in the service of others, of the poor and the sick, in an authentic spirit of humanity that recognises the image of God in the person who suffers, regardless of their race, origin or religion.

For us, what counts is not the quantity or variety of initiatives completed, and still less the money spent or the number of medical operations performed, but the attention devoted to the sick, to each individual, because we seek always to be ‘the servants of the poor and the sick’.

What counts is this ‘heartfelt concern’ with which we look at our neighbour ‘with the eyes of Christ’, as the Holy Father says so clearly in his Encyclical Letter ‘Deus caritas est’. We are Hospitallers first, before anything else.

Fra’ Andrew Bertie
78th Grand Master
of the Sovereign Military Hospitaller Order of St. John of Jerusalem, of Rhodes and of Malta
‘Every day of every year…
a humanitarian army which operates worldwide’

The nine hundred year tradition of the Order of Malta in caring for the poor and the sick was never more active than it is today. The Order has projects in 120 countries, where its 58 Priories and national Associations through their organisations and foundations carry out programmes of emergency assistance, healthcare, training and education for those in need and for the most marginalised members of society.

The Order is greatly assisted in these tasks by its humanitarian diplomatic network, having full bilateral diplomatic relations with 96 countries and permanent observer status at the United Nations, as well as relations with many international organisations.

A selection from the extensive range of the Order’s works around the globe is described in this publication; from those which represent the daily tasks of so many of our dedicated members and volunteers, to those which occur through our emergency service, Malteser International, the Order’s worldwide relief operation. The Order has been closely involved in assisting the victims of the earthquake in Indonesia, the aftermath of the South Asian tsunami, the floods in Central Europe, the famine in Africa, and in helping those displaced because of wars and civil disturbances in Afghanistan and in the Lebanon. In our projects in Asia, Africa and Latin America, the Order seeks to establish local partnerships so that we can involve and employ participants and volunteers who are familiar with the local regions and languages.

In two focus articles, the work of Malteser International is described, and there is a special section on the Order’s activities in Eastern Europe since the fall of the Wall in 1989. Selected projects demonstrate some examples of our work in the region and we have interviewed representatives of these activities who explain their own role and that of their organisation.

There is an updated selection from among the many projects our Priories, Associations and organisations of the Order are involved in around the world, every day of every year, to help the sick and the disadvantaged in their own countries and those they support through their commitments abroad.

Over the last two years, as well as our national and international activities, we have organised a number of regional conferences, to coordinate our programmes more closely and to share our experience and knowledge in healthcare, for the benefit of all those whom we help. In 2004, conferences were held in Malta and Rome; in 2005, in Beirut and Miami; in Yaounde, Dublin and London in 2006. There are further conferences planned for 2007 and beyond. Their aim is always that of serving ‘our lords the sick’, the mission which comes down to us from the first hospitaliers of the eleventh century.

Jean-Pierre Mazery
Grand Chancellor

Albrecht von Boeselager
Grand Hospitaller
The Order has projects in 120 countries, where its 58 national institutions carry out programmes of emergency assistance, healthcare, training and education for those in need and for the most marginalised members of society.
late breaking news

DECEMBER

Lebanon
Rebuilding the Order’s healthcare centres

Dramatic humanitarian situation in Lebanon following the war in July and August. The Order’s Lebanese Association, assisted by support and donations from Order Associations around the world, continues giving vital help to the war victims, as is its tradition, without religious or political discrimination in a country where these issues are very sensitive. Support includes medical and psychological assistance, money and extra manpower.

Since cessation of hostilities, the Order is reconstructing and re-equipping its three damaged health centres, at Yaroun, Siddikine and Marjeyoun, all badly hit by the bombardments, and is operating two mobile medical units seven days a week. They criss-cross the disaster-stricken zone of South Lebanon to continue helping the stricken local population. The health centres have now resumed activities. The country suffered major damage and loss of life - 1200 dead, over 4,000 injured, 1 million internally displaced persons; 15,000 houses destroyed, 78 bridges and 630km of roads destroyed, 900 businesses ruined – a minimum of US$3.6 billion estimated damage, the country’s infrastructure and economic structure torn apart.

The Order’s seven other health centres around the country continue their medical care services, coping with the overload. The Order has also undertaken to help rehabilitation of the 18 damaged churches – Melkine, Maronite, Latin and Orthodox – in the borderline southern zone.

Italy
Italian Association fund raises for Sudanese girls’ school

A very successful fundraiser assured the financing of the Italian Association (ACISMOM) project at Rumbek, Sudan, to construct a school for girls. Focus: to educate the female population so they can support themselves in the future, to encourage training as a means of enhancing their lives through education and opportunity in a country where poverty and disease dominate and where civil war has raged for over 50 years.

Rome, International symposium on Order charitable activities

The second annual international symposium on the Order’s activities took place in Rome on 5 December, chaired by the Prince and Grand Master, and attended by the foreign Ambassadors accredited to the Order, as well as by representatives of the Holy See and the Italian State. Focal points were reports on Lebanon, Democratic Republic of Congo and Eastern Europe.

NOVEMBER

France
French Association aid to post-tsunami southern Asia

Ordre de Malte France, together with other organisations in France (Marine Nationale, l’Association Ouest-France Solidarité, and l’Agence de l’eau Rhin-Meuse), has agreed a new long-term reconstruction plan in south-eastern India for those still affected by the December 2004 tsunami, for: 110 fishing boats, 21 water purification units for 21 villages on the coast, water purification plants for a further two villages, reconstruction of 66 village houses, and reconstruction of the village school, together with financial help for 45 school children.

SEPTEMBER

Rome
Order promotes Christian unity through study programme with the Russian Orthodox Church

As part of its ongoing support of the cultural relations between the Catholic and Orthodox churches, the Order offers study scholarships to the Pontifical Universities in Rome, to candidates from the Patriarchate of Moscow, awarded through the Comitato Cattolico per la Collaborazione Culturale.
Spirituality in action

The Order of Malta began in Jerusalem, historically and constitutionally, with the Christian motive of offering service to pilgrims, the sick and the needy. Today too the care given to the poor by members of the Order, in activities geared to a vast variety of needy situations, finds its original inspiration in the work and person of Jesus Christ. This means going to the roots of Christian love. The love of our neighbour is depicted graphically in the parable of the Good Samaritan who makes himself a neighbour to the traveller wounded and mistreated by robbers. Seeing the face of Jesus in the needy and in those who suffer has been the powerful inner impulse of the saints of charity, such as Mother Teresa of Calcutta.

Christian charity, the active charity practised by the members of the Order, is not satisfied with the simple gesture of offering some money; it knows how to place oneself at the service of one’s neighbour to whom it wishes to give, with relief, moments of hope and freedom, as in the case of certain sick people, of vagrants, of drug addicts. The dying, picked up by Mother Teresa, died in peace because they felt for the first time that their dignity as human persons was recognised.

Pope John XXIII said that the Church because it is catholic, is ‘the Church of everyone and particularly of the poor’. There is a structural link between the Church and poverty. The service of charity is something that the Church must do in order to be faithful to its own nature. The Order of Malta, by means of its works of charity, is incorporated into this mission.

Pope Benedict XVI writes in his Encyclical ‘Deus Caritas Est’ that we contribute to a better world only by personally doing good now, with full commitment and wherever we have the opportunity, independently of partisan strategies and programmes. The Christian’s programme – the programme of the Good Samaritan, the programme of Jesus – is a ‘heart which sees’. This heart sees where love is needed and acts accordingly.

The hospital of St. John in Jerusalem was founded more than 900 years ago to serve poor pilgrims. After their long and often dangerous journey, they would arrive sick or even with injuries. The Order’s Founder, Blessed Gerard, and his companions, seeing these needs, devoted themselves to their care, calling them ‘our lords the sick’. Thus the Order has been associated with pilgrimage and care of the sick from its very beginning. For the pilgrim who leaves his home and makes his way towards a shrine there is an exterior movement, marked by the various stages of the journey, and there is also an interior dimension which gives meaning to this ‘onward march’. For a believer, it is a life-giving experience which should lead to the formation of a new heart and a new spirit. Being closely associated with the sick and suffering reminds us of the transience of life. Speaking with them, praying with them, offering them service, is all about giving and receiving.

For members of the Order of Malta, this combination of a spiritual mission and charitable mission towards the poor unites them by the bond of charity.

(Excerpted from the writings of the Prelate of the Order, Archbishop Angelo Acerbi.)

Candlelight procession to the basilica at Lourdes.
5,000 members, volunteers and sick pilgrims came from every corner of the earth to the Order’s annual pilgrimage.
FOCUS ON...

- CENTRAL & EASTERN EUROPE
- THE GRAND MAGISTRY
The Order at work in a new order

Communism first began to crumble in Poland, continued to collapse in the Soviet Union and finally crashed to the ground with the fall of the Berlin Wall in November 1989.

But while this change across Central and Eastern Europe created a new order of democracy, it also opened a void in the lives of countless millions of citizens. Unemployment rose as the newly independent republics struggled with the harsh realities of economic life in an open market, while state-run services including schools, hospitals and universities found themselves starved of funds and resources.

Totalitarian stability gave way to unrest and turmoil as factions vied for political and economic power. Old ethnic hostilities which had remained dormant burst into bloody internal wars in the former Yugoslavia and elsewhere.

But another and altogether more benign force which had long been suppressed by the political regimes was also able to flourish once more. Working both nationally and through its international relief organisation, the Order of Malta has been building its presence across Central and Eastern Europe.

The National Associations founded early last century were able to take up their work again. Today, the Order is active in Albania, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Kazakhstan, Kosovo, Latvia, Lithuania, Montenegro, Poland, Romania, Serbia and Ukraine.

The range of medical services, palliative care and humanitarian aid provided in these countries is both broad and varied. It has grown from nothing – the Order was precluded from any activities during the communist era – and is continuing to develop as new members and volunteers swell the ranks of those who are working to provide help and care wherever it is needed most.
Growing a presence in Central and Eastern Europe

This timeline traces the involvement of the Order in Central and Eastern Europe.
Pre 1980
- The Order was prohibited from working in the communist countries, and many of its members were either banished or expelled.

1980-89: Solidarność (Solidarity)
- Poland begins to open up for assistance from the west, with Malteser Hilfsdienst arranging transport of relief goods through Polish churches.

1989-1990: The fall of the Berlin Wall
- The Order responds to countless pleas for help with an extensive programme of relief to many countries in Central and Eastern Europe.

1990-2000: Re-developing a presence
- The Order provides a platform for private charitable activity for the most needy, in line with the Order’s principle of ‘Tuitio fidei et obsequium pauperum’ (Exemplify the faith and serve the poor and suffering).
- Supplies of medicines and other relief aid are intensified.
- Know-how and experience is transferred from established organisations within the Order to emerging national organisations in Central and Eastern Europe.
- Financial aid and diplomatic relations are both stepped up as local partnerships develop.

2000-Today: The momentum continues
- Leaders of the national organisations in Central and Eastern Europe (CEE) through the effective and sustained support from the Order, are able to develop their programmes more fully.
- 2003 Cologne: The basis for a network of aid organisations and mutual support is laid at the first CEE Secretary Generals Conference.
- 2004 Prague: The CEE Secretary Generals form a steering committee to guide networking and strengthen the Order’s activities in the region.
- 2005 Timisoara: A ‘CEE Partnership Codex’ is signed to create a planned programme of further cooperation.
- 2006 Cracow: The first workshop is held for members and volunteers from the Order’s organisations in Central and Eastern Europe.
- 2006 Budapest: The vision, mission and identity of the Order’s CEE network is agreed at the annual Secretary Generals’ Conference and at a conference of the CEE Steering Committee.
Improving care services across the region

In many countries of the former Soviet Union, the political collapse had a profound impact on the delivery of health and social care services. While the situation has improved considerably as the independent republics strengthen their political and economic infrastructures, there remain many areas where care services provided by the state are insufficient for the needs of some of the more needy inhabitants and isolated communities. Through its national Associations and foreign aid programmes, the Order is helping to fill those gaps by providing a range of medical and social care services.

Examples include

In Albania the Order is working with its humanitarian non-governmental organisation, Malteser Ndihmon Ne Shqiperi (MNSH), to deliver health and social services to vulnerable people in the Shkoder and Lezher prefectures. The organisation also provides a basic medical service to a number of impoverished mountain communities which previously had no doctor, no pharmacy, no ambulance service and no money to buy medicines.

In Hungary, the Order’s relief service is running 12 homes in different regions of the country for elderly people and people with handicaps.

In a novel experiment, the Order has launched a programme to revitalise villages in which homes have been abandoned as their previous occupants migrate to the towns and cities in search of better social conditions.

The first initiative involved the village of Tarnabod, some 45km from Budapest, where abandoned houses were bought and restored, their gardens cultivated, the local kindergarten enlarged and a village bus donated to provide much-needed transport to jobs in the vicinity. The programme also includes training and education for the remaining villagers.

Homelessness continues to be a serious issue affecting some 50,000 people, with the majority (30,000) in Budapest. Here, the Order is providing a varied programme of practical assistance including a mobile X-ray service and a night shelter in a converted hospital train.

In cooperation with the Order in Austria, Germany, France and Benelux, the Hungarian Association collects and distributes regular supplies of medical and hospital equipment, medicines, clothing and household items throughout Hungary as well as to the Ukraine and Romania.

Meanwhile, the Maltese Charity Services in Hungary (MMSz) comprise some 140 groups in seven regions, with 750 staff and up to 15,000 volunteers providing an enormous range of services to the sick and needy.

MMSz owns and manages six hospitals and nursing homes with a total of more than 360 beds, as well as family support homes caring for 2,200 people in nine cities.

Produce and donations are also collected and distributed to the needy - in 2005 more than € 1.8 million worth of donations were shared between 167,000 people in this way.

Under the slogan ‘It’s a joy to give’, MMSz organised a nationwide Christmas food collection in large supermarkets which resulted in 90 tons of goods being distributed among needy people.

And when floods hit both Hungary and Romania in 2005, MMSz was in action again, this time working with the Hungarian Radio station to organise a collection called ‘One drop for humanity’ which resulted in 3,480 packages being send to flood victims in Transylvania and another 1,000 to those in Hungary.
In **Lithuania**, the Order has initiated a voluntary home care programme which is uniting both young and old. More than 200 young volunteers provide a mixture of nursing care, spiritual support and home assistance to the elderly, many of whom have seen younger members of their own family leave the country in search of work.

The Order’s national Association in **Poland** provides ongoing financial and material support for a day centre in Kraków, run by the St. Vincent de Paul Sisters of Mercy, which cares for 136 children from broken and alcohol-addicted families. In Poznan, the Specialist Maltese Centre in St. John of Jerusalem Behind the Walls carries out several thousand mammograms, ultrasonic scans and densitometries each year in 17 surgeries staffed by a team of 58 volunteers including 32 doctors and nine consultants. The Maltese Aid Centre in Puszczykowo provides task therapy for people with mental handicaps, while the Crisis Intervention Centre in Katowice continues to provide care and support for drug addicts.

The Blessed Gerard’s Hospice in Olsztyn was opened in March 2004 and now provides a comprehensive range of healthcare with a team of doctors, nurses, a psychologist and therapist.

In **Russia**, a soup kitchen in St. Petersburg serves 600 free meals of soup, rice and bread every day to people in poverty, in need or with handicaps. The kitchen has been run for more than ten years by Malteser groups from the German diocese of Würzburg in cooperation with local civic and community partners in St. Petersburg. The annual cost of providing this service is € 140,000, virtually all of which is spent on buying provisions within the city.

When the president of Malteser Hilfsdienst, the Order hospital service in Germany, Dr. Constantin von Brandenstein-Zeppelin, visited the soup kitchen during the harsh winter of 2005/06 he commented: “**There is nothing more rewarding in life than helping other people to survive. Our commitment in St. Petersburg creates an important alliance between our countries on the basis of compassion, charity and human solidarity.**”
Having been a prohibited organisation during the Soviet years, the Order has now established a growing presence in the Republic of Lithuania with support from external organisations – in particular Malteser-Hilfsdienst (MHD), the Order’s hospitaler service in Germany, and in its foreign aid department, Auslandsdienst.

“They involvement helped us to win sponsors within Lithuania itself and also put us in touch with other foreign organisations that we had no contact with during the many years of Soviet rule,” explains Arvydas Bruzas, Secretary General of Maltos Ordino Pagalbos Tarnyba (MOPT), the Order’s social service in Lithuania.

“We had a clear strategy and plan, which – thanks to the efforts of many enthusiastic volunteers – has enabled us to establish 32 branches of Maltos Ordino in 22 cities as well as a very active youth organisation which already has 400 members in 20 cities.”

It has not been an easy road. In the early days of the independent republic, there were no clear laws and regulations about the rights and obligations of charitable organisations. Furthermore, the embryonic MOPT organisation met some resistance from some sectors of national and regional government, while the wider Lithuanian society had long-felt reserve over the involvement of other countries in their affairs. Prior to joining the EU in 2003 Lithuania had the highest economic growth rate of all candidate and member states, but the combination of relatively high taxation and low wages has seen the mass emigration of the working population to Ireland, the UK and other European countries – as many as 360,000 had left by the end of 2004, leaving many jobs unfilled.

“We seem to have reached the point where it is no longer clear who, in future, will stay to work in Lithuania,” says Arvydas. “As the younger people emigrate, they leave behind the older members of their families many of whom have lost their savings during a period of high inflation and are now so poor that they cannot buy the medicines they need.”

MOPT’s response has been to set up a voluntary home care programme which is uniting both young and old. Launched in 1998 with the help of funding from the EU, the programme provided theoretical and practical training for an initial group of 200 youngsters who now act as ‘virtual family’ for the older people they visit each week.

Coordinated from five offices in the main cities, the programme provides a mixture of nursing care, spiritual support and home assistance to the elderly who are alone. “To have regular human contact with someone who cares for their wellbeing, who prepares their meals is so very important to these people,” says Arvydas. “To them it must really seem that help has come from heaven itself.”

MOPT is continuing to develop in Lithuania and abroad to attract more volunteers. As the result of a recent donation from the British Embassy in Vilnius, a new training scheme to improve volunteer management skills has been launched in 2006.
Poland
Programmes for care

The Order’s hospitaller service in Poland, Związek Polskich Kawalerów Maltańskich, is growing from strength to strength with a wide ranging programme of care for the needy (see also the Medical and Hospitaller section).

For many years, the Polish Association has been supporting the invaluable work of the St. Vincent de Paul Sisters of Mercy in caring for 136 children aged between two and 17 from troubled families. Thanks to the Order’s material and financial support, the children enjoy regular treats as well as an annual summer holiday either in the mountains or at the seaside.

At the Maltese Aid Centre in Puszczynkowo, 21 people with mental challenges continued to take part in regular task therapy provided by a team of eight full-time staff and five volunteers. In April 2005, the first in a planned series of workshops organised by the Polish Maltese Foundation provided a series of task therapies in plastics, music, weaving, sewing, computers, household and pottery to 30 people with moderate and severe mental handicaps.

The Crisis Intervention Centre in Katowice continued to care for drug addicts – the so-called ‘children of the street’, while the Upper Silesian Branch provided volunteers for a care centre in Borowa Wies for people with disabilities. Meanwhile, a team of doctors and nurses, supported by a psychologist and kinesitherapist provide comprehensive care for patients in a constant vegetative state (Apallic) at a 30-bed hospital in Olsztyn, North East Poland.

First aid
Throughout the year, teams of trained volunteers divided between 35 regional branches of the Maltese Medical Service (MMS) provide medical support and first aid at major public gatherings.

In 2005 alone, 1,828 volunteers, including doctors, nurses, paramedics and students, provided first aid to 12,301 people and gave medical support to a further 392. Between them they gave 76,214 hours of their time to this vital work – and also found time to train 2,011 people in basic first aid.

Regular pilgrimages were also organised for people with disabilities, while many Polish children with disabilities enjoyed summer camps, which provided a welcome break from the routine of their normal lives.

A major new centre takes shape in Poland
The Maltese Centre of Aid for Disabled Children and Their Parents, in Krakow, is the latest – and largest – task undertaken by the Order’s Polish Association.

Completed in July 2006, this splendid new centre in southern Poland covers 1,550 square metres and, with the ability to provide aid to some 2,500 families with disabled children, is the largest of its type in Poland, and possibly in the entire central region of Eastern Europe.

It provides specialist care, diagnosis and therapy for children with development disorders, with an outpatient’s unit catering for some 50 families each week and a day centre providing facilities for up to 50 children of pre-school age.

In 2005, 1,828 volunteers provided first aid to 12,301 people – 76,214 hours of their time – training 2,011 in basic first aid.
From small beginnings, the Maltese Aid organisation in the Czech Republic (Malťázska Pomoc o.p.s) has grown into one of the five most recognised charities in the country as well as the only non-profit organisation registered for health supervision and the provision of first aid services. Its aim is to fill any gaps in the help available to those who are suffering or in need, and it does so through a team of 12 permanent staff members and 200 volunteers based in the eight major cities of Prague, Brno, Olomouc, České Budějovice, Mělník, Hradec, Králové, Uherské Hradiště – and Ostrava. Between them, they take care of sick, injured, and lonely people – young and elderly – as well as those with handicaps or suffering from the effects of natural disasters (see the Emergency Relief section of this Activity Report).

Maltese Aid also runs its own fully-equipped first aid unit with 74 volunteers, including ten doctors. In 2005 alone, this team provided professional health services for a number of large-scale public events including the Velehrad Pilgrimage – the largest Catholic event in the country, which also included the largest international meeting of wheelchair users – a number of rock music festivals and sports events as well as the Czech International Air Festival.

The Maltese Social Centre in Mělník is a model of its type, offering continuing assistance to areas which have been stricken by natural or other disasters. Established originally for the region most heavily hit by the disastrous floods of 2002, the centre is active in community development and also provides individual counselling and psychological help for those affected.

For the past ten years, Maltese Aid volunteers in České Budějovice have been providing daily transport to schools in South Bohemia for 42 children with handicaps. Other regular activities include the collection and distribution of Christmas food and toys for the children of financially deprived families. In 2005, the collection was entitled ‘Try to make a miracle’ and was organised in a number of supermarkets in several cities. All told, people contributed more than 7,300 items of food and hundreds of toys. With the help of the American organisation ‘Wheelchair Foundation’, Maltese Aid has so far distributed more than 200 wheelchairs to needy people in the Czech Republic. In addition, Maltese Aid runs a series of regular summer camps, trips and excursions for young people, teaching them how to help needy people and become the next generation of Maltese Aid volunteers.

In 2005, Maltese Aid became the first non-profit organisation to take part in a large-scale anti-terrorist exercise organised by the State Integrated Rescue Services in Prague and Kralupy nad Vitavou. This was an opportunity for volunteers to practise the provision of medical and psychotherapeutic help under highly realistic conditions. Maltese Aid has also become a member of the Czech Federation of Food Banks, which was launched in 2006 with the aim of providing up to 800 tons of food each year to needy people.
Ukraine Helping hands

Maltijska Slushba Dopomohy (MSD), the Order’s hospitaler service in Ukraine, is working with its German sister organisation, Maltese Aid Service, to provide care and support to many of the country’s most needy citizens. With hyperinflation forcing many people below the poverty line, the provision of food has become a vital activity, and here the Order’s ‘Charitable Kitchen’ has provided millions of meals for elderly and vulnerable people since its formation in 1999.

Children with mental handicaps form another section of Ukrainian society for which little help is available. Here, young volunteers from the Order are visiting residential homes in two villages, Bukiv and Rozdil, to organise games and give presents to youngsters aged between 3 and 18, to support the important work of the schools in enabling them to return to their families.

‘Action St Nicholas’ is another aspect of the Order’s charitable work in Ukraine, this time focused on 5,500 orphans living in care homes scattered around the mountainous and rural areas of the Lviv region. With the help of the Ukrainian Greek Catholic Church, the Regional Educational Administration and eight youth communities in Lviv, the Order arranges for letters written to St Nicholas in December to be printed and submitted to the parishes which then pack and present gifts to the children.

Annual summer camps provide another opportunity for the Order to engage with the young people of Ukraine. As well as providing a welcome break in the countryside, the camps provide the youngsters with an insight into needs of the sick, elderly and needy through seminars conducted by experts in these spheres.

In addition, the Order runs a series of first aid training courses which have so far enabled more than 1,400 people to qualify in basic life-saving techniques.

With many people below the poverty line, the provision of food has become a vital activity; the Order has provided millions of meals for the elderly and vulnerable since 1999.
To be homeless is to be without the most basic of human rights – the right to have somewhere to call your own, a place which is uniquely for you and your family. Homelessness is a form of deprivation with many facets. Homeless people have little or no access to employment or medical care. They are prey to diseases, to malnutrition, to physical harm and to drug abuse. They are often the victims of broken families and frequently have nobody to care for their spiritual and corporal needs.

In Hungary, the Order’s relief organisation Magyar Máltai Szeretetszolgálat (MMSz) is answering the plea for help from the homeless through a comprehensive series of interventions including a mobile X-ray service, a permanent doctors’ clinic and a former German hospital train which has been converted into a night shelter for some of the 30,000 homeless people in Budapest.

“Our X-ray bus is particularly useful to us as it is completely self-contained with its own electricity supply and all the equipment necessary for radiography wherever and whenever it is needed,” explains Rita Valyi, of MMSz. A typical day will find the bus, complete with its staff of doctors, X-ray technician, driver, social worker and volunteers travelling around the city and to nearby towns while delivering its ‘on the spot’ service to homeless people. Armed with an X-ray film, the patient can then seek treatment which will be paid for under the State health insurance scheme.

“It is a sad fact that many homeless people develop tuberculosis which, left untreated, can quickly spread from one to another,” says Rita. “Whenever we diagnose TB, we then ask the emergency service to take the patient to hospital immediately – as we do if there’s any suspicion of other transmittable diseases or of cancer.”

As the X-ray bus roves, a doctors’ clinic provides round-the-clock healthcare for Budapest’s homeless community. During normal working hours, the door is open to all. They can see a doctor (the clinic has one paid by the Order, and up to nine more working voluntarily on its behalf) and ask for treatment and medicines even where they have no papers. Throughout the rest of each day and night, the clinic is always ready to receive homeless patients who are found on the streets by the police or other emergency services. With 18 beds in rooms which are separated for privacy, the clinic also provides care and treatment by its team of doctors, nurses and volunteers. Government health insurance covers the cost of three doctors, four nurses, three voluntary workers and a cleaner.

The train now standing...

Perhaps the most unusual aspect of MMSz’s work among Budapest’s homeless people is the use of a former German hospital train which was donated to the Hungarian railway which then passed it on to the Order.

“As soon as we saw the train we knew exactly what it would be perfect for – a night shelter for the city’s homeless people,” Rita explains. “One compartment has been converted into a surgery for the doctors who call twice a week to tend to people who are ill, while a complete carriage has now become a meeting room where we celebrate mass on special days – and sometimes screen football matches on TV. Because the train is permanently sited and connected to the town’s heating and drainage system, there are showers on board and we have space for 110 people – and sometimes make room for a few more if the winter is particularly hard, as it often can be in Budapest.
We open the doors at six o’clock every evening when we receive a steady stream of regulars as well as a few newcomers for whom we try to reserve a place. All we ask is that they have no illness which could infect the others – and naturally we prefer it if they are not drunk! Voluntary workers come and talk to the homeless to help them keep their spirits up, and sometimes local people will bring food from their homes to help us feed hungry mouths. People can stay all night until seven in the morning, after which we clean the train and make it ready for the following night. Apart from two weeks in summer, when we close the train for maintenance and repairs, it is open every night of the year,” explains Rita.

On one memorable occasion, 80 homeless people on the night shelter train were invited to the home of a family which includes two knights and one dame of the Order to share a three-course Christmas meal to celebrate this special time of year.
Something very special is happening in the picturesque countryside around the village of Micfalau in central Romania. Against a backdrop of mountains and forests of birch and fir in an area long prized for its clean air and numerous healing spas, a small group of typically Romanian wooden chalets is taking shape as a multifunctional youth centre.

A largely voluntary workforce has already built three houses on the 30,000 sq m site, with the summer of 2006 seeing the further addition of a large open-sided wooden shed complete with kitchen, providing facilities specially designed for people with disabilities.

The first events are due to take place in summer 2007 with tents being used to provide additional accommodation. Everyone using the centre will find high quality care, comradeship, love and support in a comfortable environment far from the stresses of their daily lives.

The centre builds on the more than 14 years of experience of social work gained by the Order’s relief service in Romania, Serviciul de Ajutor Maltez din România - SAMR - and is a bright new example of the difference which SAMR has long been making to the lives of the country’s socially disadvantaged children.

SAMR now has more than 1,100 volunteers working through branches and centres in 26 separate locations throughout Romania. Their main target groups are socially disadvantaged children, people with disabilities, elderly people and those affected by natural disasters (see Emergency Relief section of this Activity Report).

Programmes for children include caring for orphans as well as support for talented children, and regular weekend schools and youth camps.
For people with disabilities, SAMR runs a number of care homes and day care centres as well as workshops, camps and a special kindergarten for children with disabilities.

Elderly people are provided with everyday care both through a number of special centres and in their own homes, with a ‘meals on wheels’ service a particularly welcome feature.
In Bosnia the war may finally be over, but for the survivors life is still far from normal. As people return to their homes in the isolated rural villages around Bosansko Grahovo they do so to find no electricity, no telephone, no running water and no public transport. Those in need of medical help face a walk of several hours just to reach the nearest main road into the nearest town, and in a period of just six months as many as 30 people died unnecessarily simply for the lack of basic medical help.

Now a project run by the Foreign Aid Service of the Order’s British Association is providing a one-off health check for all the inhabitants by a doctor in the town of Livno. In addition, one person in each village is being trained to provide first aid and medical care for their neighbours. The first aiders will also be trained in the recognition of ongoing health problems and become the basis of an Outreach programme that will be able to refer medical problems to the town hospital as they arise.

Meanwhile in the city of Mostar, scene of some of the most brutal fighting during the war, the Order has worked with a local partner, Altruist, to establish a home care programme for the many inhabitants still struggling to rebuild their lives. Those in need are offered basic medical support from a trained nurse as well as socio-psychological help from a qualified social worker. Volunteers are also helping to organise home visits for medical check-ups, providing care and psychological support for the victims, and lobbying on their behalf to support them both through government initiatives and practical solutions such as finding food and medicines.

In many rural areas of the Balkans, older people have been deserted not only by the state but also by their own families. They were abandoned in their homes, or evicted onto the streets where they were left to freeze and starve in complete isolation.

In 1997, the local parish priest of Boka, Father Tibor Koncz, took the initiative to set up a parish home as a solution to this misery. It provided basic healthcare, food and a sense of community to its 12 nonagenarian residents and became a remarkable place, inspired and run with the warmth, boundless energy and charity of Father Tibor and his parish.

As the only one of its kind in the area, the home was woefully inadequate – particularly as the younger generation continue to seek work elsewhere and leave their parents behind. Since 2002, and with the support of the Foreign Aid Service of the Order’s British Association, the home has been expanded with an architect-designed extension housing eight two-bed rooms, while the existing building has been refurbished to a high standard to add recreation rooms, a kitchen and three bathrooms.

The home in Boka now caters for twice as many needy people who can live in an atmosphere of genuine comfort and care.

**Bosnia**
Rebuilding lives, restoring care

**Serbia**
A place of warmth and energy
Malteser-Ndihmon në Shqipëri (MNSH) celebrated its tenth anniversary in 2005 following a decade in which it has become among the leading relief organisations in the Republic of Albania, one of the poorest of the European states.

With its headquarters in Shkodar, MNSH is also active in Lezha and Tirana with volunteers working alongside a small group of full-time experts to provide care and relief for the sick and socially disadvantaged.

MNSH provides training in first aid in factories as well as to police and fire brigades, and operates its own fleet of emergency relief vehicles including a four-wheel-drive ambulance able to bring advanced life support equipment to remote areas as well as a rescue vehicle manned by doctors, a field hospital and field kitchen.

In Albania since 1995, MNSH operates from Shkodar, with branches in Lezhe and Elbasan, focusing on the areas of medical, social and civil protection. During 2006, MNSH has worked extensively in the poor communities of northern Albania, providing regular social services. A Rapid Intervention Team was created and instructed during 2006. It can be activated within 15 minutes of being given notice of any emergency. In December, 2006, MNSH responded to the call from Shkodar’s Prefect for assistance in the emergency situation of Shengii. It was the only Albanian relief organisation to be requested to help.

Basic health care – through the Mountains Project, MNSH’s main activity - was started in the early 90s to provide healthcare in the mountainous regions, because no basic state medical service was available. By 2006, it has extended to four villages, numbering five thousand inhabitants.

Social and medical fields: MNSH helps the Roma populations of Shkodar and Kezhe – the poorest and least integrated group in Albania. Medical visits, therapy, transport to hospital and education in first aid and basic hygiene are among the services provided.

The Order also runs regular seamstress courses for Roma girls and women in the Tejbuna quarter at which the students are given theoretical and practical training which will help them to become self-employed within their own community.

Summer camps for youngsters have proved popular, and in 2006, 200 children attended them, whilst 2,500 of the Roma population of Shkodar and Lezhe attended an election education programme which instructed them on the voting process.

First aid activities include the provision of a ‘bay watch’ service at Velipoja Beach, a 6km stretch of fine white sand which is visited by up to 30,000 people each day during the summer months, and frequent attendance at large gatherings such as pilgrimages and sporting events.
THE GRAND MAGISTRY
Now more than 900 years old, the Sovereign Military Order of St. John of Jerusalem, of Rhodes and of Malta is both the largest surviving order of knights from the Middle Ages and the world’s smallest sovereign state. Today those ‘knights’ – numbering more than 80,000 volunteers as well as 12,500 members and 11,000 staff – carry not swords but the implements of mercy, of medical care and of emergency relief to create a force for good in 120 countries around the globe.

The Order remains true to its original motivation of alleviating human suffering wherever it occurs, whatever its cause and without regard for the politics, creed or origin of those in need.

Known since medieval times as the Hospitallers, the members, staff and volunteers of the Order provide health benefits to millions of people each year, and the annual value of its health and humanitarian activities worldwide reaches US$ 900,000,000. Covering just eight acres, the Order’s headquarters in Rome are 12 times smaller than the Vatican (the world’s second smallest state). This is the home of the Grand Magistry which today is the bustling heart of a major global, professional organisation – a religious lay order which is active in 120 countries and maintains bilateral diplomatic relations with 96 states, official relations with six European governments, as well as permanent delegations to the United Nations and other main international organisations.

The government of the Order is chaired by the Grand Master, who is assisted by his four State ministers, the Grand Commander, the Grand Chancellor, the Grand Hospitaller and the Receiver of the Common Treasure. While these titles are steeped in many centuries of tradition, the roles are very much in tune with the increasingly challenging demands of the 21st century. As a unique combination of sovereign state, charity and aid organisation, the Order is regularly extending its activities into new countries and constantly responding to calls for humanitarian aid.

As the nerve centre for the Order’s activities worldwide, the tempo at the Grand Magistry is constantly high. As a sovereign in his own right, the Grand Master of the Order receives numerous official visits from heads of state and governments and hosts official receptions throughout the year. There is an international conference programme to organise and attend – seven in 2005-6 (see separate section) and another three to be held in 2007.

The Order’s programme of external relations is also administered by the staff at the Grand Magistry, who provide support for the large programme of humanitarian activities.

The pace is quickening as the Order’s membership is expanding in new countries and regions, with the formation of new Priories and national Associations. With bilateral diplomatic relations with 96 countries and permanent missions to 18 international organisations, the Order’s diplomatic service equates to that of a country the size of Portugal or Belgium.

The number and scope of activities is growing continually, with recent events including the signing of a Scientific Research Agreement with the Italian Government, and an agreement between the Order and the Organization of American States (OAS).
The roles of the high officials of the Order

**The Grand Master** governs the Order both as religious and sovereign head. He is elected for life and is assisted by the Sovereign Council, the government of the Order, over which he presides. The Grand Master, together with the Sovereign Council, issues legislative measures, promulgates government acts, oversees the Common Treasure assets, informs the Holy See of the Order’s spiritual needs, and ratifies – with the deciding vote of the Sovereign Council – international agreements and the summoning of the Chapter General. The Grand Master also chairs the Government Council. The States with which the Order has diplomatic relations recognise the Grand Master as the supreme head of the Order, with the prerogatives, immunities, privileges and honours reserved for heads of state. He is bestowed with the title of Most Eminent Highness, and the Holy Roman Church confers on him the rank of Cardinal.

**The Grand Commander** is responsible for the religious life of the Order. He is in charge of instructing the members in the fulfilment of the principles of *Tuitio Fidei e Obsequium Pauperum* (Exemplify the faith and serve the poor).

The Grand Commander acts as Interim Lieutenant in case of the death, resignation from office or permanent incapacity of the Grand Master.

**The Grand Chancellor**, whose office includes those of the Ministry of the Interior and Ministry of Foreign Affairs, is the head of the executive branch. He is responsible for the Diplomatic Missions of the Order and relations with the national Associations. Under the authority of the Grand Master, he is responsible for the representation of the Order to third parties, carrying out of policy and the internal administration of the Order, as well as the coordination of the activities of the Government of the Order.

**The Grand Hospitaller’s** responsibilities include the offices of Minister for Humanitarian Action and Minister for International Cooperation. He coordinates and supervises the initiatives of the Grand Priories and national Associations, and other institutions of the Order around the world which are involved in charitable and humanitarian actions. The Grand Hospitaller is assisted by a Council composed of representatives of the various territorial regions in which the Order operates.

**The Receiver of the Common Treasure** is the Minister of Finance and Budget and directs the administration of the finances and property of the Order with the Grand Chancellor. He is responsible for drawing up the annual accounts, both budgeted and actual, relating to the economic and financial state of the Order, submitting them to the Board of Auditors and to the Grand Master for approval with the advice of the Sovereign Council.
HUMANITARIAN ACTIVITIES
Emergency relief
Reaching out to those in need

Natural and man-made disasters continue to transform ordinary human lives into extraordinary personal turmoil for many millions of people around the world.

Whether the cause be flood or famine, earthquake, hurricane or war, the Order has long held out a hand of comfort, help and support whenever and wherever it is most needed.

It does so without regard to political or geographical boundaries, and without discrimination on grounds of race, religion, gender or age – always with the emphasis on reaching out to those in gravest need and who are all too frequently least able to help themselves.

Through its members, volunteers and professional medical and nursing staff, the Order seeks to provide not only immediate practical support such as food, shelter and clothing, but also to help heal the psychological wounds of those affected and to support them as they rebuild their lives.

Since 2005, the Order’s organisations across the globe have responded to disasters as momentous as the South East Asian tsunami, the persistent droughts in Africa, the severe earthquakes in Indonesia, India and Pakistan, and the catastrophic hurricanes in South America and the United States.
Response to flooding

The Asian Tsunami

When the world’s most powerful earthquake in more than 40 years struck deep in the Indian Ocean on December 26, 2004, it unleashed a tidal wave which consumed 220,000 lives in South East Asia and Africa.

Led by its international relief organisation, Malteser International, the Order marshalled a response that began within hours of the disaster and has continued ever since with a wide programme of humanitarian aid across all of the worst-affected countries including Indonesia, Sri Lanka, India, Thailand and Myanmar (Burma).

The Order’s relief programme was divided into four main themes:

- **Health and water** – optimising the quality of local drinking water and establishing long-term supplies
- **Aid to fishermen** – buying boats, nets and motors to provide an economic livelihood, and developing projects to generate new income opportunities
- **Shelter for people rendered homeless** by the tsunami, including support for the construction of emergency accommodation as well as permanent housing
- **Assistance towards self-help** – providing tools for fishermen and craftsmen, employing jobless people and helping others to re-establish workshops and small enterprises.

Working in conjunction with local organisations, the Order provided initial emergency relief in the form of food, clothing and household items. Following this, a series of rehabilitation programmes were initiated including psycho-social counselling for traumatised families, the establishment of basic health-care facilities, the provision of safe drinking water supplies and the reconstruction of homes, schools and hospitals destroyed by the tsunami.

In addition to money and immediate practical help, the Order also provided much-needed social support for communities as they struggled to re-establish a sense of order in their lives. One example was the provision of sewing courses for women and girls living in refugee camps in Indonesia, another saw the donation of computers, desks, chairs and training kits to the Islamic University of Banda Aceh to help speed a return to normality in the education sector of this badly-affected region.

A number of interventions had the aim of creating sustainable incomes for those who had lost all means of supporting themselves. In India, for example, Malteser International and its partner ‘Health for One Million’ (HOM) helped local people in the Kanyakumari District to start a rope-making business using fibre from coconut shells.

Malteser Hospitaldienst Austria (MHDA) the emergency relief organisation of the Order’s Grand Priory in Austria sent a specially trained crisis team to Thailand to join the Red Cross to search for missing people in the aftermath of the tsunami. MHDA also took part with seven NGOs in an € 800,000 project to rebuild a fishing village on the west coast of Sri Lanka.

In the early aftermath of the tsunami, a Malteser Rehabilitation Fund was established to pool donations from all parts of the Order. By December 2006, some € 30 million had either been spent on the provision of aid to tsunami victims or included in budget planning, with a further € 15 million allocated to future support in the following three to five years.
The 2006 Indonesian tsunami
Following a tsunami which claimed 565 lives in Java, Indonesia, on July 17th 2006, Malteser International established a basic healthcare provision in six camps around the worst-hit town of Pangandaran.
Working in close cooperation with the World Health Organization and a number of NGOs, Malteser International carried out medical check-ups to complement the mobile clinics requested by the District Health Officers. Large water tanks were also installed near shelters established for internally displaced persons.

Floods in Eastern Europe
Heavy rainfall in the spring of 2005 caused severe flooding in the lowlands of western Romania, Serbia and Hungary, destroying at least 4,000 homes and forcing many thousands of people to evacuate the affected areas. Malteser International was joined by its partners in the three countries to provide humanitarian aid including the immediate distribution of food, blankets and medical supplies.
In August 2005, further heavy rainfall triggered a new tidal wave in already flood-torn regions of Romania, destroying 350 homes and swamping a further 2,000.
Malteser International and the Romanian Malteser relief service ‘Serviciul de Ajutor Maltez in Romania’ (SAMR) combined forces to provide short and longer-term relief including the reconstruction of homes. SAMR continued to evacuate people from fresh floods as further dykes burst along the banks of the Danube.

Floods in India
Unprecedented monsoon rains in the summer of 2005 caused the deaths of more than 1,000 people, displaced several hundred thousand more and destroyed thousands of homes in Gujarat and Kerala.
Malteser International provided an immediate € 200,000 in aid in the form of medical care, food and household items, working in close collaboration with eight local partner organisations.

With the help of the Romanian Ministry of the Interior, SAMR organised the delivery by helicopter of 700 food packages to people in the town of Focsani.
Meanwhile, the Czech Malteser organisation provided a number of dehumidifiers for use in making flood-damaged homes habitable once again and four volunteers from the Austrian Grand Priory provided hospital beds, toiletries, clothes, food and furniture for primary schools to affected areas in Cluj.
In addition to making a donation to support the work of SAMR following flooding in Romania, the Foreign Aid Service of the British Association of the Order (FAS) supplied house drying machines to a rural area of the Czech Republic to help many local families start the process of making their house habitable again and pick up the strands of their lives after the floods.
Response to earthquakes

North Pakistan and India

In October 2005 an earthquake measuring 7.6 on the Richter scale affected large areas of Northern Pakistan and India, killing more than 71,300 people and leaving tens of thousands injured. The earthquake is estimated to have affected more than four million people.

To compound the difficulties of those left without shelter – as well as the relief organisations attempting to help them – the local infrastructure was severely damaged, causing immense difficulties in reaching victims in the remote valleys of these mountainous regions.

With rain falling almost continually and winter fast approaching, the Order moved into action, supplying tents, blankets, mattresses, cooking equipment and hygiene kits for some 83,000 people in Pakistan.

In India, Malteser International worked with two local partners 'The Catholic Association of India' and 'The Sisters Doctors Forum India' to send medical staff and trained counsellors to the affected areas, where more than 32,000 homes had been destroyed.

The teams organised mobile clinics to reach out to remote hamlets and distribute drugs, blankets and basic food. As winter closed in, the Order supported the local governments and other international aid organisations in providing further supplies of winterised tents, cooking utensils and blankets.

Early in 2006, Malteser International organised a further relief programme in which helicopters were used to deliver winter-proof shelters, stoves and other relief items to 1,000 families still struggling to survive harsh conditions in the Himalayas.

Indonesia

A severe earthquake on central Java island in Indonesia in May 2006 killed more than 6,200 and displaced an estimated 647,000 people, leaving many of them vulnerable to disease through lack of water and toilet facilities.

Within a week, Malteser International had opened its first emergency hospital where six doctors were able to treat hundreds of victims every day in the village of Gedong, south of Yogyakarta.

Describing the situation in the immediate aftermath, Volke Stapke, project coordinator for Malteser International on Java island said: “There are people with open fractures or head injuries that could not be treated at all, or at best only provisionally, in the existing overcrowded hospitals. Some of them are completely exhausted and deeply traumatised. Fearing aftershocks, many survivors are still spending the nights outside – even when it rains.”

Situated less than 10 km from the epicentre, the emergency hospital was able to provide medical care for one fifth of the local population in Bantul, with a mobile clinic taking emergency aid to patients in neighbouring villages. Meanwhile, a Malteser International surgeon carried out more complex operations in the Bethesda hospital in Bantul.
Response
to hurricanes

Hurricane Katrina
In August 2005, Hurricane Katrina devastated New Orleans along with 235,000 square kilometres of terrain (an area as large as Romania), to become the worst natural disaster ever to strike the United States. Four-fifths of New Orleans was submerged, vast areas of the Mississippi shoreline obliterated and at least 1,800 people were killed, with 273,000 left homeless and destitute.

The three Associations of the Order in the United States – Western, Federal and American – worked together with Malteser International to instigate immediate relief services including the evacuation of three homes for the frail and elderly in New Orleans, as well as the provision of food and construction materials and medical assistance through a volunteer project for doctors from Baltimore.

A major fund-raising activity was organised by all three US Associations, with the aim of focusing help on the most vulnerable and socially-disadvantaged groups. Malteser International pledged an additional US$ 100,000 in support of relief operations. All told, the three US Associations and Malteser International donated $ 1,164,000 to the Katrina Relief Fund.

As some two-thirds of those affected by the hurricane were African Americans – of whom some 40% were illiterate – the US Associations of the Order organised free job training from an emergency office they had established in Baton Rouge, and also focused on ‘the poorest of the poor’ in providing basic life utensils including food and toiletries.

Early in 2006, the three US Associations launched a home renovation programme to put 32 families back into their homes in two deprived areas of the city, Treme and Gentilly. Volunteers from the Order joined those from other organisations in removing flood-damaged debris from the homes, which were then allowed to dry out. Since then, a programme of rebuilding has seen up to four homes completed each month, with the aim of completing all the work early in 2007.

Hurricane Stan
When Hurricane Stan struck Central America and Mexico in October 2005, it caused at least 1,600 deaths and left many thousands homeless due to landslides and flooding. In all, 1.5 million people were estimated to have been affected by the storm.

Relief was provided by the Order’s Association in El Salvador, which runs ten health centres in the country, and Malteser International opened an emergency fund with an initial donation of € 100,000 towards relief operations.
Response to drought and famine

West Africa
Drought, and the famine that stalks inevitably in its wake, are regular visitors to West Africa. But 2005 saw some eight million people in the West African countries of Burkina Faso, Mali, Mauritania and Niger facing one of the worst food crisis catastrophes in their history following severe drought and the worst locust invasions of the past 20 years. Mali and Niger were particularly hard hit, with the number of people dying of starvation rising by the day – 400 of them every day in West Niger alone. Between 2005 and 2006, some 800,000 children in Niger had been deemed to be ‘at risk’ and the World Food Programme estimated that 3.6 million people out of the country’s population of 11.5 million faced severe food shortages, with 2.5 million on the brink of starvation.
At the same time, around 20% of the Malian population were also suffering from famine due to lack of support. As many thousands of people displaced by the famine left their homes to seek support in the city, the Order moved into action through a joint relief operation mounted by Malteser International and Ordre de Malte, France (OHFOM) to develop an effective response with the active support of the Order’s Ambassador to Mali.
Seventeen cereal banks within the Malian government’s National Security Stock were filled with 520 tons of cereal to feed 60,000 people in the Mopti region, north east of the capital, Bamako.
At the same time, teams from Order joined with local volunteers to distribute 285 bags of corn to 1,500 families in the Tilabery area of Niger under a scheme developed with village elders through which each family received 20 kg of corn, to be repaid by 10 kg of corn for the village cereal bank after the next harvest.
A similar approach – designed to enable long-term relief by building stocks against future famines – was adopted in the Quallam province to the north of Niger’s capital, where supplies of millet and corn were distributed to 10,000 people.

Kenya
Drought and famine persisted in Kenya throughout 2005 and into 2006 with thousands of people suffering from hunger following the failure of two successive rainy seasons. As water supplies dwindled, so the quality of the little remaining water also deteriorated causing a drastic reduction in the number of livestock which form the only source of income for the nomadic population.
The local population, too, became increasingly undernourished and vulnerable to infectious diseases.
Working with local contacts in the districts of Marsabit, Samburu and Isiolo, the Order’s international relief agency, Malteser International, provided high-protein food and medicines for 30,000 people, with priority going to pregnant women, nursing mothers and children.
Response to those affected by conflict

Afghanistan
The Order has maintained a humanitarian aid presence in Afghanistan since 2002, with four international and 220 local staff providing comprehensive rehabilitation programmes in basic healthcare and the reconstruction schools in Badghis and Heart. In 2006, the Order also instigated a programme designed to provide income-generating opportunities for previously displaced people returning to their homes in Central Afghanistan.

Sudan
Described as the world’s worst humanitarian crisis, the continuing civil war in the Darfur region of western Sudan has caused an estimated 400,000 deaths since 2003, many of them from starvation and disease.
Malteser International is currently treating 420,000 displaced persons under its malaria-prevention programme and providing medical care for a further 115,000 people south of El Fasher.
Although a peace agreement was signed by the government and some of the insurgent forces in May 2006, this caused the rebel movement to split into more factions and led to an increased number of attacks on the civilian population.
Malteser International responded by extending its relief activities to the area around Wadah, south east of El Fasher, where no medical doctor had been present for three years and the provision of health services was virtually at a standstill.
Here, the Order is providing medical treatment and equipment for some 30,000 people and has plans to open an out-patient clinic.

Lebanon
The Order responded to the Middle East conflict in July 2006 by providing food and medical supplies to ten health centres run by the Lebanese Association of the Order in Lebanon which had been heavily damaged by shell and rocket attacks.
During the initial stages of the conflict, all the Order’s health centres in or near the combat zones remained highly active, providing medical care and medicines, bread, milk, drinking water and other basic necessities to many thousands of people displaced from their homes.
In South Lebanon, the Order’s Lebanese Association worked in cooperation with the Red Cross and the Lebanese Ministry of Social Affairs to deliver supplies of pharmaceutical products to people sheltering in the village of Rmeich.
The Order’s health centre at Marjeyoun, close to the border with Israel, remained open despite constant bombardment of the roads linking it to nearby villages, while in Siddikine, near Cana, health centre personnel were forced to re-locate to safer areas due to constant shellfire and bombing.
The health centre at Roum also remained operational and provided medical care and looked after the basic needs of some 180 families including 26 infants sheltering in local schools.
At Barqua, within the war zone, the Order’s health centre registered up to 150 patients each day as displaced persons moved through the area in search of safety.
In Beirut itself, the Order’s health centre provided medical care and medicines to two Displaced Persons Centres, while in North Lebanon the Order’s four health centres at Khaldieh, Zouk Mikhael, Kefraya and Kobayat continued to operate at full capacity in caring for a constant flow of displaced persons.

Later in the conflict, with one health centre severely damaged and another no longer accessible by land, Paul Saghbini, Director of the Foundation of the Order of Malta in Lebanon, described the situation as ‘pure hell on earth.’ As the damaged health centres began to resume their services an Order of Malta team of specialists from a number of National Associations under the umbrella of Malteser International began giving assistance to the Order’s health centres in Lebanon to plan for any necessary reconstruction and repair. Meanwhile, the Order’s Lebanese Association delivered six tons of medical supplies, wheelchairs, hospital beds and medical instruments to the Bekaa Valley, which was severely attacked during the war. These supplies were provided by the Order’s French Association.

The members of the Order, through their national Associations, immediately collected € 750,000 to support relief programmes instigated by the Lebanese Association of the Order, while the Order’s National Association in Australia launched a $1 million appeal to provide vitally-needed hygiene products, medicines, food, clothing, bedding and milk for about 7,000 displaced children under the age of eight, including 700 babies born during the conflict. As peace returns to the war-torn country, the work of the Lebanese Association on the ground continues.
Medical and hospital activities

Selected from the global activities during 2005 - 2006 of the Order’s 58 national institutions, ongoing programmes carried out around the world concentrated in:

- Distribution of medicines
- General medical activities
- Handicapped people
- HIV/AIDS: mothers and infants
- Homes for the elderly
- Hospitals and care centres
- Leprosy detection and care
- Palliative care / Alzheimer’s disease
- The 30 ambulance corps of the Order of Malta
The work of the Order of Malta has been central to caring for the sick, the needy and the poor for more than 900 years. The following reports from around the world show how members and volunteers from the Order go beyond the provision of basic medical and nursing care by showing true compassion and a practical concern for the wellbeing of those in need:

**Africa**

In Cameroon, Ordre de Malte France continue to run the Hospital of St Jean de Nyombe. In 2005, local staff and volunteers carried out 13,000 consultations at the Rohan-Chabot Centrer, Mokolo, as well as 21,300 HIV consultations at the Hospital Saint Jean de Malte.

The Order’s French Association continues to run the hospital of St Jean de Nyombe in Cameroon. Meanwhile, surgical facilities have been expanded at a hospital in Togo and an obstetrical service has been rehabilitated in Mali.

Malta Belgium International recently completed the renovation of the King Baudouin Hospital Centre in Kinshasa in the Democratic Republic of Congo and finalised plans for the renovation of health facilities on the Island of Idjwi, on Lake Kivu, to serve the needs of 180,000 inhabitants.

The foreign aid programme run by the Order’s Association in Canada is involved in a safe motherhood project in Nigeria.
Projects in Africa run by the German Association include a programme of HIV/AIDS and tuberculosis diagnosis in Kenya, aid for sleeping sickness and tuberculosis in the Sudan and a number of health programmes for mothers in Mozambique.

The Order has continued to support a number of medical centres in Chad which provide much-needed care for local people, while in Equatorial Guinea the Spanish Association continues to run a recently-opened day care centre for mental patients and finances a village in Mikomesang which enables sufferers from leprosy to live with their families while receive day care at a nearly specialised hospital.

In Morocco, the opening of an institute for ambulance teams in Casablanca in 2006 has already proved to be both a popular and necessary contribution to the training of young people as ambulanciers and first-aiders. The project, a cooperative scheme between the Order’s Embassy in Morocco, the Ordre de Malte France and the Moroccan government, offers students a two-year course of study and practical work to gain their diplomas.

This letter from Sœur Raymonde Vidal at the Bernadette Community in Samoé, Guinea, demonstrates the value of the work carried out by the Order’s French Association in distributing medicines and medical equipment to the needy in Africa, the Middle East and South America:

“We have received 26 parcels of medicines, reading glasses and medical equipment in very good condition. We send you our most grateful thanks.

“For us this has been an exceptionally welcome donation as we had just come to the end of our small stocks. Thank you so much for all the good we have been able to carry out, and all the suffering we have been able to reduce because of these medicines.

“On behalf of the young, the children and women who surround us, we wish to express our extreme gratitude. We send our best greetings to you and to all who work to prepare these parcels.”

Note: See also the Emergency Relief section of this report for details of the work of the Order in remediating the effects of famine in West Africa.
40 € for Bukavu
Democratic Republic of Congo

In 2005, more than 10,000 victims of rape or sexual violence sought help from the 300 healthcare centres supported by Malteser International in the Democratic Republic of Congo.

They were far from the only cases of their kind in a country where rape has become a weapon used by the many factions involved in a civil war which has already claimed more than four million lives. But they were the impetus for a fund-raising campaign in which Malteser International sought donations of just one euro for each of the 40 days of Lent, 2006.

To bring the ‘40 euro for Bukavu’ campaign to life for those for whom the human suffering in Congo was merely the stuff of newspaper and television reports, Malteser International’s project manager Ursula Mesmer filed weekly web reports of her first-hand experiences in meeting some of the victims, many of them still in their early teens.

This is the story of Bora, a 16-year-old girl who was captured and held captive in the woods for some two weeks:

“It was at night: I slept in the same lodge together with my grandfather. Suddenly something roused me from sleep. Male voices, uproar. Then I saw my grandfather trying to flee out of the window. There was a gun shot, grandfather dropped dead immediately. I crawled quickly under my bed in order to hide myself but my heart beat so loud that I was afraid the men outside would hear me, find me and kill me as well.

“However, something different happened: They found me, but instead of shooting me they attached my hands on my back and pushed me outside. There were other women lined up already, everybody enchained, and also two men. They tied us up together with a rope. One of the men, I recognised them being soldiers, went in front, the others ran after us with their guns in their hands. That’s how we walked for two days crossing the woods without eating.

“At night every one of us was bonded to a tree. Then having reached a camp we were forced to work; we had to look for food, go to deserted villages in order to harvest manioc that was left behind in the fields.

“We, the women, were raped by eight men. After one week an old man was sent to our village with a list stating the requirements for our release. They asked our families to pay with food or chicken worth 130 dollars for each person.

“I thought of my poor family, my murdered grandfather, others who had fled. I feared the worst. Others had more luck. For five persons the demanded food arrived, they were released. For me and a young boy nothing was received from our families.

“I was the only woman who had to stay. It was clear what that meant: The men raped me even more often.

“In the daytime when they were on the way they attached me to a tree. One day I managed to free myself and I ran away. I ran for two days and two nights until I was found by people from a village.”

For every 40 euro donated during the campaign, 15 victims of violence can now be provided with medical and psychosocial treatment for three months at the Malteser International healthcare centre in Bukavu.

Initially unable to speak or eat, Bora is now recovering in the care of ‘Mama Regine’, a trained member of Malteser International staff.

As many victims of rape are rejected by their husbands and families, Malteser International has used the money raised by the campaign to provide initial supplies of maize and dried fish to enable them to start their own small business and care for their children by selling these food items and reinvesting the proceeds in further stocks.
The Middle East

In Lebanon, the Order’s Lebanese Association is working tirelessly to help the afflicted of south Lebanon, as they struggle to rebuild shattered lives and shattered homes. Meanwhile, the Order’s 10 health care centres throughout the country continue their ongoing medical support for those who seek it.

In Palestine the Order continues to operate the Holy Family Hospital in Bethlehem in the face of an increasingly challenging security situation. As the primary maternity referral centre, the hospital delivers 60% of all babies in the district as well as all high-risk cases in the area. 25% of the mothers and infants live in refugee camps. The number of deliveries has continued to increase over the past three years since the beginning of the second Intifada, with 2006 seeing 2,946 births in the hospital. Last year also saw both the highest number of outpatient consultations (17,587) and the highest number of admissions to the neonatal department (440) in the hospital’s history.

External grants in support of the hospital’s work include US$3.5 million from USAID, € 750,809 from the Belgium Government under the auspices of Malta Belgium International, and US$ 171,000 from the US Foundation for Holy Family Hospital. In addition, donations from different parts of the Order in Europe, the Far East and the United States totalled US$ 1,534,109.

This funding has enabled work to start on a new floor, due to be completed in May 2007. The extension will include five neonatal intensive care beds, three extra delivery rooms, two adult intensive care beds, an emergency caesarean section operation room, a larger nursery, a six-bed day care centre, a two-room emergency department and a central sterilisation supply unit. It will also enable the hospital to increase the number of outreach clinics in villages from four to six as well as to introduce new services including a well woman health programme, a patient education programme and training for healthcare professionals.
Bethlehem
A hospital like no other

When a group of French nuns, the Daughters of Charity, opened the Holy Family Hospital in Bethlehem in 1895 they can have had little idea of how vital this facility would become in the 21st century, of the courage of those who staff it or of the difficulties – and often dangers – of those who are its patients.

For the first 90 years of its existence, the hospital provided much-needed general medical, surgical and maternity services to the people of Bethlehem and its surrounding areas. Then, in 1985, the hospital was forced to close in consequence of the social and political upheaval in the region.

It was a devastating blow to the pregnant mothers who were left with nowhere to give birth in safety and comfort until the Order of Malta, with help from the European Union, restored and reopened one wing of the original hospital for outpatient services in 1989, followed by inpatient facilities the following year.

Since 1990, with considerable financial support from the Order’s French Association as well as from the Order’s government and the national Associations in Germany, the United States, Ireland and Switzerland, the hospital has expanded both in capacity and in the breadth of services it offers – with a new floor due to be completed in May 2007.

But the ongoing security situation in Palestine results in what Dr Robert Tabash, the hospital’s Director of Administration, describes as “a tense and often explosive environment.”

For a pregnant mother in outlying villages, a journey to the hospital which should normally take no longer than ten minutes can become a gruelling five-hour trek in which she has to talk her way through innumerable road blocks before reaching the outskirts of Bethlehem.

Even in the comparative safety of the hospital her trials are by no means over, as Director General Dr Jacques Keutgen explains: “Normally a maternity hospital is a place for rejoicing, but not here,” he says. “When they reach us, pregnant mothers are tired and stressed by the violence and humiliation they suffer. Frequently they suffer from lack of nutrition leading to cases of anaemia and diabetes.”

These, no doubt, are factors which contribute to the 15% of babies born prematurely thanks to the expert intervention of the 90 highly qualified staff who run the hospital. Despite mounting difficulties – compounded by the recent decision by the western world to withdraw financial aid to the Palestinian Authority – the hospital has managed to achieve standards of service and medical care which rival those in the developed world.

Since 1990, no fewer than 37,000 babies have been delivered, and without a single case of maternal death despite the poor health of many of the mothers, and the hospital’s services have been expanded to include a number of outreach clinics (which have frequently had to be suspended in time of conflict) as well as teaching facilities for doctors and nurses in the specialities of gynaecology and obstetrics.
Today, the calm, clean and utterly professional atmosphere within the hospital is in marked contrast to the chaos which characterises daily life in the surrounding area.

The Holy Family Hospital remains the first and only neo-natal intensive care unit in the Bethlehem area and continues to provide an educational programme in mother and child care for the population at large.

“The real joy of working in this hospital is to see life emerging every day, and to see small premature babies born who, without the specialised care of this hospital and its staff, would die,” says Dr Keutgen. “There is no other facility that could take them.”
The Order’s three Associations in the United States undertake a variety of spiritual, medical and emergency relief activities.

The Americas

NORTH AMERICA
In Canada, the Order’s national Association operates a home in Montreal for young abandoned mothers and also provides voluntary help in six homes housing almost 1,000 elderly people in the city and surrounding areas.
In Ottawa, the Association is working on a day clinic project as well as a shelter for homeless people. Activities in Toronto include involvement in a soup kitchen and shelter for homeless people, while in Vancouver members of the Association are running eye clinics for those who fall through the cracks in the social services system and would otherwise not receive the necessary care.

United States
The Order’s three Associations in the United States undertake a variety of spiritual, medical and emergency relief activities.

The Federal Association, based in Washington DC, supports 15 clinics by providing medicines which are either bought at reduced price or donated directly by pharmaceutical companies. Each clinic provides a list of medicines required, and these are delivered twice a year.
In addition, volunteer doctors, dentists, nurses and assistants give their time to supporting the work of the clinics. Other volunteers work in the Order’s assisted residential homes throughout the region.

The Western Association covers a vast expanse of land from Seattle in the North West to Phoenix in the South West.
In 2005, the Association’s Hospitaller Committee approved grants totalling some $ 920,000 to support 65 different programmes in the Western United States. In addition, members gave more than 22,000 hours of voluntary work during the year to these same charities.

For example, in Los Angeles, voluntary doctors give their services to help the poor, the elderly and children at risk at the Knight of Malta Free Clinic. In Seattle, volunteers regularly cook and serve meals to families using the Sacred Heart Shelter as a transitional housing facility, while at the Mercy Retirement and Care Centre in Oakland, volunteers look after elderly people.
Every year, many hundreds of volunteers from the Association give their time to a vast array of charitable organisations.

The extra mile
Members of the Western Association continued to organise special projects throughout 2006, over and above their regular charitable activities, bringing support and joy to many. Some examples: the giving of a school book grant to San Rafael’s School, San Rafael, in May. They brought a light touch to diners at St Anthony’s Dining Room, which serves 2,000 lunches a day to the homeless in San Francisco, as they donned aprons and served lunch on a hot August noon. September saw another group entertain residents to a slap up barbeque at the Mercy Retirement Care Center, and yet others attended a luncheon for seniors to mark the San Francisco Parish Nurse Program.

The American Association, based in New York and covering the Eastern United States provides financial and material support for a broad spectrum of major charitable projects. These include the Women’s Care Center in Indiana, which provides counselling, mentoring and support for young single mothers; the Safe Haven for Newborns in Florida; the Project Venerable Pierre Toussant, which cares for homeless boys in Haiti; the Rose Hill Center, in Michigan, which provides treatment for adults with serious psychiatric disorders; and Angels’ Place, in Michigan, which provides residential care for adults with developmental disabilities.
The American Association has also long provided support for the Hope for Haiti organisation, which provides educational, healthcare and housing support for the impoverished people of Haiti, particularly the children. With the help of the Order, the education programme has now grown to include 35 schools and 10,441 students, while the nutrition programme helps to save the lives of more than 4,000 children every year.

Meanwhile, the Malta House of Good Counsel in Connecticut offers shelter for single mothers-to-be who have no other place to go. After the birth, Malta House provides counselling, medical care and training skills to enable the mothers to establish an independent future for themselves and their child. Also in Connecticut, the Association’s Shepherds Program is offering a brighter future for inner-city youths by providing them with mentors who act as positive role models. Currently helping 60 students in three schools, the scheme has seen 90% of its young graduates go on to higher education.

All three Associations of the Order in the United States have been involved in forming and running the CRUDEM Foundation, which in 1999 was designated as one of the Holy Father’s 100 projects for the Year of Charity. CRUDEM provides the people of Northern Haiti with superb healthcare facilities through the Hôpital Sacré Cœur, in Milot. The hospital's medical staff of 12 full-time and three part-time doctors, one dentist and 35 nurses, is augmented by 170 volunteers from outside Haiti who travel to Milot at their own expense to provide specialised medical services.

Members of the American Association are also involved as volunteers in a wide variety of charitable activities designed to ease the lot of the needy, such as shelters and soup kitchens for homeless people in several states, the provision of clothing to needy children and of palliative care in hospices as well as voluntary work among people with mental disabilities.

For example, the Saint Patrick Center in St. Louis runs 19 programmes serving more than 10,000 homeless people each year, while members volunteer as mentors at the annual summer camp for disadvantaged minority children in New York.
SOUTH AMERICA

The Order’s Argentinian Association provides care for premature babies at risk in the Buenos Aires province, runs a hostel for cancer patients in the federal capital and greater Buenos Aires, offers help to HIV-positive mothers and their infants through Ayuda Maltesa para la Prevención del SIDA (AMAPES), and continues to support the fight against leprosy in the country through Ayuda Maltesa Para Eliminar la Lepra (AMAPEL).

The Order’s international relief service, Malteser International, runs HIV mother-to-child programmes in three hospital centres, Hospitales Argerich y Quilmes, la Maternidad Sardá, and las Maternidades Pontevedra y Churtro, through which more than 9,000 pregnant mothers were treated in 2005, bringing the total screened since 2001 to 58,000.

The Malta Federation for Latin America has been established by the three Associations in the United States to help the Order’s national Associations in Latin America to develop projects.

The first fruit of this collaboration is the construction and opening of a new rehabilitation centre in Santiago, Chile, for children with respiratory problems. The Malta Federation contributed $30,000 to this project, with the remaining $26,827 coming from the Chilean Association.

The Federation has also provided funding for a mobile clinic for the Hôpital Sacré Cœur in Milot, Haiti, which enables the hospital to take its primary healthcare services to neighbouring villages. The mobile clinic served 3,305 patients in 2005.

Young volunteers from the Brasilia and North Brazil Association are helping healthcare professionals who are carrying out tests and vaccinations within the local community.

In the south of the country the Sao Paolo and Southern Brazil Association continues to provide medical support through the Sao Paolo Health Centre Cruz de Malta.

The Order’s Association in Colombia is working with the Spanish Association in an ambitious project to transform an abandoned building into a 70-bed rest home in Bogotá for impoverished patients from rural areas. This will enable them to receive specialised medical treatment available only in the capital.

Meanwhile, the Colombian Association continues to bring help to many thousands of needy people thanks to donations of medicines and supplies from the AmeriCares Foundation and from pharmaceutical companies including Boehringer Ingelheim and Novartis.
Another innovative project being explored with the Order’s national Associations in Brazil, Bolivia, Colombia, Paraguay and Venezuela will see the establishment and operation of two mobile river hospitals that will provide basic medical services and emergency assistance.

Local centres also distribute medicines to needy people in Guatemala, while the Order’s Association in Honduras carries out the same important role in and around the country’s main centres of population. Beneficiaries include parish and community organisations, private not-for-profit foundations, primary health clinics, state hospitals, nutritional centres, hospices for AIDS patients and centres for abused women and children as well as public schools and homes for elderly people.

Programmes to support HIV positive mothers and infants in Mexico are provided by Malteser International in four centres: Guadalajara, San Luis Potosi, Quintana Roo and Tijuana.

Continuing activities undertaken by the Order’s Association in Uruguay include running a programme for homeless people, supporting a hospital and working with a centre in Montevideo for the victims of leprosy. The Association recently launched a new programme for homeless people in collaboration with the Ministry of Public Health, launched a mobile dental care unit serving outlying areas around the capital city and undertook the maintenance of a kindergarten.

The Order has been working in Afghanistan since 2002. Four international and 220 Afghan staff members implement a comprehensive rehabilitation programme in the fields of basic healthcare and reconstruction of schools as well as a consolidation program with income generating measures for communities with a high number of returnees. The programmes provide aid to approximately 220,000 people.

In Cambodia, the Order continues to provide specialised diagnostic and treatment services to people suffering from leprosy as well as seeking to demystify the disease, while the Order’s Association in the Philippines has continued to distribute medicines to the poor.

In Thailand, the Don Bosco Centre helps former sufferers from leprosy to be reintegrated into society, and also enables their children to return to school.

See also Emergency Relief for details of the Order’s work in rehabilitating areas affected by the Asian Tsunamis of 2005 and 2006.
Mobile Clinic for Myanmar Migrants

Confrere Alex Abela is a long way from his home in New Zealand, and the rural tracks along which he is driving are rutted and muddy from the recent torrential rain.

Nine times a year, usually on the third Saturday of the month, he makes the same journey from Suan Phung to three remote mountain villages on Thailand’s border with Myanmar.

As a member of the Order’s national Association in Australia, Alex is one of a group of volunteers running a mobile clinic providing medical care for poor and sick refugees, including some 522 children belonging to ethnic Karen migrants from Myanmar.

Today’s visit to the picturesque farming village of Ponghaeng goes well. During the morning, the team – including Dr Garcia, two nurses, four volunteers, the social services director Fr. Prasit and Alex – complete no less than 74 medical check-ups and on-the-spot treatments. Four patients are found to need urgent hospitalisation, and a nurse and driver immediately arrange to take them to the Royal Thai Government Hospital for further treatment.

The clinic also visits two other villages, Wangkoe and Huayphak, dispensing medical treatment and medicines to cover cases of TB, malaria, skin diseases, bone ailments, internal worms and general malnutrition.

“The mobile clinic is, of course, not restricted to helping only Karen children,” says Confrere Abela.

“When we are out in some remote village and someone seeks our help, we do not question their age, nationality, politics or religion. We try to help our brothers and sisters in need, the sick and the poor. That is our mission.”
Oceania

Australia
Members of the Order’s national Association in Australia are active in the United States, the United Kingdom and Thailand as well as in Australia, in fields as diverse as hospital administration, palliative care and care for disabled adults and children.
The Order runs a nationally famous Friday Night School in Melbourne, which local schoolchildren supplement the education of migrant children by helping them with their homework.
Also in Melbourne, the Order provides state-funded palliative care services to a large population catchment, working in partnership with three other support groups.
In Sydney, the Australian Association supports Gorman House which provides meals and shelter for alcoholic and homeless men and women, as well as the Norma Parker respite Centre which provides respite for those caring for persons with disabilities.
Among other projects supported by the Order in Australia are the Mt. Olivet Hospital in Queensland, and the Adelaide Day Centre for Homeless Men, the Hutt Street Centre for Homeless People in South Australia, and the work of the OPAL Organisation which packs and ships cartons of donated medicines to East Timor.

Hospital administration, palliative care and care for disabled adults and children

Bernard Clarke and James Gobbo greet one of the 2,000 pilgrims at Lourdes Day Mass, St Patrick’s Cathedral Melbourne, December 2, 2006
Volunteers from the Order’s Grand Priory in Austria are providing a nursing service for 42 elderly and sick people in which they visit patients in residential homes and provide them not only with regular care and comfort but also the chance to enjoy day trips and longer holidays as a welcome relief from the monotony of daily life.

In one such home, ‘Haus Malta,’ the Grand Priory provides continuing care for an average of 45 elderly residents in 33 individual flats which enable them to live in dignity and privacy. A team of 18 professional nurses and helpers looks after the residents, while donations are used to cover repairs and maintenance as well as to provide for those unable to pay their own rent.

Meanwhile, nine staff and four volunteers from the Grand Priory care for AIDS patients in Vienna’s Hospital Lainz, and also provide them with the opportunity to take part in an annual pilgrimage to Rome, as well as day trips and a Christmas party.

Under the St Lukas project, volunteers regularly sort, pack and arrange for the distribution of medicines and medical equipment to many countries, including Iraq, Iran, India, and several Eastern European states. In 2005, the total value of these shipments was €1.5 million.

Homeless people in Belgium continue to find comfort, care and all the essentials for personal hygiene (including shows, a laundrette and hairdressing salon) at two ‘La Fontaine’ centres in Brussels and Liège run by the Order’s Belgian Association.

At these centres, a team of 120 volunteers supported by nurses and permanent staff take turns to look after 18,000 visitors each year for whom the centres provide warm and welcoming solace from their lives on the streets.

A third La Fontaine centre in the Flemish region of the country is currently being developed to further extend the Order’s work among the homeless.

Each La Fontaine ‘drop in’ centre receives an average of 45 visits each day. A small team of professional administrators, social workers and nurses is augmented by some 65 volunteers who provide a total of some 8,000 hours of voluntary work each year.

Across the whole of Belgium, a team of 570 volunteers of all ages reach out to ailing, ageing and handicapped people in hospitals and convalescent homes, providing them with regular visits, transport and the little, unexpected gestures, such as a bunch of flowers or a reading from a novel, which make their lives more comfortable.

More than 40 volunteers from the Order’s Belgian Association have been providing constant support for patients receiving ongoing or palliative care at the Albert I and Queen Elisabeth Institute and Saint-Luc University Clinics. In 2005, more than 150 patients benefited from this work, which also included a number of outings for the most isolated patients and those suffering from multiple sclerosis.
The Order’s British Association is undertaking a major expansion of the Hospital of St John and St Elizabeth in London to provide a 30-room outpatients’ department and doctors’ surgery. When completed in 2007, the extended hospital will have 34 consulting rooms, 156 single rooms for in-patients, four operating theatres and a dedicated intensive care unit.

The St. John’s Centre for Palliative Care remains the only independent hospice in central London, offering specialist care for those suffering from HIV/AIDS as well as patients with cancer and motor neurone disease. It, too, is being extended to provide a larger hospice day centre.

The Orders St. John Care Trust has taken over 22 former local authority residential homes in the county of Gloucestershire, where a total of more than 900 staff provide nursing care for some 200 patients, an increasing number of whom suffer from dementia.

The Trust’s recently-commissioned home in Witney, Oxfordshire, was opened in 2006, while the Grand Master officially opened another new home at Marlborough in Wiltshire. A further new home has been constructed at Woodstock in Oxfordshire, providing 80 beds including 20 for the provision of close care.

In total, the Trust now provides residential care for 3,200 people and has a staff of 3,300. In addition, there are day-care facilities for a further 1,500 people.

The British Association also arranged for 25 youngsters to join the International Camp for Handicapped Youngsters in Cologne, which coincided with the 2005 World Youth Day in Cologne where they joined 450 other young handicapped people from 19 different countries.

Among the activities of the Dutch national Association of the Order was the organisation of a summer camp for a small group of children with handicaps, who were looked after by a team of volunteers in the same age group of 18 to 30-year-olds.

In Holland, the Order supports hospices in Vleuten and Wilnis where people with terminal illnesses are able to spend the last days of their lives in surroundings as close as possible to their own homes, but with access to medical care.
Ordre de Malte France

624 staff in France, 766 abroad; 5,300 permanent volunteers; 11,000 collectors of medicines; a 2006 budget of 46 million euros.

France
Ordre de Malte France: helping hands stretch from the Atlantic to the Alps, from the Pyrnees to the northern plains, and beyond.

The focal points
Ordre de Malte France (Œuvres Hospitalières Françaises de l’Ordre de Malte - OHFOM), the Order’s humanitarian aid organisation in France, provides a wide range of health care and medical programmes both at home and abroad. Its activities, carried out since 1927, focus on: special needs children, patients with autism, the dependent elderly and those with Alzheimer’s disease, the handicapped, training for first aiders and ambulance professionals. Five sorting centres across France also collect medicines, medical equipment and nutritional products, which are dispatched from main centres at Versailles and Arras to the sick and the poor in the third world: in 2005, this totalled 283 tonnes; in 2006, over a million people in 24 countries benefited from the initiative.

Among the services and projects the Order runs in France are: 5 centres for the handicapped (Paris, Fontaine France, Rochefort, 2 in Montegut d’Auch); 3 centres for autistic patients (Rochefort, Vigneux-sur-Seine, Sallanches); home for the elderly in Nice, centre for special needs children in Tours, service providing help and support for disturbed children, Tours. Members and volunteers also organise other projects, such as offering their time to the lonely (Paris, Var, Hauts de Seine, Haute Garonne), providing soup kitchens for the destitute in winter (Hauts de Seine, Rhone, Vaucluse), day care centres in Hautes Corse and Hauts de Seine, searching out the homeless to give them hot food and comfort (Paris, Var, Hauts de Seine, Haute Garonne).

Since 1999, Le Fleuron, a barge on the Seine in Paris, has offered shelter to the homeless – and their dogs – through a partnership between the Order and the Fondation 30 Millions d’Amis. Over a four-week period medical care and psychosocial help is provided, with the aim of rehabilitation into society. The project is run by 10 employees and 150 regular volunteers. Open 365 days a year, in 2005 it helped 900 needy and provided 17,383 overnight stays. Another project in Paris, ‘Platforme Famille’ looks after asylum seekers and their families, helping find them accommodation, children’s schools, social welfare, and insertion or repatriation.

Country-wide training for first aiders and ambulance professionals
The Order also runs 31 first aid centres around the country, and, for the last 30 years, has run ambulance training centres (currently there are four – in Paris, Brest, Bordeaux and Toulon) which offer fulltime courses resulting in a professional diploma for ambulance professionals. A quarter of the trained professionals come from these centres.

And abroad
The Ordre de Malte France also run projects in many countries in Africa, providing a variety of care and assistance, with 69 programmes to combat leprosy, tuberculosis and HIV/AIDS (see the Africa section of this Report), as well as in Asia, the Middle East and South America (see separate sections).
**Ireland**

Among recent hospital initiatives by the Order’s Association in Ireland are the opening of a lakeside activity centre for young people with disabilities at Lisnaskea in Co. Fermanagh. The centre is also used by local Health Boards for use as a respite and holiday venue for people with learning difficulties. 2005 saw the formal opening of Malta House and Rhodes House at the Lisnaskea centre by the Order’s Grand Hospital and the Secretary of State for Northern Ireland.

In Drogheda, 70 people with special needs are cared for on a daily basis by a full-time nurse supported by volunteers. Following the recruitment of more special needs assistants enabling young people with learning difficulties to attend local schools, the service in Drogheda has been refocused on helping people suffering the after effects of stroke or head injury, as well as adults with moderate learning difficulties.

The Association has also opened a social centre at its headquarters in Dublin where elderly citizens and clients of a nearby home for people with impaired vision are provided with meals and entertainment. This is in addition to the lunch club at the same venue which provides affordable meals five days a week for elderly and needy people.

First aid cover is also provided at many public events throughout Ireland by the Order of Malta Ambulance Corps, which has recently equipped its vehicles with life-saving automated external defibrillators. The Ambulance Corps continues to go from strength to strength, with the latest initiative being the formation of a bicycle corps to enable specially-trained members to weave their way to places which ambulances could otherwise never reach.

The Order is also the largest provider of ‘first aid at work’ courses in Ireland, while a Cadet Corps ensures a ready supply of newly-trained recruits, 600 of whom attended a three-day camp during the summer of 2005.
Germany

In Germany, the Order’s German Association offers a range of services across the country and abroad.

Emergency services in Germany: provided by the Order of Malta’s emergency care staff of 9,000, with fields of activity ranging from first aid services to extensive provision of care to victims of disasters. In 2005 the organisation had 18,000 first aid assignments with 57,000 cases of assistance provided in 590,000 on-duty hours. Assistance is countrywide, in over 700 locations and medical care and support in disaster situations includes psychosocial support with emergency spiritual care, crisis intervention and aftercare.

**Largest operation to date**: coordination of first aid at World Youth Day in Cologne, August 2005. Malteser Germany was responsible for the first aid facilities for the entire week, covering 12 venues in Cologne, 18 in Bonn, 7 in Düsseldorf, 40 on the Marienfield for the Pope’s Vigil. The event was staged in beautiful surroundings and included a full programme of events including hang gliding and flights in light aircraft as well as field games and visits to local places of interest. Each day ended with dancing around the camp fire, with parents invited to a special celebration on the final night.

In total, World Youth Day saw 400,000 young people attending during the week – a number which swelled to 1,000,000 at the weekend. Malteser Hilfsdienst, the emergency corps of the Order’s German Association, had overall responsibility for first aid and paramedical services throughout the event. More than 1,700 volunteers, including many from other National Associations in Europe, attended to 5,790 first-aid cases.

**Institutional care**

In the MTG Malteser Trägergesellschaft gGmbH, the Order of Malta brings together the supervision and management of its current:

- 10 hospitals
- a specialised clinic in natural medicine
- 20 institutions for care of the aged
- 3 inpatient hospices / palliative wards and
- 9 outpatient care services throughout Germany.

5,900 staff provide care for approximately 100,000 patients and others in need of care every year.
The Order’s German Association offers a range of services across the country and abroad

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The assistance is countrywide, in over 700 locations.
Largest operation to date: coordination of first aid at World Youth Day in Cologne, August 2005.
Medical care and support provided in disaster situations: includes psychosocial support with emergency spiritual care, crisis intervention and aftercare.
The rescue service: moves out every 58 seconds. 540,000 assignments in 2005. The Order of Malta is the leading organisation in rescue service quality management in Germany. 5.5 million conveyances annually.

Training courses
- In 2005, 270,000 people took part in training courses offered by the Order, including first aid courses for specific target groups, courses in care, training as nursing assistants and courses for family members providing care.
- For the young: the Order of Malta manages 314 school first aid services all over Germany.
- The Order of Malta provides care for the dying and their families through its 75 outpatient services, as well as inpatient facilities for hospice work and palliative medicine.

In 2005, 2,000 well trained voluntary helpers furnished extensive support to 4,500 dying patients, and to 2,000 who were suffering bereavement.
Home visits: 90 visit and support services of the Order of Malta visit the elderly, listen and read to them, keep them from becoming lonely.
6,000 elderly and ill persons enjoyed 76,000 hours of voluntary support provided by 1,800 active members of the organisation in 2005.

The Order of Malta Youth membership is over 9,000. New: a programme instituted by the Order of Malta Youth ‘Conflict as an Opportunity’. The principle is to listen to all dissenters, discover the background to the conflict, weigh up the options and enable a solution to be found. 40 youth mediators have already been trained and now instruct and support conflict arbitrators for the groups in the Order of Malta Youth.

Last year the Order of Malta Meal Service provided 3.8 million meals to the needy.

In the MTG Malteser Trägergesellschaft gGmbH, the Order of Malta brings together the supervision and management of its current 43 care institutions.

Services abroad based on volunteer work:
- 123 Order of Malta branches committed to volunteer work abroad
- 2153 assistants
- 211 partnerships with 27 countries in Europe, Africa, Asia and Latin America
- 538 foreign assignments, 375 of them involving shipments of 3,692 tons of relief supplies
- 1,302,947 kilometres driven.
Italy
The Order’s healthcare network in Italy is run by the Italian Association – Associazione dei Cavalieri Italiani del Sovrano Militare Ordine di Malta (ACISMOM) – under an agreement with the country’s National Health Service which enables all the facilities of a wide range of hospitals and day care centres to be regarded as public facilities in every respect. Since the agreement was ratified by the Italian parliament in 2003, ACISMOM has been redesigning its organisation to tailor its healthcare services to the changing demand in Italy where, as elsewhere, an increase in life expectancy is leading to a higher proportion of age-related diseases including an estimated rise of 25% in diabetes alone. ACISMOM provides multi-disciplinary specific treatment against diabetes at a number of Anti-Diabetes Centres (ADCs) in Italy, and in 2006 celebrated the fiftieth anniversary of the first ADC by organising a series of events in the field of diabetology. In cooperation with the Institute of Pharmacology at the University of Rome and the Research Centre on Hypertension, ACISMOM has helped to define a treatment programme for metabolic syndrome which is more widespread among the Italian population than diabetes mellitus.

In 2006, the Order enabled 45,000 patients to receive treatment in a total of 12 diabetes centres. ACISMOM’s continuing mission at the San Giovanni Battista Hospital, at La Magliana, Rome, is to protect the dignity and improve the quality of life of people with disabilities. In addition to medical care for patients suffering from serious nervous and muscular-skeletal diseases, the hospital also helps to support their family members who in many cases are suffering emotional distress as a result of the impact of disease on their loved-ones.

Outside Italy, the Italian Association runs a leprosy hospital at Abou Zaabal, near Cairo, for 860 patients, is developing plans for the redesign of the socio-medical system of Equatorial Guinea, and for a girls’ secondary school in Rumbek, South Sudan – a first step to educate the young women of the region and give them hope for a rewarding future employment.

Founded in 1877, the Italian Association celebrates 130 years of activities in 2007, with a number of ceremonies to mark this event throughout the year.
We all give it different name: Reanimation Unit, Department of Rehabilitation in Intensive Care or Coma Unit, but for everyone who lives in that world—patients, doctors, nurses—it is simply known as ‘Il Reparto’—the little department. 15 beds, state of the art equipment and therapy, and such professional and human commitment for a small structure born not quite ten years ago through the wishes of Dr. Rachele Zylberman at the San Giovanni Battista hospital of the Order of Malta in Rome, to welcome and treat patients in that phase of recovering from coma known as ‘vegetal state’, a total backout of brain and body.

It is worth noting that a kind of total blackout of brain and body, which perhaps after months in this state can suddenly revitalise itself, with almost imperceptible sparks of consciousness: the flutter of an eyelid, the simple movement of a finger. From that point, work starts with the patient to recover something, or a great deal, for those in coma who have lost everything: memory, speech, memories of relationships, but also their sense of self and of their own bodies. A difficult battle, too, because such setups are very rare in Italy and the ‘Repartino’ cannot satisfy the high number of requests it receives.

And yet they always try, with a tenacity and enthusiasm that is truly in the spirit of the Order of Malta. And the stories with happy endings are always there: for example, that of Valeria, 18, who came to San Giovanni Battista in mid March after a serious car accident, and now has recovered to the point where she has made it to high school diploma. “Now I will go university to study psychology, or perhaps biology,” she says with a tired smile and slightly slurring her words. About her experience at the Repartino she doesn’t hesitate: “It’s great here, because many of the patients have also become my friends, the doctors and the nurses, too. I talk with them a lot, it’s a relationship which goes beyond the therapy.”

The media—press and tv—have made Valeria’s a national case, a living hope. However, this doesn’t overwhelm her, and her message is simple: ‘do everything and always believe, because the last word is never said. I really think this.’ Fabrizio, who is the same age, he too having been in a bad traffic accident, was in a coma for almost a year at San Giovanni Battista, now at last at home, comes back regularly to the Repartino to continue his treatment: “I feel as if I were born again,” he says. For him, too, there is the happy return to school and to his normal life, even although he still gets quite tired. “I’ve given up setting limits on what is the possibility of recovery for our patients,” says Dr. Rosanna Vichi, one of the department’s doctors.

Successes like those of Valeria and Fabrizio, however, only occur in a third of the patients; but even for the others—those for whom the trauma they have suffered leaves indelible marks—the staff of the Reanimation Unit never cease to work, to commit themselves, to believe.

An external support group has been set up to help the patients’ families—the ‘Risveglio’ (Awakening) Association. One of its exponents, Claudio Taliento, husband of a woman who has been in a vegetal state for more than three years, gives a sense of his bitter experience: “but I grabbed onto my faith, I asked myself: I want to love her and be near her, even when she is like this, what else can I do? And this is a great opportunity to help others, and at the same time, to help myself,” he says. In the Repartino, the daily challenge goes on: a nurse strums the guitar for those waiting in the corridor, while a colleague helps a patient immersed in a bath to regain the perception of water on her skin, a primary sensation she has lost. A visitor arrives: a blonde little girl with Rasta-
The Premier Secours de la Croix de Malte, which operates in Luxembourg, has provided service to Luxembourg citizens for over 30 years. It focuses on first aid posts at cultural and sporting events and in the cathedral, an ambulance service, transport for the sick, and for those who are wheelchair bound, meals on wheels in the city of Luxembourg and the communities of Bertrange and Walferdange and social work with the elderly and the handicapped. For the elderly, together with the city, an SOS-Seniors service was developed last year, providing a call service 24 hours out of 24. Special organisation at Christmas time each year offers clothes, hot food, and toys for children, to needy families. The ambulance service travelled 1,749 km in 2004, putting in 388 hours, and in 2005, 2,646 km with 1,503 hours of activity. The meals on wheels service provided 12,142 meals in 2004, travelling 29,514 km, and in 2005, 14,256 meals, travelling 39,545 km. Since 2003, a team trained as a Rapid Deployment Unit has liaised with the German Malteser Hilfsdienst to provide help in times of natural catastrophes, wherever they might strike.

The Order’s Association in Malta (MASMOM) continues to provide a Meals on Wheels service on Malta and help for this disabled on Gozo.

Meanwhile, in Portugal, the Order fundraises to contribute to seven specially identified projects – in Lisbon, Gavaio and Crato – focussed on disadvantaged children at kindergarten, mentally handicapped adolescents, the elderly.
In **Spain**, the Association runs two homes for elderly people in Madrid: the Residencia San Juan Bautista inaugurated in 2002 with 84 beds and the smaller Residencia Virgen de Filermo, established in 1996. Holidays for the elderly are organised by the Delegation in Valencia, and throughout the year the Delegation assists old people who are needy or lonely, providing social occasions and outings. A similar programme is run from Barcelona by the Fundacion Asistencia a Domicilio de la Orden de Malta, with other programmes to help children with Down’s syndrome, in conjunction with the Fundacion Alba and the Fundacion Boscana. In Madrid and Cataluna, members and volunteers run food kitchens to provide meals for the needy. Also in Madrid, young volunteers work with the Fundacion Gotse to give psychologically or physically handicapped children social outings; a similar project is also run by the volunteer group of the Delegacion de Baleares, working with the Fundacion Amitica; and the Andalucian Delegation has an annual summer camp outside Cadiz for young people with mental or physical handicaps.

In **Switzerland**, the Order’s Service Hospitalier de l’Ordre de Malte en Suisse (SHOMS), which was founded in 1974, has been offering assistance to the sick, the handicapped of all ages, and to elderly people, for over thirty years. The organisation is split into 11 sections and covers the three linguistic areas of the country – French, German and Italian, with its 900 active members, and a special youth group of 60 in the Swiss Romande. In 2006 their ‘Aide et Assistance’ programmes sent over 400 tons of medicines and equipment to Eastern and Central Europe. The Association also supports the International Committee of the Order of Malta (CIOMAL) in its fight against leprosy.

The **Scandinavian** Association of the Order continues to develop its ambulance organisation, Nordiska Malteserhjäpen (NMH) which provides first aid services at major events including pilgrimages and international summer camps. In addition, volunteers from NMH visit otherwise lonely people in a residential home for the elderly in Stockholm.
For more than two thousand years, to be afflicted with leprosy has been to endure a lifetime of suffering, misery and exclusion from society. Yet while science has so far been unable to produce a vaccine against the disease, it remains one of the scandals of our age that leprosy is completely curable if caught in time.

Statistics from the World Health Organization (WHO) show that while leprosy is still prevalent in much of the developing world in which a total of 286,063 cases were recorded in 2005, the incidence of new cases has been falling by some 20% annually since 2000. Thanks to the development of a very effective low-cost multidrug therapy (MDT), leprosy is no longer considered fatal in 112 of the 122 countries in which the condition was considered epidemic in 1985.

Despite these significant advances, leprosy remains a significant public health problem in parts of Africa, Asia and Latin America, and it is in these regions that the International Committee of the Order of Malta (CIOMAL) continues to work successfully towards eliminating the disease and defeating the stigma that still surrounds it. Depending entirely on fund raising and voluntary donations, CIOMAL not only provides sufferers with access to a programme of free treatment, rehabilitation and education provided by a team of trained specialists, but also works with local communities to remove the stigma associated with the disease so that those who have been cured can resume their normal daily lives in society.

In Brazil, for example – the world’s second most affected country – CIOMAL and the Embassy of the Order of Malta have been working together since 1984 to address the problem of leprosy among the three million inhabitants of the north east state of Piauí. Focusing initially on the Picós region, and currently being extended to cover the whole state, the programme provides screening and treatment in conjunction with the government’s own health service. In 2006, consultations with more than 1,000 patients resulted in the diagnosis of 69 new cases of leprosy.

In Cambodia, where many of the Buddhist population regard leprosy as a punishment for evil deeds in a previous life, CIOMAL’s programme of information, education and communication has made significant progress in providing treatment for sufferers and information for the wider population since 1994. Since the government’s own National Leprosy Programme was introduced in 1986, more than 18,000 people have been cured of the disease and the number of new confirmed cases has reduced from several thousand to 400-500 each year. Working alongside this government programme, CIOMAL provides technical and financial support for the diagnosis and treatment of new cases of leprosy as well as training for supervisors in the national programme. CIOMAL has also developed a central database to provide a more accurate means of recording data and producing reports. Other activities include working with the growing number of village health support groups which help local people to recognise the signs and symptoms of leprosy and to encourage suspect cases to go to the nearest government health centre.
CIOMAL also commissioned a leprosy edition of Cambodia’s national Health Messenger magazine, which is distributed to all hospitals, health centres and undergraduate training schools in the country, and funded a national television advertisement in which the stars of one of Cambodia’s soap operas sought to dispel the stigma of leprosy in a short drama which also emphasised the need to seek treatment at an early stage.

A programme of educational visits to the many garment factories around Phnom Penh – which between them employ some 120,000 young women from all over the country – is also helping to demystify leprosy and encourage not only early attendance at health centres but also the reintegration in working life of former sufferers after they have been cured.

The fact that these young women return to their home villages twice each year for major public holidays enables the message to be delivered far and wide.

At the practical level, the CIOMAL leprosy treatment and rehabilitation centre in Kien Khleang provides surgery and physiotherapy, teaches safe ways to carry out daily living activities, finances vocational training and provides small business start-up loans for patients referred by the government health centres.

In 2006, a total of 1,339 out-patient consultations and 260 in-patient admissions were provided at the Kien Khleang centre, and a field programme was also launched to provide people who have suffered nerve damage as a result of leprosy with information and advice on how to protect themselves from further trauma and disability.

Pilot programmes for the care of HIV/AIDS-infected mothers and newborns are underway in Mexico.
A personal involvement

Had David Awcock’s train not been late that day he might never have noticed the poster on the platform at Clapham Junction station in England. And he might still be working as a bureaucrat in the UK Ministry of Health rather than as country manager for CIOMAL in Cambodia.

The poster posed a simple question: ‘Wouldn’t you rather be working in the Maldives?’ and David’s answer was an equally simple ‘Why not?’

It turned out to be an advertisement for Voluntary Service Overseas, and having followed it up David spent the next four years working for the World Health Organization in Phnom Penh followed by a further spell in the north of Cambodia with a non-governmental organisation called Health Unlimited.

In the nine years he has spent in Cambodia, the last two with CIOMAL, he has seen the country’s health system steadily improve with help from a number of international organisations.

But despite the progress, the stigma surrounding leprosy still persists to the point where sufferers are still stoned by those who feel that in some way this will protect them from the disease.

This is his story:

“There’s a slow recognition that leprosy can now be cured, but as the stigma remains so strong it is very difficult to break it down.

“A great deal of progress has been made in encouraging people to come forward for screening at the government health centres but there are still around 400 new cases each year of which 75% will be diagnosed and treated very quickly before they show any physical signs of the disease.

“When they can then get on with their lives, those who are not diagnosed quickly and suffer the skin lesions, nerve damage and disability that leprosy can bring are very often excluded even from their own families.

“They are ostracised by society, and in some cases they start to add to the stigma themselves because of the belief in Buddhist countries that leprosy is something you get because you were bad in your previous life.

“Thankfully more people are now visiting the government health centres for treatment by the very effective multidrug therapy. Cases requiring corrective surgery and rehabilitation are then referred to the CIOMAL Kien Khleang Centre on the outskirts of Phnom Penh.

“One current case is in many ways typical of our work. A 17-year-old girl we will call Na – this is not her real name – is the third of six children in a poor family. She started school at nine, but left at 13 because she was embarrassed by the patches on her skin.

“Na’s mother took her to a private clinic where she was diagnosed with leprosy and sold some medicine (which may or may not have been appropriate for leprosy) at a cost of $20 per month.”
“In a country where the average annual wage is little more than $200, it is not surprising that Na’s family couldn’t pay this amount every month so she only took the medicine for two months. Nerve damage continued and she started to become disabled, initially with clawing of both hands. In 2004 a neighbour suggested that she go to the government health centre where she received the proper treatment for 12 months, free of charge, although I understand the family were encouraged to give a donation to the health centre. At the end of the treatment, Na was referred to us as she has problems with both eyes, both hands and both feet. Her family is very supportive, and Na herself is not only quite optimistic about the future but also has a very clear vision of the goal she is working towards – to become a weaver. This is an ambitious target but one which is achievable, and if the surgery and physiotherapy go as planned she should start vocational training next year.

“We’ve started to give her physiotherapy and Na underwent the first surgery to her hands in July 2006. She knows she will have to undergo a lot of painful physiotherapy and the process could take up to two years, but she’s very well motivated and the fact that she has a strong family to go back to makes us feel optimistic for her, too. In the meantime, as Na cannot read or write very well she is receiving lessons in the ‘three Rs’ from the CIOMAL teacher at Kien Khleang, who is also a former patient of ours. There is also heartening evidence that the public education programme we started last year in garment factories around Phnom Penh is beginning to bear fruit.

“Each visit involves a team consisting of staff from CIOMAL, the Ministry of Social Affairs, veterans and youth rehabilitation staff as well as a small number of former patients from the Kien Khleang Centre. They spend a day at each factory providing information about leprosy, distributing leaflets describing the signs and symptoms of the disease and answering questions on an individual basis. A former patient of ours at Kien Khleang was recently told by his parents that he was getting married – arranged marriages are normal in Cambodia – and when he first met the young lady he told her about his leprosy, thinking the stigma might be a problem. She told him that she knew about leprosy because CIOMAL had been to the factory where she worked and she was not frightened of it anymore. They married in July!”
South Africa
Breaking the cycle of poverty

To be born in the Ilembe district of the KwaZulu-Natal region of South Africa is to begin a life in a seemingly unbreakable cycle of poverty, hunger, sickness and unemployment.

While wealthy western tourists are drawn to the cosmopolitan delights of Durban, the wild beauty of the Elephant Coast and the breathtaking sights of the Drakensberg mountains, the region has an altogether darker side too.

In the most impoverished regions, a childhood spent in constant hunger leads inexorably through inadequate education to unemployment.

Survival calls for desperate measures. Where there is no food for the table, no clothes for themselves or their children, then for many girls and women the only answer is to sell themselves into prostitution.

With up to 88% of the population testing positive for HIV/AIDS, the final stage in the cycle of poverty is pro-programmed. And while death is the ultimate release for some, others are left orphaned and either physically or mentally challenged.

This is the reality of Ilembe in 21st century South Africa. And breaking that cycle of poverty and desperation has been the work of the Order’s Brotherhood of Blessed Gérard since its foundation by a small group of volunteers in 1992.

In the years since then, their number has grown to more than 700 and a modern complex of children’s home, care centre and hospice has been created on the site of a former paper factory workers’ township in Mandeni with the aim of breaking the cycle of poverty at every stage.

The Children’s Home cares not only for the many AIDS orphans but also for those who have themselves been HIV positive since birth. Some have simply been abandoned by families too poor or too troubled to look after them any longer.

The Hospice bridges the gap between hospital and home, either for patients discharged from hospital but unable to care for themselves or for those who need care at home but cannot be hospitalised.

Blessed Gérard’s Hospice cares for the sick and dying through a combination of training, home-based care, day care and inpatient care.

The Hospice also provides a programme of Highly-Active Anti-Retroviral Therapy (HAART) which employs 16 trained therapeutic counsellors caring for around 300 patients.

A vitally important part of the Brotherhood’s work is the AIDS Education Programme through which local people are advised on how to avoid HIV infection and how to live positively with AIDS.

For the younger age group, the Pre-Primary School and Crèche at Whebede, 25 kilometres from Mandeni, provides a caring introduction to education for the children of migrant workers in a particularly poor area in which they would otherwise spend their early years with little mental stimulation.

The crèche also fulfils a vital need in allowing mothers – who often have to bring up their children on their own while
their husbands are away working – to get jobs of their own to provide for their families. A **Malnutrition Clinic** helps mothers to care for their children properly, and provides free milk, food and protein for infants who would otherwise go without through poverty.

For those who have already left school, the **Blessed Gérard Community Development Centre** combats unemployment by providing needy people with skills in sewing which encourage them to become self-employed and independent of charity. Meanwhile, a **Friendship Club** organises meetings to enable elderly people to break out of isolation by socialising with others.

In addition to all these practical expressions of the Brotherhood’s desire to ease the lives of those living under such difficult conditions, a number of funds have been established to provide urgent medical treatment for those unable to afford it, to provide bursaries to students whose parents have no means to pay for their education, to help people in genuine cases of immediate need and to give medical assistance and care in case of disaster. Through all these activities, the work of the Brotherhood of Blessed Gérard has rightly been described as ‘a source of light in a dark and miserable area.’
Fallen heroes

The Order’s humanitarian work and emergency relief operations take its members, volunteers and staff into some of the most dangerous places on earth.

It is with the very deepest regret that we record the tragic deaths of the following people during their active service on behalf of the Order:

Mrs Clare Ann Kalkwarf, dame of the Order, was brutally murdered on 6th April 2006 by four armed men who forced their way into her home near the Order’s hospice in the South African town of Mandeni. Clare Kalkwarf was buried on Easter Tuesday in the grounds of the Blessed Gérard’s Care Centre and Hospice in Mandeni, of which she was co-founder and Vice President.

Her work with the mothers, infants, young children and their extended families involved with the hospice was utterly selfless and tireless. Writing on the hospice’s website (www.bbg.org.za), Father Gérard Lagleder, President of the Brotherhood of Blessed Gérard, described Clare as “the most dedicated and faithful person one could ever have the privilege to meet.”

He added: “It was not just her unparalleled efficiency and determination to do whatever possible to alleviate the sufferings of the sick, the poor and the destitute, but it was her very motherly way which won hearts.”

In addition to being a founder member, vice-president and manager of the Brotherhood of Blessed Gérard, Clare was vice director and manager of Blessed Gérard’s Care Centre, project member for the Blessed Gérard Hospice HAART (High Activity Anti-Retroviral Therapy) programme and project coordinator of the Blessed Gérard’s Children’s Home, Community Development Centre, Bursary Fund, Poor Sick Fund and Relief Fund.

She devoted her life and her many talents to a place which has been described as ‘a place of light in a dark and miserable area’ and where health care existed only because the Care Centre brought it.

In memory of Clare, and in recognition of her tireless work for the Order, Clare was posthumously awarded the Gold Medal of the Order ‘Pro Merito Melitensi’ by the Sovereign Council on 21st June 2006.

“the most dedicated and faithful person one could ever have the privilege to meet.”
Dr. Ezmeray Azizi, Head of the Healthcare Centre of Malteser International at Quala-I-Nau in the Badghis Province of Afghanistan, was shot and killed after the United Nations convoy in which he was travelling was ambushed with rocket-propelled grenades. The driver of the car, an employee of UNICEF, died instantly and another UNICEF staff member was seriously injured in the attack. Dr. Azizi was posthumously awarded the Gold Medal of the Order ‘Pro Merito Melitensi’ by the Sovereign Council on 21st June 2006.

Emal Abdul Samad and Mohammed Idrees Sadiq were both murdered in Paktia province, south east Afghanistan in August, 2004, while actively supporting the Order’s humanitarian aid activities. “With their work they have enhanced the livelihood of many people in need”, said Dr Constantin von Brandenstein-Zeppelin, president of the Order of Malta German Emergency Corps.

Brigadier Giuseppe Colletta was among those killed during an attack in Nassria in November 2003. He had been among those collaborating with the Order’s Grand Prioriate of Lombardy and Venice in supplying aid to civilians caught up in a succession of conflicts, first in Albania and Bosnia and more recently in Iraq. Brigadier Colletta has been posthumously awarded the Gold Medal of the Order ‘Pro Merito Melitensi’ with Swords by the Sovereign Council of the Order of Malta, in 2004.
Financing the activities of the Order

While in Italy and Austria the Grand Priories have recovered their property, thereby helping to finance the Order’s administrative expenses, in all other countries the Priories, National Associations and Foundations of the Order fund their medical, hospital and humanitarian activities from the subscriptions and donations they receive from their members, from gifts and legacies and from fundraising campaigns directed at thousands of regular donors.

In Europe, however, many socio-medical care centres and hospital establishments of the Order receive major funding from the national health and social security systems, together with donations from members or persons outside the Order and subsidies from governments and large foundations. The financing of activities in the developing countries comes from a variety of sources. In general it comes from the Priories and National Associations; but for large-scale projects, or those which call for a sustained effort over time, the National Associations concerned seek contributions from the European Union, the specialised agencies of the United Nations or national governments, or donations from international foundations.

The same financing systems are employed for emergency humanitarian aid operations, where donations requested for a specific cause or project are absolutely vital. This is particularly true in Germany and France, where the Order can mobilise hundreds of thousands of donors.

The diversification of funding sources makes it possible to deal with situations that are very different in terms of emergency and scale, while remaining completely independent of governments and public donors.

Part-financing by public authorities, international institutions or the major foundations calls for strict conditions on the allocation of funds, with clearly defined medium- and long-term objectives, whilst donations from members of the Order and from individuals allow for greater flexibility in reacting swiftly and effectively to new or different needs.

The accounts of all of the Order’s Associations and organisations, and all its hospital establishments, are subject to regular audits by external accountants, in conformity with the practice and legislation in force in each country. In addition to these local inspections, all these bodies are also subject to the overall control of the Board of Auditors of the Order of Malta, whose headquarters is in the Grand Magistry in Rome.

As part of the fundraising initiative, a Fund Raising Commission has been created, under the Chairmanship of the President of the British Association, Prince Rupert zu Lowenstein, whose appointment attested to his vast experience in international finance.

In 2006, the spend for the Order of Malta’s activities worldwide was USD 900 million.
International conferences organised by the Order: sharing the experience
International conferences

During 2005-2006 the Order held the following international conferences at which the focus was on strengthening cooperation and sharing experience across is many organisations around the world:

- Hospitallers’ Conference, Rome
- Regional Conference on Lebanon and the Middle East, Beirut
- Sixth Conference of the Americas, Miami
- Regional Conference on Africa, Yaoundé
- Hospitallers’ Conference, Dublin
- Presidents’ Meeting, London
- American Hospitallers’ Conference, Miami

The following international conferences will take place in 2007:
- Hospitallers’ Conference, Paris
- Regional Conference on Eastern Europe, Vienna
- Seventh Conference of the Americas, Mexico City

Regional conference

Lebanon and the Middle East:

the Holy Land, Jordan, Iraq, Syria and Lebanon

Beirut, 30 September – 2 October 2005

The aims of the conference: to study the needs and possibilities for development of the Order’s hospitaller and diplomatic activities in the region. The three-day conference was introduced by the President of the Lebanese Association, Marwan Sehnaoui, who described the role of the Order, its work to help the needy and its successful collaboration with other religions and charitable foundations. He observed that the Order’s work in Lebanon, its diplomatic, hospitaller and social support activities, had already demonstrated that the eight-pointed cross is perceived as a sign of love and fraternity in the service of those in need, without distinction. He called on the conference participants to reinforce and continue the development of the Order’s work already undertaken in the region.
Context

For all Christianity, the Holy Land and the countries of the Levant – Lebanon, Jordan, Syria, Iraq – are the point of departure. Today, in these countries, where the human needs are considerable, Christians are more and more in the minority and often have a daily battle, to defend their faith and, indeed, for their very survival. Their future depends on a climate that is favourable to the coexistence of all the communities, and the mutual respect of each to the other.

The Order of Malta has responded to this need of the minority Christians in the region, and has been present in Lebanon for many years, carrying out its humanitarian and social action throughout the country and creating a bond of charity and constructive understanding between its different communities.

Invited speakers included Mme Rabab el Sadr Charaffedine, President of the Foundation of Imam Moussa el Sadr; the Order’s representatives in the region: SAR Princess de Bourbon Lobkowicz, President of Malte-Liban; Amb. Jacques Guerrier de Dumast, Ambassador of the Order of Malta to Lebanon; Cheikh Walid el Khazen, Charge d’Affaires of the Order’s embassy in Jordan; M. Paul Saghbini, Director General of the Order’s works in Lebanon and founder of the Order’s centres in Iraq; and M.Raphael Georges Debanné, member of the Government Council of the Order.

The speakers for the debates were led by His Eminence Cardinal Pio Laghi, the Cardinal Patronus of the Order and Archbishop Angelo Acerbi, Prelate of the Order.

In introducing the conference, President Sehnaoui underlined the importance of the Christian history of the region - the cradle of Christianity - and the Order’s continued presence there.

The Order’s representatives summarised the activities in their countries:

- **Holy Land / Bethlehem** - the Holy Family Hospital has continued well, but is in need of extra support as the French Association had carried the main financial burden for many years.
- **Lebanon** - 10 healthcare centres thrive, with substantial support from the French Association. Projects for youth activities are planned, including youth summer camps and exchanges.
- **Syria** - plans to set up training for young Christian students are being considered; funding for other projects is being sought.
- **Jordan** - there are encouraging developments in the understanding between the religions of the country vis-a-vis the Order.
- **Egypt** - the Italian Association will support leprosy care in the country.
- **Iraq** - Ordre de Malte France, Malteser International and the Lebanese Association have projects to help the refugees and internally displaced persons in a country which has suffered years of civic unrest.
The Grand Hospitaller described the strategy needed for the Order’s works to be effective and pointed to the need to serve reconciliation and peace in the region. He noted that the Lebanese Association has established 10 healthcare centres in different areas and different communities in the country, providing assistance to all, without regard to religion, race or age, and that this is both in line with the Order’s original mission and its work today. And he emphasised that the Order should continue to implement what Pope John Paul II called ‘the preferential option for the poor’. This, he said, must be the focus. The positive aspect in taking on any new capacity is that it also creates hope.

Mme Rabab el Sadr Charaffedine, President of the Foundation of Imam Moussa el Sadr, addressed the meeting on the theme of the Islamic perspective on belief in God and love for one’s fellow man and the demonstration of that belief being shown in good works. She spoke of the cordial relations between the Foundation and the Order of Malta, for the common good, in the service of God, mentioning the dispensaries the Foundation runs in Lebanon, which, like those of the Order, offer help without question to those in need. The dialogue between our two religions, she said, is based on our services to charity in the name of God – a dialogue that transcends those which have a political basis, as they serve only personal interests.

An examination of the Christian relations in the region was then introduced by His Eminence Cardinal Pio Laghi and elaborated by the Papal Nuncio in Lebanon, Monsignor Luigi Gatti. Other speakers included: Fr. Samir Khalil Samir, SJ; Mons. Antoine Audo, Chaldean Archbishop of Aleppo; Sr. Vincent Alwane, of the Daughters of Charity; and Mons. Mansour Labaky, Magistral Chaplain of the Order, who also presented their perspectives on the situation. The Order’s Ambassador to the Holy See, Amb. Alberto Leoncini Bartoli called for a resolution to hostilities in the region which would then lead towards democratisation, through knowledge and understanding, rather than simply tolerance. Amb. Philippe de Schoutheete de Tervarent spoke of the special reputation the Order enjoys, in that it is entirely impartial as well as honourable in its use of finances for its charitable projects and that this will attract aid in the future, so that further projects can be developed.

**Needs and potential for future activities by the Order**

At the conclusion of the conference, in thanking all the participants, President Sehnaoui summed up the needs expressed as the faithful continuance of the Order’s projects in the Middle East, the development of more projects in Lebanon’s neighbouring countries, to serve the disadvantaged in those areas, and to continue the dialogue with the other religious communities in the region. That further fundraising would be necessary to accomplish these tasks was also clear.
Regional Conference on Africa

Yaoundé, 24 and 25 February 2006

The Order organised a two-day conference to review the works the Order carries out in West Africa and to consider future steps. His Most Eminent Highness Fra’ Andrew Bertie, Prince and Grand Master of the Order, and Ephraim Inoni, Prime Minister and Chief of Government of the Republic of Cameroon, co-chaired the opening of the conference which first examined the African context before discussing the needs and potential for developing the Order’s activities in Africa through hospitaller projects and diplomatic channels.

Context

Distinguished speakers were Mme Rosebud Kirwijiла, of the African Union, M. Alamine Ousmane Mey, Director General of the First Bank of Cameroon, Dr. Jeanne Diarra-Nana, representing the World Health Organization, M. Xavier Pujol, European Union Representative from Cameroon and Monseigneur Ariotti, Papal Nuncio to Cameroon.

They each noted aspects of Africa’s problems today: poverty, corruption, insecurity, instability and disease. The main diseases are malaria, tuberculosis and AIDS. Of these, malaria is the most prevalent and has its basis in the lack of sanitary conditions, contaminated water and malnutrition.

The representative of the African Union said Africa’s major needs include access to world markets, increased agricultural production, easier mobilisation of resources, improved health monitoring and the alleviation of poverty.

Environmental issues and education hold the long term solutions to Africa’s problems, she added, citing the example of better education about the environment leading to a sustainable reduction in the number of malaria-carrying mosquitoes.

Monseigneur Ariotti emphasised that Christianity was a reference point in humanitarian aid and called for all churches to unite for a greater, more consistent result in healthcare in Africa.

Needs and potential for future activities by the Order

The Grand Hospitaller of the Order of Malta, Albrecht Boeselager, introduced the second section of the conference. He described Africa as the continent most in need of help - help which must be professional. The Grand Hospitaller advocated a blend of traditional and modern medicines in treating the sick and noted that while the Order’s French Association had provided an invaluable contribution in its distribution of medicines, there was now an urgent need for local production. He called for improved cooperation between the different institutions of the Order and said future strategy was to continue to support efforts by the Church and the communities, to organise the Order’s own programmes and to continue to establish new local projects while maintaining existing ones.

Fra’ Gerard Lagleder, President of the Brotherhood of Blessed Gerard, in Mandini, South African, described the work at the AIDS hospice and orphanage run by the Brotherhood. He appealed to delegates to think of ways to continue funding the hospice.
Yann Baggio, Director General of the Order de Malte, France, listed the main French concerns in Africa as care and education for mothers and children, AIDS, malaria, tuberculosis and leprosy, for which the French Association had established a study and research centre in Dakar. He said the Order’s French Association had six principal establishments in Africa as well as 300 dispensaries and nine establishments for the identification and treatment of leprosy.

Ingo Radtke, Secretary General of Malteser International, outlined the activities of the organisation in eight African countries. These include basic healthcare and medical assistance, healthcare centres, medicines, HIV and TB programmes, mother and child care, nutrition programmes, malaria and sleeping sickness, training and awareness programmes, and water and sanitation.

Prof. Jean Lemerle, of the Franco-African Group for Paediatric Oncology, reported that 15,000 new paediatric cancer cases had been diagnosed in 2005, with Burkitt tumour the most frequent among African children followed by kidney tumours. His organisation provides training for doctors, and had seen a 50% success rate in the 100 cases treated between 2001 and 2006. Across Africa, between 300 ad 500 children have been cured over the same period.

The Order, through its French Association and its network of diplomatic missions, has established hospitals, clinics and dispensaries in 14 French-speaking countries in Africa. Healthcare is focused on mother-and-child, leprosy and AIDS, while training programmes address first aid, the care of infants and nutrition.
Reports from the Order’s Ambassadors

The following are summaries of current activities, by category, from reports submitted to the conference by the Order’s Ambassadors to countries in Africa:

<table>
<thead>
<tr>
<th>Country</th>
<th>Area</th>
<th>Population</th>
<th>Health Conditions</th>
<th>HIV Positive</th>
<th>Order works</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENIN</td>
<td>112,620 sq km</td>
<td>7 million, 50% under 20 years of age</td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria, yellow fever</td>
<td>68,000</td>
<td>19 dispensaries; medicaments from Ordre de Malte, France. Hospital at Djougou-6800 consultations in 2005 Need to find partnerships.</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>274,200 sq km</td>
<td>13,925,313</td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria. Also Albinism.</td>
<td>300,000</td>
<td>Medicaments from Ordre de Malte, France. Centre for children with AIDS (helped by Ordre de Malte, France). First aid training sessions offered. The Order works with religious communities; offers health care training programmes. Burkina Faso receives medicaments from Ordre de Malte, France.</td>
</tr>
<tr>
<td>Burundi, Rwanda</td>
<td>27,830 sq km</td>
<td>6,370,609</td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria. HIV positive: 250,000 (2003 est.)</td>
<td></td>
<td>Medicaments from Ordre de Malte, France. Centre for children with AIDS (helped by Ordre de Malte, France). Problems AIDS; very large number of orphans. In Rwanda all pregnant women are checked + followed up - the nuns do this.</td>
</tr>
</tbody>
</table>

*Comments** First aid training; first aid training - 35 first aiders, 10 monitors. In Mali 15 first aiders, 5 monitors. A school under construction. In Cameroon 2 first aid training sessions offered. The Order works with religious communities; offers health care training programmes. Burundi, Rwanda: First aid training sessions offered. The Order works with religious communities; offers health care training programmes. Burundi, Rwanda: Medicaments from Ordre de Malte, France. Centre for children with AIDS (helped by Ordre de Malte, France). Problems AIDS; very large number of orphans. In Rwanda all pregnant women are checked + followed up - the nuns do this.
### Reports from the Order’s Ambassadors

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<th>Order works</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CENTRAL AFRICAN REPUBLIC</strong></td>
<td><strong>622,984 sq km</strong></td>
<td><strong>3,799,897</strong></td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria.</td>
<td>260,000</td>
<td><a href="#">Ambassador</a> Antoine de Padirac &lt;br&gt; Focus the handicapped.</td>
</tr>
<tr>
<td><strong>COMORES</strong></td>
<td><strong>2,170 sq km</strong></td>
<td><strong>600,000</strong></td>
<td>leprosy, malaria, tuberculosis.</td>
<td></td>
<td><a href="#">Ambassador</a> Herve de Fontmichel &lt;br&gt; Problems leprosy (especially the young), malaria, tuberculosis, cholera. But not AIDS. Has a partnership with Caritas.</td>
</tr>
<tr>
<td><strong>DEMOCRATIC REPUBLIC OF CONGO</strong></td>
<td><strong>2,345,410 sq km.</strong></td>
<td><strong>60,085,804</strong></td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria, plague, African trypanosomiasis</td>
<td>1.1 million.</td>
<td><a href="#">Ambassador</a> Geoffroy de Liedekerke &lt;br&gt; Good relations with the government (which changes often). Strong contacts with local dioceses. Malteser International also in Democratic Republic of Congo. Geoffroy de Liedekerke included as observer in all conferences of Great Lakes.</td>
</tr>
<tr>
<td><strong>EQUATORIAL GUINEA</strong></td>
<td><strong>28,051 sq km</strong></td>
<td><strong>500,000</strong></td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria.</td>
<td>6,000</td>
<td><a href="#">Fausto Solaro del Borgo, President, Italian Association</a> Programme for redesign of the country’s socio-medical system; drinkable water; mother and child; training programme for the hospital.</td>
</tr>
<tr>
<td><strong>GABON</strong></td>
<td><strong>267,667 sq km</strong></td>
<td><strong>1,300,000</strong></td>
<td>bacterial diarrhoea, hepatitis A, typhoid fever, malaria.</td>
<td>48,000</td>
<td><a href="#">Ambassador</a> Philippe d’Alverney &lt;br&gt; 40 dispensaries; medicaments from Ordre de Malte, France.</td>
</tr>
</tbody>
</table>
### MADAGASCAR

**Area** 587,040 sq km
**Population** 18,000,000
**Health** bacterial diarrhoea, hepatitis A, typhoid fever, malaria and plague.
HIV positive: 140,000

**Order works**
300 dispensaries. Hospital Sainte Fleur (mother and child); prisons; leprosy (aid from Ordre de Malte, France); water resources and sanitation.
**Project to come:** Centre for diabetes care.

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### MAURITIUS

**Area** 2,040 sq km
**Population** 1,230,602 (July 2005 est.)
**Health** HIV positive: 700

**Order works**
Order very active - ambulances, diabetes, nutrition.
**Need:** to develop an orphanage.

**Comments** The Order has excellent relations with the Government.

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### NIGER

**Area** 1.267 million sq km
**Population** 11,500,000
**Health** hepatitis A, typhoid fever, malaria.
HIV positive: 70,000.

**Order works**
7 dispensaries.
2-300,000 lepers, not recognised by the government.
To involve the Order in: Leprosy care.

**Comments** Dispensary in far north of the country; food bank; first aider training. (45 first aiders already trained).

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### SENEGAL

**Area** 196,190 sq km
**Population** 12 million
**Health** bacterial diarrhoea, hepatitis A, typhoid fever, dengue fever, malaria, yellow fever. HIV positive: 44,000.

**Order works**
Fight against leprosy (via Ordre de Malte, France) - the dispensary regularly treats 500 lepers, ILAD in Dakar; providing medicines; fight against tuberculosis, malaria; training of medical personnel and from 2006 a first-aiders’ course; mother and child care.

**Comments** Nearly all our patients are Muslims.

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### TOGO

**Population** 6 million.
**Health** bacterial diarrhoea, hepatitis A, typhoid fever, malaria, yellow fever. HIV positive: 110,000

**Comments**
**Problems:** poverty, corruption, disease.
Need to develop partnerships to reinforce presence in Togo.
GOVERNMENT
In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is “the promotion of... the Christian virtues of charity and brotherhood.
The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age.
The Order fulfils its institutional tasks especially by carrying out hospitaller works, including health and social assistance, as well as aiding victims of exceptional disasters and war...”
(Extracts from Article 2 of the Constitutional Charter)

Government of the Sovereign Order of Malta is similar to the structures for state governments. However, it also includes specific features associated with its nature as a religious lay order, as well as particular terminology evolved from nine centuries of history.

The Order’s system of governance is divided into three powers: legislative power, which resides with the Chapter General, the representative body for the knights, and the Grand Master with the Sovereign Council; executive power, which also resides with the Sovereign Council; and judicial power, which is in the hands of the Courts of the Order. The Grand Master is the Order’s Supreme Leader, elected for life by the full Council of State. Members of the Chapter General and the full Council of State are drawn from representatives of the Grand Priories, the Sub-Priories, the National Associations and the Order’s organisations established around the world.

The Grand Master governs the Order, assisted by the Sovereign Council, which he chairs. It is made up of the four State ministers: Grand Commander (the religious superior of the Order’s religious members); Grand Chancellor (Minister for Foreign Affairs and Minister of the Interior); Grand Hospitaller (Minister for Health and Social Affairs, Humanitarian Action and International Co-operation); Receiver of the Common Treasure (Minister for Finance and Budget), together with six other members, all elected by the Chapter General from among the Professed Knights or Knights in Obedience. The Sovereign Council is elected for a term of five years.

The Constitutional Charter and Code governs the life and activities of the Order.
The Chapter General of 1997 instituted an Advisory Board to the Order’s government – the Government Council. The Board of Auditors is responsible for economic and financial control. Every five years, the members of these two bodies are elected by the Chapter General.

The Order’s Courts are Courts of First Instance and of Appeal, with the President, Judges, Judicial Auditors and Auxiliaries. Legal questions of extraordinary importance are submitted for advice to a technical body, the Juridical Advisory Council.
## GOVERNMENT OF THE SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSALEM, OF RHODES AND OF MALTA

### SOVEREIGN COUNCIL - GOVERNMENT

**78th Prince and Grand Master** His Most Eminent Highness Fra’ Andrew Bertie

<table>
<thead>
<tr>
<th>Office</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Grand Commander</td>
<td>Fra’ Gherardo Hercolani Fava Simonetti</td>
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<td></td>
<td>Fra’ John A. MacPherson</td>
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<td></td>
<td>Fra’ Elie de Comminges</td>
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<td></td>
<td>Fra’ Carlo d’Ippolito, di Sant’Ippolito</td>
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<tr>
<td></td>
<td>Antonio Sanchez-Corea, Jr.</td>
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<tr>
<td></td>
<td>Winfried Henckel von Donnersmarck</td>
</tr>
<tr>
<td>Grand Chancellor</td>
<td>Jean-Pierre Mazery</td>
</tr>
<tr>
<td>Grand Hospitaller</td>
<td>Albrecht Boeselager</td>
</tr>
<tr>
<td>Receiver of the Common Treasure</td>
<td>Gian Luca Chiavari</td>
</tr>
</tbody>
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### GOVERNMENT COUNCIL

**Vice-President** Don Prospero Colonna, Prince de Avella

<table>
<thead>
<tr>
<th>Councillors</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don Pedro</td>
<td>Merry del Val y Diez de Rivera</td>
</tr>
<tr>
<td>Antonio Carlos da Silva Coelho</td>
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<tr>
<td>Thomas Francis Carney, Jr.</td>
<td></td>
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<tr>
<td>Raphaël Georges Debbané</td>
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<tr>
<td>Ruy Gonçalo do Valle Peixoto</td>
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<td>de Villas Boas</td>
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### BOARD OF AUDITORS

**President** Francesco Lechi

<table>
<thead>
<tr>
<th>Councillors</th>
<th>Name</th>
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<tbody>
<tr>
<td>Franz</td>
<td>Harnoncourt-Unverzagt</td>
</tr>
<tr>
<td>Carlo</td>
<td>Eyrli di Waldgries e Liebenaich</td>
</tr>
<tr>
<td>Bruno</td>
<td>de Seguina Pazzis d’Aubignan</td>
</tr>
<tr>
<td>Charles</td>
<td>J. Wolf, Jr.</td>
</tr>
<tr>
<td>Alternate</td>
<td>Councillors</td>
</tr>
<tr>
<td>Joseph</td>
<td>Murray Cianciolo, Juan O’ Naghten y Chacón</td>
</tr>
</tbody>
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### COMMUNICATIONS BOARD

**President** Franz Harnoncourt-Unverzagt

<table>
<thead>
<tr>
<th>Members</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Winfried Henckel von Donnersmarck</td>
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<td>Gian Gerolamo Chiavari</td>
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<td>Fabrizio Guida</td>
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<td>Michel Veuthey</td>
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<td>Thomas J. Flood</td>
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<td>Pablo Sandonato de Leon</td>
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<tr>
<td><strong>Honorary President</strong> Jean-Pierre Mazery</td>
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### JURIDICAL COUNCIL

**President** Prof. Av. Andrea Comba

<table>
<thead>
<tr>
<th>Vice-President</th>
<th>Name</th>
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<tbody>
<tr>
<td>Prof. Av.</td>
<td>Leonardo Perrone</td>
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<tr>
<td>Secretary</td>
<td>General Dr. Neri Capponi</td>
</tr>
<tr>
<td>Members</td>
<td></td>
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<tr>
<td>Dr. Alberto</td>
<td>Virgilio, Honorary Vice-President</td>
</tr>
<tr>
<td>Prof. Damiano</td>
<td>Nocilla</td>
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<tr>
<td>Prof. Av.</td>
<td>Arturo Maresca</td>
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<td>Dr. Massimo</td>
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### JUDICIAL STRUCTURE

#### MAGISTRAL COURT OF APPEAL

**President** Prof. Av. Cesare Maria Moschetti

<table>
<thead>
<tr>
<th>Judges</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Av. Giancarlo Perone</td>
<td></td>
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<tr>
<td>Prof. Av. Mattia Persiani</td>
<td></td>
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<tr>
<td>Prof. Av. Leonardo Perrone</td>
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<tr>
<td>Prof. Av. Arturo Maresca</td>
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</tbody>
</table>

#### MAGISTRAL COURT OF FIRST INSTANCE

**President** Prof. Av. Paolo Papanti Pelletier de Berminy

<table>
<thead>
<tr>
<th>Judges</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Prof. Av. Giovanni Giacobbe</td>
<td></td>
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<tr>
<td>Prof. Av. Gianpiro Milano</td>
<td></td>
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<tr>
<td>Dr. Arturo Martucci</td>
<td></td>
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<tr>
<td>Prof. Francesco S. d’Ayala Valva</td>
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</tbody>
</table>

| Chancellor of the Magistral Courts | Col. Alessandro Bianchi |

### COMMISSION FOR PROTECTION OF NAMES AND EMBLEMS

**President** Fra’ John A. MacPherson

### COMMISSION POUR LES AFFAIRES DIPLOMATIQUES

**President** Amb. Philippe de Schoutheete de Tervarent

### STRATEGY STEERING COMMITTEE

**Delegated President** Winfried Henckel von Donnersmarck
Official visits of the Grand Master

2006

24.06 Fra' Andrew Bertie, Grand Master of the Order of Malta, was received at the Vatican by His Holiness Pope Benedict XVI.

04.04 The President of the Italian Republic, Carlo Azeglio Ciampi

04.04 The President of the Italian Republic, Carlo Azeglio Ciampi

22.02 The President of the Republic of Cameroon, Paul Biya

16.01 The President of the Republic of Montenegro, Filip Vujanovic

20.02 Philarete, Patriarchal Exarch of all Belarus

13.10 The President of the Republic of Serbia, Boris Tadic

06.10 The Austrian President, Heinz Fischer
2006

16.01 The Grand Master, Frà Andrew Bertie, receives at Palazzo Magistrale the President of the Republic of Montenegro, Filip Vujanovic, together with his wife and delegation.

17.02 Fra’ Andrew Bertie, Grand Master of the Order of Malta receives Archbishop Leonardo Sandri, the Holy See’s Substitute for the Secretariat of State and Archbishop Giovanni Lajolo, the Holy See’s Secretary for Relations with States at the Magistral Palace.

20.02 Grand Master Fra’ Andrew Bertie receives Philaret, Patriarchal Exarch of all Belarus, Metropolitan of Minsk and Slutsk, with his entourage, at the Magistral Palace.

22.02 Fra’ Andrew Bertie, makes an official visit to Cameroon (February 22-24), at the invitation of the President of the Republic of Cameroon, Paul Biya, and Madame Chantal Biya.

12.03 At the invitation of President Georgi Parvanov, the Grand Master Frà Andrew Bertie makes a State visit to Bulgaria, 12-15 March - the first state visit of the Grand Master to the Republic of Bulgaria.

04.04 The President of the Italian Republic, Carlo Azeglio Ciampi, is received on a State visit to the Order’s Magistral Palace, at the invitation of the Grand Master.


17.05 The Grand Master receives at the Magistral Palace the Prime Minister of the Republic of Poland, Kazimierz Marcinkiewicz.

25.05 The Grand Master receives four newly created cardinals: William Joseph Levada from the United States and Franc Rodé from Slovenia, and Agostino Vallini and Andrea Cordero Lanza di Montezemolo from Italy.

16.06 The Grand Master of the Order of Malta, Fra’ Andrew Bertie, receives the President of the Republic of Costa Rica, Oscar Arias Sanchez, in the Magistral Palace.

23.06 His Holiness Pope Benedict XVI receives Fra’ Andrew Bertie, Grand Master of the Order of Malta, accompanied by the Sovereign Council, the Order’s governing body, at the Vatican. The occasion: the feast day of the Order’s patron saint, St John Baptist, which falls 24th June.

03.10 Visit of the President of the Republic of Seychelles, James Alix Michel, to the Order of Malta; he is received in the Magistral Palace by Jean-Pierre Mazery, Grand Chancellor of the Order.

06.10 State visit of the Austrian President, Heinz Fischer, to the Grand Master, Fra’ Andrew Bertie, at the Magistral Villa.

11.10 The Grand Master of the Order of Malta, Fra’ Andrew Bertie, receives at the Magistral Palace, the President of the Senate of Canada, Noel A. Kinsella, leader of a delegation of Canadian senators.

13.10 The Grand Master of the Order of Malta, Fra’ Andrew Bertie, receives the President of the Republic of Serbia, Boris Tadic, in the Magistral Palace in Rome.

06.11 Official visit of the President of the Republic of Hungary, László Sólyom, accompanied by his wife, to the Grand Master of the Order of Malta, Fra’ Andrew Bertie.
Cooperation Agreements

Cooperation Agreements signed from November 2005

Memorandum of understanding between the FAO and the Order of Malta

Rome, 14 November 2005
Joint social, health, agricultural and nutrition initiatives in favour of afflicted populations; a better coordination of efforts through regular consultations and sharing information; development of training projects concerning nutrition and medicine. These are just some of the points in the memorandum of understanding signed in Rome between the Order of Malta and the Food and Agriculture Organisation of the United Nations.

This agreement will foster cooperation between the two institutions. Initiatives involve assistance for isolated rural populations and relief actions for the numerous states or regions affected by wars or natural disasters, such as Kosovo, Afghanistan and Iraq, the Asian countries hit by the tsunami, those of central America devastated by the hurricanes and the chronic food crisis in Africa.

The memorandum was signed at the Food and Agricultural Organization of the United Nations (FAO) headquarters in Rome by the Grand Chancellor of the Order of Malta, Jean-Pierre Mazery, and the Director General of the FAO, Jacques Diouf.

Pointing out that the Sovereign Military Order of Malta has had its own permanent mission to the FAO since 1983, the Order’s Grand Chancellor said: «As stressed in our agreement, health and nutrition issues are inextricably linked. We thus must double our efforts to find a solution. We must do all we can to prevent emergency situations or, failing this, to help in reconstruction and lasting development. We sincerely hope for a close cooperation with the FAO, because we are convinced that this will strengthen the effectiveness of our humanitarian aid».

Italy and the Order of Malta sign an agreement for scientific research

Rome, 29 March 2006
A ground-breaking framework agreement between the Order of Malta and the Italian Republic concerning scientific research was signed by the Prime Minister of Italy, Silvio Berlusconi, in his capacity as Minister of Health, and the Grand Chancellor of the Order, Jean-Pierre Mazery, during a ceremony held in Palazzo Chigi.

The agreement allows the Order of Malta’s Italian Association – which manages the Order’s health establishments in Italy – to carry out research into neuromotor rehabilitation, metabolic syndrome, diabetes mellitus and related pathologies. It includes the study of new diagnostic and therapeutic methods, the evaluation of the impact of pathologies in Italy, the drafting of specific diagnosis protocols, the optimisation of therapeutic treatments and the training and updating of personnel.
During the ceremony, the Italian Prime Minister, Silvio Berlusconi, declared: “Few institutions enjoy the prestige of the Order of Malta. The Italian Ministry of Health has willingly approved this agreement because of the Order’s great experience in these specific sectors.”

In his reply, the Order’s Grand Chancellor, Jean-Pierre Mazery, noted that “The 2003 Agreement on health relations between the Order and Italy has helped to strengthen the cooperation between our Italian Association and the Ministry of Health, with today’s Agreement representing a development of considerable importance and of special benefit to Italian citizens.”

The scientific research framework completes the initiatives set up with the Health Agreement between the Italian Government and the Order of Malta, which became active with law 157 of 2003.

**Signature of cooperation agreements with:**

**Organization of American States**

**Washington, 13 April 2006**

Joint initiatives to combat poverty and hunger, and welfare and health initiatives and the promotion of international humanitarian law. These are the main items of the cooperation agreement signed in Washington between the Order of Malta and the Organization of American States (OAS).

During the meeting with José Miguel Insulza, Secretary General of the OAS, Grand Chancellor Jean-Pierre Mazery emphasised that: “The signature of this agreement is the most effective way of demonstrating our willingness to initiate a cooperation with the Organization of American States, in conformity with the Order of Malta’s long tradition. I would like to point out that, in Latin America, the Order supports medical units in Haiti and in Bolivia, Brazil, the Dominican Republic and Nicaragua. It has cooperation projects underway in Colombia, Costa Rica, Cuba, Guatemala and Peru. The Sovereign Order of Malta currently maintains diplomatic relations with 94 States, 24 of which are on the American continent.”

The Organization of American States is the region’s premier forum for multilateral dialogue and concerted action. It brings together the countries of the American continent to strengthen cooperation and advance common interests. At the core of the OAS mission is the commitment to democracy and to promoting good governance, strengthening human rights, fostering peace and security, expanding trade and addressing the complex problems caused by poverty, drugs and corruption. Through the decisions made by its political bodies and the programmes implemented by its General Secretariat, the OAS promotes greater inter-American cooperation and understanding.

**Bulgaria**

**Sofia, 21 June 2006**

The Bulgarian National Assembly ratified, on 21st June, the Health Agreement signed in Sofia last March during the Grand Master’s State visit.

Based on the diplomatic relations established in November 1994, and with the cooperation of the Bulgarian Ministry of Health, the Agreement simplifies procedures for the Order of Malta’s medical and humanitarian assistance in Bulgaria, as well as its aid to medical centres and hospitals. The Order of Malta will also provide help during natural disasters. The Agreement was signed on 14th March 2006 in the Presidential Palace in Sofia by the Order’s Grand Hospitaller, Albrecht Freiherr von Boeselager, and the Bulgarian Minister of Health, Prof. Radoslav Gaydarski.

After the Foreign, Health and European Integration Commissions voted in its favour, the agreement was unanimously approved by the National Assembly.

**Austria**

**Rome, 6 October 2006**

The signature of a Cooperation Agreement for implementing projects in developing countries was a significant moment during the state visit of the Austrian President, Heinz Fischer, to the Grand Master, Fra’ Andrew Bertie.

The Cooperation Agreement, signed by the Order’s Grand Chancellor, Jean-Pierre Mazery, and the Secretary General of the Austrian Ministry of Foreign Affairs, Johannes Kyrle, has already had its first practical application, with the joint financing of an AIDS and TB programme in the shanty towns of Nairobi, where over 65% of the population of Kenya’s capital city live.
Participation in international conferences forms a vital link in the Order’s communications programme not only between its own national organisations but also with external bodies. Through this medium, the Order is able to share information about its own activities and gain insights into issues of common concern to all organisations working in the fields of humanitarian aid and emergency relief.

The following are summaries of the Order’s involvement in conferences during 2005 and 2006:

**United Nations World Summit on the Information Society**

Tunis, 16-18 November 2005

In his address to the United Nations summit, Dr Franz Harnoncourt-Unverzagt, President of the Board of Communications, said the Order recognised the need for the dissemination of information through technological means as a way of reducing poverty, extending knowledge and information, and promoting good practice.

“Without communication there is no understanding, without understanding there is no peace,” he said.

“We identify closely with the goals set by the United Nations Development Millennium to reduce poverty, advance the causes of freedom and democracy and improve the standards of living for all humankind by closing the digital divide.”

He explained how the Order’s worldwide relief service, Malteser International, attended to the first needs of the afflicted with the next phase being taken up by the Order’s health workers and volunteers from the Order’s 56 national and international organisations who are dedicated to helping those marginalised by society through illness, mental or physical handicaps or natural disasters.

“In this information society the Order is concerned with good governance – a set of standards based on respect for humanity and the environment,” he said.

“These standards are the principles which members of the Order commit to follow. It is this spirit which the Order finds so compatible with the goals set by the United Nations and for which we are ready to offer our collaboration – consultative, professional and practical.”
Ambassador Robert Shafer, the Order’s Permanent Observer to the United Nations, delivered an address on children’s rights to the Third Committee of the United Nations General Assembly.

Contributing to a debate on the protection and promotion of the rights of the child, Ambassador Shafer said the Order considered the promotion and protection of children’s human rights to be paramount. He expressed his support for the Secretary General’s view which placed children at the heart of the Millennium Development Goals and recognised them as the most vulnerable in society whose needs were often the greatest.

“I congratulate the international community on their unprecedented and almost universal ratification of the Convention on the Rights of the Child, but note that they still have far to go to fully implement this convention,” he said.

Describing the number of children lost to preventable causes as ‘unconscionable’ he assured the Assembly that the Order was doing its part to decrease this figure and would continue to pursue aggressively its child vaccination programmes around the world.

Ambassador Shafer said that throughout the 900-year history of the Order, no epidemic had been more calamitous to the family unit than HIV/AIDS which had taken either one or both parents from more than 16 million children under the age of 15.

This situation exacerbated children’s vulnerability to violence, and the ambassador described the Order’s special commitment to ensuring the rights of children living without parental care through the ongoing expansion and improvement of its many orphanages and schools which were skilled in catering to the special needs of this most defenceless group of children.

The ambassador added that an estimated 300 million children worldwide were subjected to violence, abuse and exploitation, pointing out that sexual abuse and the exploitation and trafficking of children had a disproportionate effect on girls. He expressed the Order’s strong condemnation of these deplorable violations of the rights of the child and reaffirmed the Order’s commitment to the eradication of these crimes.

Finally, he stressed the need for a higher level of commitment and effort by the United Nations agencies to redirect the energies of the international community from elaborating norms to enforcing their application on the ground.
59th World Health Assembly

Geneva, 24 May 2006

In her address to the 59th World Health Assembly, Ambassador Marie-Thérèse Pictet-Althann, Permanent Observer to the United Nations, said caring for the sick, the needy and the poor had been central to the work of the Order for more than 900 years. She emphasised:

“While relief for the elderly is gaining importance with longer life expectancy, the Order runs establishments to assist the aged in many countries. It also provides palliative care and programmes for the rehabilitation of drug addicts,” the ambassador added.

“For many years the Order, together with the WHO, has been playing an active part in the ongoing fight against leprosy, with numerous initiatives in Asia, Africa and Latin America including specialised hospitals for leprosy patients in Cambodia and Senegal.”

“Other traditional activities include assistance to refugees and asylum seekers for whom the Order, often in partnership with UNHCR, runs long term medical programmes. In addition, medicines and medical equipment worth millions of US dollars are shipped to countries in need every year in accordance with WHO medicine donation guidelines.”

UN General Assembly’s High Level Dialogue on Migration

New York, 15 September 2006

In his address to the UN General Assembly’s High Level Dialogue on Migration, Ambassador Robert Shafer, the Order’s Permanent Observer to the United Nations said that the Sovereign Military Order of Malta commends its work. As shown in the Report of the Secretary General last May, there are now almost 200 million persons who have migrated from their home countries to other countries, most seeking a better life for themselves and their families, he noted. The movement of such large and growing numbers of persons across international borders presents important economic issues for the world community.

He continued: ‘As the Secretary General also notes, however, the migration of such vast numbers of persons also presents correspondingly large challenges in protecting the human rights of migrants. We must never let a staggeringly high number - 200 million - blind us to the reality that each of those millions of men, women, and children is an individual human being. Thus, in addition to the macro-economic effects, the Dialogue and later consultations must consider the ways receiving and home countries must protect the human rights of each individual who has chosen to pull up stakes and relocate to a new country.

‘These are issues of profound historical and continuing concern to the Order of Malta. When the Order of Malta was created over 900 years ago, our mission was to protect and care for persons in need, particularly the poor and those traveling far from home. We follow this mission today. Aided by our well-established international sovereignty, which is reflected in full diplomatic recognition by 96 other states,
the Order of Malta’s more than 80,000 trained volunteers provide care to the sick and the needy in more than 120 countries. Working in collaboration with UN Agencies, the Order of Malta has provided medical care, shelter, and supplies for refugees in Angola, Afghanistan, the DRC and the Sudan. ‘As part of this world-wide program of aiding the poor, we have found that migrants often are among those who the most vulnerable and the most defenseless. Too often they are invisible, or worse.’

He concluded by noting in particular, ‘the often abusive treatment that migrants receive under what are euphemistically called “guest worker” programs. These persons too often receive sub-standard wages, wages that frequently are offset by exorbitant charges they are forced to pay to their employers for food and lodging. Similarly, the so-called “brokers” who recruit these migrants in their home country and ship them like chattel to other countries often hold them bound to such inflated fees that the migrant workers may remain perpetually in bondage, unable to pay off their supposed debts or to provide the amount of earnings to their families that originally stoked the migratory dream in the first place. Enforcing these schemes is, often times, the misuse of government-issued travel documents.’

Abuses like these afflict millions of migrant men, women and children. Governments can provide real relief. There are some short term economic advantages to States that may be hard for Governments to ignore. Some home countries may be content to export their citizens, so that they can generate remittances that may alleviate local poverty or fuel local investment. Some receiving countries, both developing countries and developed, may perceive an economic benefit from using low-cost suppliers of goods – ignoring the high cost paid my the laborer.

That is why it is absolutely vital that the High Level Dialogue and all subsequent discussions of migration and development pay careful attention to the obligation of all affected states to protect the human rights of migrants.
DIPLOMACY

Diplomacy at the service of the needy

Suffering has many faces, and takes many forms. Its causes are also manifold: poverty, ignorance, war, famine, flood, disease, terrorism, oppression as well as natural and man-made disasters all create the conditions for human misery that the Order strives to relieve.

Wherever it is needed, and for whatever the reason, our work in providing humanitarian aid is facilitated through the diplomatic relations that exist between the Order and 96 national states, as well as through Permanent Observer missions to the United Nations, at Permanent Representative level with the European Commission, and with other intergovernmental and international organisations.

The Order’s Diplomatic Corps is recruited both from the ranks of professional diplomats who are leaving active service but seeking to make positive use of their skills and experience in a voluntary capacity, and from members of the Order who have the necessary knowledge and expertise in international relations.

They are appointed by the Grand Master and the Sovereign Council, and take up their responsibilities as soon as their credentials have been presented to the Head of State in the country to which they are to be accredited.

Ambassadors’ missions are strictly humanitarian, totally voluntary and always impartial. They exist to provide a diplomatic channel to deliver humanitarian aid in accordance with the need.

Using their skills in diplomacy and negotiation, the Order’s Ambassadors help to ensure that aid can be delivered promptly and effectively, working with the national Associations of the Order where they exist in a particular country, or taking responsibility for coordinating aid activities where they do not.

The Order has a policy of forging active relationships with the major international organisations involved in humanitarian work, seeking to operate in partnership with key international players as well as governmental and non-governmental organisations.

In this context, the Order is playing an increasingly active part in the consultation and planning processes, to which it can contribute its extensive experience, its familiarity with the situation in the field, and its own particular form of expertise.
Humanitarian aid with a European perspective

Report from Ambassador Philippe de Schoutheete de Tervarent, the Order’s Permanent Observer to the European Commission in Brussels.

ECHO (European Commission Humanitarian Office) is the world’s biggest single donor of humanitarian aid. Over the past 10 years, it has distributed on average €600 million a year: in 2005 the amount was €652 million. It is however a sad reflection on international affairs that in general about 80% of that aid is destined to the alleviation of manmade disasters and less than 20% to natural disasters. From that point of view, 2005 was special in the sense that the percentage linked to manmade disasters dropped to 63% because of the impact of the tsunami in South East Asia, on which ECHO spent more than €120 million.

ECHO’s aid is spread worldwide: in 2005, 38% went to Asia, 37% to Africa, the rest to other parts of the world. The financial perspectives of the European Union for the period 2007-2013, definitively approved by Council and Parliament in May 2006, seem convincingly to guarantee that ECHO will be funded over that period at approximately the same level as at present. It is therefore, and will remain, a very important partner for all humanitarian actors, including the Order of Malta.

Malteser International, the Order of Malta’s worldwide relief service concluded in November 2003 a Framework Partnership Agreement with ECHO which came into force on 1st January 2004. This replaced a previous Agreement concluded in 1999. A part of Malteser International’s worldwide activity is financed by ECHO funds. In 2004 these amounted to 23% of project expenditure.

Malteser International is recognised as a reliable and trusted partner by the major world donor of humanitarian aid.

Between 50% and 60% of ECHO’s humanitarian aid is channelled through non governmental organisations based in the European Union, as against about 30% through United Nations organisations. The share of humanitarian aid distributed through NGOs has slightly diminished over the years but it remains significantly higher than the share of NGOs in European Union development aid, which is below 10%. It is stated Commission policy to maintain the present level of cooperation with NGOs in humanitarian aid, which in 2004 amounted to some €324 million.

With each of about 200 NGOs active in the humanitarian field, ECHO has concluded a Framework Partnership Agreement which is central to their relationship. That agreement is signed after a comprehensive audit by ECHO of the financial management, operational capacity and transparency of the NGO in question. Signature implies that ECHO is satisfied that high quality criteria are fulfilled. This means that when an emergency arises ECHO will accept, on the basis of its previous analysis, to extend funding at very short notice (less than 48 hours) to a well placed NGO partner, bypassing the cumbersome procedure of “call for proposals.” This system, which has evolved gradually over the years, makes the partnership an instrument without any equivalent in the world, and in many ways a model for humanitarian aid worldwide.
The Order’s Permanent Mission to the United Nations (Geneva)

In September 2005, succeeding Ambassador Pierre-Yves Simonin who retired after six years as the Order’s Ambassador and Permanent Observer to the United Nations Office and other international organisations in Geneva (and after a very full career as a Swiss diplomat), Mrs. Marie-Thérèse Pictet-Althann was appointed by the Sovereign Council as the Order’s new Ambassador and Permanent Observer in Geneva, with Marc de Skowronski as Deputy Permanent Observer and Minister Counsellor, and Renata Saraceno-Persello as Counsellor. The Order’s Mission focuses its multilateral diplomatic activities on the work of the office of the United National High Commissioner for Refugees (UNHCR), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Commission on Human Rights, the World Health Organization (WHO) and the preparatory meetings to the United Nations World Summit on the Information Society (WSIS).

The Mission participated in the 115th Executive Board and the 58th World Health Assembly of the World Health Organization (WHO) where the main issues discussed and resolutions adopted were in connection with the efficient help provided by WHO to the victims of the Asian tsunami, the health-related Millennium Development Goals and the avian influenza pandemic.

Among the 86 resolutions and 16 decisions taken by the United Nations Commissioner for Human Rights in 2005, the issues of greatest interest to the Order were related to racism, racial and all forms of discrimination including religious intolerance, human rights of persons with disabilities, women and migrants, the right to food, drinking water and sanitation, and the rights of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Debates among the members, observers and participants of the United Nations High Commissioner for Refugees (UNHCR) covered areas ranging from how to deliver protection in today’s environment, to the preservation of the institution of asylum, the mainstreaming of Convention Plus - an instrument to increase and improve asylum everywhere, to the impact of the asylum-migration nexus and the review of protracted refugee situations.

During the Asian Tsunami, hurricane Katrina, the earthquake in South Asia and humanitarian crisis in Niger and the Sahel region, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) was in charge of the emergency response coordination.

Following on from the meetings of the World Summit on the Information Society, the Mission followed the preparatory meetings and attended the World Summit in Tunis in November 2005.
Diplomatic agreements

Diplomatic relations between the Order of Malta and Angola

**New York, 13 December 2005**
Diplomatic relations between the Sovereign Military Order of Malta and the Republic of Angola were established through the signing of a protocol at the premises of the Permanent Observer Mission of the Order of Malta to the United Nations in New York.

Diplomatic relations between the Order of Malta and the Republic of Montenegro

**Rome, 5 September 2006**
Diplomatic relations between the Sovereign Military Order of Malta and the Republic of Montenegro are established with the signature of a protocol in Podgorica.
On 21 May 2006, Montenegro achieved full independence from Serbia following a referendum. Hence the need to re-establish bilateral relations with the Order of Malta, relations that had been maintained with the Union of Serbia and Montenegro since 2001.
The agreement was signed in the Foreign Affairs Ministry of the Republic of Montenegro by Ambassador Alberto Leoncini Bartoli, Diplomatic Counsellor of the Order, and by the Montenegrin Minister for Foreign Affairs, Miodrag Vlahovic.

Diplomatic relations between the Order of Malta and Republic of Timor-Leste

**Rome, 18 September 2006**
The Democratic Republic of Timor-Leste and the Order of Malta today formally established diplomatic relations. Timor-Leste’s Vice Minister of Foreign Affairs, Mrs Adaljiza Magno, and the Ambassador of the Order of Malta for South-east Asia and the Far East, James Dominguez, signed the agreement in Dili Monday September 18, 2006.
Ambassador Dominguez noted that Timor-Leste and the Order of Malta had enjoyed a good relationship for many years. “On behalf of the Order of Malta and on behalf of the Grand Master, I am very proud to be here today signing this historic document,” he said.
Vice Minister Magno affirmed she hoped the new formal relationship would result in increased support for her country from the Order of Malta, particularly in the area of health. “We owe the Order of Malta a great deal and we will never forget their kindness to Timor-Leste,” Mrs Magno said. In particular following the tsunami tragedies, the Order shipped medical supplies to Timor-Leste from Australia.
Ambassador Dominguez said the Order would discuss with the Timor-Leste Government where help can best be provided.
## Ambassadors of the Order

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### Date of credentials

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### Permanents Observers to the United Nations

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<td>United Nations (UN) - New York</td>
<td>Robert LeRoy Shafer</td>
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<td>Marie-Therese Pictet-Althann</td>
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Ambassadors to the Order

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<td>Vladimir Nicolaev Gradev</td>
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<td>Mamadou Sissoko</td>
<td>11 May</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Carlos Rafael Conrado Marion-Landais Castilo</td>
<td>06 October</td>
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<tr>
<td>Nicaragua</td>
<td>Armando Luna Silva</td>
<td>11 October</td>
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<tr>
<td>Lebanon</td>
<td>Naji Abi Assi</td>
<td>30 October</td>
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<tr>
<td>Bolivia</td>
<td>Valentin Abecia Baldivieso</td>
<td>17 November</td>
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<tr>
<td>Spain</td>
<td>Jorge Dezcallar de Mazarredo</td>
<td>03 December</td>
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<tr>
<td>Portugal</td>
<td>João Alberto Bacela da Rocha Paris</td>
<td>04 December</td>
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<tr>
<td>Paraguay</td>
<td>Marcos Martinez Mendieta</td>
<td>12 January</td>
</tr>
<tr>
<td>Egypt</td>
<td>Mme Nevine Simaika Halim</td>
<td>01 February</td>
</tr>
<tr>
<td>Brazil</td>
<td>Mme Vera Lucia Barrouin Crivano Machado</td>
<td>07 March</td>
</tr>
<tr>
<td>Jordan</td>
<td>Ramez Goussos</td>
<td>07 March</td>
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<tr>
<td>Philippines</td>
<td>Mme Leonida L. Vera</td>
<td>08 March</td>
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<tr>
<td>Togo</td>
<td>Tchao Sotou Bere</td>
<td>08 March</td>
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<tr>
<td>Austria</td>
<td>Helmut Tuerk</td>
<td>13 May</td>
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<tr>
<td>Guatemala</td>
<td>Juan Gavarrete Soberón</td>
<td>13 May</td>
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<tr>
<td>Seychelles</td>
<td>Calliste d’Offay</td>
<td>18 May</td>
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<tr>
<td>Malta</td>
<td>George Buttigieg</td>
<td>17 June</td>
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<tr>
<td>Croatia</td>
<td>Emilio Marin</td>
<td>05 October</td>
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<td>Lithuania</td>
<td>Algirdas Saudargas</td>
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<tr>
<td>Cuba</td>
<td>Raúl Roa Kourí</td>
<td>25 November</td>
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<td>Russian Federation</td>
<td>Nikolay Sadchikov</td>
<td>25 November</td>
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<td>Panama</td>
<td>Lawrence Chewning Fabrega</td>
<td>11 March</td>
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<tr>
<td>Peru</td>
<td>José Pablo Morán Val</td>
<td>31 March</td>
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<tr>
<td>El Salvador</td>
<td>Francisco A. Soler</td>
<td>30 May</td>
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<tr>
<td>Venezuela</td>
<td>Iván Guillermo Rincón Urdaneta</td>
<td>20 November</td>
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<td>Bulgaria</td>
<td>Valentin Vasilev Bozhilov</td>
<td>21 November</td>
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<tr>
<td>Spain</td>
<td>Francisco Vásquez y Vásquez</td>
<td>27 November</td>
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<tr>
<td>Austria</td>
<td>Martin Bolldorf</td>
<td>27 November</td>
</tr>
</tbody>
</table>
The Order’s diplomatic relations **worldwide**

### THE ORDER OF MALTA HAS DIPLOMATIC RELATIONS WITH 96 COUNTRIES

**EUROPE**
- Albania, Austria, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Holy See, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Macedonia, Malta, Moldova, Montenegro, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain.

**THE AMERICAS**
- Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Uruguay, Venezuela.

* Relations with the Russian Federation are maintained through a diplomatic special mission.

### ASIA
- Afghanistan, Armenia, Cambodia, Georgia, Jordan, Kazakhstan, Lebanon, Philippines, Tajikistan, Thailand, Timor-Leste.

### AFRICA

### OCEANIA
- Kiribati, Marshall Islands, Micronesia.

### THE ORDER OF MALTA ALSO HAS OFFICIAL RELATIONS WITH

- Belgium
- France
- Germany
- Luxembourg
- Principality of Monaco
- Switzerland

### THE ORDER OF MALTA HAS PERMANENT MISSIONS TO THE UNITED NATIONS AND ITS SPECIALISED AGENCIES

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>United Nations - New York</td>
<td>Geneva</td>
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<tr>
<td>United Nations - Geneva</td>
<td>Unicef - New York, USA</td>
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<tr>
<td>United Nations - Vienna</td>
<td>United Nations Industrial Development Organization - UNIDO - Vienna</td>
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<td>World Food Programme of the United Nations - WFP - Rome</td>
<td>United Nations Industrial Development Organization - UNIDO - Vienna</td>
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<tr>
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<td>World Food Programme of the United Nations - WFP - Rome</td>
<td>International Atomic Energy Agency - IAEA - Vienna</td>
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### THE ORDER OF MALTA HAS DELEGATIONS OR REPRESENTATIONS TO INTERNATIONAL ORGANISATIONS

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission - Brussels</td>
<td>International Committee of the Red Cross - ICRC - Geneva</td>
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<tr>
<td>Council of Europe - Strasbourg</td>
<td>International Federation of Red Cross and Red Crescent Societies - Geneva</td>
</tr>
<tr>
<td>International Institute for the Unification of Private Law - UNIDROIT - Rome</td>
<td>Inter-American Development Bank – IDB - Washington</td>
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<tr>
<td>International Committee of Military Medicine - ICMM - Brussels</td>
<td>Unión Latina - Santo Domingo - Paris</td>
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<tr>
<td>International Committee of Military Medicine - ICMM - Brussels</td>
<td>International Fund for Agricoltura development - IFAD - Rome</td>
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</tbody>
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ANNEXES
Selected books & articles

Recent publications about the Order

The catalogue of the Grand Magistry Library is now available online. To display it, log on to the Order of Malta’s website at www.orderofmalta.org

On the lefthand menu, under About the Order, select The Magistral Library and Archives, click through, then click on "catalogue".


Boisse, Louis Le culte de la Sainte-Vierge en France: Diocèse de Valence: Notre-Dame de Toronne à Clansayes (Drome), avec des notes sur Clansayes, Notre-Dame de la Tour, les Templiers et les Chevaliers de Saint-Jean de Jérusalem ou Ordre de Malte. [S. I.]: [s. n.], [1941].


Fumée, Jacques de De l’origine, progrès, institutions et cérémonies des Chevaliers de l’Ordre de Malte, autrement de S. Jean de Jerusalem. Où sont contenus les moiens que doivent tenir les Nobles qui pretendent parvenir audit Ordre. À Paris: chez Guillaume Auvray, 1604.


Guichard, Thomas Oratio habit... coram Clemente VII Pontif. Max. in qua Rhodiorum expugnationis et deditonis summa continetur. Romae: apud F. Minitium Caluum, mense Ianuario 1524.

Haudesens Desclozeaux, ... de Privilèges des Papes, Empereurs, Rois et Princes de la créntient en faveur de l’Ordre S. Iean de Hierusalem. 2nde édition. A Paris: Chez Remy Soubret, rue S. Iean de Beauvais à Lollavier, 1649.


Osterhausen, Christian von Statuta, Ordnungen und Gebräuche deß hochloblchen Ritterlichen Ordens S. Johannis von Jerusalem zu Malta: wobey zugleich vo Stiftung unnd Anfang dieses ... Ordens berichtet, die Insul ... Malta beschrieben, die Großmeister ..., die Namen ... der Priorn und Groß-Balleyen von Teutschland ... erzehlet und etliche ... Privilegia angedeuteet werden. Franckfurt a. M: Zuner, 1644.


Preuves de la noblesse du Chevalier de Beneville en 1630. [S. I.]: [s. n.], 1630.

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The arms and emblems of the Order of Malta

The arms of the Order of Malta
The Order’s arms display the eight-pointed Latin cross on a red oval field surrounded by a rosary and surmounted by the princely mantle and crown (as described in Article 6 of the Order’s Constitutional Charter). It is the emblem of the Sovereign Order’s Grand Magistry and its Institutions: the Grand Priories, Sub-Priories, National Associations and Diplomatic Missions.

The emblem of the Order’s works
The emblem is the symbol of the Order of Malta’s medical and humanitarian activities worldwide. It is a red shield with a white, eight-pointed cross (as described in Article 242 of the Order’s Code).

The Coat of Arms of the 78th Prince and Grand Master Fra’ Andrew Bertie
The arms of Grand Master Fra’ Andrew Bertie are quartered with those of the Order: first and fourth; second and third argent, three battering rams fesswise in pale proper, armed and garnished azure. It is surrounded by the Collar, symbol of the Grand Master, within a princely mantle and surmounted by a closed crown.

The names of the Order of Malta
In its 900 year history the Order has used various names in its identification. To protect this heritage, the Order has legally registered the following names: Sovereign Military Hospitaller Order of St. John of Jerusalem, of Rhodes, and of Malta; Sovereign Military Order of Malta; Sovereign Order of Malta; Order of Malta; Knights of Malta; Knights of St. John of Jerusalem; Order of St. John of Jerusalem; Knights Hospitaller; Hospitallers of St. John of Jerusalem; SMOM; Our Lady of Philermo; Maltese; Malteser International; The Coat of Arms of the Order; The Eight pointed cross on a red shield.
The mission of the Order of Malta

The origins of the Sovereign, Military and Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta—better known as the Order of Malta—go back to the eleventh century. When the crusaders arrived in Jerusalem in AD 1099, the Hospitalers were administering the Hospital of St. John the Baptist, which had been established around 1048 to care for pilgrims coming to the Holy Land and for the indigenous Christian, Jewish and Muslim population. Made a religious Order by a bull issued by Pope Paschal II in 1113, the Order had to defend the sick and Christian territory. Today, its mission is an exclusively humanitarian one, as its military role ended with the loss of its territory in 1798.

In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is “the promotion of... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfils its institutional tasks especially by carrying out hospital works, including health and social assistance, as well as aiding victims of exceptional disasters and war...”

- The Order has a permanent presence in most countries in the world, both developed and developing. This presence has been built up over nine centuries of colourful history, in which it took part in the great exchanges between Europe and the Mediterranean basin and the rest of the world, gradually extending its scope to cover most of the geographical areas in which its charitable mission could usefully be conducted.

Because of its centuries-old experience and its members’ active involvement in the major trends in society, the Order has been able to adapt its resources and methods rapidly, keeping constantly up to date, to be in a position to tackle the new and ever-growing needs for medical aid, emergency relief and humanitarian mission.

Today the Order is a major global, professional organisation in terms of the humanitarian aid, medical care and emergency medicine it provides, in its management of hospitals, specialised homes for dependent elderly people, socio-medical care centres, the collection and transporting of medicines and the training of workers and ambulance staff.

History: key dates

1048: Jerusalem
- The foundation of the Hospitalers of St. John of Jerusalem as a monastic community by the Blessed Gerard. Knights of the Order care for pilgrims, the sick and the needy, as they have done ever since.

1310: Rhodes
- In 1291, with the fall of St. John of Acre, the last bastion of Christianity in the Holy Land, the Order is forced to leave and settle in Cyprus. It acquires territorial sovereignty on taking possession of the island of Rhodes in 1310. To defend the Christian world, the Order assembles a powerful military fleet, patrolling the eastern seas and engaging in several celebrated battles.

1530: Malta
- The next seven years see the Order without territory, but retaining its sovereignty, a situation which prevailed until Emperor Charles V granted the knights the islands of Malta, Gozo and Comino, and the city of Tripoli, as a sovereign fiefdom. On October 26th 1530, the Order takes possession of Malta with the approval of Pope Clement VII.

1834: Rome
- Having resided temporarily in Messina, Catania and then Ferrara, the Order settles in Rome in 1834, in properties with extraterritorial status: the Grand Magistry in via Condotti and the Villa Malta on the Aventine Hill.

1962-1988
- Angelo de Mojana (1962-1988) and de la Valette (who gave his name to the capital of Malta). The fleet of the Order of St. John (or of Malta, as they are now known) is one of the mightiest in the Mediterranean and plays its part in the victory over the Ottomans at the battle of Lepanto in 1571.

1798: Egypt
- Neapolitan Bonsaïté occupies Malta en route to his campaign in Egypt. He meets with no resistance from the knights, as their regulations forbid them to fight other Christians, and thus the Order is forced to leave the island.

1801, Malta is occupied by the British, and despite the recognition of the Order of Malta’s rights of sovereignty as enshrined in the Treaty of Amiens (1802), it is unable to retake possession of the island.

1550
- The Order’s original mission of service to the poor and the sick again becomes its main activity. The Order carries out hospital and charitable activities during both World Wars, and these activities are developed and intensified under the stewardship of Grand Master Frà’ Angelo de Mojana (1962-1988) and continue today under his successor, the 76th Grand Master, Frà’ Andrew Bertie.

21st Century
- Spanning a history of almost nine centuries, the Sovereign Order of Malta can proudly claim to be the sole successor to the Hospitaller Order of St John of Jerusalem, recognised by the Catholic Church in 1113. The Order has the unique characteristic of being both a religious and a chivalric Order of the Catholic Church. It is the sole organisation with an unbroken sovereignty to have professed knights, the direct successors of its founders.

1099: Jerusalem
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