



EDITORIAL

Dear Friends and Partners,

Since its creation, the **2nd Chance Association** has been transforming lives by providing high-quality surgical and perioperative care to individuals affected by mutilations and disfiguring conditions. In 2024, our vital role in **training African healthcare professionals** and promoting the **integration of reconstructive surgery into public health systems** was reaffirmed.

As we look ahead, we are launching a new strategic phase with our 2026–2030 plan, reinforcing our commitment to ensuring **sustainable access to patient care** that meets international standards. Regional training will remain central to our approach—aimed at increasing the number of qualified surgeons, advancing **multidisciplinary practices**, and strengthening professional exchange through **strategic partnerships and digital education tools**.

At the same time, we are expanding our international advocacy efforts to position **reconstructive surgery as a global public health priority**, building on our active engagement within Geneva's international network. We continue to invest in our internal capacities, **diversify our partnerships, and mobilize local resources** to help build resilient, long-term healthcare systems.

I would also like to extend my sincere appreciation for our ongoing partnership with **the Geneva University and University Hospitals HUG**. This collaboration enables many contributors and medical students—14 in 2024—to join our missions each year. I warmly thank all mission leaders, surgeons, anesthetists, and nurses from around the world, including Africa, who trust in our mission and volunteer alongside us to train their peers. Together, they form the backbone of a growing network of committed specialists.



Together, we are building a future where no one is left behind.

Warm regards,

Dr Pierre Quinodoz
President of 2nd Chance Association

ANNUAL REPORT 2024

VISION

Reconstructive surgery is an essential component of accessible healthcare for all patients in Sub-Saharan Africa.

MISSION



WE TREAT



WE TRAIN



WE ADVOCATE



2024 HIGHLIGHTS

■ Growing Impact

128 surgeons were trained and 121 patients were treated during the 9 practical workshops in Ethiopia, Guinea, Tanzania, Namibia, Togo, Zanzibar, and Uganda.

- 6 in reconstructive surgery
- 3 in surgery for women (fistula)

■ New 2026-2030 Strategy

Following the assessment of our 2020-2025 plan and a study of our members' expectations, we defined our 2026-2030 strategy, adopted by the 2nd Chance committee.

■ Advocacy Activities

On March 21, 2024, our webinar "Why Reconstructive Surgery Belongs to the Humanitarian Response in Post-Conflict and Disaster Emergencies," organized in collaboration with GSF and UNITAR, gathered 190 participants. In response to the lack of data, 2nd Chance is launching a scientific study on reconstructive surgery needs with Graph Institute.

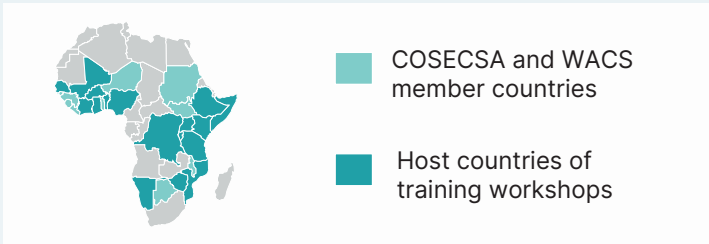
■ Governance

Welcome to our new committee members: Pr. Frédéric Ris and diplomat Pierre Strauss.

WE TRAIN on the field

9 workshops, 128 professionals trained

Map of Intervention Countries:



In 2024, we trained surgeons from Benin, Burundi, Cameroon, DR Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Liberia, Namibia, Nigeria, Uganda, Rwanda, Senegal, Somalia, South Sudan, Tanzania, Togo, Zambia, Zanzibar and Zimbabwe.

Thanks to the high-level skills they acquire, the surgeons we train are equipped to operate not only in Sub-Saharan Africa—our primary area of focus—but also in crisis situations around the world. In collaboration with the ICRC, they have contributed in war-affected regions such as Gaza and Lebanon. This approach to local training with global relevant skills enables us to respond to urgent needs wherever they arise, extending our impact far beyond regional borders.



Dr Amanuel Tebikew KEBEDE, Trainer
Workshop Conakry, Guinea, February 2024

Amanuel, an Ethiopian reconstructive surgeon, participated in 2nd Chance workshops in 2019, 2020, and 2022 and was certified in reconstructive surgery by COSECSA in 2022. He became a trainer for 2nd Chance in 2024 and went on mission for the ICRC in December 2024 in Lebanon and January 2025 in Gaza.

Durable Footprint

We continue to train surgeons, prioritizing those enrolled in the training programs of regional Colleges of Surgeons (COSECSA and WACS/COAC).

Reconstructive Surgery: Since 2024, we have welcomed local surgical students in reconstructive surgery programs newly established at Fan Hospital in Senegal and Bouaké in Côte d'Ivoire.

Obstetric Surgery: Gynecological-obstetric surgeons are selected to follow our three-session training cycle on posterior perineal fistulas based on clinical experience), and exposure to obstetric fistula cases. This training currently covers Ethiopia (in cooperation with the Hamlin Foundation), Tanzania, Burundi, and Cameroon. A module on sexual health education adapted to post-childbirth perineal conditions has been introduced.

Anesthesia: In addition to our permanent support, a specific anesthesia training was held at Tumbi Hospital, gathering over 15 participants to cover topics such as hypoxemia prevention, perioperative safety, and regional anesthesia.

Dr Roba KHUNDKAR
Mission Leader

and the reconstructive surgery female students

38% of our trained students are women



Impact: 2nd Chance Workshops 2024

A total of **9 weeks of practical training** were organized in 2024:

- 5 basic reconstructive surgery training workshops.
- 1 advanced reconstructive surgery training workshop.
- 3 workshops on surgical management of posterior perineal fistulas.

All these training sessions were accompanied by mentorship and hands-on guidance in anesthesia and nursing care. "There is no good surgery without quality perioperative care."

Our efforts have supported the training of 128 surgeons specializing in reconstructive surgery, including 25 gynecological-obstetric surgeons.

		Surgeons in training	Operated patients
Reconstructive Surgery			
Guinea	18 - 23 february	14	9
Tanzania	11 - 15 march	19	27
Namibia	19 april - 3 may	15	17
Togo	27 - 31 may	18	12
Uganda	7 - 11 november	20	13
Ethiopia	7 - 11 november	17	17
Project for women			
Ethiopia	29 jan. - 2 feb.	5	9
Zanzibar	1 - 8 august	8	11
Tanzania	7 - 11 november	12	6
Total		128	121

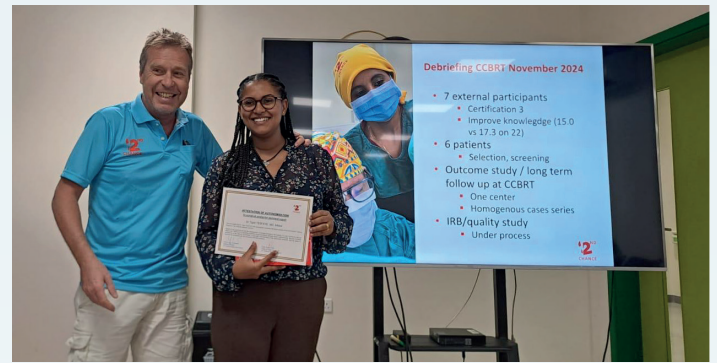
The COSECSA (College of Surgeons of East, Central, and Southern Africa) examined and welcomed 18 new reconstructive surgeons among its members – the largest cohort since the College's creation.

2nd Chance evaluated and certified five gynecologist-obstetricians for the autonomous management of their patients suffering from posterior perineal fistulas. The concept of sexual medicine adapted to post-childbirth posterior perineal conditions has been introduced into the project's training modules for women.

It takes a minimum of five years to train a specialist in reconstructive surgery. Our commitment is built over the long term.

The Association places particular emphasis on patient safety and follow-up, requiring the commitment of all

participants to optimize perioperative conditions, which remain generally complex in reconstructive surgery.



Dr Lionel Dumond, Debriefing of the Project for Women
Dar es Salaam, November 2024

WE TREAT benefiting patients Behind every trained surgeon, thousands of lives are transformed.

Most patients treated during the workshops suffer from severe conditions requiring complex procedures lasting up to 5 hours: a total of 121 patients were treated in 2024.



A young patient operated on for a complex burn in Tanzania; his mother testifies: "My son Samuel accidentally fell into a boiling pot of soup seven months ago." The burn led to a contracture of his elbow, preventing him from extending his arm. Reconstructive surgery released the contracture, and with a healthy skin graft, Samuel can regain full mobility and live a normal childhood.



Shemisia is just 20 years old. She lives in Did Anan in the remote Somali region of Ethiopia. A year ago, she gave birth to her first child. 18 hours of labor for a vaginal delivery. Since then, Shemisia has suffered from incontinence. Reconstruction of the sphincter and posterior perineum are the only way for her to return to a normal life with her family.

While the correction of simple obstetric fistulas is well taught by large NGOs such as FIGO, sphincteroplasty remains less commonly practiced. Our efforts, in cooperation with the colorectal surgery department of the University Hospitals of Geneva (HUG) and a team of surgeons from Chile, have enabled two female surgeons from Zanzibar, Tanzania, to treat their patients on the island rather than transferring them to the mainland.

WE ADVOCATE for a sustainable future Recognizing reconstructive surgery as a priority in public health systems.

The webinar "Why reconstructive surgery should be part of the humanitarian response in conflicts and disasters", held on March 21, 2024 in Geneva, brought together 322 participants, including health professionals, representatives of civil society and humanitarian and development organizations.

It highlighted the importance of reconstructive surgery in post-conflict and post-disaster humanitarian responses,

particularly: Its fundamental role in economic and social rehabilitation, and in the strategies needed to strengthen public surgical care systems.

Discussions emphasized the impact of trauma on human suffering and the need for multidisciplinary approaches and strong partnerships. 2nd Chance is committed to continuing its efforts in training, integrating reconstructive surgery into health policies, and improving access to care.

Following the March 2024 webinar, 2nd Chance and the Association for Support to Research, Education, and Care Centers in Resource-Limited Environments (ASCRES)/GRAPH Network signed an agreement in September 2024 aimed at assessing the burden of pathologies requiring reconstructive surgery in Sub-Saharan Africa (excluding South Africa). This partnership includes a review of existing data, mapping of data sources, and coordination of projects to enhance visibility and promote data-driven policies.

Expected deliverables include a literature review, presentations for the World Health Assembly in May 2025, a scientific workshop, and a roadmap for primary data collection.



2025 Outlook

Strengthening Field and Digital Training

In 2025, we aim to:

- Strengthen field workshops and missions by integrating more African trainers (surgeons, anesthetists, and nurses).
- Enhance patient safety and hygiene.
- Develop clinical research with local surgical and anesthesiology actors.
- Develop new teaching tools for surgical education (interactive video).

Advocacy Activities:

Our objectives are to:

- Disseminate and reflect on the preliminary results of Phase I of our scientific study with Graph during the Health Week in May 2025, alongside the WHO.
- Launch the Phase II at year-end, which will quantify and qualify the needs for reconstructive surgery through local pilot projects.

Development of 2nd Chance scale-up Plan:

We aim to :

- Develop the implementation plan for the 2026–2030 Strategy.

Members of the 2nd Chance Association

Direction

- Anne ZEIDAN, Director of Operations; Dr. Lionel DUMONT, Anesthesiologist, Medical Director; Olivier MATHIER, Administrative and Financial Director; Karine DEQUESNE, Director of Partnership Development.

Executive Committee Members

- Dr. Pierre QUINODOZ, Surgeon and President; Dr. Marc PECHERE, Dermatologist and Vice-President; Dr. Ali MODARRESSI, Surgeon and Secretary-General; Pr. Frederic RIS, Proctologist and Mission Leader; Mr. Jean-Claude ESAKI, Director of Audit and Internal Control Services at HUG, Treasurer; Dr. Yodit SEIUM, Oncologist, Advisor; Mr. Matthieu MOLLARD, Communications, Advisor; Mr. Pierre STRAUSS, Diplomat, Advisor; Mrs. Marianne De ROSSI COLELOUGH, Entrepreneur, Advisor.

Acknowledgments to Donors

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The annual financial report of our organization is available on our website

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