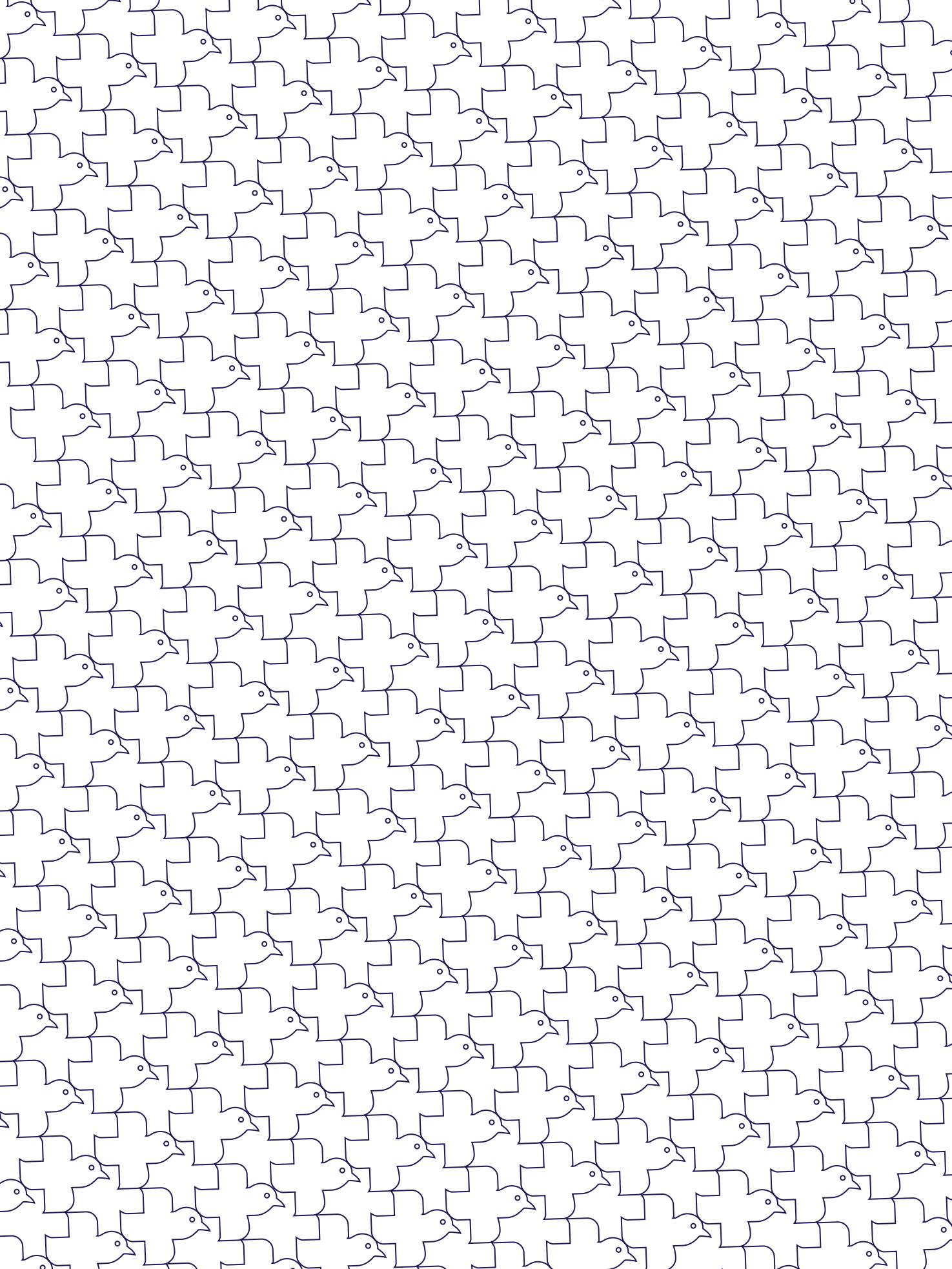


ANNUAL REPORT

2025





p. 4	A WORD FROM OUR PRESIDENT	p. 63	INTERNATIONAL NETWORK
p. 8	IN FIGURES	p. 65	Chapters
p. 10	AREAS OF INTERVENTION	p. 68	FUNDING
p. 12	FOCUS – TAKING ACTION TOGETHER	p. 70	RELATIONS WITH PUBLIC-SECTOR BODIES
p. 14	FOCUS – RESISTANCE	p. 72	ORGANISATION
p. 16	ADVOCACY AND CAMPAIGNS	p. 74	ACKNOWLEDGEMENTS
p. 20	INTERNATIONAL OPERATIONS		
p. 24	Africa		
p. 30	Middle East		
p. 34	Latin America		
p. 38	Europe		
p. 42	Asia		
p. 46	OPERATIONS IN FRANCE		
p. 49	Universal healthcare and the public health system		
p. 52	Migration, exile, rights and health		
p. 54	Health and environment		
p. 56	Sexual and reproductive health and rights		
p. 58	Harm reduction		
p. 60	Directory of regional offices		

TABLE OF CONTENTS



The beginning of 2025 saw severe disruption to the humanitarian landscape with the closure of the American international development agency, USAID. The shock decision by the Trump administration had devastating repercussions for the sector, as 75.9 billion dollars of scheduled funding were cancelled. This climate of declining public funding presents profound challenges for the lives of millions of people and for the capacity to act of organisations that seek to support them.

AN IDEOLOGICAL AND FINANCIAL OFFENSIVE

The reduction in funding is having far-reaching effects for all of us, as armed conflicts continue, international humanitarian law is violated with impunity, and economic crises and environmental threats accentuate vulnerability and inequality.

Apart from budget cuts, these changes are evidence of a profound ideological reversal. Western democracies are now pursuing policies that are openly hostile to human rights, questioning the principles of solidarity, imposing conditions on aid, restricting access to those in need and delegitimising the activities of independent organisations on the grounds that they no longer promote the "right" values. This drift towards illiberal attitudes represents a direct threat to our mission, our

freedom to act and our role as a constructive civil society counterweight.

This new hierarchy of values based on failure to respect rights is illustrated particularly vividly by the way major conflicts are treated. In the case of Gaza, Sudan and the Democratic Republic of the Congo (DRC), the international community has displayed a glaring inability to protect civilian populations and ensure respect for international humanitarian law.

In Europe and France this tendency is seen in the rise of extreme right-wing populism, increased repression and administrative harassment of organisations, founded on a deliberate tactic of confusing civil society campaigning with partisan activism. Our chapters find themselves accused of supporting particular ideologies, encouraging migration or maintaining links with terrorist groups. These repeated and baseless attacks seek to restrict the freedoms of NGOs and delegitimise a discourse that is founded on medical ethics and local expertise developed on the ground.

As around 305 million people are currently in need of urgent humanitarian assistance, the funding cuts are having direct and dramatic impacts on individuals, primarily women and gender minorities. These impacts include limited access to healthcare, disruptions to the supply of medicines, vaccination campaigns being halted, the closure of essential HIV programmes and gender-based violence services, as well as restrictions on access to sexual and reproductive healthcare.



DR JEAN-FRANÇOIS CORTY

A WORD FROM OUR PRESIDENT

In the face of ever increasing pressures, Médecins du Monde is fully embracing its role and resisting these changes by defending a vision of the world based on values of solidarity, freedom and respect for human rights through universal access to healthcare and reducing inequality.

RESISTANCE DESPITE PRESSURE

Internationally, we have continued our work with resolve and determination, remaining realistic about the constraints we face but always steadfastly focused on the impact of our actions.

In the Middle East, restrictive imperialist and colonial policies are fuelling a crisis of humanity. Working in Lebanon, Palestine, Syria, Yemen and Iraq, Médecins du Monde reiterates that humanitarian assistance must never be politicised and must be provided unconditionally – the needs of communities must constantly be front and centre.

Our teams have been working tirelessly in Gaza, despite the extreme genocidal violence and a ceasefire that has proved to be a fantasy, with over 500 deaths since it was announced in October 2025. We keep working even amid the monumental destruction and drastic deterioration in access to healthcare. Today they face the very real threat of expulsion, even though the humanitarian needs remain acute, with food insecurity, a health system that has been destroyed, and injured and sick people deprived of appropriate care and any possibility of evacuation.

In Syria the fall of the regime of Bashar al-Assad has enabled our teams to return and gradually resume their activities in a context that remains fragile but offers glimmers of hope.

We continue to address so-called “forgotten” crises that are still wreaking havoc far from the spotlight. In the DRC, a chronic humanitarian crisis was exacerbated by the capture of the city of Goma in January 2025 and the spread of violence in the east of the country. Médecins du Monde has been in the DRC for a long time and, in a context where over five million people have been displaced, we’ve stepped up our emergency response, focusing particularly on sexual and reproductive health and rights.

We also remain committed to our work in Latin America, especially in Mexico and Colombia and in connection with the Venezuelan crisis, as well as in Ukraine, where needs are still acute. Everywhere we work we are alert to attacks on women’s rights, which are aggravated by the reinstatement of

policies such as the Global Gag Rule which prevent access to contraception and abortion.

AN INCREASINGLY HOSTILE CLIMATE

In France, the weakening of international solidarity has been accompanied by concerning developments at the national level. The draft finance bill provides for an €800 million cut to public development aid in 2026. This situation is undermining public health responses and putting effective access to fundamental rights at risk.

The advance of extreme right-wing ideas and the radicalisation of political discourse are a threat to civil society. Campaigning organisations frequently come under attack, which contributes to a climate of suspicion and greater restrictions being placed on organisations through administrative and security measures.

Despite all this, our work goes on with commitment and determination. We have been active in France for forty years and we are continuing to work with migrants, for example in Calais and Briançon, in situations where access to rights and healthcare is deteriorating. In 2025, which marked the 80th anniversary of the social security system in France, we continued to advocate for a solidarity model of universal health coverage, for example with the publication of the report by the Observatory on Access to Rights and Health, which contained revealing evidence about inequalities in access to healthcare.

In response to attacks on rights, Médecins du Monde will continue to take action, provide care and bear witness.

Our teams were actively engaged in advocacy work during the local elections, in anticipation of the activities we are preparing for the run-up to the presidential election in 2027.

In 2025, Médecins du Monde was actively involved in tackling environmental inequality, campaigning on the links between health and the environment. France’s Duplomb Law was eventually adopted with amendments in July 2025, despite strong popular opposition in which we were involved. The law illustrates the threats posed to public health and independent scientific expertise. Alongside patients, doctors and researchers, Médecins du Monde continues to call out policy decisions that inhibit the right to live in a healthy environment

and which serve private interests at the expense of the interests of the public and downplay public health inequalities.

In a social and political climate that is becoming ever more repressive, we remain fully committed to solidarity with communities that are particularly stigmatised, such as people who use drugs and/or are involved in sex work. Ten years after the enactment of the law criminalising users of paid sexual services, policies that criminalise sex work continue to undermine access to healthcare and rights.

In April 2025, Médecins du Monde filed two lawsuits challenging the government's obstruction of the implementation of a harm reduction policy for people who use drugs. We raised awareness of the urgent need to extend and ensure the long-term sustainability of addiction treatment centres which are essential in providing healthcare and access to rights for people who use drugs.

DEVELOPING A STRONG AND COMMITTED ORGANISATION

Médecins du Monde is a campaigning humanitarian medical organisation. Our teams of employees and volunteers work within a democratic, transparent structure that is responsive to the people who constitute it. In a humanitarian sector experiencing significant tensions and a global climate of profound anxiety and concern, we take very seriously the quality of life and working conditions of our teams, because they are the foundations on which the sustainability and future of our work depends.

We have prioritised opportunities for dialogue and appropriate regulation to respond to the realities on the ground. This has also been the guiding principle in the implementation of a new alert management strategy which seeks to improve risk prevention, enhance team safety and provide more structured support with a focus on responsibility and care.

We also continued to work on projects that will shape the future of our organisation. In May 2025 the Board approved a review of our statutes, to be followed by a review of our internal regulations. The aim is to ensure our governance meets the needs of new operational realities. The implementation of our strategy for France, as well as future developments within the organisation, particularly through consolidation of the regional offices, form part of ongoing efforts to simplify missions, decentralise decision-making and strengthen engagement. Between September 2025 and June 2026,

we organised regional assemblies for regional offices to elect new members to MdM's regional councils and we call on everyone to get involved in the shared and democratic leadership of our activities.

Finally, Médecins du Monde France is fully integrated into an International Network of 17 organisations based on solidarity and synergy between its members. In the current climate of declining institutional funding, we remain determined to contribute to stronger collective governance and a more balanced development of the Network, in particular through the involvement of new members from the Global South.

As we face attacks on rights, the rise of identity politics and worsening health, social and environmental inequalities, Médecins du Monde will continue to take action, provide care and bear witness. Our commitment remains strong, supported by the energy of our teams of staff and volunteers, partners, donors and members, as well as everyone who shares our values of solidarity and freedom. Our thanks to all of you.

BUDGET

**MDM FRANCE
BUDGET:**

€146.9 million

HUMAN RESOURCES



3,499

**MÉDECINS
DU MONDE
ACTORS**

1,549 PEOPLE

ON OUR INTERNATIONAL PROGRAMMES

1,405 national employees and staff members in the field

86 staff members employed under French law working in international missions

57 International Operations Directorate (DOI) employees at headquarters, including 7 mobile staff

1 international solidarity volunteer

1,528 PEOPLE

ON OUR PROGRAMMES IN FRANCE

1,365 active volunteers (including volunteer Board delegates)

147 employees working on the ground and at regional offices

16 France Operations Directorate (DOF) employees at headquarters

422 PEOPLE

IN OPERATIONAL SUPPORT

150 volunteer Board delegates

272 employees at headquarters

IN FIGURES

PROGRAMMES IN FRANCE

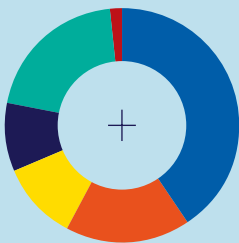
42
PROJECTS
ON
23
SITES

Rights and the healthcare system	18 projects
Migration, exile, rights and health	9 projects
Health and environment.....	9 projects
Harm reduction	5 projects
Sexual and reproductive health and rights.....	1 cross-cutting project

INTERNATIONAL PROGRAMMES

4,150,000 BENEFICIARIES OF
OUR PROGRAMMES

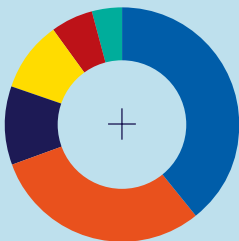
GEOGRAPHICAL DISTRIBUTION OF OUR PROJECTS



- **26** projects in **9 countries** in Africa
- **11** projects in **5 countries** in the Middle East
- **7** projects in **2 countries** in Latin America
- **6** projects in **4 countries** in Europe
- **13** projects in **5 countries** in Asia
- **1** cross-cutting project: CUTTS (Georgia, Armenia and Tanzania)

64
PROJECTS
IN
25
COUNTRIES

GEOGRAPHICAL DISTRIBUTION OF OUR OPERATING EXPENDITURE



79% International of which:

- **39%** in Africa
 - **31%** in the Middle East
 - **11%** in Latin America
 - **10%** in Asia
 - **6%** in Europe
 - **3%** miscellaneous projects (cross-cutting projects, and exploratory missions)
- 21% France**

POLITICAL CAUSES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Médecins du Monde campaigns for the recognition of sexual and reproductive rights and access to comprehensive and appropriate sexual and reproductive health services. Alongside its local and international partners, MdM is committed to preventing and managing unintended 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, as well as 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 position to identify needs and develop solutions together with the people affected. In addition to its work on the ground, MdM campaigns to improve their access to rights and remove the legal, regulatory and social barriers that marginalise them and distance them from healthcare services.

MIGRATION, EXILE, RIGHTS AND HEALTH

Reception conditions for migrants and exiles remain extremely poor in many destination and transit countries. Closing and tightening borders and criminalising people leads to practices of detention, expulsion and deportation to the country of origin or transit country, resulting 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, both on the ground and in our advocacy work.

HUMANITARIAN SPACE

From armed conflict to food insecurity and the impacts of climate change and epidemics, crises are becoming increasingly complex. They lead to the acute disruption of healthcare provision and exacerbate violence and vulnerability. The impact on people's physical and mental health is significant and the needs are manifold. In these situations, Médecins du Monde works to restore access to healthcare and campaigns for respect for international humanitarian law, humanitarian principles and protection of humanitarian and healthcare workers.

HEALTH AND ENVIRONMENT

Médecins du Monde works with communities in poor living and working environments which impact their health. We work with people to reduce their exposure to environmental risks and to improve access to care that responds to their specific needs. We campaign for recognition of the health risks associated with such exposure and for greater environmental justice.

RIGHTS AND THE HEALTHCARE SYSTEM

Through its actions, Médecins du Monde supports local authority healthcare and prevention systems, facilitating access to healthcare and rights for all, based on the principles of equity, solidarity and inclusion. Advocacy on these issues is well developed in France and focuses on removing the barriers to health protection entitlement 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 affected by our projects so that we can adapt our working methods and ensure community concerns are placed at the heart of our activities. To encourage the empowerment and participation of the people and communities we work with, MdM supports peer work and collective initiatives, prioritising relationships with local partners and encouraging advocacy by community stakeholders.

HOLISTIC APPROACH TO HEALTH

Médecins du Monde promotes a holistic approach to health which brings together the physical, mental

and social aspects. In addition to setting up and supporting medical and pharmaceutical services that meet the highest standards, we have adopted a specific approach to mental health and psychosocial support, by focusing on the determinants of mental health and on areas of psychological vulnerability. MdM works with those affected to involve them in the development of appropriate public health responses.

INDIVIDUAL AND SOCIAL DETERMINANTS OF HEALTH

Médecins du Monde develops health services that take into account the social determinants of health and different needs depending on age, gender or disability, as well as customs and living conditions. We have a gender policy that seeks to combat the inequalities and discrimination which can affect people's health. For example, we incorporate rapid gender analyses into our humanitarian responses and advocate shared responsibility for health in our work with young people on prevention of unintended pregnancies.



At Médecins du Monde it's in our DNA to work with the people and communities directly affected by our projects. Since the very beginning we have sought to ensure our work is underpinned by their knowledge, expertise and experience, so we review and adapt our approaches, keeping their concerns front and centre.

In 1989, when Médecins du Monde established its first needle exchange programme with people who use drugs, it marked the beginning of almost forty years of resolute commitment to harm reduction. The teams soon realised that working closely with the people they were supporting was essential in every action they took. With our harm reduction work and more broadly when working on HIV, Médecins du Monde experimented with a directly inclusive approach. We understood the “nothing about us without us” principle and learned to support community organisations and patients, recognising that they are experts in their own health.

Today, these principles are not simply a legacy of the past, they represent a commitment and a policy driver at the heart of Médecins du Monde's healthcare model. From 2015, MdM reaffirmed that *“beneficiaries must be involved in designing, running and evaluating our programmes... Medical and lay knowledge are combined to promote proactive policies that reflect both expertise and democracy”*. In addition, *“with our partners, the communities and their representatives, we help empower all socially or physically vulnerable populations to take action within their social environment, to become actors in their own health and to exercise their rights”*.

THE VALUE OF EXPERIENCE

While challenging the power dynamics inherited from colonialism has emerged as a key issue in the humanitarian aid sector, giving greater power, funding and responsibility to local people has become an

essential thread that runs through all MdM's activities. Internationally, the people affected are involved in all the locations where we work, from emergency settings to long-term programmes. In Palestine, in the West Bank village of Kufr Qaddum, the teams work with community first responders, who are chosen by the village council, and local organisations to provide an emergency first response before the medical teams arrive when there are episodes of violence. Where MdM runs long-term projects, such as in Manila in the Philippines, people from the waste recycling communities share messages from the workers and bring them together to co-create a campaign for environmental justice, while in Georgia, Armenia and Tanzania, the CUTTS HepC research project is led jointly by researchers and people who use drugs with the aim of improving harm reduction practices.

In France, the participatory, community approach is also a key action principle for Médecins du Monde. For many years the Lotus Bus in Paris recruited and trained sex workers to improve access to information and harm reduction resources, always ensuring the women affected were closely involved. In 2025 the project was successfully handed over to the community organisation Roses d'Acier. In Mayotte, the people receiving support worked together to collect information locally about access to water, waste management and hazardous areas and then completed a mapping exercise of risks and needs.

Despite a principle that is well established in practice and a commitment to more participatory approaches, we still encounter resistance. Budget cuts in the

For Médecins du Monde, it's not just about making our projects more relevant, it's also about continuing to recognise the expertise and the place of the individuals affected and to work with them to effect social and political change.

TAKING ACTION TOGETHER

humanitarian sector and austerity in health funding directly weaken local and community actors who are often already vulnerable. In this context, reaffirming the importance of “nothing about us without us” is a political choice. For Médecins du Monde, it’s not just about making projects more relevant but also means continuing to recognise the expertise and the place of the individuals affected, to support their capacity to organise and defend themselves collectively and, with them, to effect social and political change. These approaches should also help us to look at our own practices and the power dynamics

that still persist and shape humanitarian action. They serve as a touchstone for our contribution to the broader initiatives currently under way in this sector: localisation of aid, recognition of the leadership of local, community and feminist actors and questioning the colonial legacies that still exist in our working practices.



Throughout the world civil society organisations are the subject of increasingly severe political and ideological attacks that threaten the humanitarian and solidarity-based ecosystem. In the run-up to two major elections in France – municipal elections in 2026 and the presidential election in 2027 – Médecins du Monde found itself working in an openly hostile climate this year where freedom of association and the values of solidarity and public interest were seriously challenged.

As of January 2025, Donald Trump's administration cancelled over 80% of the funding for the United States Agency for International Development (USAID), the world's largest funder of humanitarian programmes which accounted for over 40% of global aid in 2024. In September the US America First strategy boosted a growing trend towards cuts in global health aid by restricting America's involvement in the sector and excluding certain essential areas, such as sexual and reproductive health and rights. The extension of the US Global Gag Rule to cover international projects also hindered access to these healthcare services by blocking funding for programmes that facilitate abortion.

These very abrupt decisions were accompanied by reductions in public development aid in multiple European countries: at least €2 billion in France and €900 million in Germany, as well as similarly drastic cuts in the United Kingdom, Sweden, Switzerland and the Netherlands. In total, public development aid saw record cuts of around 23% in 2025 compared to 2024, undermining thousands of programmes in over 140 countries, affecting millions of beneficiaries and plunging NGOs into an unprecedented crisis. Despite diversifying our funding sources, at Médecins du Monde many of our projects were directly affected by the suspension of aid, especially in the Democratic Republic of the Congo, Colombia, Madagascar, Nigeria, Myanmar, Nepal and Mexico.

In this global context of crises and wars, the deep cuts to funding for aid organisations have been accompanied by repeated violations of international humanitarian law, including by regimes that

claim to be democratic. In Gaza, alongside war crimes and genocidal crimes against humanity there is a clear intention to restrict the supply of aid to civilian populations and to hinder the work of independent NGOs.

SOLIDARITY UNDER ATTACK

Organisations working in healthcare in France are increasingly finding that their operational capacity is being restricted due to reduced grants and more and more conditions being placed on funding, as well as political interference and sometimes explicit institutional pressure. Linked to a rise in extreme right-wing ideas, these attacks are often accompanied by a climate of mistrust and a decline in recognition of the essential role played by organisations which are accused by turns of being ideological, of excessive activism and even of complicity in illegal activities. There is a blurring of the lines between civic political engagement and partisan positions. Some of Médecins du Monde's programmes with migrants, such as in Briançon and Dunkerque, are particularly affected by administrative barriers and funding cuts.

The universal healthcare system in France is also under attack. The experience of our teams on the ground who are in constant contact with vulnerable people has enabled us to identify and expose widespread attempts to "screen" patients, double the franchises médicales (deductions from reimbursements for certain medications and procedures) and undermine State Medical Aid (AME). The 2025 Observatory on Access to Rights and Health report highlighted the factors that are increasingly distancing vulnerable populations from healthcare, fostering stigmatisation of vulnerable people and amplifying existing inequalities. This ideological shift towards mistrust and closed attitudes is also reflected in challenges to scientific knowledge and undermining of the credibility of scientific experts, especially in public health. This is something that

Médecins du Monde is able to resist these threats to humanitarian work thanks to our donors and the commitment of our teams of staff and volunteers.

RESISTANCE

was particularly striking during the debates on the Duplomb Law.

Médecins du Monde is able to resist these threats to humanitarian work thanks to our donors and the commitment of our teams of staff and volunteers. In 2025, we undertook advocacy and awareness-raising activities to ensure that health, solidarity and freedom of association were included in the manifestos of the candidates for the municipal elections in France. These issues will be raised again during the presidential election campaign in 2027, when Médecins du Monde will once more defend respect for the democratic values of freedom, solidarity and unconditional access to healthcare for all.



ADVOCACY

HARM REDUCTION

Médecins du Monde is a pioneer in harm reduction, developing innovative approaches, for example by collecting data to support advances in harm reduction and promote more equitable access to health services for people who are marginalised and excluded. With over thirty years of experience, we are recognised internationally for ensuring, both through our technical expertise and as an advocacy organisation, that the realities on the ground are included in critical institutional debates. In recent years we have consolidated our position as a leading player in the field by connecting grassroots expertise with the global institutions that shape standards, such as the World Health Organization (WHO).

Valuable expertise

The WHO is a key partner in amplifying Médecins du Monde's scope and impact and we have links and official partnerships in the areas of health, sexual and reproductive rights and harm reduction. Médecins du Monde is part of a WHO working group on viral hepatitis in people who inject drugs and in prisons. We have also been invited to join a number of groups working on developing WHO guidelines. In 2025, this involvement led to Mdm playing a key role in drafting two framework documents – a guidance document and an operational guide – that reflect our harm reduction approaches and position. Médecins du Monde co-organised two international WHO webinars to present these new recommendations which were attended by several hundred people.

EVENT

PHOTOCLIMAT EXHIBITION

Environmental justice is a key priority area and focus for advocacy at Médecins du Monde and was at the heart of our communications work in 2025. Seeking to make our campaign against health inequalities linked to living and working conditions more accessible, we held an innovative photo exhibition at the Place de la Concorde in Paris. The exhibition formed part of the biennial Photoclimat event and ran from 12 September to 12 October 2025. For our debut at this event, Médecins du Monde gave photographer Sandrine Elberg complete artistic freedom. Her black and white photographs subtly revealed harmful environments and their health consequences by juxtaposing different images – a field with glimmering traces of pesticides next to an X-ray of damaged lungs, a survival blanket alongside the route taken by a cycle courier through the labyrinthine streets of a city. The Photoclimat exhibition attracted 5 million visitors in 2025.

Environmental justice: understanding and taking action

Over the course of the year Médecins du Monde sought to highlight the links between health and the environment through targeted articles and photo reportage, videos for social media and educational games. We also produced a short animation to draw attention to different groups of people who are at risk due to their living or working environments, including toxic waste recyclers, homeless people, vulnerable agricultural workers, cycle couriers and people living in informal settlements. Shared on social media, the video was viewed millions of times and was adapted into an immersive digital game and a cartoon which appeared in the press.

ADVOCACY AND CAMPAIGNS



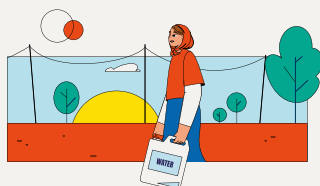
T'AS PAS UNE MINUTE ?

C'EST QUOI LA SANTÉ-ENVIRONNEMENT ?

Et si l'environnement était la plus grande menace pour notre santé ?...



EN FRANCE ET DANS LE MONDE, DES MILLIONS DE PERSONNES VIVENT ET TRAVAILLENT DANS DES CONDITIONS PRÉCAIRES QUI AFFECTENT GRAVEMENT LEUR SANTÉ.



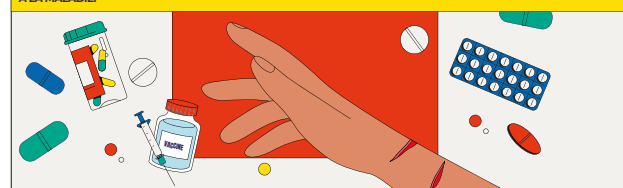
QUAND L'AIR, L'EAU ET LE LOGEMENT DEVIENNENT TOXIQUES, ...



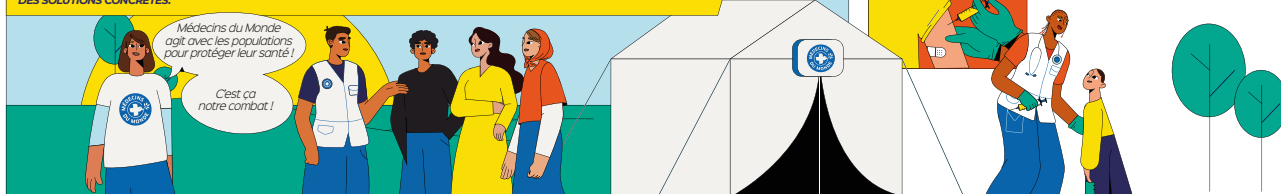
... CHAQUE JOUR EST UN DANGER.



POUR CES PERSONNES VULNÉRABLES, LES SOINS SONT SOUVENT INACCESSIBLES ET L'INJUSTICE S'AJOUTE À LA MALADIE.



POUR CHANGER LA DONNÉE, IL FAUT AMÉLIORER L'ACCÈS AUX SOINS PARTOUT, INFORMER SUR LES RISQUES ET ACCOMPAGNER VERS DES SOLUTIONS CONCRÈTES.



UN LOGEMENT DIGNE. UN TRAVAIL DÉCENT. UN ENVIRONNEMENT SAIN ET RESPIRABLE. CE N'EST PAS UN PRIVILÈGE, C'EST UN DROIT.



POUR EN APPRENDRE PLUS,

DÉCOUVRE NOTRE EXPÉRIENCE INTERACTIVE SUR



chercheettrouve.medicinsdumonde.org

ADVOCACY

THE HUMANITARIAN SPACE

In 2025, the humanitarian space continued to contract under the impact of multiple concurrent and ever more politicised crises. In contexts marked by bombing of civilian infrastructure, administrative restrictions and the growing criminalisation of aid, Médecins du Monde continued to advocate actively for access to healthcare in crisis settings, protection for humanitarian and healthcare workers and respect for international humanitarian law.

In the face of major obstacles to humanitarian access in Palestine, Yemen, Myanmar and the Sahel, we stepped up our appeals to French, European and international authorities, reminding them that attacks on healthcare facilities and medical teams have direct consequences for patients, as well as long-term health impacts. In Gaza we documented the impacts of the war on nutrition and sexual and reproductive health for women and girls.

Taking action together

We continued to be involved in collective action. Through NGO platforms we advocated for the inclusion of humanitarian exemptions in counter-terrorism measures in French law, so that these frameworks no longer hinder the delivery of vital assistance. We launched a joint project on the criminalisation of aid and online disinformation which represent real risks for our operations and our colleagues on the ground. On the diplomatic front, we intensified our dialogue with the United Nations, funders and diplomatic missions to remind states of their obligations with regard to protecting civilians and facilitating humanitarian access.

CAMPAIGN

SOLIDARITY TAKES STRENGTH

"Solidarity takes strength. The heart provides it." This was the slogan at the centre of an ambitious campaign unveiled by Médecins du Monde in late 2025 after a bleak year for international solidarity. In a hostile environment of cancelled development aid funding and an increasing number of crises linked to armed conflict, as well as frequent attacks on NGOs, we wanted to remind people that solidarity is not an abstract concept but an urgent necessity and a living force that can only be strengthened through action.

Developed with advertising agency BBDO (previously DDB) and made by director Jodeb, the film for this campaign focuses on the actions of Médecins du Monde teams across a range of settings: outreach work on city streets, unloading boxes of medical supplies at a refugee camp, a consultation in a makeshift shelter and people demonstrating for rights. Set to punk song "Cathedrale" by the band Reverence, intense scenes unfold one after another until viewers see a final shot of the clasped hands of a nurse and a woman she is helping to give birth.

A call to action

A rousing call to action, courage and perseverance despite widespread indifference, this campaign reached a large audience. It was shown for six weeks in UGC and Grand Rex cinemas, on TV (e.g. France Télévisions, TF1, Arte and LCI), on social media (YouTube, TikTok, Facebook and Instagram) and in the press and was broadcast a total of 71 million times nationally. It conveyed Médecins du Monde's strong, confident stance – that each one of us can make a difference to support solidarity and save lives.



**LA SOLIDARITÉ
EST UN MUSCLE,
LE CŒUR
EN EST
LE MOTEUR.**

Rejoignez le mouvement sur medecinsdumonde.org



**SOIGNE AUSSI
L'INJUSTICE**

Recent years have been marked by a sharp and deliberate decline in international solidarity and 2025 continued this trend. Budgetary decisions and political choices resulted in sudden and massive cuts in institutional funding, especially for public development aid and humanitarian assistance. This process has significantly weakened the whole humanitarian system. Decisions taken in several major donor countries, including France, Germany, the United States, Canada and the United Kingdom, have had immediate consequences. The impacts include essential programmes being cut back or terminated, hyper-prioritisation of needs, long-term uncertainty for teams and, above all, the interruption of care for millions of already extremely vulnerable people. Against this backdrop, Médecins du Monde sought to ensure the continuity of its programmes as far as possible, especially following the abrupt cancellation of American funding in February 2025.

In parallel with this crisis, humanitarian needs continue to increase in reaction to the combined impact of prolonged armed conflict, worsening climate disasters, persistent inequalities in access to care and growing challenges to fundamental rights. In response, Médecins du Monde made a clear choice not to surrender and compromise on its principles. Despite the scarcity of funding, we did not give up our ethical principles and commitment to quality or accept funding that is not compatible with our independence, values and mission. Maintaining our ability to speak out, continuing to work with the most marginalised communities and being present in the major crises affecting the world remain essential to our organisation.

Médecins du Monde has therefore continued to operate within the significant constraints of

this environment. In areas of armed conflict and ongoing crisis, the teams have maintained a core presence, in spite of deteriorating conditions of access. In Palestine – in Gaza and the West Bank – medical and humanitarian work continued in a context of extreme violence and acute restrictions, with limited and fragmented humanitarian access. In Ukraine, our teams continued to respond to needs arising due to the conflict, while experiencing worsening violence in the locations where we work. In Afghanistan and Pakistan, Médecins du Monde has increased its activity around sexual and reproductive health and rights, even though access to care, especially for women, has become increasingly restrictive and despite a highly unfavourable political and funding environment. In Latin America, especially in Colombia and Mexico, our programmes have been adapted to respond to the changes in migration flows, while strengthening local partnerships and networks.

STAYING THE COURSE IN THE FACE OF CRISIS AND ANTICIPATING HUMANITARIAN SHOCKS

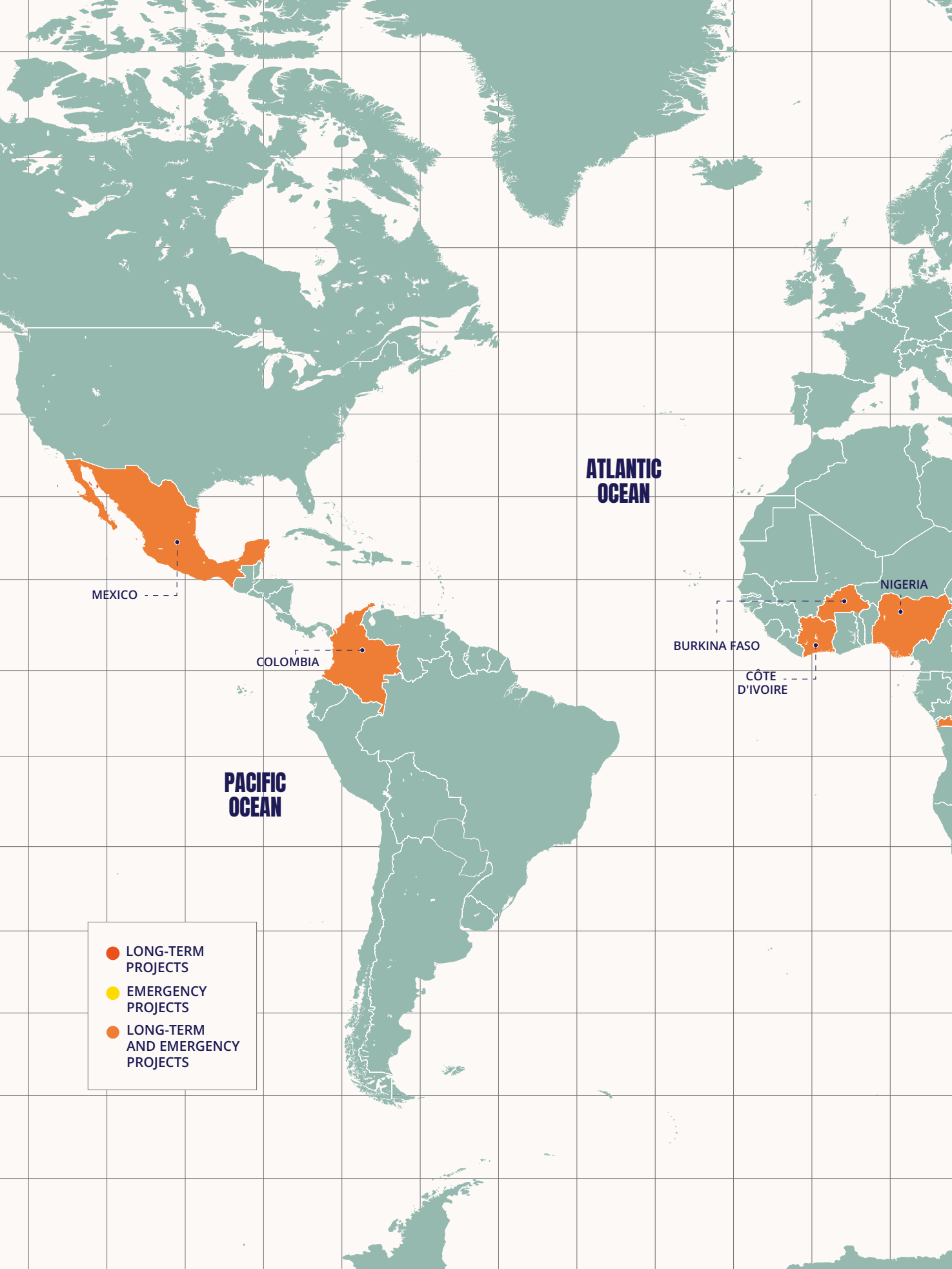
As we face ever more frequent and complex crises, Médecins du Monde has strengthened its emergency preparedness (EPREP) in order to better anticipate and respond to humanitarian shocks. This preparatory work means we can provide rapid and effective responses when major emergencies occur, such as the Mandalay earthquake in Myanmar or following devastating floods in Pakistan. We were able to mobilise our teams and the partners identified in the EPREP plans and quickly set up mobile clinics. In the east of the Democratic Republic of the Congo we reacted to developments in the conflict by launching emergency interventions in Nord-Kivu to respond to the health needs of the population. These operations demonstrate our ability to organise and combine preparation, long-term presence and immediate emergency responses.

INTERNATIONAL OPERATIONS

Finally, 2025 highlighted once again the strength of commitment of our staff teams on the ground and at head office, the volunteers and partners who face a state of permanent instability but are still determined to continue their work in a way that remains true to MdM's values. Médecins du Monde has taken up a position of resistance – continuing to provide care, bear witness and advocate

strongly, always keeping in mind that international solidarity is a collective responsibility and not an optional extra.





**ATLANTIC
OCEAN**

**PACIFIC
OCEAN**

MEXICO

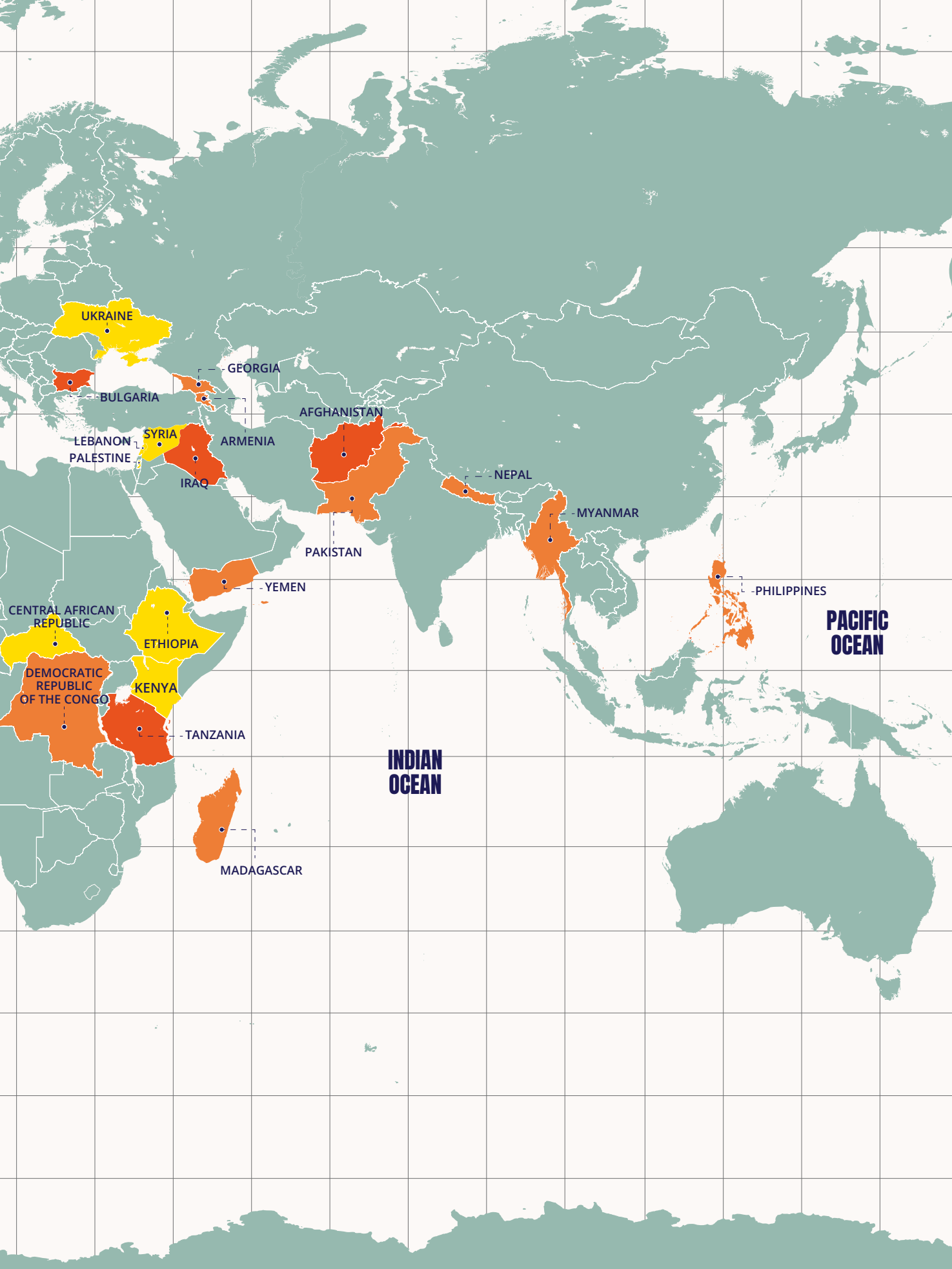
COLOMBIA

BURKINA FASO

CÔTE
D'IVOIRE

NIGERIA

- LONG-TERM
PROJECTS
- EMERGENCY
PROJECTS
- LONG-TERM
AND EMERGENCY
PROJECTS



UKRAINE

GEORGIA

BULGARIA

AFGHANISTAN

LEBANON

SYRIA

ARMENIA

PALESTINE

IRAQ

NEPAL

PAKISTAN

MYANMAR

YEMEN

PHILIPPINES

PACIFIC OCEAN

CENTRAL AFRICAN
REPUBLIC

ETHIOPIA

DEMOCRATIC
REPUBLIC
OF THE CONGO

KENYA

TANZANIA

MADAGASCAR

INDIAN OCEAN

AFRICA

9 COUNTRIES 26 PROJECTS

BURKINA FASO 4 PROJECTS

CÔTE D'IVOIRE 4 PROJECTS

ETHIOPIA 2 PROJECTS

KENYA 1 PROJECT

MADAGASCAR 4 PROJECTS

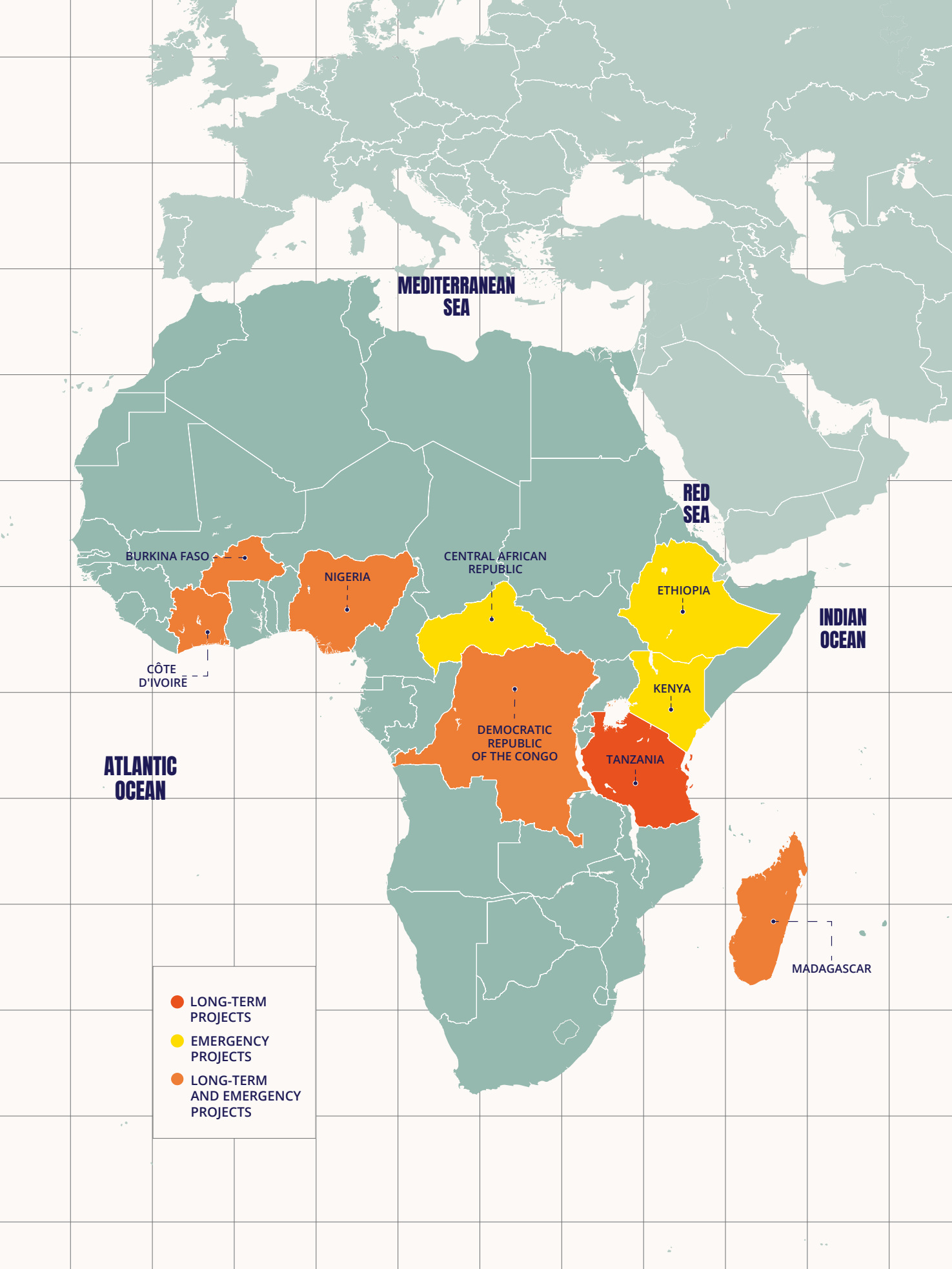
NIGERIA 2 PROJECTS

**CENTRAL
AFRICAN REPUBLIC 2 PROJECTS**

**DEMOCRATIC
REPUBLIC OF THE CONGO 4 PROJECTS**

**TANZANIA 3 PROJECTS INCLUDING
CUTTS HepC**

You can find detailed information about all our programmes
in Africa at medecinsdumonde.org



DEMOCRATIC REPUBLIC OF THE CONGO

ESCALATING ARMED CONFLICT

The Democratic Republic of the Congo (DRC) is experiencing one of the most complex and long-running humanitarian crises in the world, characterised by constant population movements, high levels of food insecurity, epidemics and armed conflict. In 2025, the conflict between the Congolese Army and the M23 rebel group, with its political wing Alliance Fleuve Congo (AFC), saw an upsurge in violence. A lightning offensive in Goma, the main city in North Kivu Province, in January resulted in at least 3,000 deaths and as many people injured, including a large number of civilians. Since then M23/AFC and its allies have continued to expand their influence, attacking the cities of Bukavu and Uvira in South Kivu. In addition, the region is experiencing a severe economic crisis, with inflation limiting access to essential healthcare and supplies.

MULTIPLE TARGETED HEALTHCARE RESPONSES

Médecins du Monde works in Tanganyika and North Kivu Provinces in the east of the country, where we have developed emergency programmes to provide free access to primary healthcare, emergency treatment and nutritional care at 22 health centres. After the city of Goma was captured, the teams opened an emergency programme in North Kivu Province to support the health facilities and provide more access to healthcare and nutrition programmes for displaced people, returnees and hosts. The teams are also continuing to deliver care for people who have experienced gender-based violence, which saw a rise in the region in 2025, as well as providing responses to chronic cholera, measles and Mpox epidemics.

TANZANIA

THE BURDEN OF HEPATITIS C

Tanzania is a major transit hub for heroin trafficked from Central Asia and drug use is widespread. There are over 300,000 people who use drugs in the country and one in ten of them inject drugs. Despite the existence of specialist prevention and treatment services, over a third of people who inject drugs are living with HIV and a quarter with hepatitis C. The high cost of screening and treatment for hepatitis C and the stigmatisation and discrimination experienced by those affected present barriers to access to appropriate services.

HARM REDUCTION BY AND FOR PEOPLE RECEIVING SUPPORT

Harm reduction services remain largely inadequate and Médecins du Monde works closely with people who use drugs in the country's largest city, Dar es Salaam, to develop easier access to testing and treatment for hepatitis C. As part of the CUTTS HepC research project, 88 people were tested and 64 started an innovative treatment regime over a period of four months in 2025. The programme also includes the introduction of new approaches to reduce transmission of hepatitis C, such as opioid substitution treatment and needle exchanges.

The CUTTS project has a strongly community-based approach and harm reduction training was provided to 120 people in Tanzania, with a focus on peer educators.

**310 people
who use drugs
attended harm
reduction
services in
Dar es Salaam
as part of the
CUTTS HepC
project.**



In the Democratic Republic of the Congo, 7.5 million people are in need of urgent medical care, including 1.5 million children under the age of five.

ETHIOPIA

A FORGOTTEN HUMANITARIAN CRISIS

**57,060
primary care
consultations
were provided
in 2025, with
330 emergency
referrals for
critical cases.**

In Ethiopia, the combination of armed conflict, climate shocks and health emergencies has created a complex humanitarian crisis that still persists even after the end of the civil war in Tigray in 2022. Large-scale population displacements and returns continue, with over 1.9 million internally displaced people and 1.1 million refugees. Ongoing insecurity in Amhara, Oromia and Tigray Regions disrupts essential services and there are still critical levels of malnutrition, aggravated by limited access to drinking water, lack of hygiene and recurring epidemics. This is particularly an issue in the areas affected by drought and conflict.

In total, 8.9 million people in the country, including 6.3 million children, are in need of humanitarian assistance.

RESTORING ACCESS TO PRIMARY HEALTHCARE

Médecins du Monde's work in Ethiopia is improving access to primary healthcare by supporting clinics and medical teams in Oromia and Tigray Regions. In 2025, we launched a new emergency response project in Amhara Region, bringing together primary healthcare, nutrition services, mental healthcare and sexual and reproductive healthcare. Infant health and nutrition remains a priority: 8,291 children were screened for malnutrition in 2025 and 76 cases of severe acute malnutrition were treated.

CÔTE D'IVOIRE

SEXUAL HEALTH CHALLENGES

In Côte d'Ivoire, 82% of women and girls between the ages of 15 and 49 do not use a modern method of contraception. Restrictive legislation in this area and lack of funding for contraceptives form barriers to health and sexual and reproductive rights. As a result, a significant proportion of women do not use any form of family planning, despite their needs. Another obstacle is the fact that the law only permits abortion in cases of rape or if the mother's life is seriously at risk. This restrictive framework leads to unsafe abortions which account for 12 to 18% of maternal mortality.

TAILORED SOLUTIONS

Médecins du Monde has been active in the country since 2011, working in Abidjan, San Pedro and Méagui to improve access to sexual and reproductive health services. In 2025 we refurbished two health centres in San Pedro and equipped four others, as well as providing capacity-building in the area of comprehensive contraceptive care for 74 healthcare providers. The teams also continued to work on prevention and management of unwanted pregnancy among girls. The project provided information about their rights to 13,325 people through 5,748 home visits. Over the last five years we have been very actively engaged in cervical cancer prevention and in December successfully completed two projects delivering screening and treatment of precancerous cervical lesions. In total, 20,942 women were screened and six cases of cervical cancer were detected and treated.



More than six in ten abortions in Côte d'Ivoire are performed in high-risk conditions.

MIDDLE EAST

5 COUNTRIES 11 PROJECTS

IRAQ 1 PROJECT

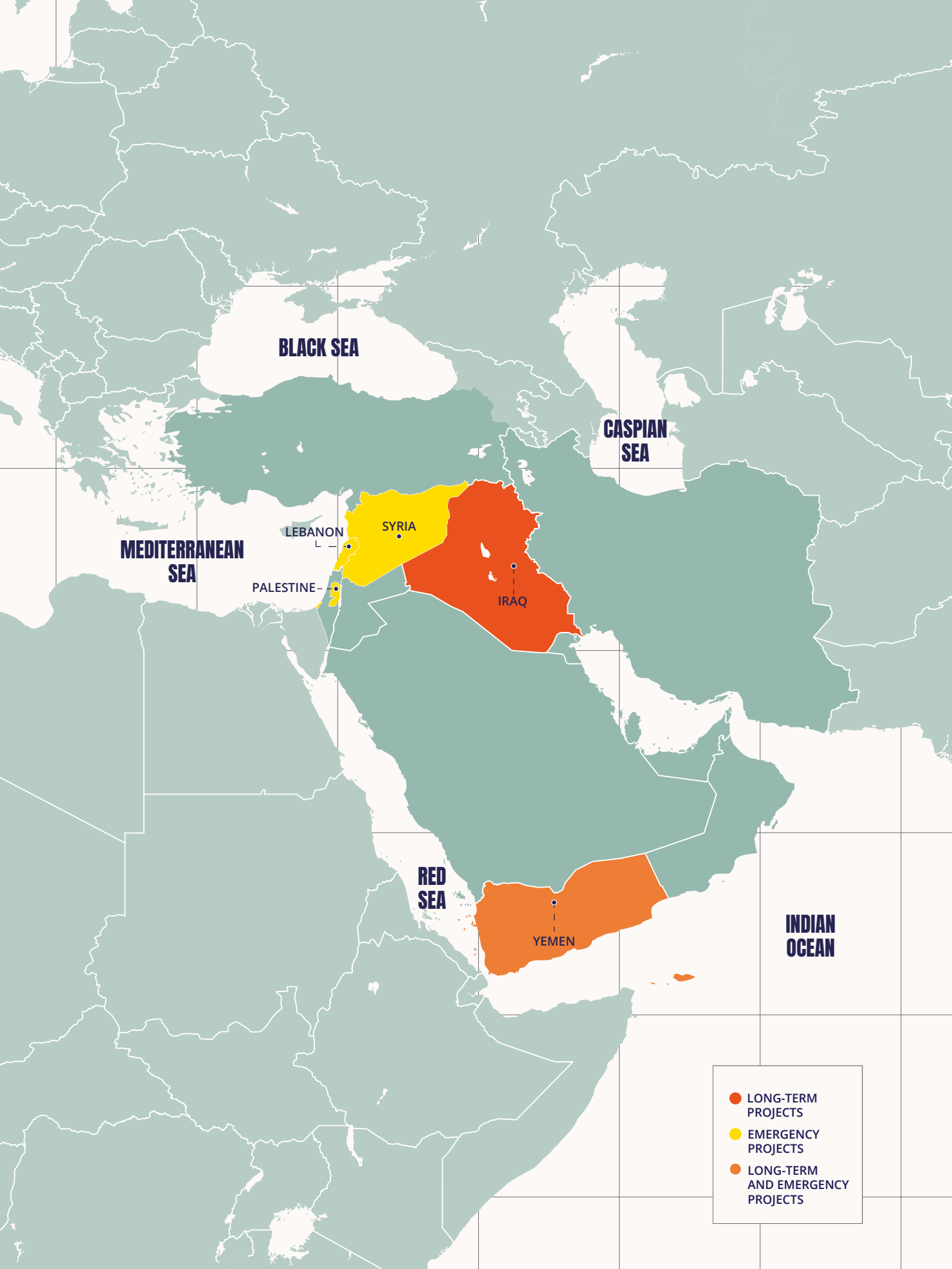
LEBANON 4 PROJECTS

PALESTINE 3 PROJECTS

SYRIA 1 PROJECT

YEMEN 2 PROJECTS

You can find detailed information about all our programmes
in the Middle East at medecinsdumonde.org



BLACK SEA

CASPIAN SEA

MEDITERRANEAN SEA

LEBANON

SYRIA

PALESTINE

IRAQ

RED SEA

YEMEN

INDIAN OCEAN

- LONG-TERM PROJECTS
- EMERGENCY PROJECTS
- LONG-TERM AND EMERGENCY PROJECTS

PALESTINE

WOMEN'S HEALTH ON THE FRONTLINE

Two years of war have disrupted every aspect of life in Gaza. The health system regularly comes under attack and sexual and reproductive health and rights (SRHR) services, already fragile before the war, are now facing extreme shortages of staff, equipment and secure facilities. In a study published in October 2025, Médecins du Monde documented systematic barriers to access to sexual and reproductive healthcare experienced by women and girls in Gaza. The figures are alarming: of the 22,747 sexual and reproductive health consultations provided at Médecins du Monde health centres in Gaza, 36% were for genital infections linked to lack of water and hygiene and the high cost of menstrual products.

PROVIDING CARE UNDER FIRE

Since October 2023, Médecins du Monde has held clinics and provided primary healthcare consultations at the seven health centres we operate in the regions of Gaza City, Deir al Balah and Khan Yunis. In particular, we treat chronic conditions and communicable diseases and deliver sexual and reproductive healthcare and psychosocial support. In 2025, we provided 388,356 consultations and supported 18 Palestinian health centres. We continue to campaign ceaselessly for a permanent ceasefire and the protection of civilians. We are also calling for sexual and reproductive health services to be prioritised wherever possible.

SYRIA

ONGOING CRISIS DESPITE POLITICAL CHANGES

After decades of dictatorship in Syria, the fall of Bashar al-Assad in December 2024 changed the landscape and facilitated gradual reform of the country's institutions. However, the situation remains extremely unstable and concerning, with 16.5 million Syrians in need of humanitarian assistance. Localised tensions in 2025 resulted in civilian victims and displacements, especially towards the north-west of the country where over two million people are still living in camps or makeshift shelters. The long period of armed conflict caused lasting damage to essential infrastructure – especially health facilities – and the fluctuating economic situation has kept a large proportion of the population in poverty.

RETURN OF HUMANITARIAN ACTIVITY

Médecins du Monde has been working since 2008 in the east, north and west of the country and witnessed the collapse of the Syrian health system. Since the change of political regime, we have adapted our activities on the ground to respond to the new needs in primary healthcare, sexual and reproductive health services and mental healthcare. In response to a health system that remains very fragile, a key part of our work in 2025 was to provide training and equipment for local medical staff. We supported five health centres in the Aleppo and Idlib Governorates and two mobile clinics. We provided tens of thousands of consultations: 63,546 in primary healthcare, 16,322 in sexual and reproductive healthcare and 412 in mental health and psychosocial support.

In 2025, Médecins du Monde reached 92,696 people with its work in Syria.

**"The current war is not just
destroying infrastructure
and lives, it's destroying
the future, womb by
womb."**

Dr Israa, sexual and reproductive health advisor



LATIN AMERICA

2 COUNTRIES 7 PROJECTS

COLOMBIA 4 PROJECTS

MEXICO 2 PROJECTS

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

You can find detailed information about all our programmes
in Latin America at medecinsdumonde.org



MEXICO

ATLANTIC
OCEAN

PACIFIC
OCEAN

COLOMBIA

- LONG-TERM
PROJECTS
- EMERGENCY
PROJECTS
- LONG-TERM
AND EMERGENCY
PROJECTS

MEXICO

A SPIRAL OF VIOLENCE

Now more than ever, Central America is a key migration corridor to the United States, from the Darién Gap to Mexico's northern border. In Mexico, the situation of widespread violence in the country has generated internal population movements in addition to the migration flows. There are currently around 400,000 internally displaced Mexicans, while it's estimated that the country is already host to 600,000 people from other countries, most of them in transit to the United States. These people may disappear or become separated from their families, suffer accidents and injuries, fall victim to extortion or forced recruitment by armed gangs and drug traffickers or be subjected to sexual violence. Since the election of Donald Trump, the new restrictive immigration policies in the United States have led to new population movements and new waves of violence in the country.

WORKING WITH MIGRANTS IN THE NORTH AND SOUTH

Médecins du Monde has been working in Mexico since 2016, developing projects to improve access to healthcare and protection for migrants and internally displaced people. The work centres on advocacy and support for local institutions and organisations. We also work directly on the ground and have two mobile teams on the southern border with Guatemala (in Tapachula) and on the northern border with the United States (in Ciudad Juárez). In these strategic areas we offer primary healthcare, mental health and psychosocial support, and sexual and reproductive healthcare in shelters housing hundreds of migrants, as well as in asylum seeker accommodation and on the street. Through these activities we provided care to 6,789 migrants in 2025.

COLOMBIA

THE CRISIS DRAGS ON

The humanitarian crisis in Colombia intensified in 2025. Armed conflict, general instability and the tightening of immigration policies in the region exposed civilian populations to all kinds of violence – killings, disappearances, threats, sexual violence and, for children and young people, forced conscription and forced labour in relation to the armed hostilities. In total, over 1.6 million people were affected by violence and conflict – three times as many as in 2024. Despite the desperate need, humanitarian access is very limited because of the restrictions imposed by illegal armed groups and the funding cuts in international aid.

Between 8 and 9 million people were in need of humanitarian assistance in Colombia in 2025.

RAPID AND APPROPRIATE EMERGENCY RESPONSE

In the face of the intensifying violence and the withdrawal of humanitarian organisations in the region, Médecins du Monde offers primary healthcare, access to water and hygiene, protection, shelter and food to the most affected communities. To respond to abrupt changes in migration flows, we adapted our activities, setting up static and mobile services in Capurganá and Acandí, while maintaining our other programmes. Overall, we provided care to 27,407 people in 2025, of whom over 7,000 were children under the age of five.

**In Mexico, around
58% of migrants
were victims of
violence in 2025.**



EUROPE

4 COUNTRIES 6 PROJECTS

BULGARIA 1 PROJECT

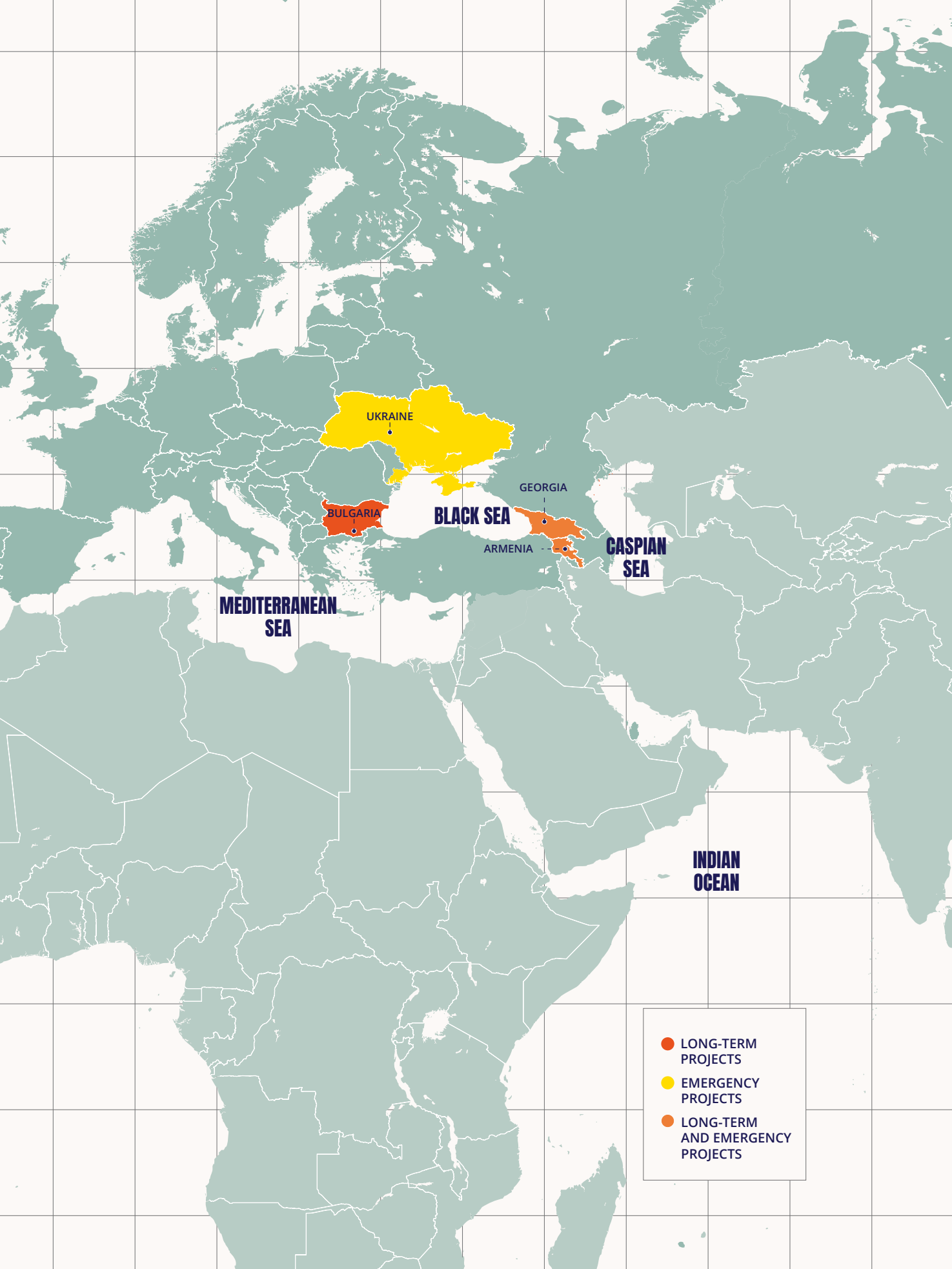
SOUTH CAUCASUS 3 PROJECTS INCLUDING CUTTS HepC

Armenia

Georgia

UKRAINE 2 PROJECTS

You can find detailed information about all our programmes
in Europe at medecinsdumonde.org



BULGARIA

NADEZHDA: A ROMA NEIGHBOURHOOD EXCLUDED

In the Bulgarian city of Sliven, the residents of Nadezhda are cut off from the rest of society. Surrounded by high concrete walls, this neighbourhood was originally designed for 3,000 people but today is home to around 8,000. Many of them live in very poor conditions - 73% have no bathroom, 66% don't have toilets and many households have no access to electricity or drinking water. The unsanitary housing, lack of regular water supply, absence of waste management and widespread pollution encourage parasites and rodents and the spread of vector-borne diseases. The insecurity and a feeling of being trapped here have a severe impact on the mental health of the residents who are already discriminated against for being from the Roma community.

FOR A DECENT ENVIRONMENT

Médecins du Monde has been working in this segregated neighbourhood since 2004 to improve women's sexual health, mental healthcare and the living environment. As a result of productive dialogue with the community of Nadezhda, several initiatives have been implemented to help the residents reclaim their neighbourhood. These include improving lighting in public spaces, green-

ing common areas, providing litter bins, organising clean-up campaigns, improving areas for children and families and raising awareness about environmental hygiene. In 2025, the project was successfully transferred

to the local partners who will continue to deliver community activities, promote gender-sensitive healthcare and run collaborative environmental improvement initiatives.

**In 2025,
the Health and
Environment project
in Nadezhda helped
1,342 people.**

UKRAINE

HEALTH SACRIFICED

Since Russia's invasion in 2022, the conflict in Ukraine has weakened the health system, while 12.7 million people in the country are in need of humanitarian assistance, including 2 million children. The situation was already critical, but in 2025 it was exacerbated by a wave of large-scale attacks targeting energy plants and power lines, cutting people off from electricity and heating during the extreme cold of winter. The most vulnerable people face multiple barriers to accessing healthcare. Isolated and elderly people are particularly affected, with power cuts targeting health centres and dangerous roads, especially in areas close to the frontline, which come under constant drone attack.

CARE AT HOME AND TELEMEDICINE FOR THE ISOLATED

Operating close to the frontline in the south of the country in Kherson and Mykolaiv, Médecins du Monde's teams support health centres and work with local partners who take mobile clinics directly to people who are isolated or have mobility problems. They provide care and treatment in people's homes, deliver medicines and renew prescriptions. In order to reach people who live a long way from health facilities in the most inaccessible areas, we have also set up telemedicine centres which provided over 2,000 remote consultations in 2025. Teams also offer psychological and psychosocial support services to respond to the widespread mental health needs of the population. It is currently estimated that around 10 million people in Ukraine are at risk of developing mental health problems.



Since the start of the war in Ukraine, over 2,800 attacks on healthcare facilities and ambulances have been recorded.

ASIA

5 COUNTRIES 13 PROJECTS

AFGHANISTAN 2 PROJECTS

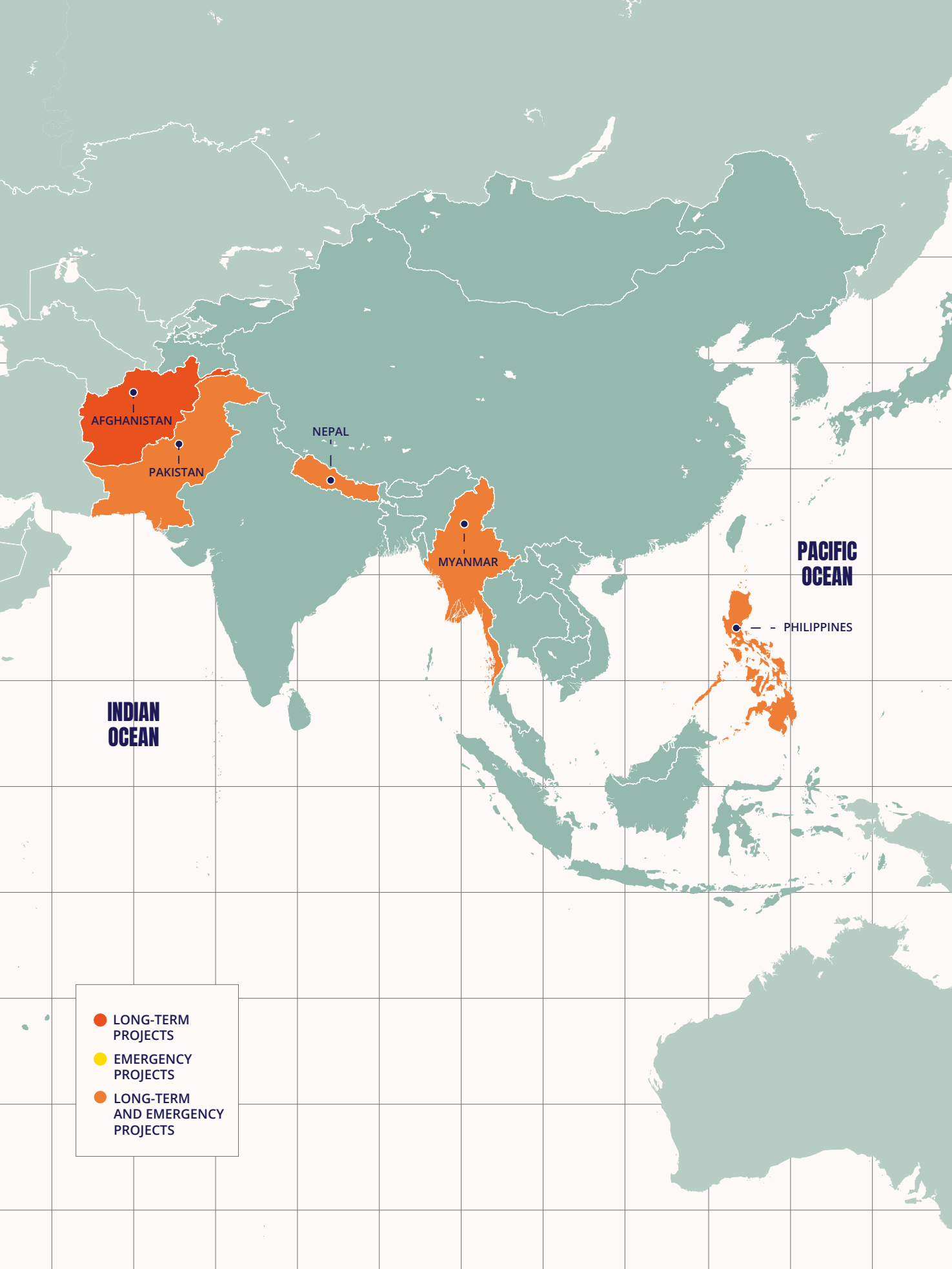
MYANMAR 3 PROJECTS

NEPAL 3 PROJECTS

PAKISTAN 2 PROJECTS

PHILIPPINES 3 PROJECTS

You can find detailed information about all our programmes
in Asia at medecinsdumonde.org



AFGHANISTAN

PAKISTAN

NEPAL

MYANMAR

PACIFIC OCEAN

PHILIPPINES

INDIAN OCEAN

- LONG-TERM PROJECTS
- EMERGENCY PROJECTS
- LONG-TERM AND EMERGENCY PROJECTS

MYANMAR

A DEVASTATING EARTHQUAKE

On 28 March 2025, a powerful 7.7 magnitude earthquake hit the Mandalay region in Myanmar. It affected hundreds of thousands of people and destroyed homes and infrastructure, exacerbating a situation that was already tense due to the civil war. The Médecins du Monde team travelled to Mandalay in the first few days of the disaster and quickly set up mobile services to work in the areas most affected and to reach isolated villages, as well as supporting healthcare facilities by providing emergency medical equipment.

REBUILDING

MdM operated two mobile clinics which provided healthcare to 6,647 people. In total, 1,300 hygiene and dignity kits were distributed and support was provided for the refurbishment of five public healthcare centres. Médecins du Monde also worked

In Myanmar, 16.2 million people - almost a third of the population - are in need of humanitarian assistance.

in partnership with two local community organisations to provide basic health services to 15,149 people and distribute medical supplies to 18 health facilities. In addition to the earthquake response, in 2025 we continued our harm reduction projects, despite movement restrictions and

insecurity, working with sex workers in the regions of Yangon and Mandalay and with people who use drugs in Kachin State.

PHILIPPINES

HIGH-RISK JOBS

In Manila around 1.5 million people live in neighbourhoods that are particularly at risk of flooding. In these overcrowded and unsanitary “barangays” thousands of people work in recycling, reselling waste of all kinds every day to earn a minimal income. They include electronic waste recyclers who dismantle items without any protection, risking cuts, musculoskeletal and cardiovascular problems and lead poisoning. These workers face multiple sources of social and environmental injustice and have limited access to health services, despite the hazardous nature of their activities.

TAKING ACTION FOR ENVIRONMENTAL JUSTICE

MdM has been active in the Philippines since 1996 and has been working for over ten years in a number of deprived neighbourhoods in the capital, helping residents to protect themselves from the risks associated with their living and working conditions. In 2025 the teams continued their work with electronic waste recyclers and their families in the San Andres and Tondo neighbourhoods, raising awareness about risks and distributing protective equipment.

Working closely with communities and partner organisations we are campaigning to secure changes in local policies, to facilitate access to testing for lead poisoning and to gain better recognition of the specific characteristics of this essential activity in Manila through the provision of dedicated spaces where recyclers can work.

A welder wearing a brown hat, goggles, and a black balaclava is crouching and welding a metal structure. A large gas cylinder is visible on the left, and a building with a corrugated metal roof is in the background. Sparks are flying from the welding point.

**The Health and
Environment
programme
in Manila helped
1,858 people
in 2025.**

In 2025, the turmoil following the dissolution of France's National Assembly the previous year continued to contribute to the country's political instability. Three successive governments in the space of a year increased tensions at the institutional level and within society in general. The febrile atmosphere was exacerbated by international tensions, the war in Ukraine and the humanitarian catastrophe in the Palestinian territories.

Despite these circumstances, Médecins du Monde completed a full review of our projects and campaigns in France over the last five years. Although we noted progress in areas such as the development of health mediation activities, there are still too many barriers in accessing healthcare and rights. We drew lessons from these observations and developed our France Strategy 2025-2029, which is based on the campaigns we are working on every day, advocating for sexual and reproductive rights; the health of migrants; harm reduction in drug use and sex work; environmental health; and an inclusive and universal healthcare system. The Strategy is rooted in communities, with targeted projects led by committed teams of staff and volunteers, strong partnerships and active involvement of the people affected. The Strategy also anticipates a tight budgetary landscape which will create a complex social and political environment.

OPERATIONAL FACTORS IN 2025

- An emergency response in Mayotte, where the Médecins du Monde teams quickly got to work after Cyclone Chido which devastated the archipelago on 14 December 2024. We initially provided emergency assistance followed by support for healthcare facilities, particularly in Dzoumogné and Longoni.
- The end of a historic project in Paris – the Lotus

Bus – which had been working with Chinese sex workers for over 20 years. The project was transferred to a community organisation, the Roses d'Acier, with a moving handover ceremony attended by all partners at the end of the year.

- A new model of support for our partners in Marseille – Médecins du Monde is not developing a project directly, but is offering organisational and financial support for harm reduction activities. The work is taking place in a highly tense atmosphere, with the ongoing fight against drug trafficking in which a punitive approach is taking precedence over preventive and supportive measures.

Although the work of our staff and volunteer teams has had clear impacts in the communities affected, we note growing difficulties in accessing healthcare services in France. This is linked to a model that has run out of steam and is marked by medical deserts, dysfunctional hospitals and the declining role of social security in favour of an increasingly overt commercialisation of healthcare provision. We see access to healthcare becoming harder for people who live in the Overseas Territories, with persistent and increasing discrimination, especially against sex workers and people who use drugs. We also note that the rapid turnover of ten health ministers in ten years has certainly not helped with defining a stable government strategy and an overarching vision for a health system that is functional, universal and inclusive.

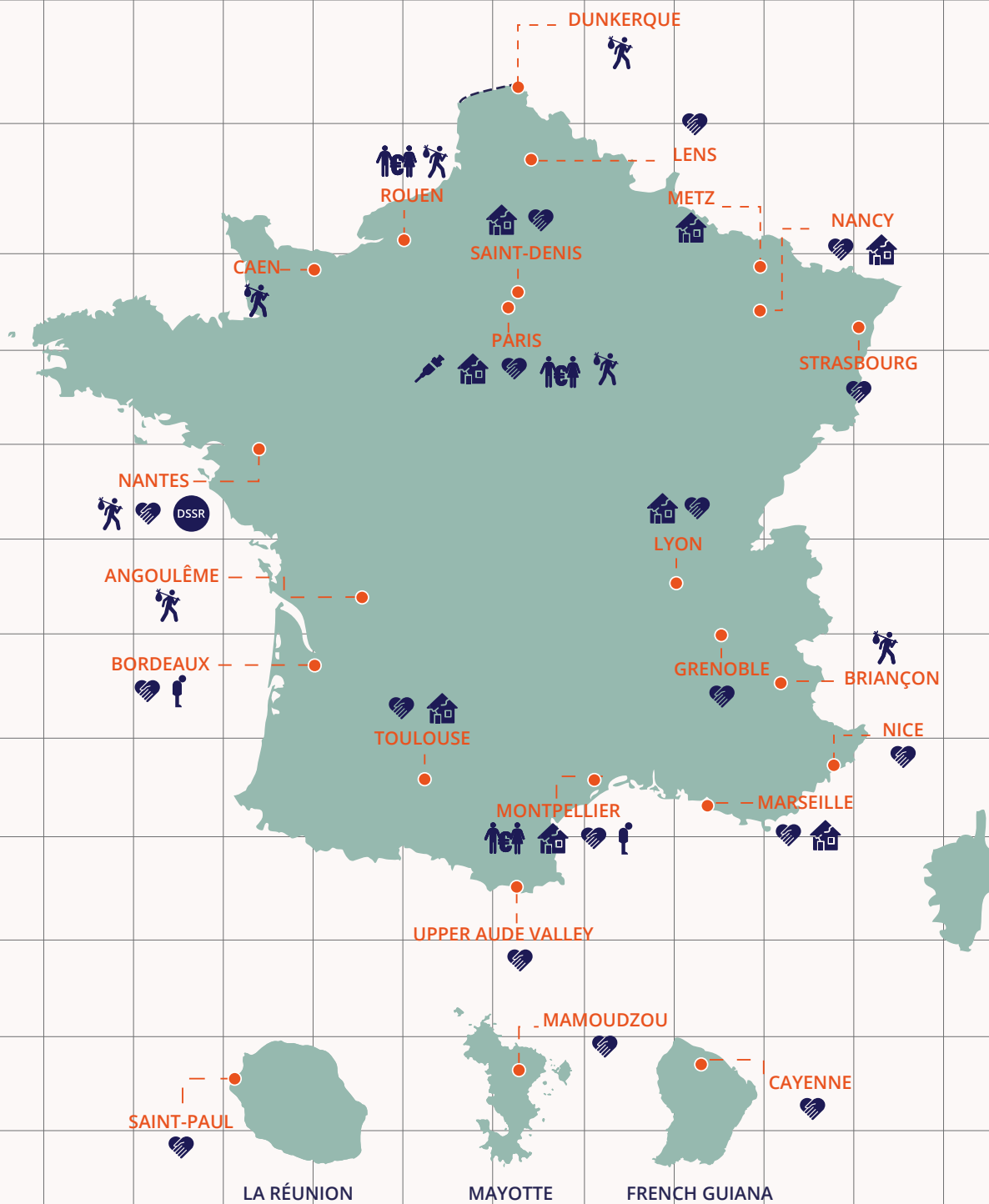
As key players providing support to the most vulnerable members of society, NGOs are seeing their freedom of action increasingly curtailed, particularly with the implementation of measures such as the Contract of Commitment to Respect the Values of the Republic (CER), which marks a shift from a relationship based on trust to one based on suspicion on the part of the State towards organisations. Subsidies for organisations are also being reduced: the umbrella organisation for NGOs in France, the Mouvement Associatif, reported that

OPERATIONS IN FRANCE

50% of organisations in France had experienced a fall in grants in 2025.

In the face of these challenges, it is more important than ever that we stay on course. We have the commitment and we can count on our staff and volunteer teams to highlight the situation of those who are most vulnerable, to innovate and to find solutions to build the solidarity model of the future. We assert that health is a right, not a privilege.





Activities providing support with access to healthcare rights



Activities to support sex workers



Activities to support vulnerable workers



Activities on the street and in informal settlements



Activities to support migrants and unaccompanied minors



Preventive work in relation to sexual and reproductive health and rights



Activities to support people who use drugs

UNIVERSAL HEALTHCARE AND THE PUBLIC HEALTH SYSTEM

HEALTHCARE SYSTEM

Médecins du Monde's work takes place against the backdrop of a severe crisis in the healthcare system in France which has come as the result of political decisions that are permanently weakening public services. Public hospitals and healthcare facilities are increasingly struggling and working conditions for healthcare professionals are deteriorating. The problem of medical deserts underlines the challenge of ensuring effective access to healthcare across whole regions, while the trend towards privatising and monetising healthcare is transforming it into a commercial product and exacerbating inequalities. The health insurance system is being repeatedly targeted by attacks aimed at services for the most vulnerable people, including foreign nationals whose administrative status is precarious. Access to healthcare for these people is constantly under threat.

In response to this situation, Médecins du Monde is more committed than ever. Our work is based on three pillars: providing care unconditionally at centres and through outreach programmes to people who are distanced from the health system, to ensure that they have access to rights and health; documenting and analysing barriers to healthcare, administrative abuses and discrimination so that they are brought to light and to encourage action to be taken; forming alliances with stakeholders in health and social services to defend a universal healthcare model.

Building on these alliances and expertise, Médecins du Monde calls on the public authorities, institutions and the public to take action to ensure that everyone can exercise the right to health.

STRASBOURG: BETTER SUPPORT FOR PEOPLE LIVING ON THE STREET

Since 2023 Médecins du Monde has been unning a mobile project in Strasbourg which seeks to improve access to rights and medical, psychological and social services for homeless people. They face multiple barriers due to the complexity of the health and social care system and the failure of existing services to meet their needs. The MdM teams support them by going to where they are living and offering medical and social care, as well as helping them to acquire the knowledge and ability to manage their own health. The project also aims to develop the skills of healthcare professionals so that they can provide more tailored treatment.

In 2025 Médecins du Monde became aware that people living on the street were increasingly presenting with serious health conditions, such as cancers and kidney failure, as a direct result of their unstable housing situation. The reduction in places at emergency shelters and the lack of medical beds was compromising their access to treatment, increasing their physical and mental health risks and hindering their opportunities for rehabilitation. In response to this emergency we adapted the project to support people who are seriously ill by advocating for them to gain access to hostels and housing which are essential requirements for promoting better health.

OBSERVATORY ON ACCESS TO RIGHTS AND HEALTH

Since the early 2000s, Médecins du Monde has relied on the Observatory on Access to Rights and Health to gain a better understanding of the people we work with through our programmes in France and to draw attention to their situation. This tool provides a way of documenting the profiles of individuals, their medical, psychological and social needs and the impacts of these factors on their health. Most importantly, it is a way of ensuring accountability to the people concerned.

Every year the Observatory disseminates a report on the information it has collected to a wide audience of decision-makers, researchers, organisations, journalists and health bodies to highlight the health challenges experienced by vulnerable people. The first part of the report, in the form of a barometer, monitors the impact of different structural determinants and environmental and social factors on the health of vulnerable populations. Each year the report focuses on a particular theme, with input from external experts and an overview of legislative changes, highlighting the persistent barriers to access to mainstream healthcare.

The report provides analytical insights into a range of issues including health problems, barriers to healthcare and rights restrictions. The Observatory and its report enable Médecins du Monde to document the inequalities we observe and to draw

attention to them, to produce recommendations and to call on institutional, political and professional stakeholders to improve access to rights, healthcare and, ultimately, the health of people who are vulnerable or excluded.

HEALTH CENTRES

In 2025, Médecins du Monde had 12 health centres in France providing medical, psychological and social services. They serve as a bridge to the healthcare system and seek to improve access to prevention, rights and healthcare for those who are most vulnerable. Their guiding principle is simple – care is unconditional. Anyone who comes to a centre will receive a response that meets their needs appropriately, regardless of their status, situation or resources. Support is provided by multidisciplinary teams and people receive comprehensive care. Whatever initially brings them through the door of one of our centres (usually they are seeking healthcare), the team will consider all aspects of their situation – health, medical, social and administrative. For those who are already entitled to healthcare, the task is to ensure that they are efficiently referred to mainstream services. In the case of people who don't have health insurance or are unable to access it, the teams provide specific support, in particular with administrative and social security processes.

We take a holistic approach, encompassing nurse-led care, medical consultations, prevention work,



targeted screening for certain conditions and access to social workers to secure entitlements, particularly in relation to health insurance. At some MdM centres services include mental health and psycho-social support to address the effects on individuals of their migration journey, experiences of violence and often highly precarious living conditions.

access to health and preventive care. Médecins du Monde is continuing to campaign for truly universal health coverage, regardless of administrative status, and for the development of tailored services, such as health mediation and access to professional interpreters in healthcare settings.

The people we support at our centres grapple with persistent obstacles – lack of knowledge about their rights, the complexity of the administrative system and language barriers. All these obstacles impede

IN FIGURES

13,556 people attended consultations at 12 health centres.

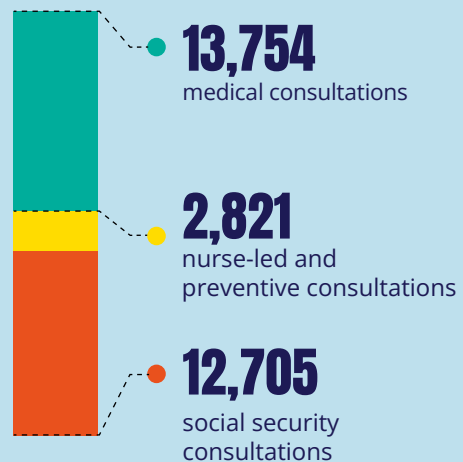
The average age of patients is **36 years**.

9%

of the active caseload are minors

98%

of people are of foreign origin



UNIVERSITIES FOR ALL: A COLLECTIVE APPROACH IN CAYENNE

In 2025, the Universities for All project (Universités populaires santé pou tout moun) took a community health approach to tackle social health inequalities in French Guiana. Against a backdrop of significant vulnerability, unequal access to care and marginalisation of exiled people, the project enabled 94 people from the affected communities to conduct surveys, co-design diagnostics and formulate recommendations for addressing the problems they face. The initiative included knowledge cycles, participatory workshops and art activities.

This collective approach produced concrete results in the form of 26 health recommendations, a photography exhibition, a film, a number of performances and awareness-raising campaigns. In addition, it led to institutional progress, including a commitment by the local social security service to educate its staff and a plan to involve Médecins du Monde in its governance, as well as the removal of a measure that discriminated against pregnant women. The project helped vulnerable people to develop and sustain their ability to take action and their advocacy skills to influence institutional practices and public attitudes.

MIGRATION, EXILE, RIGHTS AND HEALTH

Election campaigns took place throughout France in 2025. They highlighted the central role played by local councils and municipalities in the implementation of policies on reception and health because of the powers they hold in relation to a number of health determinants. Médecins du Monde was actively involved in the elections, addressing candidates locally with our findings and recommendations. On the ground, we worked particularly with exiled people in mainland France and the Overseas Territories through outreach activities aimed at the most vulnerable who live in squats, camps or on the street.

The policy-level counterpart to these grassroots activities is our engagement with local authorities, parliamentarians and ministerial offices where we defend access to healthcare for the most vulnerable and promote reception and health policies that respect everyone in France. The challenge is to place individual and public health considerations over migration policy concerns. Our projects, activities and statements are a response to the language of exclusion used by the far right. By tirelessly advocating for the principle that people should be welcomed unconditionally and have access to healthcare and

basing our actions on the values of solidarity, we position our political campaigning on migration, exile and health rights on the frontline against extreme right-wing ideas. This position will become increasingly prominent throughout the country in the run-up to the presidential election in 2027.

At the European level, 2025 marked an important stage in strengthening Médecins du Monde's engagement. The Network adopted a joint position on European migration policies and their impacts on people's health, projecting a stronger and clearer collective voice. In the context of the implementation of the European Pact on Migration and Asylum and the debate on return policy, this shared position enabled us to adopt a coordinated approach to advocacy addressed at European institutions and Member States, drawing attention to the risks posed by these developments for access to healthcare and respect for the rights of exiled people.



URGENT NEED FOR REFORM IN THE TREATMENT OF UNACCOMPANIED MINORS

In 2025, the situation of unaccompanied minors was still characterised by structural failures in the child protection system, with serious consequences for their health and living conditions. New criticisms of France by the Committee on the Rights of the Child confirmed the systemic nature of violations and the need for structural reform. However, the Council of State, which we addressed together with 26 other organisations, rejected our request to compel the Government to comply with the Committee's decisions.

Meanwhile, there were positive developments on the legislative front initiated by Médecins du Monde. In December the National Assembly (French Parliament) adopted a draft law at its first reading which introduces a presumption of minority and seeks to ensure effective protection for all unaccompanied minors. Although the law is yet to be finally adopted, this represents important progress.

Médecins du Monde continued to work with unaccompanied migrants who are excluded from protection. We documented violations of their rights and campaigned to ensure the urgent need for structural reform in this area remains on the agenda.

MÉDECINS DU MONDE AT THE BORDERS

In 2025, we were once again actively involved on the border between France and Italy, in Briançon and the mountainous areas nearby. We provided assistance and medical care to large numbers of exiles who had crossed the border. These routes have become increasingly dangerous due to the illegal practices of the French authorities that push people into taking greater risks.

Observing these practices has for several years formed a key part of campaigning by Médecins du Monde and its CAFI partners (Amnesty International France, La Cimade, Médecins Sans Frontières and Secours Catholique-Caritas France) and the National Association for Border Assistance for Foreigners (Anafé), on the French-Italian and French-Spanish borders and on the Basque and Catalan coasts.

In 2025, a new round of "citizen observations" was organised on these borders to highlight people's commitment to exercising democratic oversight of the actions of law enforcement agencies at the borders. These observation missions have involved hundreds of people since 2017 and help to document our work and feed into advocacy work on the rights of exiled people.

NORD-LITTORAL PROJECT

In 2025, the Nord-Littoral project in Dunkerque stepped up its work with exiled people. By September the project was delivering double the activities but with the same level of resources. The team provided 2,852 consultations, 2,576 mental health sessions and accompanied 1,000 people to appointments at PASS centres (providing medical care for people without insurance) and over 1,000 other healthcare referrals. Despite constantly deteriorating conditions in the camps, with violence, expulsions and high levels of vulnerability, the number of exiles doubled compared with 2024. Moreover, 2025 saw a marked increase in the number of women and families, with women making up one in five of those we supported.

Against a backdrop of increasingly harsh policies towards exiled people in the Dunkerque area, advocacy work by Médecins du Monde and our partners led to a victory at the administrative court in Lille against the government and local authorities. The court's ruling required the authorities to ensure decent living conditions and people in the camps now have access to showers, toilets, water containers, waste collection and to outreach teams who provide information and identify unaccompanied minors. We are now campaigning to ensure that the decision by the court is fully implemented by the authorities.

HEALTH AND ENVIRONMENT

The people Médecins du Monde works with are affected by multiple vulnerabilities, including poor living conditions linked to lack of regular, decent housing, as well as hazardous working conditions found in casual and unprotected work settings, such as seasonal grape-harvesting and delivery jobs for online platforms. These harmful environmental factors cause or aggravate health problems in people who are already vulnerable.

ENVIRONMENTAL FACTORS RELATED TO LIVING CONDITIONS

In 2025, 92% of patients seen at Médecins du Monde didn't have their own accommodation and 26% of them were living in very precarious conditions – on the street, in emergency accommodation for a maximum two-week stay or in squats or other informal housing.

On a daily basis Médecins du Monde sees the wide range of factors that affect the physical and mental health of people living on the street or in precarious accommodation (the vagaries of the weather, environmental pollution and physical hazards). This is compounded by problems with access to water, hygiene, rights and healthcare. Insecure and precarious housing makes it more difficult to access the right treatment for health issues. The teams continue to encounter people with very severe health conditions such as cancers who are not managing to access housing or appropriate medical care.

Our response

Médecins du Monde works with people who are living precariously in squats, camps, emergency accommodation and day centres, as well as on the street. We provide:

- Health monitoring, medical consultations, psychosocial support and health mediation;
- Support with administrative procedures and with exercising their rights
- Information and awareness-raising sessions so that people are better able to understand and manage their own health;
- Help for medical staff and social workers to gain a better understanding of the problems of insecure housing, homelessness and their health impacts;
- Participation in initiatives promoting direct

access to secure housing for people experiencing street homelessness.

In addition to our activities on the ground, Médecins du Monde campaigns alongside other organisations for appropriate long-term housing solutions and mobile services that can provide effective medical and psychosocial support and access to healthcare. In the face of a chronic absence of housing options, we also lobby for the temporary stabilisation and safeguarding of people's health in the locations where they are currently living.

ENVIRONMENTAL FACTORS LINKED TO WORKING CONDITIONS

In 2025, Médecins du Monde continued to support people in precarious situations working for online delivery platforms and in the agricultural sector. We launched a new project in Montpellier so that we can provide more support for people engaged in seasonal agricultural work. We focus in particular on precarious employment in poor working conditions where people are exposed to multiple risks, such as pesticides and other chemical substances, psychosocial risks, strenuous physical labour and repetitive movements, all of which have serious impacts on health. Social rights are also very limited and even non-existent in some cases and this restricts access to healthcare.

Our actions

- Support with accessing rights and healthcare;
- Putting people in contact with healthcare facilities through health mediation involving outreach and facilitating access;
- Medical consultations and physiotherapy;
- Information and awareness-raising about risks for workers and how to prevent them;
- Promotion of good practice in workplace health and safety, for example through the provision of rest areas and resources;
- Supporting groups of people affected so that they can exercise their rights for themselves, manage their own health and communicate advocacy messages.

In addition to these activities, Médecins du Monde works with other groups and organisations to

highlight the poor working conditions in workplaces where jobs are insecure. We call on the public authorities to ensure that everyone, whatever their status, has decent working conditions and social protection.

More generally, we are involved in coalitions campaigning for better regulation of chemical products and awareness of invisible exposure that particularly

affects precarious workers. This requires prevention policies that are not limited to action relating to the behaviour of individuals but that also takes account of structural factors underlying these health determinants.

SUPPORTING PRECARIOUS WORKERS IN GIRONDE

In 2023, a programme was launched in Gironde that aimed to improve the health of seasonal vineyard workers and food delivery workers employed by online platforms. A study was conducted in 2025 which sought to document the health and living and working conditions of food delivery workers. It surveyed 1,004 delivery workers in Paris and Bordeaux and revealed that their health was severely compromised by appalling working conditions. Almost half of the delivery drivers interviewed said their health had declined since they started working in the sector. Poor working conditions had multiple negative consequences, with severe impacts on mental health and high levels of musculoskeletal, genitourinary and

psychosomatic problems.

However, the delivery drivers rarely seek medical attention. Those interviewed gave numerous reasons for this: the complete absence of health insurance for 32% of them; lack of time (with a work schedule averaging 63 hours per week); and lack of money (average income is under €6 per hour). In response to these findings, Médecins du Monde, the Delivery Workers' Centre in Bordeaux and the Couriers' Centre in Paris called on the public authorities to take action against the effects of uberisation on the working conditions and health of delivery drivers.

FOCUS



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The freedom for everyone to live their sexuality without danger or violence, fear of unintended pregnancy or sexually transmitted infections (STIs) is a key health issue. However, Médecins du Monde has found that access to reliable and impartial information, as well as prevention and treatment services so that people can live well and understand their sexuality, remains a major challenge in France, especially for the most vulnerable.

A NEGLECTED HEALTH ISSUE

In France, the Médecins du Monde teams mainly work with vulnerable people who are often stigmatised, discriminated against and repressed and are overexposed to violence, STI risks and unintended pregnancy. For all of them access to the health system is difficult if not impossible.

In 2025, the people supported 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;
- over 70% of people don't know their HIV, hepatitis B and hepatitis C status;
- 9 out of 10 women have never had cervical cancer screening¹.

Despite such significant need, sexual and reproductive health and rights are shrouded in taboo and are, in most cases, not considered a priority – either by health and social care professionals, who may fear being too intrusive, or by the people themselves, whose living/surviving conditions mean these often

1. Data from SRHR prevention interviews and medical consultations carried out in 2025 at the healthcare, advice and referral centres run by Médecins du Monde.

FOCUS

GUARANTEEING ACCESS TO ABORTION

Although the right to abortion was enshrined in the French Constitution on 8 March 2024, barriers remain, including a restrictive limit of 14 weeks for voluntary abortions which pushes women to seek terminations outside the country; stigmatisation by the medical profession and those close to the woman; and geographical and administrative barriers involving multiple steps to access care. Overall, 82% of women who have sought an abortion in France say they faced at least one obstacle during the process. The Médecins du Monde teams on the ground report difficulties with access experienced by vulnerable people, particularly in relation to problems with interpreting and the increasing complexity of the care pathway.

In response, MdM is working to improve access and ensure the right to abortion is guaranteed. In 2023, the Board of Médecins du Monde France made a strong commitment by deciding that by 2028 abortion services should be integrated into all the organisation's programmes, either directly or through a referral process. In the Pays de la Loire, funding is provided on an annual basis to our partner, Planning Familial, enabling the organisation to continue to provide local support. In Montpellier, we conducted research to assess how access to services was functioning. We also ran a series of training courses for facilitators of workshops on values relating to abortion for MdM staff and volunteers. The aim is to equip them to uphold the right for people to make decisions about their own bodies in the face of rising conservatism.

essential needs are pushed into the background.

The measures implemented vary by location but include:

TAKING DIRECT ACTION

Médecins du Monde works to improve access to prevention and quality care for all in relation to sexual and reproductive health and rights, including for vulnerable population groups. In France, our teams work directly with vulnerable people at health centres and through outreach programmes in order to:

- strengthen access to quality prevention and treatment services in this area;
- strengthen people's capacity to act in relation to their sexual and reproductive health and rights;
- contribute to local, regional and national public policy for better effective access to sexual and reproductive health and rights.

These measures have been combined to form a cross-cutting SRHR and prevention programme, with over half of Médecins du Monde's programmes in France running schemes to improve effective access to sexual and reproductive health and rights, both in mainland France and in the French Overseas Territories.

- one-to-one prevention conversations, with the offer of screening, and sexual and reproductive health promotion workshops for groups;
- provision of supplies for prevention and self-care including condoms, self-testing kits and supplies of the emergency contraceptive pill in advance;
- support for individuals, including referrals to mainstream facilities, for example to sexual health centres, screening services and maternal and child protection;
- involving individuals in their own care through health mediation, the use of professional interpreters and person-centred interviewing techniques;
- documenting people's sexual and reproductive health status and their problems in accessing services and rights;
- lobbying on public policy in this area at local, regional and national level, including campaigning to simplify screening and treatment processes, combating disinformation in relation to sexual health and promoting access to self-care tools.



HARM REDUCTION

DRUG-RELATED HARM REDUCTION: A VICTORY BUT NO GUARANTEE

Harm reduction was undermined by a number of developments in 2025. This is illustrated by the closure of a harm reduction centre (Caarud) in the centre of Paris, following pressure from residents and as a result of inadequate security provisions. More broadly, despite being enshrined in public health law for over 20 years, the very legitimacy of these services is now being called into question, for instance with facilities being moved to new locations, as in the case of the Caarud centre.

At the same time, recognised practices such as drug testing, which finally came into law in 2016 and was incorporated into the national Test your Gear (Analyse ton Prod) scheme, are under threat. Some prefects challenge the practice when it conflicts with the aims of the law on drug trafficking of June 2025 which is based on a zero tolerance approach. Other measures, such as the extension of fixed-sum penalties for simple drug use and the continued use of addiction treatment centres until 2027, demonstrate persistent issues with adopting a non-criminalising approach to drug use.

At the same time, public policy reinforces the stigmatisation of people who use drugs, especially the most vulnerable among them, through communication campaigns that focus on combating drug trafficking. The impact is clearly visible on the ground. In Paris people using drugs in public places is still a frequent sight and there has been a shift towards the city centre. In Marseille, the dispersal of people who use drugs makes the work of harm reduction teams more complicated.

These developments and the current context which seems to be encouraging people who use drugs to go underground again means that the harm reduction teams are having to rethink how they work in order to reach people who are increasingly further removed from services. Can harm reduction work continue to be based on the same models? How can we maintain innovation and adaptability when confronted with ever more repressive policies? And, above all, how can we give back a central role to the people affected within systems that struggle to recognise their knowledge and the reality of their lives?

FOCUS

LEGAL PROCEEDINGS ON ADDICTION TREATMENT CENTRES – A FIRST IN FRANCE

Médecins du Monde brought two legal cases on addiction treatment centres relating to the long-term sustainability of the scheme and the opening of a centre in Marseille. The cases were lodged on 12 April 2025 and led to over 110 articles in the press and several radio reports on the issue at national level and locally in Marseille. The majority of the media coverage reported the objective results achieved by the addiction treatment centres, demonstrating that the scheme is well understood by the media and is being effectively communicated to the public.

The day after the legal proceedings were initiated, Lille city council contacted Médecins du Monde to ask how it could support the national case on the long-term sustainability of the programme. Currently, we are waiting for a date for a hearing, in a political context dominated by a punitive approach that is not open to a discussion about the place of drugs in society and the pragmatic responses that could be adopted.

SUPPORT FOR SEX WORKERS

In collaboration with other organisations, Médecins du Monde strives to ensure that health policies take into account the specific needs of sex workers through a harm reduction approach. We campaign against the criminalisation of sex work and in favour of increased support for community health organisations which 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 sex workers in the course of their work.

Key figures

In 2025, 87 volunteers (including 18 peer volunteers) made 5,628 contacts on the streets and reached out 8,524 times online, as well as providing support and referrals for 284 people online and 424 on the streets.

The social media run by the different programmes have 2,437 followers on X, 6,402 on Instagram and 1,124 on WeChat.

The Jasmine website now has 3,113 subscribers. It recorded 109,843 visits by 68,075 unique users in 2025 and 4,117 incidents of violence were reported on the alert platform.

Our challenges

In response to the vulnerable position of sex workers and the rise in violence observed on the ground, Médecins du Monde advocates:

- ensuring effective access to health and rights and keeping harm reduction schemes running;
- improving support and protection mechanisms for victims of violence;
- involving sex workers in the development, implementation and evaluation of health policies that affect them;
- ending the pathway out of prostitution as set out in the law of 13 April 2016 in favour of real mechanisms supporting people who wish to find an alternative income-generating activity;
- ending the penalisation of clients and decriminalising sex work.

THE ROSELA PROJECT: SUPPORT FOR SEX WORKERS IN MONTPELLIER

The Rosela project has been providing support to sex workers in Hérault since 2003. The project takes a harm reduction approach, focusing on overall health and access to rights. In 2025, the project increased its activities by combining in-person services with digital support, providing 52 outreach sessions, especially at night, and virtual outreach on websites. This strategy enabled the project to serve diverse audiences which are often not reached by conventional healthcare provision. Practical harm reduction measures included large-scale distribution of preventive supplies (condoms, lubricant and HIV self-testing kits), as well as individualised support through over 300 consultations.

The project also encourages community action by including people from the community in the team, meaning they can offer more tailored and inclusive services. At the same time, Rosela intensified its advocacy work, in particular by lobbying institutions and strengthening its medical and social partnerships with the aim of removing systemic barriers to access to healthcare and influencing local and national policy.

DIRECTORY OF REGIONAL OFFICES

ALSACE

24 rue du Maréchal Foch, 67000 STRASBOURG

T: +33 (0)3 88 14 01 00

alsace@medecinsdumonde.net

AQUITAINE

2 rue Charlevoix de Villers, 33300 BORDEAUX

T: +33 (0)5 56 79 13 82

aquitaine@medecinsdumonde.net

AUVERGNE / RHÔNE-ALPES

305 rue Paul Bert, 69003 LYON

T: +33 (0)4 72 92 49 25 / (0)6 03 56 06 04

rhone-alpes@medecinsdumonde.net

FRENCH GUIANA

5 rue des Peuples autochtones, 97300 CAYENNE

T: +33 (0)5 94 28 36 77

mf.cayenne@medecinsdumonde.net

HAUTS-DE-FRANCE

129 boulevard Montebello, 59000 LILLE

T: +33 (0)9 83 85 54 78

hauts-de-france@medecinsdumonde.net

ÎLE-DE-FRANCE

15 boulevard de Picpus, 75012 PARIS

T: +33 (0)1 43 14 81 99 / 07 64 45 78 59

ile-de-france@medecinsdumonde.net

INDIAN OCEAN

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

T: +33 02 62 21 71 66

ocean-indien@medecinsdumonde.net

LANGUEDOC-ROUSSILLON

246 rue Chambert, 34080 MONTPELLIER

T: +33 (0)4 99 23 27 17

languedoc-roussillon@medecinsdumonde.net

LORRAINE

13 B rue de la Ravinelle, 54000 NANCY

T: +33 (0)3 57 77 01 60

lorraine@medecinsdumonde.net

MIDI-PYRÉNÉES

5 boulevard de Bonrepos, 31000 TOULOUSE

T: +33 (0)5 61 63 78 78

info.midi-pyrenees@medecinsdumonde.net

NORMANDY

5 rue d'Elbeuf, 76100 ROUEN

T: +33 (0)2 35 72 56 66

normandie@medecinsdumonde.net

PACA

129 avenue de Toulon, 13005 MARSEILLE

T: +33 (0)4 95 04 59 62 / (0)6 18 41 18 16

delegationpaca@medecinsdumonde.net

PAYS DE LA LOIRE

33 rue Fouré, 44000 NANTES

T: +33 (0)2 40 47 36 99

pays-de-la-loire@medecinsdumonde.net

POITOU-CHARENTES

193 rue Saint-Roch, 16000 ANGOULÊME

T: +33 (0)9 51 13 57 16

angouleme@medecinsdumonde.net





In the face of rising attacks on solidarity and rights around the world, as humanitarian workers are targeted and killed and funding for humanitarian projects is drastically cut, Médecins du Monde's International Network continues to campaign with drive and conviction.

NETWORK ACTION FOR PALESTINE

In response to the humanitarian crisis in Gaza and the West Bank, in 2025 the whole Network worked to disseminate data collected on the ground, participating in events condemning the genocide and calling for respect for international law and humanitarian principles. Since July 2024, Médecins du Monde has provided screening for acute malnutrition in children and breastfeeding mothers at four health centres in the Deir al Balah and Khan Yunis Governorates. In light of alarming findings on the ground, Médecins du Monde France, Spain and Switzerland published a report in May 2025 which 12 chapters shared on their social media.

The major challenges for humanitarian action in Gaza and the West Bank were highlighted during Médecins du Monde's 2025 general assembly hosted by Médecins du Monde Switzerland between 8 and 10 November in Neuchâtel. The event opened with a contribution by Philippe Lazzarini, Commissioner-General of UNRWA, whose contribution fed into discussion about the Network's campaign commitments and policy positions.

In late 2025, the Network campaigned alongside the French association of international development agencies (AIDA) and over fifty international NGOs to condemn the new registration measures imposed by the Israeli authorities. These measures include requirements to share sensitive data about humanitarian workers which endanger teams and risk impeding essential humanitarian action in a context where civilian populations are in urgent need.

The Médecins du Monde International Network also supported the Medics On The Move For What Matters initiative which brings together over 2,500 healthcare professionals to lobby for the right to health and protection for healthcare staff in Gaza. An action was organised on 22 September at the European Parliament in Brussels, to call on the European institutions to recognise the necessity of guaranteeing access to healthcare and respect for international humanitarian law.

CAMPAIGNING AGAINST RESTRICTIVE MIGRATION POLICIES IN EUROPE

The establishment in 2025 of a post for an advocacy officer to lobby the European Union in Brussels has enabled the International Network to develop more effective and collective European engagement. Alongside the Platform for International Cooperation on Undocumented Migrants (PICUM), Médecins du Monde's Network led a strong campaign against the European Union's "return regulation" which strengthens the policy of deporting third-country nationals with no legal right to stay in the EU. The campaign led to a pan-European webinar on detection and reporting systems, the launch of the Return Coalition, which brought together 250 organisations to reject the proposal, and the establishment of a joint Médecins du Monde and PICUM working group.

The campaign also included the publication in November 2025 of a report condemning the serious health impacts of the deportation rules which was distributed to MEPs, European institutions and the media. This joint campaign led to a major international intervention in the form of a letter from sixteen UN special rapporteurs warning of the threats to human rights and health.

INTERNATIONAL NETWORK

REAL COMMITMENT TO THE RIGHT TO ABORTION

The eight commitments on abortion established by the Network in 2023 have been put into action, with access to safe abortion being implemented by seven members of the Network in ten countries. In 2024, the Board of Médecins du Monde France allocated a budget to provide grants to members of the Network for their work to prevent unsafe abortions. This funding has facilitated real progress – between April and December 2025, the partners of Médecins du Monde Argentina in the Dominican Republic performed 61 abortions.

Médecins du Monde Netherlands successfully campaigned for an expansion of the abortion emergency fund by the Utrecht and Amsterdam municipalities for people not covered by the existing system. The Network also trained 35 people to lead workshops seeking to explore values and attitudes around abortion, prior to establishing practical actions on pregnancy termination.

TOWARDS ONE MDM

Funding cuts are hitting the Network hard. In a climate that is hostile to solidarity, we must urgently take action together to ensure our long-term survival. Between September and December 2025, a consultancy firm (Bain & Company) analysed the different economic models used by the Network members and led discussions about specialisation by members and pooling of resources.

In this restrictive landscape, the Network reaffirmed its intention to become One MdM – a unified, resilient, high-impact international movement. Work on the Network's second strategic plan was initiated, for approval by the general assembly in 2026. The work of the 17 Network members is based on nine objectives to be met by 2031. These include strengthening the Network's advocacy work and its actions on four shared priority campaigns: the humanitarian space; migration and health; sexual and reproductive health and rights; and the health system. The Network also intends to pool resources, for example for the implementation of international projects. Finally, the Network reaffirmed its campaigning approach and its desire to incorporate new members from other parts of the world to increase its diversity.

KEY FIGURES

The Médecins du Monde International Network runs programmes in **68** countries.

17 countries with national projects

49 countries with international projects

CHAPTERS

MÉDECINS DU MONDE ARGENTINA

www.mdm.org.ar

President: **Dr Jorge Radesca**

MÉDECINS DU MONDE BELGIUM

www.medecinsdumonde.be

Présidente: **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 Nikitas Kanakis**

MÉDECINS DU MONDE ITALY

<https://medicidelmondo.it/>

President: **Mrs Veronica Forin**

MÉDECINS DU MONDE JAPAN

www.mdm.or.jp

President: **Mrs Kayo Yokomori**

MÉDECINS DU MONDE LUXEMBOURG

www.medecinsdumonde.lu

President: **Dr Marc Graas**

MÉDECINS DU MONDE NETHERLANDS

www.doktersvandewereld.org

President: **Dr Hendrik Verschuur**

MÉDECINS DU MONDE PORTUGAL

www.medicosdomundo.pt

President: **Dr Antonio Hipolito de Aguiar**

MÉDECINS DU MONDE SPAIN

www.medicosdelmundo.org

President: **Dr Jose Fernandez**

MÉDECINS DU MONDE SWEDEN

www.lakareivarlden.org

President: **Mr Mårten Brink**

MÉDECINS DU MONDE SWITZERLAND

www.medecinsdumonde.ch

Co-president: **Dr Laurent Lob et M. Antoine Kernen**

MÉDECINS DU MONDE TURKEY

www.dunyadoktorlari.org.tr

President: **Mr Hakan Bilgin**

MÉDECINS DU MONDE UNITED KINGDOM

www.doctorsoftheworld.org.uk

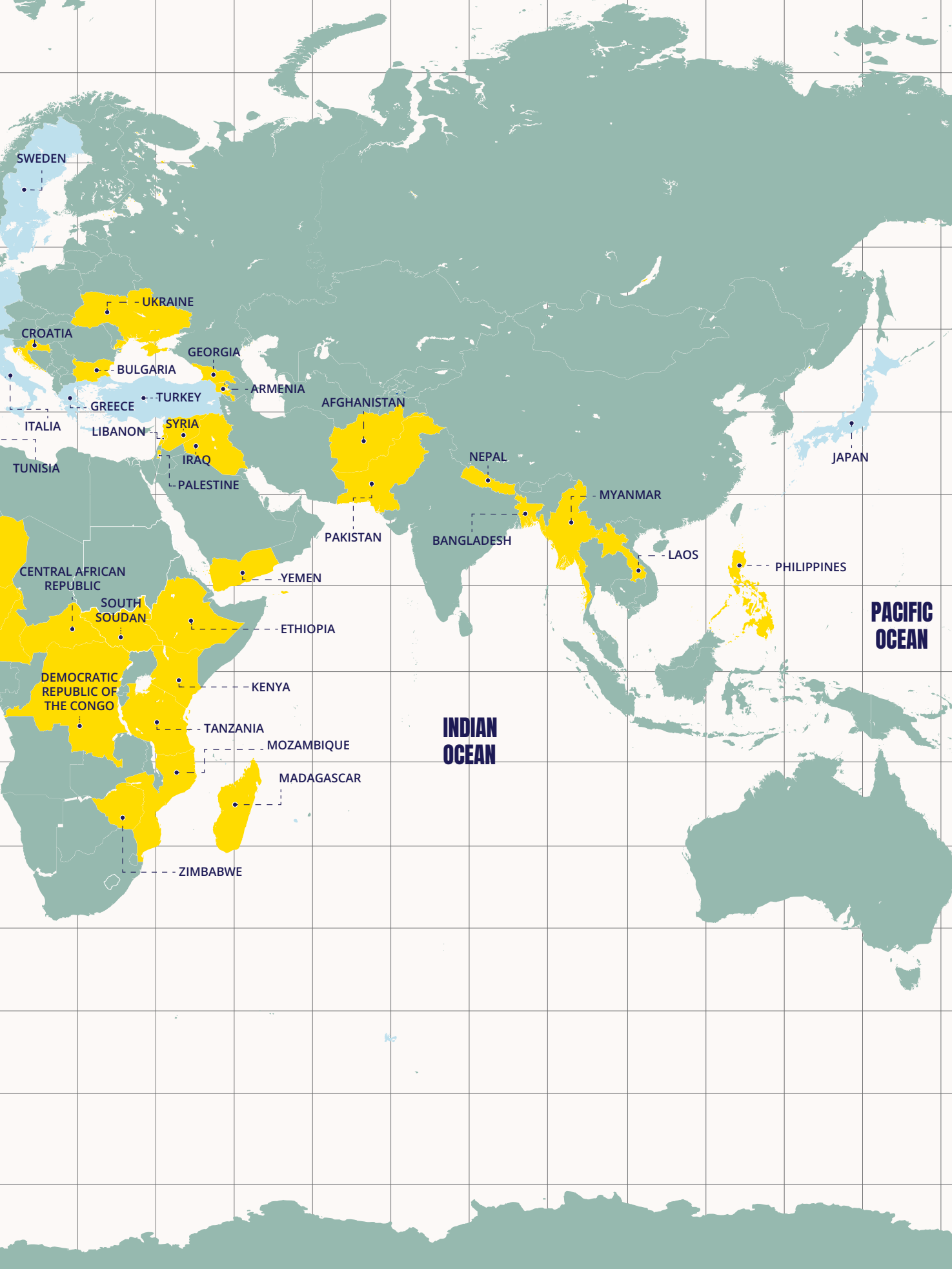
President: **Dr Steve Lloyd**

MÉDECINS DU MONDE UNITED STATES

www.doctorsoftheworld.org

President: **Dr Glenn Fennelly**





SWEDEN

UKRAINE

CROATIA

BULGARIA

GEORGIA

ARMENIA

GREECE

TURKEY

AFGHANISTAN

ITALIA

LIBANON

SYRIA

IRAQ

PALESTINE

TUNISIA

NEPAL

JAPAN

MYANMAR

PAKISTAN

BANGLADESH

LAOS

PHILIPPINES

PACIFIC OCEAN

CENTRAL AFRICAN
REPUBLIC

SOUTH
SUDAN

DEMOCRATIC
REPUBLIC OF
THE CONGO

YEMEN

ETHIOPIA

KENYA

TANZANIA

MOZAMBIQUE

MADAGASCAR

ZIMBABWE

INDIAN
OCEAN

Médecins du Monde is committed to financial management principles.

RIGOROUS MANAGEMENT & FINANCIAL TRANSPARENCY

Médecins du Monde is accredited by the Donat with Confidence (Don en Confiance) Charter Committee and is committed to respecting the principles of this committee, including rigorous management and financial transparency.

AUDITS BY EXTERNAL BODIES

Médecins du Monde is subject to audits by the French public audit office (Cour des Comptes) and the organisation's accounts are certified by a statutory auditor (Mazars since 2020).

In-depth audits are conducted by public funding agencies in France (including the French Development Agency), Europe (e.g. DG ECHO – the European Commission's humanitarian agency) and internationally (e.g. the United Nations).

DONORS' COMMITTEE

Médecins du Monde is supported by an independent donors' committee which regularly assesses and reviews the organisation's work.

AUDIT COMMITTEE

The committee consists of members of the Board and two external experts, including its president. The Committee facilitates decision-making by the Board and is responsible for providing opinions on the quality of the organisation's financial information, risk management, internal controls and internal auditing.

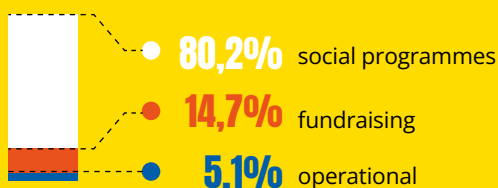
FINANCIAL SCOPE

The financial scope of Médecins du Monde France includes transactions with other members of the Médecins du Monde International Network: MdM Canada, MdM Germany, MdM Italy, MdM Japan, MdM Netherlands, MdM Spain, MdM Sweden, MdM Switzerland, MdM Turkey, MdM United Kingdom and MdM United States.

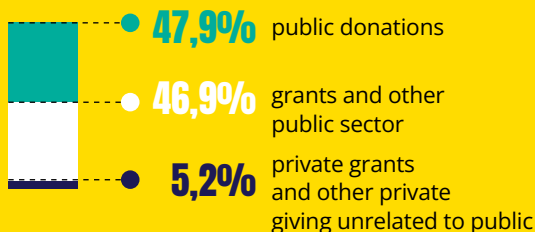
Our full financial report is available on our website: medecinsdumonde.org

EXPENDITURE/INCOME MÉDECINS DU MONDE FRANCE

Expenditure*



Income*



*Excluding changes in provisions and dedicated funds

FUNDING



Links with international institutions are essential for NGOs working in the humanitarian aid sector. As well as being major donors, these institutions are key policymakers. By developing partnerships with them, MdM is able to influence international policymaking. MdM is also a member of various NGO collectives which facilitates our access to international decision-making bodies and enables us to advocate on behalf of these NGOs.

EUROPEAN UNION

The two main EU institutions concerned with solidarity are the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the Directorate General for International Partnerships (DG DEVCo).

- DG ECHO's mandate is to provide aid and emergency relief to communities affected by natural disasters or conflicts outside the EU. DG ECHO operates through around 200 partners (European NGOs, the Red Cross network and specialist agencies of the United Nations). In 2025, DG ECHO had a budget of around €2.5 billion.
- DG INTPA is responsible for implementing the foreign aid mechanisms of the European Commission, one of the main contributors of official development assistance.

Since its inception 34 years ago, the MdM network has been a major player in the VOICE collective (Voluntary Organisations in Cooperation in Emergencies), based in Brussels. VOICE forms

the interface between European humanitarian NGOs and the EU institutions (European Commission/DG ECHO, the European Parliament and Member States). VOICE brings together around 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.

UNITED NATIONS

- The Economic and Social Council (ECOSOC) is the main coordinating body for the economic and social activities of the UN and its specialist agencies and institutions. The MdM International Network has Level 1 consultative status, allowing it to conduct lobbying activities, notably directed at the Human Rights Commission. It has observer status on 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 was admitted as an official partner of the WHO

RELATIONS WITH PUBLIC-SECTOR BODIES

and we are an active member of the civil society reference group working on WHO recommendations on viral hepatitis.

- Mdm is active in working groups within the IASC, the high-level humanitarian coordination body of the United Nations.

GLOBAL FUND

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a multilateral international financial institution established in 2002 which provides grants for work to tackle 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) is a financial Institution which is part of France's official aid system for low-income countries. Its mission is to provide funding for development projects. Since 2009, the AFD has had a mandate to fund French NGOs through its Civil Society Organisations Partnership Division, which manages partnerships with NGOs and monitors their initiatives. As a member of Coordination SUD, Médecins du Monde participates in dialogue between French NGOs and the AFD on the agency's strategy and funding methods.

Our organisation has benefited from the CPP (Multi-Year Partnership Agreement) funding instrument, initiated in 2018 for four years and renewed in 2022 for a further four years to the end of 2025. Médecins du Monde is part of the project Feminist Opportunities Now (FON), managed by IPPF Africa, which was selected by the AFD in 2022 as part of the French funding for feminist initiatives. Through the same mechanism, Mdm runs the MAREAS project (Movement for reproductive autonomy equality and solidarity) which is overseen by IPAS.

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 in 2025. In addition to funding, Médecins du Monde has a strategic and institutional link with the Crisis and Support Centre, in particular through the Humanitarian Challenges workspace of 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 our network, we are a partner of the German Ministry of Foreign Affairs (GFFO) and Ministry of Cooperation - BMZ (via Mdm Germany in Munich), Global Affairs Canada (via Mdm Canada in Montreal) and USAID/BHA, since July 2025 the Department of State (via Mdm USA in New York). Furthermore, Médecins du Monde receives regular support from the Swiss Agency for Development and Cooperation (SDC) as well as from the government of Monaco in Madagascar.

BOARD

The General Assembly elects 12 Board members and three substitute members for a term of three years. The Board in turn elects the President and the Bureau from among its members for a term of one year: Vice President, Treasurer and Secretary General. The Board manages the organisation based on the directions and budget decisions taken by the General Assembly. It implements the organisation's annual and multiannual strategic directions as voted for by the General Assembly. It ensures that the statutes are applied correctly and is responsible for the internal regulation and unity of the organisation.

The following Board members were elected at the General Assembly on 14 June 2025:

President

Dr Jean-François Corty, doctor

Vice-president

Anne Guilberteau, public health trainer

Secretary General

Sophie Rhodes, director of a health promotion and prevention organisation

Treasurer

Dr Marc Tyrant, Treasurer

Board Members

Docteure Élisabeth Avril, general practitioner, director of Gaïa Paris

Dr Christian Bensimon, general practitioner

Mustapha Benslimane, director of a medical and social care facility (retired)

Renaud Boulet, coordinator of the NGO DBA

Bertrand Brequeville, recruitment officer

Diane Hassan, expert in multi-actor alliances in the NGO sector

Gaëlle Krikorian, sociologist

Cécile Winnougan Thiombiano Yougbaré, SRHR technical and advocacy advisor in Africa

Substitute Board Members

Céline Laurensen, head of department, ESSOR 63 centre, Forum Réfugiés

Hicham Saqalli, head of recruitment and skills development, Première Urgence Internationale

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

MÉDECINS DU MONDE SENIOR MANAGEMENT

Director General: **Joël Weiler**

Deputy Director General: **Helena Ranchal**

Director of International Operations: **Helena Ranchal** followed by **Élise Lesieur**

Director of Operations France: **Yannick Le Bihan**

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

Director of Finance: **Jennie Saint-Sulpice**

Director of Procurement, Logistics and IT: **Gaël Acke**

Director of Human Resources: **Bertrand Bocquet**

Director of Communication and Development:

Guillaume Cotillard

ORGANISATION



OUR PRIVATE-SECTOR PARTNERS

FOUNDATIONS AND COMPANIES

Association Ouest-France Solidarité, Association Alif, Axa Banque, BAIN & Company, Cedars3 Investments, Choose Love, CIC, Consortium 12-12, Crédit Coopératif, Crédit Mutuel, Crédit Mutuel Equity, Crédit Mutuel de Bretagne, Crédit Mutuel du Sud-Ouest, Energie TP, Fondation Axian, Fondation d'entreprise Air France, Fondation Chanel, Fondation Christiane et Francis Labbe, Fondation de France, Fondation Crédit Mutuel Alliance Fédérale, Fondation CMA CGM, Fondation d'entreprise Macif, Fondation d'entreprise Optic 2000-Lissac-Audio 2000, Fondation d'entreprise L'Oréal, Fondation d'entreprise MNH, Fondation pour le Logement des Défavorisés, Fondation Sternstunden, Fondation 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, Harmonie Mutuelle, I'm not James, L'Oréal SA, Lilo, Louvre Banque Privée, M Comme Mutuelle, McCall MacBain Foundation, Muslim Charity, Sidaction, Stanley Thomas Johnson Stiftung, Stavros Niarchos Foundation, The Tolkien Trust, Benevity UK Online Foundation. Mais aussi Bimply, Éthi'kdo, Glady, Freemium Play, Fabuleos, Ivoire, Solikend, Lydia, PayPal, Run for Planet, VINCI, Vinted, Tribee, Popcarte and ASO.

OUR PUBLIC-SECTOR 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 Federal Foreign Office (GFFO), German Federal Ministry for Economic Cooperation and Development (BMZ), German International Development Cooperation Agency (GIZ), Monégasque Cooperation (DCI), Swiss Agency for Development and Cooperation (SDC), Catalonia Region (Spain).
- **In France:** French Development Agency (AFD), Crisis and Support Centre of the Ministry of Europe and Foreign Affairs (CDCS), French Food Assistance Programme (AAP), French Embassies / Team France Fund, Expertise France/L'Initiative.
- **Others:** American cooperation (USAID, BHA,

Department of State), Canadian cooperation (GAC)/Canadian Embassy, Canadian Humanitarian Coalition.

- **French local authorities:** Conseil régional Île-de-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, Communauté de communes Vierzon Sologne Berry, Eurométropole, Métropole Aix-Marseille-Provence, Grenoble Alpes Métropole, Métropole de Lyon.

- **Local councils:** City of Paris, Aix-en-Provence, Ajaccio, Angoulême, Audincourt, Bazelat, Bouscat, Bordeaux, Bullecourt, Charny, Cayenne, Deuil-la-Barre, Grenoble, Haillan, Communauté d'agglomération Hénin-Carvin, Jarnac, Jurançon, Keskotel, La Celle-Dunoise, 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.

Our missions in France

Regional health agencies (ARS), departmental councils, regional councils, town councils, 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), Collectif de défense des travailleurs étrangers dans l'agriculture (CODETRAS), Mouvement Français du Planning Familial (MFPF), Direction générale de la santé (DGS), Institut national d'études démographiques (INED), Institut national de la santé et de la recherche médicale (INSERM), Institut de Recherche

ACKNOWLEDGMENTS

pour le Développement (IRD), 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 Étrangers (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 can-nabique (CIRC), Crisis Action, 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 pour le Logement (CAL), Center for Reproductive Rights, la Cimade, collectif Romeurope, collectif Migrants Outre-Mer (MOM), collectif Alerte, Collectif Santé Mondiale, Comede, CREA, Crisis Action, Droit au logement (DAL), Emmaüs, European Parliamentary Forum for Sexual and Reproductive Rights (EPF), 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), International Federation for Human Rights (FIDH), Fédération des Acteurs de la Solidarité (FAS), Fédération parapluie rouge, Générations Féministes, Générations Futures, Global Health Advocates (GHA), Groupe d'Information et de Soutien des Immigrés (Gisti), Global Safe abortion Dialogue, Guttmacher Institute, Handicap International France, InfoMIE, Insecurity Insight, Ithaque, Keep smiling, Korzeam, Maison des livreurs Bordeaux, Médecins Sans Frontière France, le Bus des femmes, les Restos du cœur, Les Roses d'Acier, Association PALOMA, Ligue des Droits de l'Homme (LDH), Norwegian Refugee Council, Observatoire du Droit à la Santé des Étrangers (ODSE), Observatoire international des prisons (OIP), Oppelia, One Sustainable Health for All

Foundation, PASTT, IPAS, Association Penelope, Plan International, Pharmacie humanitaire internationale (PHI), Plateforme contre la traite des êtres humains, Plateforme de Service aux Migrants (PSM), Plateforme des ONG Françaises pour la Palestine, Police Contre la Prohibition, Principes Actifs, Sauvegarde 71, Secours Catholique Caritas France, Secrets Toxiques, 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, 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, Mouvement pour le Dialogue pour l'Avortement Sécurisé en Afrique (ODAS), le Partenariat de Ouagadougou (PO), Organisation Ouest Africaine de la Santé (OOAS) Itinéraires Entr'Actes, Autres Regards, Grisélidis, Equipop, Tous Migrants, le Refuge Solidaire, Utopia 56, Keshu Niya, Women 7 and many regional and local partners in the countries where we work.

OUR EUROPEAN PARTNERS

World Health Organization (WHO), Platform for International Cooperation on Undocumented Migrants (PICUM), European Patient Forum (EPF), European Anti-Poverty Network (EAPN), Fédération européenne des associations nationales travaillant avec les sans-abris (FEANTSA), European AIDS Treatment Group (EATG), European Sex Workers Alliance (ESWA), Association européenne des Droits de l'Homme (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 Center (EPC), Health Action International (HAI), Safeguarding Health in Conflict Coalition, Social Platform, Eurochild, EPIM / NEF, VOICE, Women Political Leaders (WPL) global forum, Migreurop, My Voice, My Choice/Ma Voix, Mon Choix.

OUR THANKS ALSO TO ALL OUR OTHER PARTNERS AND EVERYONE WHO SUPPORTED US IN 2025 THROUGH A LEGACY OR LIFE INSURANCE POLICY IN CONNECTION WITH OUR WORK IN FRANCE AND ABROAD, AS WELL AS INDIVIDUAL DONORS.

PROJECT COORDINATION

Thomas Flamerion and Anne-Lys Thomas

EDITORIAL SECRETARIAT

Pauline De Smet

GRAPHICS

Commequoi

PRODUCTION

Estimprim

Printed on 100% FSC-certified recycled paper

PHOTO CREDITS

Couverture : Christophe Da Silva

Lahcène Abib (p.55)

Julie Caen (p.57)

Christophe Da Silva (p.13, 45, 47, 50, 52, 69, 73)

Majdi Fathi - NurPhoto via AFP (p. 33, 62)

Fiora Garenzi (p.61)

Tony Karumba – AFP (p.27)

Charly Kodjo (p. 11, 29)

Saeed M. M. T. Jaras - Anadolu via AFP (p.4)

Serhii Masin - Anadolu via AFP (p.41)

Olivier Papegnies (p.37)

Marie Pierson (p.15)

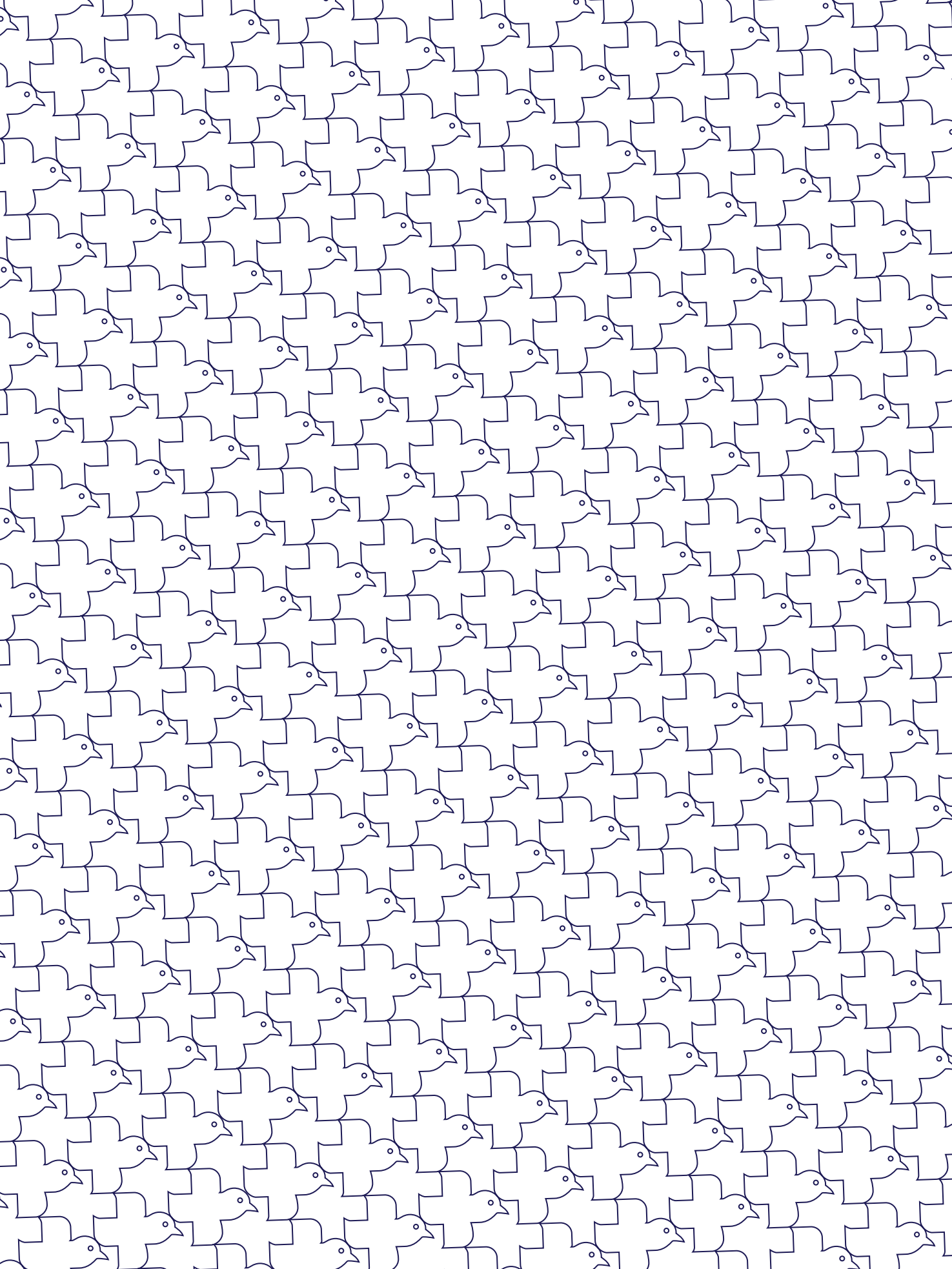
Tsiky Sikonina – AFP (p.21)

MÉDECINS DU MONDE

84 avenue du Président Wilson
93210 Saint-Denis

Tel. +33 (0)1 44 92 15 15
medecinsdumonde.org

 **MdM_France**





medecinsdumonde.org



**ALSO TREATING
INJUSTICE**