

Annual Report - 2024

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The events of 2024 were a continuation of preceding years, dominated by multiple humanitarian crises resulting in waves of suffering for the victims of wars and devastating social and economic crises. Environmental conflicts and political instability compounded the effects of conflicts, which were already having a particularly deadly impact on civilians, leading to mass movements of exiles. At the same time, the biggest public sector funders in the humanitarian ecosystem, the United States and Europe, announced drastic cuts to their funding.

Despite outbreaks of violence, our international medical and activist organisation stood firm, continuing to represent humanity at the heart of the conflicts. Over the year, Médecins du Monde intervened in around thirty countries, including France, caring, bearing witness, and striving to be an actor of social change and to promote fundamental rights.

On 24 January 2025, the Trump administration announced the immediate suspension (for 90 days) of current and future projects funded by the United States. Almost US\$70 billion, destined for the Department of State and USAID, the United States international development agency, was frozen.

This represented around 40% of total humanitarian aid around the world. Less brutally but with equally serious consequences, France reduced its budget for official development assistance (APD) by 37% at the start of 2025, while most other European countries announced cuts of around 50%, contributing to the chaos of the current system with disastrous humanitarian consequences, at a time when needs have never been so pressing. Under these conditions, it is clear that international solidarity – crisis management mechanisms and those involved in it, including the United Nations – is under full-scale attack.

### ADJUSTED OPERATIONAL RESPONSES

In the Middle East, profound geopolitical disruptions in 2024 reshaped the region and led our organisation to make operational changes and issue constant reminders of international humanitarian law.

The Israeli government is operating a massive blockade of Gaza, which is having a disproportionately deadly impact on civilians and humanitarian workers. Despite these extreme conditions, the teams of Médecins du Monde continue to carry out admirable work, holding several hundreds of consultations every day. In the West Bank, colonisation is accelerating, with massive displacements of civilians while humanitarian operations are hindered by an increase in roadside checkpoints



DR. JEAN-FRANÇOIS CORTY

A WORD FROM OUR PRESIDENT

and an increasingly restrictive Israeli legislative framework, which is reducing the humanitarian space. Our teams are striving to adapt to this context, using mobile actions to get as close as possible to needs.

At the end of 2024, the military escalation in Lebanon led to thousands of deaths and injuries, and displaced hundreds of thousands of civilians. Between the ceasefires and bombings, we worked with our local partners to offer primary healthcare for displaced people as well as mental healthcare and psychosocial support.

In December 2024, the fall of Bachar al-Assad's bloody regime was a relief to the Syrian population, although insecurity remains palpable in various parts of the country. Médecins du Monde-France was able to redeploy exploratory missions in the governorate of Damas, while Médecins du Monde-Turkey and -Spain continued their activities in the north and east of the country.

There was no respite in the chronic conflicts taking place in Africa, from Burkina Faso to the Central African Republic and the Democratic Republic of the Congo (DRC). Médecins du Monde continued its response to emergencies in these countries, often through the provision of primary healthcare and mental health support. Our organisation has also developed more long-term activities in Africa, notably in the field of sexual and reproductive health and rights (SRHR).

The fight for unconditional access to abortion, as well as against cervical cancer, represents operational successes that we have been able to achieve with high-quality partners. In this regard, we are a recognised and key player in women's rights.

In terms of medical action, our organisation remains resolute in its ambition to change and simplify practices and make them more accessible to all. Regarding harm reduction for people who use drugs, we remain at the cutting edge of operational innovation, particularly in the South Caucasus (Armenia, Georgia) and Tanzania, where we are developing the CUTTS HepC project (Catalysing Uptake of Under-Utilised Tools & Treatment Simplification for HepC). In Myanmar, our operations to combat HIV and hepatitis continued despite unstable political and security conditions. In terms of our commitments to health and the fight against environmental inequalities, Médecins du Monde formalised an interventional framework in line with the One Health and planetary health approaches, which guide our operations and our advocacy work. I was able to visit projects from

Nepal to the Philippines, and from Kinshasa (DRC) to the Médoc in France. These trips were an opportunity to take stock of our work for people living in unsanitary living conditions and/or exposed to degraded working environments, particularly those involving pesticides.

After 35 years and thousands of successful operations, Opération Sourire and its surgical activities, which remain an operational reality for Médecins du Monde, will be transferred to our partners in the field. I would like to thank the volunteers and employees for their remarkable work. They have brought the spirit and values of our organisation to life through their actions.

# IN FRANCE, A FIGHT AGAINST INEQUALITIES AND IDEAS FROM THE EXTREME RIGHT

Médecins du Monde is a humanitarian, medical, and non-partisan organisation, although we also work in the field of political ideas, proposing innovative solutions to combat health, social and environmental inequalities. This activism takes place in France, where we are developing more than forty projects through the commitment of our volunteers and employees.

During the 2024 legislative elections, we prepared and led an unprecedented campaign advising

people to vote against the extreme and parties holding extreme right views, which are opposed to those that we defend. Within the Nos Services Publics collective, we reaffirmed our support for a united healthcare system and a welfare state endowed with significant financial and human resources. At the same time, and in the name of medical

We continue to support a vision of a democratic society founded on diversity and constructive opposition, as embodied by NGOs.

ethics, we continue to refuse any medicine which opposes "good" and "bad" patients, as desired by those who regularly call for change to the statefunded medical assistance (Aide médicale de l'État, AME). Finally, we continue to support a vision of a democratic society founded on diversity and constructive opposition, as embodied by NGOs.

The Paris Olympic Games in the summer of 2024 were undeniably popular, but they also led to social cleansing, with around 20,000 people being evicted before the event in the Île-de-France. This physical and symbolic violence was criticised by the

Le Revers de la Médaille collective and Médecins du Monde was heavily involved in defending the rights of the most vulnerable.

In terms of migration, our work to speak out against the consequences of the draft French Asylum and Immigration bill with regard to fundamental rights was noted, in a year which was the deadliest on the French-British border with at least 90 deaths.

Cyclone Chido, which hit the Mayotte Archipelago on 14 December 2024, was the most devastating in the last century. The catastrophe in the 101st French department led to widespread destruction of shanty towns and healthcare centres, as well as water outages and power cuts. We provided an emergency response to address needs, which remain considerable to this day.

# GREATER DEMOCRACY WITHIN THE ORGANISATION TO INCREASE COMMITMENT

In order to strengthen community life, the Board has, since October 2024, opened its meetings to the public, and more specifically, to the members of the Médecins du Monde community.

Regarding quality of life at work, the Board made team safety and well-being, and the recognition of each individual's work an absolute priority. Since the General Assembly in 2024, quality of life and working conditions (known by the French acronym, QVCT) have become a stand-alone project, with substantial new funding to uphold a responsible and supportive HR policy.

Finally, Médecins du Monde France forms part of an international network of 16 other members, each at a different stage of development. Aware of the importance of this collective, which continues to exist despite the context of cuts to public sector funding, our organisation is determined to support the creation of collective governance and development based on overall growth, which includes, among other things, the emergence of new members from the Global South.

The rise in populism, which has not spared Western democracies, is leading to inward-looking attitudes and the development of stigmatising policies which accentuate vulnerabilities.

These ideologies also generate a climate of defiance towards humanitarian actors and scientists, who see their legitimacy and the scope of their work being brought into question. Despite this, Médecins du Monde and our partners in the field remain fully

committed to addressing these trends which encourage untruths and create inequalities. We do so thanks to the unconditional commitment of our thousands of employees, volunteers, and members, and the support from funders and donors, whom we thank once again. Thank you one and all.

# **BUDGET**

MDM FRANCE BUDGET: 149,3 M€

## **HUMAN RESOURCES**



3,786

MÉDECINS DU MONDE ACTORS

### 1.802 PEOPLE

### IN OUR INTERNATIONAL PROGRAMMES

- 1,641 national employees and national staff members in the field
- 1 international solidarity volunteer
- 101 employees on international assignments
- 59 employees at head office, including 5 mobile staff

### 1.568 PEOPLE

### **IN OUR PROGRAMMES IN FRANCE**

- 1,402 active volunteers (including voluntary Board delegates)
  154 employees and national employees in the field and in regional offices
- 12 employees at headquarters

### 416 PEOPLE

### IN OPERATIONAL SUPPORT

- 152 volunteer Board delegates
- 264 employees at headquarters

# IN FIGURES

# **FRANCE PROGRAMMES**

47
PROJETS
ON
25
SITES

I	Healthcare system and rights 21 projects
ı	Migration, exile, human rights and health 10 projects
-	Health and the environment10 projects
ı	Harm reduction 5 projects
	Sexual and reproductive health rights 1 cross-cutting project

15 FIXED-LOCATION PROJECTS (including CASOS and CAOAS) and 32 MOBILE PROJECTS 14 CASOS AND CAOAS

# **INTERNATIONAL PROGRAMMES**

3,300,000 BENEFICIARIES OF OUR PROGRAMMES

### **GEOGRAPHICAL DISTRIBUTION OF OUR PROGRAMMES**



- 30 projects in 9 countries in Africa
- 11 projects in 5 countries in the Middle East
- 7 projects in 2 countries in Latin America
- 8 projects in 6 countries in Europe
- 11 projects in 5 countries in Asia
- 1 cross-cutting project: cutts HepC (Georgia, Armenia, Tanzania)



### **GEOGRAPHICAL BREAKDOWN OF OPERATING EXPENDITURE**



### 84% International of which:

- 39% in Africa
- 30% in the Middle East
- **10%** in Latin America
- 10% in Asia
- 7% in Europe
- miscellaneous projects (Opération Sourire, cross-cutting projects, and exploratory missions)

16% France

# POLITICAL CAUSES

# SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Médecins du Monde is committed to the recognition of sexual and reproductive rights and access to comprehensive and appropriate sexual and reproductive health services. The organisation remains committed, alongside its local and international partners, to preventing and treating unwanted pregnancies, responding to sexual and reproductive health needs in crisis situations, and preventing cervical cancer.

### HARM REDUCTION

Médecins du Monde works with people who use drugs, sex workers, and sexual and gender minorities, and favours a harm reduction approach to facilitate their access to healthcare and recognition of their rights. This approach involves adopting a pragmatic stance in order to identify needs and build solutions with the people concerned. In addition to its work on the ground, the organisation advocates for improving their access to rights and lifting the legal, normative, and social barriers that marginalise them and distance them from healthcare services.

## MIGRATION, EXILE, HUMAN RIGHTS AND HEALTH

Reception conditions for migrants and exiles remain extremely poor in many destination and transit countries. Closing and tightening the borders, criminalising people – with the subsequent practices of detention, expulsion, and deportation to the country of origin or transit that they lead to – results in health problems, difficulties accessing healthcare,

and violations of human rights. That's why Médecins du Monde has made access to healthcare and rights for migrants and exiles a priority in the field and in its advocacy work.

### **HUMANITARIAN SPACE**

Conflicts are becoming increasingly complex, exacerbated by armed conflicts, food insecurity, the consequences of climate change, and epidemics. They lead to acute disruptions in healthcare provision and increase violence and vulnerability. The impact on physical and mental health is significant and the needs are manifold. In these situations, Médecins du Monde intervenes to restore people's access to healthcare and advocates respect for international humanitarian law, humanitarian principles, and the protection of humanitarian and healthcare workers.

### **HEALTH AND THE ENVIRONMENT**

Médecins du Monde works with populations facing deteriorating living and working environments that have an impact on their health. We work with people to reduce their exposure to environmental risks and improve access to care that takes account of their specific needs. We are campaigning for recognition of the health risks associated with such exposure and for greater environmental justice.

### **HEALTHCARE SYSTEM AND RIGHTS**

Through its actions, Médecins du Monde defends the healthcare and preventive health systems provided by public authorities, enabling access to healthcare and rights for all, based on the principles of equity, solidarity, and individual involvement. Advocacy on these issues is fairly well developed in France and focuses on breaking down the barriers to entitlement to health protection, and fairer, more sustainable pricing of medicines.

# AREAS OF INTERVENTION

# **QUALITY REQUIREMENTS**

### **EMPOWERMENT**

Médecins du Monde relies on the knowledge, expertise, and experience of the individuals and communities directly concerned by its projects in order to adapt is methods of intervention and place their concerns at the heart of its action. To encourage the empowerment and participation of the people and communities with whom the organisation works, MdM supports the use of peer workers and collective initiatives, favouring relationships with local partners while encouraging advocacy by community players.

#### HOLISTIC APPROACH TO HEALTH

Médecins du Monde promotes a comprehensive approach to health, integrating all physical, mental, and social aspects. In this respect, in addition to setting up and supporting medical and pharmaceutical services responding to the highest of standards, the

organisation has adopted a specific approach to mental health and psychosocial support. Médecins du Monde focuses on the determinants that influence mental health and targets situations of psychological vulnerability. The organisation targets people involved in developing appropriate public health responses.

# TAKING INTO ACCOUNT INDIVIDUAL AND SOCIAL DETERMINANTS OF HEALTH

Médecins du Monde develops health services that take into account the social determinants of health, the needs of people in relation to their age, gender, or disability, their practices, and their living conditions. In particular, the organisation has adopted a gender policy to combat the inequalities and discrimination that can affect people's health. For example, MdM incorporates rapid gender analyses into its humanitarian responses and works on co-responsibility for health in the prevention of unwanted teenage pregnancies.



"Médecins du Monde rejects all forms of inequality and injustice and defends environmental justice. This is the basis for all our interventions and a powerful theme on which to advocate."

### Médecins du Monde position on healthand the environment, May 2024

In many of the fields in which we operate, Médecins du Monde meets vulnerable people faced with degraded living and/or working environments which have negative consequences on their health. Committed to the values of social justice, Médecins du Monde has been defending access for all to a quality environment and speaking out against health inequalities linked to the environment since 1999, with our first health and housing projects.

We often encounter vulnerable people who are forced to live in degraded conditions, informal, temporary and indecent housing, subject to risks of expulsion. These are often located in areas far from services, no or unsafe connections to water or sanitation networks, exposed to pollutants (former industrial sites, waste disposal sites, high-risk factories, alongside motorways or railways, etc.) without any natural spaces nearby. In some cases, the situations start to resemble environmental racism, with minority groups systematically being more exposed than others to pollution, and prevented from accessing a better environment.

In this context, Médecins du Monde is committed to reducing these inequalities through health mediation and preventive outreach work, sometimes with medical support. This is the case in Bulgaria, where we work with communities in the ghettoised district of Nadezhda, for an environment that is more conducive to health, in partnership with the local authority. In Manila, in the Philippines, we are raising awareness among communities of the risks linked to chemical products in their environment, particularly lead, which can have irreversible effects on children and pregnant women.

Médecins du Monde also bears witness to degraded working conditions which have direct consequences on physical, mental, and social health of people who have become invisible and who often don't have access to the full range of social protection. In Bordeaux we work with food delivery drivers employed by online platforms, who are subjected to a frenetic pace of work. These working conditions have an impact on their mental health and expose them to considerable risks of accidents and physical consequences. In Nepal, we carry out awareness raising around the risks of waste collection and exposure to pesticides in agriculture, improving tetanus vaccination coverage, distributing protective equipment, access to occupational health consultations, and training for health professionals on these issues.

# IDENTIFYING AND CALLING OUT ENVIRONMENTAL INJUSTICE

These activities aim to increase people's power to act, their capacity to take decisions, and influence their environment and their lives. We support collective and grass-roots initiatives such as the *Maison des Livreurs* in Bordeaux (France), the market gardeners' associations in Kinshasa (DRC), and associations of waste collectors and recyclers in Kathmandu (Nepal).

Médecins du Monde aims to develop advocacy for environmental justice, particularly by focusing action on the environmental factors of health. We want to strengthen data collection and research in our projects so that the impact of environmental pollutants upon health are recognised. We also strive to call out the health scandals and situations of injustice to which we bear witness, to eliminate them, and more widely, to support collective change for living and working environments which are more conducive to health.

Médecins du Monde has accelerated the creation of partnerships, not only around housing and poor accommodation, but also on more recent issues

# HEALTH AND THE ENVIRONMENT

such as pesticides, with *Générations Futures*, the *Secrets Toxiques* collective, and the partnership on Pesticide Action Week. We also aim to promote protective factors for health, particularly a high quality environment for people to live, eat, and receive healthcare. This is a key step in moving from a defensive strategy to a proactive strategy, adopting the "One Health" approach to promote greater environmental justice.

Acting for environmental justice also means supporting people as they advocate for their rights and their health, to reduce environmental inequalities. In Kinshasa, this involves demanding better control of imports of unauthorised pesticides to avoid the most toxic products from reaching the market.

We are also working with occupational health services to develop medical consultations which are adapted to the professional risks of market gardening, and work with medical and social partners towards mechanisms which can overcome the financial barriers to accessing healthcare for market gardeners and their families.



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

### Extract from the 2024-2027 Médecins du Monde Strategic Plan

In France and internationally, partnerships are integral to the Médecins du Monde identity. These indispensable and strategic alliances strengthen our ability to construct and lead the organisation's causes, to potentiate our results and our response to the needs of communities on the operational level, while facilitating access to funding. More specifically, partnerships with local and national organisations allow us to adapt our work more closely to local realities and encourage ownership of the projects by communities themselves. In response to humanitarian crises, which are growing in number and becoming more complex, Médecins du Monde has prioritised the development of its partnership model. We continue to seek more equitable and transparent local and national alliances based on a complementary partnership of equals rather than one of domination. This is one way of limiting any neocolonial tendencies which can result from humanitarian action.

Internationally, Médecins du Monde supports people's capacity to act as drivers of social change in health-related causes. For example, in Latin America, we coordinate the Feminist Opportunities Now (FON) programme, which was launched in 2022 in ten countries by a consortium of five organisations. It aims to respond to gender-related violence through funding and capacity building feminist organisations.

Priority is given to small-scale organisations working with people who are particularly vulnerable to gender-based violence. Around thirty organisations

are supported in Mexico and Colombia through training in diversifying funds, risk management, advocacy, financial management, purchasing procedures, and managing volunteers. Currently, some 22 feminist civil society organisations are financially supported by the FON programme in Latin America. Sixteen of these are supported in their advocacy work.

### RICH AND DIVERSIFIED PARTNERSHIPS

To guarantee more horizontal partnerships which are better adapted to the challenges facing vulnerable communities, in 2024 MdM reaffirmed its objective to diversify its partnerships to improve project efficacy and better respond to the health determinants of the population and the specific needs of vulnerable groups.

Médecins du Monde has prioritised the development of its partnership model and continues to seek fairer and more transparent local and national partnerships based on a partnership of equals rather than one of domination.

We also aim to develop alliances with actors who can help us better understand the realities and aspirations of marginalised or vulnerable people. INPUT (the International Network of People who Use Drugs) is a partner in a project that Médecins du Monde leads in consortium with people who use drugs. This community network ensures that people affected by the project are represented and participate actively in research by involving researchers from the community alongside other researchers, including the Burnet Institute and the University of Bristol. In the world of research, the partnership with the Institut Convergences

# **PARTNERSHIPS**

Migrations (ICM) allows MdM to support the development of collaborative research-action projects on migration in the context of Palestine. This approach not only contributes towards facilitating but also encouraging the rapid and effective implementation of research initiatives striving to meet urgent needs, in close collaboration with local actors and research teams.

In France, Médecins du Monde makes use of its partnerships to defend a fair and united health-care system which is accessible to all without discrimination, and fights against the growing financialisation of the healthcare system. One notable partnership is with the Tour de France pour la Santé, which brings together professional healthcare associations and unions to call out the rapid deterioration of the French healthcare system, from hospitals to primary care facilities, and proposes another model which is more adapted to the needs of the population. The organisation

has also established a partnership with the Nos Services Publics collective to speak out against the deterioration of public services and the disastrous consequences for the most vulnerable. Other partnerships are being developed with networks of healthcare workers and feminist organisations to defend state-funded medical assistance (AME) against the many attacks it is under.

In 2025, Médecins du Monde will continue its work in close collaboration with community organisations to pool expertise and jointly build mechanisms, actions, and strategies to advocate for sustainable change.



# **ADVOCACY**

### RESPECTING SRHR AROUND THE WORLD

In a global context where the rights of women and LGBTQIA+ people are under attack, Médecins du Monde has strengthened its fight for sexual and reproductive health rights, which is a public health, gender, and human rights issue. Our actions have enabled substantial progress, such as the adoption of a guide on cervical cancer in Burkina Faso, the integration of papillomavirus testing and self-testing in the DRC, and a relaxation of the legal framework around abortion in Côte d'Ivoire. Médecins du Monde has also participated in the fight for free medical certificates for victims of sexual violence in Burkina Faso and has supported an initiative to promote sexuality education in the Philippines. In French-speaking Africa, we have increased our participation in ODAS, a movement to encourage dialogue around safe abortion, particularly through the creation of an activist university. We are also continuing our active participation in the UNESCO Sexuality Education Advisory Group.

### The right to abortion

At a time when there are multiple threats to the right to abortion, Médecins du Monde has co-organised an event at the United Nations on this major issue, calling on all States, including France, to firmly defend this right. While we welcomed the integration of the right to abortion in the French Constitution in 2024, strengthening the law is not sufficient. This is why the organisation has supported various local initiatives, such as the family drop-in centre for women who find themselves without accommodation after leaving the maternity ward in Nantes, access to hepatitis B and C testing at the free information, testing and diagnosis centres (Lyon, Montpeller), and the sexual health network in Rouen.

# **EVENT**

#### **FAIRE CORPS EVENT**

On 28 September, International Safe Abortion Day, Médecins du Monde organised the "Faire Corps" event at Ground Control in Paris. In a spirit of activism, learning and fun, this new event was attended by 3,800 people who took part in workshops, presentations and discussions. The aim was to increase citizen involvement to promote sexual and reproductive health and to propose engaging and realistic alternatives for a fairer society.

### **Breaking taboos**

In terms of discussions, five talks took place throughout the day on subjects such as reproductive justice, ways of making abortion safer and more accessible in Europe, the role of men in this fight, and taboos around abortion. Key figures in the discussions included African author Axelle Jah Njiké, actor and author Enora Malagré, and influencer Guillaume Fournier.

And the day didn't overlook children and young people, involving them in several age-appropriate workshops on sex and relationships. Lolita Rivé, primary school teacher and creator of the "C'est quoi l'amour, maîtresse?" (What's love, miss?) podcast, chaired discussions on understanding our bodies, while the NGO Brûlant.e.s and the theatre company T-Rêve discussed the infinite nuances around desire and emotions. For older participants, an immersive sound experience The Unheard Voice highlighted accounts from Italian women who had been subjected to psychological violence during their abortions. Stand-up comedienne Laura Domenge closed the day on a humorous note in an act covering taboos around abortion - and ironic and guirky way of addressing a subject which remains as topical as ever.

# ADVOCACY AND CAMPAIGNS

# **#OUIJAIAVORTE:**

# VONS LES TABOUS AUTOUR DE L'AVORTEMENT

Julie Caron, responsable éditorial chez aufeminin

Énora Malagré, comédienne et autrice

Bibia Pavard, historienne

Axelle Jah Njiké, autrice afropéenne & dramaturge



"Abortion may now be part of the constitution but there is still a lot of disinformation about it around."

**Enora Malagré, actor and author** 

## **CAMPAIGN**

### **GOT A MINUTE?**

The trademark cry of the charity donor recruiter as you pass them on the street: "Got a minute?" This was the theme chosen for the awareness campaign launched in December 2024 by Médecins du Monde. Developed in partnership with Studio Konbini, the mission was to reach a young audience with an effective and engaging campaign to raise awareness of the organisation's values and campaigns. For four weeks, the ambassadors of Médecins du Monde dropped in unannounced on social networks and the platforms of influencers and celebrities who were in on the quirky campaign to grab attention and shatter a few preconceived notions about the organisation.

#### **Battles closer to home**

Coming from a new angle and striking a different tone, the campaign shone a light on a cause that Médecins du Monde holds dear, despite scant awareness among the general public – the issue of environmental health and how people live or work in places that are hazardous to health. The campaign also highlighted the action taken by the organisation

"Got a minute? Do you think Médecins du Monde is only there for emergencies on the other side of the world? Well, think again. We have healthcare challenges in France too, you know, sometimes right under your nose."

Laura, ambassador

in France and Médecins du Monde's specific focus on achieving the sustainability of the impact of its activities, by means of empowerment, social development or joint and collective action with the population groups concerned.

Broadcast on social media, the campaign also played in cinemas, on replay or streaming platforms and through 16 collabs with content creators. Mission accomplished: in record time,

the operation generated more than 31 million views. A big buzz created around issues of social justice and a huge boost to the profile of the organisation.

# **ADVOCACY**

### THE IMMIGRATION ACT: EXILES PICK UP THE BATON OF ADVOCACY

In 2024, Médecins du Monde mobilised against the Asylum and Immigration Act, the umpteenth piece of legislation to undermine the rights of exiled people. During this long-running political soap opera, the challenges of healthcare have been the centre of attention in France. The perilous prospect of the abolition of State Medical Aid (AME), which would significantly reduce the rights of people without a residence permit, threatened those in that predicament and worried health and social care professionals. With this debate raging, we co-organised a first press conference led by exiled people, affected by each of the challenges posed by this legislation. A member of the Montreuil Undocumented Collective made the case in favour of the AME before the massed ranks of journalists.

### An alternative take on reception policy

The brainchild of a group of associations, including Médecins du Monde, a "Pop-Up Parliament for an alternative reception for exiled people" was staged in Nancy, Place Stanislas, in June 2024. Before a crowd of 600, a group of women and men co-wrote and performed a theatre piece, running the gamut of emotions of life in exile between hospitality and hostility, smattered with the absurdities of red tape and soundbites from the public discourse. A good-humoured and lively forum among organisation members followed, unpacking the nefarious effects of the Immigration Act for the benefit of the general public. Thanks in no small measure to the work of the Lorraine delegation from a collective of associations and affected people, this event took on a singular political significance. Planned for 29 June, on the eve of the first round of the legislative elections, it created a platform for other voices to counter the domination of the narrative by the far right.



In 2024, worsening tensions around the world confirm that we are going through a large-scale crisis that is putting humanitarian action under pressure like never before. Faced with multiple crises in unstable settings, the teams of Médecins du Monde on the ground have had to constantly adapt in order to keep providing access to health and care. In Palestine, violence against the civilian population has reached a dramatic intensity, with a very complex humanitarian situation in Gaza and repercussions in the West Bank and Lebanon. Everywhere we see serious violations of international humanitarian law and a glaring lack of protection for the local population, humanitarian workers and health professionals.

Faced with the destruction of the health system in Gaza, Médecins du Monde teams provide thousands of monthly consultations in primary healthcare, particularly for children, pregnant and lactating women and the chronically ill, despite heavy logistical and security constraints.

In this unstable context, the organisation continued to champion the right to healthcare not only from an operational perspective but also through advocacy, making numerous statements to denounce the status quo, call for respect for international humanitarian law and demand a permanent ceasefire.

In 2024, Médecins du Monde also continued to consolidate its operational strategy, focusing on a smaller number of countries for intervention while increasing the number of activities in those where the organisation already has a presence. Numerous exploratory missions have been carried out, such as in Mindanao, the Philippines, Afghanistan and Kivu in the Democratic Republic of the Congo. This momentum helped us launch some new projects in line with our various political causes: opening a

base in the Katsina region in north-western Nigeria, intervening in the Darién region in Panama, extending a cervical cancer treatment project to the San Pedro region in south-western Côte d'Ivoire.

The year 2024 also saw programmes close in Moldova and Malaysia. In Russia, the organisation was forced by the authorities to leave the country and abandon all its activities, a unilateral decision with no recourse to discuss and dispute. Despite being physically absent, Médecins du Monde has done everything possible to ensure support for its local partners, in order to avoid jeopardising the dynamics of partnership and to ensure continuity of care for the people benefiting from the projects.

#### **FINE-TUNED EMERGENCY RESPONSES**

In 2024, a new operational partnership in the Mediterranean Sea was established with the NGO ResQ People as part of a tripartite agreement with Médecins du Monde-Italy. This collaboration resulted in two joint rotations at sea in December. The organisation supported ResQ People in establishing protocols, recruiting medical staff, training teams, sourcing medical equipment and managing the onboard clinic.

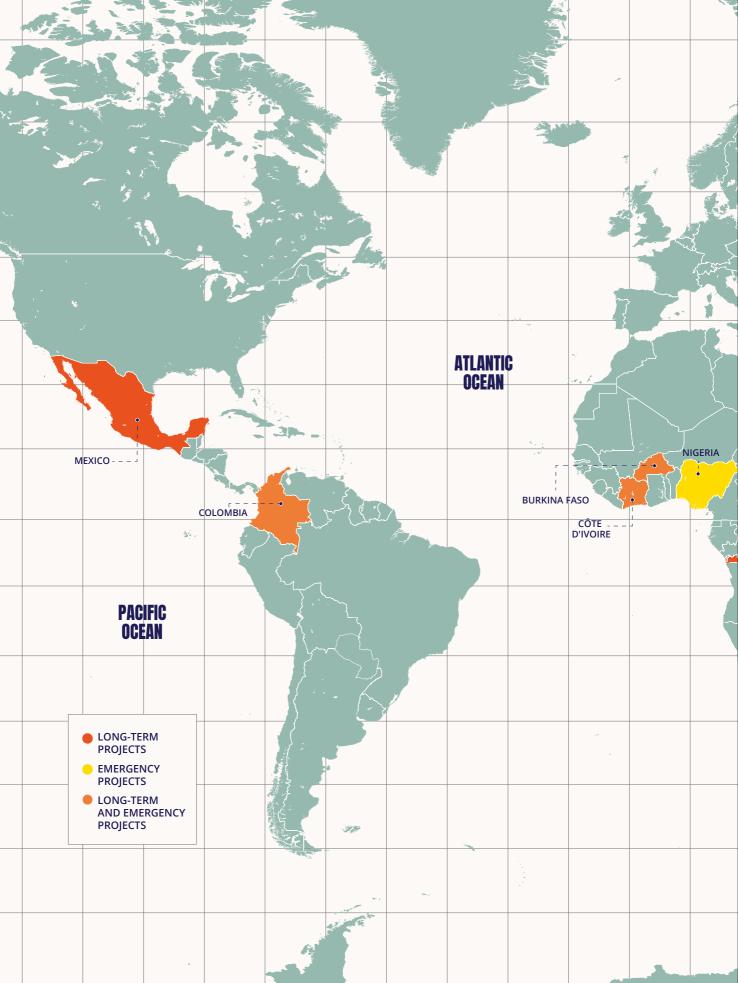
In a context that is deteriorating sharply, our interventions in Afghanistan, Syria, Myanmar, the Democratic Republic of the Congo, Ethiopia, Kenya and Yemen are continuing and are gathering strength. In Syria, our teams were once again able to travel to Damascus and see the dramatic consequences of years of war on the population in previously inaccessible areas. The Syrian health system has been bled dry, with only 37% of primary health centres and 59% of hospitals functioning.

Médecins du Monde also adopts innovative approaches to meet needs identified on the ground. In Ukraine, for example, we are developing

# INTERNATIONAL OPERATIONS

telemedicine consultations with older sectors of the population to deal with the paucity of caregivers. In Iraq, we have started a harm reduction project with consumers of non-injectable stimulants in Baghdad. The objective is to better understand the phenomenon and its impact on public health and to reinforce the Ministry of Health in its strategy to support people who use drugs. In Tanzania and the Central African Republic, we are also working to transfer skills to partners in neighbouring countries.







# **AFRICA**

### **9 COUNTRIES 31 PROJECTS**

**BURKINA FASO 4 PROJECTS** 

**CENTRAL AFRICAN 2 PROJECTS** 

**REPUBLIC** 

**CÔTE D'IVOIRE 5 PROJECTS** 

**DEMOCRATIC REPUBLIC 5 PROJECTS** 

**OF CONGO** 

**ETHIOPIA 3 PROJECTS** 

**KENYA 1 PROJECT** 

**MADAGASCAR 7 PROJECTS** 

**NIGERIA 1 PROJECT** 

**TANZANIA 3 PROJECTS including** 

**CUTTS HepC** 



# **NIGERIA**

### FROM ARMED VIOLENCE TO NATURAL DISASTERS

In Nigeria, nearly 8 million people are in need of urgent humanitarian assistance. Undermined by violence from armed groups, the situation is particularly dire in the north-eastern states of Borno, Adamawa and Yobe, where there are more than 2 million internally displaced people who find themselves without regular access to shelter, clean water, food and health services. The massive floods in September further aggravated the Nigerian crisis: thousands of families were forced to flee, particularly to the Maiduguri camps, and many health centres were flooded. In the north-west, Katsina State is ravaged by armed bandits: more than 2,000 people were killed in violent incidents in 2024.

### **IMPROVING ACCESS TO CARE**

Faced with these serious problems, Médecins du Monde has maintained its activities in 2024 in Borno State, in the north-east of the country. The organisation supports two primary healthcare centres, Dalaram and Abbaganaram, in the city of Maiduguri, which hosts thousands of displaced people. These serve to strengthen their self-reliance: sexual and reproductive health and rights,

In 2024, a total of 147,991 curative consultations were carried out in Nigeria treatment for people suffering from acute malnutrition or survivors of gender-based violence. Teams also offer free healthcare through two clinics in Damboa, support a primary health centre and organise mobile clinic

services in Katsina and surrounding villages. In 2024, all these activities produced 38,249 prenatal consultations, 39,089 screenings of children under 5 for malnutrition, and care for 529 survivors of gender-based violence.

# DEMOCRATIC REPUBLIC OF CONGO

#### **SEXUAL HEALTHCARE EMERGENCIES**

In 2024, an estimated 7.7 million people were at risk of exposure to gender-based violence in the Democratic Republic of the Congo. Physical, sexual or gender-based violence is fuelled in particular by armed conflicts and population movements that have plagued the east of the country for decades. Furthermore, only 31% of Congolese women and girls make decisions about their own healthcare, including whether or not to have a child. Sixteen percent of women aged 15–49 use a modern method of contraception and an average of four women die during childbirth or pregnancy every hour in the country.

### **BREAKING DOWN TABOOS**

Establishing a presence in Kinshasa in the late 1990s, Médecins du Monde has been developing a programme for young people to improve their access to sexual and reproductive health services since 2014. The programme involves the prevention and care for unwanted pregnancies and sexually transmitted infections by ensuring access to reliable information, modern methods of contraception, appropriate medical consultations or comprehensive abortion care. The organisation thus carried out 11,440 consultations in sexual and reproductive health and rights in 2024. In tandem, Médecins du Monde raises awareness about issues regarding sexuality in order to challenge deep-rooted taboos in society. The teams identify and train outreach workers, peer educators and facilitators so that they can, in turn, organise awareness-raising sessions for their communities. **In 2024, Médecins du Monde** provided medical support to **258 victims of gender-based** violence in the Democratic **Republic of Congo.** 

# **KENYA**

### A NEW EMERGENCY PROGRAMME

Between 2020 and 2023, Kenya experienced its worst drought in four decades. It was a disaster that plunged the country into a major nutritional and health crisis and caused significant population displacements. The devastating rainy season of 2024, linked to the La Niña weather phenomenon, claimed the lives of nearly 300 people and hundreds of thousands of Kenyans had to leave their homes to escape the deadly weather destroying everything in its path. Floods also swept away roads and healthcare facilities and hampered reconstruction, relief efforts, sexual and reproductive healthcare, and the management of outbreaks of cholera and measles.

### SUPPORTING HEALTH CENTRES IN MARSABIT COUNTY

Médecins du Monde had withdrawn from Kenya in 2020 but relaunched its mission in the country in 2024 to carry out a needs diagnosis before getting efforts underway in September in Marsabit

134 community
health promoters
and workers were
trained in sexual
and reproductive
health and rights in
Kenya.

County, an arid region in the north of the country. Launched on its own funds, the project aims to strengthen the capacity of the health system for local and displaced population groups by improving medical referrals, supporting healthcare facilities and raising awareness of sexual and reproductive health rights.

In 2024 these endeavours resulted in repairs to ambulances and in training for community health workers in sexual and reproductive health and rights. Médecins du Monde teams also support the Marsabit County Department of Health in the supervision of health centres.

# **BURKINA FASO**

## A MASSIVE BUT NEGLECTED HUMANITARIAN CRISIS

The crisis in Burkina Faso continues to hit civilians hard. More than 2 million people, or about 10% of the population, are internally displaced. The trend headed upwards in 2024, with 342,155 new people forced to flee their homes between January and November. Marked by armed violence but also by climate shocks such as drought and floods, the deterioration of the situation has accentuated vulnerabilities, in particular food insecurity and lack of access to water and essential healthcare. It is estimated that 6 million people are in need of humanitarian assistance across the country currently, of which 52% are women and 56% are children. Health infrastructure is under attack or insufficient: more than 424 (17.7%) health centres had to close in 2024, and 309 others (12.9%) are functioning at a minimum.

### ENSURING ACCESS TO PRIMARY HEALTHCARE

In the face of multiple emergencies, Médecins du Monde has been running a humanitarian programme in Kongoussi, in north-central Burkina Faso since 2020. Teams on the ground have set up mobile clinics and forward health posts, and they are supporting health centres to offer free primary healthcare, prevention and care for gender-based violence, mental health consultations and psychosocial support in certain areas with a large concentration of displaced people. Médecins du Monde is also pursuing a rapid-response programme in health nutrition and has succeeded in setting up an operating room at the medical centre in Bourzanga, an extremely remote city, to deal with medical-surgical emergencies.



# MIDDLE EAST

### **5 COUNTRIES 11 PROJECTS**

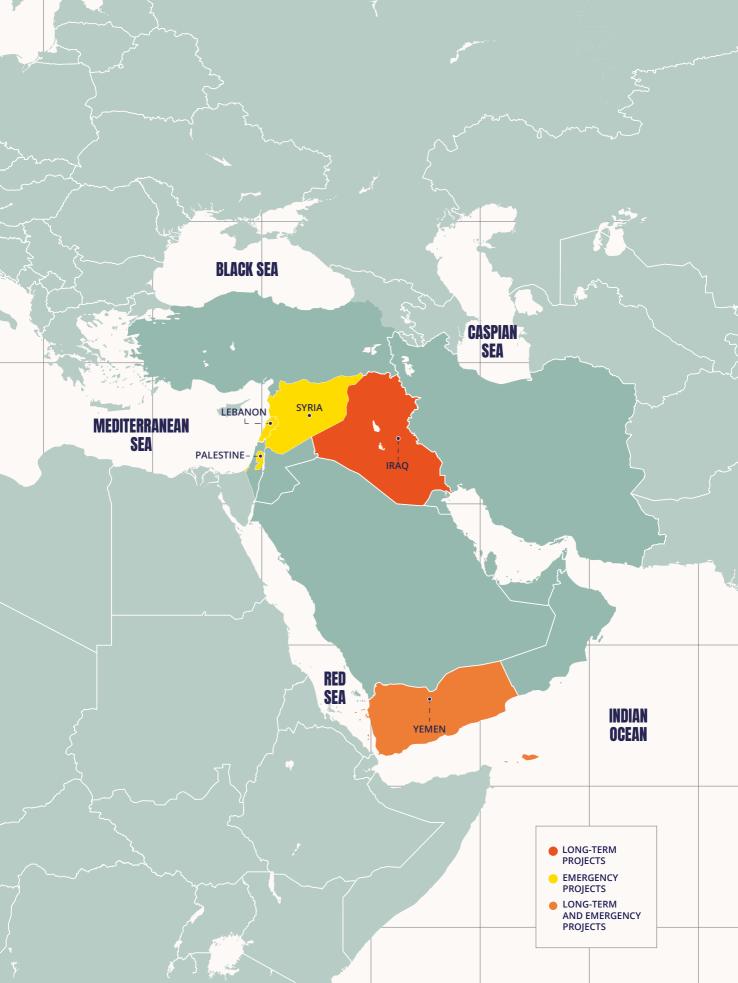
**IRAQ 1 PROJECT** 

**LEBANON 4 PROJECTS** 

**PALESTINE 3 PROJECTS** 

**SYRIA 1 PROJECT** 

**YEMEN 2 PROJECTS** 



# **PALESTINE**

### AN OPEN-AIR PRISON

The deadly attack by Hamas on Israeli civilians on 7 October 2023 triggered a massive response from the Israeli Army in the Gaza Strip, one of the most densely populated territories on Earth. More than 48,500 people have been killed, mostly women and children, more than 112,000 injured and nearly 2 million displaced. Bombing campaigns and forced displacement orders are deepening the humanitarian crisis and forcing the population into an endless cycle of violence while food, water, shelter and medical care grow increasingly scarce. According to the Médecins du Monde report on malnutrition in the Palestinian enclave, nearly one in four babies under the age of one is malnourished, and 19% of pregnant and breastfeeding women are acutely malnourished in 2024.

### SUSTAINING EMERGENCY ASSISTANCE

In response to this relentless violence with its exhausting cycle of forced displacements and bombings, Médecins du Monde has persevered in expanding its activities by offering primary healthcare

Médecins du Monde advocates for the respect of international humanitarian law and the completely impartial provision of healthcare to civilians. consultations through four health centres in the Khan Younes and Deir el-Balah regions, in particular treating chronic and communicable diseases, and providing emergency first aid, sexual and reproductive healthcare and mental healthcare. Despite myriad obstacles, the teams on the ground have also managed to distribute medicines and medical equipment to local partners. In the

West Bank, although 2024 was one of the deadliest years with 498 deaths caused by armed violence, the organisation provided 4,294 primary healthcare consultations and 825 mental health and psychosocial support consultations in remote areas.

### **LEBANON**

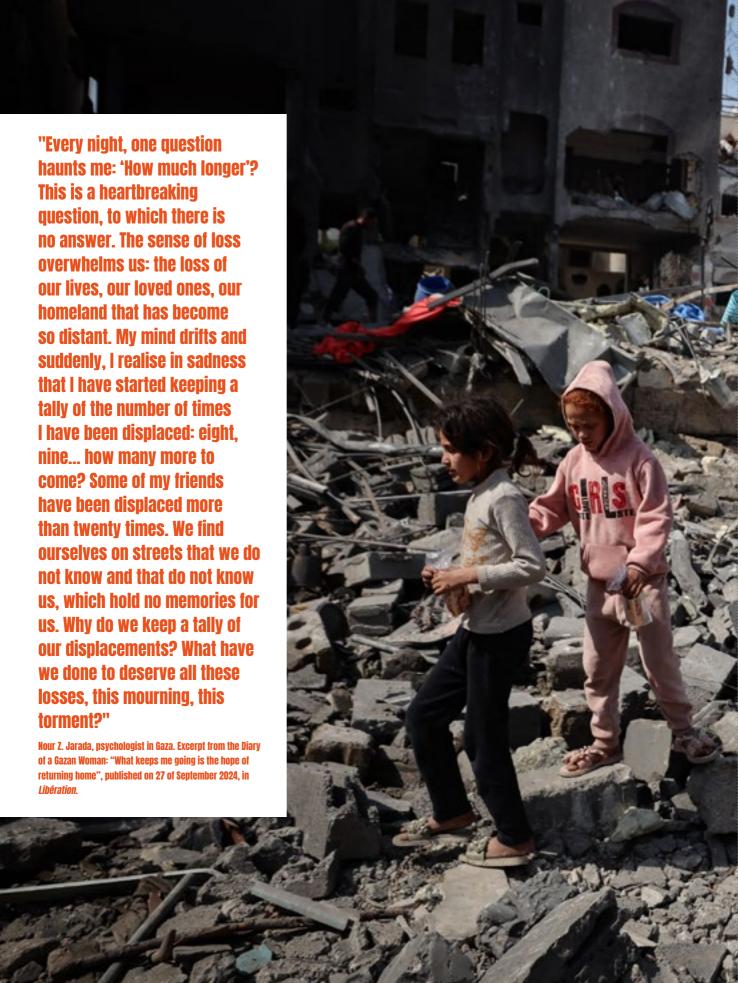
### THE ESCALATION OF VIOLENCE

More than a year after the start of the war in the Gaza Strip, the conflict has spread to Lebanon. Already shaken by a long economic and political crisis, the country has come under repeated attacks by Israel since September, particularly in Beirut, the Bekaa region and the south of the country. The escalation in violence has claimed many lives: nearly 3,700 dead and 15,700 injured as of 25 November 2024, according to the Lebanese Ministry of Public Health. The crisis has also caused the displacement of at least 1.3 million people, surpassing the figures of the 2006 Lebanon war. Hospitals, water facilities and schools have been damaged or destroyed, disrupting access to vital services, while functioning primary health centres were quickly overwhelmed by the influx of patients.

### ADVOCATING FOR SAFE ACCESS TO HUMANITARIAN AID

Faced with the healthcare emergency, the Médecins du Monde team had to adapt its modus operandi at record-breaking pace. It strengthened its support for health centres in the Bekaa, Tripoli and Baalbek-Hermel regions by ensuring access to quality services for vulnerable displaced and host communities, including the donation of medicines and the provision of training for health professionals. Mobile medical units and rapid-response teams have also been deployed to provide emergency care in areas with high concentrations of refugees. In 2024, the organisation carried out 88,713 primary healthcare consultations and 12,772 mental health and psychosocial support consultations in Lebanon.







# LATIN AMERICA

### **2 COUNTRIES 7 PROJECTS**

COLOMBIA 4 PROJECTS
MEXICO 2 PROJECTS

+ 1 CROSS-CUTTING PROJECT FEMINIST OPPORTUNITIES NOW (FON)



# **COLOMBIA AND PANAMA**

#### THE NIGHTMARE OF THE DARIÉN **JUNGLE**

In 2024, about 400,000 people crossed the Darien Gap, a swampy jungle on the border between Colombia and Panama, notorious as one of the world's most dangerous migratory routes. During the journey of four to ten days, migrants face death on a daily basis and are exposed to disease, physical and sexual violence and extortion by criminal groups. Faced with the humanitarian emergency, at the end of 2023 Médecins du Monde reorganised its efforts to provide care to the migrant population in Colombia in order to take on the Darién Gap crisis. Teams on the ground offer access to primary healthcare, sexual and reproductive healthcare and mental healthcare, as well as information and self-prevention measures that are essential for the well-being of those poised to undertake the jungle crossing. The organisation is the only one maintaining a presence in the last camp before the crossing, in Las Tecas (Acandí), where it runs a permanent health post open seven days a week.

#### **NEW ACTIVITIES IN PANAMA**

To meet the growing needs of people crossing the Darién jungle, Médecins du Monde launched activities in Panama in June 2024. From an operational

**174 migrants** the Darien **Gap in 2024**. according to the UN.

base in Meteti, the organisation works with the Community of Bajo Chiquito and Canaan Membrillo, died crossing which are the first camps accessible after crossing the Darien. As on the Colombian side, it offers comprehensive healthcare services with a more curative approach to treatment and complementary activities in mental health and psychosocial support, sexual and

reproductive health and care for gender-based violence.

# **COLOMBIA**

#### IN THE GRIP OF GENDER-BASED VIOLENCE

In Colombia, the rights of the civilian population continue to be threatened by various armed groups. The background of conflict in the country has set in motion dynamics of population control that exacerbate gender-based violence, particularly against indigenous and Afro-descendant women and LGBTQIA+ people. Filing a formal complaint in these circumstances is also very difficult: according to the Colombian organisation CODHES (Committee for Human Rights and Displacement), 97% of cases of sexual violence occurring in the context of armed conflict and forced displacement go unpunished.

#### SUSTAINING SEXUAL AND REPRODUCTIVE HEALTH

In addition to its actions to strengthen emergency primary healthcare, Médecins du Monde prioritises the protection of victims of sexual violence in Colombia. In health centres in Nariño, Cauca, Valle del Cauca, Chocó, and Amazonas, the organisation supports the implementation of projects and workshops for communities, healthcare institutions and community leaders covering issues like domestic violence, gender-based violence and sexual violence. While there are many barriers to accessing abortion, particularly in the most vulnerable areas, our teams inform beneficiaries about the abortion access procedure and follow-up care and make referrals for them, as well as practising medically induced abortion up to twelve weeks. Through the Médecins du Monde Foundation, the organisation also supports the Causa Justa movement, a feminist collective created in 2018 by the Mesa por la Vida y la Salud de las Mujeres which campaigns for sexual and reproductive rights.



# **EUROPE**

## **6 COUNTRIES 9 PROJECTS**

**BULGARIA 1 PROJECT** 

**MOLDOVA 1 PROJECT** 

**RUSSIA 2 PROJECTS** 

**SOUTH CAUCASUS 3 PROJECTS including CUTTS HepC** 

Armenia

Georgia

**UKRAINE 2 PROJECTS** 



# **GEORGIA**

#### **NEW FORMS OF DRUG USE**

The consumption of drugs in Georgia remains relatively widespread, despite being illegal. While injectable opioid use is on the decline, the take-up of new psychoactive substances (NPS) is rising, particularly among young people, with high rates of overdoses, psychotic reactions, and risks of HIV transmission due to multiple unprotected sexual relations. In Tbilisi, Médecins du Monde continued its support for Mandala, a community-based organisation of young people who use drugs, in 2024, where it provided harm reduction services and also analysis of drug samples.

## TOWARDS BETTER CARE FOR HEPATITIS C

Despite a national hepatitis C eradication programme running in Georgia since 2015, 70% of people who inject drugs have been exposed to this virus, which is 10 times more than the general population. Barriers to accessing treatment remain considerable for those affected as they are often marginalised and stigmatised people. To improve the prevention, detection and treatment of hepatitis C among the most vulnerable population groups,

5,700 people who use drugs received harm reduction services in Georgia in 2024, 40% of whom were women. Médecins du Monde's South Caucasus mission is part of the CUTTS HepC ("Catalyse uptake of underused tools & treatment simplification" for HepC) project, which aims to introduce new prevention tools and set up simplified screening and treatment protocols. Also implemented in Armenia and Tanzania.

this programme will determine the potential impact of these new large-scale solutions and will be able to inform policy-making on prevention and care. In 2024, Médecins du Monde and its partners in Georgia prepared the launch of two research projects related to the project, the first of which got underway with 75 participants.

# **UKRAINE**

#### THE DAILY VIOLENCE OF WAR

Three years after the Russian military offensive in Ukraine began on 24 February 2022, the war continues to weigh on the lives of millions of people exposed to armed attacks, especially in areas close to the front line, and to a disturbing level of helplessness and anxiety. Since the start of the war, 1,480 attacks against the Ukrainian healthcare system have been recorded, leaving many hospitals and clinics damaged and more than 200 healthcare workers dead. According to a UN report in October 2024, Ukraine has lost 8 million inhabitants since the Russian invasion.

#### **PROVIDING CARE IN CONFLICT ZONES**

Médecins du Monde first intervened by supporting the Ukrainian Red Cross in Mykolaiv and by deploying mobile clinics to venture as close as possible to isolated and vulnerable people. Since March 2024, the organisation has stepped up its emergency response and is conducting a programme that targets vulnerable people in the areas most affected by the conflict, namely in the oblasts of Kharkiv, Zaporizhia and Mykolaiv. In addition to a primary healthcare offer, the project addresses sexual and reproductive health, with particular attention to gender-based violence, and has launched telemedicine services to reach areas of limited access. It also supports the capacities of health centres and local associations, such as LIGA, which specialises in supporting the LGBTQIA+ community, and is developing a home care project for the elderly. A total of 11,409 people received support from Médecins du Monde in Ukraine in 2024.





### **5 COUNTRIES 11 PROJECTS**

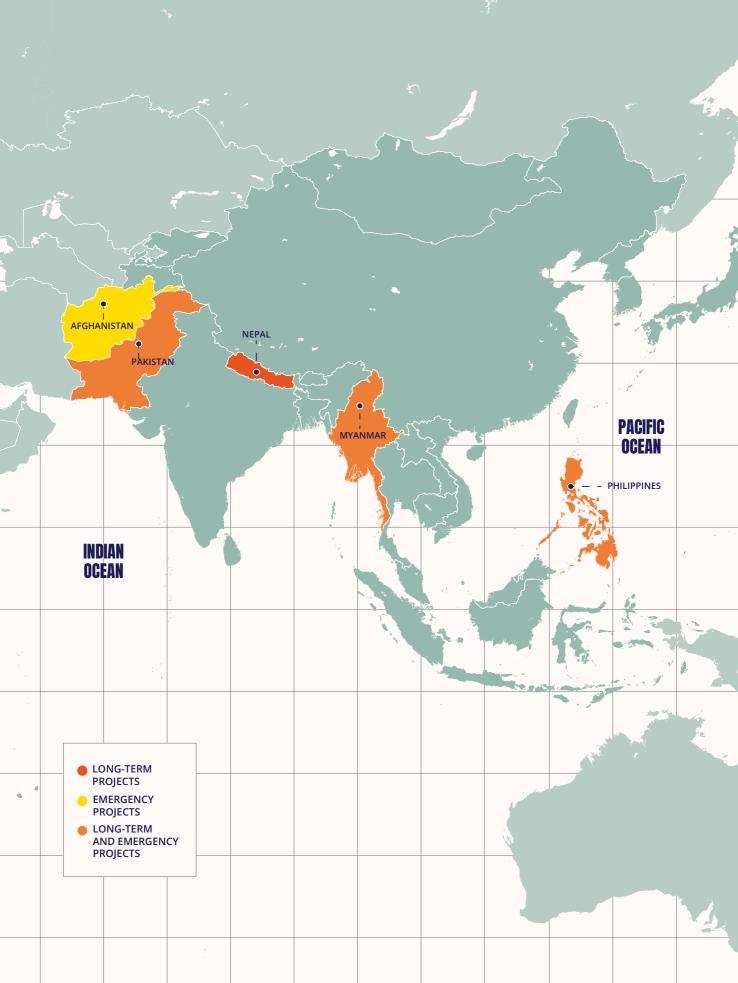
**AFGHANISTAN 1 PROJECT** 

**MYANMAR 4 PROJECTS** 

**NEPAL 2 PROJECTS** 

**PAKISTAN 2 PROJECTS** 

**PHILIPPINES 2 PROJECTS** 



# **MYANMAR**

## DEALING WITH THE POLITICAL AND HUMANITARIAN CRISIS

Since the military coup d'état of 1 February 2021, which led to the collapse of the health system, Myanmar has been bogged down in a political and humanitarian crisis. In 2024, more than 19.9 million people, or one third of the population, were in need of urgent humanitarian assistance. Among the most vulnerable sectors of the population, people who use drugs and sex workers face great stigma and limited access to care. The country is particularly hit by one of the strongest HIV epidemics in South-east Asia, with an alarming prevalence of 35% among people who inject drugs. In 2024, the devastating floods of Typhoon Yagi, in Kachin State, further aggravated the situation by damaging critical infrastructure, further curtailing access to care.

#### FIGHTING FOR HARM REDUCTION

Active in Myanmar for more than thirty years, Médecins du Monde operates in Yangon and Kachin State, where it is developing prevention and treatment services and advocating for better access to rights. In 2024, more than 11,318 people who use drugs benefited from this programme, supported by a network of 133 community workers. With local associations, the team

3,896 people benefited from primary healthcare services after the floods in Kachin State. on the ground also continued a pilot project on amphetamine-type stimulants, the second most consumed drug in the world after cannabis. The other component of the programme includes awareness-raising on cer-

vical cancer, family planning and sexually transmitted infections. 4,270 sexual and reproductive health clinical consultations were conducted for 2,024 beneficiaries in 2024.

# AFGHANISTAN AND PAKISTAN

#### WITH AFGHAN REFUGEES

Political crisis, economic downturn, food shortages, threat of natural disasters, etc. Afghanistan is now experiencing one of the largest humanitarian crises in the world, caused by forty years of war and exacerbated by the return of the Taliban to the country in 2021. 22.9 million people are in need of humanitarian assistance, including 52% of children, and nearly half of the population lives in poverty, according to the World Bank. With the country on the verge of collapse, a proportion of the population fled to Pakistan, which welcomed 3 million Afghan refugees in October 2024. In this country, with an extremely fragile health system, access to health services is, moreover, particularly problematic for people in exile who have to cope with poor infrastructure.

#### STRENGTHENING ACCESS TO CARE

Besides its programme to strengthen primary healthcare and nutrition in Kabul and the provinces of Wardak and Farah (Afghanistan), Médecins du Monde works in Pakistan in the Khyber Pakhtunkhwa region, where 53% of Afghan refugees reside. In 2024 it continued a project to strengthen access to primary healthcare services for crisis-affected populations in both countries, with a focus on Afghan refugees, returnees and internally displaced people. The organisation offers primary healthcare services in seven public institutions, including two maternity wards as well as in three refugee camps. In 2024, the teams carried out 34,216 sexual and reproductive health consultations and 5,839 mental health and psychosocial support consultations, including 1,002 with survivors of gender-based violence.



Launched in 1989 by a Médecins du Monde team in Cambodia, for more than three decades Opération Sourire has embodied the organisation's commitment to reducing inequalities in access to surgery by embracing a holistic, free and quality approach. This flagship programme, based on the mobilisation of international volunteers, underwent a strategic renewal between 2022 and 2024, after the – Covid19 pandemic had brought it to a standstill.

## TREAT, TRANSMIT, DECIDE: THE FINAL WORD ON 2024

The year 2024 marks both the third full year of Opération Sourire's resumption of surgical procedures and the culmination of the three-year strategy rebooted after the pandemic. Nine missions were undertaken in six countries (Cambodia, Madagascar, Pakistan, Sierra Leone, Tanzania, and Laos), providing 460 patients, the vast majority of them children under five, with access to appropriate surgical and psychosocial care. The pathologies treated – cleft lip and palate, severe burns, and tumours – are among the most complex and stigmatising, and often sources of social exclusion.

Beyond surgical procedures, 2024 has also been a pivotal year for local capacity building, with 119 health professionals trained in our partners' operating theatres.

Faithful to its multidisciplinary ethos, Médecins du Monde continues to show its commitment to long-term interventions by supporting local hospitals and developing ancillary competencies in training, coordination and advocacy, all in the cause of equitable access to safe, affordable and quality surgical care.

### INVISIBLE SEAMS: SUPPORTING WHAT CANNOT BE SEEN

Opération Sourire is no longer limited to surgery only. Psychosocial support has become a main pillar, due to the profound psycho-emotional impacts of disfigurement on patients and their families. Through a holistic approach that is respectful of cultural contexts and mindful of sustainable transformation, the aim is complete physical and social rehabilitation.

## FROM REBOOT TO STRATEGIC REORIENTATION

In tandem with field activities, the revitalisation of the programme was initiated in 2023 with a number of fact-finding missions that gave rise to a strategic reconfiguration from 2024 onwards. New operational capacity has been established in Pakistan (care for survivors of deliberate acid burns in Lahore), Madagascar (development of a new partnership in the Itasy region), as well as in Laos, at the initiative of Médecins du Monde Japan, with a project in support of maxillofacial surgery services in provincial hospitals.

## END OF CYCLE AND OPTIONS FOR RESTRUCTURING

The year 2024 marks the culmination of the Opération Sourire programme's three-year strategy (2022–2024). This important milestone provided an opportunity for an in-depth review of the achievements, limitations encountered and prospects for the evolution of the programme.

From this review emerged the decision to shift the focus towards gradually devolving activities to partner actors. The process will consist of a carefully choreographed handover that takes local dynamics into full consideration and ensures maximum continuity for all patients, hospital partners and professionals involved.

# OPÉRATION SOURIRE

#### **MANAGERS**

Prof. Frédéric Lauwers, Dr Luke Harper, Prof. Frédérique Sauvat, Dr Arnaud Depeyre, Dr Hélène Beaujard, Florence Giroussens

Head office: Adem Bah

#### **COUNTRIES OF INTERVENTION**

Cambodia, Madagascar, Pakistan, Sierra Leone, Tanzania, Laos

#### **BUDGET**

360.000 euros

#### **PARTNERS**

Fondation L'Oréal, Air France Foundation, lle de France Region, Embassy of the Czech Republic in Pakistan

# **IN FIGURES** 2022-2024



26 surgical assignments completed



Nearly **1,200** patients underwent surgery



**6** countries of intervention



**3** main pathologies treated: clefts, burns, tumours



4 active members of the international network: France, Germany, Netherlands, Japan



The year 2024 was marked by major events that profoundly influenced the French political landscape. The dissolution of the National Assembly on 9 June and the early parliamentary elections disrupted the composition of Parliament, leading to government instability and worsening political tensions. Three governments were appointed during the last six months of the year and five different ministers took over at the Ministry of Health during the course of 2024, with each changeover redrawing the boundaries of the portfolio. Throw in the growing clout of far-right parties in the National Assembly, and this chopping and changing raises questions about how much of a priority long-term policy-making for the health system will be.

## STANDING UP FOR STATE MEDICAL AID

While the difficulties of access to care affect many people to varying degrees everywhere on French soil, it is those in the most precarious situations who are the most dislocated from the health system. Worse still, barriers are being erected to limit or even prohibit access to rights and care. In this troubled political period both in France and internationally, with the conflicts in Ukraine and Gaza or the unpredictability of American politics, some politicians are seizing on making it a priority to abolish State Medical Aid (AME), a service geared towards foreign nationals without a residence permit. There are substantial savings to be had, according to them, whereas in fact the cost of the system only comes to 0.47% of the health insurance budget whilst making a decisive contribution to public health overall.

New restrictions on the conditions of access to AME would strip many people of health coverage, who would be forced to give up on treatment and watch their state of health deteriorate. This attack on AME beneficiaries – wrongly blamed for the malfunctions of the health system – also serves as a smokescreen for the positions taken by political actors over recent decades, which have led to a perfect storm in healthcare: hospitals struggling to function, the under-recruitment of attending physicians, the emergence of medical deserts in both rural and urban settings, the shortage of certain drugs and essential treatments, and so on.

#### **MULTIPLE CRISES IN MAYOTTE**

These issues are rearing their heads in every part of France, including in the French Overseas Territories such as Mayotte, where Médecins du Monde has been operating since 2007. The poorest department in France, the island has been experiencing economic, health and social difficulties for several years due to its remoteness from Paris and underinvestment in both infrastructure and human resources. In 2024, the inhabitants of Mayotte endured a particularly trying year with a tangle of crises of different kinds:

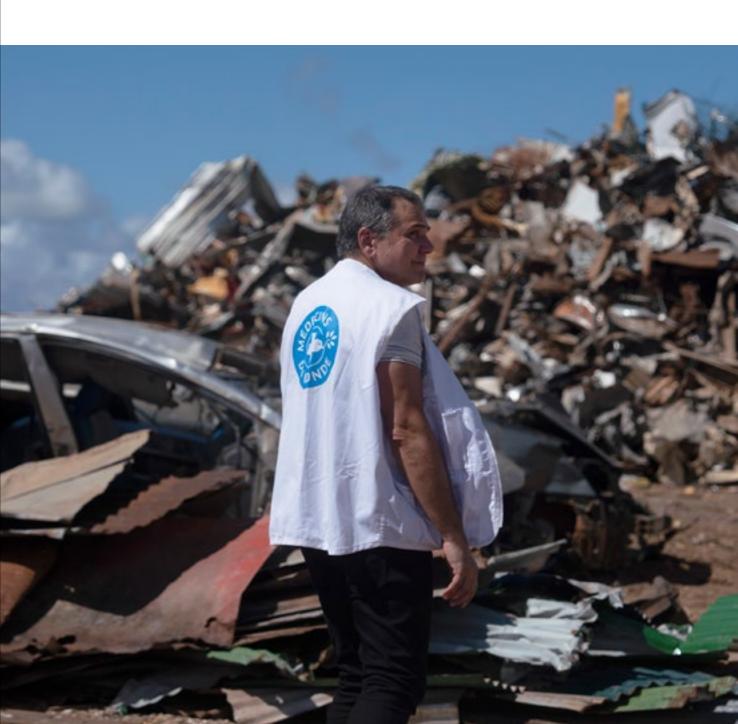
- A political crisis with the pursuit of 'Operation Wuambushu' at the beginning of the year, decreed by the Ministry of the Interior, with the stated objectives of clearing shantytowns, expelling thousands of irregular migrants and dismantling criminal gangs.
- A health crisis sparked by the cholera epidemic that affected more than 200 people and is believed to have caused seven deaths.
- An environmental crisis that hit Mayotte on 14
   December 2024 in the form of cyclone Chido,
   bringing about immense damage to property
   and especially to people the exact number of victims, officially thought to be about forty,
   is not known to date.

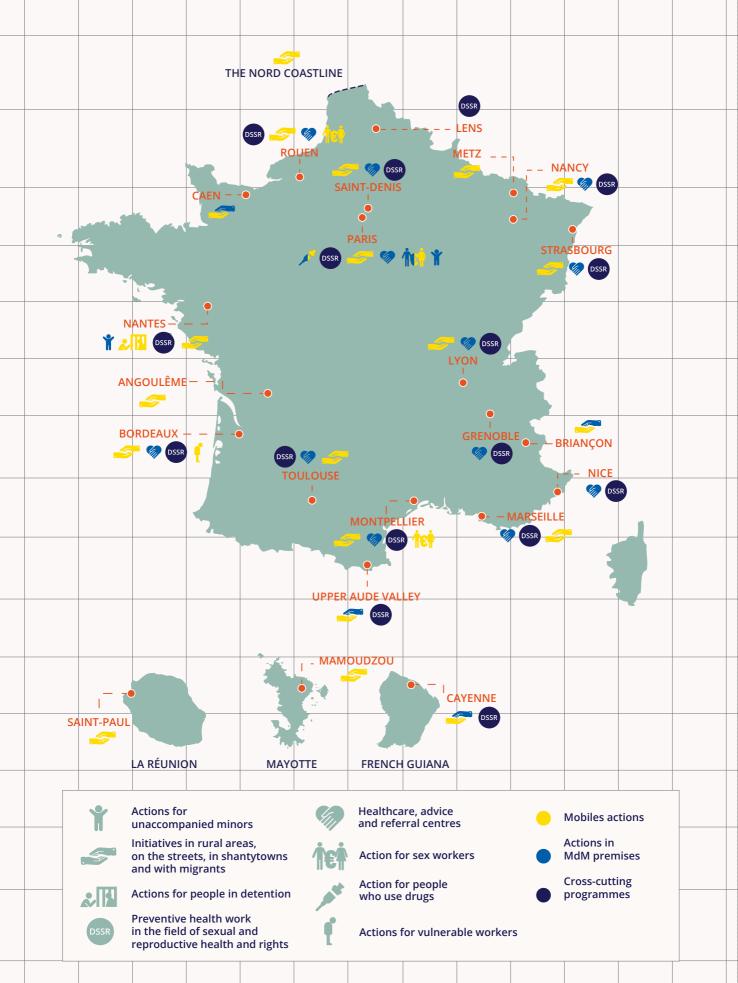
These crises have hardened certain existing tensions between population groups living in Mayotte, and underlined for them a sense of isolation – both emotional and physical. The upheaval

# OPERATIONS IN FRANCE

has created additional barriers to accessing rights and care for a certain sector of the population by running down the archipelago's already fragile healthcare systems, which all inhabitants rely on. Given the current climate, we must redefine our priorities. The choice now imposing itself on our organisation is whether or not to stand up for the dignity and respect of every human being without discrimination. Another world is possible, without

the politics of exclusion. There are some highly effective levers that can be pulled to implement healthcare responses worthy of a high-quality and inclusive healthcare system that appeals to the best of humanity.





# UNIVERSAL HEALTHCARE AND THE PUBLIC HEALTH SYSTEM

#### **HEALTHCARE SYSTEM**

The actions of Médecins du Monde take place against the backdrop of the deterioration of the healthcare system in France. From public hospitals to healthcare facilities, diminishing resources lead to closures of services and beds as well as a decline in the working conditions of caregivers, exposing them to unbearable ethical dilemmas. Medical desertification is spreading, while the trend to privatise and monetise healthcare continues to gain ground. The health protection system is increasingly weakened and attacks are intensifying against services targeting the most vulnerable people, especially foreign nationals in a precarious situation with the authorities.

In this context, Médecins du Monde is pursuing its intervention strategy based on three pillars:

 Offer an unconditional welcome in centres and outreach missions to those population groups most dislocated from care in order to inform, guide and support them with accessing health

- and rights, in accordance with an approach of health autonomy.
- Collect and analyse the scenarios encountered in order to identify barriers and obstacles to accessing rights and healthcare so shared expertise can be developed and leveraged.
- Expand alliances with actors and partners in the field of healthcare but also more broadly among public services as a whole, in the face of the attacks to which they are subjected.

This expertise and these alliances enable Médecins du Monde to carry out activities to raise awareness and mobilise support among public authorities, administrations, healthcare facilities, independent institutions and the general public in a way that will compel lawmakers and institutions to adopt a culture that is more conducive to everyone exercising their rights and having access to treatment.

#### **BETTER ACCESS TO PASS IN METZ**

Faced with the increase in precarity and the rise in social inequalities in health, the proponents of the medico-social intervention in Metz wanted to set up a solidarity network for vulnerable people, the return of accessible medical provision in the city centre and better access to the Service for Access to Medical Care (known as PASS) based at the hospital a few kilometres out of town.

Médecins du Monde has thus co-sponsored an advocacy campaign to put in place a medical-psycho-social reception and support platform. Since 2022, the organisation has been taking care of the mechanics of the health component, which aims to bring improvements to healthcare access for precarious population groups and also the coordination of healthcare actors. At the end of 2024, Médecins du Monde won over the Regional Health Agency with their proposed response model. They announced the rollout of the long-awaited city PASS system, essentially consisting of a funding commitment and the appointment of a project leader whom the organisation will support for the first few months of deployment.

### OBSERVATORY ON ACCESS TO RIGHTS AND HEALTHCARE

Back in 2000, Médecins du Monde instituted the Observatory on Access to Rights and Healthcare for the purpose of understanding the characteristics of the demographic groups using its programmes in France, and making their specificities more widely known. The Observatory facilitates the identification of patient profiles, their medical-psychosocial needs and the effects of these on their state of health. Above all, the Observatory plays a role in making Médecins du Monde accountable to the people involved.

The annual report serves to put the organisation's collective knowledge at the disposal of healthcare policy actors (scientists, politicians, associations, journalists, etc.). The first section, in the form of a barometer, monitors annually the impact of facilities and health professionals on the health of precarious target groups. Next, an annual focus, enriched by expert analyses and monitoring of legislative developments, highlights the difficulties of access to common law systems. Overall, the report provides detailed insight into the healthcare issues of the people supported and their barriers to accessing care and exercising their rights. Thanks to this instrument. Médecins du Monde can alert and call on political and institutional actors and health professionals, and propose solutions to them for improving both access to rights and care and also the health status of population groups in precarious or excluded circumstances.

### RECEPTION, CARE AND GUIDANCE CENTRES

In 2024, Médecins du Monde has 13 Reception, Care and Guidance centres (known as CASOs) and one Reception, Guidance and Support Centre (known as CAOA). These facilities are medical-psycho-social mechanisms that constitute a gateway to the healthcare system and that strive to improve access to prevention, care and rights for the most vulnerable sectors of French society. They offer the public an unconditional welcome: anyone who approaches a team at a CASO is assured of their engagement. Clients are received by multidisciplinary teams and their care management is 'comprehensive': regardless of the 'door' that an individual walked through to reach a CASO - most often an initial request for care - every aspect of their health, medical, and administrative status is taken into consideration.

Clients with full rights are duly referred (rather than treated), and clients not yet enjoying full rights then receive support through administrative and social security procedures in particular. They benefit from holistic healthcare management, in other words, which encompasses nursing care, medical consultations, prevention interviews and provision for specific screenings for certain pathologies. They are also supported by social workers in the process of accessing rights, in particular with a view to obtaining health coverage. Finally, some centres offer psychosocial and mental healthcare to deal with the effects



SOCOS

of journeys into exile and problems posed by living conditions in France, which often generate psychological suffering.

Lack of knowledge of rights and facilities, administrative difficulties and a language barrier are the main hindrances to accessing care and prevention for the most vulnerable population groups in France. Médecins du Monde advocates for the

establishment in France of health coverage for all – regardless of administrative status – and for the development of care systems tailored to vulnerable people, such as health mediation and access to professional interpreting in healthcare.

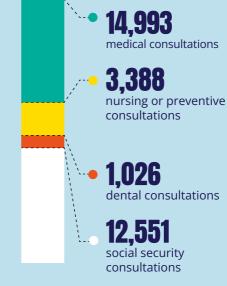
# **IN FIGURES**

**15,118** people were received in the **14** Reception, Care and Guidance Centres or Reception, Guidance and Support Centre (CASOs and CAOA).

The average age of patients is **35.6** years.

**9.3%** of the waiting list is children

of clients are of foreign origin



#### A NEW PROJECT IN MARSEILLE

In 2024, Médecins du Monde conducted a diagnostic exercise in order to re-evaluate the usefulness of its outreach to people living in run-down housing in Marseille (squats or slums), and to think about how this tied in with activities at the CASO. The study highlighted the issues of accommodation, housing and geography for certain target groups and led to the structuring of a unique project under the banner of 'health-rights-environment'.

This programme will be implemented through two intervention modalities: at a fixed base and through outreach actions. It will be rolled out in the northern districts of the city and to precarious workers, through outreaches to places of accommodation and 'informal' work. The project will also develop a focus on access to sexual and reproductive health and rights. It aims to improve access to care and health rights of vulnerable target groups living in exile, through enhanced medical-social support and awareness-raising around the consequences on health of exclusion.

# MIGRATION, EXILE, HUMAN RIGHTS AND HEALTH

2024 was a turbulent year in politics, marked by two electoral campaigns, namely the European and legislative elections, which put the issue of immigration centre stage. For Médecins du Monde, it was a particularly proactive year, not only in terms of dealings with exiled people but also approaching local authorities and calling on parliamentarians and ministerial offices to make the political case for access to care for the most vulnerable, and to promote reception and care policies which are inspired by a sense of shared humanity and which afford equal respect to all individuals on French soil. The challenge was to frame the debate in terms of human and public health imperatives rather than the ins and outs of immigration policy.

One year on from the promulgation of the Asylum and Immigration Act, the hostility to the presence of foreign nationals is rising, led by a certain Minister of the Interior who is intent on stoking an atmosphere that breeds anxiety. This finds expression firstly in taking aim at State

Medical Aid (AME) and the right of residence for sick foreign nationals (DASEM), simplistically presenting them as medical tourism which must be stamped out, and secondly in agitating for the reinstatement of the crime of illegal residence, which is a powerful factor driving people into precarity. Médecins du Monde stands ready to take on these battles.

In the majority of its programmes in mainland France and the French Overseas Territories, the organisation works with migrants. The organisation sets up outreach initiatives for the most precarious people living in squats and camps or sleeping rough. The teams provide medical consultations, nursing care, preventive measures and social support. They also take into account the physical and psychological suffering that results from both the journey into exile and the undignified living conditions that these individuals contend with.



## CHAMPIONING THE RIGHTS OF UNACCOMPANIED MINORS

The exiled people we encounter also include unaccompanied minors (UAMs). Often destitute, battered by their journey of migration and the conditions in which they survive in France, these children and adolescents face many obstacles in their access to rights and care: lack of safeguarding, suspicion of their age and identity, very precarious living conditions on the street or in squats or camps, evictions and police harassment, lack of access to health coverage, etc.

Through programmes for these young people excluded from child protection systems but equally within the scope of its other programmes running all over France, Médecins du Monde offers a listening ear, medical and social consultations, collective workshops on psychosocial support and health prevention and guidance and support for accessing essential services, rights and care.

On a daily basis, Médecins du Monde bears witness to the shortcomings of the child protection system in the reception and protection of unaccompanied minors, and the consequences for their health. Furthermore, France has been condemned several times by the United Nations Committee on the Rights of the Child for these violations, which nevertheless persist, spread and worsen throughout the national territory. This is why 27 associations, including Médecins

du Monde, petitioned the Council of State in May 2024 to force the government to bring the system of shelter and assessment of unaccompanied minors into line with the requirements of the International Convention on the Rights of the Child.

#### **KEY FIGURES**

In 2024, 98% of the people we welcomed in our 14 Reception, Care and Guidance Centres (CASOs) are foreign nationals – a constant proportion in recent years. Of these, 58% of adults were in an irregular situation with regard to the right of residence.

One in every two people presented a delay in care on their first visit and 15% said they had given up on treatment in the last 12 months.

Nearly one quarter of people were homeless.

Violence on migratory routes but also living conditions in France, in this so-called host country, have consequences for the health of the people concerned. The residence permit, whether one exists or does not exist or is at a delicate stage in between, is a powerful determinant of health because it determines access to rights.

# COMING ALONGSIDE UNACCOMPANIED MINORS IN PARIS

Between 800 and 1,000 unaccompanied minors are wandering the streets of Paris. Caught between lacking recognition as minors by the city authorities and awaiting a ruling from the juvenile judge, they live on the street in extremely adverse conditions, with no safeguarding and only limited access to hygiene, water, food and school, in a state of extreme physical and mental fatigue. In the run-up to the Olympic Games Médecins du Monde advocated in concert with other associations for the City of Paris to finance and launch a daycare centre

for unaccompanied minors who are not recognised as such. As soon as the facility opened in July 2024, the organisation was ready to offer medical and mental health services and to initiate coordination with the various health professionals. This pilot phase made it possible to fulfil some findings of the 2023 diagnostic exercise and to propose a multi-year strategy aimed at preparing for the arrival of accessible, appropriate and holistic care pathways under common law for unaccompanied minors living in limbo in Paris.

# HEALTH AND ENVIRONMENT IN HARMFUL LIVING AND WORKING SETTINGS

The precarity affecting the people which Médecins du Monde encounters and monitors is manifested both by degraded living conditions stemming from a lack of regular and decent accommodation, but also by the hazardous working conditions attending casual or poorly protected labour such as seasonal grape-harvesting or delivering for online platforms. These harmful environmental factors generate or aggravate health problems for individuals already in fragile circumstances.

## ENVIRONMENTAL FACTORS RELATED TO HOUSING CONDITIONS

In 2024, 92.6% of patients received in the centres of Médecins du Monde did not have personal housing – 26% of them lived in very precarious situations (on the street, in emergency accommodation for a fortnight or less, in squats or slums).

Every day Médecins du Monde observes the difficulties of access to any type of accommodation and more and more people find themselves forced to live on the street or in camps. Housing instability prevents patients from benefiting from appropriate and regular health monitoring. A life of casual accommodation makes it particularly difficult to manage diseases and epidemics – such as occurred with whooping cough or scabies in 2024. In some cities, teams are encountering more and more people affected by very serious pathologies such as cancers but who do not have access to accommodation or solutions for hospitalisation.

#### **Our actions**

Through its mobile teams, Médecins du Monde pursues its engagement with people living precariously in squats, slums, temporary accommodation facilities and day shelters, and also on the street, by providing the following:

- Health monitoring, medical consultations, psychosocial support and health mediation;
- Support for dealing with administrative procedures and claiming rights;

- Information and awareness-raising workshops so that those affected can better understand and take charge of their own health;
- Support for medical and social actors to better understand the challenges posed by precarious housing, rough-sleeping, precarity and the impacts of these on health;
- Participation in initiatives promoting direct access to regular housing for people living on the street.

In addition to its interventions on the ground and mindful to avoid stepping in to fulfil what remains the duties of the public authorities, Médecins du Monde advocates alongside other actors from the organisation for systems of sustainable and appropriate accommodation and housing, as well as for mobile mechanisms for medical-psychosocial support and access to effective care for people excluded from the healthcare system. Given the chronic lack of solutions, the organisation also campaigns for the temporary stabilisation and health security of people, whatever their dwellings are. In 2024, in concert with its partners from the Observatory on Evictions from Informal Dwelling Places, Médecins du Monde contributed to shining a light on the impact of policies so detrimental to the good health of the individuals concerned, and thus joined condemnation of environment-based injustices.

## ENVIRONMENTAL FACTORS IN THE FORM OF WORKING CONDITIONS

In 2024, Médecins du Monde continued its activities with precarious workers delivering for online platforms or else involved in seasonal agricultural work. The programmes particularly target casual work where working conditions are degraded, with significant health impacts. Furthermore, the people concerned cannot take advantage of the social rights of regular employees, which would better protect their health.

#### **Our actions**

- Support for accessing rights and care;
- Connecting individuals with health facilities through healthcare mediation initiatives consisting of outreach and embrace.
- Medical and physiotherapy consultations;
- Information and awareness-raising actions on occupational risks and their prevention;
- Promotion of good practices in occupational health: promotion of employer best practice, provision of rest areas and resources, documentation of scenarios in order to tailor occupational health services to the specific needs of precarious workers.

 Support for collectives of affected people so that they themselves can assert their rights, take better care of their health and advocate for themselves.

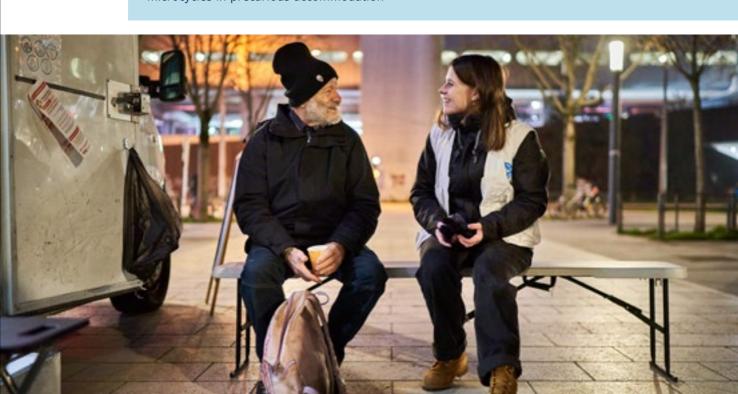
In addition to these actions, Médecins du Monde joins forces with other collectives and associations to expose how working conditions are eroded in situations of precarious labour. We call on the public authorities to ensure that laws take account of those in precarious labour and safeguard their health.

#### PRECARIOUS HOUSING: A COLLECTIVE APPROACH IN TOULOUSE

As initiatives to support health in France are mainly carried out on a person-by-person basis, we have been lacking both an overview of health determinants that represent the collective rather than the individual, and also an approach to health management whereby the beneficiaries play an active role. In the light of these observations and in order to improve the living conditions of precarious people, Médecins du Monde developed the "Santé Habitat précaire" ("Health in Precarious Accommodation") project in Toulouse in 2024, featuring some innovative hands-on activities.

Interventions are broken down into project microcycles in precarious accommodation

(slums, squats, social hotels, camps) or in day shelters. This new project particularly promotes the values of empowerment by developing the capacities for self-reliance and personal agency, and by valuing the experiential knowledge of the people concerned. Even while living in precarious housing, they have the resources and teams of Médecins du Monde to support them in asserting themselves for the sake of their own health. This collective approach fosters community engagement, empowers individuals to play a role and facilitates health initiatives that complement the individual-centred support provided by local partners.



# SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Being able to live out your sexuality in freedom without danger or violence, without fear of unwanted pregnancy or sexually transmitted infections (STIs) is a key health issue. However, Médecins du Monde notes that access to reliable and impartial information, as well as prevention and care services to live well and understand one's sexuality, remains a major challenge in France, especially for the most vulnerable.

#### A NEGLECTED HEALTH ISSUE

In France, the teams of Médecins du Monde mainly deal with vulnerable people who are often stigmatised, discriminated against and repressed. Overexposed to violence, STI risks and unwanted pregnancies, they all have one thing in common: access to the health system is problematic, if not sometimes impossible. In 2024, the kinds of people encountered by Médecins du Monde in France presented significant unmet needs in terms of sexual and reproductive health and rights:

- More than 80% of women of childbearing age do not use any contraception;
- One in three pregnant women is behind schedule with pregnancy monitoring;
- More than 70% of people do not know their HIV, HBV and HCV status;
- Nine out of 10 women have never been screened for cervical cancer<sup>1</sup>.

Despite these considerable needs, sexual and reproductive health and rights are shrouded in taboos and are, in most cases, not considered a priority – either by health and social professionals, who may fear being too intrusive, or by the clients themselves, whose conditions of living/surviving oblige them to downgrade these often essential necessities.

#### STRENGTHENING ACCESS TO EMERGENCY CONTRACEPTION

In 2024, an experiment was launched in three Médecins du Monde projects in Briançon, Marseille and Rouen: issuing the emergency contraceptive pill in advance to allow each sexually active person who so wishes to use it promptly in the event of risky sexual intercourse in order to avoid an unwanted pregnancy. The initiative was inspired by an observation of the teams on the ground: the people encountered are often detached from information on the subject, rarely use contraception and are overexposed to violence, in particular sexual violence. Few are aware of emergency contraception procedures and know that it has been available in pharmacies without a prescription since January 2023, free of charge for anyone with health coverage - even if many people concerned do not have this coverage.

The experiment gave rise to the creation of explanatory and visual tools, and enabled the training of teams to provide information in a clear and appropriate way, to hold one-to-one prevention conversations, and to supply emergency contraception. The positive feedback from the people we encountered has encouraged us to continue the project in 2025. Offering this opportunity for more convenient access to a self-care measure is also a chance to present the topic of sexual health to people in a practical way, and to improve their ability to take care of their own sexual and reproductive health and rights.

<sup>1</sup> Data from prevention interviews and medical consultations carried out in 2024 in the Reception, Care and Guidance Centres of Médecins du Monde.

#### FROM ISSUES TO ACTIONS

Médecins du Monde strives to improve access to prevention and quality care for all regarding their sexual and reproductive health and rights, and precarious population groups are no exception. In France, our teams work out of fixed premises and also using techniques for direct outreach to people in precarious circumstances, with the following objectives:

- strengthening access to quality prevention and care services in this area;
- strengthening people's agency to act on their sexual and reproductive health and rights;
- contributing to local, territorial and national public policies in order to strengthen effective access to sexual and reproductive health and rights.

Combined into a cross-cutting Prevention-SRHR programme, more than half of the Médecins du Monde projects in France are running schemes to strengthen effective access to sexual and reproductive health and rights in mainland France and the French Overseas Territories. Depending on the territories and projects, the following have been implemented:

- One-to-one prevention conversations, with an offer of screening and group workshops on sexual and reproductive health and rights;
- Supply of preventive resources such as condoms and self-tests;
- Support for individuals, including referrals to common law facilities, for example to sexual health, screening and maternal and child protection centres;
- Engaging individuals in their own care through health mediation, the use of professional interpreting, and person-centred interviewing techniques;
- Documenting people's sexual and reproductive health status and dysfunctions in accessing services and rights;
- Advocacy for public policies in this area, including the enshrinement of abortion in the French Constitution or the simplification of screening and treatment pathways.



# HARM REDUCTION

## HARM REDUCTION WITH THE TEST OF TIME

The harm reduction approach remains unknown to the general public, and when the media do pick up on it, it is often to signal the otherness of people who use drugs and the systems that support them, such as the Addiction Treatment Centres (known as HSAs). Helping to understand the complex phenomenon of the use of psychoactive substances and bringing nuance to the arguments put forward, such is the purpose of the comic strip À moindre risques ('Reducing Harm'), conceived with the support of Médecins du Monde and published at the end of August 2024, which details the daily life of the Parisian HSA managed by a Gaia-Paris. A work of wide-ranging advocacy, the book facilitates the understanding of HSAs and harm reduction more generally.

Scenes of crack consumption are an everyday occurrence in the north-east of Paris in particular. With greater or lesser success, hotspots for fixing are regularly dispersed by law enforcement, which has the effect of consolidating people's vulnerabilities by isolating them and distancing them from specialised centres. Since 2018, the public authorities in Paris have been forcing people who use drugs to the outskirts of the city, causing a convergence of substance-consuming and migrant communities, themselves subject to containment in pockets of the city. These enforced demographic

overlaps have sometimes given rise to outbreaks of unchecked substance consumption, reflecting individual cases of extreme precarity, itself rooted in traumatic experiences of migration. They result from an insufficient application of harm reduction measures, sometimes shunned in favour of pure repression that leaves people in a state of great fragility, from both a health and social perspective.

#### **ADVOCATING FOR NEW APPROACHES**

Faced with the increase in violence in this context. particularly for women who use psychoactive substances, medical-social systems continue to fall short with the responses they can provide. While it is worth trying out innovative approaches and modes of intervention, associations find themselves coping with the urgency of extreme health and social situations and cannot just be trying out approaches. However, as a go-to authority in harm reduction, Médecins du Monde is able to assume the role of pioneer in the development of approaches and actions. Such is the challenge of the programme currently in place in north-eastern Paris, initiated to provide reinforcement for the medico-social personnel that complements their day-to-day activities.

#### A REMEDY IN NATIONAL AND LOCAL LITIGATION

The year 2024 saw the culmination of a long process of deliberation concerning Médecins du Monde's commitment to litigating on behalf of the Addiction Treatment Centres (HSAs), an organisation with a track record since 2016 of reducing the harm associated with the use of psychoactive substances in the public space. In a move unprecedented in Europe in this area, this legal procedure seeks to petition the State to guarantee the continuity of the HSA system

on an experimental basis until 31 December 2025, and to authorise the opening of an HSA in Marseille. According to INSERM, the HSAs in Paris and Strasbourg prevent up to 69% of overdoses, 71% of A&E visits and 77% of serious infections (abscesses, endocarditis). Various reports, including even those commissioned by the government, highlight the need to incorporate this system into common law.

# FOCUS

#### SUPPORTING SEX WORKERS

In collaboration with other associations, Médecins du Monde strives to ensure that health policies take into account the specific needs of sex workers through a harm reduction approach. The organisation campaigns against the criminalisation of sex work and in favour of increased support for community health associations that are best able to meet their needs. The programmes in Montpellier, Paris and Rouen promote access to health and rights for sex workers through outreach, reception and support initiatives. Médecins du Monde also has a national programme to combat violence committed against them in the course of making a living.

#### **Key figures**

In 2024, 92 volunteers were responsible for making more than 6,818 contacts (on the street) and 7,370 offers of contact (on the internet) as well as providing support and guidance for 459 people over the internet and 776 people on the street.

The social media of the various programmes has 4,842 followers on Twitter, 3,336 on Instagram, 45 on Facebook, 12 on TikTok, 119 on Snapchat and 1,096 on WeChat.

The Jasmine site now has 2,623 subscribers. It was visited 257,000 times by 54,000 unique users in 2024. 3,110 incidents of violence were reported on the alert platform.

#### **Our challenges**

Faced with the precarity of sex workers and the increase in violence observed on the ground, Médecins du Monde advocates for:

- ensuring effective access to health and rights and keeping harm reduction schemes running;
- improving support and protection mechanisms for victims of violence;
- involvement of sex workers in the development, implementation and evaluation of health policies that affect them;
- annulment of the pathway out of prostitution defined by the law of 13 April 2016 in favour of real mechanisms allowing people who so desire to find another income-generating activity;
- annulment of the penalisation of clients leading to the decriminalisation of sex work.

#### **LUCHA PROJECT IN ROUEN**

Since 2000, Médecins du Monde has been implementing the Lucha project in Rouen with sex workers. This is a non-medicalised project that aims to guide and support these individuals towards a global health pathway under common law. The context of sex work has evolved as a consequence of the policy of client penalisation, the expansion of online sex work and the isolation it brings, and the situation of minors selling sex. While the harm reduction approach persists, new activities have been developed, in particular virtual

welfare patrols of escort sites and a broadening of the target audience to include minors who sell sex. Combined with physical welfare patrols and a premises for reception, guidance and support, these new areas of intervention facilitate the fight against exposure to serious violence and compounded psychological suffering, while responding to sexual and reproductive health needs and addiction and sleep problems in a participatory approach.

# DIRECTORY OF REGIONAL OFFICES

#### **ALSACE**

24 rue du Maréchal Foch, 67000 STRASBOURG

Tel. 03 88 14 01 00 alsace@medecinsdumonde.net

#### **AOUITAINE**

2 rue Charlevoix de Villers, 33300 BORDEAUX

Tel. 05 56 79 13 82 aquitaine@medecinsdumonde.net

#### **AUVERGNE-RHÔNE-ALPES**

11/15, boulevard Vivier Merle, 69003 LYON

Tel: 04 72 92 49 25/ 06 03 56 06 04 rhonealpes@medecinsdumonde.net

#### FRENCH GUIANA

5, rue des Peuples autochtones, 97300 CAYENNE

Tel. 05 94 28 36 77 mf.cayenne@medecinsdumonde.net

#### **HAUTS-DE-FRANCE**

129 boulevard Montebello, 59000 LILLE

Tel. 09 83 85 54 78 hauts-de-france@medecinsdumonde.net

#### ÎLE-DE-FRANCE

15 boulevard de Picpus, 75012 PARIS

Tel. 01 43 14 81 99/07 64 45 78 59 ile-de-france@medecinsdumonde.net

#### **INDIAN OCEAN**

22 rue Saint-Louis, 97460 SAINT-PAUL (LA RÉUNION)

Tel. 02 62 21 71 66 ocean-indien@medecinsdumonde.net

#### LANGUEDOC-ROUSSILLON

246 rue Chambert, 34080 MONTPELLIER

Tel. 04 99 23 27 17 languedoc-roussillon@medecinsdumonde.net

#### **LORRAINE**

13B, rue de la Ravinelle, 54000 NANCY

Tel. 03 83 27 87 84/06 65 34 51 98 lorraine@medecinsdumonde.net

#### MIDI-PYRÉNÉES

5 boulevard de Bonrepos, 31000 TOULOUSE

Tel. 05 61 63 78 78 Delegation-Midi-Pyrenees@medecinsdumonde.net

#### **NORMANDY**

5 rue d'Elbeuf, 76100 ROUEN

Tel. 02 35 72 56 66 normandie@medecinsdumonde.net

#### **PACA**

129 avenue de Toulon, 13005 MARSEILLE

Tel. 04 95 04 59 62/06 18 41 18 16 delegationpaca@medecinsdumonde.net

#### **PAYS DE LA LOIRE**

33 rue Fouré, 44000 NANTES

Tel. 02 40 47 36 99 pays-de-la-loire@medecinsdumonde.net

#### **POITOU-CHARENTES**

193 rue Saint-Roch, 16000 ANGOULÊME

Tel: 09 51 13 57 16

poitou-charentes@medecinsdumonde.net





For the Médecins du Monde international network to have more impact, its members must be individually robust and develop themselves. Faced with the intensification of conflicts all over the world in 2024, members have strengthened their commitments in the service of solidarity and health.

# ADVOCACY AND SOLIDARITY INITIATIVES FOR GAZA AND THE WEST BANK

Faced with the horror, the members of the international network present on the ground publish reports and press releases to bear witness to the situation, while the others disseminate the information and alert public opinion. Similarly in the political sphere, Médecins du Monde-Canada has appealed to the Canadian government to stop all arms transfers to Israel, and in the Bundestag, Médecins du Monde-Germany made MPs aware of the health issues created by the conflict. Médecins du Monde-Spain has mobilised the healthcare staff of Spanish hospitals through the campaign 'Healthcare is not a target'.

The international Médecins du Monde network has also participated in briefings for the major media in the United States, the United Kingdom and France in order to call for a ceasefire in Gaza that guarantees full, unrestricted and large-scale humanitarian access, and to protect civilians and humanitarian actors. The members of the network show their solidarity with the teams who are risking their lives to provide care. Médecins du Monde-Switzerland offered the opportunity to anyone who wished to send a message of support to its team in Gaza, and received thousands of responses. At the Berlin Humanitarian Congress, Médecins du Monde-Germany hosted a discussion evening attended by our Palestinian colleagues in order to listen to their stories and express our admiration for their dedication.

# THE LUIS VALTUEÑA PRIZE AWARDED TO MAHMOUD ISSA

Every year, Médecins du Monde-Spain holds the Luis Valtueña International Humanitarian Photography Award. Inaugurated in 1997, the competition pays tribute to Flors, Luis, Manuel and Mercedes, four humanitarian workers of the organisation who lost their lives during missions in Rwanda and Bosnia-Herzegovina. Through this initiative, Médecins du Monde-Spain puts a spotlight on humanitarian crises but also the work of photographers who report and bear witness to injustices in the world.

The first prize of the 2024 edition was awarded to the Palestinian photographer Mahmoud Issa for his series 'Siege and Hunger', which depicts the situation in the Gaza Strip a year after the start of the conflict. His work highlights the consequences of this war, not just in the physical sense but also its impact on mental health. His photographs also reveal the effects of famine and malnutrition on children.

# RESPONDING TO THE EARTHQUAKE IN MOROCCO

In Morocco, thanks to the support of donors from Médecins du Monde-France, more than 12,000 people have benefited from activities carried out by Médecins du Monde-Belgium and its partners since the earthquake of 8 September 2023, which killed 2,946 people and injured 5,674. The disaster has deprived the inhabitants of the affected areas of access to treatment, which is already poorly equipped with road infrastructure and primary health services. With the help of its four partners – Maroc Solidarité Médico-Sociale, CARE, Société marocaine de Psychologues cliniciens and Association de lutte contre le sida - Médecins du Monde-Belgium has set up an emergency response in the worst affected regions of Marakech-Safi and Souss Massa. Their multisectoral approach (shelter, health, water, hygiene, sanitation and protection) enabled them to target

# INTERNATIONAL NETWORK

immediate needs and those related to the recovery of communities. Together, they have assisted 12,635 people by providing shelter, food assistance, hygiene kits and psychological support.

# CHAMPIONING THE RIGHT TO ABORTION

In their commitment, the members of the Médecins du Monde international network recall that "access to abortion services is an essential component of SRHR [sexual and reproductive health and rights], a public health issue, a fundamental human right, and an indicator of social and gender inequalities".

In practice, network members commit to providing, wherever they are present, access to safe abortion, either directly or through referral to a partner. In all cases, information about self-managed abortions and post-abortion care should be provided. To facilitate the implementation of this access to safe abortion, Médecins du Monde-France has launched an initial call for projects for the benefit of network members to help them to determine actions to be carried out through their national or international projects in 2025.

#### A POLICY OF ECO-RESPONSIBILITY

At its general meeting in November 2024, the network unanimously adopted a policy of ecoresponsibility, which attests to its commitment to environmental protection.

"The policy serves as a cornerstone for the roadmaps developed by the various Médecins du Monde member associations, so as to promote the integration of eco-responsible practices into all aspects of our organisation. The objective of this policy is to bring all members of the network to a full commitment to the global environmental preservation movement through the adoption of responsible practices. It defines common principles and areas for action to implement eco-responsible practices in all activities of the Médecins du Monde network, and clarifies roles and responsibilities in the implementation process."

## PASSING ON THE HISTORY OF THE NETWORK

To prepare for its future, the network firstly wishes to know more about its past and has launched the project 'History and Memory'. Archive research, questionnaires and interviews will enable the collection of information about the shared history of the network but also the individual histories of its 17 members.

#### **KEY FIGURES**

In total, the Médecins du Monde international network runs **456** programmes in **71** countries.

#### 268 international programmes in 54 countries:



Africa
117 programmes
in 23 countries

Americas

**73 programmes** 

in **10** countries

Asia

**17 programmes** 

in 8 countries

Middle Fast

**35 programmes** 

in **5** countries

Europe

**26 programmes** 

in 8 countries

#### 188 national programmes in 17 countries:



Americas **16 programmes** 

in **3** countries

Europe

**167 programmes** 

in **12** countries

Asia

5 programmes

in 2 countries

# **ASSOCIATIONS**

#### MÉDECINS DU MONDE ARGENTINA

www.mdm.org.ar

President: Dr Damian Verzeñassi

#### **MÉDECINS DU MONDE BELGIUM**

www.medecinsdumonde.be President: **Dr Claire Bourgeois** 

#### **MÉDECINS DU MONDE CANADA**

www.medecinsdumonde.ca

President: Dr David-Martin Milot

#### **MÉDECINS DU MONDE FRANCE**

www.medecinsdumonde.org
President: **Dr Jean-François Corty** 

#### **MÉDECINS DU MONDE GERMANY**

www.aerztederwelt.org President: **Dr Peter Schwick** 

#### **MÉDECINS DU MONDE GREECE**

www.mdmgreece.gr

President: Dr Hara Tziouvara

#### **MÉDECINS DU MONDE ITALY**

https://medicidelmondo.it/ President: **Mme Veronica Forin** 

#### **MÉDECINS DU MONDE JAPAN**

www.mdm.or.jp

President: M. Gaël Austin

#### MÉDECINS DU MONDE LUXEMBOURG

www.medecinsdumonde.lu Président: **Dr Bernard Thill** 

#### MÉDECINS DU MONDE NETHERLANDS

www.doktersvandewereld.org
President: **Dr Hendrik Verschuur** 

#### MÉDECINS DU MONDE PORTUGAL

www.medicosdomundo.pt President: **Dr Abílio Antunes** 

#### **MÉDECINS DU MONDE SPAIN**

www.medicosdelmundo.org President: **Dr Jose Fernandez** 

#### **MÉDECINS DU MONDE SWEDEN**

www.lakareivarlden.org President: **M. Mårten Brink** 

#### MÉDECINS DU MONDE SWITZERLAND

www.medecinsdumonde.ch

Co-presidents: Dr Laurent Lob et M. Antoine Kernen

#### MÉDECINS DU MONDE UNITED KINGDOM

www.doctorsoftheworld.org.uk President: **Dr James Elston** 

#### **MÉDECINS DU MONDE UNITED STATES**

www.doctorsoftheworld.org President: **Dr Glenn Fennelly** 

#### **MÉDECINS DU MONDE TURKEY**

www.dunyadoktorlari.org.tr President: **M. Hakan Bilgin** 





Médecins du Monde is committed to the principles of financial management.

# RIGOROUS MANAGEMENT & FINANCIAL TRANSPARENCY

Médecins du Monde is accredited by the Gift in Trust Charter Committee and is particularly committed to respecting the principles of this committee, including rigorous management and financial transparency.

#### **AUDITS BY EXTERNAL BODIES**

Médecins du Monde is subject to the audit of the Court of Auditors, and the accounts of the organisation are certified by the statutory auditor (Mazars since 2020).

In-depth audits are conducted by public funding agencies in France (including the French Development Agency), Europe (DG ECHO-the European Commission's humanitarian agency, for example) or internationally (such as the United Nations).

#### THE DONOR COMMITTEE

Médecins du Monde relies on an independent donor's committee that regularly analyses and questions the work of the organisation.

#### THE AUDIT COMMITTEE

The committee consists of members of the Board and two external experts, including its president. It facilitates decision-making by the Board and is responsible for giving its opinion on the quality of the organisation's financial information, risk management, internal control and internal audit.

#### **FINANCIAL SCOPE**

The financial scope of Médecins du Monde France also includes financial flows with certain NGOs in the Médecins du Monde international network: MdM-Germany, MdM-Canada, MdM-USA, MdM-Spain, MdM-Italy, MdM-Japan, MdM-Netherlands, MdM-UK, MdM-Sweden, MdM-Switzerland and MdM-Turkey.

The organisation's detailed financial report is available on the website: **medecinsdumonde.org** 

# EXPENDITURE/RESOURCES MÉDECINS DU MONDE FRANCE

#### Expenditure\*

81.5 % social mission

13.9 % fundraising

**4 6 0/n** operating costs

#### Resources\*

44.8 % public generosity

**50.6** % grants and other public sector support

**4.60/o** private contributions and other unrelated to public generosity

\*Excluding changes in provisions and dedicated funds





Links with international institutions are essential for NGOs active in the humanitarian field. These institutions are both major donors and leading political bodies. Médecins du Monde has forged partnerships with certain institutions, allowing it to influence international policies. The organisation is also involved in various NGO collectives that facilitate access to international decision-making bodies in order to develop advocacy on behalf of these NGOs.

### THE EUROPEAN UNION

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

- DG ECHO's mandate is to provide emergency assistance and relief to victims of natural disasters or conflicts outside the EU. DG ECHO operates through nearly 200 partners (European NGOs, Red Cross network, and specialised UN agencies). In 2024, DG ECHO had a budget of almost €2.5 billion.
- DG INTPAs mission is to implement the external aid instruments of the European Commission as one of the main contributors to official development assistance.

Since its inception 33 years ago, the MdM network has been a major player in the VOICE collective (Voluntary Organisations in Cooperation in Emergencies) based in Brussels, the interface between European humanitarian NGOs and EU institutions (European Commission/DG ECHO, European Parliament, Member States). VOICE

brings together nearly 90 European NGOs, including some of the largest and most influential. Médecins du Monde-France, on behalf of the MdM network, is active in various VOICE working groups such as the Humanitarian Partnership Watch Group.

— Médecins du Monde works with DG INTPA through CONCORD (European confederation of relief and development NGOs) via the French NGO collective Coordination SUD, which lobbies the EU institutions and helps to develop common positions on European development policy and the major issues of North-South relations.

### THE UNITED NATIONS

- The Economic and Social Council (Ecosoc) is the main body for coordinating the economic and social activities of the UN and its specialised agencies and agencies. The MDM international network has Level-1 consultative status, enabling it to carry out lobbying activities, in particular with the Commission on Human Rights. It has observer status in this subsidiary body of Ecosoc.
- The MDM international network provides representation within the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organisation (WHO) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
- At the beginning of 2018, Médecins du Monde has been admitted as an official partner of WHO, and we are active members of the civil society reference group working on WHO recommendations on viral hepatitis.
- Finally, the organisation is active in working groups within the IASC, the high-level humanitarian coordination body of the United Nations.

# RELATIONSHIPS WITH PUBLIC SECTOR BODIES

### THE GLOBAL FUND

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a multilateral international financial institution established in 2002 that provides grants to fight AIDS, tuberculosis and malaria. The Global Fund invests more than US \$5 billion per year.

It should be noted that Médecins du Monde also benefits from grants from L'Initiative (managed by Expertise France), France's additional support to the Global Fund.

### FRENCH DEVELOPMENT AGENCY

The French Development Agency (AFD), a financial institution, is part of France's official aid system for poor countries. Its mission is to contribute financially to development projects. Since 2009, AFD has had the mandate to fund French NGOs through the Civil Society Organisations Partnership Division, which steers the partnership with NGOs and monitors their initiatives. As a member of Coordination SUD, Médecins du Monde participates in the various discussions between French NGOs and AFD, both on AFD's strategy and its funding methods.

Our organisation benefits from the CPP (Multi-Year Partnership Agreement) funding instrument, initiated in 2018 for four years and renewed in 2022 for a further four years. In 2024, Médecins du Monde obtained "post-crisis" funding in Turkey following the February earthquake, for the benefit of MdM-Turkey. Finally, the organisation is part of the project 'Feminist Opportunities Now' (FON) under the responsibility of IPPF Africa, selected by AFD in 2022 as part of the French feminist funding.

### THE CRISIS AND SUPPORT CENTRE

The Crisis and Support Centre of the Ministry of Foreign Affairs and International Development manages French public funds earmarked for emergency humanitarian action (Emergency Humanitarian Fund: FUH, Stabilisation Fund). It had a budget of over 200 million euros in 2024. In addition to funding, Médecins du Monde has a strategic and institutional link with the CDCS, in particular with Coordination Sud.

### **BILATERAL COOPERATION**

In addition to French public funding, Médecins du Monde receives support through bilateral cooperation. As a result of the active engagement of its network, it is a partner of the German Ministry of Foreign Affairs (GFFO) and the Ministry of Cooperation - BMZ (via MdM-Germany in Munich), Global Affairs Canada (via MdM-Canada in Montreal) and USAID/BHA (via MdM-USA in New York). In addition, Médecins du Monde receives regular support from the Swiss Agency for Development and Cooperation (SDC) as well as from representatives of the government of Monaco in Madagascar.

# PARTNERSHIP BETWEEN UNITAID AND MÉDECINS DU MONDE

Unitaid and Médecins du Monde joined forces for the first time in 2023 as part of a major investment by Unitaid in the prevention of hepatitis C among marginalised population groups. Unitaid is an agency hosted by the World Health Organisation (WHO) and is a key player in international health alliances. It is committed to making innovative health solutions available in low- and middle-income countries.

With the CUTTS HepC project (Catalyse Pptake of Under-Utilised Tools and Treatment Simplification for HepC), Médecins du Monde is making the most of its expertise and field experience in harm reduction. This new project tackles the barriers that people who use drugs face in accessing hepatitis C prevention resources, despite being disproportionately affected by the virus.

Funded until 2027 with a budget of \$9.4 million, CUTTS HepC aims to make new prevention tools available and to implement simplified screening protocols in three countries: Armenia, Georgia and Tanzania. The analyses generated by the project will be able to feed into national and international guidelines on hepatitis C, and influence the prices and quality standards of these products on international markets. This project is carried out in consortium with the Burnet Institute, the University of Bristol and the International Network of People Who Use Drugs (INPUD).

### **BOARD**

The General Assembly elects the twelve members of the Board, plus three alternates, for a three-year term. The Board elects from among its members, for a one-year term, the President and the Bureau: the Vice-President, the Treasurer and the Secretary General. The Board, the executive body of the organisation, meets monthly and takes all policy decisions for the organisation.

At the close of the Annual General Meeting of 8 June 2024, MdM elected its Board:

### President

Dr Jean-François Corty, doctor

### **Vice-President**

**Doctor Françoise Sivignon,** radiologist, member of the Economic, Social and Environmental Council

### **Secretary General**

Anne Guilberteau, public health trainer

### **Treasurer**

Dr Marc Tyrant, hospital doctor

### **Board members:**

**Doctor Christian Bensimon**, general practitioner **Mustapha Benslimane**, retired medical-social institution manager

Renaud Boulet, coordinator of the NGO DBA Bertrand Brequeville, recruitment officer Doctor Guillaume Fauvel, local doctor Sophie Rhodes, director of the Health Prevention Association

**Doctor Florence Rigal**, internist **Cécile Winnougan Thiombiano Yougbaré**,

SRHR technical and advocacy advisor in Africa at Médecins du Monde-France

### **Alternate Board members:**

**Betty Azocar**, community health consultant at the Pudahuel Health Directorate, Chile **Diane Hassan**, expert in collaboration between civil society organisations, economic actors and institutions

Gaëlle Krikorian, sociologist

### **DIRECTION DE MÉDECINS DU MONDE**

Director General: Joël Weiler

Director of International Operations: Helena Ranchal Director of Operations France: Yannick Le Bihan Financial and Legal Director: Jennie Saint-Sulpice Director of Procurement, Logistics and IT: Gaël Acke Director of Human Resources: Bertrand Bocquet Directors of Communication and Development: Brigitte Arrouays then Guillaume Cotillard Director of Health and Advocacy: Sandrine Simon





### **OUR PRIVATE PARTNERS**

### **FOUNDATIONS AND COMPANIES**

Association Ouest-France Solidarité, Axa Banque, Choose Love, CIC, Consortium 12-12, Crédit Coopératif, Crédit Mutuel, Crédit Mutuel de Bretagne, Crédit Mutuel du Sud-Ouest, Église Valdese (Chiesa Valdesi), Fondation Agir en Charente Périgord, Fondation Axian, Fondation d'entreprise Air France, Fondation Christiane et Francis Labbe, Fondation de France, Fondation Crédit Agricole Solidarité et Développement, Fondation d'entreprise Macif, Fondation d'entreprise Optic 2000-Lissac-Audio 2000, Fondation d'entreprise L'Oréal, Fondation d'entreprise MNH, Fondation d'entreprise Deloitte, Fondation Gertrude Hirzel, Fondation Léa Nature Jardin Bio, Fondation pour le Logement des Défavorisés, Fondation Sternstunden, Fondation RAIA-Danielle Marcovici, Fondation Roi Baudouin, Fonds Erié via Fondation du Roi Baudouin, Fonds de dotation Meyer Louis-Dreyfus, Fonds de dotation Nos Épaules et Vos Ailes, Fonds Inkermann, Fonds L'Oréal pour les Femmes, Fonds L'Oréal pour l'Urgence Climatique, Fortuneo, Groupe Raja, Lilo, Louvre Banque Privée, M Comme Mutuelle, McCall MacBain Foundation, Muslim Charity, Publicis Media France, Sidaction, Spark Foundry, Starcom, The Tolkien Trust, Benevity UK Online Foundation. Mais aussi Bimpli, Éthi'kdo, Glady, Freemium Play, Fabuleos, Ivoire, Solikend, Lydia, PayPal, Run for Planet, Vinted, Tribee, Popcarte et ASO.

### **OUR PUBLIC PARTNERS**

### **Multilateral agencies**

European Union (DG ECHO, DG International Partnership), United Nations agencies (UNHCR, UNICEF, OCHA, WHO), Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Unitaid, START Fund.

### **Bilateral organisations**

- In Europe: German Ministry of Foreign Affairs (GFFO), German Ministry of Development (BMZ), German International Development Cooperation Agency (GIZ), Monégasque Cooperation (DCI), Swiss Cooperation (SDC), Wallonia-Brussels International.
- In France: French Development Agency (AFD),
   Crisis and Support Centre of the Ministry of Foreign Affairs (CDCS), Programmed Food Aid (AAP), French Embassies/France Team Fund, Expertise France/L'Initiative.
- Others: American Cooperation (USAID, BHA), Canadian Cooperation (GAC)/Canadian Embassy, Canadian Humanitarian Coalition, City of Geneva.
- French local authorities: Conseil régional Îlede-France, Conseil régional Pays de la Loire, Conseil régional Paca, Conseil régional Nouvelle Aquitaine, Communauté européenne d'Alsace (CEA), Collectivita di Corsica, Conseil départemental Loire-Atlantique, Conseil départemental Isère, Conseil départemental Meurthe-et-Moselle, Conseil départemental Moselle, Conseil départemental Charentes, Conseil départemental Gironde, Conseil départemental Pyrénées-Atlantiques, Conseil départemental Seine-Saint-Denis, Direction de l'action sociale, de l'enfance et de la santé (Dases), Conseil départemental Hérault, Conseil départemental Aude, Conseil départemental Haute-Garonne, Conseil départemental Bouches-du-Rhône, Conseil départemental Alpes-Maritimes, Conseil départemental du Nord, de la Communauté urbaine de Dunkerque et du Centre communal d'action social de la Ville de Grande-Synthe, Eurométropole, Métropole Aix-Marseille-Provence, Grenoble Alpes Métropole, Métropole de Lyon.
- Local Authorities: City of Paris, Ajaccio, Angoulême, Bazelat, Bordeaux, Bullecourt, Charny, Cayenne, Grenoble, Haillan, Communauté d'agglomération Hénin-Carvin, Jarnac, Jurançon, Keskatel, Communauté d'agglomération de Lens-Liévin, Lescar, Lespinasse, Lyon, Matoury, Marseille, Montpellier, Nantes, Neure, Nice, Pau, Remire, Rouen, Saint-Laurent-des-Vignes, Strasbourg, Toulouse, Villeurbanne.

# **ACKNOWLEDGEMENTS**

### **Our missions in France**

Regional health agencies (ARS), conseils départementaux, conseils régionaux, mairies, Caisse nationale d'assurance maladie (Cnam), caisses d'allocations familiales (CAF), caisses maladie régionales (CMR), caisses primaires d'assurance maladie (CPAM), caisses régionales d'assurance maladie (CRAM). centres communaux d'action sociale (CCAS). Centres de lutte anti-tuberculeuse (CLAT), Centres gratuits d'information, de dépistage et de diagnostic (CeGIDD), Mouvement Français du Planning Familial (MFPF), Direction générale de la santé (DGS), Institut national de la santé et de la recherche médicale (INSERM), Permanences d'accès aux soins de santé (Pass), Mission interministérielle de lutte contre les drogues et les conduites addictives (Mildeca), unions régionales des caisses d'assurance maladie (Urcam), centres hospitaliers, caisse générale de sécurité sociale de la Guyane (CGSS), la Mutualité sociale agricole (MSA), Observatoire français des drogues et des toxicomanies (OFDT), Centre de Détention et Maison d'arrêt de Nantes, Santé Publique France (SpF), Délégation Interministérielle à l'hébergement et à l'accès au Logement (DIHAL), les Directions régionales et départementales de l'économie, de l'emploi, du travail et des solidarités (DREETS/DDETS), Délégation régionale académique à la jeunesse, à l'engagement et aux sports (DRAJES), Direction régionale aux droits des femmes et à l'égalité (DRDFE), les services de Protection Maternelle et infantile (PMI).

### **OUR ORGANISATION PARTNERS**

Acceptess-T, Action Santé Mondiale, Act up-Paris, Aides/Coalition Plus. Action contre la Faim. 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), Aurore, Coordination Sud (C-Sud), Collectif d'information et de recherche cannabique (CIRC), Conseil norvé- gien pour les réfugiés, Daleth research - Drug policy AnaLysis, Sida Paroles, Gaïa Paris, ATD Quart-Monde, Bus 31/32, Cabiria, Center for Reproductive Rights, Centre Primo Levi, CARE, Comité de Lutte Contre l'Exclusion (CLE), Coordination Française pour le Droit d'Asile (CFDA), Collectif des Associations Unies pour une nouvelle politique du logement (CAU), Cimade, collectif Romeurope, collectif Migrants Outre-Mer (MOM), collectif Alerte, Collectif Santé Mondiale, Comede, CREA, Crisis Action, Droit au logement (DAL), Emmaüs, France Assos Santé, For Alternative Approches to Addiction Think and do tank (FAAAT), Empow'Her, Fédération Association Laïque Éducation Permanente Ajaccio (FALEPA), Fondation pour le Logement des Défavorisés, 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, Global Health Advocates (GHA), Groupe d'Informa- tion et de Soutien des Immigrés (Gisti), Handicap International France, Ithaque, Keep smiling, Korzeam, Médecins Sans Frontière France, Ordre de Malte, le 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, PASTT, 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 Caritas France, Solidarité Sida. Sidaction, SOS Addictions, Groupe SOS, Syndicat de la Magistrature, Syndicat des Avocats de France, Syndicat du TRAvail Sexuel (Strass), Techno Plus, Transat, Unicef France, UNIOPSS, Acceptess-T, ARCAT, le Collectif des Femmes de Strasbourg Saint Denis, Association SAFE, Center for Reproductive Rights, International Network of People who Use Drugs (INPUD), Harm Reduction International (HRI), International Drug Policy Consortium (IDPC), IPPF, Itinéraires Entr'Actes, Autres Regards, Grisélidis, Equipop, Tous Migrants, le Refuge Solidaire, Utopia 56, Kesha Niya, as well as many regional and local partners in the countries where we work.

### **OUR EUROPEAN PARTNERS**

World Health Organisation (WHO), Platform for International Cooperation on Undocumented Migrants (PICUM), European Patient Forum (EPF), European Anti-Poverty Network (EAPN), European Federation of National Organisations workin with the Homeless (FEANTSA), European AIDS Treatment Group (EATG), European Sex Workers Alliance (ESWA), European Association for Human Rights (AEDH), European Network of People Who Use Drugs (EuroNPUD), European Public Health Association (EUPHA), Confederation of Family Organisations in the European Union (COFACE), Insecurity Insight, International Lesbian Gay Association (ILGA), European Policy Centre (EPC), Health Action International (HAI), Picum, Safeguarding Health in Conflict Coalition, Social Platform, Eurochild, EPIM/NEF, VOICE, Women Political Leaders (WPL) global forum and Migreurop.

ALL OUR OTHER PARTNERS AS WELL AS THOSE WHO SUPPORTED US THROUGH A BEQUEST OR LIFE INSURANCE IN OUR ACTIONS IN FRANCE AND ABROAD DURING THE YEAR 2024, NOT FORGETTING OUR INDIVIDUAL DONORS.

## **PROJECT COORDINATION**

**Thomas Flamerion and Anne-Lys Thomas** 

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**Pauline De Smet** 

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# **MÉDECINS DU MONDE**

84 avenue du Président Wilson 93210 Saint-Denis Tel. 01 44 92 15 15 medecinsdumonde.org MdM\_France

