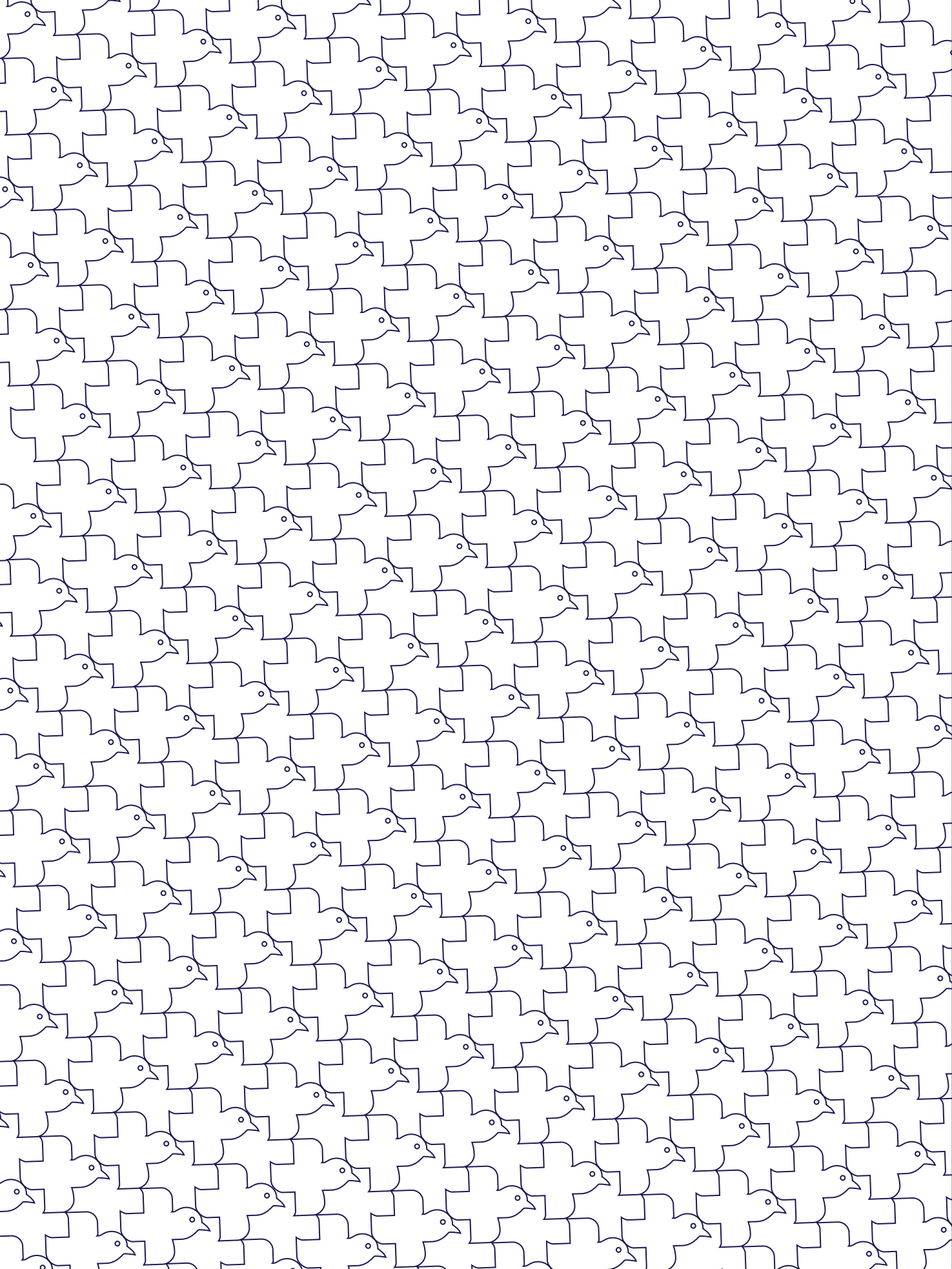


ANNUAL REPORT

2021





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CONTENT



Punctuated by successive waves of COVID-19 variants, 2021 was not much of a departure from 2020, which was also a traumatic year. On the contrary, once the shock of 2020 had passed, 2021 became a missed opportunity to shift paradigms and turn our backs on the destruction of humans and of the living world.

Instability grew, uncertainty took hold, wealth became more concentrated in the hands of the few, multilateralism continued to fade away in the face of a resurgence of imperialism, social control via digital data heightened, the humanitarian space shrank yet further, while the need for mutual aid was greater than ever.

We are living in an unstable period, where transformations are accelerating, where the old system is maintained despite the urgent need to invent another model based on "taking care", a just, sustainable, responsible and simply liveable world. The advent of the next world has not happened, not yet, but many people are working everywhere to bring it about.



DR. CARINE ROLLAND

WIDENING DIVISIONS

Between countries of the South and countries of the North, between the very rich and the extremely poor, between women and men, between those who have access to health care and vaccines and those who are excluded, between rural and urban dwellers, liberals and defenders of public services, nationals and foreigners, Muslims and non-Muslims, those authorised to cross borders and those who have to risk their lives to do so, there are many dividing lines, and they threaten our ability to live together. Fundamental human rights are flouted, the values of tolerance, respect for others and non-judgment are undermined, while conspiracy theories and reactionary, stigmatising and xenophobic discourse, which we wanted to believe were things of the past, are flourishing.

There is also a divide between those who are willing to settle for how things are and those who feel the urgent need to change our systems profoundly and sustainably, particularly with regard to climate issues (the IPCC report of August 2021 and the inaction of States are dismayingly), gender issues and violence against women or LGBTQI+ people. There is also an equally urgent need to question the colonial heritage that reproduces social inequalities around the world through stereotypes and racial discrimination.

Everywhere civil society is organising, young people are mobilising, individuals are rising up to say "stop", with their heads and their hearts. MDM's place is with them, demanding greater social justice, and with the institutions, relentlessly lobbying for access to health care for all without hindrance or discrimination.

A WORD FROM OUR PRESIDENT

GROWING NEEDS AND OPERATIONS TO MEET THESE CHALLENGES

Abroad

As well as long-standing conflicts, there are new conflicts and acute crises - climate disasters, state corruption and armed conflicts - that are leading to the collapse of health systems and infrastructure and to the massive displacement of civilian populations, who are always victims and often targets.

Driven by the principles of the Ottawa Charter and a community-based approach to health that enables the empowerment of populations through the principle of aid localisation and support to local community actors and existing health structures and systems, MdM is consolidating its actions and strengthening its presence in the Democratic Republic of Congo, Colombia, Yemen, the Caucasus, Nepal, Palestine and many other countries.

The coup in Myanmar, the collapse of Lebanon, the typhoon in the Philippines, the return of the Taliban in Afghanistan, the conflict in Ethiopia, the famine in Madagascar, we have also strengthened our actions in the countries where we are present and organised to intervene wherever urgent needs arise.

Our sector is under considerable pressure due to: humanitarian aid funding which is insufficient to meet the needs we have identified, the administrative and accountability constraints imposed by donors, security risks for our teams targeted for being humanitarian stakeholders and anti-terrorism measures attempting to impose the screening of our beneficiaries.

To continue strengthening our actions and responding to the growing needs of populations - which is our *raison d'être* and our primary responsibility - it is more essential than ever to increase our agility and financial independence, to stand firm on our ethical principles and to keep control of our choices in terms of where we operate and what we do.

The pressure is intense, the humanitarian space is shrinking, but now more than ever, we must fight to ensure access to aid and protection for health workers.

In metropolitan France and the overseas territories

In France too, the situation is deteriorating. Health as an essential common good, supported by quality public health care and an inclusive social security system, is under threat. The health crisis has revealed and exacerbated the fragility of our public health system, the poor state of our public hospitals, the depletion of mental health resources, the exhaustion of carers and the huge shortfall in our social security system.

The maturity of a democracy is measured by the way it takes care of its most fragile members. In France, 9 million people live below the poverty line, without no evident intentions on the part of politicians to address this situation. 10% of the population is dependent on food aid and associations have reported a larger and more diverse public joining the queues: students, isolated elderly people, single-parent families, etc.

MdM, as a member of the *Alerte* collective, has been documenting the alarming situation in the Provence-Alpes-Côte d'Azur region, where many people report a state of anxiety or depression, food insecurity, and unsanitary and unfit housing. In Mayotte and Guiana, the findings are also catastrophic. There, as in Bordeaux, Rouen, Lyon and so many other towns in France, MdM teams take in and reach out to people who are excluded and stigmatised. We provide care, support people to gain access to health coverage and guide them towards mainstream healthcare services.

In Paris, in Calais, at the French-Italian border and in all of France's towns and cities, our volunteers and employees are witnesses to the undignified living conditions of exiles, victims of the non-welcome policy and the 'security first' approach. The omnipresence of the Minister of the Interior and the political instrumentalisation of migrants are intolerable, with repeated evictions from camps, the destruction of people's property and major barriers to healthcare. The parliamentary commission of inquiry on migration that met in 2021 clearly documented this state of affairs. We were heard by the commission, we mobilised with the other associations involved and our contributions feature extensively in the report.

Decrees forbidding food distribution, almost daily expulsions from camps in Calais, heightened police presence at the Franco-Italian border and illegal refoulements, as well as non-compliance with international conventions, are on the rise. MdM is stepping up its legal action but has not yet managed to influence this harsh anti-migration policy.

The exclusion of unaccompanied minors from child welfare services is also alarming, with children left to sleep rough, their age questioned, their biometrics collected and their access to healthcare barred.

BEARING WITNESS AND LOBBYING

Our causes are many, it is impossible to list them all. But in 2021, some particularly strong advocacy initiatives emerged:

- We denounced unequal access to the COVID vaccine around the world, calling for the removal of intellectual property barriers and supporting the request made by developing countries to the WTO to be authorised to produce vaccines.
- We campaigned for crack use in Paris to at last be treated as a major public health issue by the authorities.
- We called for the French presidency of the European Union to be the presidency of sexual and reproductive health rights through a letter signed by 75 feminist organisations from 30 countries.
- We denounced the hasty introduction of repressive and inequitable policies in Mayotte and the obstacles to the right of asylum, we supported the 'Briançon 7' who were accused of the crime of aiding entry and we demanded that the principles of fraternity and solidarity be respected.
- We denounced the expulsion of thousands of Haitians at the northern border of Mexico.

2021 also saw the launch of the Colombes operation in all the chapters in France to celebrate the 35th anniversary of the French missions in collaboration with street artists, as well as the signing of a social impact contract allowing an alternative to imprisonment - AISLI - in Marseille. We also launched a partnership with Morgane Poupon, a yachtswoman, with her magnificent spinnaker in the colours of Médecins du Monde/Doctors of the World.

THE INTERNATIONAL NETWORK

With the incorporation of MdM Italy, our international network now has 17 chapters with whom the brand agreement was renewed in 2021.

It is thanks to this international network that we were able to take immediate action in Ukraine at the beginning of 2022, as MdM-Spain and MdM-Germany were present in the Donbass when the conflict began. This presence helped us to coordinate the interventions of several of the network's chapters.

In this war on Europe's doorstep, we are seeing the same chilling scenarios as in Syria: the targeting of health infrastructures, massive displacement of civilian populations and a strategy of terror. Yet this conflict has prompted a rapid reaction from the European Union, allowed the free movement and settlement of people fleeing the war and sparked strong solidarity among citizens towards the Ukrainians. This double standard is shocking, but it also demonstrates that dignified welcome, solidarity and fraternity are possible. We must now work to ensure that these values are valid for everyone, regardless of nationality.

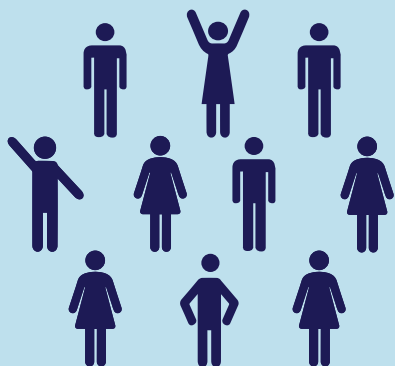
The world is sick, and we shall continue to care for it and contribute what we can to changing it, thanks to the commitment and activism of everyone at MdM.

BUDGET

MDM FRANCE
ACTUAL BUDGET

€107.1 million

HUMAN RESOURCES



3,415

**MDM PEOPLE
WORLDWIDE**

1,553 PEOPLE ON OUR INTERNATIONAL PROGRAMMES

1,377 national staff on field operations
1 international volunteer
110 international staff on field operations
65 headquarters staff, including 5 rapid responders

1,683 PEOPLE ON OUR PROGRAMMES IN FRANCE

1,530 active volunteers (including volunteer Board delegates)
133 staff in the field and at regional offices
20 headquarters staff

394 PEOPLE IN SUPPORT ROLES

215 volunteer board delegates
179 headquarters staff

KEY FIGURES

59
PROGRAMMES
IN
29
LOCATIONS

PROGRAMMES IN FRANCE

45
OUTREACH
PROGRAMMES

- 17 health and environment programmes
- 5 migration, rights and health programmes
- 6 harm reduction programmes
- 2 programmes in prisons
- 3 programmes for unaccompanied minors
- 3 access to care programmes in rural and urban environments
- 2 Pass de ville programmes, incl. 1 overseas
- 1 sexual and reproductive health and rights programme
- 3 specific COVID programmes, incl. 1 overseas

**14 CASO
AND CAO A**

**1 CROSS-CUTTING PREVENTION AND HARM
REDUCTION/SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS PROGRAMME**

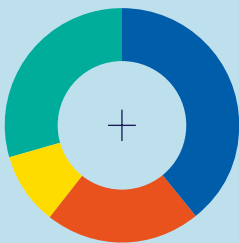
**5 PROGRAMMES IN FRENCH
OVERSEAS DEPARTMENTS**

(Incl. 1 specific emergency COVID programme and 1 Pass de ville programme)

INTERNATIONAL PROGRAMMES

2,500,000 PEOPLE SUPPORTED BY
OUR PROGRAMMES

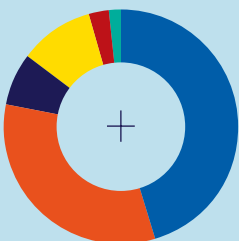
GEOGRAPHICAL BREAKDOWN OF PROGRAMMES



- **20 programmes in 8 countries** in Sub-Saharan Africa
- **11 programmes in 7 countries** in North Africa and the Middle East
- **5 programmes in 5 countries** in Latin America and the Caribbean
- **15 programmes in 10 countries** in Eurasia

51
PROGRAMMES
IN
30
COUNTRIES

GEOGRAPHICAL BREAKDOWN OF OPERATIONAL EXPENDITURE



80 % International incl.:

- **45,4%** in Sub-Saharan Africa
- **32,8%** in North Africa and the Middle East
- **7,2%** in Latin America and the Caribbean
- **10,4%** in Asia
- **2,6%** in Europe
- **1,6%** Diverse projects (Opération Sourire, crosscutting projects and exploratory missions)

20% France

MAIN AREAS OF FOCUS

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Médecins du Monde works in many countries, including France, to strengthen access to sexual and reproductive health rights and services for all, with a special focus on women and girls. Alongside our local and international partners, we are strongly engaged in defending the right to contraception and to safe and legal abortion, addressing SRH needs in humanitarian crises and preventing cervical cancer.

HARM REDUCTION

Médecins du Monde works with people who use drugs, sex workers, and sexual and gender minorities, adopting a harm reduction approach regarding their access to health and the recognition of their rights. This implies adopting a pragmatic approach, identifying needs and building solutions with the people concerned. In addition to our work in the field, we advocate for access to rights and the removal of legal, normative and social barriers that marginalise people and distance them from health services.

MIGRATION, EXILE, RIGHTS AND HEALTH

Conditions of welcome for migrants and exiles remain extremely poor in many destination and transit countries. The closure and control of borders and the criminalisation of people - with the resulting practices of detention, deportation and return to the countries of origin or transit - lead to health problems, difficulties in accessing healthcare and human rights violations. Thus Médecins du Monde has made access to healthcare and rights for migrants and exiles a priority in our field work and in our advocacy initiatives.

EMERGENCIES AND CRISES

A humanitarian crisis occurs when an event affects vulnerable communities who are unable to cope by themselves and when the response capabilities of local stakeholders and of the authorities are overwhelmed. Armed conflict, epidemics, famine or natural disasters can cause a humanitarian crisis or trigger a sudden interruption to access to care. Médecins du Monde works to restore people's access to healthcare and advocates for the protection and safeguarding of the humanitarian space and of humanitarian action.

HEALTH AND THE ENVIRONMENT

Médecins du Monde works with communities to reduce peoples' exposure to high-risk environments, whether at home or in the informal economy. The overarching objective of our strategy is to combat environmental health inequalities in order to improve the physical and mental health and well-being of the communities which are most at risk.

CROSS-CUTTING APPROACHES

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health, in the sense of an individual's ability to lead a fulfilling life, is an integral part of a person's health. Médecins du Monde focuses on the determinants that influence mental health as well as targeting situations of psychological vulnerability. We work to strengthen individual and collective empowerment by involving the local people in the implementation of appropriate public health responses.

PRIORITIES

VULNERABLE CHILDREN

Médecins du Monde's activities include meeting the specific needs of minors. After many years as an accredited adoption agency, we continue to be involved in Opération Sourire, to support minors in exile or living in sub-standard housing, to prevent and manage unwanted teenage pregnancies and to support children who are victims of violence in crisis settings.

GENDER

Médecins du Monde promotes gender awareness and strives to make it mainstream in order to combat inequalities and discrimination that have an impact on people's health. Our gender policy ensures that professional practices and operational activities are developed in accordance with the principle of gender equality. For example, we carry out rapid gender analyses in our humanitarian responses and promote co-responsibility for health in the prevention of unwanted teenage pregnancies.

EMPOWERMENT

At Médecins du Monde we draw on the knowledge, expertise and experience of the individuals and communities directly affected by our projects to adapt our methods of intervention and to ensure their concerns are the focus of our work. Thus, in order to foster the empowerment and participation of the people and communities with whom we work, we support peer work and group initiatives, we prioritise local partnerships and we support community advocacy initiatives.



ADVOCACY

AGAINST THE SCREENING OF OUR BENEFICIARIES

In its fight against terrorism, France performs a number of international obligations, especially European ones, to prevent the financing of terrorism. At the end of 2021, a restrictive interpretation of existing EU directives led the French government to adopt guidelines that require public sector donors to ensure that no funds are made available to anyone designated as a terrorist on the lists of international sanctions.

Médecins du Monde has adopted a clear and firm position on the impact of such measures on its operations: we are opposed to any screening of the end beneficiaries of our actions. By end beneficiaries, we mean the users of our programmes and services and those of our operational partners, including awareness-raising and training activities. Our field work continues to be guided exclusively, and without discrimination, by people's health needs.

For two years, French NGOs, notably through Coordination Sud, have been actively resisting the requirement to screen the end beneficiaries of programmes funded by French public sector donors. In 2021, Médecins du Monde placed a strong focus on ensuring that this crucial red line is not crossed. With our NGO allies, we lobbied the government and the President of the Republic and filed an emergency appeal with the French Conseil d'Etat. We demanded the immediate suspension of the application of these guidelines and submitted a plea for their complete annulment. The emergency appeal was rejected and the decision on an annulment is expected by the end of 2022. Through our advocacy initiatives we will continue to denounce the text adopted by France and attempt to prevent an extension of these positions to other donors of public aid on the European level.

EVENTS

OPERATION COLOMBES

Médecins du Monde opened its first free health centre in Paris in 1986. Initially, it was only intended to operate for six months. Yet, in 2021, our French mission marked its 35th anniversary! 35 years of action, 35 years of fighting against exclusion, precarity and discrimination and for access to healthcare for everyone in our country. 35 years is an anniversary worth marking. So, from 11 to 25 October, we organised #OperationColombes [Operation Doves], intended to raise public awareness of our work in France in a fun and interactive way.

The idea was for street artists to design a special dove for 12 French cities – Paris, Nantes, Lyon, Rouen, Toulouse, Cayenne, Bordeaux, Montpellier, Grenoble, Angoulême, Angers and Calais. In Paris, for example, on 15 and 16 October, the artist C215 contributed by painting a fresco on the wall of 87 rue Brillat Savarin in the 13th arrondissement. As part of Operation Colombes the public was invited to take part in a treasure hunt and look for dove posters in their city. The posters had a QR code that they could scan to discover the actions of the different French regional offices online.

Anyone finding all 12 of these 'special' doves was eligible to enter a draw to win a limited edition of one of these designs. The 120 winners of our treasure hunt received a silkscreen print signed by one of the 12 street artists and featuring Médecins du Monde's emblematic dove representing our organisation's values.

ADVOCACY AND CAMPAIGNS



ADVOCACY

GENERATION EQUALITY FORUM

In September 1995, the United Nations conference in Beijing marked an important milestone in the recognition of women's rights worldwide. An "anniversary" summit called the Generation Equality Forum, initially planned for 2020 and postponed to June 2021, was organised in Paris under the auspices of France, Mexico and UN Women with the aim of putting the fight against gender inequality and for women's rights back on the international political agenda. Women's rights are constantly under threat, progress remains tenuous and the COVID-19 pandemic has only heightened existing inequalities.

Médecins du Monde, strongly engaged in the defence of sexual and reproductive health and rights (SRHR) worldwide, mobilised ahead of and during this high-level advocacy event to urge States – notably France – to make a political and financial commitment to gender equality. We were particularly active in the Générations Féministes collective and in several projects in Africa. We also launched a public communication campaign #pasdesantésansféminisme [#no health without feminism] and organised, during the official summit, a round table session on women's freedom to make decisions about their own bodies.

While the summit received little public and media attention and the pledges did not live up to expectations, we applaud the forming of six multi-stakeholder coalitions committed to pursuing different gender equality issues over the next five years. These coalitions represent an opportunity to influence governments and donors and to promote the fight for women's rights and health. Médecins du Monde coordinated an international petition calling on France to lead the SRHR coalition, to which it agreed. This tangible step forward is an effective outcome of our advocacy. Médecins du Monde has also joined this coalition and we will be closely monitoring the implementation of the priorities which include defending the right to abortion and to contraception as well as promoting more comprehensive sexual education.

CAMPAIGNING

UN MONDE MALADE

Marked by disasters, crises and conflicts, but also, of course, by the pandemic, Médecins du Monde drew a clear conclusion at the end of 2021: barriers to health extend far beyond the simple lack of access to care.

With our "Un monde malade" (A Sick World) campaign created with the Marcel agency, we reaffirmed the values which underpin our NGO, as well as our unwavering commitment to health in its most global sense. Because health is not just about the well-being of the body and mind. For Médecins du Monde, health is also a social, political and institutional issue. A common cause to which the whole of society, individually and collectively, can contribute. The campaign's message was relayed through a series of archive images that graphically illustrated the different scourges affecting today's societies. Shocking images which, without words, illustrate a series of physical diseases that can be interpreted in two ways.

These diseases, which Médecins du Monde fights every day, are also the ills of society that undermine health for all: poor housing, discrimination, exclusion, violence, etc. And to help cure them, we have a wide range of committed people in our organisation: psychologists, lawyers, researchers, advocacy officers, activists, teachers, social workers, mediators, donors, users, experts, etc. These are the women and men who make up the rich and diverse fabric of Médecins du Monde.

INSOMNIE



L'insomnie est un trouble social. Elle touche les personnes en situation de mal logement, les familles que l'on expulse à répétition sans solutions alternatives, dont le sommeil est empreint de doutes, d'angoisses et dont la vie est faite d'errance.

**LE MONDE
EST MALADE,
A NOUS
DE LE SOIGNER.**

Faites un don sur medecinsdumonde.org

In 2021, Médecins du Monde maintained its response to the COVID-19 pandemic in its international programmes, as variants of the virus bringing new deadly waves of the disease continued to have a major impact on health systems. Although many countries maintained border closures, we did not interrupt any of our programmes. On the contrary, we were able to strengthen some of them, mainly in Africa.

The global pandemic has had a severe impact on already complex humanitarian crises due to an upsurge in armed conflicts, repeated natural disasters, ever-changing migration flows and increasingly limited space for the protection of populations and for international humanitarian law. Against this backdrop, gender-based violence, trauma and the risks of outbreaks of epidemics are on the rise whilst the incidence rate of communicable diseases is increasing, as is the deterioration of health infrastructures and the number of targeted attacks on healthcare workers. We therefore continued to support and strengthen our action and advocacy priorities in 2021, which were: to increase support for public health systems and for comprehensive, equitable, accessible and quality healthcare services, to promote the inclusion of a minimum sexual and reproductive health package, to integrate mental health into the primary healthcare package and to include gender in health policies.

Continuing the trajectory of our international operations begun in 2019, we strengthened our regional approaches to addressing the Rohingya crisis, the issue of migration routes in Mesoamerica and urban health in South-East Asia. We continued to develop our programmes in the countries where we are already present - notably Colombia, Bangladesh, the Democratic Republic of Congo, the Caucasus, Yemen and Nigeria.

We also responded to a number of emergencies, including the food crisis in the south of Madagascar - which is experiencing its worst drought in 40 years and where we opened two mobile clinics to treat acute malnutrition - and a climate emergency following Typhoon Rai in the Philippines. In Afghanistan, where two-thirds of the population depend on humanitarian health assistance, we started to reopen a holistic health care programme.

In many countries the humanitarian space is shrinking. We are continuing our projects in these countries, relying on highly-committed national organisations and strengthening the capacities of communities to defend their right to health. Our projects focused on: harm reduction in Myanmar (after the coup), on primary health care in Bangladesh and on psychosocial care for people affected by the conflict in Syria. In Ethiopia we want to continue our programmes in the Afar, Oromia and Tigray regions, which have been severely weakened by the internal conflict. These regions are deprived of basic health services and 70% of the population suffers from food insecurity.

In Colombia we are proud of a report that was presented to the Truth Commission on the impact of the conflict on the population's health. This report - the result of a long process of research and testimony-gathering - is our contribution to the search for truth, which we see as fundamental to the process on moving on in Colombia. We also placed a strong focus on international humanitarian advocacy in 2021, essentially through our membership of Coordination Sud¹.

1. National coordination of 180 French international solidarity organisations

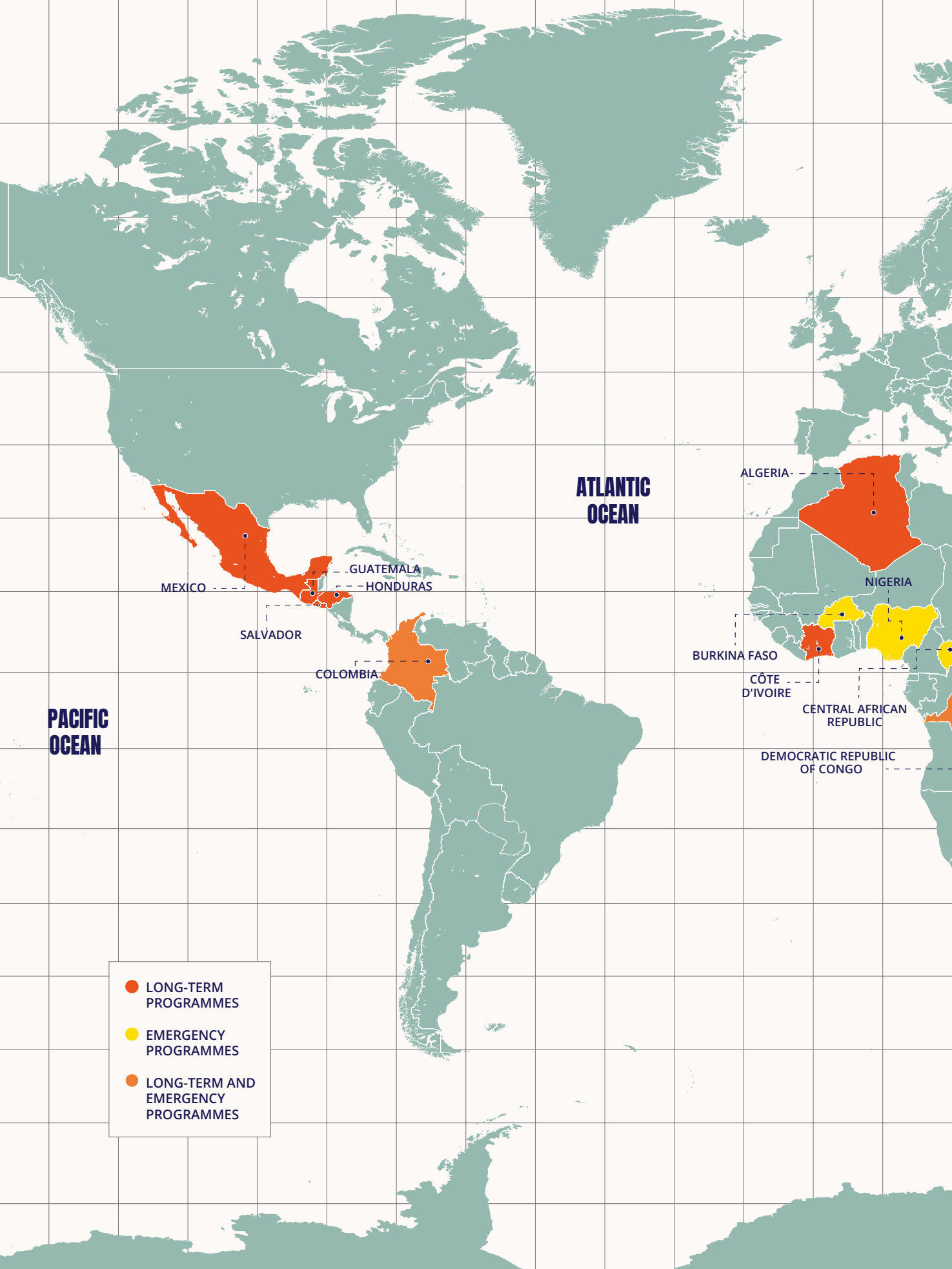
INTERNATIONAL OPERATIONS

In response to the new French "programming law regarding solidarity-based development and the fight against global inequalities", aimed at integrating the orientations of France's development and international solidarity policy, we advocated for the principle of non-discrimination in access to aid. But also for stronger commitments to fighting poverty and global inequalities, for a stronger role for civil society in the

distribution of aid as well as for the protection of the humanitarian space and of healthcare staff.

Finally, while public authorities are considering adopting European guidelines on the fight against money laundering and the financing of terrorism, we continued to oppose the requirement to screen the beneficiaries of our projects.

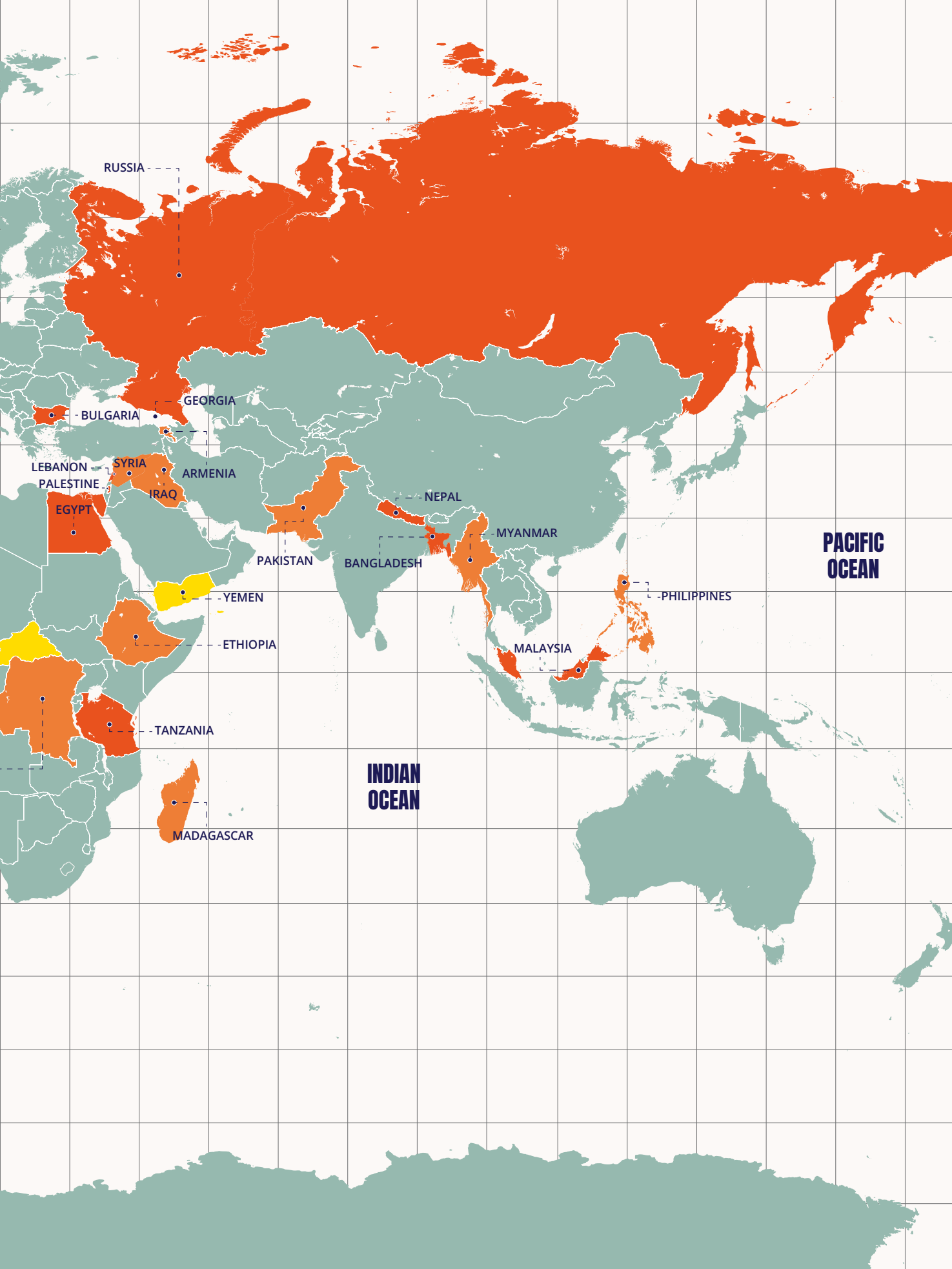




ATLANTIC OCEAN

PACIFIC OCEAN

- LONG-TERM PROGRAMMES
- EMERGENCY PROGRAMMES
- LONG-TERM AND EMERGENCY PROGRAMMES



RUSSIA

BULGARIA

GEORGIA

LEBANON

SYRIA

ARMENIA

PALESTINE

IRAQ

EGYPT

YEMEN

ETHIOPIA

TANZANIA

MADAGASCAR

PAKISTAN

BANGLADESH

NEPAL

MYANMAR

MALAYSIA

PHILIPPINES

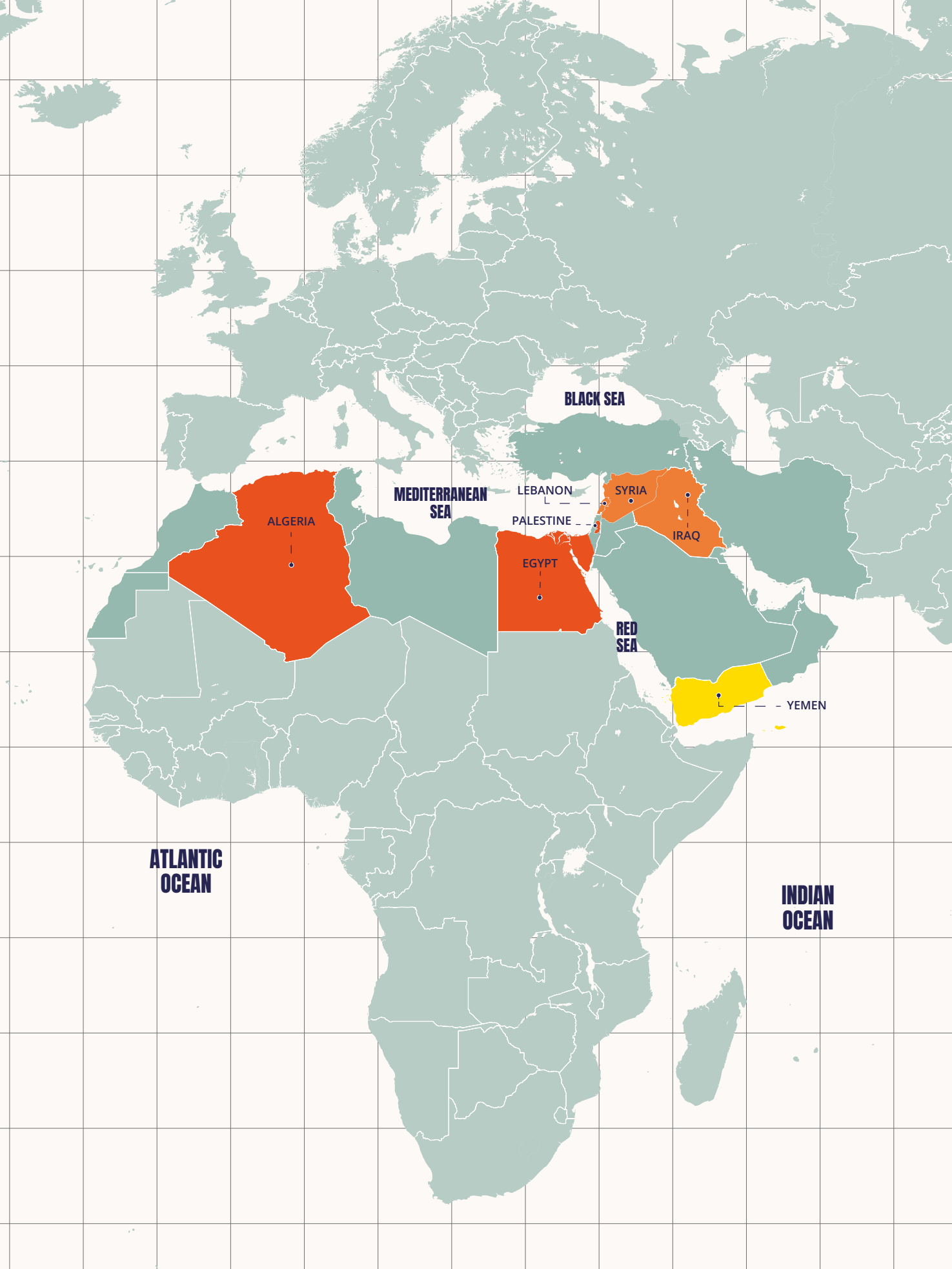
PACIFIC OCEAN

INDIAN OCEAN

NORTH AFRICA AND THE MIDDLE EAST

**ALGERIA
EGYPT
IRAQ
LEBANON
PALESTINE
SYRIA
YEMEN**

For more information on the different programmes in North Africa and the Middle East,
see medecinsdumonde.org



BLACK SEA

**MEDITERRANEAN
SEA**

LEBANON

SYRIA

PALESTINE

IRAQ

EGYPT

**RED
SEA**

YEMEN

**ATLANTIC
OCEAN**

**INDIAN
OCEAN**

ALGERIA

EGYPT

PROJECT RETROSPECTIVE

Since 2004, Médecins du Monde has run a number of programmes in Egypt. We began by supporting an Egyptian organisation caring for young girls living on the streets of Cairo, and then, in 2008, launched a programme of access to care and to rights for street children, both boys and girls. In 2013 our first mental health programme was opened for the most vulnerable, including victims of domestic violence and of political violence, incarcerated persons and persons suffering from AIDS or hepatitis C. This choice was based on our observation that, among the Egyptian population, psychological suffering remained taboo and mental health services were essentially preventive and concentrated in hospitals.

Over the years Médecins du Monde has raised awareness and trained staff on mental health and psychosocial support issues in 12 health centres and lobbied the health authorities to integrate mental health care into existing services. These actions were complemented by community-based awareness-raising and prevention work in several neighbourhoods, in close collaboration with four local associations and community organisations for migrants and refugees.

More than 6 million migrants live in Egypt, and despite government efforts to promote their integration, barriers to accessing services such as health, education, housing or employment remain, as do social and cultural prejudices. Médecins du Monde's latest project, launched in 2019 and carried out jointly with Handicap International, is aimed at improving access to mental health and psychosocial support services and the early detection of disabilities among the most vulnerable migrant populations as well as among Egyptians in the Greater Cairo area. This project will be completed in July 2022.

IRAQ

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In Iraq around 1.3 million people are still internally displaced – down from 6.1 million at the height of the conflict with Islamic State – and 70% of them have been displaced for more than five years now. In January 2021 an estimated 45,000 people were forced to leave 14 camps closed by the government, adding to the one million displaced people who were already not living in camps. And while 4.7 million people returned to their home regions, the humanitarian needs of these communities increased significantly in 2021. In total, some 2.5 million people were still in an emergency situation, compared to 1.8 million in 2020.

The reasons for this high level of vulnerability are many: trauma caused by Islamic State's atrocities, community tensions, concerns about war debris, damaged or destroyed housing, as well as the lack of available services such as health and education and means of subsistence. This is particularly true for the Yazidi population in the governorate of Nineveh.

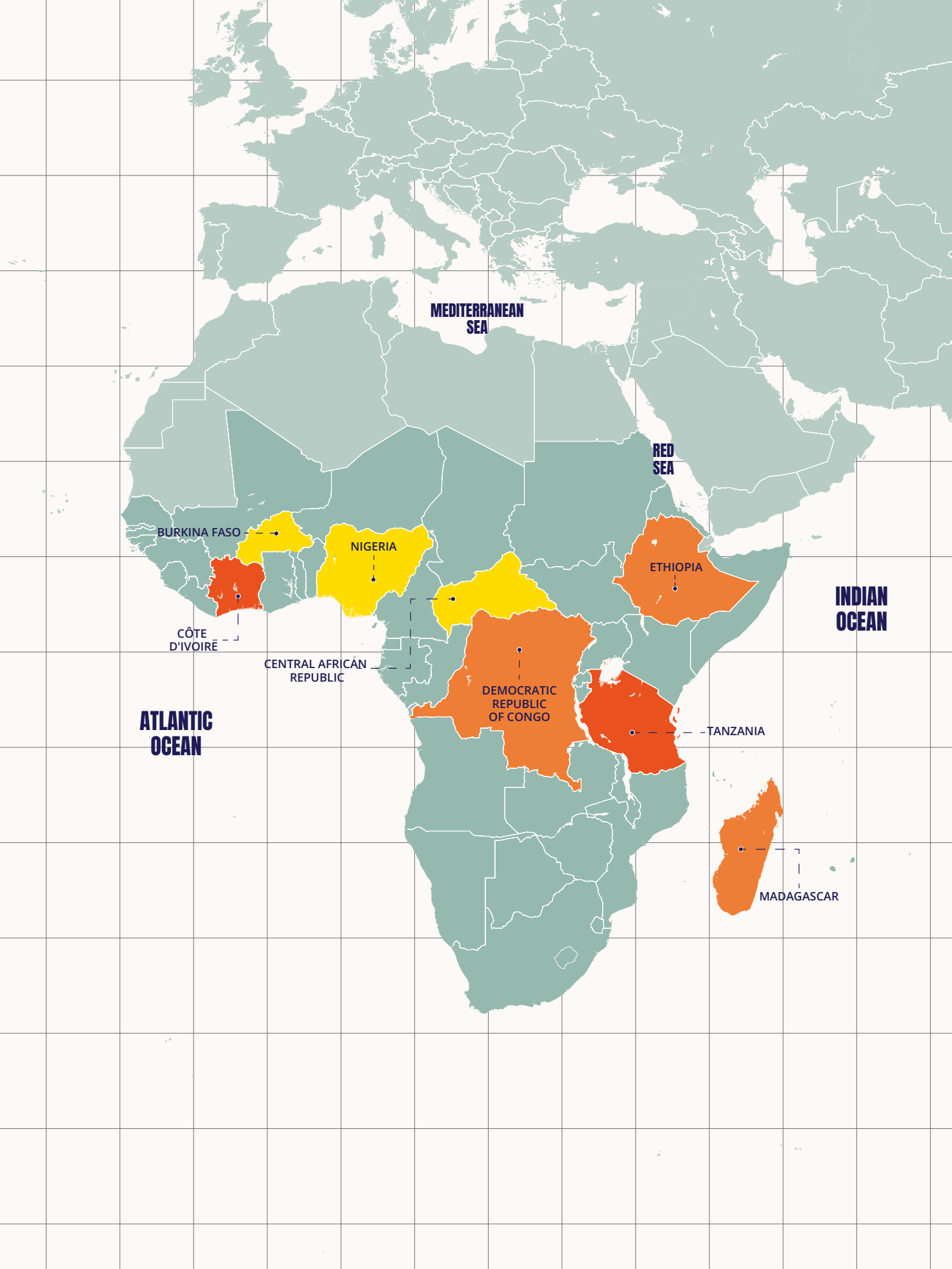
In Iraq Médecins du Monde works closely with the Health Directorate in the governorates of Dohuk, Kirkuk and Nineveh. Our teams provide medical services, material support and training in 14 health centres. A major focus of the programme is mental health and psychosocial support. Individual and group sessions are organised and the more serious cases are referred to specialised services. In 2021 our teams began to implement direct services to combat gender-based violence, exacerbated by the pandemic and the restrictions that accompanied it. The teams also supported the integration of mental health services and specific services for victims of violence into primary health care centres.



SUB-SAHARAN AFRICA

**BURKINA FASO
CENTRAL AFRICAN REPUBLIC
CÔTE D'IVOIRE
DEMOCRATIC REPUBLIC OF CONGO
ETHIOPIA
MADAGASCAR
NIGERIA
TANZANIA**

For more information on the different programmes in Sub-Saharan Africa,
see medecinsdumonde.org



MEDITERRANEAN
SEA

RED
SEA

INDIAN
OCEAN

ATLANTIC
OCEAN

BURKINA FASO

CÔTE
D'IVOIRE

NIGERIA

CENTRAL AFRICAN
REPUBLIC

DEMOCRATIC
REPUBLIC
OF CONGO

ETHIOPIA

TANZANIA

MADAGASCAR

MADAGASCAR

NUTRITIONAL AND HEALTH CRISIS

Madagascar is a country with a fragile health system that experiences recurrent crises (epidemics, floods, droughts, cyclones). Life expectancy at birth is only 65 years for men and 68 years for women. In the south of the country, health indicators are alarming: in the Androy region the mortality rate for children under five is 74 per 1,000 and only 1% of the population has access to basic sanitation. In 2020 and 2021 southern Madagascar faced the worst drought in 40 years, plunging the country into a major food crisis. In the first quarter of 2021 the global acute malnutrition rate reached 27% of the population in Ambovombe district, in the extreme south of Androy. This was compounded by the lack of health infrastructure which deprives the population of access to a minimum level of care for illnesses such as diarrhoea, respiratory infections, fever and malaria.

In 2021 Médecins du Monde deployed two mobile clinics in the districts of Ambovombe and Amboasary, the hardest hit by the drought. 1,737 children aged between 6 and 59 months were screened for malnutrition and 316 severely malnourished children were treated by the mobile clinics. 3,997 consultations were carried out and 15 people were urgently referred to the regional hospital. 6,522 people in the communities were sensitised to issues of gender-based violence, human rights, positive masculinity and family planning.

In response to the need for long-term integrated nutrition and health actions, Médecins du Monde plans to extend the mobile clinics into 2022 before embarking on a longer-term programme to strengthen the health system so that it can absorb possible future shocks.

DEMOCRATIC REPUBLIC OF CONGO

SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

In Kinshasa, Médecins du Monde has been running sexual and reproductive health programmes for young people for more than 10 years. In the capital of the Democratic Republic of Congo only 20.9% of women use modern contraceptive methods and 3 out of 5 pregnancies are unwanted. The vast majority of these end in clandestine, non-medical abortions that are dangerous for the women concerned. In 2021 Médecins du Monde therefore continued working in three strategic areas: advocacy for sexual and reproductive health rights (with the main aim of promoting access to safe and legal abortion), support for sexual and reproductive health care in health centres and interventions on the community level and in schools.

This innovative approach enables the provision of sexual and reproductive health services tailored to young people and adolescents. As a result, 76,000 young people benefited from awareness and information sessions in 2021. The programme also provided 5,000 sexual and reproductive health consultations and 250 pre- and post-abortion consultations.

This work is carried out with the Congolese human rights NGO Afia Mama, which is very active in the Coalition Against Unwanted Pregnancies. Médecins du Monde and our local partner aim to ensure the effective application of the Maputo Protocol, ratified by the DRC. This international agreement guarantees women's rights, including the right to participate in the political process, social and political equality with men, improved autonomy in their health decisions and an end to female genital mutilation. It is the first pan-African treaty to expressly recognise abortion as a human right in specific circumstances: sexual assault, rape, incest, foetal abnormalities endangering the life of the foetus and whenever continued pregnancy will endanger the woman's mental and physical health or her life.



ETHIOPIA

EMERGENCIES AND CRISES

In November 2020 Ethiopian federal forces invaded the Tigray region and took control of Mekele, its capital, following an attack on a military base by forces of the Tigray People's Liberation Front (TPLF). Since then, ongoing fighting in the north of the country has had a profound effect on the population. Ethiopia is also particularly vulnerable to food insecurity. More than 20 million people in the Amhara, Afar, Oromia and Somali regions needed direct food aid in 2021. This was due to the conflict but also to chronic drought in the Horn of Africa, limited pasture renewal, forced displacement and epidemics. The Afar and Somali regions, which have long been the most affected by crises and natural disasters, show alarming health indicators. The under-five mortality rate, for example, is much higher than the national average.

In 2021 Médecins du Monde launched an emergency project to improve or restore access to quality health care in the Afar and Oromia regions. The aim of this project is to strengthen the provision of primary health care and sexual and reproductive health care, to implement actions to prevent epidemics (including COVID-19) and to detect and refer cases of malnutrition. Funded by the European Union this project is run in partnership with Médecins du Monde Germany and Coopi, an international NGO. As part of this emergency project, five health centres were supported and mobile clinics were deployed to assist the most isolated populations.

Thus, during the year 680 births were attended by skilled health personnel, 2,765 children under five were treated for malaria, diarrhoea and acute respiratory infections, 9,072 consultations were carried out and 710 women of childbearing age benefitted from family planning services.

CÔTE D'IVOIRE

FIGHTING CERVICAL CANCER

In Côte d'Ivoire cervical cancer is the second most common cancer in women aged 25-55 and the second leading cause of cancer deaths in women. In 2020 2,067 new cases were recorded and 1,417 women died from the disease. An exploratory mission carried out by Médecins du Monde in Abidjan in 2017 identified several shortcomings: a lack of training for health staff, insufficient or inappropriate awareness raising and poor access to screening and treatment.

Since 2020 Médecins du Monde has been developing a project in Abidjan for the prevention, screening and treatment of precancerous cervical lesions. The project has been co-constructed with all the project stakeholders – the community, civil society and institutions, especially the National Cancer Control Programme. All of them take part in choosing intervention areas, developing strategies, training, etc.

Four innovative approaches are being tested with this programme:

- The implementation of a screening strategy in the community, i.e. through health campaigns in the home rather than in health centres
- The possibility of self-testing, if women prefer, as an alternative to testing by a health worker, so that they can be actors of their own health
- The development of an innovative screening algorithm recommended by the WHO with HPV (Human Papilloma Virus) detection with PCR in the first instance, followed by a search for precancerous lesions with VIA (visual inspection with acetic acid) for patients who are positive in the first test
- The treatment of lesions using the thermocoagulation method as an alternative to cryotherapy, which is more expensive and difficult to use

In 2021 1,126 women were screened with PCR testing and 158 women with VIA testing.



LATIN AMERICA AND THE CARIBBEAN

**COLOMBIA
GUATEMALA
HONDURAS
MEXICO
SALVADOR**

For more information on the different programmes in Latin America and the Caribbean,
see medecinsdumonde.org



COLOMBIA

RAPID EMERGENCY RESPONSE

The presence of criminal organisations and non-state armed groups continues to breed violence and conflict in parts of Colombia. In 2021 some 284,300 people were affected. 65,000 of these people were confined, 85,500 faced restrictions on movement and 73,000 were forced to flee in order to escape clashes and violence, an increase of 181%. Illegal armed groups took advantage of the pandemic to expand their presence, resulting in hostilities and attacks on infrastructure and civilians as well as on medical and humanitarian missions. Weather events due to climate change further heightened the vulnerability of the communities. In the last quarter of 2021, a La Niña event caused severe flooding, hindering access to health care, including emergency care. Today, an estimated 7 million people are in need of assistance in Colombia, especially among the 2 million Venezuelan migrants.

Médecins du Monde's teams run various programmes in Colombia, including MIRE (Mechanism for Inter-sector Emergency Response), a humanitarian consortium created with two other international NGOs. MIRE provides an emergency response to spikes in violence – especially attacks by paramilitary groups, mass displacements and community confinement. A team of doctors, psychologists, social workers and specialists in nutrition, hygiene, sanitation and child protection are on hand to provide assistance. Médecins du Monde focuses on emergency primary health care, sexual and reproductive health and mental health. MIRE's goal is to involve the local institutions in order to make our work more sustainable.

2021 was also the year of the Truth Commission. Alongside the Salud Paz network, Médecins du Monde presented a report summarising the lessons learnt during more than 30 years of working in Colombia.

MEXICO

MIGRATION AND GENDER-BASED VIOLENCE

In 2021, the refugee crisis in Mexico deepened, with an increase in the flow of people in need of international protection and a record number of asylum applications in the country. 131,448 people filed new applications with the Mexican Commission for Refugee Assistance - 72.6% of them in the state of Chiapas. But migration policies and border controls, tightened since the 2019 agreements with the United States to curb irregular migration, are resulting in extreme vulnerability for people attempting to migrate. Thus, in 2021 some 18,000 Haitian and African migrants were stranded in the southern city of Tapachula. In August a migrant caravan from this same town was violently broken up by the National Guard and riot police. While deportations from the United States accelerated, flows of migrants from Central America continued as usual. Most of these migrants are in a vulnerable situation and are in great need of humanitarian assistance. Women, in particular, are particularly exposed to violence.

Médecins du Monde France and Spain have been running a regional programme since 2016 to improve access to care and protection for migrants and internally displaced people in Honduras, Guatemala, El Salvador and Mexico. In 2021 Médecins du Monde France, which works in Tapachula, focused primarily on the humanitarian needs of the caravans arriving from Central America and of the Haitian migrants stranded in the town, providing rehydration, hygiene items and medicines as well as sending medical staff into the shelters.

Médecins du Monde was also able to strengthen access to care for migrant survivors of gender-based violence through a comprehensive management programme which provided support to 250 women.

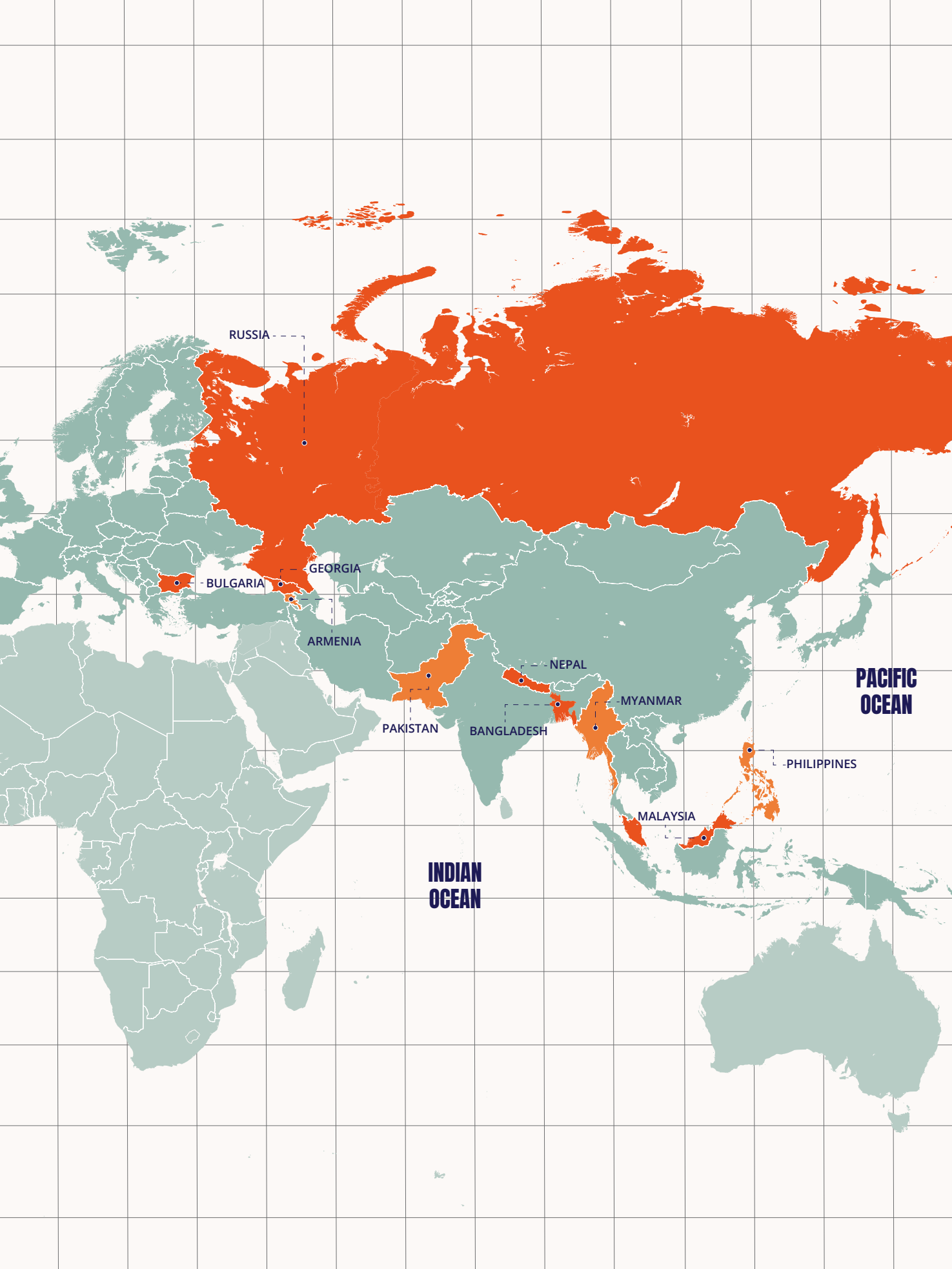
FICINA DE REPRESENTACIÓN
EN CHILAPAS



EURASIA

**ARMENIA
BANGLADESH
BULGARIA
GEORGIA
MALAYSIA
MYANMAR
NEPAL
PAKISTAN
PHILIPPINES
RUSSIA**

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RUSSIA

BULGARIA

GEORGIA

ARMENIA

PAKISTAN

BANGLADESH

NEPAL

MYANMAR

MALAYSIA

PHILIPPINES

INDIAN
OCEAN

PACIFIC
OCEAN

GEORGIA

HARM REDUCTION WITH LGBT+ PEOPLE AND PEOPLE WHO USE DRUGS

In the South Caucasus region (Georgia, Armenia and Azerbaijan), despite health system reforms, prevention of infectious diseases among key populations is still seriously lacking. While the rate of HIV infection is relatively low among the general population, people who use drugs and men who have sex with men are among the most at-risk populations. In Georgia, for example, the prevalence rate among men who have sex with men is 21.5%.

Médecins du Monde has long led an ambitious project in Georgia to treat hepatitis C among people who inject drugs. In 2021, we began a programme to support LGBT+ people and young people who use drugs in collaboration with two local partners engaged in harm reduction with key populations: Equality Movement (an organisation working to defend the rights of LGBT+ people) and Mandala (a self-support group for young people using New Psychoactive Substances (NPS)). In liaison with these partners and the Georgian authorities, we developed a care model to improve access to innovative HIV prevention services for the LGBT+ community and to implement new harm reduction services for young people using NPSs.

As part of our mission in Georgia we also continued to support civil society organisations in advocating for the inclusion of harm reduction services in national legislation.

PHILIPPINES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Since July 2020, in partnership with Community and Family Services International (CFSI), Médecins du Monde has been running a programme in the Philippines to improve the sexual and reproductive health and rights of young people aged 10 to 24 in the city of Pasay (Greater Manila region). Indeed, according to the latest demographic and health surveys, 9% of Filipino girls between the ages of 15 and 19 have begun childbearing. This rate is at its highest in the Greater Manila area which has a teenage pregnancy rate of 17.7%. In the Philippines unmarried minors must still be accompanied by a legal guardian to access contraception and abortion is illegal, with no exceptions. UNAIDS has also ranked the Philippines as the country with the fastest growing number of HIV cases in the world.

Funded by the European Union, this three-year programme is led by CFSI. It targets 2,900 young people, 2,000 parents and 250 people with influence (local leaders, teachers, etc.) in 12 'Barangays' - disadvantaged areas of Pasay. The aim is to create an environment conducive to increasing the use of sexual and reproductive health services and to ensure better access to information. Three areas of intervention have been identified: youth empowerment and the mobilisation of a network of peer educators and mediators around health promotion, strengthening the health system and improving access to adolescent-friendly sexual and reproductive health and HIV services, developing our knowledge thanks to a study of sexual and reproductive health practices in the city of Pasay and of the promotion of youth advocacy initiatives.

In 2021, in order to cope with drastic lockdowns during the COVID-19 pandemic, Médecins du Monde and CFSI developed information material and a home delivery service for protection and contraception supplies with the support of 6 peer educators and a network of 30 volunteers recruited for the project.



RUSSIA

MOBILISATION OF SEX WORKERS

Since 2015, Médecins du Monde has been running a programme to prevent HIV, sexually transmitted infections (STIs) and violence among sex workers. Initially set up in Moscow with the Shagui association this programme has since been extended to St Petersburg (with the Silver Rose organisation) and to Perm (with our partner, Zerkalo). Supporting community actions is one of the main focuses of the project, and this approach was rewarded in 2021 when Shagui officially became a key point of contact for the Moscow City Health Department and was even invited by the Ministry of Health to present the programme for sex workers set up with Médecins du Monde at a conference on cooperation between the state and NGOs in HIV prevention.

In 2021 our teams also supported the emergence of a self-help group called Yagodki, formed by five sex workers with diverse profiles seeking to be better informed and to share information with their networks. For example, Yagodki organised a webinar on sexual and reproductive health with the help of a gynaecologist, produced and distributed awareness-raising videos on STIs and even participated in the "young doctors' university" – an opportunity to present the harm reduction and non-judgemental approach to the Russian doctors of tomorrow. Médecins du Monde provides this group with financial, technical and methodological support as well as facilitating access to networking opportunities.

Médecins du Monde also initiated a partnership with the Andrey Rykov Foundation in 2021, a self-help group for people who use drugs and for people living with HIV. These two organisations are jointly developing prevention activities aimed at women who use drugs and who offer sexual services in exchange for supplies or for money.

MYANMAR

POLITICAL AND HEALTH CRISIS

On 1 February 2021 the democratically-elected members of the National League for Democracy (NLD) were removed from power by the Tatmadaw, the Myanmar army. A state of emergency was declared and power was transferred to the military regime. A civil disobedience movement rapidly emerged, organising protest activities throughout the country. Health care workers, who mobilised extensively, were harshly repressed in response. Nearly half of the acts of violence against health workers and facilities recorded worldwide in 2021 were in Myanmar.

Restrictions on movement and poor security conditions had a significant impact on humanitarian work in 2021. People who were already vulnerable – such as sex workers or people who use drugs – were forced to adapt and become even more mobile in order to protect themselves, making it difficult to maintain our activities and to keep in touch with our users.

This situation, combined with the COVID-19 pandemic, obliged our teams to adapt their harm reduction programmes. In Yangon, where we work with sex workers and men who have sex with men, peer workers offered more flexible and more mobile interventions. The prevention teams conducted outreach sessions, distributed harm reduction materials and provided referrals to HIV testing services. In the northern state of Kachin, the community-based mobile model in place enabled more than 7,500 people who use drugs to receive essential medical services, namely HIV testing, counselling and treatment, hepatitis B vaccination, and hepatitis C screening, or access to methadone substitution treatment (via an innovative approach for Myanmar called "Take-Home Doses"). With this approach, doses of methadone are delivered over periods of several days, reducing the need for our users to travel to our centres.



Since 1989, MdM has been running a unique humanitarian aid programme in about 20 around African and Asian countries. Opération Sourire [Operation Smile] carries out plastic and reconstructive surgery operations that put a smile back on the faces of vulnerable people – especially children and young adults – affected by congenital or acquired pathologies and malformations. Three other members of MdM's network implement Opération Sourire alongside MdM France: MdM Germany, MdM Japan and MdM Netherlands.

In 2021, the global health crisis caused by the COVID-19 pandemic, and the restrictions put in place in the countries in which Opération Sourire had scheduled interventions, prevented the programme from being carried out as originally planned. Nevertheless, six missions were completed in Cambodia, Madagascar, Tanzania and Sierra Leone, with 187 people receiving surgery. 58 of these people were operated on during two missions in Madagascar implemented locally by a team of Malagasy doctors and surgeons. This achievement is the result of several years of collaboration with local teams, involving training courses, specific support and training on new plastic and reconstructive surgery techniques. The goal is to make the activity sustainable and for Opération Sourire's actions to be integrated into national health systems.

By adopting a holistic approach to patients (medical treatment, pre- and post-operative follow-up, psychosocial support, referrals, etc.), the Opération Sourire teams help to restore patients' confidence by fostering their social and physical reintegration into their communities.

The capacity building of medical staff, as well as the involvement of health authorities and of local partner associations, are central to Opération Sourire's missions, not only from a sustainability perspective, but also to create national environments favourable to the surgical treatment of congenital or acquired pathologies and malformations.

PROFILE OF PATIENTS RECEIVING SURGERY IN 2021

A total of 187 patients received surgery during the six missions carried out by MdM.

BREAKDOWN OF THE CONDITIONS TREATED

Congenital pathologies (meningoceles, cleft lip and palate, malformations): 48%

Tumour pathologies (tumours, keloids, cysts, lipomas): 18%

Scarring (burns): 25%

Others: 9%

74% of the patients operated on were under 15 (138 people). All the operations performed in Madagascar in 2021 were on children with cleft lips or palates.

PROSPECTS AND CHALLENGES

14 surgical missions have been scheduled for 2022, nine of which will be carried out by MdM France.

OPÉRATION SOURIRE

COORDINATION

Volunteer members: Dr Frédéric Lauwers,
Dr Philippe Patenôtre, Dr Luke Harper,
Dr Frédérique Sauvat, Dr Arnaud Depeyre
Headquarters: Adem Bah

PROGRAMME COUNTRIES

Bangladesh, Cambodia, Madagascar,
Myanmar, Pakistan, Sierra Leone, Tanzania

BUDGET

190,000 euros

PARTNER

Fondation d'entreprise L'Oréal



Although the COVID-19 pandemic continued to challenge us in 2021 in France, we managed to resume our field activities and our political initiatives. Our teams were able to go back to our work on the ground and we were also able to pursue our causes. We continued our outreach activities, fought for access to healthcare for all, improved access to urban health care, denounced the lack of resources for the PASS (Health Access Units), tackled social determinants, defended fundamental rights, and the list goes on.

Nevertheless, the impact of the health crisis was catastrophic for the whole country, and even more so for vulnerable people. The number of people living in precarity increased, as did their suffering. They were abandoned and mistreated, and national policies only heightened their distress. The Covid crisis exposed the collapse of our health system and the breakdown of solidarity. Whether for migrants or for people living in precarity in rural areas, access to care and rights deteriorated month after month, exacerbated by social violence unworthy of our values.

From Calais to Marseille, our teams provided care, bore witness and denounced the intolerable. Police violence, xenophobic discourse, barriers to free movement and access to rights as well as the absence of shelter were obstacles to hundreds of thousands of people. The second year of the health crisis only accentuated social inequalities. It revealed that public policies no longer serve the common good, especially for the most deprived.

The 2022 elections have reinforced these social injustices by drawing attention away from public action and engagement. The race for the presidency has widened the gap between solidarity and power. The scapegoats haven't changed: exiles, seen as the scourge of the nation at a time in history when we need cohesion and sharing.

Because every day we witness the hell endured by these people in our country and because we know the horrors they experienced on their journey, our commitment to addressing the issues of migration, exile, rights and health has never been stronger. The free movement of people is not only a right, it is also a demand that we fervently support.

MdM is a driver of initiatives and innovation in France. We have, therefore, chosen to go beyond our long-standing causes, notably by committing more to environmental issues. Climate change is one of the biggest challenges of our time, and more and more of our programmes are addressing it.

We have also decided to state loud and clear that our association defends intersectional feminism. Our policy on sexual and reproductive health and rights has been strengthened and a major feminist campaign has been launched. Each regional territory has started to work on this issue and it has become an essential part not only of our projects, but also of the day-to-day life of the MdM community.

In the face of adversity, and in a sometimes-destructive context, the French section of Doctors of the World/Médecins du Monde remains a dynamic and activist-led movement. Numerous events were organised in 2021, either in our own name or as part of a coalition of common causes. Life on the streets or in squats or shanty towns, sex work, access to healthcare, unaccompanied minors, migration policy and so many other issues remained at the heart of our battles, but we continued to create, reinvent and broaden the scope of our action and activism.

PROGRAMMES IN FRANCE

2022 began with a new war that is putting a whole continent under strain and driving thousands of families into exile. It is our duty to welcome them, to help them, to support them and to respect their dignity. But we also have a duty to recall that unconditional welcome is not just empty words.

MdM defends the dignity and respect of every human being, and everyone must be allowed into France without discrimination. It is in our DNA, it is what we are fighting for and we shall not give in when facing adversity.



OBSERVATORY ON ACCESS TO RIGHTS AND HEALTHCARE

MdM France's Observatory on Access to Rights and Healthcare was established in 2000 to document the difficulties experienced by our users in accessing mainstream health services. The Observatory is a tool to help increase our knowledge of vulnerable groups who are often omitted from official public statistics.

The work of the Observatory enables MdM to develop proposals based on objective data and field experience. This information is used to lobby politicians, institutions and healthcare professionals with a view to improving access to healthcare and rights for vulnerable and excluded groups.

Our Actions

The Observatory assists all MdM's France-based programmes to collect the data they need to bear witness objectively. Every year, the Observatory publishes a report to alert and lobby all stakeholders and public authorities on the needs and difficulties encountered by vulnerable and excluded groups in accessing their rights and healthcare. The aim is to provide clear and well-documented evidence of the health problems experienced by our users, the difficulties they encounter with our health system when seeking care and the obstacles they face when attempting to exercise their rights.

The report is based on data and testimonies collected by the field teams on all our programmes, on findings concerning healthcare access systems and on existing difficulties as well as by monitoring legislative and regulatory provisions.

IN FIGURES

In 2021, MdM's 14 Healthcare, Advice and Referral Centres (CASO) or Reception, Referral and Support Centres (CAOA) saw a total of 15,355 people.

The average age of these service users was 33.1 years.

9%

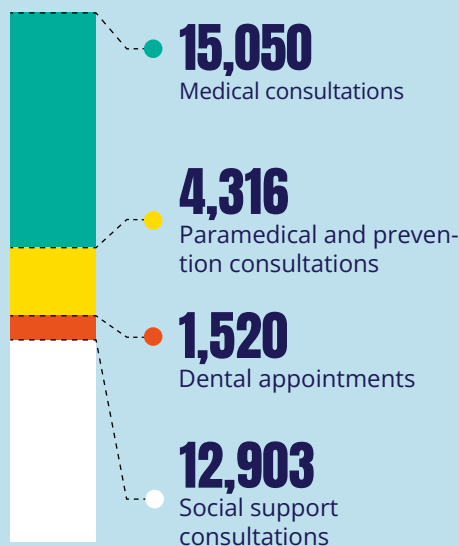
Minors

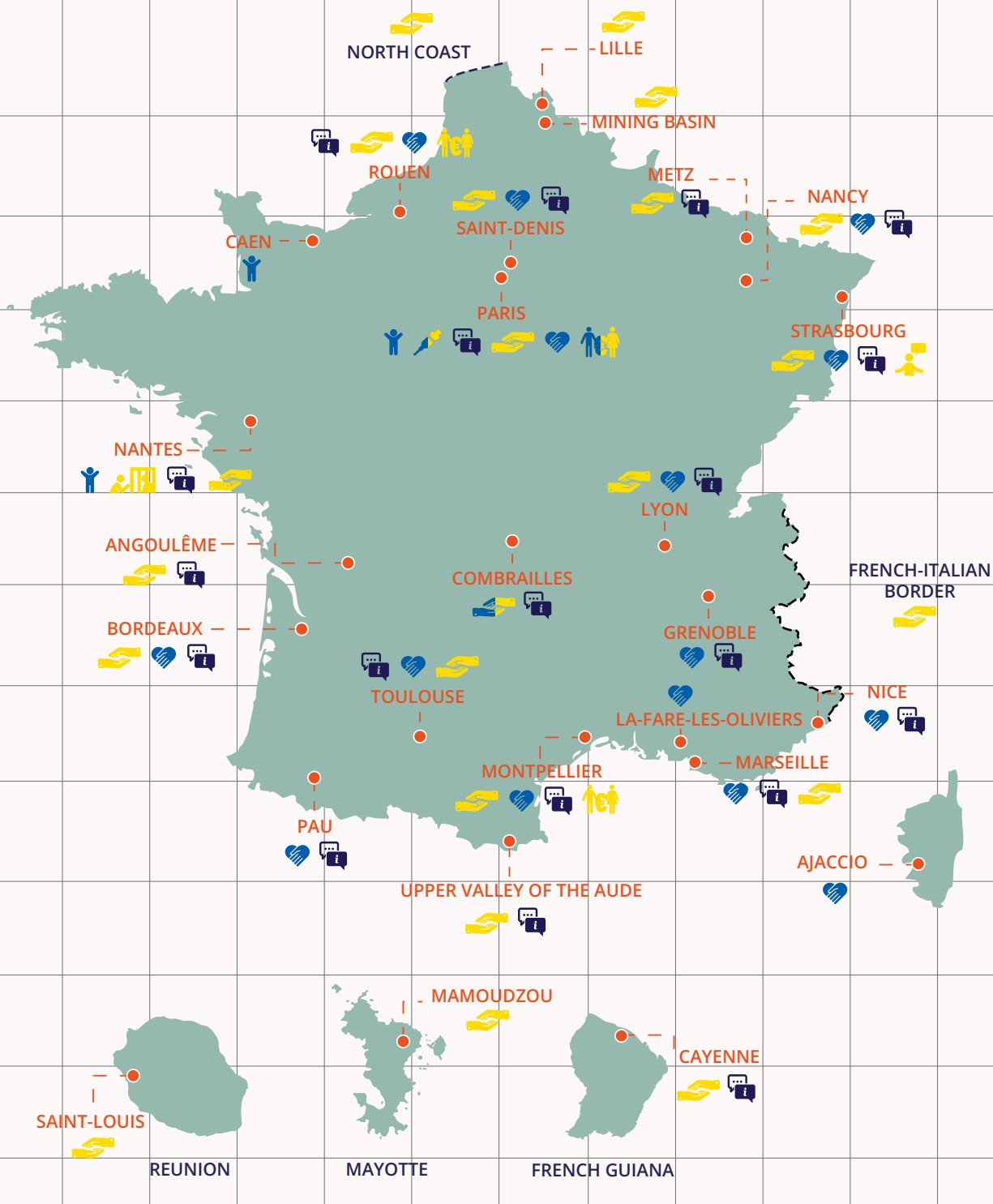
97%

Non-French origin

97%

Report living below the poverty threshold





- | | | | | | |
|---|--|---|--|---|----------------------------------|
|  | Actions with unaccompanied minors |  | Healthcare, Advice and Referral Centres (CASO) |  | Outreach actions |
|  | Actions in rural environments, on the street or in slums and with migrants |  | Actions with sex workers |  | Actions in MdM's medical centres |
|  | Actions with incarcerated people |  | Actions with people who use drugs |  | Crosscutting programmes |
|  | HIV/Hepatitis/STIs/Tuberculosis prevention |  | Advocacy directed at European institutions | | |

ACCESS TO HEALTHCARE AND RIGHTS

HEALTHCARE, ADVICE AND REFERRAL CENTRES (CASOS)

In 2021, MdM France ran 14 Healthcare, Advice and Referral Centres, known as CASOs. These centres offer medical and social support to anyone in France encountering problems with access to healthcare. The centres facilitate access to healthcare, offer prevention services and promote the rights of people who are living in precarity or exclusion.

These centres are free of charge and there are no conditions on entry. Users can see a range of healthcare professionals for consultations and medical assessments, after which they may be referred to local medical facilities or to social services. They can also be given help with administrative procedures for obtaining health coverage or can meet with a social worker. MdM offers them nursing care, medical consultations, information on the prevention of infectious diseases and specific testing for certain pathologies. Psychosocial support and help with mental health issues are also available, as migration often causes psychological suffering.

At the end of 2019, the French parliament adopted restrictions on access to healthcare for vulnerable foreigners. The application of this reform was partially suspended due to the COVID-19 crisis, but its provisions have now been brought into effect – some of them on the very day the second lockdown began, at the end of October 2020, despite a public health imperative to protect the most excluded. Like other organisations, MdM is beginning to see the effects of this vast reform that is designed to limit rights and has been compounded by another major trend - the dematerialisation of public services. Our organisation continues to campaign for dignified welcome and simplified access to rights and health, regardless of the person's administrative status.

In 2021 participating CASOs:

- Saw a total of 15,355 people
- Carried out 33,889 **consultations and support sessions** over the course of 29,264 visits.

OUR ACTIONS IN PRISON SETTINGS

Since 2011, MdM has been working on health issues with incarcerated persons, most of whom come from disadvantaged backgrounds and had already accumulated several health and social problems before being incarcerated (poor access to healthcare, risky behaviours, addictions, mental health problems, etc.). These difficulties are often compounded by poor detention conditions and the potentially pathogenic nature of a prison environment.

There is little epidemiological knowledge about the health of the French prison population, but research by the Institut National de Veille Sanitaire [The National Institute of Health Surveillance] shows an over-representation of psychiatric pathologies, addictions, infectious diseases, disabilities and deficiencies. Furthermore, detainees living with severe mental illness are obliged to negotiate irregular and stereotypical mental health care pathways, characterised by poor access to outpatient care and must turn to forced emergency care in the event of crises.

Indeed, despite the law of 1994 stipulating that care provided inside a prison should be similar to that available outside, detainees face numerous obstacles when it comes to being treated as a regular patient: a lack of access to care, contradictions and a difficult balance between health and security issues, patronising, loss of autonomy, taboos surrounding their health issues, etc.

MdM runs two projects:

- One with detainees and the justice and health teams in Nantes prison aimed at promoting health through a community approach
- The other is an experimental project in Marseille that offers an alternative to incarceration through housing and intensive follow-up for people with severe psychiatric disorders. This project started in 2022.

OUR ACTIONS IN RURAL AND URBAN AREAS

Difficulties in accessing health care and late use or non-use of healthcare among people living in precarity are more frequent in rural areas due to the unequal distribution of health services, the gradual withdrawal of public services and the increasingly limited offer of public transport - all factors contributing to the isolation of people in difficulty.

The health and support coordination network (RESCORDA) was created in Auvergne's Combrailles region as a result of MdM's determination to address these issues. As initially planned, and in accordance with MdM's usual intervention strategy, the transfer of some of the project's activities to local health stakeholders identified by MdM began in the final quarter of 2020. Health mediation activities were transferred to Aesio (formerly known as Mutualité du Puy-de-Dôme) at the end of February 2021.

In the Upper Aude Valley, the 'Precarity and access to healthcare in rural areas' project conducted an interim evaluation in 2021. The objective of the evaluation was to answer the following question: 'How do the actions implemented by MdM's project in the Upper Aude Valley foster access to rights and healthcare for people living in precarity?' The conclusions of the evaluation will enable the team to readjust the project's orientations and priorities for the next two years.

The 'Access to rights and healthcare in urban areas' project launched in the south of Lille in 2016 was designed to be an experimental operational project. The objective, expressed from the outset, was to capitalise on the medico-social approach to our intervention.

The process of capitalising on the four years of project activity began in 2020. The aim was to formalise the experiences, practices and know-how developed as part of the implementation of the project and to learn lessons that would facilitate the transfer or reproducibility of certain elements of the project by other stakeholders (associative or institutional partners) or by MdM. This capitalisation work was finalised in 2021 in the form of a pedagogical resource package composed of several booklets, each containing sheets and tools, with numerous links to health mediation resources. The project was officially closed in April 2021.

These three projects all promote healthcare mediation – an approach particularly suited to people who have lost touch with the healthcare system.

HEALTHCARE FOR PEOPLE WHO ARE HOMELESS OR POORLY HOUSED

PROMOTING HEALTHCARE FOR PEOPLE WHO ARE HOMELESS

Insecurity, substandard housing and living on the streets in “survival mode” are situations shared by the majority of people supported by MdM and they pose a serious threat to health. They are experienced by the people encountered by our outreach teams in slums, in the streets and in migrant camps, but also by those attending our Healthcare Advice and Referral Centres (CASO). Indeed, in 2021, 91.7% of patients attending MdM's centres were living in non-permanent accommodation, 30.3% of them in extremely insecure accommodation (on the streets, in emergency shelters for 15 days or less, in squats or in slums). The increasing overcrowding of emergency accommodation and the repeated undermining of the principle of unconditional welcome are hitting these people hard.

In 2021, MdM maintained its presence among the unhoused and the inadequately housed. Even though the additional accommodation places opened upon the outbreak of the health crisis have since been made permanent, giving many people a taste of security, our teams are still seeing facilities that are inadequate and unsuited to people's needs, as well as a continuing lack of medical and social support.

Our Actions

Our mobile teams provide a range of services on the streets, in shelters and in day centres:

- Support with administrative procedures and access to rights
- Health surveillance, medical consultations, psychosocial support and health mediation
- Information and awareness-raising on housing and vulnerability issues for medical personnel and social workers

MdM's actions highlight the difficulties encountered by unhoused people when trying to exercise their rights and gain access to healthcare. In addition to its work on the ground, and to avoid

becoming part of a substitution process, MdM lobbies institutions for suitable and long-term housing and accommodation solutions, accompanied by outreach systems that will provide real medical and psychosocial support to the most excluded.

PROMOTING HEALTH MONITORING IN SQUATS AND SLUMS

Our teams working in squats and slums have seen the consequences of ultra-precarious housing and repeated evictions on people's health. Eviction without rehousing leaves people sleeping rough, without support and cut off from the healthcare system. The continuity of care is disrupted and epidemics become difficult to prevent and control. People who are homeless or inadequately housed have many obstacles to overcome in order to access their rights and benefit from health coverage, and face very long waits for their applications to be examined.

The government inquiry of 25 January 2018, which focused on the eradication of slums, is a positive sign that public action is evolving towards sustainable solutions. After a prolonged period during which evictions were suspended due to the ongoing health crisis in 2021, the summer was marked by a pronounced resumption of evictions, and even a reversal of the trend in areas where the number of evictions had actually started to decline. The year 2021 was therefore a record year, with 1,330 evictions from informal settlements between November 2020 and October 2021.

Our Actions

MdM works with people living in squats and slums to provide them with access to healthcare and rights and to refer them to the necessary health services. A particularly strong focus is placed on the healthcare needs of women and children.

Health mediation is a particularly helpful tool in this respect. MdM's health mediators work with

associations and mainstream partners to improve the provision of care and treatment for people living in slums and squats and empower them to seek healthcare and to exercise their rights on their own.

MdM supports a policy of gradual slum clearance with the participation of the inhabitants but would

also stress the importance of collaborative solutions that offer appropriate long-term alternative housing. Where no satisfactory proposals are made, or while they are being worked out with the inhabitants, we are calling for a temporary stabilisation of the existing situation and improvements to be made to the conditions of sanitation.



MIGRATION, EXILE, RIGHTS AND HEALTH

According to the High Commissioner for Refugees, at the end of 2021 more than 80 million people worldwide were fleeing from war, persecution or conflict. Almost three quarters of these uprooted people were hosted in countries neighbouring their home country. A minority came to seek protection and a better life in EU countries, including France.

Although new developments in the COVID-19 pandemic and associated constraints and barriers continued to hamper international mobility in 2021, by the end of the year 103,000 asylum applications had been lodged with Ofpra (The French Office for the Protection of Refugees and Stateless Persons). This was a slightly higher figure than in 2020, largely due to the situation in Afghanistan.

But undocumented foreigners or asylum seekers in France saw their living conditions deteriorate and their access to healthcare reduced.

In Europe, South-East Asia, Latin America, Africa and the Middle East, MdM provides support during the entire process of migration. While the circumstances and situations may differ, the political drivers remain the same, as do the consequences for the people concerned: weakened health, rejection, occasional violence, violations of their fundamental rights and a lack of access to care.

MdM's teams are first-hand witnesses of this increased vulnerability and of the violent practices employed by the authorities, whether at the borders (on the northern coast facing Great Britain, in Montgenèvre or Menton, near the border with Italy), in Île-de-France or in certain French overseas territories, such as Mayotte and French Guiana.

THROUGHOUT FRANCE

Migrants are involved in most of our programmes in France. In fact, 97% of the people seen in our Healthcare Advice and Referral Centres (CASOs) are foreigners living in precarity.

In health centres or during outreach visits to camps, squats and slums, our teams provide nursing care, medical consultations, prevention services and social support. The physical and psychological suffering experienced during migration is also addressed.

ON THE BORDERS

On the North Coast

As a result of France's very harsh 'zero fixation point' policy, exiled people are forced to stay on the move. As a result, the conditions they face have become more severe, having an impact on their health.

In the very difficult context of Calais and Grande-Synthe, our programme aims to promote access to health by tirelessly monitoring the locations of the camps – which are stuck in a constant cycle of being cleared and then reformed – and facilitating referrals to the mainstream health care system.

Between Italy and France

In the Hautes-Alpes, the pass linking Italy and France is a major migration route for people wanting to continue their journey through Europe.

Migrants trying to reach Briançon through the Alps are constantly taking ever greater risks to cross over, especially in winter. This situation got worse in November 2020 when a decision was announced to bolster border controls by doubling police numbers. Despite the heightening tensions, MdM's mobile shelter unit (UMMA) is still operating in the mountains with the help of volunteers from the Tous Migrants association who offer assistance and shelter to people crossing the border on foot.

CAFI: A COALITION OF FIVE ORGANISATIONS TO STOP RIGHTS VIOLATIONS AT BORDERS

Since the return of internal border controls in March 2015, the French-Italian border has once again become a focus of tension where migrants are increasingly the victims of illegal practices by the authorities. Against this backdrop, MdM joined a coalition in 2017 with Amnesty International, La Cimade, Médecins sans Frontières and Secours Catholique, called 'Coordination of Actions at Internal Borders' (CAFI). The joint work carried out by these five organisations includes monitoring practices at the borders, taking litigation against illegal refoulements, mobilising public support and undertaking advocacy initiatives.

Foreseeing the need for a strong political initiative to determine an alternative welcome policy that respects the dignity of people and their rights, the CAFI approached different parliamentary groups in an effort to obtain a Commission of Inquiry on migration - and succeeded! The Commission was set up in the spring of 2021.

COMMISSION OF INQUIRY INTO MIGRATION: SIX MONTHS OF WORK BY PARLEMENTARIANS AND CIVIL SOCIETY

MdM has been particularly active in facilitating visits and direct exchanges with the people concerned and contributing to the work of the Commission by providing background papers on access to healthcare, rights violations at borders, etc. A tough dialogue was established with the parliamentary members of the committee on the realities of practices and policies.

The president of MdM France was heard at the National Assembly on 7 July 2021. The next day, the Commission's rapporteur and president, accompanied by two members of parliament, visited MDM's CAO A centre on Boulevard Picpus in Paris to meet the teams and a patient. Other meetings followed at the borders, in camps and in squats. On 2 December, we organised a one-day seminar at the National Assembly to debate the recommendations of the Commission of Inquiry and to promote our findings and policy demands (we also published our background papers at this event).

This advocacy work was part of the campaign in preparation for the 2022 presidential and legislative elections. It had just one goal: to influence practices and policies towards exiled people and to contribute to establishing a policy that is truly respectful of people's rights.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

A HOLISTIC INTERVENTION FRAMEWORK

MdM seeks to obtain universal access to comprehensive and quality sexual and reproductive health services. In fact, such services exist, but not everybody has effective access to them. Therefore, MdM has adopted the broader definition of sexual and reproductive health and rights proposed by the Guttmacher Lancet Commission. This new definition makes sexual and reproductive rights an essential prerequisite for access to sexual and reproductive health care.

MdM's actions are based on a complementary approach that includes public health, the promotion of human rights and the fight against gender inequalities in order to remove the barriers to sexual and reproductive health and to better meet each individual's specific needs. In 2021, MdM thus affirmed its inclusive vision of gender, that enables each person - regardless of their sex, gender identity or sexual orientation - to make decisions about their body, to have an autonomous, satisfying and safe sex life, and to access appropriate care for their SRHR.

CONSIDERABLE UNMET NEEDS

Our teams mainly work with people living in precarity. They cumulate numerous factors of vulnerability and discrimination that distance them from the health care system and put them at greater risk of sexually transmitted infections, gender-based violence, unwanted pregnancies, and a lack of or delayed pre-natal care.

Therefore, the people met by MdM's teams have significant unmet needs when it comes to sexual and reproductive health and rights:

- Almost 90% of women of childbearing age do not use contraception
- 1 in 3 pregnant women access pre-natal care late
- More than 70% of people do not know their HIV status

- More than 80% of women do not know if they have had or have never had cervical cancer screening (23.2% and 59.1% respectively)

In 2021, the COVID-19 pandemic continued to affect the already highly vulnerable populations that we meet. Our teams remained mobilised and health protocols were thoroughly reviewed.

Our Challenges

MdM seeks to improve access to quality SRHR prevention and care for people in France who are vulnerable and/or living in precarity.

More specifically, our teams work to:

- **Strengthen access to quality SRHR prevention and care** through permanent projects and outreach work
- **Empower people to take action** on their sexual and reproductive health and rights
- **Contribute to local, territorial and national public policies** to ensure the integration of key SRHR measures for people who are vulnerable and/or living in precarity

Our Actions

Depending on the project and the territory, MdM's teams implement different activities and services to achieve our objectives of strengthening access to SRHR:

- **Individual interviews on SRHR prevention**
- **Screening** (rapid diagnostic tests for HIV, syphilis, and Hepatitis B and C) according to people's needs and in partnership with public institutions and mainstream laboratories
- **Group SRHR sessions:** prevention workshops, community mobilisation, self-help groups in which SRHR messages are discussed and delivered
- **Provision of SRHR prevention materials (condoms, contraception, self-tests, etc.)**
- **Referring and/or accompanying people to mainstream structures** to allow them access to a better SRHR pathway (e.g. family planning and education centres, mother and child protection centres, etc.)

- **Facilitating the involvement of the people concerned** in their care through health mediation, the use of interpreters and counselling techniques
 - **Documenting people's sexual and reproductive health status and dysfunctions in SRHR access**
 - **Advocating in support of SRHR for people who are vulnerable and living in precarity**
-



HARM REDUCTION

DRUG USE

Even though harm reduction passed into law in 2004, MdM's actions are still impeded by a repressive legal framework (prohibition and criminalisation of drug use). This repression considerably reduces the impact of healthcare policy and heightens the stigmatisation of drug users. MdM is campaigning in favour of drug policies that are focused on a human rights and public health-based approach.

Our Actions

In the last quarter of 2021, MdM decided to relaunch field initiatives to help address the increasingly deteriorating situation of people using drugs in public areas in north-east Paris. All the stakeholders in this area report a very critical situation with a lack of support from the public authorities and a clear lack of resources. Tensions with local residents have increased considerably due to the COVID-19 crisis and the successive lockdowns. And with elections on the horizon, the media coverage of the situation offered a forum for political posturing, helping to create a particularly hostile climate harmful to the health of these highly vulnerable people.

Our Challenges

Alongside with our new project, MdM continued our advocacy work with political stakeholders in order to move away from a policy based on repression. Lobbying work was carried out as part of a parliamentary mission looking at the different uses of cannabis, with MdM calling for a reform of the policy focused on regulating use, and for the drafting of a bill to combat drug trafficking and to strengthen preventive measures for drug users. This parliamentary mission is an important step forward, but it is not enough, as the debate is focused exclusively on the regulation of cannabis and ignores the issue of decriminalising the use of other drugs.

SEX WORK

Employing a harm reduction approach, MdM works with other associations to ensure that health policies address the specific needs of sex workers. We are fighting the criminalisation of sex work and seeking increased support for community health organisations, which are best placed to address the needs.

Our Actions

Our programmes in Paris, Rouen and Montpellier promote access for sex workers to health and rights through outreach, welcome and support activities. We also run a nationwide programme to combat the risk of violence which exists in their work.

Key Figures

In 2021, 120 volunteers were engaged in our programmes. Despite the Covid 19 epidemic they established more than 14,300 contacts (in the street or online) and provided support to nearly 1,300 people.

Our Challenges

Considering the growing vulnerability of sex workers and an increase in the violence seen on the ground, MdM is campaigning for:

- Effective access to health and rights and the continuation of harm reduction measures
- Improvements to the support and protection
- measures available to victims of violence
- The involvement of sex workers in the drafting, implementation and assessment of health policies concerning them
- The repeal of the pathway for exiting prostitution as defined under the French law of 13/04/2016 and the promotion of real measures to help those
- wishing to find other income-generating activities
- The repeal of the criminalisation of clients and the decriminalisation of sex work.

VULNERABLE CHILDREN

In France, more than 3 million children live below the poverty line. Some 31,000 are homeless and 9,000 live in slums. Among them are many unaccompanied minors² living in extreme precarity.

In France, vulnerable children are an important part of MdM's activity: 9% of people seen in the Health, Advice and Referral Centres (CASOs) in 2020 were minors – 2.2% of them were under the age of five. Unaccompanied minors were seen as part of programmes designed especially for them as well as in the CASOs³. A large proportion of the people supported by our teams who are living in slums, on the streets or in squats is made up of families with children.

UNACCOMPANIED CHILDREN AND ADOLESCENTS

Because they are under 18 and deprived of parental care, unaccompanied minors are children at risk who should be protected without discrimination in accordance with child protection laws. Yet accessing protection remains an uphill struggle. Their minority is constantly called into question, with suspicion prevailing over protection. On a daily basis we note that the welcome, assessment and care system for unaccompanied minors is more a source of suffering, rupture and barriers to rights than a source of respite and protection.

Our Actions

At MdM, we meet children who are destitute, lost and damaged by their life trajectory, migration path and the conditions of welcome in France.

They are fragile, overexposed to health risks and post-traumatic disorders and their pathways to care are chaotic, especially when they are not benefitting from the child protection system.

Our teams support them, offer a sympathetic ear, provide them with healthcare and help them obtain recognition of their rights.

MdM is calling for recognition of their status as children and for all necessary measures to be taken to protect them and provide them with access to healthcare, education and a future. In short, that the rights outlined in the International Convention on the Rights of the Child (CRC), which France has signed and ratified, be respected.

Our Challenges

In reaction to the proliferation of exclusionary rhetoric, all too often intended to ensure that unaccompanied minors are treated as migrants rather than as children in danger and in need of protection, we are demanding that two essential principles be respected to protect the interests of these children in all circumstances:

- Unaccompanied minors must always be seen as children who are in danger
- As such they must be treated as provided for in child protection law, without discrimination, with all the rights that this implies, until a legal decision is made on their case

2. The term "unaccompanied minor" refers to a person under the age of 18 who does not have French nationality and who is not accompanied by his/her legal representatives in France.

3. Unaccompanied minors are mostly boys between 16 and 17 years old, but there is an increasing number of girls and very young unaccompanied minors. These children come mostly from sub-Saharan Africa but also Afghanistan, Pakistan, Bangladesh, Eritrea, Sudan, Angola, Somalia, Syria, Iraq and Eastern Europe.

OVERSEAS

REUNION ISLAND

In 2020, MdM launched an exploratory mission on Reunion Island to determine the impact of poor housing on health. The findings showed that the general health of people living in precarity – who are poorly housed and/or geographically isolated – is worse than that of the general population due to a non-use of health care. This behaviour is found to be intrinsic to their living conditions and/or place of residence.

Based on these findings, MdM's team developed a project in November 2021 with the objective of encouraging isolated and poorly housed people in the south and west of Reunion Island to seek healthcare and be incorporated into the mainstream system by helping to develop health mediation approaches adapted to the specific nature of the territory and tailored to the needs of the local people. This project aims to promote interaction between the local health sector (modelled on the model of metropolitan France) and the diverse population of Reunion Island, encouraging contact between the two.

MAYOTTE

In 2021, amidst a growing number of eviction and demolition notices, MdM continued its advocacy work in Mayotte in support of adequate rehousing solutions and the clearing of unsanitary housing. In December 2021, as the prefect of Mayotte was preparing to implement his 12th evacuation and demolition order, the inhabitants of the neighbourhood concerned – with the support of MdM and several other associations - challenged this order before Mayotte's administrative tribunal. The judge ordered the suspension of the order.

Activities related to the second wave of COVID-19 continued, including information and awareness-raising rounds and permanent and mobile vaccination units. Some 949 people were vaccinated between February and July 2021.

FRENCH GUIANA

In 2021, the crisis caused by the welcome of asylum seekers and social tensions surrounding migration continued to make itself felt in Guiana.

In response to the COVID-19 epidemic MdM strengthened its health mediation project through mobile health units and prevention and information visits to informal settlements, thus adapting our activities to the health context.

2021 also saw the resumption of the urban PASS (Health Access Units) project, which had been postponed because of the health crisis, but also because of the AME (State Medical Aid) reform. MdM worked on the project's preparatory phase, with the launch and first inclusions planned for the beginning of 2022.

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In 2021, MdM's international network was joined by MdM Italy. The network now includes 17 chapters⁴.

MdM Italy was initially created in 1993 and ran projects in Milan and Ecuador until 2004. In 2015, as MdM-France and MdM-Spain were launching new activities in the south of Italy and Rome, a process was put in place to relaunch MdM-Italy.

Italian volunteers began to mobilise and a renewed board of directors was set up at the end of 2021. MdM-Italy was thus operational again and applied to join the network. The members voted unanimously in favour of MdM Italy's membership!

MORE OPERATIONAL COOPERATION FOR GREATER IMPACT

In 2021 MdM France strengthened its operational links with other members of the international network.

MdM Spain and MdM France pooled their expertise and resources to meet the challenge of an intervention in Afghanistan.

In the wake of the Taliban takeover in August 2021 and the international sanctions imposed on the country, humanitarian needs have increased exponentially, with hundreds of thousands of lives under threat. In response, MdM-Spain and MdM-France carried out a joint contact mission to assess the feasibility of an intervention. The positive findings of this mission suggest that it might be possible to launch actions in Afghanistan in 2022.

To help meet mental health needs in Palestine, MdM-Switzerland, MdM-Spain and MdM-France are running an ambitious joint project covering the whole of the West Bank.

The objective is to ensure a rapid response after attacks by settlers or by the Israeli army, with MdM's teams offering psychological first aid to the Palestinian victims of this violence. The three MdM chapters are also denouncing the violence and the consequences of the occupation on the Palestinians and defending their right to access healthcare. On International Mental Health Day, five videos were shown to highlight the situation in this region.

This project is also an opportunity for us to share our expertise, to harmonise our approaches, to access more funding from donors and to pool resources in order to reduce costs.

ADVOCACY ON MULTIPLE FRONTS

MdM's international network had three advocacy priorities in 2021: universal health coverage, climate change and health and access to medicines and to COVID-19 vaccines.

Access to Health Care in Europe

In its Observatory 2021 report the MdM network describes the situation of those who are not seen, not listened to and not treated. The COVID-19 pandemic has shed a harsh light on the inequalities in access to care and the barriers to the right to health for all in Europe. Language and financial barriers and insufficient information remain a sad reality, depriving thousands of children, women and men of care and often leaving them in great psychological distress.

4. Argentina, Belgium, Canada, France, Germany, Greece, Italy, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom and United States.

INTERNATIONAL NETWORK

Although health systems differ from one country to another, interviews conducted in seven countries show that the factors of exclusion are similar. The Observatory's report shows that disregard for universal human rights - when "everyone" no longer means "everyone", regardless of legal status, country of origin, or social background - has extremely detrimental effects on the health of those most in need.

This report provides valuable information on the populations that are currently cared for by MdM's teams and that are too often absent from the official health data of the seven countries concerned. It also proposes concrete actions for achieving universal health coverage in Europe.

Incorporating public health into the fight against climate change

Because the climate crisis is also a health crisis, MdM's international network participated in the COP26 events in November in Glasgow. Three people were mandated by MdM to present the network's joint position on climate issues. Namely that there is an urgent need to integrate a public health perspective into all environmental actions and to actively promote the creation of resilient health care systems if the global needs of populations are to be met.

The MdM network also joined 600 organisations representing health professionals worldwide in signing an open letter, the Healthy Climate Prescription, for the attention of national leaders and country delegations. This letter was endorsed by the Global Climate and Health Alliance.

Finally, MdM Spain organised an exhibition of the organisation's achievements in reducing its carbon footprint in the World Health Organisation's pavilion.

For equal access to COVID-19 vaccines

Ahead of the World Trade Organisation meeting, initially scheduled from 30 November to 3 December 2021 in Geneva, the MdM network is calling on member governments to ensure more substantial and rapid donations to the COVAX vaccine allocation mechanism for countries that cannot afford to buy the vaccines.

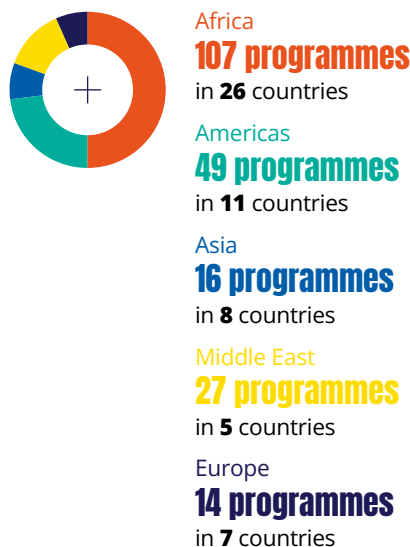
MdM is also calling on these same governments to stop blocking the Trips waiver, as this would allow

faster and cheaper global production of vaccines and facilitate the sharing of knowledge and technology in the fight against COVID-19. This is the backdrop against which the MdM network participated in citizens' demonstrations demanding that patients come before profits.

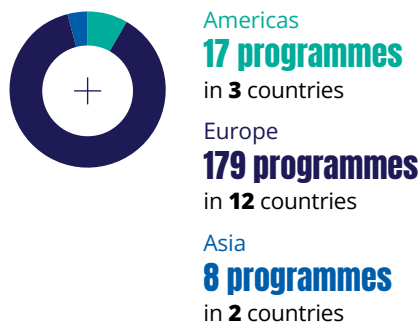
KEY FIGURES

In total, the MdM international network is active in **74 countries** and runs **417 programmes**.

213 international programmes in 57 countries:



204 national programmes in the network's 17 countries:



THE CHAPTERS

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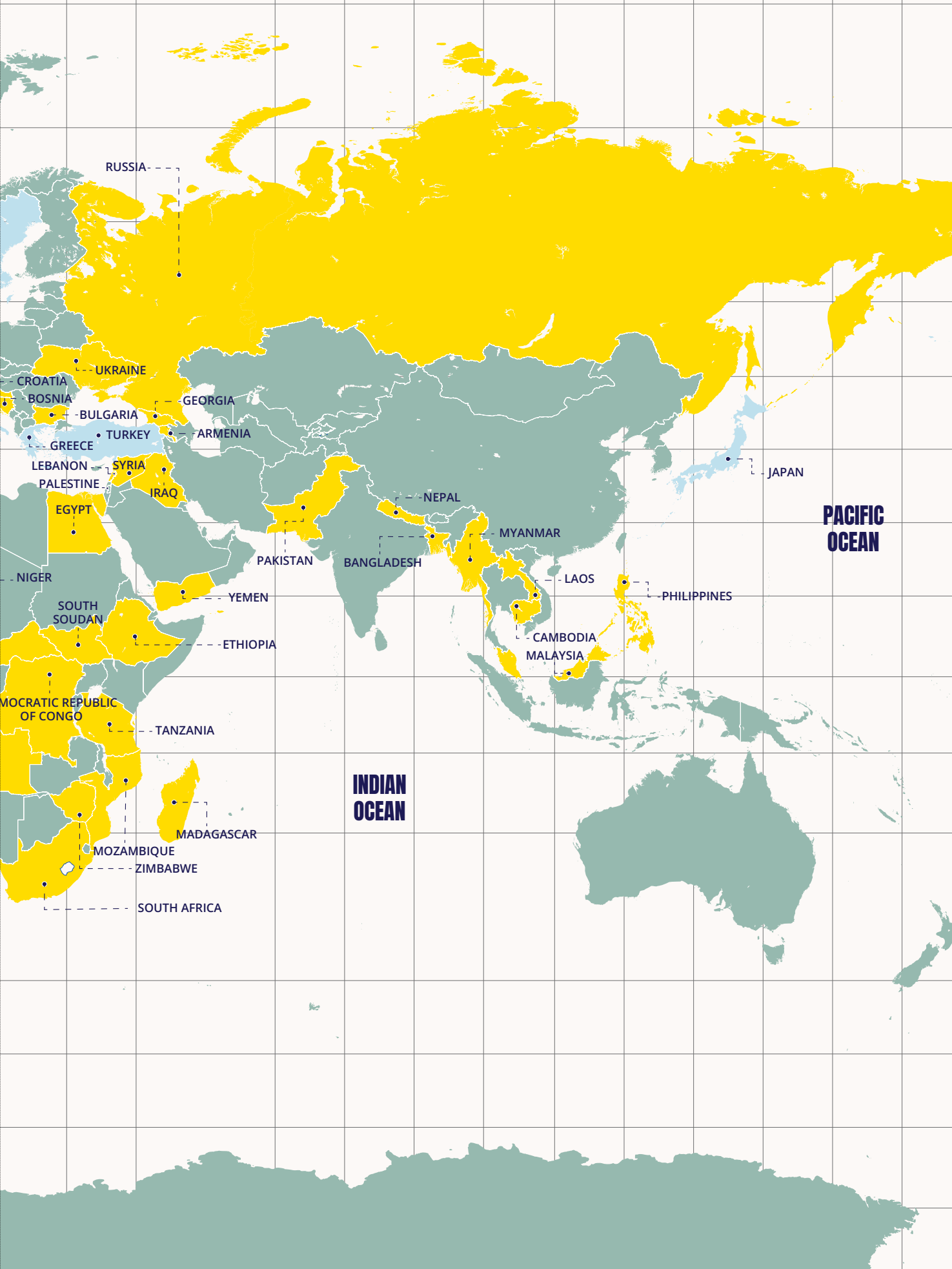
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RUSSIA

UKRAINE

CROATIA

BOSNIA

BULGARIA

GEORGIA

TURKEY

ARMENIA

GREECE

LEBANON

SYRIA

PALESTINE

IRAQ

EGYPT

NIGER

SOUTH SUDAN

YEMEN

ETHIOPIA

DEMOCRATIC REPUBLIC OF CONGO

TANZANIA

MADAGASCAR

MOZAMBIQUE

ZIMBABWE

SOUTH AFRICA

PAKISTAN

BANGLADESH

NEPAL

MYANMAR

LAOS

CAMBODIA

MALAYSIA

PHILIPPINES

JAPAN

PACIFIC OCEAN

INDIAN OCEAN

MdM commits to the following financial management principles:

RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY

MDM is accredited by the Comité de la charte – Don en confiance and it operates in strict compliance with their charter, which includes the principles of rigorous management and financial transparency.

AUDITS BY EXTERNAL BODIES

MDM is subject to controls by the French public audit office (Cour des Comptes). Our accounts are certified by our statutory auditor (the firm Mazars since 2020).

Other in-depth audits are carried out by public funding agencies, whether French (French Development Agency), European (especially ECHO, the European Commission's humanitarian agency) or international (such as the United Nations).

DONORS' COMMITTEE

An independent donors' committee regularly analyses and examines MdM's work.

AUDIT COMMITTEE

In order to improve the efficiency of our organisation, an Audit Committee and an Internal Audit Department were created in 2019. The committee consists of members of the Board, including the president, and two qualified external experts. It assists the Board with decision-making and issues opinions on the quality of the organisation's financial information, risk management, internal controls and the internal audit.

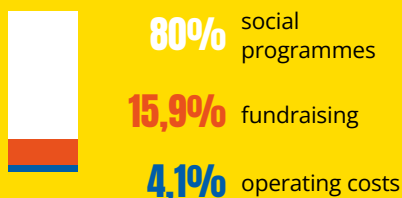
FINANCIAL SCOPE

The financial results of MDM France include transactions with other association members of MDM's international network: MDM Germany, MDM Belgium, MDM Canada, MDM Spain, MDM United States, MDM Japan, MDM Netherlands, MDM United Kingdom, MDM Sweden and MDM Turkey.

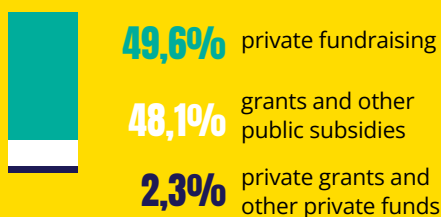
The full version of our full financial report is available on our website medecinsdumonde.org

EXPENDITURE/INCOME - MDM FRANCE

Expenditure *



Income *



* Excluding changes in provisions, corporate tax and designated funds

FUNDING



For NGOs working in the humanitarian aid sector, links with international institutions are essential. As well as being major donors, these institutions are key policymakers. MDM develops partnerships with some of these institutions, which enables us to influence international policymaking. The organisation is also a member of different NGO collectives. This facilitates our access to international decision-making bodies to develop advocacy on behalf of these NGOs.

EUROPEAN UNION

Among the various bodies of the European Union, the two main European Commission institutions concerned by solidarity are the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the Directorate General for International Partnerships (DG INTPA).

In 2020, MDM also secured funding from the DG NEAR (Directorate General for Neighbourhood and Enlargement Negotiations) for its project in Egypt.

- DG ECHO's mandate is to provide aid and emergency relief to people affected by natural disasters or conflicts outside the EU. DG ECHO works in partnership with around 200 organisations (European NGOs, the Red Cross Network and specialist United Nations agencies). For 2022, DG ECHO has an initial budget of 1.52 billion euros.
- DG INTPA's mandate is to implement the aid mechanisms of the European Commission, one of the main contributors of official development assistance.

Since its creation 25 years ago, MDM has been a key player in the collective VOICE (Voluntary Organisations in Cooperation in Emergencies).

Based in Brussels, it is the interface between European humanitarian NGOs and the EU institutions (European Commission / DG ECHO, European Parliament and State members). VOICE brings together more than 80 of Europe's largest and most influential NGOs. MDM France represents the international network on several VOICE working groups, such as the « Humanitarian Partnership Watch Group ».

- MDM's dealings with DG INTPA are conducted through CONCORD (European Confederation of Relief and Development NGOs) via the French NGO collective, Coordination Sud, which lobbies EU institutions and contributes to the development of common positions on European development policy and other major aspects of North-South relations.

UNITED NATIONS

- The Economic and Social Council (ECOSOC) is the main coordinating body for the economic and social activities of the UN and its specialist bodies and institutions. MDM's network has level 1 consultative status, allowing it to conduct lobbying actions - notably directed at the Human Rights Commission. It has observer status on this subsidiary body of ECOSOC.
- MDM's international network is represented at the UN High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the UN Office for the Coordination of Humanitarian Affairs (OCHA).
- Since the start of 2018, MDM is recognised as one of WHO's official partners and is an active member of the civil society reference group working on WHO recommendations concerning viral hepatitis.
- MDM is a member of the International Council of Voluntary Organisations (ICVA), a Geneva-based network of NGOs that focuses on humanitarian issues. ICVA brings together over 100 international NGOs working in 160 countries. Its aim is to promote and lobby for

INSTITUTIONAL RELATIONS

more effective and ethical humanitarian action. It works with UN bodies, tackling a variety of issues, such as relations between aid workers and the military, the protection of civilians in armed conflicts and increasing funding for international and national NGOs.

THE GLOBAL FUND

The Global Fund against AIDS, Tuberculosis and Malaria is an international multilateral donor created in 2002 that allocates grants to combat AIDS, tuberculosis and malaria. Since 2002, the Global Fund has invested more than 50 billion dollars and saved 44 million lives. Overall, in countries where the Global Fund invests, the annual number of deaths from AIDS, TB and malaria has been halved since the peak of these epidemics.

MDM also receives funding from the Initiative (managed by Expertise France), which is an additional contribution by France to the Global Fund.

FRENCH DEVELOPMENT AGENCY

The French Development Agency (AFD) is a financial institution that provides official development assistance to low-income countries. Its mission is to contribute towards the funding of development projects. Since 2009, the AFD has funded French NGOs through its NGO Partnership Division (DPO), which is responsible for managing partnerships with NGOs and monitoring the AFD-funded initiatives run by these NGOs. As a member of Coordination Sud, MDM takes part in discussions between the French NGOs and the AFD on the AFD's strategy and funding modalities. In addition to the CPP (Multiannual Partnership Agreement, see box opposite), in 2021 MDM received AFD funding for Madagascar (Covid project) and Lebanon for a consortium led by MDM.

CRISIS AND SUPPORT CENTRE (CDCS)

The Crisis and Support Centre of the French Ministry of Foreign Affairs and International Development manages French public funds for humanitarian emergencies (Fonds Humanitaire d'Urgence or FUH and Stabilisation Fund). MDM has a budget of almost 170 million euros for 2022. In addition to funding agreements, MDM has strategic and institutional links with the CDCS through Coordination Sud's Humanitarian Commission.

BILATERAL COOPERATION

In addition to French institutional funding, MDM receives support from various bilateral cooperation agencies. Through the active role played by its network, MDM is a partner of the German Ministry of Foreign Affairs (GFFO) and Cooperation Ministry -BMZ (via MDM Germany in Munich), the Belgian Directorate-General for

Development Cooperation and Humanitarian Aid (DGD) (via MDM Belgium in Brussels), Global Affairs Canada (via MDM Canada in Montreal) and USAID/OFDA (via MDM USA in New York). MDM also regularly receives support from the Swiss Agency for Development and Cooperation (DDC) and from the governments of the Netherlands in Algeria and of Monaco in Madagascar.

MULTI-YEAR PARTNERSHIP AGREEMENT BETWEEN THE AFD AND MDM

Since 2010, the French Development Agency (AFD) has been supporting MDM via Programme Agreements centred on key areas of sexual and reproductive health. In 2017, the focus was on "unwanted pregnancies" and in 2016 on harm reduction via "access to treatment for hepatitis C". In 2018, MDM signed a Multi-Year Partnership Agreement (CCP) with the AFD's DPO/NGO Partnership Division. This new four-year funding mechanism (2018-2021) was initially proposed to four French NGOs. The €8.8m CPP is co-financing around ten projects over two x two-year phases, while developing crosscutting activities to build knowledge, advocacy and reach on the thematic areas selected.

This CCP aims to improve the access of key populations to health and rights and support the prevention of cervical cancer, combining a public health response with a human rights-based community approach. The objectives will therefore be to improve the health of people who use drugs by disseminating model programmes, facilitating the scaling-up of these programmes and strengthening access to rights and care for sex workers, whilst also reducing morbidity and mortality due to cervical cancer. In this way, MDM intends to strengthen healthcare systems and access to these systems in the areas in which the CCP is implemented, whilst empowering right-holders.

A second phase to this CCP is in the pipeline for the period 2022-2025.

BOARD

The General Assembly elects 12 Board members and 3 substitute members for a term of three years. The Board in turn elects the Association's President and Executive Committee made up of the Vice-president, Treasurer and Secretary General. The Board, which is the organisation's governance body, meets each month and takes all decisions concerning the orientation of MdM France.

The following Board members were elected at the General Assembly of 19 June 2021:

President

Doctor Carine Rolland, general practitioner

Vice-president

Sophie Alary, programme director - Association Aurore

Secretary general

Robert Bianco-Levrin, social activist

Treasurer

Mustapha Benslimane, director medico-social establishment

Other Board members:

Marie Bécue, Gender and climate consultant

Doctor Paul Bolo, general practitioner

Alexandre Kamarotos, director - Défense des Enfants International

Professor Antoine Lazarus, doctor and honorary professor of public health and social medicine

Thierry Malvezin, special needs educator

Doctor Marie-Dominique Pauti, nephrologist

Doctor Marc Tyrant, hospital doctor

Elsa Vidal, consultant in humanitarian action and programme evaluation, assistant to the French national court of asylum

Substitute Board members:

Géraldine Brun, international consultant on public health and assessment

Bernard Juan, entrepreneur

Guillaume Pegon, doctor in sociology and anthropology, clinical psychologist

MDM MANAGEMENT

Executive Director: **Joël Weiler**

Director of International Operations:

Helena Ranchal

Director of French Programmes:

Yannick Le Bihan

Finance Director: **Jennie Saint-Sulpice**

Director of Purchasing, Logistics and Information

Technology: **Alice Tessier**

Human Resources Director: **Fanny Martin-Born**

Director of Communication and

Development: **Jean-Baptiste Matray**

Director of Health and Advocacy: **Sandrine Simon**

ORGANISATION



OUR PRIVATE PARTNERS

Foundations and companies

Air France, Alsied, American Express Japan, American Jewish World Service, Groupe Apicil, Arkea, Asinitas, Association Ouest-France Solidarité, Axa Banque, Barchèn, Barreau Solidarité Paris, BPE, Caisse d'Épargne Ile-de-France, CIC, Crédit Coopératif, Crédit Mutuel, Église Valdese, Elton John AIDS Foundation, Epsa, Fondation Abbé Pierre, Fondation d'entreprise Caisse d'Épargne Rhône-Alpes, Fondation Christiane et Francis Labbe, Fondation du Crédit Agricole Solidarité et Développement, Fondation d'entreprise BNP, Fondation d'entreprise du groupe Macif, Fondation d'entreprise Optic 2000-Lissac-Audio 2000, Fondation d'entreprise L'Oréal, Fondation d'entreprise Nehs Dominique Bénéteau, Fondation JM. Bruneau, Fondation Seligmann, Fondation Sternstunden, Fonds Aubrac managed by the Fondation Roi Baudoin, Les Petites Pierres endowment fund, Fonds Erié, Fonds Inkermann, Fortunéo, Groupe Arkéa, Groupe Raja, Harmonie Mutuelle, Ivoire- Voeux solidaires.com, Kolmi Hopen, La Chaîne de l'Espoir, Fondation Léa Nature, Lilo, Music 4 heroes, M Comme Mutuelle, Open Society Foundation, Queen Mary University of London, Singulart, SMH, the David and Lucile Packard Foundation, the ELMA Relief Foundation, The Tolkien Trust, UK Online Foundation. And also Bimpli, canB, Circle Sportswear, Éthi'kdo, Ivoire, Lydia, PayPal, Run for Planet and Wedoogift.

OUR PUBLIC SECTOR PARTNERS

Multilateral bodies

European Union (DG Echo, DG International Partnerships, DG NEAR, DG Health, DG Justice), United Nations agencies (UNDP, UNFPA, UNHCR, UNICEF, OCHA, WFP, WHO), Global Fund to Fight AIDS, Tuberculosis and Malaria, Amplify Change Fund, START Fund.

Bilateral bodies

- **In Europe: Minister of Foreign Affairs**
Germany (GFFO), German Federal Ministry for Development (BMZ), German Agency for International Cooperation for Development (GIZ), Monaco Cooperation (DCI), Swiss Development Cooperation (DCI), Belgian Cooperation (DGD), Wallonie-Brussels Region, Dutch Cooperation.
- **In France:** Agence française de développement [French Agency for Development] French Development Agency (AFD), Ministry of Foreign Affairs Crisis and Support Centre (CDCS), French Embassies, Expertise France/ The Initiative.
- **Others:** Unites States Cooperation (USAID, OFDA) Canadian Cooperation (GAC), Canadian Embassy, Ministry of International Relations and la Francophonie of the Government of Quebec.
- **French local authorities:** Île-de-France regional council, Rhône-Alpes region, Île-de-France SAFER, Reunion Island departmental council, Val-d'Oise departmental council, Haute-Garonne departmental council, Alsace regional council, PACA regional council, Nord-Pas-de-Calais regional council, the communities of the Aurillac Basin agglomeration and Greater Angoulême.
- **Town councils:** Aiguefonde, Ajaccio, Angoulême, Artiguelouve, Aubervilliers, Bazelat, Cayenne, Bersaasheim, Bischoffsheim, Bordeaux, Bullecourt, Buzelat, Cagny, Castelnau-de- Mandailles, Charny, Claye-Souilly, Descartes, Douai, Erstein, Espinasse, Fessenheim, Gan, Grenoble, Guitrancourt, Haillan, Jarnac, Jurançon, Keskotel, La Celle-sur-Nièvre, Lacq, Lens, Lescar, Lespinasse, Lyon, Marseille, Maxeville, Mazamet, Metz, Millau, Montaigu, Montpellier, Morlaas, Moulins, Nancy, Nantes, Neure, Nice, Obersaasheim, Paris, Pau, Poitiers, Réhon, Rouen, Saint-George-de-Luzencon, Saint-Laurent-des-Vignes, Soyaux, Strasbourg, Toulouse, Uzein, Val de Virvée, Villers, Villeurbanne.

The partners of our programmes in France

Regional health agencies (ARS), departmental councils, regional councils, town councils, National Health Insurance Fund (CNAM), Family Allowance

OUR THANKS TO

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OUR PARTNER ASSOCIATIONS

Act up-Paris, Aides/Coalition Plus, Aide et Action, Amnesty International, Association Nationale d'Assistance aux Frontières des Etrangers (ANAFE), APLEAT, Association d'autosupport et de réduction des risques des usagers de drogues (Asud), Association Guyanaise de réduction des risques, Aurore, Association Douarnevez, ADDSEA, Collectif d'information et de recherche cannabique (CIRC), Daleth research - Drug policy Analysis, Evaluation & THinking, Sida Paroles, Gaïa Paris, ATD Quart-Monde, Bus 31/32, Cabiria, Centre Primo Levi, CARE, Comité de Lutte Contre l'Exclusion (CLE), Emmaüs Solidarité, Coordination Française pour le Droit d'Asile (CFDA), Collectif des Associations Unies pour une nouvelle politique du logement (CAU), Collectif Orange Bleue, Cimade, collectif Romeurope, collectif Migrants Outre-Mer (MOM), collectif Alerte, Comede, Coordination Française pour le Droit d'Asile (CFDA), Coordination Sud, Crisis Action, Droit au logement (DAL), Emmaüs, For Alternative Approches to Addiction Think and do tank (FAAAT), Fédération Association Laïque Éducation Permanente Ajaccio (FALEPA), Fondation Abbé Pierre (FAP), Fédération Addiction (FA), Fédération des Associations pour la Promotion et l'Insertion par le Logement (FAPIL), Fédération Internationale des ligues des Droits de l'Homme (FIDH), Fédération des Acteurs de la Solidarité (FAS), Fédération parapluie rouge, Générations Féministes, Groupe d'Information et de Soutien des Immigrés (Gisti), Groupe de recherche et d'études cliniques sur les cannabinoïdes,

Ithaque, Keep smiling, Korzeam, Médecins Sans Frontière France, Ordre de Malte, les Amis du bus des femmes, les Restos du cœur, Les Roses d'Acier, Association PALOMA, Ligue des Droits de l'Homme (LDH), Observatoire du Droit à la Santé des Etrangers (ODSE), Observatoire international des prisons (OIP), Oppelia, Pause Diabolo, Pathfinder international, IPAS, Association Penelope, Pharmacie humanitaire internationale (PHI), Plateforme contre la traite des êtres humains, Plateforme de Service aux Migrants (PSM), Police Contre la Prohibition, Principes Actifs, Sauvegarde 71, Secours Catholique, Solidarité Sida, Sidaction, SOS Addictions, Groupe SOS, Syndicat de la Magistrature, Syndicat des Avocats de France, Syndicat du TRAVAIL Sexuel (Strass), Techno Plus, Transat, UNIOPSS, Acceptess-T, ARCAT, le Collectif des Femmes de Strasbourg Saint Denis, Association SAFE, Center for Reproductive Rights, Guttmacher Institute, International Network of People who Use Drugs (INPUD), Harm Reduction International (HRI), International Drug Policy Consortium (IDPC), Secteur VIH/Sida de l'Office des Nations unies contre les drogues et le crime, Autres Regards, Grisélidis, Equipop, le Mouvement français pour le planning familial, Tous Migrants, le Refuge Solidaire, Utopia 56, Kesha Niya, and the many regional and local partners in the countries in which we work.

OUR EUROPEAN PARTNERS

World Health Organization (WHO), Platform for International Cooperation on Undocumented Migrants (PICUM), European Patient Forum (EPF), European Anti-Poverty Network (EAPN), Fédération européenne des associations nationales travaillant avec les sans-abris (FEANTSA), European AIDS Treatment Group (EATG), Association européenne des Droits de l'Homme (AEDH), European Network against Racism (ENAR), European Network of People who Use Drugs (EuroNPUD), European Public Health Association (EUPHA), Global Health Advocates (GHA), Confédération des organisations familiales de l'Union européenne (COFACE), International Lesbian Gay Association (ILGA), European Policy Center (EPC), Health Action International (HAI), Social Platform, Eurochild, EPIM / NEF, Women Political Leaders (WPL) global forum and Migreurop.

AND ALL OUR OTHER PARTNERS, AS WELL AS EVERYBODY WHO SUPPORTED OUR WORK IN FRANCE AND ABROAD IN 2021 THROUGH A BEQUEST OR LIFE INSURANCE, AND, OF COURSE, ALL OUR INDIVIDUAL DONORS.

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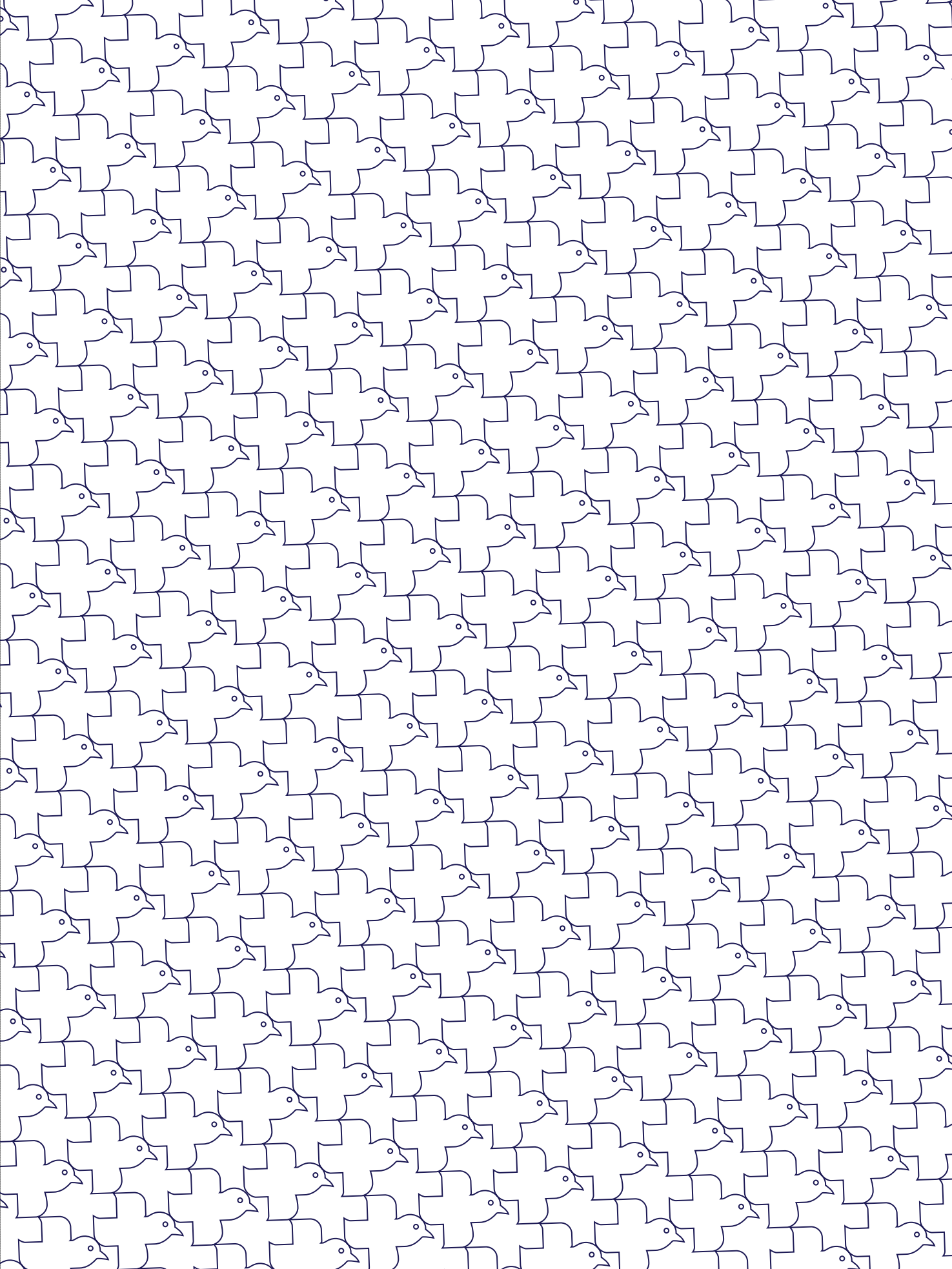
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