How to explain the need for a medical NGO to adapt, to change in a world where such powerful and conflicting forces are at play? A world of unbridled liberalism which, while producing immense wealth for the few, turns its back on entire population groups, forcing them to adopt survival strategies from a bygone era. On the global stage, 2018 saw the resurgence of autocrats in countries like Brazil, the rise to power of the far right in Austria, Italy and Bulgaria, and the continuing presence of ultra-nationalist governments in Hungary and Poland. President Trump continued to wield brutal, unpredictable and unilateral power in the United States, while the people of Tanzania and the Philippines suffered the consequences of a shift towards authoritarianism. Meanwhile, governments proved all too willing to exploit ethnic and religious differences by fanning the flames of isolationism, like in India and Myanmar, or by depicting migration as a dangerous invasion to justify their policies of rejection and wall-building.

Narrowing the social divide, fighting climate change and ensuring peace remained low on the agendas of most of those wielding political power in 2018. We did see some glimmers of hope. Eritrea and Ethiopia signed a peace treaty, India decriminalised homosexuality and adultery, Ireland legalised abortion and cement giant Lafarge was prosecuted for crimes against humanity in Syria. However, although we were witness to burgeoning political and civic awareness, it was still insufficient to effect change in prevailing policies.
2018 was President Macron’s second year in office, and a year history will remember for the breakdown in France’s social contract. Between the have and the have-nots. Between those considered an asset and those considered a liability. In 2018, 566 homeless people (i.e. 1.5 a day) died on the streets of France. Others wandered these same streets in dire and hopeless poverty.

Lives continued to be wasted and children denied their most basic and essential rights: the right to decent housing, proper food in sufficient quantity, education, healthcare, security, justice and dignity. Adults relegated to the margins of society were forced to sleep in doorways, tents or wholly-inadequate shelters, and families to take refuge in empty buildings, slums, vehicles or squalid hotels. All did what they could to survive from one day to the next, while enduring unremitting humiliation, exclusion and harassment.

In response to health issues which, as the result of this unjust, violent and harrowing environment, are becoming increasingly frequent and complex, Médecins du Monde – Doctors of the World (MdM) adapted, reorganised and resolutely continued to defend its causes, in France and throughout the world.
COMMON CAUSES

In France, with 14,000 consultations a year and 6,000 patients on its books, MdM’s healthcare, advice and referral centre in the Paris suburb of Saint Denis continues to witness the enormous difficulties faced by highly vulnerable people in gaining access to healthcare and rights. Despite working closely with numerous hospitals and health centres in 2018, it remained virtually impossible to hand it over to mainstream healthcare services. Virtually everywhere MdM took action, the fundamental issues of accommodation and decent housing were prevalent, and affected our healthcare and psychological support work. In many of our regional offices, we supported community hosting initiatives and participatory housing projects, and we took every opportunity to speak out against the negative effects of repeated evictions without ensuring long-term shelter and accommodation.

But we also saw new stakeholders emerge, citizens take action and collectives – officially recognised or not – tackle societal issues, providing direct assistance at the local level and filling the gaps left by institutions. Imaginative, utopian, and at times disorderly, these initiatives were a wake-up call, challenging us to do better. MdM participated in these coalitions of common causes to influence policy, modify behaviours and representations and ensure people were guaranteed their basic rights, whether in Calais, Grande-Synthe, Paris, Briançon or the Roya Valley.

A VIOLENT WORLD

Our wide range of international projects in 2018 included the opening in Abidjan of Africa’s first drop-in centre to be self-managed by people who use drugs. In Gaza, MdM launched a huge operation providing post-surgical care for the many casualties wounded during the Great March of Return commemorating the Nakba. MdM’s Turkish team accomplished remarkable work in their support to health centres in Syria, and a project was launched to prevent environmental risks and promote health among waste recyclers in Kathmandu. Last but not least, an emergency primary healthcare programme was set up in extremely challenging conditions to assist the displaced, exhausted and malnourished in northern Yemen.

In many countries, borders came to symbolise and separate “them” and “us”. In Europe and Asia and on the American continent we provided support to migrating populations, ensuring them a minimum access to healthcare, defending any rights they might have and helping to prevent their plans and dreams for a better future from going up in smoke. With host countries, we took a stand against simplistic manipulations and political rhetoric intended to instrumentalise migration and foment a climate of fear.

THE COST OF DRUGS

Drugs are increasingly unaffordable for some, and lucrative commodities for others. In 2018, we called on numerous civil society organisations to help us draft an evidence-based white paper condemning the lack of transparency and consultation in setting the prices of innovative medicines – particularly those used to treat cancer. Current methods jeopardise our social protection system. We also challenged the system for granting patents which increasingly serve the speculative interests of the pharmaceutical industry.

TAKING ACTION TO BRING ABOUT CHANGE

MdM was born almost forty years ago. Our transformation must be a reaffirmation of our values and our determination to achieve social justice and access to healthcare for the world’s most vulnerable.

Our healthcare provision is a form of “transformative disruption” between an individual and society. Intended as both a humanitarian and political act, it is evidence of the need to take our demands that step further. But given the amount of data, the documented reports and the proof of real damage to people’s health, what more can we do to bring about change in today’s harmful policies and end the ever-worsening situation of the most vulnerable? How can we stem institutional violence and the illegal actions perpetrated by those in authority? Increasingly, we are turning to the law to help us defend our causes, although the outcome is never certain. Yet, on 6 July 2018, France’s Constitutional Council upheld the constitutional principle of fraternity that provides for “the freedom to help others for humanitarian purposes, regardless of the legality of their presence in the country.”

We must work tirelessly with the beneficiaries of our programmes and civil society actors engaged in the fight against health inequalities in order to help our partners and those on the front line to define their health goals and develop their advocacy. In 2018, we did so in the French cities of Nantes,
Rouen and Caen, where we fought to secure the dignity, protection and rights of unaccompanied minors. We did so in Tanzania alongside the NGO Mukikute, which, in a climate of political repression, campaigns for people who use drugs to be afforded access to prevention and medical services. We did so in Moscow, working with sex workers to combat isolation, help them fight their rampant criminalisation and provide them with access to appropriate medical and social care. We also did so in many African countries (Democratic Republic of the Congo, Uganda, Côte d’Ivoire, Central African Republic and Burkina Faso) and in Pakistan to ensure women have access to reliable and safe voluntary abortion services.

BUILDING TOMORROW’S WORLD

MdM’s international network completed its restructuring in 2018 and has now both a Presidents’ Council and an Executive Council to enhance transparency in its governance. All the member associations will share the same code of conduct, operating procedures, advocacy, communication initiatives, and their resources will be better shared. Other projects have been launched and include the revision of our articles of association to strengthen our participatory democracy and regionalisation, enshrining the autonomy of our regional offices in a common strategic framework that will improve our political and operational potential.

We are part of this world in which we take action. But the humanitarian ecosystem is changing and, while major reforms are indeed necessary, all organisations – including our own – should ponder the difference between “good intentions” and “good practices”, challenge complex bureaucratic and decision-making processes and question futile power and representation issues in a rapidly evolving international environment. The Great Bargain is one possible way forward for us; establishing partnerships with organisations in emerging civil societies is another.

As an independent, non-governmental and activist organisation supported by the engagement of its 4,000 national and international volunteers and employees and the generosity of its 350,000 donors, MdM has more than ever a key role to play in humanitarian action. Today and in the future.
KEY FIGURES

BUDGET

MDM FRANCE BUDGET
99.2 M€

HUMAN RESOURCES

1,805 PEOPLE
ON OUR INTERNATIONAL PROGRAMMES
» 1,616 national staff on field operations
» 4 international volunteers
» 116 staff on international programmes
» 69 staff from the International Operations Directorate at headquarters

2,140 PEOPLE
ON OUR PROGRAMMES IN FRANCE
» 2,016 active volunteers
(including volunteer Board delegates)
» 108 staff in the field and at regional offices
» 16 staff from the French Operations Directorate at headquarters

422 PEOPLE
SUPPORTING OPERATIONS
» 250 volunteer Board delegates
» 172 staff at headquarters

4,117 MDM PEOPLE
PROGRAMMES IN FRANCE

62 PROGRAMMES IN 32 LOCATIONS

15
HEALTHCARE, ADVICE AND REFERRAL CENTRES (CASOS) AND RECESSION, REFERRAL AND SUPPORT CENTRES (CAOAS)

23 Health and environment programmes
4 Migration, rights and health programmes
6 Harm reduction programmes
2 Sexual and reproductive health programmes
2 Programmes in prisons
4 Programmes for vulnerable children (unaccompanied minors and buddyng for children in hospital)
3 Access-to-care programmes in rural and urban areas
3 Programmes in French overseas departments

47 OUTREACH PROGRAMMES

INTERNATIONAL PROGRAMMES

60 PROGRAMMES IN 38 COUNTRIES

2,800,000 BENEFICIARIES OF OUR PROGRAMMES

GEOGRAPHICAL BREAKDOWN OF PROGRAMMES

- 18 programmes in 11 countries in sub-Saharan Africa
- 13 programmes in 8 countries in North Africa and the Middle East
- 10 programmes in 7 countries in Latin America and the Caribbean
- 19 programmes in 12 countries in Eurasia

GEOGRAPHICAL BREAKDOWN OF OPERATIONAL EXPENDITURE

- 18% in France
- 82% International:

- 30% in sub-Saharan Africa
- 44.5% in North Africa and the Middle East
- 6% in Latin America and the Caribbean
- 17% in Eurasia
- 2% various projects (Opération Sourire, regionally managed international projects, cross-cutting projects and exploratory missions)
- 0.5% Adoption
MAIN THEMES

SEXUAL AND REPRODUCTIVE HEALTH
Sexual and reproductive health (SRH) concerns various aspects of women’s and couples’ health. Our SRH programmes focus on three priority areas: prevention and management of unwanted pregnancies, the response to SRH needs in crisis situations and the prevention of cervical cancer.

HARM REDUCTION
MdM works alongside the people concerned by these issues to develop programmes that reduce the risks associated with the use of psychoactive substances and unsafe sexual practices.

MIGRATION, RIGHTS AND HEALTH
MdM supports migrants at every stage of their journey to the countries where they hope to be welcomed and receive protection. Our projects support stakeholder coalitions and community mobilisation.

EMERGENCIES AND CRISES
Conflicts and natural disasters often result in a sudden interruption of healthcare. To improve our interventions in chronic crisis contexts we are developing emergency preparedness and providing capacity-building around disaster risk reduction for institutions and communities.

ENVIRONMENTS HARMFUL TO HEALTH
MdM works wherever people live, including in slums and ghettos in situations of intense urbanisation. We help people who live in polluted environments or who carry out or suffer the consequences of polluting activities to protect themselves and reduce their exposure to toxic substances.

CROSS-CUTTING THEMES

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
Mental health, in the sense of an individual’s ability to lead a fulfilling life, is an integral part of a person’s health. MdM focuses on the determinants of mental health and targets situations which give rise to psychological vulnerability. We seek to involve communities in designing public health responses.

VULNERABLE CHILDREN
In addition to our long-standing and currently evolving activities (adoption, buddying and Opération Sourire), there are new challenges to be met: unaccompanied minors, children living in substandard housing and slums, gender-based violence and early or unwanted pregnancies.

GENDER
Gender refers to socially determined roles, behaviours, activities and attributes which a society considers to be appropriate for men and women. Gender inequalities must be taken into account at every stage of our projects.
Rapport moral / Les axes prioritaires
FRANCE
LET’S DEMAND JUSTICE

MdM launched its end-of-year campaign on 6 December 2018. It took the form of a short video and three posters designed to promote the organisation’s causes, inspire hope and assert health as a universal right.

The video, produced by Matthieu Tribes and with a voice-over by French actor, Gilles Lellouche, conveys the message that we mustn’t give up and must continue to defend our values. In a world where injustice and inequality persist and where crises and violence in all their forms continue to wreak havoc, we may all experience a sense of despondency. Yet the fight for social justice and universal access to healthcare is not lost as long as we don’t stop fighting and we don’t stop believing. By coming together to achieve a common goal we can change the course of history.

The campaign’s three posters pay tribute to the commitment of humanitarian workers. Each one focuses on a different aspect of MdM’s action in France and abroad: mobile clinics tackling injustice on the streets, advocacy work promoting the right to health for all, as well as training for medical teams and material support wherever it is needed.

MdM’s mission has never been as important as it is today. That’s why the campaign’s message was ‘Health is a universal right, let’s demand justice.’ We will continue to fight, innovate and play an active role in building a more just world.
POUR CES FEMMES, L’ACCÈS AUX SOINS EST UN COMBAT.
CE QU’ELLES NE SAVENT PAS C’EST QU’ELLES VONT GAGNER.

FAITES UN DON SUR MEDECINSDUMONDE.ORG

LA SANTÉ EST UN DROIT UNIVERSEL. ENSEMBLE, RÉCLAMONS JUSTICE.
#RÉCLAMONSJUSTICE
FRANCE
BROKEN PROMISES

On 31 March 2018, when the evictions and slum clearances were allowed to resume after the official winter suspension, MdM went into action to raise public awareness and attempt to elicit a response from the government on the issue of homelessness and substandard housing in France.

We recalled the commitments made by Emmanuel Macron. Speaking in Orléans on 27 July 2017, he announced: “By the end of the year I don’t want to see any men or women on the streets, in the woods or lost. It’s a question of dignity, of humanity and also of efficiency.” On 31 December 2017, in his New Year speech to the French people, he said: “I want us to provide a roof for all those who are homeless today.” In reality, the actions that followed these beneficent words were in complete contradiction to them. Evictions, repressive policies towards migrants, disengagement and inaction have in fact worsened the situation.

In response to the government’s failure to act, MdM launched two parallel interventions. On Tuesday 27 March, a non-eviction notice was sent to the French President, pointing out that his promise to provide everyone with a roof over their heads is incompatible with the resumption of evictions and reminding him of the desperate situation in which thousands of people find themselves - people who are at risk and that he has the power to help. On 29 March, a demonstration was organised on the steps of the Sacré-Cœur basilica in Paris and concurrently in Angoulême, Bordeaux, Grenoble, Lyon, Marseille, Montpellier, Nantes and Toulouse. The slogan was “Fine words won’t save the homeless.”
MENTAL HEALTH
PSYCHOLOGICAL PAIN AMONG MIGRANTS

Whether at the Grande-Synthe camp, in Calais, Nantes or Paris, all our programmes confirm the poor state of mental health among migrants and the difficulties encountered when endeavouring to obtain treatment for them from the French healthcare system. This is an emergency situation and a major public health issue. In 2018, teams from the Primo Levi Centre worked with MdM to produce a joint report on the negative effects on mental health of the terrible living conditions endured by migrants on the road to exile and then in France. The report also covers the nature of psychosocial support requirements, problems accessing health coverage and inadequate treatment provision.

Published in June 2018, this report, entitled *La souffrance psychique des exilés: une urgence de santé publique* (Psychological pain among migrants: a public health emergency), was launched at a press conference at MdM’s headquarters and garnered significant media attention. Together with the Primo Levi Centre, we presented our recommendations before disseminating them widely among public health authorities, relevant ministers and their cabinets and parliamentarians. Our one objective: to raise awareness of the issues in order to improve access to mental healthcare and treatment for migrants.

SEXUAL AND REPRODUCTIVE HEALTH
PROGRESS ON RIGHTS IN FRANCOPHONE AFRICA

Africa has one of the most progressive and inclusive legal instruments in the world: the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa. Better known as the Maputo Protocol, it came into force in 2003. In particular, it includes explicit provisions on the right to health, including sexual and reproductive health and the right to medical abortion in a relatively wide range of circumstances.

Having renewed its commitment to the right to abortion, MdM is working actively alongside civil society in a number of countries in francophone Africa (Burkina Faso, Central African Republic, Côte d’Ivoire, Democratic Republic of the Congo and Madagascar) which have signed or ratified the Protocol. The aim is to ensure its effective application. So, in DRC, for example, after numerous advocacy activities, the Protocol was published in the country’s official journal, thereby making it effective and impelling the legal and healthcare authorities to implement all the necessary measures to ensure women have access to safe abortion. In Burkina Faso, thanks to the work of the MdM-supported advocacy group, Stop Grossesses Non Désirées (Stop Unwanted Pregnancies), the Penal Code has been amended to approximate the provisions of the Protocol. In Côte d’Ivoire, MdM is working at the local and national levels alongside coalitions of local organisations campaigning for the provisions of the Maputo Protocol to be fully and completely integrated into the draft law on reproductive health which is currently being debated.
INTERNATIONAL PROGRAMMES

WITH 60 PROGRAMMES IN 38 COUNTRIES, AND IN LINE WITH THE OPERATIONAL PRIORITIES AND ACTION PRINCIPLES SET OUT IN ITS MISSION STATEMENT, MDM CONTINUED TO RESPOND TO HUMANITARIAN CHALLENGES AT THE INTERNATIONAL LEVEL IN 2018.

SUB-SAHARAN AFRICA

In Burkina Faso, cervical cancer is the leading cause of death from cancer in women. In 2018, we launched the first cervical cancer prevention and treatment programme in Africa in the form of a four-year pilot project. In Côte d’Ivoire, many young people are not able to access existing SRH services. In 2018, we started a programme in Soubré, in the west of the country, to improve the prevention and management of unwanted pregnancy among young women, providing support to the public healthcare system.

In Nigeria, the armed conflict between Boko Haram and government forces has triggered a major humanitarian crisis. MdM has been working in the northeast of the country since 2016. We directly manage five health centres to improve access to healthcare for thousands of displaced people, and we respond to emergencies arising from the crisis, such as cholera epidemics. Uganda has become a host country for thousands of refugees from South Sudan, resulting in huge demand for healthcare, especially in the north of the country. Since 2018, MdM has been providing primary and sexual and reproductive healthcare, consultations for survivors of gender-based violence, mental healthcare and psychosocial support in the Bidibidi camp in north-western Uganda.

In late December 2018, our harm reduction activities in Tanzania were handed over to our partner, Mukikute, which we will continue to support for the next two years. MdM is now focusing on its training & resource centre and advocacy activities.

CENTRAL AND SOUTH AMERICA

We have changed the focus of our activities in Colombia to respond to the marked increase in violence between armed groups in the areas previously controlled by the FARC. We are particularly involved in providing services for people affected by gender-based violence. Since late 2018, our regional programme on migration and forced displacement (in Honduras, El Salvador, Guatemala and Mexico) has been meeting the humanitarian needs of the migrant caravans, supplying rehydration treatment and medicines and providing medical staff for the shelters which are overwhelmed by the influx of people.
ASIA
In Nepal, where we conducted a survey with the University of Sheffield to evaluate the socio-demographic characteristics and health risks of informal waste management in the Kathmandu Valley, we are now working with the waste workers in partnership with a Nepalese NGO. In the Philippines, we have developed another health and environment programme with a community approach in Barangay 775, one of the poor and overpopulated areas of Manila.

EUROPE
Since the significant decline in the number of migrants arriving in Italy by sea as a result of hostile European policies, we have changed the focus of our operations and are now concentrating our efforts on Rome, where the number of migrants living in reception centres or on unofficial sites remains unchanged. The number of migrants using the Balkan route to enter Europe has fallen considerably and so we have closed our operations in Serbia and transferred our health monitoring activities at the reception centres in Bulgaria to a partner.

MIDDLE EAST
Since 2012, we have been working in Lebanon to provide access to healthcare for refugees fleeing the Syrian crisis and vulnerable people from the Lebanese community. After helping to open the first mental healthcare unit at a general public hospital in Beirut, we continued our action in support of the development of public mental healthcare service accessible to everyone.

In Palestine, we provided rapid response interventions to improve medical care and treatment for people injured in the repression of the Great March of Return demonstrations in spring 2018.

In Yemen, where we have been working since 2016, we recently opened an office in Aden with a view to extending our activities in the south of the country which has been devastated by three years of conflict.
NORTH AFRICA AND MIDDLE EAST
For more information on the different programmes in North Africa and the Middle East see medecinsdumonde.org
Launched on 30 March 2018 by the Palestinians of Gaza, the Great March of Return demonstrations along the separation barrier with Israel were met with bloody repression. According to the United Nations, 195 Palestinians were killed, including 41 children and three healthcare workers. Over 29,000 Gazans were injured, 7,000 of them hit by live bullets and requiring emergency surgery.

Thanks to an emergency preparedness programme that it has been running for the last four years in the Gaza Strip, MdM was able to provide a rapid response to improve the medical treatment available to the victims of this violence. Because the Gaza Blockade severely limits the population’s access to means of subsistence and the most basic services, especially healthcare, its hospitals were quickly overwhelmed by the sudden influx such large numbers of casualties.

Medicines and other medical supplies were provided to healthcare facilities, and our teams organised patient triage. The most serious cases were transported to the operating theatre, others were initially treated in a tent and some were referred to healthcare centres equipped for emergencies by MdM. We also supported community organisations in the Gaza Strip so they could provide emergency first aid.

Condemning the violence against health workers, MdM also published a report highlighting the consequences of the serious violations of international humanitarian and human rights law committed by the occupying forces (Médecins du Monde, Violence against healthcare in Gaza, 2018).
Since 2011, 1.5 million Syrians have found refuge in Lebanon. They represent almost a quarter of the population of this small country which, although accustomed to receiving displaced people, has been overwhelmed by an influx on such a scale. The vast majority of the refugees are condemned to living in makeshift camps – in disused buildings, windowless garages and substandard apartments – and are cruelly lacking in means of subsistence. Entire families are suffering from hunger, destitution and acute distress. Five years of the pain of exile has only served to heighten their suffering.

Drawing on over 30 years of experience in Lebanon, MdM has been fighting since the start of the crisis to ensure access to healthcare for the refugees. In the Beqaa Valley we are supporting five health centres and one mobile clinic. In addition to basic healthcare, we offer mental health consultations to treat the psychological problems experienced by the Syrian community.

Psychotherapists provide consultations and ensure follow-up treatment at the centres, while patients with serious mental health issues are referred to specialist services. MdM was involved in the opening of the first mental health unit in a general public hospital in Beirut. Substantive work was also undertaken with the Ministry of Public Health to establish a public mental health service accessible to everyone throughout Lebanon.

MdM is also working with regional and international academic institutions to extend research into mental health in the Middle East. Two research projects are currently underway in collaboration with local and international institutions.

The conflict in Yemen between the government and the Houthis entered its third year in 2018 and continues to threaten the lives of millions of people. Half of the population of Yemen (around 30 million) is in urgent need of humanitarian aid. In June 2018, the coalition of Arab states led by Saudi Arabia, which supports the government, launched a military campaign on the west coast to retake the city of Hudaydah from the Houthis. In December, the peace talks organised by the UN led to a ceasefire being signed to allow the troops to be redeployed beyond this strategic port and enable humanitarian aid to be delivered. However, the implementation of the ceasefire has been delayed and there have been no improvements in the healthcare situation or the security context.

The conflict has devastated the healthcare system. According to an assessment conducted in 2018, 49% of healthcare facilities are barely functioning, if at all, yet the country is suffering a major cholera epidemic.

Access to care has been compromised in both the north and the south, especially in rural areas, due to their remoteness, insecurity, lack of healthcare staff, high costs and poverty.

In late 2018, MdM, which works in northern Yemen supporting 11 healthcare facilities in the governorates of Sana’a, Ibb and Amanat al-Asimah, opened an office in Aden in the south of the country in order to expand its activities there. Our teams are currently supporting the healthcare system in the north by providing primary healthcare services so that communities can access consultations for treatment, antenatal and postnatal care, births attended by healthcare staff, vaccination, nutritional advice, health education sessions and psychosocial support. Discussions are taking place between MdM and the authorities in Aden with the aim of implementing similar activities in the near future in the south of the country.
SUB-SAHARAN AFRICA
For more information on the different programmes in Sub-Saharan Africa see medecinsdumonde.org
The security situation throughout Burkina Faso deteriorated significantly in 2018, particularly in the Sahel region, in the east and north of the country. Here, in Soum and Oudalan Provinces, where MdM has a sexual and reproductive health programme, access to our bases in Djibo and Gorom became increasingly difficult. Attacks were carried out by various terrorist groups against the defence and security forces, public buildings, schools and sometimes health centres. Vehicles, especially 4x4s, were regularly stolen, Burkinabe and Western humanitarian workers were abducted and some killed. Families left their villages, fleeing the violence and intimidation. Another disastrous consequence was the disruption to the healthcare system, with centres being closed and others only able to provide a minimum service.

In the face of this large-scale security crisis, which has restricted access to communities, MdM has had to review its intervention strategy in northern Burkina Faso.

As the health centres’ all-terrain ambulances are at risk of car-jacking, they have been replaced with motorised tricycles. The public awareness-raising sessions delivered by community liaison workers can no longer take place due to a ban on gatherings of people and a curfew. Rounds to deliver supplies of contraceptives have been reorganised to minimise travel by MdM’s local teams. Follow-up and monitoring of partner organisations is being done over the phone.

Similarly, work in school clubs to disseminate information about sexual and reproductive health is now restricted to the larger towns and advocacy work has been refocused on the capital, Ouagadougou. With these measures we are seeking to continue our activities, while ensuring the safety of those involved and of the communities.

Since 2017, MdM has been running a programme on preventing and managing unwanted pregnancies among young people in the area around Soubré, in south-west Côte d’Ivoire. Following a study of the social and cultural factors contributing to early pregnancy, it was decided to enhance sexual and reproductive health services aimed at young people and provide them with better information. This is a very relevant intervention, given that the average age at first sexual intercourse is 16 and barely one in five girls use a modern method of contraception.

To limit the risks involved in unwanted pregnancies and illegal abortions, MdM runs information sessions in schools and offers consultations as part of public events.

As a result, thousands of young people, girls and boys, have received information about contraception and about the risks of sexually transmitted infections. Many particularly vulnerable young people also receive psychosocial support.

In addition, training in sexual and reproductive rights is organised for healthcare providers, teachers, social workers and decision-makers. In response to national-level advocacy on access to family planning services carried out by MdM in collaboration with local and international partners, the Ivorian government has made a commitment to increase funding for contraception by 10% per year. It also released 500 million CFA francs in 2018 for the purchase of contraceptives.
Since 2015, MdM has been developing an innovative approach to care for survivors of gender-based violence in the Central African Republic. This approach provides survivors to with medical care, psychosocial support and legal assistance at six health centres in the town of Bangui and the nearby area. Since these services were established, more than 4,000 people have benefitted from the programme.

MdM has been working in the Central African Republic since 2014, in response to the political, health and social crisis which has afflicted the country since the coup of 24 March 2013. In order to restore access to care for the most vulnerable, MdM initially set up mobile clinics in the various displaced persons’ camps before turning its attention to support for and rehabilitation of healthcare facilities.

The services provided include consultations tailored specifically to the needs of survivors of gender-based violence. Support is essential for a population traumatised by the fighting. Mental health consultations are open to anyone in psychological distress. Midwives, legal advisors and psychosocial counsellors offer care and treatment to victims according to their needs and in partnership with two local organisations, the AFJC (Association of Female Lawyers of the Central African Republic) and the IAC (Inter-African Committee on Traditional Practices).

To combat stigmatisation and encourage people to come to the health centres, MdM relies on a network of community liaison workers who organise awareness-raising sessions in different parts of Bangui.

The civil war which has been raging in South Sudan for the last five years has forced hundreds of thousands of people to flee the country, many of them to Uganda. This has led to the formation of one of the largest refugee settlements in the world, Bidibidi, in the north-west of the country. Although the number of South Sudanese people crossing the border is currently falling, the around 220,000 people living at Bidibidi are still in need of humanitarian assistance. Poverty, scarcity of resources during periods of drought, the trauma of war and the violence experienced by the refugees in their country of origin or in the camp all mean there is a huge need for healthcare. MdM coordinates external consultations from the Bolomoni health centre which was set up by Médecins Sans Frontières for the camp.

Here around 50,000 refugees and 15,000 Ugandans can access primary and mental healthcare, antenatal and postnatal care, family planning services and care and treatment following gender-based violence. Around 4,000 consultations a month are provided. Particular attention is paid to endemic diseases such as malaria, as well as to the risk of epidemics of waterborne diseases in a context where supplying the site with water from tankers remains difficult. The teams at the centre also rely on a network of community volunteers to identify and refer people in need of care, especially victims of violence or gang rape and families traumatised by the murder or torture of loved ones.
LATIN AMERICA AND THE CARIBBEAN
For more information on the different programmes in Latin America and the Caribbean see medecinsdumonde.org
The migrant caravans seeking to escape the political violence, economic crisis and failing healthcare systems in Central America increased in number in 2018. Turned back at the US border, repatriated or just put in makeshift camps, thousands of people took to the road from Honduras, El Salvador and Venezuela. Along the way, men, women and children, young and old, lack water, food and healthcare. Ailments and injuries resulting from the journey, such as exhaustion, dehydration and sunburn, compound the other health conditions and psychological problems linked to anxiety and lack of sleep.

In Mexico, the last stage of the migrants’ trek before they reach the Promised Land of the US which is still keeping its doors firmly shut, the healthcare system is on the brink of crisis. Overwhelmed healthcare staff in Chiapas, in the south of the country, went on strike for two months in late 2018.

Together with MdM Spain, MdM France, which works in this region of Mexico and along the route taken by the migrants through Honduras, El Salvador and Guatemala, is responding to the needs of these extremely vulnerable people. A mobile medical team is providing primary healthcare at official and unofficial shelters. Our teams also offer information sessions on health and hygiene. In addition, MdM provides medical supplies to healthcare institutions and assumes the role of observer in the areas around border-crossing points to identify the needs of migrants and expose human rights violations.

CRISIS IN VENEZUELA
Since 2014, Venezuela has been affected by a major humanitarian crisis. There are shortages of everything in this country which relies chiefly on imports for most of its supplies, especially medicines. The black market is growing and the value of the bolivar, the Venezuelan currency, continues to fall. The population is being asphyxiated. Over 3 million people, including many healthcare workers, have fled to other countries in Latin America and to the United States.

In 2018, in response to this tense situation and extremely worrying health indicators, MdM launched a programme of support for various Venezuelan and international humanitarian organisations. The aim was to improve access to primary healthcare for affected communities, in particular by helping to set up mobile clinics around Caracas. In addition to professional training and structural aid, MdM supported the recruitment of staff and provided its partners with essential medicines.
Despite the peace agreement signed on 24 November 2016 between the government and the Revolutionary Armed Forces of Colombia (FARC), its implementation remains uncertain. For over 50 years, the armed conflict contributed to a climate of fear and mistrust, intensified by disappearances, assassinations of human rights leaders, threats, arbitrary detentions and rape. 2018 was marked by a significant resurgence in violence, including the forced displacement of 33,000 people, an increase of 83 % compared with 2017.

Territorial disputes between armed groups continue to threaten the stability of the country and abuses and acts of violence are regularly committed by paramilitaries, FARC dissidents and the ELN, the second rebel group in Colombia. In addition, Colombia has become the main host country for Venezuelan migrants. Over the course of three years, migration flows have risen from 39,000 to over two million people, further destabilising a healthcare system already severely weakened by the armed conflict.

Since the peace agreement, MdM has changed how it works in Colombia, focusing its activities in rural areas to respond to outbreaks of violence. In partnership with Plan International and Alianza por la Solidaridad, MdM runs a rapid response team made up of doctors, psychologists, social workers and specialists in child protection, nutrition, hygiene and sanitation. They aim to carry out a situational diagnosis within the first 72 hours of an emergency, particularly in the case of large-scale population displacements and containments.

A programme for protecting victims of sexual violence has also been developed. MdM helps women to establish self-help groups and works to ensure comprehensive care and treatment which respects their rights at the healthcare facilities of Meta, Guaviare, Nariño, Cauca, Valle del Cauca and Chocó. The programme also aims to provide healthcare and psychosocial support for Venezuelan migrants.
EURASIA
For more information on the different programmes in Eurasia see medecinsdumonde.org
HARMFUL ENVIRONMENTS

PHILIPPINES

Around 13,500 people live and work in the district of Barangay 775 in Manila, one of the capital’s most densely populated areas. The residents are exposed to a range of environmental dangers, including outbreaks of fire, seen as a serious threat, as well as the build-up of rubbish in some of the area’s narrow passageways, leading to severe flooding during the rainy season.

In 2018 MdM launched a new prevention programme to help the people improve the quality of their environment. Teams undertook a wide range of activities within communities in collaboration with the fire brigade and the authorities to teach people about the actions they can take to reduce the risk of fires starting or drainage channels becoming blocked. Home visits, group discussions, risk assessments in homes, children’s games, poster competitions and developing a piece of work with a Filipino artist helped to build trust with the residents, rally them to a common cause and develop real momentum in the communities by empowering them to take action themselves to improve their quality of life.

MdM also plans to work with the health centre and the community to reduce environmental risk factors in the habitat, such as overcrowding, poor ventilation and lack of water. These issues are in part responsible for the diseases most commonly seen here: respiratory infections, especially tuberculosis, and skin conditions such as scabies and impetigo.

NEPAL

The Kathmandu Valley, in which over a quarter of the population of Nepal is concentrated (over six million people), faces a range of different environmental issues, such as the accumulation of solid waste, an increase in pollution and waste water and the release of toxic pollutants. Poor management of solid waste exacerbates the already appalling sanitary conditions. This has a disastrous impact, both on the local environment and on the health of the informal waste workers and people who live in the capital.

Since 2017, MdM has been working in partnership with the organisation PHASE to prevent accidents and diseases which result from working at the landfill site. The main focus is on preventive and awareness-raising activities. In addition, protective equipment, such as gloves, hats, shoes, high-visibility jackets and facemasks with filters have been distributed. The teams also work in health centres to improve the treatment of health problems related to this type of work and to ensure better access to healthcare services.

A study has been conducted in partnership with the University of Sheffield to evaluate the socio-demographic characteristics and health risks of informal waste management in the Kathmandu Valley. The resulting analyses and publications will inform MdM’s advocacy work. ☞
After a three-year sexual and reproductive health programme in the Northern Province (in Kilinochchi, Mullaitivu and Jaffna Districts) and in the tea plantations of Central Province, MdM France is preparing to support MdM Japan as it takes over MdM France’s activities in Sri Lanka. The project originated with an analysis concluding that women, especially single and young women, don’t know about the health issues which primarily affect them. They lack information about their rights, family planning, infection prevention and legislation on gender-based and domestic violence. The result is a high rate of unwanted and often early pregnancies, an increase in sexually transmitted infections and high levels of unsafe abortions and untreated trauma.

The activities implemented by MdM and its partners mainly involved organising awareness-raising sessions on sexual and reproductive health aimed at the public.

In total, 33 communities were involved and six sports and cultural events were organised, bringing together 1,800 people to consider sexuality-related issues. We also strengthened the existing healthcare system and developed the skills of healthcare professionals, teachers, students and community volunteers. Two hundred teachers and 300 healthcare workers were trained in sexual and reproductive health. Two training modules were developed for midwives and another one for teachers. And a documentary was produced to aid understanding of the barriers to access to sexual and reproductive health services and the actions which have been taken to overcome them.

According to studies carried out by MdM at the beginning of the project and before it was transferred, there has been an increase in general levels of knowledge about sexual and reproductive health among the communities where the activities were delivered. Around 20,000 people were reached.

Since 2013, care and treatment for people who use drugs has been seen as more of a public health issue in Vietnam. In this context, MdM launched a pilot project for this key population in 2015, aimed at tackling hepatitis C in Hanoi. The project’s activities ended in December 2018 and the results will be disseminated in 2019.

MdM also supported the establishment of a treatment cohort at the hospital in Nam Tu Liem district. In total, 107 patients received treatment based on generic medicines which are much less expensive than those available on the market. Our teams trained the staff at the clinic where they were treated in how to provide care and follow-up for these stigmatised and marginalised people.

In addition, MdM raised awareness among civil society actors on the issue of HCV and advocated with institutions for better reimbursement of treatments and for low-priced generic medicines to be imported to Vietnam.
Since the signing of an agreement with Libya in July 2017, there has been a significant decline in the mass arrivals of migrants by sea in Italy. In September 2018, a decree was adopted to reduce the number of asylum seekers, restrict recourse to international protection and reorganise reception centres. From now on these centres will only accept unaccompanied minors and migrants whose asylum claims have been accepted.

In this changing context, MdM’s operational strategy in Italy has also changed. While maintaining the organisation’s activities in Calabria, in late 2017 we extended our project to Rome where the number of migrants has remained constant. MdM is working with healthcare staff and social workers, in partnership with various civil society actors and healthcare institutions, to facilitate access to healthcare for migrants living in reception centres or at unofficial locations in the city.

Our teams support local actors (citizens groups and associations) to improve medical and psychosocial care for unaccompanied minors and vulnerable women, focusing particularly on sexual and reproductive health issues. Specific project components have been developed to strengthen and harmonise child protection standards for child migrants and for identifying and treating survivors of gender-based violence. Advocacy work on removing barriers to access to care has also been developed in collaboration with existing networks.
In 2018, Opération Sourire (Operation Smile) led by MdM France organised plastic and reconstructive surgery missions in Asia and Africa. This programme aims to put smiles back on the faces of people, especially children and young adults, affected by congenital or acquired medical disorders. Opération Sourire missions are also carried out by three other member organisations of the MdM network: MdM Germany, MdM Japan and MdM Netherlands.

The medical procedure helps patients regain their self-confidence and facilitates their social and physical reintegration into their communities. All our teams work on a long-term basis and in conjunction with partners (hospitals, organisations, reintegration specialists, etc.).

In 2018, over 50 French volunteers (surgeons, anaesthetists and nurses) operated on more than 400 patients during 11 surgical missions organised in five countries: Benin, Cambodia, Madagascar, Mongolia and Pakistan. The teams mainly treated patients with cleft lips and palates, scarring from burns and very disabling facial tumours and abnormalities.

PROFILE OF THE 419 PATIENTS OPERATED ON BY MDM FRANCE IN 2018

BREAKDOWN OF CONDITIONS TREATED:
- 31.5%: congenital conditions (cleft lips or palates, abnormalities and meningoceles)
- 31%: scarring (burns)
- 17.6%: tumours
- 13.6%: abdominal surgery

The majority of patients were under the age of 15. In Madagascar, the teams operated mainly on children. Over 50% of the 154 patients operated on during the five missions were under the age of five. The teams specialise in operations for cleft lips and palates and abdominal conditions.

Highly complex operations were also carried out on patients with meningoencephaloceles (Cambodia) and victims of accidental (Mongolia and Benin) and intentional (Pakistan) burns.

29 YEARS OF OPÉRATION SOURIRE ACROSS THE WORLD

Opération Sourire’s volunteer medical teams have been providing reconstructive surgery since 1989 to patients otherwise unable to access it. In 29 years, almost 17,000 patients have been operated on in around ten different countries.

Opération Sourire is a humanitarian surgical programme which remains highly relevant, given the scale of the needs which still exists and the results achieved (skills transfer, treatment of complex conditions and patient follow-up and reintegration).

PROSPECTS AND CHALLENGES

MdM France is planning ten surgical missions for 2019. An evaluation process (Cambodia, Madagascar and Pakistan) will take place in 2019 in various locations. Finally, in collaboration with the MdM network, Opération Sourire will be the subject of a publicity campaign to mark 30 years of the project. There will be a focus on the care provided to patients and their families.
COORDINATION

Volunteer members: Dr Isabelle Barthélémy, Dr François Foussadier and Dr Frédéric Lauwers
Headquarters: Sophie Poisson

PROGRAMME COUNTRIES

Benin, Cambodia, Madagascar, Mongolia and Pakistan

BUDGET

€250,000

PARTNER

Fondation d’entreprise L’Oréal
Rural France is particularly affected by these tensions. The steady disengagement of public services in areas such as the Auvergne and the Upper Valley of the Aude (Occitanie region), for example, is making access to rights and healthcare increasingly difficult.

**GROWING INSECURITY**

The people we see in our work, whether in mainland France or the overseas departments of French Guiana, Reunion and Mayotte, are among the most vulnerable. Their vulnerability can be due to a range of factors such as financial difficulties, joblessness and relationship breakdowns, but it is heightened considerably when they lose their homes and find themselves living on the streets or in insecure accommodation. According to an INSEE report (French institute of national statistics), in 2012 there were 140,000 homeless people in France. This number is likely to have risen since then, despite the pledges made by President Macron who, in July 2017, declared: “By the end of the year I don’t want to have men and women [living] on the streets.”

MdM is engaged in regular dialogue with the government. During the first half of 2018, along with other civil society representatives, we contributed our ideas to the “anti-poverty plan” being developed by the government. However, by the end of the exercise it was clear that access to healthcare for the most vulnerable was still not a priority and that our pleas to improve our healthcare system by simplifying access and removing obstacles to medical insurance for all had fallen on deaf ears. But MdM will continue lobbying for State Medical Aid (AME) to be replaced by an accessible general social security scheme extended to everyone living in France.

**HARROWING MIGRATION JOURNEYS**

Meanwhile we are seeing a deterioration in the health of people who have endured gruelling migration journeys and then experienced appalling conditions on reaching France. These conditions were condemned by the Defender of Rights in a report published in December 2018.

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1. INSEE, L’hébergement des sans-domicile en 2012 (Accommodation for the homeless in 2012).
The report notes “worrying findings” and “unprecedented violations of fundamental rights”, in particular persistent obstacles to initiating the asylum process, measures to stop people from settling and “the sometimes unjustified use of force”.

It also states that, “in the absence of a national policy to ensure proper reception for new arrivals, local groups and charities are forced to act alone in a context where some acts of solidarity are criminalised”. Throughout the year our teams observed and condemned such situations in the Hauts-de-France region, for example, as well as on the border between France and Italy and in Paris. We again regret that the French and European response to the migration challenge continues to focus exclusively on security issues, at the expense of the law and solidarity.

On a more positive note, 2018 saw further strengthening of relationships between associations, citizens’ groups and concerned individuals and greater coherence in their actions, leading to a coalition of solidarity and common purpose. The effectiveness of these partnerships can be seen in their approach to institutions in the regions, achieving improvements to care for unaccompanied minors in Gironde and Calvados, for example. These dynamics are echoed at national level with increasingly coordinated actions with our partners to defend the principle of unconditional access to emergency accommodation facilities and fight against the denial of healthcare, for example.

There were many challenges in 2018 and we will continue meeting them in the coming years, both in the name of MdM and with others.

1. Défenseur des droits, Exilés et droits fondamentaux, trois ans après le rapport Calais (Migrants and fundamental rights three years after the Calais report), December 2018.
Projects in rural areas, on the streets, in slums and with migrants...

Healthcare, advice and referral centres (CASOs)

Buddying for children in hospital

Projects supporting sex workers

Projects supporting people who use drugs

Projects supporting people in prison

Projects supporting unaccompanied-minors from abroad

Improving access to screening for cervical cancer

HIV / hepatitis / STI / tuberculosis prevention

Outreach actions

Actions in the MdM centres

Cross-cutting programmes
MdM France’s Observatory on Access to Healthcare and Rights was established in 2000 to document the difficulties our service users experience in accessing mainstream health services. The Observatory is a tool to help development understanding of vulnerable groups often left out of official public statistics, and also to steer our programmes and advocacy activities.

It enables us to develop proposals based on objective data and experience on the ground. MdM uses this information to lobby politicians, officials and healthcare professionals in order to improve access to healthcare and other rights for vulnerable and excluded groups.

OUR WORK

The Observatory assists all MdM’s programmes in France with data collection in order to gather objective information for communication and advocacy. The Observatory produces an annual report which is published each year on 17 October, International Day for the Eradication of Poverty. This is an opportunity to alert and challenge all stakeholders and public authorities with regard to the needs and difficulties these groups face in accessing their rights and care. The aim is to provide clear and well-documented evidence of the health problems experienced by the people served by our programmes, their difficulties in accessing care in our healthcare system and the obstacles they encounter in exercising their rights effectively.

The report is based on data collected from all our programmes by our field teams and includes observations on providing access to care and the difficulties which exist, as well as monitoring changes in legislative and regulatory provisions.

KEY FIGURES

In 2018, our 15 Healthcare, advice and referral centres (CASOs) and Reception, referral and support centres (CAOAs) saw a total of 24,056 service users.

- 26,507 medical consultations (general and specialist)
- 1,939 dental consultations
- 7,721 paramedical and prevention consultations
- 14,499 social consultations

The average age of patients is 32.

- 14.8% were under 18
- 97.3% were of foreign origin
- 98% were living below the poverty line
HEALTHCARE, ADVICE AND REFERRAL CENTRES
MdM’s healthcare, advice and referral centres (CASOs) offer medical and social support for anyone encountering problems accessing healthcare in France. In 2018, we ran 14 CASOs whose role is to facilitate access to healthcare, prevention services and rights for people with serious issues or who are excluded and don’t know their rights or don’t know how to exercise them.

These people are able to attend the centres free of charge and see a range of healthcare professionals for consultations and medical assessments before being referred to local medical facilities and social services. They can also receive help with administrative procedures from social work professionals in order to obtain health insurance. MdM offers nursing care, medical consultations and information on the prevention of infectious diseases and testing for certain conditions. For people born abroad, for whom the migration process may have caused physical and psychological health issues, psychosocial support and mental healthcare provision are gradually being developed.

We document the situations encountered in order to gather evidence of existing barriers to healthcare for use in lobbying the health authorities. Medical and social data collected from the people we see are complemented by personal accounts which illustrate the impact on health of living on the streets or in insecure accommodation, the lack of support services (such as interpreting and health mediation) and the fragility of unaccompanied minors.

We lobby institutions for access to the appropriate mainstream services for these people (free medical centres – PASS, mather and child welfare centres, community mental health centres, etc.). We also campaign for service users to be treated with respect and for their access to rights to be simplified (removal of the need for a registered address and merging of the AME and CMU health coverage systems). We advocate for health for all, regardless of administrative status.

In 2018, the centres which collected data:
- saw 24,056 people,
- provided 50,707 consultations in 45,764 visits.

In comparison with 2017, there was a 1.1 % reduction in the number of active cases and 4.3 % reduction in consultations in 2018, and 76.8 % of those seen were first-time service users, representing 18,470 new patients for MdM France.

The majority of service users (8 out of 10) first attended a CASO because they were told about it by another service user rather than because they were referred by another service. 5 % were referred by a healthcare facility and 2 % by another MdM programme. Finally, 15 % were referred to us by an institution, association or other service.

WORK IN PRISON SETTINGS
Since 2011, MdM has been looking at the health challenges faced by people in the justice system. The latest study by the French Institute for Public Health Surveillance (2014) reveals that certain health problems are over-represented in this context, including psychiatric conditions, addictions, infectious diseases (HIV and hepatitis), disabilities and impairments and self-harm.

MdM has set up two prison-setting projects, one in Marseille for people prior to their imprisonment and the other in Nantes, promoting a community approach to healthcare. These projects inform our national advocacy work and may potentially be replicated across the country.

MdM promotes:
The establishment of alternatives to prison which would develop the skills of people with severe psychiatric issues instead of locking them up.

Support for people by promoting empowerment through housing.

Promotion in prison settings of all aspects of health.

Equivalent health provision in prisons (harm reduction) as foreseen in the law of 18 January 1994.

Recognition of the views of people in prison and the possibility of collective action to establish health improvement measures.

Consideration of health issues in a context focused primarily on security. This implies collaboration between healthcare professionals and prison staff, each within their own roles, to help improve inmates’ health.
WORK IN RURAL AND URBAN AREAS

MdM works in the areas most affected by the steady deterioration in access to healthcare in France, the economic crisis and increasing levels of vulnerability and poverty.

Since March 2016, we have been working to promote access to healthcare in the urban district of Lille-Sud. The aim is to find a better way of tackling “hidden vulnerabilities” through a health promotion approach and enhancing the population’s individual and collective capacities with regard to health education, prevention and health practices.

Precarity is no longer confined to cities. This phenomenon is increasingly prevalent in rural areas, compounding their already inherent problems. Since 2013, MdM has been addressing difficulties in access to healthcare in rural areas through two programmes:

The RESCORDA programme, based in Combrailles (Auvergne), supports access to and coordination of healthcare for people living in vulnerable situations who find it difficult to access their rights and healthcare. Based on a “reaching-out” approach, the programme is strongly rooted in the reality of people’s situations and assesses their social and health needs. The aim is to develop tailored and ongoing support until these people are able to integrate mainstream services.

In the Upper Valley of the Aude, MdM is empowering individuals in vulnerable situations to access healthcare. Based in partner organisations, the team organises medical and social welfare sessions that are accessible to all, and provides outreach services for people living in areas without local healthcare facilities, especially people who use psychoactive substances.

These three programmes employ healthcare mediators and promote healthcare mediation - an appropriate approach for people who have lost touch with the healthcare system.
PROMOTING THE HEALTH OF HOMELESS PEOPLE

Our mobile teams working with homeless people are finding increasing numbers of young people, women and children living in extremely vulnerable situations. Some of them attend our CASOs where 91% of patients say they don’t have their own place to live. Emergency accommodation facilities are at bursting point and many homeless people are too discouraged to even try the emergency phone line. Life on the streets heightens their exclusion and has a serious impact on their health.

OUR WORK

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

- Support with administrative procedures.
- Medical consultations, psychosocial support and health mediation.
- Information and awareness-raising on housing and vulnerability issues for medical staff and social workers.
- Health monitoring.

MdM’s actions highlight the effects of homelessness on health and the difficulties encountered when homeless people try to exercise their rights and access healthcare. In addition to their work on the ground, MdM’s teams lobby institutions for suitable accommodation and housing measures, as well as for outreach initiatives that will enable those who are most excluded to receive medical and psychosocial support and gain access to effective, long-term healthcare.

PROMOTING HEALTH MONITORING IN SQUATS AND SLUMS

Our teams working in squats and slums are witness to the consequences on people’s health of extremely insecure housing and repeated evictions. Eviction without rehousing means slum dwellers are left to their own devices and disconnected from the healthcare system. Continuity of care is disrupted and it becomes difficult to prevent and control epidemics. And, because of the language barrier, poor knowledge of the French healthcare system, the number of obstacles to accessing rights and the long processing times, people struggle to obtain State Medical Aid (AME) or access to the Universal Health Protection Scheme (PUMA).

The Government Inquiry of 25 January 2018, which focused on the eradication of slums, is a sign that sustainable solutions are being sought, but we are yet to see any significant changes to practices on the ground. On the contrary, there were more evictions in 2018 than in 2017.

OUR WORK

MdM works in squats and slums to ensure access to healthcare and rights to the people living there and guide them towards healthcare facilities. We place a particular focus on the health of women and children.

Health mediation is particularly helpful here. MdM’s health mediators work with partners from other organisations and mainstream services to improve the provision of care and treatment for people living in slums, enhancing their ability to access healthcare and rights independently.

THE HEALTH OF HOMELESS OR POORLY HOUSED PEOPLE
MdM supports a policy of gradual slum clearance with the participation of the people living there, but stresses the importance of collaborative solutions planned well in advance of evictions and offering appropriate, long-term alternative housing. Where no satisfactory provisions are made, or while this consultation process is taking place, we lobby for the temporary stabilisation of the situation and improvements to sanitary conditions.

**HEALTH AND HARMFUL ENVIRONMENTS**

The health of people living in slums is affected by their living environment. MdM’s teams in Marseilles have placed this issue at the heart of their activity and are running a programme which includes improving living conditions in slums.

There are many environmental factors which can be harmful to health: water, toilets, waste management, the wood used for heating, scrap metal dealing, air pollution in poorly ventilated and particularly exposed areas, vermin, etc.

We are lobbying the authorities to provide access to water - which is fundamental, but also to toilets and waste collection, regardless of where people are living.
According to the annual report by the UN High Commissioner for Refugees (UNHCR) published in June 2018, the number of people forcibly displaced worldwide reached a record high of 68.5 million at the end of 2017. In France, asylum claims rose by 22% in 2018. The Office for the Protection of Refugees and Stateless Persons (OFPRA) registered 122,743 applications. Protection was granted to 46,700 people, including minors.

MdM works with migrants on most of its programmes in France. Our teams provide nursing care, medical consultations and prevention services at health centres and through mobile units. Account is also taken of the physical and psychological suffering experienced during migration.

Working as closely as possible with people wherever they live, MdM documents and denounces their living conditions in France: substandard or non-existent accommodation, no access to water, police violence, etc. MdM campaigns for everyone to be treated with dignity, whatever their migration status, for their fundamental rights to be respected and for access to unconditional, high-quality care.

FRENCH-ITALIAN BORDER

Italy is on one of the main migration routes of people seeking to continue their journey across Europe. Following the resumption of border controls by France in June 2015, thousands of people found themselves stranded in Ventimiglia in conditions which violated their fundamental rights. People then tried to bypass the border posts to enter France by any route possible, initially through the Roya Valley and then, more recently, via the Col de l’Échelle and Montgenèvre to get to Briançon.

Cross-border regions have become places where human rights are regularly breached, whether through failure to respect the right to asylum and the right to protection for minors or the use of violence and intimidation. Many people who live in these areas have been remanded in police custody or even prosecuted for “aiding illegal residence” - the crime of solidarity.

Despite action by citizens, reception facilities remain inadequate and there are significant healthcare needs. MdM is supporting initiatives by healthcare workers and citizens’ groups from the Roya Valley and Briançon, as well as their Italian counterparts.

In Briançon, around 5,600 people have passed through the Refuge Solidaire, one of MdM’s partners. We are working with local actors here to complement existing healthcare and reception services, providing medical check-ups, first aid and referrals where necessary, as well as a person to talk to for migrants but also for caregivers and volunteers.

PARIS

In Paris the situation deteriorated still further in 2018, despite the establishment by the Île-de-France Prefecture of three day centres and four reception and assessment centres (CAES). Unfortunately, given the large number of migrants on the streets, these new facilities are still insufficient. They also make provision of accommodation conditional on the person’s administrative status, targeting “first-timer” asylum seekers and side-lining those subject to Dublin Regulation, rejected asylum seekers and undocumented people, despite their extreme vulnerability.

The situation on the streets has also become harder. Obstacles and barriers have been put in place to prevent sites from being used as camps, and police in large numbers are systematically dispersing migrants with the purpose of implementing an effective “invisibility policy.” As a result, camps and gathering places are now only found in distant and isolated locations, where migrants are at the mercy of people smugglers and trafficking of all kinds.

Consequently, MdM’s mobile health monitoring unit saw a 57% increase in activity over the course of the year, with the number of medical consultations up from 2,209 in 2017 to 3,467 in 2018. To support this activity, we also set up a reception and psychological and legal counselling service specifically for migrants from the camps and brought the different field operators together to lobby the authorities about the situation.
CALAIS, GRANDE-SYNTHE AND DUNKIRK
Since the dismantling of the “Jungle” camp in Calais in October 2016 and the fire at the Grande-Synthe camp in February 2017, the situation on the border between France and the UK has continued to deteriorate. A dark and brutal period of ‘zero tolerance’ of any form of encampments or settlement has seen people who are already in exile condemned to perpetual vagrancy, with nowhere to turn for help and no personal or family space in which to take refuge. The repeated dismantlement of shelters, inappropriate removal procedures, systematic destruction of belongings, breaches of the most basic rights, additional high-level security around infrastructures and the erection of fences and barbed wire are among the extremely harsh measures taken to prevent new settlements from being established.

During the summer of 2018, around 3,000 men, women and children were stranded at the border, awaiting a solution or entry to the UK. The miserable and degrading living conditions caused significant physical and psychological suffering. MdM ran three mobile outreach clinics at maximum operational capacity every week and provided mental healthcare and psychosocial support for the most vulnerable. Support was also provided for healthcare facilities and essential supplies were distributed. During 2018, a total of 171 outreach sessions were run and more than 3,000 people were seen by a team of 40 volunteers and staff members.

CAFFIM
In response to violations of the fundamental rights of migrants and refugees on the border between France and Italy, Amnesty International France, La Cimade, MSF France, Secours Catholique and MdM France have joined forces to strengthen their support for local French and Italian actors. The aim of this coordinated action for migrants on the French-Italian border (CAFFIM) is to provide support for local initiatives on both sides in order to meet the urgent need to protect and defend the rights of refugees and migrants.
SEXUAL AND REPRODUCTIVE HEALTH

MdM took part in developing a roadmap for France's National Sexual Health Strategy 2018-2030. The objective of this strategy is to improve sexual and reproductive health by ensuring that everyone can have an independent, satisfying and safe sex life and that their rights in this area are respected. It also aims to eliminate epidemics of sexually transmitted infections which are a major public health issue.

HIV, STI AND TB PREVENTION PROJECT

Our teams work with vulnerable patients, mainly foreign nationals from regions with a high prevalence of HIV, hepatitis B and C and TB.

**OUR WORK**
- Strengthening prevention: providing programmes with prevention materials and supplies (leaflets, condoms, injection equipment etc.) and one-to-one and group sessions.
- Improving access to screening: information, referrals and testing for STIs, hepatitis B & C and tuberculosis, in partnership with public agencies and local laboratories. Rapid diagnostic tests (RDTs) are offered for HIV, HCV and syphilis.
- Facilitating access to care: partnerships with mainstream health services and physical and psychological support for patients.
- Documenting people’s experiences in relation to these diseases.

**KEY FIGURES**
- 88 health and social care professionals trained in counselling and RDT techniques.
- Over 1,800 one-to-one prevention sessions delivered in 2018.

**CHALLENGES**
- To develop tailored and innovative access to screening.

CERVICAL CANCER PREVENTION

Screening for cervical cancer by means of a smear test has halved the number of deaths from the disease in France. However, cervical cancer still affects over 3,000 women every year.

**OUR WORK**

Our interventional research project in partnership with the French National Cancer Institute concluded in December 2018. The aim was to improve access to cervical cancer screening and promote gynaecological check-ups as part of mainstream health services by offering special prevention consultations which may or may not include the option of a vaginal self-sampling kit for the detection of human papillomavirus (HPV) and possible referral for a cervical smear test.

**KEY FIGURES**
- 7 programmes (CASOs, CAOAs, squats and sex work) in 4 cities (Bordeaux, Lyon, Paris and Rouen).
- 23 partner centres (mother and child welfare centres, family planning and education centres, municipal health centres and GPs).
- 32 volunteers and staff were trained by the programmes.
- 398 women took part in the special prevention consultation.
- 166 women were referred to partner services for a smear test.
- 185 women did a self-sampling test and were then referred for a smear test.

**CHALLENGES**
- To improve access to cervical cancer screening.
- To strengthen SRH prevention work.
- To facilitate access to care through advocacy and then partnerships with mainstream services.
Our harm reduction strategy 2017-2021 draws on MdM’s fundamental principles of caring, bearing witness and advocating, and supporting communities seeking social change. It is an extension of our political combat on behalf of and alongside people who use drugs, sex workers and sexual and gender minorities. Its main objectives are to improve health and access to rights and break down the legal, regulatory and social barriers which marginalise these groups and exclude them from health services.

**DRUG USE**

Despite the fact that harm reduction is now recognised and incorporated into the law of 2004, MdM’s actions are still hampered by a legal framework which continues to criminalise and stigmatise people who use drugs.

**OUR WORK**

Our “XBT” programme coordinates the drug analyses carried out by a network of partners throughout the country. The idea is to gain more knowledge of substances and their effects in order to mitigate the risks associated with their use.

**KEY FIGURES**

Over 1,000 samples collected and analysed by MdM and its network of 40 partners.

**CHALLENGES**

The Justice Bill came up for debate in the French parliament in 2018. This Bill included a proposal to introduce a fixed-sum tort fine for the offence of illegal drug use. Several organisations, including MdM, Aides, Fédération Addiction, Ligue des droits de l’Homme and the Syndicat de la Magistrature, came together to publish a white paper condemning the potentially harmful consequences of this reform on the health and rights of people who use drugs.

**SEX WORK**

MdM and a group of associations have conducted joint research into the impact of Law no. 2016-444 on the health and rights of sex workers. Carried out over a period of two years, this research, which was published in April 2018, has revealed that the law is in fact driving sex work underground, making it harder for sex workers to earn a living, reducing their access to health services, undermining prevention strategies and increasing the number of violent attacks on sex workers by their clients.

**OUR WORK**

MdM’s objective is to improve the health of sex workers by reducing the risks to which they are exposed and ensuring their needs are taken into account by health and prevention services.

**KEY FIGURES**

In 2018, over 120 volunteers worked on MdM’s four programmes in Montpellier, Paris, Poitiers and Rouen, taking 18,000 contacts and offering support to almost 1,800 people.

**CHALLENGES**

An application for a “Priority Preliminary Ruling on the Issue of Constitutionality” was submitted to the Conseil Constitutionnel [Constitutional Council] in November 2018 to draw attention to the harmful consequences of Law no. 2016-444 on the health and protection of individuals.
It is estimated that over three million children are currently living below the poverty line in France, with over 30,000 homeless and 9,000 living in slums1.

UNACCOMPANIED CHILDREN AND TEENAGERS
Half of the 68.5 million displaced people worldwide are children and many of them are alone, without their parents. Fleeing war, violence or discrimination, they risk their lives on perilous migration journeys in search of a better future. Yet, the majority of unaccompanied minors fall victim to physical and psychological violence, sexual abuse and human trafficking.

Instead of being protected as children at risk, they are considered first and foremost as migrants. Their identity and their integrity are called into question in the course of brief, subjective and inhumane assessments and, as a result, almost three quarters of young people presenting as unaccompanied minors are given no protection and are placed in an impossible situation. Forced to live on the streets, with no protection or help to access their rights, they are at an even greater risk of violence.

MdM works with unaccompanied minors who are excluded from child protection services. Our teams offer them a sympathetic ear, healthcare and assistance with securing recognition of their rights.

We also advocate for them to be recognised as children at risk rather than young migrants, and for all necessary measures to be taken to protect them, provide them with access to healthcare and education and ensure their wellbeing and their future in accordance with the best interests of the child.

BUDDYING
Launched in 1988 at the Necker Children’s Hospital in Paris, the buddying programme for children in hospital has since been extended to a number of health centres in the Paris region, French Guiana (until July 2016) and Reunion.

The programme has developed unique practices in the support and care of extremely vulnerable hospitalised children and supported almost 2,600 children since it was first introduced.

After being supported by MdM for 30 years, we have spent the last two years preparing to transfer the buddying programme to the organisation, Chaîne de l’espoir (chain of hope), which took over on 1 January 2019.
The situation in the Overseas Territories was contrasting in 2018, with tension in the Indian Ocean and a return to calm in French Guiana after the events of 2017 which had paralysed Cayenne for several weeks.

**INDIAN OCEAN**

**MAYOTTE**

The year began with a two-month general strike in Mayotte. The people’s demands focused on the island’s security and migration situation, with a dangerous tendency to conflate delinquency and migrants. In meetings with the prefect and the overseas territories ministry, MdM and its partners alerted the authorities to the risks of this kind of distortion and reminded them of the scale of the needs for public services in Mayotte.

The security situation during this period deteriorated to such an extent that MdM was forced to suspend its activities for a number of weeks as it was impossible to travel around the island. These internal events in Mayotte were accompanied by serious diplomatic tensions between France and the Comoros.

Furthermore, Mayotte experienced seismic tremors on an almost daily basis over a period of several months, causing great concern among the residents and the authorities. This did not prevent our teams from carrying out medical interventions and social work or from implementing environmental health prevention measures (rubbish collection campaigns) in the slums of Kaweni.

**REUNION**

Our team on the island of Reunion continued its diagnostic work in Saint-Louis and began medical outreach services with the help of a new truck. At the end of the year, the regional teams were working hard to ensure access to rights and healthcare for dozens of migrants who had arrived by boat from Sri Lanka.

**FRENCH GUIANA**

The bottleneck in public health services in French Guiana was relieved somewhat in 2018 and waiting periods for obtaining healthcare entitlements and medical appointments at the free healthcare centres (PASS) were reduced considerably.

Thanks to this return to a certain level of stability, the teams were able to consolidate the health promotion and social support project in place in various districts of Cayenne and continue their prevention work with MdM’s network of partners. A mobile medical outreach team was also set up and now runs clinics once a week.
MdM’s Autumn Seminar took place in Nancy on 13 and 14 October 2018. The theme was “Hostile environments - what position should MdM adopt and how should our resistance be expressed?”

The 89 participants (from the field and headquarters in France and internationally) talked about what NGOs in France and across the world could do in response to toughening policies at the national and international levels. Three workshops were organised to explore different approaches and review our current practices:

- Inter-organisational relations and networks: how to increase our influence?
- Legal tools: to what extent can legal action function as a lever? How can a legal victory be translated into concrete action?
- Citizen mobilisation as a means of becoming more audible and impactful and increasing public awareness: a tool for MdM?

The example was given of a successful campaign for sexual and reproductive rights which enabled us to develop our engagement and influence at local and international level. A key aspect of the discussion was how to work with our key populations to enhance their capacity to act and increase their involvement in campaigning and advocacy. Generally-speaking, despite continuing and severe difficulties in accessing healthcare and rights both internationally and in France, opportunities were seen to be emerging via new citizen-based movements. Progress is also being made via legal action and there appears to be more willingness among organisations to work together in networks and partnerships. These are all areas that we must continue to support in the future.

Significant efforts were made throughout 2018 to clarify roles and responsibilities in MdM’s regional offices in France – efforts which mobilised all our regional delegates and coordinators, secretaries general and Board member delegates for France and the French Operations Directorate. Methodological support was provided by the Horizon 2025 team (the service which provides support for organisational change activities), with additional assistance coming from a société coopérative à intérêt collectif - SCIC (cooperative society of collective interest).

We have now clearly defined the responsibilities of regional “college” members and regional coordinators by updating the mandates of the delegates, secretaries, treasurers and regional “colleges” (management committees). These new mandates have been approved by the Board.
<table>
<thead>
<tr>
<th>REGIONAL OFFICES</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
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</thead>
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ACTIVITIES IN 2018
Between 1990 and the end of 2018 a total of 4,237 children were supported by MdM in its role as an approved adoption organisation.

In 2018:
- 14 children arrived in France for adoption.
- Follow-up was provided for 179 children by teams at our regional offices and headquarters.

This year marked the end of the agreement on targets and resources signed between MdM and the Ministry for Europe and Foreign Affairs on 8 June 2015.

Relationships have been maintained with the central authorities in the children’s countries of origin, notably with the help of a mission in Haiti.

With a substantial decline in the level of activity, a reduced team of volunteers and staff members is still actively involved in meeting commitments and ensuring scheduled tasks are completed.

Continued communication work:
- Showing of the documentary “Adoption story” on France 2 channel’s Infrarouge programme.

EXPERTISE
As the final reports are published, it is becoming clear that MdM has played an important and distinctive role over the last three decades as an approved and legitimate adoption agency specialised in providing support for the most vulnerable children – children with special needs. It is still recognised by all those involved in adoption for its ethical approach, the support it has provided to families, its professionalism and its expertise.

Head of mission: Zohra Clet
Executive Director: Joël Weiler

Members of the Adoption Committee representing the Board: Dr Philippe de Botton (endocrinologist), Alexandre Kamarotos (Director of Defence for Children International).

Human resources: 3 employees and 78 volunteers work on the adoption programme, with the work divided between headquarters and the regional offices.
In 2018, in addition to shaping its governance structure and strengthening its impact by sharing experiences and implementing joint programmes and advocacy work, the MdM International Network also welcomed a new member, bringing the total to sixteen.

**Strengthening the Network**

In 2018, MdM France worked intensively on strengthening the international network and modifying its structure. The training services delivered training to 30 people from seven different MdM member associations. These people attended MdM’s induction training, as well as training in logistics, security and project planning. This capacity-building also took the form of programme support missions, secondment of human resources and opportunities to share experiences at headquarters and on MdM France programmes. The aim was to strengthen MdM’s identity through the 16 members of the network and improve the coherency and synergy between our projects.

**Finalising the Roadmap**

Between 1 and 3 October 2018, the presidents and executive directors from the MdM network met in Berlin for the Annual General Assembly. This meeting marked the end of the roadmap process, a two-year project for shaping the structure of the network and increasing the impact of our actions. At the end of this process, a new system of governance was adopted which is more structured and involves more power-sharing.

The directors and presidents also agreed on a series of procedures and principles to improve the coordination of our public statements and external communications. They also approved a document presenting the objectives and financial and fundraising mechanisms for sharing financial resources within the network. The participants further committed to implementing a joint initiative on gender-based violence over the next two years.

**Accession of MdM Turkey**

In October 2018, following an accession process of around a year, MdM Turkey became the sixteenth member of the MdM network. Initially set up by MdM France to facilitate the implementation of programmes in Syria across the Turkish border, the organisation gradually developed and became a Turkish non-governmental organisation with its own internal structures, strategy and projects. The organisation also supports MdM France as a rear base for the implementation of projects in northern Syria. It has a budget of around €10 million and about 100 workers.

Since the beginning of the crises in Iraq and Syria, many people have crossed the Turkish border. This influx has put the country’s public services under considerable pressure, especially the health service which has greatly restricted access for migrants and refugees. MdM Turkey is implementing projects to improve health services (primary healthcare, sexual and reproductive
health, mental healthcare and referrals) for the refugee and migrant communities in the Turkish provinces of Hatay, Izmir and Istanbul.

**RESPONSE TO THE EMERGENCY IN GAZA**

Since March 2018, thousands of Palestinians have been demonstrating every Friday as part of the “Great March of Return”, demanding their rights to the land from which they were expelled and calling for an end to the blockade of Gaza. With over 29,000 injured and 195 people killed, the Israeli response has been brutal and brought Gaza’s fragile healthcare system to the brink of collapse.

To assist the Ministry of Health, MdM France and Spain implemented a joint response to relieve the healthcare system, in particular the hospitals, by supporting healthcare staff (training in triage and patient flow management and support for post-operative care) and providing medicines and medical supplies. An orthopaedic surgery team also helped to clear the long waiting list of patients, and psychosocial support services were integrated into the emergency department at the Al-Aqsa hospital.
CAMPAIGNING FOR ACCESS TO MEDICINES

Since 2014, the MdM network has been campaigning about the pricing of and access to medicines. The focus has been on hepatitis C treatments, including sofosbuvir, produced by Gilead Sciences. Sofosbuvir was introduced in Europe at prices reaching €50,000 per person, forcing countries to introduce rationing. In response to this breakdown of universal access, the MdM network advocated for lower prices and an end to rationing. To achieve this, we decided to challenge the legitimacy of the intellectual property of Sofosbuvir and therefore of monopolies as a barrier to health, taking the case to the European Patent Office.

In 2018, the 11 European members of the MdM network joined forces with Médecins sans Frontières and national organisations to contest the validity of the patent on the base compound of sofosbuvir. The judgment was delivered in Munich in September 2018. Gilead Sciences was required to amend its patent and the challenge provided decisive elements for two other challenges underway in Brazil and China. While the decision has not enabled the patent to be revoked and generics to be obtained at reasonable prices, it has at least made intellectual property in relation to medicines a topic for public debate in Europe. This joint campaign has also enabled the European MdM associations to pursue their advocacy work on drug pricing at the national level.

KEY FIGURES

In total, the MdM international network ran 373 programmes in 73 countries.

155 international programmes in 57 countries:
- Africa
- Americas
- Asia
- Middle East
- Europe

218 national programmes in the network’s 16 countries:
- Americas
- Europe
- Asia

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155 international programmes in 57 countries:
- Africa: 79 programmes in 26 countries
- Americas: 29 programmes in 9 countries
- Asia: 20 programmes in 10 countries
- Middle East: 16 programmes in 5 countries
- Europe: 11 programmes in 7 countries

218 national programmes in the network’s 16 countries:
- Americas: 12 programmes in 3 countries
- Europe: 204 programmes in 12 countries
- Asia: 2 programmes in 1 country
THE ASSOCIATIONS

MDM ARGENTINA
www.mdm.org.ar
President: Ms Jimena Marro

MDM BELGIUM
www.medecinsdumonde.be
President: Dr Ri De Ridder

MDM CANADA
www.medecinsdumonde.ca
President: Dr Nicolas Bergeron

MDM FRANCE
www.medecinsdumonde.org
President: Dr Philippe de Botton

MDM GERMANY
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President: Professor Heinz-Jochen Zenker

MDM GREECE
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President: Dr Nikitas Kanakis

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President: Mr Gaël Austin

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President: Dr Jean Bottu

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President: Dr Awj Teunissen

MDM PORTUGAL
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President: Dr Fernando Vasco

MDM SPAIN
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MDM SWEDEN
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President: Dr Hanna Ingelman-Sundberg

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President: Dr Dominik Schmid

MDM TURKEY
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President: Mr Hakan Bilgin

MDM UNITED KINGDOM
www.doctorsoftheworld.org.uk
President: Mr Tim Dudderidge

MDM UNITED STATES
www.doctorsoftheworld.org
President: Professor Ron Waldman
RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY
MdM is accredited by the International Committee on Fundraising Organizations (ICFO) and operates in strict compliance with the ICFO’s Charter, notably its principles of rigorous management and financial transparency.

AUDITS BY EXTERNAL ORGANISATIONS
MdM is subject to controls by the French public audit office (Cour des Comptes). Our accounts are certified by its statutory auditors, Deloitte.
Other in-depth audits are carried out by public funding agencies, whether French (French Development Agency), European (especially ECHO, the European Commission’s humanitarian agency) or international (such as the United Nations).

DONORS’ COMMITTEE
An independent donors’ committee regularly analyses and reviews MdM’s work.

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

Our full financial report is available on our website medicinsdumonde.org
**Expenditure**
- 81.9% social programmes
- 14.7% fundraising
- 3.4% operating costs

**Income**
- 48% public donations
- 47.5% grants from public institutions
- 3.2% private grants and other private funds
- 1.3% other

*Statement of expenditure - new method
**Excluding changes in provisions and dedicated funds
Institutional Relations

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 in the name of the NGOs concerned.

European Union (EU)
The two main EU institutions concerned with solidarity are the European Commission’s Humanitarian Aid Office (DG ECHO) and the International Development and Cooperation Programme (DG DEVCo), whose funding is provided by the EuropeAid mechanism (AIDCo). Since 2015, through its European network, MdM has also secured funding from DG SANTE and its Consumers, Health, Agriculture and Food Executive Agency for projects in support of migrants. In 2018, MdM, also through its European network; secured funding from DG JUST for its projects in support of migrants in Europe. Lastly, in 2017 and 2018, MdM was a sub-recipient of grants from the European Union Trust Funds.

DG ECHO’s mandate is to provide aid and emergency relief to communities affected by natural disasters or conflicts outside the EU. DG ECHO works in partnership with around 200 organisations (European NGOs, the Red Cross network and specialist United Nations agencies). In 2017, ECHO allocated €2.2 billion to humanitarian aid projects, 31% of which went to NGOs.

DG DEVCo, via EuropeAid, is responsible for implementing the aid mechanisms of the European Commission, one of the main contributors of official development assistance.

For several years now, MdM has been a particularly active member of the Brussels-based NGO collective, VOICE (Voluntary Organisations in Cooperation in Emergencies), which is an interface between European humanitarian aid NGOs and EU institutions (European Commission/DG ECHO, European Parliament and member States). VOICE brings together over 80 of Europe’s largest and most influential NGOs. MdM France, representing the MdM network, participates in several VOICE working groups (‘FPA Watch Group’, ‘Grand Bargain Monitoring Group’, etc.).

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

The Council of Europe (CoE) brings together 46 European States. MdM’s international network has consultative status with the CoE and is a member of INGO-Service, a liaison group of NGOs with this status.

United Nations (UN)
The Economic and Social Council (ECOSOC) is the main coordinating body for the economic and social activities of the UN, its specialist bodies and institutions. MdM’s network has level 1 consultative status (the highest level), allowing it to conduct lobbying actions, notably directed at the Human Rights Commission. It has observer status on this subsidiary body of ECOSOC.

MdM’s international network has representation at the High Commission for Refugees (UNHCR), the World Health Organization and the UN Office for the Coordination of Humanitarian Affairs (OCHA).

Since the start of 2018, MdM is recognised as an official partner of WHO and is an active member of the civil society reference group working on WHO recommendations concerning viral hepatitis.
MdM is a member of the International Council of Voluntary Organisations (ICVA), a Geneva-based network of NGOs that focuses on humanitarian issues. ICVA brings together over 100 international NGOs. Its aim is to promote and advocate for more effective and ethical humanitarian action. It works with UN bodies, tackling issues such as relations between aid workers and the military, the protection of civilians in armed conflicts and increased funding for international and national NGOs.

THE GLOBAL FUND
The Global Fund against AIDS, Tuberculosis and Malaria is an international multilateral donor created in 2002 which allocates grants to combat AIDS, tuberculosis and malaria. The Global Fund collects and invests almost 4 billion US dollars each year. Since 2002, the Global Fund has provided HIV treatment to 8.6 million people, TB treatment to 15 million people and distributed 600 million insecticide-treated mosquito nets to prevent malaria in 150 countries, and supports large-scale prevention and treatment programmes for these three diseases. MdM also receives funding from the 5% initiative, an additional contribution by France to the Global Fund managed by Expertise France.

FRENCH DEVELOPMENT AGENCY
The French Development Agency (AFD) is a financial institution that provides official development assistance to low-income countries. Its aim is to contribute funding to development projects. Since 2009, the AFD has funded French NGOs through its NGO Partnership Division (DPO), which is responsible for managing partnerships with NGOs and monitoring the initiatives funded by the AFD. As a member of Coordination Sud, MdM takes part in discussions between French NGOs and the AFD on the AFD’s strategy and funding modalities. In addition, MdM has partnered the AFD on two sexual and reproductive health projects (France’s “Muskoka Fund”) in Haiti and Madagascar as the lead agency of two NGO consortia.

CRISIS AND SUPPORT CENTRE (CDCS)
The Crisis and Support Centre of the French Ministry of Foreign Affairs and International Development manages French public funds for humanitarian emergencies (Fonds Humanitaire d’Urgence: FUH, Stabilisation Fund). MdM also has strategic and institutional links with the CDCS via Coordination Sud’s Humanitarian Commission.

BILATERAL COOPERATION
In addition to French institutional funding, MdM receives support from various bilateral cooperation agencies. Thanks to the active role played by its network, MdM is a partner of the UK Department for International Development (DFID) (via MdM UK in London), the German Ministry of Foreign Affairs (via MdM Germany in Munich), the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD) (via MdM Belgium in Brussels), Global Affairs Canada (via MdM Canada in Montreal) and USAID/OFDA (via MdM USA in New York). MdM also regularly receives support from the Swiss Agency for Development and Cooperation (SDC) and the Swedish International Development and Cooperation Agency (SIDA) through funding managed by the United Nations Development Fund in DRC.

MULTI-YEAR PARTNERSHIP AGREEMENT BETWEEN AFD AND MDM
Since 2010, the French Development Agency (AFD) has supported MdM via Programme Agreements centred on the key areas of sexual and reproductive health. In 2017, MdM’s specific focus was on “unwanted pregnancies” and in 2016 on harm reduction and “access to treatment for hepatitis C.” In 2018, MdM signed a Multi-year Partnership Agreement (CCP) with the DPO/NGO’s Partnership Division. This new four-year funding mechanism (2018-2021) has been proposed to a total of four French NGOs. It will co-finance around ten projects during its initial phase of 2 years, whilst also developing cross-cutting activities for developing knowledge, advocacy and reach in the thematic areas selected. This project aims to improve the access of key populations to health and rights and support the prevention of cervical cancer, combining a public health response with a human rights-based community approach. The objectives will therefore be to improve the health of people who use drugs by disseminating model programmes, facilitating the scaling-up of these programmes and strengthening access to rights and care for sex workers, whilst also reducing morbidity and mortality due to cervical cancer. In this way, MdM intends to strengthen healthcare systems and access to these systems in areas in which the CCP is implemented, whilst empowering right-holders.
BOARD OF DIRECTORS
MdM’s General Assembly elects 12 Board members for three years and three substitute members. The Board in turn elects the President and Executive Committee for one year: two Vice Presidents, a Treasurer, Deputy Treasurer, Secretary General and Deputy Secretary General. The Board, which is the organisation’s executive body, meets every month and takes all decisions concerning the organisation’s management.

At its General Assembly on 9 June 2018, the following Board members were elected:

**President**
Dr Philippe de Botton, endocrinologist and diabetologist

**Vice Presidents**
Catherine Giboin, consultant in public health
Fyras Mawazini, head of development and civil society support programmes

**Secretary General**
Christian Laval, sociologist

**Deputy Secretary General**
Dr Florence Rigal, hospital practitioner (internal medicine)

**Treasurer**
Bernard Juan, entrepreneur

**Deputy Treasurer**
Dr Joël Le Corre, general practitioner

**Other Board members:**
Sophie Alary, Director of Programmes, Association Aurore
Dr Patrick Bouffard, health centre cardiologist
Alexandre Kamarotos, Director of Defence for Children International
Thierry Malvezin, specialist educator
Dr Françoise Sivignon, radiologist

**Substitute Board members:**
Anne Guilberteau, sociologist
Mehdi Lahmar, director of health biology projects
Professor Antoine Lazarus, physician – honorary professor of public health and social medicine
MDM MANAGEMENT

Executive Director: Joël Weiler
Director of International Operations: Dr Jean-François Corty / Marina Benedik
Director of French Programmes: Yannick Le Bihan
Director of Finance and Information Systems: Catherine Desessard
Director of Human Resources: Florence Hordern / Fanny Martin-Born
Director of Communication and Development: Jean-Baptiste Matray
Director of Health Advocacy: Sandrine Simon
General Secretary / Director of the International Network: Feli Ibáñez
OUR PRIVATE SECTOR PARTNERS

FOUNDATIONS AND BUSINESSES

OUR PUBLIC SECTOR PARTNERS

MULTILATERAL BODIES

BILATERAL BODIES
In Europe: German Federal Foreign Office (GFFO), UK Department for International Development (DFID) and the British Embassy, Monaco Department of International Cooperation (DCI), Swiss Agency for Development and Cooperation (SDC), Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD), Swedish International Development Cooperation Agency (SIDA), Netherlands Development Assistance (NEDA).

In France: French Development Agency (AFD), Ministry of Foreign Affairs Crisis and Support Centre (CDCS), French embassies, Expertise France/ Initiative 5%.

Others: United States Agency for International Development (USAID) and US Office of Foreign Disaster Assistance (OFDA), Global Affairs Canada (GAC).

French local authorities: Île-de-France regional council, Rhône-Alpes region, l’Île-de-France SAFER, Reunion departmental council, Val-d’Oise departmental council, Haute-Garonne departmental council, Alsace regional council, PACA regional council, Nord-Pas-de-Calais regional council, the communities of the Aurillac Basin agglomeration and the community of Greater Angoulême.

OUR PROGRAMMES IN FRANCE
Regional health agencies (ARS), departmental councils, regional councils, town councils, National Health Insurance Fund (CNAM), family allowance funds (CAF), regional sickness funds (CMR), primary health insurance funds (CPAM), regional health insurance funds (CRAM), local social work centres (CCAS), free anonymous information and testing centres (CeGIDD), National Agency for Social Cohesion and Equal Opportunities (ACSÉ), Directorate General for Health (DGS), Directorate General for Social Cohesion (DGCS), Regional Departments for Youth and Social Cohesion (DRJCS), Department Social Cohesion Units (DDCS), National Institute of Health and Medical Research (INSERM), National Cancer Institute (INCa), Healthcare Access Units (PASS), Directorate of Social Action, Childhood and Health (DASES), Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), regional health insurance unions (URCAM), hospitals, Guiana Social Security Fund (CGSS), Agricultural Mutual Insurance Association (MSA), French Monitoring Centre for Drugs and Drug Addiction (OFDT) and Nantes Prison and Detention Centre.

OUR PARTNER ORGANISATIONS

OUR EUROPEAN PARTNERS
HEALTH PROFESSIONALS
European Public Health Association (EUPHA), Standing Committee of European Doctors (CPME), Andalusian School of Public Health, Adapting European Health Services to Diversity (ADAPT), WHO Europe, European Federation of Salaried Doctors (FEMS), European Association of Senior Hospital Physicians (AEMH), European Union of Medical Specialists (UEMS), European Council of Medical Orders (CEOM), European Nurses Federation (EFN), European Board and College of Obstetrics and Gynaecology (EBCOG), Eurohealthnet, European TB Coalition, Global Health Advocates, Royal College of Midwives (UK).

OTHER PARTNERS

AND ALL OUR OTHER PARTNERS, AS WELL AS THOSE WHO HAVE SUPPORTED OUR WORK AT HOME AND ABROAD DURING 2018 THROUGH A LEGACY OR LIFE INSURANCE POLICY, AND ALL OUR OTHER INDIVIDUAL DONORS.