STRATEGIC PLAN
2024-2027
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This new Strategic Plan, seven years after the preceding one, marks the moment at which Médecins du Monde comes of age.

Over the forty years of our existence, we have successfully adapted to significant changes in the world and in the international aid sector, have stabilised our foundations and have initiated our transformation.

This updated Strategic Plan reflects our Mission Statement and was collaboratively produced to provide an overarching vision of our aspirations. As part of an ongoing strategy, it aims to bring together all the elements of our organisation around a common project.

It will stimulate our organisational dynamic and will help us to continue to fight harder and stronger for fairer access to healthcare and rights both in France and abroad.
Our Mission Statement is the core framework for discussions on updating our Strategic Plan. It sets out our vision of the future, that of a world in which barriers to health have been overcome and the right to health has become guaranteed for all. It affirms the values of social justice that drive us; it promotes the activism of the various MdM actors and recognizes people’s capacity to act. It calls upon us to seek a balance between our work in France and elsewhere around the world, between emergency and long-term activities, and between public funding and support from our donors, which is indispensable to our ability to make independent choices. It sets out our principles of action: provide healthcare, bearing witness and advocating, and supporting targeted social change. Since the Mission Statement was drafted in 2015, we have been striving to bring our founding principles to life. The model these provide shapes our common identity in our work and gives us our unique character. In addition, a Charter of Ethics sets out the philosophy governing actions taken at all levels of the organisation. It is inspired by the ethics of care, which is based on values such as attentiveness, responsibility, competence, individuals’ capacity to act and solidarity. Médecins du Monde actors encapsulate the spirit of citizen engagement and bring the organisation’s identity to life while continually striving to improve rights and make progress towards effective access to healthcare for all.

In recent years, we have fought our battles and addressed new challenges in the ever-changing context of international aid by building on the collective ambitions set out in our first Strategic Plan. We have developed our practices, ideas, ways of working together and relationships with others. We have successfully followed positive trends, sometimes leading the way, but on some occasions we may also have failed and fallen behind. We have learned to make choices and to recognise when to say no. The new Strategic Plan is a continuation of the first. It aims to establish collective guidelines to continually improve in an ever-changing context and to inform our future choices.

Social, economic and climatic changes give rise to serious concerns, but we are able to identify the strengths needed to rise to these challenges. We contribute towards these efforts, alongside our allies, partners and those affected by our actions. The environmental crisis not only ultimately threatens human existence and biodiversity but also adds impetus to this vital renewal, encompassing the social justice in which we believe.

The healthcare sector has to address multiple major issues on a global scale including fair access to effective and high-quality services and medication; controlling infectious diseases and treating chronic illnesses; preparing for epidemics; environmental and animal health; mental health; health democracy and the commodification of the health sector. We cannot target each and every
one of these issues, but we do know how to address them in the light of our own experience, and this we want to share.

Human societies and technologies are substantially and rapidly evolving, and such changes are often difficult to anticipate. Biotechnologies, artificial intelligence, “dematerialisation”, and the relationship to work are just some of the increasingly pressing issues. Navigating these issues is not always easy but because we are part of any action we are able to stay in touch with reality.

The poorest and most vulnerable populations are often the most affected by natural and climate disasters. Forced migration is on the rise, particularly as the result of climatic factors which can only increase. The world’s demographics are changing significantly and vary significantly from region to region. Low-income countries are experiencing growing urbanisation. Cities remain both a source of refuge and at risk of epidemics and catastrophes of both natural and human origin. They also expend significant levels of energy and produce greenhouse gases. Our work on migration and exile reflects the need for social and environmental justice. This is why we continue to pay particular attention to people or groups who are the furthest removed from healthcare or who combine multiple determinants of poor health.

People from minority communities or who are discriminated against experience violence in far too many situations. Fundamental human rights are under severe pressure from repressive public policies particularly on themes such as migration, sex work and drug use. Migration policies are deliberately based on the illusion of “pull factors” and aim to criminalise those who help migrants. Shockingly, gender inequalities and sexist and sexual violence persist. However, the situation has begun to shift as the fight to change the laws and make them more effective progresses. The changes that we strive for through our advocacy work and our operations contribute towards these causes. And the intersectionality and feminism which we uphold provide frameworks for deploying the force needed to secure these transformations.

The world is fragmenting: new geopolitical situations are emerging. Violent ideologies and the creation of alternative truths also contribute to this instability and to creating and maintaining damaging preconceptions about the people affected by our work. Respect for humanitarian principles and the humanitarian space and the physical and legal protection of aid and information workers remain fragile. We bear direct witness to these developments both in France and abroad, and task ourselves with addressing them with our partners as we exploit our freedom to speak out.

There are ever more humanitarian organisations and workers, but large gaps persist in terms of diversity within these organisations and representation within their decision-making bodies. Aid localisation struggles to be fully adopted and to gain ground. Awareness of decolonisation has improved among aid workers but its real application still gives rise to scepticism among those who are principally affected. Aid localisation and decolonisation are an integral part of our concerns and considerations, and we know that they must be better rooted in the reality of our experiences.

Funding of international aid has increased but has now reached a plateau. The significant funds which were committed to COVID-19 and the war in Ukraine marked a break from the usual balance of aid funding and led to uncertainty over the ability to fund other crises. Public funding, which represents the bulk of international humanitarian aid, still comes from a small number of countries and is essentially channelled through the agencies of the United Nations. The search by funders for an operational critical mass, alongside an increase in compliance requirements, creates a competitive environment at the expense of organisations which may be less experienced on these subjects but which represent knowledge, diversity and creativity. Because we are positioned at the crossroads of these realities, and thanks to our donors, we are able to play a role as an independent organisation with and for our partners, ensure the provision of quality services and encourage social change.

In France, the national context is marked by a deterioration in health and social inequalities in a general context of reduced public services. The crisis in the French healthcare system is marked by a deterioration in healthcare and working conditions, and by the privatisation and commodification of health and social protection. We want our appraisal and experience of the field to contribute to the crucial social debate that must lead to the sustainable and comprehensive development of a French solidarity-based healthcare system.

Although an ever-increasing number of people are turning to nationalism, resistance is also taking shape through various forms of mobilisation for rights to be recognised and really applied. Drawing on these observations, our 2020 National Strategy for France seeks to address these challenges, working alongside our partners and the people concerned.

We are aware of the complexity of the issues. Rapidly changing contexts and the scale of need require a strategic assessment of our position and the role we want to play as we achieve our transformative ambition. This involves extending our social impact and the reach of our messages by developing and growing our network, increasing our independence, asserting our status as an international campaigning organisation, and strengthening our appeal and dynamism.

We are committed to addressing global issues (environmental justice, the One Health approach, the feminist cause,
etc.), although not all of their dimensions can be reflected in our actions. We can forge alliances and develop strategic partnerships that enrich and complement our own actions and root them in local dynamics.

We have therefore set ourselves strategic objectives that take into account all of these realities, draw on our knowledge and experience and reflect our values and ethical requirements.

Each of our objectives also incorporates the principles of action and the fundamentals set out in our Mission Statement and our first Strategic Plan. We want to reaffirm our commitment to quality, in other words constantly striving to implement inclusive, non-discriminatory medical, psychological and social practices that maintain or improve people’s health. Through this Strategic Plan, we also reaffirm our recognition that the power to act belongs to both individuals and groups. We are committed to increasing this power through our projects and by facilitating participation by the people concerned. Lastly, we are taking greater account of environmental issues by undertaking to reduce our footprint and to better adapt our operations to deal with the consequences of climate change.

These three requirements have been taken into account when developing each of our strategic objectives and, either formally or implicitly, are integral to them all. Our strategic objectives form an indissociable whole: they work together, are connected and correlate to each other. They belong to all of us and are our collective responsibility. They allow our organisation to focus on our collective ambition, which is to be a leading international healthcare organisation campaigning for fairer access to healthcare and rights both in France and abroad.
In 2016, MdM adopted its first Strategic Plan as a means of bringing our Mission Statement to life and moving from vision to action. It was initially intended to run from 2016 to 2020 but, as a result of the COVID-19 pandemic, it was extended until the end of 2023.

Our first Strategic Plan laid out the initial strategic framework that has guided us in our desire to develop in a unique and relevant way. The Plan we are publishing today reaffirms our ongoing commitments to a number of issues that remain relevant and the focus of our efforts. It has been updated to take account of changes in the internal and external contexts and in the light of our experience and achievements over the last few years. For example, we have integrated elements of our national strategy for France and our transformation plan and have engaged in discussions throughout the organisation. The purpose of the Strategic Plan remains to reaffirm and draw inspiration from the fundamentals and principles enshrined in our Mission Statement. It enables us to continue to consolidate the links between our work in France and abroad, between volunteers and employees, between head office and the field, and between operations and advocacy.

For the first time, we have had the opportunity to take stock of our first Strategic Plan. In the following pages, each statement of a new objective is preceded by a paragraph describing the achievements, progress, difficulties or shortcomings that have been observed during the previous period.

We have designed a Strategic Plan that is balanced, accessible and therefore easy for everyone to adopt and roll out. It is structured around nine objectives covering nine strategic issues. This set of objectives better reflects the various dimensions and different dynamics of the organisation in order to better account for the importance of the issues at stake for the actors in the organisation’s various sectors.

The purpose of a Strategic Plan is to set out ambitions and general intentions. It defines the main directions (the what, the why and the objectives) but does not aim to go into the subsequent details (the who and the how). It therefore sets strategic objectives that are by definition concise and summarised. To make them easier to adopt, the objectives are followed by an explanatory section and a final section designed to project what the situation will be once the objective is achieved.

The nine strategic topics reflect and correlate with one another and are interlinked. They form a coherent whole that confirms our unique nature and identity.

To draw an analogy with militant combat, our objectives are structured around three commitments: preparing for action, taking action and improving our action. This structure allows us to think of our actions in terms of a cycle. As we improve our action, we prepare for action. Our Strategic Plan is therefore structured as follows:
We must all take ownership of the strategic objectives arising from these various matters. They involve all areas of the organisation and are binding on us as a whole. This gives us a shared vision of the organisation’s ambitions and strengthens our membership of the Médecins du Monde community.

COMMITMENT 1
PREPARING FOR ACTION

• our governance, management and internal communication.
• organisational life and HR: our teams committed to driving forward our ambitions and causes.
• our development strategy: an organisation that adapts to its ambitions.
• our digital transformation.

COMMITMENT 2
TAKING ACTION

• our policy positions, advocacy and operational priorities.
• our alliances and strategic partnerships.

COMMITMENT 3
IMPROVING OUR ACTION

• our data management, research and learning.
• accountability for our values, policies and frameworks.
• our compliance obligations.
To take action and fight our battles with the best chance of success, we need to prepare ourselves for action. MdM actors must benefit from a clear and shared vision, conditions that enable team cohesion, a vision beyond the action itself, and modern tools.

To give concrete expression to this commitment, we have defined objectives around these four strategic subjects:

- our governance, management and internal communication.
- our community life and HR: engaged teams driving forward our ambitions and our causes.
- our development strategy: an organisation that can adapt to its ambitions.
- our digital transformation.
1.1 OUR GOVERNANCE, MANAGEMENT AND INTERNAL COMMUNICATION

In our previous Strategic Plan, we undertook to increase transparency and improve and simplify the governance of the organisation, particularly its governing bodies. The Transformation Plan was a crucial step in this journey, developing this commitment by laying solid foundations for improving our management and internal communications.

By the end of this period, we had effectively clarified, simplified and reduced the number of decision-making bodies. There are now five such bodies (General Assembly, Board, Board Bureau, Executive Committee and Emergency Response Unit), each with a defined scope and role. Other decision-making bodies act as delegated by one of the five decision-making bodies and report to it, with ultimate responsibility resting with the delegating body.

We also clarified the managerial skills expected of our team leaders, covering the traditional aspects of steering, resource management, communication and decision-making as well as the newer aspects of collective intelligence and change management. We launched a wide-ranging core skills training programme for our team managers.

We defined and validated an internal communication strategy, aimed at enabling dialogue on our work in the field, bringing people together, strengthening cohesion and effectiveness relating to the MdM project, and supporting its political vision and strategy.

--- STRATEGIC OBJECTIVE

To strengthen our organisation’s common project, based on clear and traceable governance that respects the rightful place of everyone, on team leaders who communicate our ambitions and convey a collective intelligence, and on internal communication that facilitates this cohesion.

To consolidate the work we have started, we will continue to clarify the role of the consultative bodies and the decision-making processes, thereby ultimately improving our operations and the vitality of our organisational life.

On the one hand, this coherent governance must be able to depend on team leaders who can relay its strong vision and give meaning to the day-to-day commitment of their teams. On the other, it also relies on internal communication. It is through internal communication that the existing strategy will be implemented and will become the pillar of our cohesion as an organisation and the rallying point for our action and mobilisation.

Everyone will find meaning and their place in this common project as a result of the governance, management and internal communication. Contributions from everyone will be clearer and organisational life will be reinvigorated due to the simplification and traceability of our decision-making processes and the revision of our consultative bodies. Our strategies and our transformation will be implemented in an effective and agile way, through a management structure that involves the teams and values the contribution of each individual to this common project. Finally, our internal communication strategy will open up new opportunities for contributing to and communicating our culture and values.

1.2 ORGANISATIONAL LIFE AND HR: OUR TEAMS COMMITTED TO DRIVING FORWARD OUR AMBITIONS AND CAUSES

In our previous Strategic Plan, we undertook to change our organisational model to integrate and promote new forms of engagement and activism.

We developed dedicated frameworks and resources, including our Human Project, our Community Life Unit, a more comprehensive training programme particularly aimed at Volunteer Board Delegates, a new model of international organisational commitment, opening up membership to paid staff, capitalising on volunteer experiences, a salary policy for paid staff under national law, and much more.

The past period continued to feature a rich organisational community of volunteers and paid staff, committed to militant activism despite contexts of great adversity. However, we are encountering difficulties in attracting a variety of activist profiles and in providing support for people to participate and take on greater responsibilities within the organisation.

Preventing psychosocial risks has also become a recognised issue and an objective with dedicated resources.

The biggest strength of Médecins du Monde is its people who hail from all walks of life and all backgrounds. So that the organisation fully reflects its commitment and assumes its responsibilities on a daily basis, this organisational community will benefit from greater support and recognition.

We will implement a collective organisation which enables every individual to achieve our shared objectives in the best possible working conditions. We will support our organisational life with consideration and respect for all the components of the organisation and taking into account each individual’s ability to act. Within our democratic framework, we will encourage the collective debate which is needed to bring our shared aspirations to life and help develop them.

We will facilitate diverse career paths built around adherence to our values and social objectives and contributing to an organisational dynamic that includes backgrounds which are more representative of the civil societies with which we are engaged. We will facilitate our teams’ integration and loyalty and enhance their experiences and the sense of what their commitment means. Finally, we will facilitate better access to our organisational spaces for
people concerned with our causes and for our partners.

By 2027, we will be open to people from new and diverse backgrounds, particularly to people who come from the places where we operate. They will have been integrated, supported and trained. In doing so, we will have injected greater enthusiasm into our activism and will have modernised our organisation and increased its appeal.

A strong feeling of ownership of shared causes, combined with the quality of our working environment and robust internal communication, will reinforce our presence and extend the scope of our causes in relation to civil society. As a result, we will play an even greater role as an actor of social change.

### 1.3 OUR DEVELOPMENT STRATEGY FOR AN ORGANISATION THAT ADAPTS TO ITS AMBITIONS

Over the period of the previous Strategic Plan, the Board defined the policy direction for our development. We thus reaffirmed the generosity of the public and volunteering as fundamental to our development and to broadening our impact. We identified our international operations as a vector for growth, combined with controlled expansion in France. We reaffirmed our cooperation with the international MdM network as an essential element in our global development.

We then defined our Funding Strategy and drew up a Funding Charter, setting out the principles upon which we would consider funds to be acceptable. We identified the main funding opportunities according to those that were best suited to us and went on to identify the levers to access these priority sources. Our ability to influence was seen as an essential lever. We predefined our strategy for dialogue with donors. We also defined a full-cost policy which aims to make visible the level and extent of project costs and to support strategic dialogue for a fairer distribution of the coverage of these costs between the various contributors, including Médecins du Monde.

Thanks to even greater public generosity and our public funding, the organisation’s financial resources have risen by 25% over the last six years. Combined with the diversity of our funding sources, this balance between private and public funding strengthens our independence, a principle enshrined in our Mission Statement. Organisational changes have been undertaken to make this growth possible and to respond to external constraints. However, it continues to fall short of what would be needed for ambitious and controlled development.

### 1.4 OUR DIGITAL TRANSFORMATION

In our previous Strategic Plan, we set ourselves the objective of improving the management and efficiency of MdM by developing our grasp of new technologies. We also wanted to better document the impact of our actions by reinforcing the way we assess the impact of our work. The Transformation Plan confirmed this objective and made digital transformation key to our organisational transformation so that we transformed our practices rather than simply modernised our digital tools. Over the previous period, we launched ambitious projects to implement integrated solutions to manage our finances and logistics on the one hand, and our medical and social data on the other. We also improved our mastery of the changes needed to our internal organisation in order to extend our impact with and for our partners.

Through this objective, we are asserting that greater awareness among the general public and greater influence among experts, decision-makers and funding bodies, in France and internationally, is essential if we are to mobilise the resources we need to achieve our social ambitions. It is also clear that we will look for sources of funding that respect our principles and will refuse those that contravene our values. High levels of investment are needed to stimulate greater public generosity and international funding. Adjustments to our internal operations are also needed in order to obtain and manage these resources and to implement the actions that they enable. In particular, this organisational change requires a better definition of responsibilities, changes to certain job profiles and to our tools and processes, a greater ability to meet certain compliance requirements and increased and more seamless cooperation with our international MdM network.

This growth must, therefore, be based on the MdM international network and must support its development. The role of our partnerships and the MdM Foundation in our development must also be clarified.

By 2027, our increased reputation and influence, combined with changes to our internal operations, will enable us to continue our development and broaden our impact.

The priority sources of funding will have been obtained as a result of this ability to influence and to sustain strategic dialogue with donors. Donors will continue to identify with our actions and struggles and to support them.

We will be in an even better position to carry out ambitious projects, to influence discussions with decision-makers and to defend the positions we take as a campaigning humanitarian organisation. The MdM international network will be stronger and the role of the MdM Foundation and its partners in this development will be clarified and understood by everyone.
collaborative tools and began replacing our IT infrastructure.

— STRATEGIC OBJECTIVE
To pursue our digital transformation with a view to achieving our strategic operational and organisational ambitions, while enabling the changes to be embedded in our practices over the long term.

Our objective reaffirms the fact that our digital transformation is an extension of our political and strategic ambitions. As a result, it encourages us to consider the transformations under way as a change in our practices rather than just a change in IT tools.

It commits us to embedding these changes in practice over the long term by continuing to develop our skills, particularly with regard to data protection for the people involved in our projects. These changes will enable us to align and harmonise Médecins du Monde practices in France and internationally.

By 2027, our ambition is to have higher performing tools at our fingertips in order to enhance the efficiency and quality of our actions. These tools will also enable us to manage our entire organisation in line with our ambitions and will be a powerful lever for supporting our growth and strengthening our impact.

Our practices and organisation will have become more efficient. Our financial and logistics management processes will have been simplified and improved, and we will have reliable consolidated information that can be tracked in real time.

By harmonising and simplifying our operational processes, as well as by ensuring the quality and relevance of the medical and social data we collect, we will have strengthened our operations and our advocacy, and therefore our social impact. We will also be better placed to meet our regulatory obligations, the challenges of cyber-security and the need to protect sensitive data, including health data. Our tools will give us a more global vision of the organisation, making it easier to manage and adapt our strategies and projects, and making us more accountable to all our stakeholders.
Our Strategic Plan reflects us and unites us. It reflects all the components of our organisation around a shared vision. Its objectives form an indivisible whole, are connected and interact. The Plan belongs to all of us and binds us all collectively. It allows us to work towards our shared goal, that of being a leading international health organisation fighting for fairer access to healthcare and rights in France and around the world.

Commitment 1: Preparing for Action

1.1 Our governance, management and internal communication
1.2 Our organisational life and HR
1.3 Our development strategy
1.4 Our digital transformation

Commitment 2: Taking Action

2.1 Our policy positions, advocacy and operational priorities
2.2 Our alliances and strategic partnerships

Commitment 3: Improving Our Action

3.1 Our data management, research and learning
3.2 Accountability for our values, policies and frameworks
3.3 Our compliance obligations

Mission Statement

MDM Charter of Ethics
2.1 OUR POLICY POSITIONS, ADVOCACY AND OPERATIONAL PRIORITIES

Our first Strategic Plan helped us clarify our causes and prioritise our objectives, leading to the formalisation of several policy frameworks that commit us and guide the development of our work. The Plan enabled us to organise ourselves in such a way as to confirm and strengthen our expertise on the issues selected. It demonstrated our unique strengths, in particular the complementary nature of our expertise in the field and in advocacy, our operational roots in France and internationally, as well as our ability to intervene in emergencies and to promote sustainable social change.

This review and analysis are an opportunity to reaffirm the key elements of our Mission Statement, including the guiding principle of consistency between operations in France and internationally, as well as the principle of providing healthcare, bearing witness and advocating, and supporting people in their desire for social change. This requires the efforts and resources available to Médecins du Monde to be organised in a particular way. We can also now redirect some of the successful efforts resulting from the previous Strategic Plan and can confirm, adjust and prioritise new political causes.

This review is also an opportunity for us to clarify and take more effective ownership of the fundamental elements that are common to all our actions so that we can continue to improve the quality of our interventions. If we identify sources of leverage when making our operational choices, we can improve the relevance and efficiency of our actions in terms of mobilising civil society and changing healthcare policies and practices. Médecins du Monde is a campaigning organisation that seeks to go beyond the limited impact of the scope of a project and sees its projects as a series of demonstrations that contribute to an objective of social change determined at a local, regional, national and international level.

Finally, while it was necessary to divide subjects into priority themes and cross-cutting approaches in order to define and establish solid positions, this approach also encouraged the compartmentalisation of our advocacy and operational work. We now need, therefore, to strengthen the intersections between the various advocacy initiatives by combining and building upon our in-house expertise. To address these aspects of the review, our own developments and external changes, we have redesigned how our operational priorities and advocacy are presented to reflect the major areas of work to be carried out over the next few years and our strategic ambitions.

This new structure, which constitutes the elements common to all our projects, should enable the whole MdM community to clearly identify and fully support the political changes targeted by our actions.

The action that we take must be guided by clear, shared and controlled strategic ambitions for social change. Our action covers both our operations and our advocacy, which complement one another and interconnect to help us wage our political battles. It is based on our expertise, on our positioning that stems from collective experience and on selected and prioritised operations. Our action must be taken with the people concerned and with our partners, while seeking to be consistent and complementary, and striving to broaden our impact.

To give concrete expression to this commitment, we have defined objectives relating to these two strategic areas:

- Our policy positions, advocacy and operational priorities.
- Our alliances and strategic partnerships.
COMMITMENT 2: TAKING ACTION

To design and implement high-quality, relevant initiatives in our health-related areas of expertise, which have the potential to mobilise people and bring about political and social change. These actions aim to reduce health, social and environmental inequalities, for and with people who, because of their status, practices, choices, backgrounds and living conditions, are stigmatised, disadvantaged, discriminated against and invisible, facts which have an impact on their state of health and the recognition of their fundamental rights.

In order to reaffirm our ambitions and our identity, our campaigning organisation must be able to adapt, renew, prioritise and innovate in terms of our rationales and models of thinking, intervention, partnership and influencing in order to defend and strengthen the rights of the most vulnerable and underprivileged people in France and around the world, thus ensuring their access to high-quality, equitable and universal healthcare.

Our guiding principles, as set out in our Mission Statement, remain those of a rights-based approach to developing the capacities and power to act of the individuals and groups with whom we work, and a holistic vision of health centred on individuals and their specific needs.

A. OUR APPROACH TO PRIMARY HEALTHCARE AS THE BASIS OF OUR INTERVENTIONS

Médecins du Monde intervenes at a primary healthcare level and considers this entry point to be essential for influencing public health policies and responding to the needs of the people concerned with our projects. Therefore MdM wants to reaffirm the place it assigns primary healthcare and to develop its own definition, based on both international definitions and the organisation’s own expertise and specificities. This collective minimum framework, with the addition or integration of specific activities which drive our political causes, will need to be developed as the Strategic Plan is rolled out. This will enable us to define how we intervene in the fields of preventive and curative care and health promotion, and the degree to which we apply them to all projects.

To do so, we must identify the interventions of all actors and partners seeking to meet healthcare needs in order to determine how and at what level to implement the minimum healthcare package that is in keeping with the roll-out envisaged by Médecins du Monde. Health determinants must also be analysed in order to refine the modules in this minimum healthcare package.

Specific activities are implemented to provide knowledge and data that are relevant to our political causes. These activities are combined with or integrated into the minimum healthcare package, which is assessed and put into practice according to the needs of the target communities, the stakeholders involved and the added value that MdM can provide. Our advocacy strategies are therefore based on knowledge in the field which draws on the most up-to-date information possible and tracks innovations in healthcare as closely as possible, and which is combined with the expertise specific to the people for and with whom we work. The decision to develop or integrate a project into a particular political battle must be based on the healthcare needs of a region, the capacity to mobilise civil society, and the potential strength and impact that Médecins du Monde can have beyond the project itself.

B. PRIORITY POLITICAL BATTLES

In a global context of worsening inequalities, rising conservatism, exclusion, the criminalisation of aid, the increasing complexity of humanitarian issues and action, the climate crisis, health commodification and pandemics, our advocacy priorities remain resolutely relevant. We need to improve our ability to influence the political debate in order to defend the role of healthcare, support the voices of those affected, bear witness to the deteriorating state of health of the people we meet, and propose appropriate, inclusive and sustainable systems of access to healthcare and health products.

The effectiveness of our advocacy, the legitimacy of our voice and our ability to bring about change involves maintaining a critical mass of projects, and therefore of evidence, that is appropriate and sufficient and that correlates with our advocacy. We must also ensure the consistency of our objectives for change and improve convergence between our advocacy initiatives.

It is also essential to adapt our strategies and combine our means of action to remain on the offensive, while still being responsive and able to bear witness to the situations we encounter. We will allocate the resources to develop our political and media audience so that we can fight our battles, deconstruct harmful preconceived ideas, and challenge discourses that exclude, discriminate and marginalise.

1. HUMANITARIAN SPACE (HS)

Through our actions, we bear witness to the increasing complexity of crises such as armed conflicts, food insecurity, the consequences of climate change and epidemics. These threats come in addition to pre-existing crises and lead to acute disruptions in healthcare provision, exacerbate violence and vulnerability, reduce the resilience of societies and force people into exile. The impact on physical and mental health is significant and the needs are manifold. At the same time, the humanitarian space is becoming increasingly restricted, hampering our ability to ensure that our actions are based on respect for humanitarian principles.

To guarantee access to good-quality healthcare for people living in crisis situations, we will strive to:

» Extend our advocacy as regards respect for international humanitarian law, humanitarian principles and
the protection of humanitarian and health workers. We will continue to firmly oppose policies, measures and practices that have the effect of restricting the humanitarian space and humanitarian action.

» Increase our capacity to respond to crises and emergencies, particularly in the areas where we operate.

» Broaden our understanding of needs and our range of activities to encourage the integration of our specific expertise in healthcare into the construction of our operations in humanitarian response contexts.

» Invest in new humanitarian areas such as maritime spaces.

2. HARM REDUCTION (HR)

Penalisation, criminalisation and certain social and moral norms stigmatise and marginalise people for their sexual orientation, gender identity or practices such as drug use or sex work, and expose them to greater risks, violence and health problems. As part of an approach to harm reduction and outreach, we work with people most vulnerable to HIV, hepatitis and other health risks, as well as those most exposed to violence, including people who use drugs, sex workers, trans people and other key populations.

» Promote the decriminalisation of drug use and sex work.

» Invest in new areas of expertise.

» Reinvest our capabilities to create more comprehensive and appropriate actions.

3. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Sexual and reproductive health and rights involve fundamental aspects of people’s lives and health. They are an essential condition for women’s empowerment and gender equality, and a decisive factor in curbing maternal morbidity and mortality worldwide. Nevertheless, they remain particularly neglected by public health policies and are under serious threat in a large number of countries.

In the face of conservatism, social and moral stigmatisation and gender-based violence, our fight, alongside feminist, humanitarian and health NGOs, remains essential to defending every individual’s freedom to have control over their own body and to decide on their sexuality and health. Médecins du Monde confirms its position as a feminist organisation and renews its commitment to ensuring the recognition of sexual and reproductive rights, access to comprehensive, accessible and appropriate sexual and reproductive health services, and the recognition of gender inequalities as a major social determinant of health. Through our advocacy work and our action on the ground, our priorities will be to:

» Continue and increase our advocacy at various levels of influence, from the local to the global levels (including in France), in order to promote SRHR as a whole and, more specifically, to prevent and manage unintended pregnancies, to address SRHR needs in crisis contexts and set up the Minimum Initial Service Package, and to prevent cervical cancer.

» Take better account of sexual and reproductive health needs and gender inequalities in our interventions.

» Ensure that the commitments made with the MdM network to promote the right to abortion and effective access to safe abortion services are implemented in all our projects.

» Improve our capacity to respond to gender-based violence, in particular sexual and physical violence.

» Encourage the roll-out of innovative self-care systems along the lines of the projects developed around cervical cancer screening.

4. MIGRATION, EXILE, RIGHTS AND HEALTH (MERH)

Migration is both a structural and a social phenomenon. It represents a major challenge that is going to grow and shape the world of tomorrow. It combines globalisation, conflicts, economic crises and the effects of climate change. We are seeing increasing adversity in the areas where we operate and generally tougher migration policies. Through its advocacy and field work, Médecins du Monde aims to:

» Document and secure acknowledgement of the consequences of repressive and abusive policies on the health and access to fundamental rights of migrant people, including unaccompanied minors, during their migration journeys and in so-called host countries.

» Influence healthcare policies to ensure universal, equitable and effective access to rights and healthcare for migrant people and to promote their integration into mainstream or dedicated healthcare systems, as appropriate. We wish to acquire the means to advocate in various regional spaces with the members of the MdM network concerned, particularly at a European level.

» Respond to the needs of migrant populations through intervention models that take better account of the violence suffered by people with overlapping vulnerabilities and of their mental health needs and specific characteristics.
» Develop an approach that integrates certain health determinants such as administrative status, living conditions, access to housing and age.  
» Develop counter arguments and alternative representations of migrant people to overcome the normalisation of discriminatory discourse.

Migration-related health, social and rights issues run through all our work, and we encounter migrant people in many of our projects. It is essential to work on the link between our operations, analyses, messages and ways of gaining influence. New opportunities are also offered by the development of operational access to maritime areas and the corresponding voice to call for environmental justice, particularly for the recognition of the rights of people exposed to environmental factors which negatively impact their health. Environmental health issues are present in all areas in which we work and affect the people we encounter because they are closely linked to insecurity and poor living conditions.

We need to increase our operational and advocacy capacity in terms of environmental health. Priority will be given to:

» Articulating and using our political voice to call for environmental justice, particularly for the recognition of the impact on various aspects of health exposure to harmful environments and degraded living and working conditions.
» Continuing to build on our know-how and specific expertise in environmental health.
» Supporting collective change towards healthier environments by empowering people to take action, make decisions and influence their living environments.

5. ENVIRONMENT AND HEALTH (EH)

Médecins du Monde is increasing its focus on environmental issues through a number of commitments:

• Eco-responsibility, part of a dedicated policy: the organisation’s impact on the climate and the quality of the environment.
• Climate change: its impact on migration and on the frequency and scale of crises, and the need to anticipate and prepare for them.
• Environmental health: the impact of degraded environments on health.

These issues need to be dealt with separately and call for tailor-made actions.

As part of its outreach and health promotion approach, MdM is involved in the state of health, the access to care and the rights of people exposed to environmental factors which negatively impact their health. Environmental health issues are present in all areas in which we work and affect the people we encounter because they are closely linked to insecurity and poor living conditions.

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» Continuing to build on our know-how and specific expertise in environmental health.
» Supporting collective change towards healthier environments by empowering people to take action, make decisions and influence their living environments.

6. HEALTHCARE SYSTEMS AND RIGHTS (HSR)

Building on its advocacy in recent years for fair access to treatment and healthcare products, and its recent position on the healthcare system in France, Médecins du Monde will prioritise advocacy work on the healthcare system and will go beyond the price of medicines.

In relation to initiatives carried out in France, this will also be an opportunity to open up consideration of international issues, so that we can question and influence the healthcare systems in our areas of intervention in the light of common principles. This will involve adopting an approach that promotes primary healthcare and links to our specific expertise and advocacy in the healthcare field. Some of our current interventions may be a starting point for analysing and structuring specific advocacy objectives on different regional levels where Médecins du Monde could have a decisive impact.

C. QUALITY REQUIREMENTS

Quality was a cross-cutting requirement in the previous Strategic Plan. As part of our drive for continuous improvement, our goal is to make quality a real mark of how we select and implement our projects, and a frame of reference to ensure that our work is relevant, effective, impactful and sustainable. All our projects must be designed and implemented on the basis of the quality standards that determine our healthcare practices and that are taken into account in our advocacy messages. More specific work will be needed on our quality standards based on our principles of action and previous cross-cutting approaches:

✓ Prior and ongoing identification and analysis of the determinants of health, with particular attention to gender.

✓ A holistic approach to health that integrates both physical and mental health.
✓ Consideration of the specific needs of people linked to their age, gender and potential disabilities as well as their practices, living conditions and environment.
✓ Participation by the individuals concerned and promotion of their power to act.
✓ Medico-pharmaceutical services which meet the most recent standards.

Our healthcare practices must enable us to support the deployment of contextualised, innovative intervention methods that promote people’s autonomy and access to high-quality healthcare devices and products. Finally, these practices will fall within the collective effort to reduce our impact on the environment.

We will develop all our projects and activities in partnership and in the most appropriate way for each context, in line with the principles of health promotion and with a constant concern for the safety of our teams. While the objectives contribute to a political battle for Médecins du Monde, support for partners could also be the subject of a project aimed primarily at reinforcing specific partners. Médecins du Monde is able to work in cooperation with the health authorities whenever possible and appropriate. The organisation also considers itself justified in working outside the legal framework whenever required by our public health and political objectives and when conditions are favourable.
2.2 OUR ALLIANCES AND STRATEGIC PARTNERSHIPS

Coalition around common causes remains is part of MdM’s DNA. It is something which is strategic, essential and enriching for the organisation.

In our previous Strategic Plan, the area titled Operational Partnerships and Alliances focused on two points: increasing the influence of our advocacy work and building the capacity of our partners combined with targeted advocacy so they can access institutional funding.

On this last point, MdM has been able to realise this ambition and encourage the localisation of aid. A large number of partners with national NGOs has been developed at project level worldwide, resulting in substantial transfers of funds and concrete capacity-building initiatives. While this approach to projects in France is more recent, some regional offices have budgeted to provide support to NGOs or networks. However, this ambition lacks resources and methodology: few tools exist, most of which have neither been approved nor are easy to use. This work relies mainly on the commitment and experience of the teams.

One of the concrete actions taken by our organisation to support the localisation of aid was the creation of the MdM Foundation in 2014. The Foundation is mandated to improve women’s rights and health in France and internationally by directly supporting MdM partners and communicating good practice. While many organisations have received support in this way, recruiting new donors is essential to develop the Foundation’s capacity to act and to support our partners. In addition to the ambitions set out in the previous Strategic Plan, other factors have encouraged the creation of alliances and partnerships. For practical purposes, MdM joins forces with other organisations to pool resources, spaces and modes of transport, thus reducing project costs (through the humanitarian logistics cooperative, HULO). This approach also reduces the environmental repercussions of our actions and increases the impact of our humanitarian responses. As regards fundraising for sudden crises, MdM is a member of Alliance Urgences, so that we can speak with one voice and fund the responses of all members of the alliance in the country concerned.

Other partnerships have been built strategically to increase influence, both in operational and advocacy terms. Consortia, such as the FON project, have been set up to support the transformative ambitions of a wide range of civil society organisations. These groupings also make it possible to attract funds that would otherwise be inaccessible, pool expertise in order to provide a better response to health determinants (for example with SYNERGIES in crisis settings or with Solidarités International in France), ensure better regional coverage, and provide the best response possible to the needs of populations. Médecins du Monde has also forged close links with researchers, academics and scientists who add substantial value to our operations and advocacy work.

While partnerships are recognised as useful for everyone, the accompanying strategies need to be better formulated at programme and regional office level. Insufficient formalisation at field level, sometimes coupled with a lack of analysis by those involved, also makes it impossible to measure the impact of partnerships or to adjust them.

Capacity building for partners, a central element of the previous Strategic Plan, usually takes two forms: transferring our technical expertise and improving management practices. This ensures compliance with our obligations and thus limits the financial risk for MdM. Organisational strengthening is not widely practised. This calls into question our starting position and our motivations. It is sometimes difficult to adopt anything other than a position of ‘expert’ (not open to the knowledge of others) or ‘donor’ (potentially creating dependencies). This perception bias varies according to the context of each project, the established structure of the civil society organisation, the partner’s capabilities and the history of our collaboration. But the trap set by this top-down approach can be avoided.

The very wording of the specific objectives in the previous Strategic Plan may have meant that MdM left few possibilities for its partners to reinforce their own capacities. A balance needs to be struck insofar as the very existence of the partnership implies a two-way contribution and an openness to others, particularly when the organisation joins forces with partners who resemble it less and whose activism is deployed differently.

Coalitions around common causes make us stronger, and the visibility of the causes we are defending together reinforces public uptake and support. However, it is essential to find the right balance to enable Médecins du Monde to maintain a unique, clear and unifying identity in order to widen its audience.

--- STRATEGIC OBJECTIVE

To campaign for more effective and fairer access to rights and healthcare in France and internationally by promoting the role of our local partners and working with MdM international network to develop complementarity with our operational partners.

With this objective, MdM is questioning the very nature of its partnerships. In an evolving humanitarian ecosystem, and in the interests of those concerned with our work, we believe it is essential to develop partnerships which are genuinely co-constructed, where the power to decide and the power to act are shared, along with access to financial resources. Civil society actors must contribute fully to preparing, implementing and evaluating healthcare interventions as well as the associated advocacy initiatives by means of greater influence and visibility. We must define and implement our reference framework to develop partnerships and alliances with local and community organisations working for effective access to healthcare and rights in an effort to promote their role,
COMMITMENT 2: TAKING ACTION

By 2027, MdM will have further considered and contributed to the emergence of balanced governance, enabling local and national stakeholders to participate fully in projects. To get to this point, we will have developed tools and methodologies for the teams, based on conclusive experience and good practice observed in the field as well as on the experience of other NGOs with greater relevant expertise.

We will have clarified the scope of the capacity building offered to our partners, so that it is more aligned with our ambitions and resources. We will have strengthened our expertise through mutual learning. We will have continued our advocacy work to ensure that community associations and civil society organisations have easier access to funding from donors and to decision-making spaces, which will increase the impact of our advocacy work.

We will have clarified the resources and ambitions of the MdM Foundation, to continue to directly support our partners and to promote research and the dissemination of good practice.

In addition to achieving a humanitarian model that we believe is fairer, where power and resources are better shared, we must diversify our partnerships and alliances to improve the efficiency of our projects by responding better to people’s health determinants and the specific healthcare needs of vulnerable people. We will develop partnerships and alliances to meet the needs of the people concerned and to strengthen our capacity to influence. In particular, we will seek complementary expertise to respond to the various factors that have an impact upon the state of health of communities.

We will also focus on our partnerships with actors who can give us a better understanding of the realities and aspirations of vulnerable, marginalised or disadvantaged groups, for example, user and community associations as well as universities and research institutes. This is essential in order to adjust our activities to the needs expressed, promote innovative approaches, create knowledge and fuel our advocacy.

Generally speaking, we will seek to pool human and logistical resources in order to reduce project costs, increase the impact of our activities and reduce our environmental footprint.

By 2027, we will have pursued our commitment to the partnerships and alliances that are already established. For each of our political causes we will have clarified the ambitions that drive us to work together, whether through formal or informal partnerships. These include, but are not limited to, SYNERGIES (in the context of sudden crises), Alliance Urgences (to encourage a demonstration of national solidarity in response to a disaster), HULO (humanitarian logistics cooperative), CAFI (Coordination des Actions aux Frontières Intérieures, coordinating joint action at internal borders), CAU (Collectif des Associations Unies, not-for-profit organisations’ collective), the collective Génération féministe, CNPD (Collectif pour une Nouvelle Politique des Drogues, campaigning for a new drugs policy), the World Health Collective and Crisis Action.

Depending on the areas of intervention and the humanitarian issues at stake, we will have identified the national or international partners who are most likely to respond to the health problems of the individuals concerned, develop pilot projects comprising an innovative approach, and strengthen our advocacy.

In recent years, the MdM International network has been consolidated. It now has a common vision and shared missions and values. Its governance has evolved to promote inclusion and horizontal working among its members.

Collaboration between the latter has been strengthened and facilitated by the production and distribution of framework documents. When several members are operating in the same country, synergies are sought as a priority. And in the event of a sudden crisis, a specific operational framework has been drawn up to specify the procedures for a joint response and how to manage it.

Work is underway to share expertise on our respective battles. These discussions go well beyond operational considerations. Given the complexity of the contexts in which MdM operates, protecting our teams is a priority for which we pool certain human resources and share our tools and analyses.

With regards to advocacy and communication, several initiatives illustrate our desire to fight political battles together. Although some clarification is needed on certain issues, several members are involved in joint advocacy.

Finally, the increase in the network’s members, their operations and advocacy has been made possible by the development of institutional and private fundraising. Following the creation of MdM-Turkey and MdM-Italy, the network will have 17 members in 2023.

The MdM international network has a Strategic Plan for the 2023–2025 period. The aim of this ambitious document is to consolidate the structure of the network in order to increase its collective strategic impact and influence. Our cooperation with the international MdM network is an essential element in our global development. We will contribute towards implementing its Strategic Plan to strengthen the global influence and impact of Médecins du Monde as a leading international health organisation which fights for fairer access to healthcare and rights in France and around the world.

By 2027, in close collaboration with all members, we will have actively contributed to the implementation of the network’s Strategic Plan. We will have played an active part in realising various objectives, including but not limited to improving operational coordination, increasing the impact of our advocacy, consolidating the network’s structure, and building an even more collaborative and inclusive network offering equitable opportunities to its members.
THE ACTION STRATEGY OF MEDECINS DU MONDE:
OUR PROJECTS CONVERGE TO DRIVE FORWARD OUR SIX POLITICAL BATTLES

MULTIPLIER IMPACT
Several projects addressing the same cause achieve better results and go beyond the goals set for each project separately.

OUR SIX POLITICAL BATTLES

- Migration, Exile, Rights and Health
- Harm Reduction
- Sexual and Reproductive Health and Rights
- Environment and Health
- Healthcare Systems and Rights
- Humanitarian Space

QUALITY REQUIREMENTS
An inclusive and non-discriminatory medical-psychological-social approach

MDM PRIMARY HEALTHCARE ACTIVITIES

- Provide Healthcare
- Bearing Witness and Advocating
- Supporting Targeted Social Change

PEOPLE AFFECTED

- Harm Reduction
- Migration, Exile, Rights and Health
- Sexual and Reproductive Health and Rights
- Environment and Health
- Healthcare Systems and Rights
- Humanitarian Space

PARTNERS

- MDRH
- HSR
- HS
- SRHR
- EHS
- MDRH

SPOTLIGHT ON AN MDM PROJECT:
PROVIDE HEALTHCARE, BEARING WITNESS AND ADVOCATING, SUPPORTING TARGETED SOCIAL CHANGE

COMMITMENT 2: TAKING ACTION
3.1 OUR DATA MANAGEMENT, RESEARCH AND LEARNING

Our previous Strategic Plan addressed questions of learning in various ways: through experiential knowledge (empowerment), by disseminating intervention models on our themes, and through capitalisation. Over this period, all MdM actors produced different kinds of knowledge (guides and reference material, modelling and capitalisation material, research work, etc.). We produced an Ethics Charter for research, established catalogues of monitoring indicators, developed partnerships with research laboratories and departments, and launched an ambitious project to manage our medical and social data. We also established a Research and Learning Unit to improve the quality of our work with relevant individuals and our ability to influence.

We must continue this approach by reaffirming a collective and shared vision of our ambitions, research and learning objectives.

— STRATEGIC OBJECTIVE

To improve ownership and promotion of our knowledge and data, both internally and externally, enabling them to be used to strategically manage our work with a view to increasing quality and influence.

This objective commits us to raising the internal and external visibility of our data and expertise in order to position MdM as an actor producing scientific and operational knowledge based on its actions. This work is carried out with the people concerned with our work and our project teams who find it useful and mutually recognise in it the value of experiential knowledge and health and social knowledge. It also commits us to developing how this knowledge is owned and used by and on behalf of our teams and projects. This is based on a collective vision of our learning, the aim of which is to improve the quality and impact of our actions and our advocacy. This also commits us to communicating these results externally in order to advance public policy through well-established knowledge.

By 2027, we will have improved how we implement high-quality projects based on reliable and relevant data. We will have better identified and promoted our good practice and will have progressed with documenting the impact of our actions (monitoring/evaluation and measuring the impact on social change). We will have created discussion spaces to encourage experiential learning between the fields by integrating the stakeholders, including the individuals who are directly concerned with our work. We will have promoted the results of our research and the work on the ground that has enabled it. We will be in a position to manage our strategies and projects on the basis of high-quality data. We will be better placed to document and account for our actions and consider how best to improve our strategies in keeping with our ambitions.
and our realities. We will be able to guarantee the quality of our research and compliance with our Ethics Charter and will collaborate with those scientific partners who share a common ambition. We will also be able to use this work to increase our legitimacy and our influence on key subjects.

Finally, in order to build interdependency on a selective basis, we will effectively manage our knowledge and thereby contribute to mutual accountability, primarily as regards the people concerned with our work.

3.2 ACCOUNTABILITY FOR OUR VALUES, POLICIES AND FRAMEWORKS

In our previous Strategic Plan, quality was defined as cross-cutting and comprehensive. In other words, quality not only applies to the services we provide to the individuals concerned with our operations but also to all the resources and key points which turn our organisational purpose into practice.

Over the period just ended, we developed policies and frameworks which supplemented the principles of action set out in our Mission Statement and established a framework for our accountability (Ethics Charter, PSEA, Funding Charter, policy position on the development of the organisation, anti-fraud and corruption policy, etc.).

--- STRATEGIC OBJECTIVE

To improve our accountability so that it reflects our values, serves our political vision and meets our collective requirements by developing a comprehensive framework and management principles that enable a proactive and agile response to change.

The objective cited commits us to adopting a global approach to developing, structuring and organising our internal frameworks in order to prioritise and interconnect them and to formalise our management principles (efficiency, transparency, exemplariness, confidentiality, etc.). These internal frameworks must make sense and constitute a whole which reflects the commitments set out in our Mission Statement. They must enable us to anticipate change and to position ourselves authoritatively.

Our organisation must take into account both internal and external social requirements. Our policies and frameworks constitute our positions with regard to these requirements. Our internal operations are therefore driven by an ethical and responsible approach.

Our ambition by 2027 is to be accountable for our actions towards all stakeholders by reaffirming our standards, which now make an indispensable contribution to the quality of our work. By then, our organisation will have a comprehensive, coherent and binding management framework, the product of a defined and mature methodology. We will be better placed to document, transparently account for and give necessary consideration to how we align these standards with our ambitions and realities.

Our demanding approach will be a guarantee of quality for other stakeholders. If we feel it is necessary, and as expressed in the following STRATEGIC OBJECTIVE, we will enter into strategic dialogue concerning the compliance requirements that others seek to impose upon us: accepting them when beneficial, negotiating when necessary, and refusing them when they are unacceptable. Our organisation will also be able to project itself as innovative and ahead of standards, as authoritative and leading the way on specific subjects chosen by us. We will no longer see our own standards as a constraint but as a lever to carry forward our causes, leading the way by example.

3.3 OUR COMPLIANCE OBLIGATIONS

Compliance is understood here to mean meeting the external obligations that apply to MdM. It does not refer to our internal requirements, which are the subject of previous discussions on accountability for our own values, policies and frameworks.

During the period of our previous Strategic Plan, several standards emerged in the context in which we work, and we had to define the degree of compliance which we wished to apply to each of them. Some of these norms, which we supported, were virtuous (gender mainstreaming, environmental responsibility, GDPR, etc.), others were contrary to our values and principles (such as targeting beneficiaries). Yet others simply reflected the growing complexity of the aid ecosystem, such as more and more requests for detailed supporting documents and the use of time sheets.

We have become well used to managing these different forms of compliance. We have integrated new expertise into our teams and set up an Audit Department and Committee as well as a Data Protection Unit. We have also successfully contested some compliance requirements.

As an independent NGO, our role remains to weigh up the various external standards in the light of our own obligations and, if necessary, to contribute towards developing them or to consider the option of civil disobedience.
Confiance), and standards within the international MdM network.
Our aim is to analyse in depth how we can improve our understanding of the issues arising from ever-increasing compliance obligations. We must first ensure we have the right tools to identify these obligations and to better analyse the way in which they align with our values and the related risks.
Under the aegis of the Board, which is ultimately responsible, and which has set up compliance management and control mechanisms for the entire organisation, we must also clarify the internal arbitration mechanism for compliance with these requirements. This should enable us to take more informed, prioritised decisions, at the right time and at the most appropriate level of decision-making, and to ensure these decisions are effective. This mechanism is based on regulatory monitoring and the contribution of advisors in the fields in which the relevant compliance requirements are applied.

As a result of establishing and consolidating this compliance mechanism, by 2027 we will have made progress towards addressing compliance requirements and their growth. We will be better able to anticipate them and will have a better understanding of their effects on our way of working. We will have identified and responded to essential requirements. We will maintain a critical and adaptive approach to standards which compromise our values or the interests of the individuals or partners involved in our work. In coalition, we will help break down these barriers whenever necessary. We will control risks better and will have adopted avoidance strategies or will engage in civil disobedience as needed, while demonstrating that we can take responsibility for our choices. Finally, our decisions will be taken at all corresponding levels of responsibility and will be reported on internally.
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REDUCE OUR IMPACT ON
THE ENVIRONMENT. PLEASE TAKE
CARE OF THIS BROCHURE.