ANNUAL REPORT

Doctors of the World

2019 Edition
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« The greatest inequality is that of life itself. This is the most fundamental fact which evidences the quality of the ethics and the political ambition of any society »

Didier Fassin
As I write, almost three billion people across the world have been in lockdown for over a month. The Covid-19 pandemic has already caused 150,000 deaths with over two million confirmed cases.

In this context the 2019 Annual Report might seem out of sync or even anachronistic. However, the roots of this cataclysm already ran deep and the only aspect that should really surprise us is the brutal and unexpected standstill to which day-to-day life has been brought.

Today, more than ever, our audacious convictions, unwavering commitment, ceaseless campaigning and heightened sense of solidarity are causing us to rise up in response to the reality of our chaotic 21st century and demanding we act responsibly and with humanity.

Let’s look back at our history. Forty years ago, the epic journey of the Île de Lumière marked the birth of our organisation. Then came the very first missions in Afghanistan, El Salvador, France, Bosnia and Rwanda, the shocking impact of AIDS, Palestine, Haiti, Romania, Goma, Chiapas, Colombia and Syria. Next came the struggle against the marginalisation of those most at risk, against the rejection of migrants and campaigns to provide support for survivors of gender-based violence and psychological suffering. So many crises and campaigns have formed milestones on the path of our engagement right through to 2019.
A BRUTAL AND HARROWING YEAR

2019 saw the Earth, as well as our spirits, set ablaze. Whole sections of the Amazon, Australia, Europe and Indonesia are burning, the consequence of a predatory attitude towards nature that can no longer be hidden and denied.

The reconfiguration of the current world order has transformed the nature of conflict. Lengthy, destructive and savage humanitarian crises have increased in number, fuelled by the impotence of the international community and the complicity of failed states. The damage is considerable and there has been major loss of life among civilians. The "peddlers of violence" are prospering unpunished, surfing on an unprecedented wave of social and economic brutality and poverty. Most countries (including the largest ones) are electing latter-day equivalents of the carnivalesque King Ubu as their leaders. They are headed by arrogant, homophobic and sexist white males who are causing an exponential increase in social injustice and inequality. Elsewhere, extremist religious groups are imposing their stigmatising, devastating and racist values. This is the case in India, Myanmar, the United States and the Middle East.

In France, a self-satisfied and dismissive government, hiding behind a façade of humanism, is turning a deaf ear to the demands of a society in dire straits, while going full steam ahead with the use of unprecedented institutional violence.

In this sinister and disturbing context, people from all backgrounds, all around the world, are expressing their anger, their revolt and their hopes for a fairer, freer and happier world. In Chile, Hong Kong, Lebanon, Algeria, Iraq, Iran and France, people are taking to the streets to demand a life that is quite simply different, based on fraternity and solidarity. They are using the tactics of civil disobedience, resistance, innovation and the technological tools afforded by our modern era. A little shaken up, we observe these movements and are trying, although still too timidly, to support them.

A DISRUPTED HUMANITARIAN SYSTEM

In this context, the humanitarian system, despite being highly professionalised and confident of its own expertise, seems to be if not overwhelmed then at least ill-adapted. An urgent rethinking of the system is vital if we are to avoid its disappearance or creeping standardisation.

The dominant way of thinking considers humanitarian action to be secondary if not useless or ineffective, used as an alibi or a fig leaf to conceal the terrible violence of our societies. Increasing security constraints, the barriers put in place by local and international authorities to prevent access to local communities and the confusion between humanitarian mission and military intervention illustrate the disregard and hostility with which our actions are viewed.

Some saw this coming, such as the writer and activist Arundhati Roy who, as far back as 2004, spoke out against the "dangers" of humanitarian action: “NGOs alter the public psyche. They turn people into dependent victims and blunt the edges of political resistance (...) They have become the arbitrators, the interpreters, the facilitators”.

This view has frequently been supported by the facts; notably in 2010, with the disastrous milestone of the humanitarian involvement in Haiti. Since 2011, the door has swung shut on NGOs which, in the context of the Syrian crisis, are witnessing the end of their humanitarian immunity, the sacrosanct nature of care facilities and of the protection of their staff - all this is met with deafening silence and a lethargic response from different States.

In France, poverty and the struggle against its effects are being transferred at lower cost to third-sector organisations and private operators, while the State gradually disengages from its duties and deregulates public services including hospitals.

Nevertheless, the humanitarian sector continues to preserve the values of solidarity, citizenship, the defence of human rights and the struggle against social inequality. Médecins du Monde has acquired particular awareness and knowledge of the contexts, challenges, stakeholders, partners and citizens involved. In this way, we are still able to take genuinely meaningful action to promote greater social justice, to combat insecurity and to rebuild and protect healthcare systems.

VITAL STRUGGLES AT HOME AND ABROAD

In 2019, we might not always have won, but we didn’t lose. In France, we have fought back against the attacks launched on health coverage for asylum seekers and access to State Medical Aid for undocumented foreigners under the false pretext of alleged “medical tourism”. In the mining area of the Hauts-de-France region, we have
successfully launched the “Bassin minier” programme in an extremely precarious social health context which is alarming and politically highly sensitive. The programme will offer interventions aimed at prevention and mediation in healthcare through a community-based approach. In Briançon, in partnership with the Tous Migrants citizens’ movement, we are running night-time patrols in order to protect, look after and guarantee the rights of many exiles in the face of violence from the forces of law and order.

In French Guiana, in Mayotte and in many towns and cities in mainland France, we are reaching out to those living in slums and squats to enable them to access care facilities and exercise their rights. We are also shining a spotlight on the totally unacceptable living conditions and lack of sanitation which are having a serious impact on their health.

Internationally, we have been tirelessly supporting the devastated Syrian civilians who are victims of the political and military game of chess which is being played out between cynical regional and international powers. We are present alongside communities in Nigeria who are victims both of atrocious crimes and of the repressive and destructive logic of the Nigerian authorities and of Boko Haram. We are also supporting Palestinians who have lost everything, been humiliated, attacked and sometimes manipulated, powerless in their revolt and their anger, and the exhausted and starving population of Yemen, victim and hostage of a regional conflict which is being escalated by the international community with its complicity and arms sales.

THE AGE OF POSSIBILITY

Marking our 40th birthday is our way of celebrating life and placing humankind at the very heart of our campaigns. I remain convinced that the presence of independent humanitarian bodies is precious, as we occupy “intermediate” spaces and forgotten areas. In contact with the community and with those on the frontline, we are the rebel grain of sand.

At 40, utopia is still possible, energy levels are still high and the hope for social justice is alive and well and stronger than ever. We may be a medical NGO, but we promote political and campaigning care practices.

Our challenge is threefold:

- Psychological, as nothing can be done without emotion or feelings. We are fuelled by our empathy and sensitivities and those of the individuals in question. We work in close contact with the human and personal, with life. It is from this that we draw our strength and find our legitimacy.

- Political, as we are committed citizens and carers at the very heart of society. Providing care, promoting physical and mental wellbeing, is an eminently political act, as the test of coronavirus has demonstrated in 2020.

As I write these lines in April 2020, the world has been turned upside down. This annual report now describes a “before” which no longer exists in the present.

The global mobilisation triggered by the Covid-19 pandemic is unprecedented but the “Emperor has no clothes!”. Society can no longer be controlled by the tenets of profit at all costs, frenetic individualism, imposed consumerism, economic and social exclusion and barriers to leading a dignified life.

The right to universal health protection and effective access to care for all can no longer be a utopia for the few but must instead become an absolute necessity, vital for the international community.

Everything that can be achieved by cohesion, solidarity, intelligence, humanity and love will count as we re-imagine and rebuild our world.

It’s up to us to create the fabric of our future.
KEY FIGURES

BUDGET

MDM FRANCE ACTUAL BUDGET
€103.4 million

HUMAN RESOURCES

1,540 PEOPLE
ON OUR INTERNATIONAL PROGRAMMES
» 1,366 national staff on field operations
» 3 international volunteers
» 103 staff on international programmes
» 68 staff from the International Operations Directorate at headquarters

1,672 PEOPLE
ON OUR PROGRAMMES IN FRANCE
» 1,533 active volunteers
(including volunteer Board delegates)
» 123 staff in the field and at regional offices
» 16 staff from the French Operations Directorate at headquarters

429 PEOPLE
IN SUPPORT ROLES
» 257 volunteer Board delegates
» 172 staff at headquarters

3,384 MDM PEOPLE
### PROGRAMMES IN FRANCE

**59 PROGRAMMES IN 32 LOCATIONS**

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

1 cross-cutting Harm reduction / SRH programme

**47 OUTREACH PROGRAMMES**

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### INTERNATIONAL PROGRAMMES

**52 PROGRAMMES IN 34 COUNTRIES**

**2,200,000** BENEFICIARIES OF OUR PROGRAMMES

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**GEOGRAPHICAL BREAKDOWN OF PROGRAMMES**

- 20 programmes in 11 countries in sub-Saharan Africa
- 12 programmes in 7 countries in North Africa and the Middle East
- 7 programmes in 7 countries in Latin America and the Caribbean
- 13 programmes in 9 countries in Eurasia

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**GEOGRAPHICAL BREAKDOWN OF OPERATIONAL EXPENDITURE**

» 18% France

» 82% International, including:

- 37.9% in sub-Saharan Africa
- 35.9% in North Africa and the Middle East
- 7.4% in Latin America and the Caribbean
- 11.9% in Asia
- 3.9% in Europe
- 2.6% various projects (Opération Sourire, regionally managed international projects, cross-cutting projects and exploratory missions)
- 0.4% adoption

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Annual report / Key figures
MAIN THEMES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
In association with local stakeholders, MdM develops projects which seek to strengthen access to sexual and reproductive healthcare and rights for all and for women and girls in particular. We are working and advocating in particular for access to safe and legal abortion and contraception, a response to SRH needs in crisis situations and prevention of cervical cancer.

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

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

EMERGENCIES AND CRISSES
Conflicts and natural disasters often result in a sudden breakdown in healthcare provision. 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.

HEALTH AND THE ENVIRONMENT
MdM works with communities to reduce individuals’ exposure to high-risk environments, either in the home or in connection with informal working. The overall objective of our action strategy is to combat environmental health inequalities in order to improve the physical and mental health and wellbeing of those communities most at risk.

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 in particular on developing psychosocial activities aimed at strengthening the psychological and social resources of both individuals and communities.

VULNERABLE CHILDREN
In addition to our long-standing and currently evolving activities (Opération sourire), MdM is facing new challenges: unaccompanied minors, children living in substandard housing and in slums, gender-based violence and adolescent and unintended 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.
2019 was marked by the political and popular movements which sprang up in a large number of countries, from Kazakhstan to the United States via France, Algeria, Venezuela and Sudan. In each situation the same drivers could be seen as people struggled against social and economic inequality. Moreover, very often, both in the north and the south, these movements expressed the same concern: the environmental crisis and its impact on individuals. The future of our world.

ENVIRONMENTAL HEALTH, A PRIORITY FOR ACTION

This dual concern – combating social and healthcare inequalities and the health impact of a damaged environment – is at the very heart of MdM’s environmental health activities. In the field, our commitment has been renewed: in the squats of Bordeaux, in substandard housing in Marseille, in the slums of Manila, alongside workers sorting waste in Nepal and, soon, amongst the women selling produce from their vegetable gardens in Kinshasa who have been exposed to the most toxic pesticides in order to feed their families.

Our strategy both in France and abroad has applied this dual approach in homes and workplaces, and has led us to new areas of concern such as pesticides, while continuing our engagement on the issues of substandard housing and waste recycling.

In 2019, we strengthened our partnerships by joining three international networks (the International Society of Doctors for the Environment (ISDE), the Health and Environment Alliance (HEAL) and Health Care without Harm) and by taking part in numerous conferences at which we had the opportunity to share our experience from the field and the research carried out in the Philippines and Nepal. Our innovative approach was recognised in these settings.

ENVIRONMENTAL RESPONSIBILITY AT MDN

The environmental crisis which the world is currently facing – from climate change to environment destruction – is having consequences which are unprecedented in human history. We must address the impacts of our activities and our negligence and acknowledge the increasing effects on a wide range of health conditions.

MdM recognises the ways in which human activity has contributed to this major crisis and we are seeking to reduce our environmental impact. In 2019, we therefore made a commitment to ensure that our activities – at headquarters, in regional offices and in the field – are as respectful of the environment as possible and contribute to reducing our greenhouse gas emissions, in accordance with our medical, social and political codes of conduct, our values and our commitments.

This binding environmental quality measure comes in response to strong demand from all those at MdM, volunteers, employees, members and also from our partners and the donors who fund our actions. This commitment, made during the first MdM Community Days event held in May 2019, includes:

- Taking into account the possible environmental consequences of our management and actions and establishing an action plan with clear and ambitious objectives
and indicators of results, in order to promote the systematic and ongoing improvement of our environmental performance.

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- Promoting the rational and effective use of our resources and actions aimed at reducing, re-using and recycling the materials used in our activities and the waste we generate.

- Improving the skills of everyone within our organisation to consider and respect the environment in the development of their day-to-day activities.

This environmental policy will generate a position which will be shared with the whole of MdM. This approach, applied to all parts of MdM, will also help to change individual behaviours outside our organisation.

CLIMATE CHANGE: WHAT ARE THE MAIN IMPACTS ON HEALTH?

Faced with climate change and the risk of environmental collapse, public authorities, researchers, organisations and citizens all have a role to play. This is a planetary emergency and it requires nations to act together. MdM, as a key player in international and local solidarity, cannot sideline these issues. We must face them head-on and place them at the very heart of our organisation.

Climate chaos caused by human activity is already having serious impacts on health and the forecasts are alarming: mortality and morbidity connected to extreme events, respiratory illnesses linked to atmospheric pollution, malnutrition caused by drought, water-related tensions and violence, mass population movements and their impact on health, etc. And it is the most vulnerable communities that are set to suffer the harshest and most long-term impacts.

MdM is ready for action and has launched an initial study, to be carried out by the board of directors. A document was produced, circulated in December 2019 and presented within the groups in order to get things moving within the organisation. This action, connected with our Environmental Health theme and our environmental responsibility policy, is also coordinated with the International Network which defined it as a priority issue for 2020 and 2021. MdM France and Spain therefore took part in COP 25 and a conference on the subject is being organised.
In order to increase the reach of its actions, provide better support for social change and also reduce its investments, MdM continues to sign up to a range of partnerships, consortia and other resource-sharing arrangements bringing together a variety of different organisations. MdM and its partners are undertaking in-depth work on programmes, advocacy, training, assessment, etc. Synergies, Réseau Logistique Humanitaire and Alliance Urgences are three examples of this collaborative approach.

**SYNERGIES**

Synergies is a collaboration mechanism which is in the process of being created by Humanity & Inclusion, MdM, Première Urgence Internationale and Solidarités International. This alliance intends to respond to the rapid changes seen in the humanitarian sphere in recent years, in order to provide a better and faster response to the needs of populations impacted by crisis.

The collaboration will draw on the strengths and areas of expertise of each partner, with different sectors complementing each other, to maximise the impact of the actions taken. It will also promote the pooling of costs, mutual assistance and information-sharing in order to be more efficient collectively.

Finally, the plan is to launch new methods of cooperation to enhance access in the field through a model whereby one organisation hosts another. The next steps in the process are to sign the partnership agreement in spring 2020 and organise the financing of a pilot project in the Central African Republic to test the strength of the mechanism.

**RÉSEAU LOGISTIQUE HUMANITAIRE**

Réseau logistique humanitaire (Humanitarian Logistics Network) is a consortium founded in 2014. Its main aim is to optimise humanitarian aid logistics and improve operational efficiency by developing a joint strategy based on resource-sharing, advocacy and information-sharing.

The Network currently brings together eleven international aid organisations: Action Contre la Faim, Humanity & Inclusion, SOL, Première Urgence Internationale, Medair, Terre des hommes, Oxfam Intermon, La Chaîne de l’Espoir, Acted, the French Red Cross and MdM. Represented by these organisations’ presidents and logistics directors, the Network also provides a forum for sharing information and best practices in terms of humanitarian logistics.

In 2019, a joint document on optimisation in humanitarian logistics (“Strength in Numbers”) was published in a variety of media and presented to key donors. A feasibility study is currently being carried out regarding the network’s logistics pooling capacities, its scope for action, the forms it might take and benefits it could bring. In addition, various working groups have been set up to develop and optimise practices linked to humanitarian logistics.

**ALLIANCE URGENCES**

Alliance Urgences (Emergencies Alliance), a consortium of six French humanitarian organisations (Action Contre la Faim, CARE France, Handicap International, MdM, Plan International and Solidarités), was created in 2019.
These organisations, all involved in activities in the field, now speak with a single voice in response to humanitarian emergencies in order to encourage public generosity as widely as possible.

In the event of armed conflict, natural disasters, epidemics or famine, calls for donations are made repeatedly during the very first hours of a humanitarian emergency. This leads to the kind of acts of generosity that are vital for the work carried out by NGOs. However, it is important for the sector to speak with one voice if the needs of the victims are to be heard and met as quickly as possible. This is what Alliance Urgences strives to achieve.

Strengthened by a range of different experiences and expertise (in nutrition, healthcare, first aid, shelter, access to water, protection of those most at risk and providing access to education), the six humanitarian organisations which form Alliance Urgences are committed to acting as fast as possible to provide relief to civilian populations suddenly exposed to multiple risks.

All donations made to Alliance Urgences and redistributed to the various member NGOs active in the field therefore help to fund the different elements of an emergency response and, through pooling, reduce the cost of fund-raising campaigns targeting the general public.
FRANCE

UNSUNG HEROES

Unsung Heroes is a photographic project created jointly by MdM and Denis Rouvre, photographer and long-term partner of the organisation. Launched in 2018, the project showcases the portraits and testimonies of some 60 women, which are brought together in a book and a touring exhibition.

These women and girls, from the areas where MdM is active in Nepal, Palestine, Bulgaria, Colombia, Democratic Republic of the Congo, France and Lebanon, all speak about the institutional, societal, domestic, psychological and physical violence to which they are exposed. Unsung Heroes gives them the chance to give voice to their silent struggles, sustained by daily acts of survival and resilience, as well as their lives spent in the service of every women and indefatigable resistance in the face of injustice. The book which features the portraits and testimonies from the exhibition, published by Textuel, is a continuation of the political, artistic and human gesture that is Unsung Heroes.

Following its launch in Paris in October 2019, the exhibition then moved on to Bordeaux in November. MdM’s intention is to continue presenting this ambitious project in France and around the world in order to spread the words of these women far and wide. The exhibition is therefore due to go on display in Malines in Belgium in 2020 before moving on to Munich in Germany in 2021.
In the village, women are slaves. Equality is a meaningless word. Men object to it, saying that God did not create woman equal to man. We try hard to feed our children and send them to school. I work in the fields, I am active in the village associations - there are sixty-eight of us women, all helping each other out.

The women do everything. The men spend their days drinking beer. If a woman dares to make a comment, she gets a slap, even if she’s pregnant. If a woman has no sons, her husband takes another wife and the first wife is thrown out of the family. She’s left in the street, even if she is no longer young. When the husband dies, the eldest son inherits everything, unless there is a will saying otherwise. The wife then no longer has the right to stay in her house or go to her fields, or to any other property left by her husband.

The woman always stands behind the man. Behind her husband. Behind her sons. Behind her parents-in-law. Those with the means to do so can go to school, but cannot receive any higher education. Only the boys can continue on to university. I was able to go to high school. I love children. I’ve been running the association’s infant school for seven years now. I’ve brought together all of the orphans that I’ve found here. Change will come from girls getting an education.

IMMACULÉE, 51, Congolese.
FRANCE
WE DON’T CARE (ON S’EN FOUT)
“We don’t care what they look like. We don’t care about religion, ethnicity, what the morality of it is, about what is good or bad. About who is with them or against them. If they don’t speak the same language, we don’t care. We don’t care if they’re down in the street or on the other side of the world. All that counts for us is their health”.

As it does every year in December, MdM reaffirmed its identity, its values and its commitments to the general public. In late 2019, we used the “We Don’t Care” campaign to speak out against the prejudice, stigmatisation and rejection that keep men, women and children excluded from healthcare.

With this simple message, health comes before everything else, we expressed our commitment to individuals who are all too often judged for their way of life, backgrounds and choices...

Instead of simply rejecting these judgments, we are campaigning to ensure that they never act as a barrier to accessing healthcare. Because at MdM we believe we all have the right to health.

By shining a light on the diverse range of people we support without passing judgment, “We Don’t Care” emphasises the fact that, in addition to healthcare and medical services, MdM is also a campaigning organisation. An organisation which takes the fight to the political stage and speaks up in public in order to defend equal rights to healthcare for all.

With support from the PR agency Marcel, which waived its fee for this project, this idea led to the creation of a video shown on television and in cinemas, as well as five posters published in the media and on billboards.
**HARM REDUCTION**

**THE DANGERS OF REPRESSIVE LEGISLATION**

Further to the decision by France’s Constitutional Council not to overturn the criminalisation of clients set out in France’s Law 2016-444 of 13 April 2016, aimed at ramping up the fight against the prostitution system and providing support to prostitutes, in December 2019 250 sex workers active in France decided to take the case to the European Court of Human Rights. The move was supported by MdM and 18 community, health and feminist organisations involved in defending the health and rights of all those affected by the sex trade.

In fact, for many years now, numerous organisations and sex workers have been sounding the alarm regarding the dramatic consequences of penalising clients and of repressive policies.

Whether they are victims of exploitation or forced into sex work and whatever their degree of autonomy, all are criticising a measure which subjects them to greater insecurity, weakens their position and exposes them to more violence and increased health risks.

This campaign involving several organisations seeks to see France abandon the adoption of repressive legislation, in line with the recommendations issued by the UN’s highest bodies. Such legislation has effects which are counterproductive and threaten the lives of those concerned. The resources allocated should instead be used to combat all forms of violence, to provide effective support to those experiencing social, health or legal difficulties and to secure an alternative source of income where desired.

**DRUG PRICING**

**CHALLENGE TO THE KYMRIAH PATENT**

In July 2019, MdM once again took action against the excessive cost of new and supposedly innovative medicines, launching a challenge to Novartis’ patent covering Kymria® (Tisagenlecleucel), a gene therapy used in the treatment of cancer, marketed at that time at a cost of €320,000 per patient. This challenge to the patent was unprecedented in more ways than one. It was for many years now, numerous organisations and sex workers have been sounding the alarm regarding the dramatic consequences of penalising clients and of repressive policies.

MdM had already filed a challenge in 2015 to the patent covering sofosbuvir, a drug used to treat hepatitis C. Through this strategy adapted from the campaigns and advocacy work developed in countries in the global south, in particular in the fight against AIDS, MdM is increasing its involvement with intellectual property and beginning to occupy territory previously held exclusively by the pharmaceutical industry in Europe.

This does not mean that biologically similar versions identical to Tisagenlecleucel can now be manufactured, since other patents covering the same drug have been filed by the company and are still in force. It has, however, highlighted the abuses relating to the granting of patents, the lax attitude displayed by the European Patent Office and by governments which accept undeserved monopolies and, therefore, exorbitant prices.
In light of changes in humanitarian practices in recent years and the major challenges to be faced both now and in the future, such as the large-scale fighting in Yemen and Syria, accompanied by an increase in repeated violations of international humanitarian law, the increase in migrant crises globally and the health impacts of climate disruption, to give just a few examples, in 2019, MdM launched a process to draw up a pathway for its international programmes over the next three years.

MdM’s aim, as set out in the 2016-2020 Strategic Plan, is “to be a leading international medical NGO fighting for fairer access to healthcare and rights, at home and abroad”. The global public health crisis triggered by the Covid-19 pandemic in early 2020 is a reminder for us of how access to health for all must be an “enshrined” fundamental universal right and how our vision of the role played by our organisation must remain the compass by which we steer the development of our international programmes across every continent.

We are certain that the shared vision which emerges from this will strengthen our organisation’s impact and ability to influence, allowing us to increase our room for manoeuvre and our independence.

The work carried out in relation to the future of our international programmes, which involved everyone at MdM in order to ensure balance, has allowed us to compare the priorities of each geopolitical and subject-based group involved in developing our programmes.

We have reached several conclusions:

- We must strengthen our presence on the ground for greater impact and, to do this, it seems vital to concentrate our actions on a limited number of countries in which our presence has genuine added value. This stronger attachment to certain geographies will enable us to improve our organisational capacities (deployment of human resources, in-depth knowledge of the context and strong roots in the country, supporting civil society and its institutions, rationalising our use of financial resources, etc.);

- We must highlight the four “causes” identified as priorities, i.e. the Rohingya community in Asia, the Palestinian population, the crisis in Syria and the crisis in the Sahel with a focus on Niger.
Specific recommendations have also been made:

- Each project must have real and inclusive support from the organisation;
- Our funding strategy, which will support the strategy concerning the direction taken by our international programmes, must be finalised;
- Projects must be implemented and geographies chosen with a regional or sub-regional approach, including in the context of complex crises.

This new process is not set in stone. We must not simply learn the first lessons from it and move on but above all we must consider how to bring the process alive and progress it at a time when the Covid-19 pandemic is causing even greater damage to failing healthcare systems. In the long run, we must also think about our activities in France.

This work has also enabled the identification of cross-cutting issues which require work or more in-depth investigation, in particular, the concept of social change supported by MdM, universal health care and climate breakdown. We also recognise the operational cooperation from the members of the growing MdM International Network which enables us to increase our presence and our impact, both through concrete actions and through advocacy work. For example, in 2019, we signed an agreement to coordinate our actions whenever multiple members of the network are present in the same country.
NORTH AFRICA AND THE MIDDLE EAST
For more information on the different programmes in North Africa and the Middle East see medecinsdumonde.org
Marked by years of conflict with Islamic State, Iraq continues to face multiple political, economic, social and security challenges. Around 1.5 million people are still displaced within the country, 70% of whom have not returned home for more than three years. There are many reasons why they cannot do so: trauma linked to the violence perpetrated by Islamic State, inter-community tensions, concerns relating to the debris of war, destroyed or damaged housing, the shortage of available services (in particular, healthcare and education) and the lack of means of subsistence.

There is a desperate need for healthcare in the areas most heavily impacted by the conflict, although access to healthcare is compromised in many regions. Healthcare facilities, where available, are often overcrowded and lacking in resources. Whole neighbourhoods are still waiting to be rebuilt and poor hygiene conditions are contributing to serious public health problems and the spread of disease.

Médecins du Monde is working in the healthcare facility located in the Chamishko camp in the Dohuk region of Iraqi Kurdistan, providing a long-term humanitarian response to nearly 27,000 inhabitants. In the governorates of Nineveh and Kirkuk, we are providing essential drugs and medical equipment free of charge to healthcare facilities along with logistics support and infrastructure refurbishment. Our teams also offer mental health services and psychosocial support.

For two years now, MdM has been refocusing its action on more long-term support for the Iraqi health authorities, in particular by moving from mobile healthcare centres to enhanced support provided directly to local health structures. In the context of this transition, we are promoting the integration into primary healthcare facilities of mental health interventions and psychosocial support, along with services for survivors of gender-based violence.
Since 2014, Yemen has been the scene of fighting between Houthi rebels and government forces, supported by a coalition of Arab countries led by Saudi Arabia and the United Arab Emirates. The conflict, in particular the massive and often indiscriminate air strikes, has killed over 100,000 civilians and the blockades imposed by the coalition are slowing the delivery of humanitarian aid, triggering a serious economic crisis, significant food insecurity and the deterioration of the healthcare system.

In December 2018, the United Nations Secretary General’s special envoy for Yemen, Martin Griffiths, negotiated a ceasefire known as the Stockholm Agreement. A year later, the agreement is not being respected and, while the fighting around Al-Hudaydah has eased, it has intensified on other fronts. Away from the talks, the conflict continues and is still threatening the lives of millions. Today, the UN considers the humanitarian crisis in Yemen to be the worst in the world, with nearly 80% of the Yemeni population requiring humanitarian aid. Since 2015, MdM has been working in the north of the country to improve access to healthcare, supporting eleven healthcare facilities in the governorates of Sana’a, Ibb and Amanat Alasimah where half of the healthcare facilities are unfit for use and supplies of medical equipment remain very difficult to obtain.

In 2019, MdM opened a base in Aden in the south of the country and signed an agreement with the healthcare authorities in order to support five new healthcare facilities in the governorates of Lahj and Abyan. In addition to providing support to the facilities operated by the Ministry of Health in the north and the south, MdM is also working to respond to the epidemics affecting the population, supplying medicines and providing training and technical support to care workers as well as rebuilding damaged infrastructure.

The humanitarian situation in Syria remains extremely precarious. Delivering aid continues to be particularly complicated in those areas back under Syrian government control and now also in opposition regions where cross-border aid has been reduced under pressure from the regime. Attacks on health workers, their vehicles and equipment and healthcare infrastructure are still taking place, drastically reducing access to care for those groups most at risk. An estimated 12 million Syrians are in need of medical help.

Since 2012, MdM has been working alongside Syrian healthcare professionals to provide primary healthcare and sexual and reproductive healthcare to vulnerable communities across Syria. MdM’s objectives continue to be the protection of civilians in the face of new military offensives and the provision of unconditional medical assistance to vulnerable communities in both rebel-held and government-controlled areas. Local partners ensure the provision of vital equipment and medicines, which are extremely scarce in the conflict zones as well as in all the areas which have been re-taken by the regime and deprived of their healthcare facilities. In 2019, we enabled the provision of 52,362 consultations in the governorates of Aleppo, Dara’a and Damascus. We also supported healthcare workers by providing training aimed at improving their technical skills.

During the course of 2019, due to constraints impacting access to the country, MdM Turkey re-launched its activities in north-western Syria, while MdM Spain continued to work in the Kurdish-controlled areas in the north-east. MdM France is now focusing on its activities in the areas under government control, by providing support to a local partner in the Dara’a governorate.
SUB-SAHARAN AFRICA
For more information on the different programmes in Sub-Saharan Africa see medecinsdumonde.org
Since 2009, north-eastern Nigeria has been in the throes of a major humanitarian crisis created by the fighting between Boko Haram and Nigerian government forces. The Multi-national Joint Task Force, comprising troops from Chad, Nigeria, Cameroon, Niger and Benin, is trying to protect the region’s main towns and their inhabitants, but has not succeeded in bringing to an end the attacks on civilians, abductions and regular incursions into villages and camps by armed groups. Since the start of the conflict, over 37,000 people have been killed in Borno, Adamawa and Yobe States, and thousands of women and girls have been abducted and hundreds of children used as human bombs.

This fighting has triggered massive internal displacement. Borno State, where MdM has had a presence since 2016, now hosts 1.5 million refugees and the host community’s resources are being severely stretched. In the refugee camps, overcrowding, drinking water shortages and poor hygiene conditions are increasing the risk of outbreaks of disease. Two thirds of all healthcare facilities have been either damaged or destroyed and there are chronic shortages of medicines and medical equipment.

MdM is working to improve access to healthcare for those most at risk, both hosts and migrants, in this area where fighting is slowing down the humanitarian response, with 800,000 individuals prevented from receiving assistance of any kind due to the lack of security. Five clinics have been set up in the camps in Maiduguri and Damboa and support is being provided to two more clinics run by the Ministry of Health on the outskirts of Damboa in an area accessible to only a few aid organisations.

In Ethiopia, HIV is having a disproportionate impact on certain groups including sex workers. According to data compiled in 2014, 23% of sex workers are HIV positive. Female sex workers are also among those most likely to be exposed to gender-based violence and excluded from social services. Despite this fact, there are no reliable official data on the number of sex workers in Ethiopia or on how many have been victims of violence. However, an exploratory project run by MdM on the main trade route between Addis-Ababa and Djibouti in 2017 brought to light an extremely alarming situation. There are no prevention or treatment services available to survivors of gender-based violence and it is extremely difficult to access healthcare or exercise health rights.

In October 2018, MdM launched a programme along the length of this highway in the Afar region in partnership with the Nikat Association, a community-based organisation for sex workers in Ethiopia, and with other institutional partners such as the regional health bureau and the Women’s Affairs Bureau. 18 peer educators have been recruited and trained to run awareness-raising workshops on the topic of gender-based violence, protection against HIV and condom use. Medical services have also been set up via the Family Guidance Association of Ethiopia and MdM is supporting several healthcare facilities as well as special clinics for sex workers in order to improve the medical, social and psychosocial care available to them.
Rapport Moral / Afrique subsaharienne
Overall, the healthcare indicators concerning sexual and reproductive health in Madagascar are alarming. For example, only 56.7% of pregnant women benefit from antenatal appointments, only 46% give birth with support from qualified health professionals, and the maternal mortality rate stands at 426 deaths for every 100,000 births. The situation is particularly critical for young Malagasy women. 62% of sexually active women aged between 15 and 19 are not using modern methods of contraception and 36% of women have had a live birth before the age of 18.

Madagascar’s abortion legislation is particularly restrictive and there is considerable resistance to any attempt to relax the law. Unsafe abortions are however frequent. Haemorrhage, failure to fully remove the foetus or placenta, uterine rupture and infections are just some of the complications which are the second most frequent cause of maternal deaths in Madagascar.

MdM launched its sexual and reproductive health programme in the capital Antananarivo in 2017 with the aim of helping reduce maternal mortality and morbidity rates, in particular in women and girls aged between 10 and 24. The organisation is seeking to strengthen the role played by civil society and public institutions in relation to SRH.

This project focusing on preventing and managing unintended pregnancies is run with three national youth associations (Tanora IRAI, Tanora GARANTEEN and Tandem) and one national NGO (ASOS) for the community aspects. The medical component is enabling improved accessibility and quality in the range of SRH services tailored to meet the needs of teenagers and young women at seven basic healthcare facilities. Finally, advocacy work is helping promote the SRH rights of teenagers and young women.

MdM decided to launch a harm reduction programme in the capital Abidjan as a result of a study carried out in 2014 involving 450 regular users of cocaine, heroin and crack. This study showed that people who use drugs are vulnerable to infectious diseases due to their drug use itself, their high-risk sexual practices and also their extremely poor living conditions in areas lacking access to water and basic hygiene facilities. This population includes a particularly high number of people who are HIV positive, notably sex workers of both sexes. Tuberculosis rates among people who use drugs are also much higher than in the population at large and 10% carry the hepatitis B virus.

Since January 2015, MdM and its local partner humanitarian associations have been carrying out harm reduction and prevention work with people who use drugs in Abidjan. MdM is working to strengthen their capacity to act in order to develop responses tailored to meet their needs. The aim is to improve the way these individuals are cared for by the health system and to combat the stigmatisation and criminalisation which act as a barrier preventing them from accessing treatment. The second phase of the project, launched in 2018, has enabled the opening of an Addiction Treatment and Counselling Centre, in addition to mobile services. The Centre currently offers a package of services including reception, facilities for washing and laundry, places to rest, awareness-raising, distribution of harm reduction tools, screening and testing, medical consultations, welfare support, mental health management and community activities.
Latin America and the Caribbean
For more information on the different programmes in Latin America and the Caribbean see medecinsdumonde.org
The corridors running from Central America into Mexico are some of the most-used routes by migrants in transit anywhere in the world. Around 450,000 people travel these routes each year. Since late 2018, caravans of up to around 10,000 people have crossed Central America and Mexico to try to reach the United States. This migration crisis, fuelled by poverty, violence and insecurity, is also triggering internal displacement.

Already repressive migration policies and border controls have both been tightened. In 2019, the United States brought pressure to bear and obtained the signature of agreements with Mexico, Guatemala, El Salvador and Honduras which are all aimed at slowing irregular migration and involve the closure of migration pathways, the militarisation of borders and an increase in the numbers of asylum seekers being deported or detained. In July 2019, thousands of African and Haitian migrants therefore became stuck in the town of Tapachula, in the south of Mexico. These repressive policies make all migrants extremely vulnerable, not only while on the road but also when they are forced to return.

A programme run jointly by MdM France and MdM Spain since 2016 seeks to improve access to healthcare and the protection of migrants and internally displaced people in Honduras, Guatemala, El Salvador and Mexico. This programme is built on three key pillars. Firstly, strengthening the ability of public institutions and civil society organisations to take action. Then, medical and psychosocial care and treatment for those most at risk (children, unaccompanied minors, forced migrants, etc.). Finally, advocacy to improve public policy on access to healthcare for migrant and displaced communities.

After three years, MdM now has partnership agreements with six public institutions, seven civil society organisations and seven welfare organisations comprised of migrants who have been expelled and families of migrants who have disappeared. In 2019, MdM also responded to the humanitarian needs of the caravans of Central American and African migrants by providing rehydration and hygiene supplies and medicines and also by making medical personnel available, in particular in shelters overwhelmed by these vast movements of people.

The economic and political crisis which has rocked Venezuela since 2014 is having dramatic consequences for the local population. 80% of Venezuelan households are facing food insecurity and 4.1 million people are suffering from malnutrition. The crisis is also undermining the country’s healthcare system. Over half of the healthcare professionals registered in 2012 have now left the country and all levels of the care structure are being impacted by the shortage of personnel. 22% of emergency services are now closed and 70% are only operating intermittently. The situation is worsened still further by shortages – 80% of vital medicines have run out. And yet direct international aid remains extremely limited.

As a result, over 4 million Venezuelans fled the country between 2015 and 2019. The programme run by MdM in Venezuela aims to improve the state of health of those communities most at risk and which have suffered the worst impacts of the crisis. In 2019, we set up medical teams composed of doctors, nurses, psychologists and community health professionals in five States within the country: Distrito Capital, Bolívar, Miranda, Sucre and Zulia. MdM has been working in particular with AVESSOC – an association of healthcare facilities which provides healthcare services to those most at risk – and Caritas Venezuela. The programme was transferred to MdM Spain in July 2019.
For more information on the different programmes in Eurasia see medecinsdumonde.org
Russia is currently facing a growing HIV crisis with the number of officially registered cases exceeding 1.3 million and increasing by approximately 10% each year. The epidemic is having a particular impact on sex workers, both male and female. As their activities are against the law, these people are exposed to violence from the police, from clients and from exploitation networks, as well as social stigma. They face significant difficulties when trying to access medical care.

Since 2015, MdM has been working with Russian organisations Shagi in Moscow and Silver Rose in Saint Petersburg to improve access to healthcare for sex workers and to help them protect themselves against both sexually transmitted infections and violence. In September 2019, a partnership was also initiated with Zerkalo, an organisation based in Perm, in order to develop a full range of sexual and reproductive health services.

Between 2011 and the end of 2019 MdM ran an ambitious harm reduction project in a country which has some 53,000 people who use drugs, three quarters of whom are infected with the hepatitis C virus. MdM marked the programme’s closure on 17 December, the date on which we opened a centre for people who use drugs in Tbilisi with our local partner New Vector. Over the course of nearly ten years, a large number of activities were organised aimed at preventing harm and raising awareness of the risk of infectious diseases, in particular via the distribution of injection kits and the provision of testing sessions and medical and dental appointments.

To demonstrate the relevance of a treatment model tailored to meet the specific needs of people who use drugs and their ability to take care of their health when provided with the appropriate support, MdM also developed a pilot programme for the treatment of hepatitis C. The success of this model based on peer educators meant that the programme could be extended into other regions, through other harm reduction associations, in Zugdidi in 2017 and in Gori and Batumi in 2018. Since then, with the support of the Global Fund, this model has been promoted on a national level to all those involved in harm reduction.

In 2019, MdM continued to provide support to New Vector in Tbilisi and training for regional organisations in the use of the tools developed to improve hepatitis C testing and patient treatment protocols. We have therefore been working with young drug users taking new psychoactive substances, in particular at electronic music festivals. The lack of information surrounding these substances has led to overdoses, some of which have been fatal.

After 2019, MdM in Georgia wishes to extend its harm reduction programme to include the LGBT community and to support new partners in the South Caucasus region, first in Armenia then in Azerbaijan.

With the help of two mobile units, we are able to work in Moscow and, since 2019, in the regions to raise awareness and offer methods of prevention. Sex workers can also be tested for HIV or come to a drop-in centre to get individual support. The work carried out by MdM seeks to strengthen the capacity of those organisations working to tackle the AIDS epidemic in Russia and to provide support for action taken by sex workers themselves and ensure their involvement in the drafting of healthcare policies relating to them specifically. In April 2019, MdM, Shagi and Russia’s Central Research Institute of Epidemiology published a study assessing the prevalence of HIV and of five sexually transmitted infections amongst sex workers in Moscow. The study helped to identify factors linked to HIV and STIs, assessed the level of participants’ knowledge regarding these infections, and evaluated access to prevention and healthcare.
40% of families living in the slums of Manila are in areas at high risk from flooding or fire. In Barangay 775, one of the poorest areas of the city, 60% of households are living in makeshift housing regularly affected by disasters. The neighbourhood has been partially destroyed by fire three times since 2001. Local residents have no information as to what to do in the event of a disaster and certain areas cannot be reached by the emergency services. In addition, waste management, access to sanitation networks and hygiene are all extremely limited.

Since 2018, MdM has been developing the AYOS! (“Let’s go, together!”) pilot project. In the context of this project, health issues are approached from the angle of reducing the risks generated by natural and human disasters, reducing health risks linked to the environment, improving access to healthcare and helping to empower communities and local authorities. We are therefore encouraging the community to take action to improve health and living standards. This approach has won over the inhabitants of Barangay 775 and helped them take joint action, and has also strengthened the local authorities and encouraged good practices.

Locals and the authorities are given training on disaster risk reduction and first aid. MdM is also offering training aimed at improving leadership, management and financial literacy for the local authorities and the community. Finally, we are running information campaigns on waste management and have taken part in the creation of a solid waste management committee in the area. From being one of the dirtiest and most run-down barangays in Manila, Barangay 775 is now being cited as one of the cleanest in the capital.

**PHILIPPINES**

**HEALTH AND ENVIRONMENT**

Myanmar is experiencing one of the worst AIDS epidemics in Southeast Asia. Over half of the 220,000 people living with the virus have not yet had access to treatment. HIV particularly affects people who inject drugs, sex workers and men who have sex with men. These people, frequently victims of discrimination, are rarely taken into consideration within awareness-raising, screening and treatment programmes. Isolation, the limited capacities of public institutions and punitive legislation all also act as barriers in the fight against HIV in Myanmar. For this reason, MdM is supporting the country’s Ministry for Health and Sport by offering harm reduction services tailored to these key groups.

**MYANMAR**

**HARM REDUCTION**

**YANGON**

Since 2000, via a network of peereducators, MdM has been working alongside the sex worker and homosexual communities in Yangon. In addition to preventative actions, over one thousand people each year attend a permanent clinic where they are given anti-retroviral treatments and advice and can be tested for other diseases such as tuberculosis and sexually transmitted infections.

Awareness-raising and advocacy campaigns are also organised, in particular in order to improve the day-to-day lives of these individuals and enable them to access HIV prevention services.
KACHIN

In the rural Kachin State in the north of Myanmar, people who use drugs face significant levels of discrimination and are persecuted by anti-drug religious communities known as “Pat Jasan”. Supported by a network of community workers, MdM is present in three townships and involved in outreach activities. This model enables people who use drugs to be offered a wide range of services: testing, advice and HIV treatments, primary healthcare, hepatitis B vaccination and hepatitis C testing, testing and treatment for STIs and tuberculosis, and referral to care and support services.

MdM also offers access to substitution treatment using methadone, distributes preventative health materials and organises workshops on health education and antiretroviral treatments to get people who use drugs involved in prevention measures. MdM is also working to improve the acceptance of harm reduction programmes by the authorities and society, and is taking part in the process for the reform of drug laws.
Since 1989, Opération Sourire (Operation Smile), run by Médecins du Monde France, has been organising 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 is also supported by three other member organisations of the MdM network: MdM Germany, MdM Japan and MdM Netherlands. In 2019, 582 patients were operated on during 16 missions carried out in 7 countries (Sierra Leone, Tanzania, Cambodia, Bangladesh, Myanmar, Madagascar and Pakistan) thanks to the work of over 90 medical volunteers.

The teams mainly treated patients suffering from cleft lips and palates, scarring from burns or tumours or significant facial abnormalities.

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.).

**PROFILE OF PATIENTS OPERATED ON IN 2019**

A total of 327 patients underwent operations during the 8 missions completed in 2019 by MdM France.

**BREAKDOWN OF CONDITIONS TREATED:**

- congenital conditions (meningoceles, cleft lips, abnormalities): 37%
- tumours (tumours, keloid scars, cysts, lipomas): 13%
- scarring (burns): 24%
- abdominal surgery: 18%
- other: 8%

Over half of all patients were aged under 15. 60% were under 5. In Madagascar in particular, the teams specialising in operating on cleft lips and palates and on abdominal conditions mainly treated children (approximately 90%).

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

**30 YEARS OF OPÉRATION SOURIRE**

Opération Sourire continues to be a humanitarian surgical programme which remains highly relevant, given the scale of the needs which still exist in the various countries involved and the results achieved (skills transfers, treatment of complex conditions and patient follow-up and reintegration).

Since 1989, volunteer medical teams have been offering reconstructive surgery to those without access to treatment. Over the course of 30 years, more than 17,500 patients have been operated on across some ten different countries.

In 2019, 16 missions in 7 countries operated on 582 patients:

- MdM Germany: 1 mission - 39 patients (Cambodia)
- MdM Japan: 4 missions - 82 patients (Bangladesh, Myanmar)
- MdM Netherlands: 3 missions - 134 patients (Sierra Leone, Tanzania)
- MdM France: 8 missions - 327 patients (Cambodia, Madagascar, Pakistan)

**PROSPECTS AND CHALLENGES**

MdM France is planning eight surgical missions for 2020.
COORDINATION

Volunteer members: Dr Isabelle Barthélémy, Dr François Foussadier, Dr Frédéric Lauwers
Headquarters: Marine Bussac

PROGRAMME COUNTRIES

Cambodia, Madagascar, Pakistan

BUDGET

€305,000

PARTNER

Fondation d’entreprise L’Oréal
In 2019, our programmes and activities were carried out against a worsening political, economic and social background, with conditions becoming noticeably tougher in particular for the most vulnerable. In the light of the current Covid-19 epidemic, this situation leads to fears of yet further consequences, both social and economic, triggering a slide into vulnerability for a significant part of the population.

**Worsening Inequality**

2019 was marked by an increase in poverty and social inequality in France. After a period of stability, poverty rates increased and nearly 15% of the total population or 9.3 million people are now at risk. Social inequality is growing: 5 million people are now living on less than €855 a month and 4 million are in substandard housing. Difficulties are compounded in certain regions. The chances of obtaining access to employment, healthcare facilities or education are slim. These problems come in the context of widespread and continuous cuts in public services.

Another key factor is the deepening general crisis impacting the healthcare system. Hospital staff have been speaking out on a scale rarely seen previously, in particular in accident and emergency departments. Like many others working on this issue for over a year now, we have been protesting against a systemic crisis affecting not only public hospitals, which are being transformed into what might be described as care factories, but also health and social care establishments, residential care homes for the elderly impacted by budget cuts and the scarcity of general practitioners in some towns which is leading to the creation of “medical deserts”. There is a desperate shortage of material and human resources which will have dramatic consequences on the fight against the Covid-19 pandemic.

**Welcomed with Even Less Dignity**

Regarding the migrant crisis, 2019 saw European countries pursue their migration policies unchanged. Europe is continuing to barricade its borders, putting up barriers and walls. 2019 therefore saw records broken in terms of the number of undocumented migrants deported and expelled from countries. NGOs such as SOS Méditerranée were declared illegal and prohibited from carrying out rescue work at sea. This repressive policy, focused entirely on security, is forcing refugees to resort to dangerous migration routes and live in totally unacceptable
conditions, in makeshift camps which are re-built after each round of expulsions.

In particular, at the end of the year, an orchestrated campaign targeting alleged “medical tourism” drastically reduced access to health insurance for asylum seekers by introducing a three-month waiting period for those covered by AME insurance and whose residency permits have expired. These attacks on the right to healthcare of the most vulnerable are an aberration in terms of personal and community health and represent a serious policy error.

**A SOCIAL AND ENVIRONMENTAL CRISIS**

In relation to the environment, 2019 saw the emergence of a global youth movement calling for strong government action and linking the environmental cause with the fight for social justice. These challenges have become an absolute priority as the environmental crisis is having significant impacts on community health. The most vulnerable in society are its first victims and the WHO, for example, considers that around 14% of all deaths in France are caused by environmental factors.

Finally, the past year, with the protests led by the “yellow vests” (gilets jaunes) movement, has confirmed that there is a real crisis in political representation. Ordinary people are expressing a lack of trust and feelings of powerlessness with regard to public policy. The negligence and lack of preparedness on the part of the authorities when faced with the 2020 epidemic risks seeing this mistrust increase. There is legitimate anger which could incite some to shift towards nationalism and authoritarianism. This situation therefore requires people to demonstrate ever greater solidarity and fraternity.
Projects in rural areas, on the streets, in slums and with migrants...

Healthcare, advice and referral centres (CASOs)

Projects supporting sex workers

Projects supporting people who use drugs

Projects supporting people in prison

Projects supporting unaccompanied minors from abroad

HIV / hepatitis / STI / tuberculosis prevention

Outreach actions

Activities at 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 develop 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 2019, our 14 MdM France Healthcare, Advice and Referral Centres (CASO) and Reception, Referral and Support Centres (CAOA) saw a total of 23,048 service users.

- 23,712 medical consultations
- 1,564 dental appointments (general and specialist)

- 7,264 paramedical and prevention social consultations
- 15,461 social consultations

The average patient age is 32.8.

- 12.3 % are under 18
- 97.3 % are non-French in
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. They are designed to facilitate access to healthcare and prevention services and access to rights for people with serious problems who are excluded and don’t know their rights or who are unable to exercise their rights. MdM operated 14 such CASOs in 2019.

People can attend the centres free of charge and unconditionally, 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 infectious disease prevention and on testing for certain conditions. Psychosocial support and help with mental health issues are also on offer, in particular following a migration process which frequently leads to psychological suffering.

MdM documents the situations and lobbies the healthcare providers involved in relation to the barriers encountered by patients excluded from the healthcare system. The medical and social data collected from the people we see are complemented by personal accounts which illustrate the impact on health of the lack of support measures (such as interpreting or health mediation) and the extreme vulnerability of homeless families.

At the end of 2019, the French parliament imposed restrictions on access to healthcare by vulnerable foreigners. This reform raises yet further barriers to accessing healthcare for those seen in our Healthcare Advice and Referral Centres (CASO). MdM is challenging institutions to accept and include these people in the mainstream healthcare system through properly organised structures (drop-in healthcare centres (PASS), mother-and-child protection services, medical and mental health centres, etc.). We are advocating treatment with dignity for all and the simplification of access to rights (removal of the need to provide a home address and merging of the AME health coverage system with the social security system) and for health for all, regardless of administrative status.
MdM is running two projects, one for people prior to imprisonment in Marseille and the other promoting a community approach to healthcare in Nantes. These have the potential to become model programmes and promote:

- 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 required by the law of 18 January 1994.

MdM is a member of the health promotion working group run by France’s Directorate General of Health (Direction générale de la Santé) and, in September 2019, was joint organiser of a conference on health promotion alongside France’s Ministries of Justice and Health. We are also a member of the Sidaction group of AIDS experts which brings together healthcare professionals, prison officers and third-sector organisations.
WORK IN RURAL AND URBAN AREAS
Since April 2016, we have been working to promote access to healthcare and rights in the urban district of Lille-Sud. The programme team runs prevention schemes, is developing an outreach approach towards those with no access to healthcare and supports them with administrative issues. They work together on the main barriers encountered and involve third-sector and mainstream bodies with the aim of increasing individual and collective capacity.

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 RESCORD A programme based in Combrailles (Auvergne) supports access to and coordination of healthcare for people living in vulnerable conditions, who are frequently isolated. In 2019, a car pool programme was launched with the St-Eloi local district authorities and Covoiturage Auvergne to facilitate travel to healthcare, testing and prevention facilities. A training pack on how to use this programme was also produced.

- In the Upper Valley of the Aude, MdM is empowering individuals in vulnerable situations to access healthcare. 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 for people who use psychoactive substances.

These three programmes promote healthcare mediation - a tailored approach for people who have lost touch with the healthcare system.
THE HEALTH OF HOMELESS OR POORLY HOUSED PEOPLE

PROMOTING THE HEALTH OF HOMELESS PEOPLE

Insecurity, substandard housing, life on the streets, “survival mode” – these are characteristics shared by all those being helped by MdM and pose a serious threat to their health. They are problems that affect the people we meet in the context of outreach programmes, in slums, on the streets and in migrant camps, but also those seen in Healthcare Advice and Referral Centres (CASO) where 93.7% of patients are living in non-permanent accommodation and 33% in extremely insecure situations (on the streets, in emergency shelters for 15 days or less, in squats or in camps). The current situation, with emergency housing swamped and repeated challenges to the principle of unconditional welcome, is having an extremely severe impact on these people.

OUR WORK

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

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

MdM’s actions highlight the difficulties encountered by homeless people when trying to exercise their rights and access healthcare. In addition to their work on the ground and to avoid become part of a substitution process, MdM’s teams lobby institutions to promote suitable, long-term housing and accommodation solutions, as well as outreach initiatives enabling those who are most excluded to receive medical and psychosocial support as well as 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 those living in informal housing are left to their own devices, disconnected from the healthcare system. Continuity of care is disrupted and epidemics become difficult to prevent and control. In order to be able to benefit from medical services, these people face multiple obstacles preventing them from accessing their rights and they face very long waits while their files are examined.

The Government Inquiry of 25 January 2018 which focused on the eradication of slums, as well as the doubling of the relevant budget announced in 2019, are positive signs that public action is moving towards sustainable solutions. However, in 2019, while the number of evictions appears to have fallen in certain areas, no progress has been made in the introduction of local strategies and we are yet to see any concrete results on the ground.

OUR WORK

MdM works in squats and slums to ensure access to healthcare and rights for the people living there and to guide them towards healthcare facilities. We focus in particular 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, empowering them to access healthcare and rights independently.
MdM supports a policy of gradual slum clearance with the participation of the people affected, but stresses the importance of collaborative solutions 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 Provence-Alpes-Côte d’Azur (PACA) regional office of MdM has placed the issue of substandard housing at the heart of its activity, in particular following the collapse of a building on the Rue d’Aubagne in Marseille on 5 November 2018. Work also continues with those living on the streets and in slums. Whatever form it takes, substandard housing is bad for health.

MdM’s teams in Marseille are running a programme which includes seeking to improve living conditions in slums. There are many environmental factors which can be harmful to health: water quality, toilets, waste management, wood used for heating, scrap metal collection, air pollution in poorly ventilated and particularly exposed areas, vermin, etc.

We are lobbying the authorities to provide access to water, which is fundamental, and also to toilets and waste collection services, wherever people may be living.
The number of people fleeing from war, persecution or conflict exceeded 70 million in 2018 (UNHCR report dated June 2019). This is a level without precedent in the United Nations Refugee Agency’s nearly seventy years of existence.

In France, the Office for the Protection of Refugees and Stateless Persons (OFPRA) registered slightly more than 130,000 applications. After remaining low in 2015 and 2016, asylum applications rose by 7.3% in 2019 according to statistics published in January 2020 by the French Ministry of the Interior. During the same period, expulsions of irregular migrants rose by 19% to 23,746. Finally, some 50% of asylum applicants have not been provided with accommodation despite this being a legal requirement.

**IN FRANCE’S MAIN CITIES**

Throughout France, the number of camps and squats is increasing due to a policy of rejection and the tightening of policies on migration. People are living in totally unacceptable conditions.

MdM works with migrants on most of its programmes in France and 96% of those seen in our Healthcare Advice and Referral Centres (CASOs) are foreigners in difficulty. At healthcare facilities and mobile clinics our teams provide nursing care, medical consultations, prevention services and social support. The physical and psychological suffering experienced during migration is also addressed.

MdM campaigns for everyone to be treated with dignity, whatever their administrative status, for their fundamental rights to be respected and for access to be provided to unconditional, high-quality care.
FRENCH-ITALIAN BORDER
In 2019, the route from Italy to France remained a major migration route for those wishing to travel further across Europe. Migrants trying to cross from Ventimiglia to Menton are systematically held in deplorable conditions and then sent back to Italy from the border post in Menton. MdM is working closely with Italian and French associations to help those sent back across the border and regularly organises medical consultations for homeless migrants in Ventimiglia.

In parallel with the closure of the border in the south, increasing numbers of migrants have been arriving in the Briançon region via the Col de l’Échelle and Montgenèvre. Local residents rapidly set up a network to help these people. The risks taken by the migrants to reach Briançon, particularly in winter, are exacerbated by the police presence which has been increased since 2018 when over 5,000 people crossed the mountains to reach France. In 2019, the number of people arriving at Refuge Solidaire (an accommodation centre run by a non-profit organisation) fell below 2,000. MdM’s mobile shelter unit (UMMA) is used in the mountains with Tous Migrants in order to help and provide shelter to those crossing the border on foot. 32 missions were undertaken in November and December 2019, enabling help to be provided to 69 individuals.

PARIS
2019 once again saw chaos in Paris, with the establishment of several large-scale camps and a record number of homeless people at the end of the year (around 3,500).

While the opening of a Humanitarian Shelter at Porte de la Chapelle in May enabled basic services to be provided (water, showers and rest areas), no significant progress has been made regarding accommodation. Services are still under-resourced and the provision of accommodation still remains conditional upon the immigration status of the individual, leaving the “Dublin” migrants, rejected asylum seekers and undocumented migrants with no options, despite their immense vulnerability.

Worse still, following the evacuations at the end of the year, the police authorities announced the implementation of a “no return” policy, reinforcing the deployment of law enforcement agencies in the area to prevent any attempt to rebuild the camp. This police presence forces migrants into hiding and means they are living in indescribable conditions.

Faced with this situation, MdM’s mobile health monitoring unit once again saw a significant increase in activity (with the number of medical consultations increasing from 3,467 to 4,019), as did the reception and psychological support service operated in parallel (consultations up from 325 to 436). This service has grown considerably (with 14.5 attendees on average compared to 8 in 2018, i.e. an increase of +81%), showing the scale of the need in terms of mental health for exiles living on the streets.

In terms of coordinated third-sector actions, 2019 was marked by two key events: a symbolic “strike” day on 9 April to publicise the lack of action by the government and the drafting in late June of a national manifesto entitled “Ending inhuman vagrancy and camps in France” and signed by around one hundred citizens’ and community organisations.

CALAIS, GRANDE-SYNTHE, DUNKERQUE
2019 saw a stalemate in the situation on the north coast, where migrants trying to reach the UK are systematically stopped by the law enforcement agencies. Access to the port of Calais is blocked by fencing and barbed wire and even the smallest camps are continually broken up by the police. An Observatory covering mass expulsions from informal camps, set up by several organisations in late 2018, identified nearly 1,200 expulsions in mainland France in the course of one year, 85% of which took place at the Calais and Grande-Synthe sites and almost all on a questionable legal basis.

Legal proceedings have been launched by several organisations, including MdM, at the administrative courts in Lille in order to condemn the degrading living conditions of hundreds of people in Grande-Synthe. On 21 June 2019, further to an appeal, France’s Supreme Court (Conseil d’État) ordered the government to provide hygiene facilities and carry out inspections, but rejected the applications for emergency accommodation.

The approximately 1,000 migrants living permanently in Calais and Grande-Synthe have been reduced to living in appalling conditions without access to water or hygiene. These degrading living conditions, combined with heavy police pressure aimed at stopping any permanent camps from being established, are causing physical and mental trauma to the migrants. The MdM team completed nearly 140 outreach sessions at the two sites using the mobile medical clinic, carrying out 3,187 medical consultations and providing general nursing care. In addition, over 430 individuals received psychosocial support during the 36 outreach sessions organised by the team in 2019.

1. 36,512 asylum applications were upheld in 2019, i.e. 28%.
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 healthcare (SRH) 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. Our teams meet patients in vulnerable situations, mainly foreigners originating in particular from regions with high HIV and hepatitis B and C infection rates.

OUR WORK
- Strengthening prevention: providing programmes with SRH prevention materials and supplies (leaflets and condoms), one-to-one and group sessions.
- Improving access to screening: information, referrals and testing for HIV, STIs, hepatitis B and C, 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
- Nearly 150 professionals trained in SRH issues, counselling or RDT techniques.
- Over 4,000 one-to-one and joint prevention sessions delivered in 2019.

CHALLENGES
- To support mainstream services with making contact and treating those excluded from prevention measures.
- To develop specially tailored access to testing.
Our harm reduction strategy 2017-2021 draws on MdM’s fundamental principles of caring, bearing witness, advocacy, and supporting communities seeking social change. It is an extension of our political campaigning on behalf of and alongside people who use drugs, sex workers and sexual and gender minorities. The 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 was incorporated into law in 2004, MdM’s actions are still hampered by the legal framework (prohibition and criminalisation of drug use). These restrictive measures considerably hinder the impact of healthcare policy and add to the stigmatisation of people who use drugs. MdM is advocating in favour of drug policies focused on health promotion.

**OUR WORK**

MdM is continuing to work on the transfer of the “XBT” programme promoting the sharing of drug tests as a harm reduction measure in cooperation with over 50 partners.

**KEY FIGURES**

Two databases have been produced to build on the knowledge acquired by MdM and its partners. Over 1,200 samples were collected and analysed in 2019.

**CHALLENGES**

MdM continues to monitor the effectiveness of access to harm reduction tools and measures. In this context, we took part in a joint campaign with a number of organisations on problems with access to Naloxone, an effective treatment for overdoses. The movement, which began in 2018 in response to a draft Bill proposing the introduction of fixed fines for the offence of drug use, is taking shape with the launch of a collective campaign for a new policy on drugs, bringing together over twenty organisations. The aim is to focus advocacy efforts on changing the legal framework and decriminalisation.

**SEX WORK**

MdM has been working with other organisations to ensure that health policy includes the specific needs of sex workers, with an approach based on harm reduction, and we have been advocating for the introduction of a legal and statutory framework designed to protect their health.

**OUR WORK**

MdM’s objective is to improve the health of sex workers and reduce the risks generated by their practices. It aims to promote access to health and rights amongst sex workers.

**KEY FIGURES**

In 2019, over 120 volunteers worked on three programmes (in Montpellier, Paris and Rouen), recording nearly 14,000 contacts and offering support to around 1,300 people.

**CHALLENGES**

In response to the growing vulnerability of sex workers and the increase in violence seen on the ground, MdM is advocating in favour of:

- Guaranteed effective access to health and rights and continuing harm reduction measures;
- Improvements to the range of support and protection measures available to victims of violence;
- Involving sex workers in the drafting, implementation and assessment of the health policies which concern them;
- The repeal of the pathway for exiting prostitution as defined in the French law of 13/04/2016 to promote genuine measures enabling those wishing to find other income-generating activities to do so;
- The repeal of the criminalisation of clients and the decriminalisation of sex work.
In France, one in five (or three million) children are currently living below the poverty line. Children represent 20% of the homeless population and some 9,000 children are living in slums. Furthermore, many unaccompanied minors are living in extremely vulnerable conditions.

The issue of vulnerable children is a key concern for MdM’s programmes in France which are faced with this problem on a daily basis. Some 12% of those seen by the Healthcare, Advice and Referral Centres (CASOs) in 2019 were under 18 and over one quarter were aged under 5. In total, 1,313 unaccompanied minors were seen in the context of specific programmes and at the CASOs.

Similarly, a large number of those living in slums supported by our teams are families with children and we are seeing increasing numbers of families, single mothers with children and unaccompanied minors amongst those living on the streets or in squats. Our programmes focus on providing these vulnerable children with care and support to help them exercise their rights to protection, acceptable living standards and access to healthcare.

UNACCOMPANIED MINORS

Half of all displaced people worldwide are children. Some of them are alone, without their parents. Just like the adults, they are fleeing violence, discrimination or poverty. Just like the adults, they face hazardous migration journeys and hostile conditions upon arrival. As unaccompanied minors, they are even more exposed to the risk of physical, psychological and sexual violence, exploitation and trafficking.

These unaccompanied minors must be protected as children in danger. Yet they encounter doubt and suspicion and are accused of lying about their age in order to benefit from child protection measures. On the basis of rapid administrative assessments, which are subjective and poorly suited, and even though they are deprived of even minimum protection measures, they then find themselves excluded from any kind of care or intervention. While awaiting a court decision on their situation (which for over half of them will acknowledge their status as minors and their entitlement to protection), they live on the streets, with no support other than that provided by associations and community groups.

For several years now, MdM has been working with unaccompanied minors who are excluded from child protection services, through dedicated programmes and also in the context of our healthcare and prevention work. Our teams work with them to offer a sympathetic ear, access to healthcare and assistance with securing recognition of their rights.

MdM also advocates for them to be recognised as children at risk first and foremost and calls for all necessary measures to be taken to protect them and provide them with access to healthcare and education and to ensure that they have a future ahead of them.

OVERSEAS

2019 was once again a year of complex issues for the three French overseas territories in which MdM is active.

REUNION
In late 2018 and early 2019, several boats carrying hundreds of migrants arrived from Sri Lanka. The team in Reunion was very active in organising medical consultations as soon as they landed and ensuring that access to rights and healthcare was available. Advocacy work encouraged the authorities to look after these people who were provided with emergency accommodation. MdM also arranged psychosocial support interventions.

MAYOTTE
The situation remains extremely complicated in Mayotte, with unprecedented police repression. In 2019, a total of 27,421 deportations were carried out, 99% of which were to the Comoros. This represents an increase of 83% on 2018. The number of deportations is moreover equivalent to around 10% of Mayotte’s total population. ID checks are being carried out constantly right across the island, even around healthcare facilities. Under these conditions, people are becoming more and more hesitant to visit dispensaries or come to the hospital due to fear of arrest, and they frequently decide not to seek care. The MdM team in Mayotte continued its outreach work in the temporary residential district of Kaweni in which some 15,000 people are living in atrocious conditions in slums, with extremely limited access to healthcare. This is also due to the lack of human resources and medical infrastructure and the fact that the normal services do not exist here: in Mayotte, neither the AME nor the PASS system is in place.

FRENCH GUIANA
2019 began against a background of relative stability in French Guiana compared with the events of 2017 when Cayenne was blockaded for several weeks. MdM was therefore able to start planning a new “PASS de ville” project in conjunction with healthcare professionals, the ARS and the local social security fund (CGSS) aimed at providing support to those living in the slums of the island of Cayenne. However, the arrival of a new Prefect complicated the situation, as a plan for the expulsion of one slum area per month was implemented at the end of the year, without any sustainable plan for the re-housing of hundreds of people. Officially, the aim was “to tackle illegal immigration”. The MdM team was very busy working alongside other organisations in the neighbourhoods and with those communities most at risk, so as to help those who had been evicted and to challenge this policy which is causing even greater harm to these already vulnerable communities.

In 2019, an investigation into access to rights and healthcare amongst vulnerable communities overseas was launched in Mayotte and French Guiana and this will be extended to Reunion.
**ELECTION OF REGIONAL COLLEGES**
As is the case every three years, the regional offices were invited to renew their regional colleges. Composed of between three and seven members including an executive committee with a regional delegate, a regional secretary and a regional treasurer, the college is elected via a secret ballot in which votes are cast by all members of the office during a regional assembly. This election is then submitted for approval to MdM’s board of directors.

The college and its delegate are responsible for the implementation in the region of MdM’s policies. More specifically, for example, they approve the drafting of a project or a strategy, by assessing the local MdM office’s level of commitment and potential support for the policy, by verifying that the proposal is in line with regional strategy and by approving the office’s budgets. Once elected, the college is responsible for defining its decision-making mechanisms within the area for which it is responsible, in particular in the event of emergencies.

To support this key moment in the life of the organisation, the general secretaries and the community unit provided support for the work carried out by candidates before and during the elections. More specifically, a public relations campaign involving the broadcasting of videos containing personal statements and circulation of articles promoting these appointments was supported, training was provided on the conduct of the elections and members of the board of directors and the community unit carried out visits where requested.

73 members were elected, over 65% of them for the first time, to perform these duties as volunteer executives during the first and second halves of 2019.

**WELCOME TO THE REGIONAL OFFICE EVENT**
Developed at the request of the regional offices in order to better equip members of the colleges to perform their duties, the “Bienvenue au college” (BAC) welcome event enabled training to be provided in 2019 to 51 volunteers, i.e. over two thirds of all regional elected delegates.

Five sessions were held between April and September in Bordeaux, Lyon, St-Pierre (Reunion) and Paris with the aim of:
- explaining and sharing MdM’s strategies and values;
- providing a toolbox to give a better understanding of the organisation in general;
- discussing how a regional office is organised;
- providing a better understanding of the role and responsibility of a college and its members.

95% of participants stated that they were satisfied with their experience of the event (66% were very satisfied) and over 80% considered that the goals of the seminar had been achieved. The community unit coordinated the development and implementation of this project, aimed at enhancing knowledge of the organisation, with support from the general secretaries, the regional offices, previous college members and the training teams and the Horizon 2025 team. They were led by the general secretaries and college members.
DIRECTORY
OF REGIONAL OFFICES

ALSACE
24, rue du Maréchal-Foch, 67000 STRASBOURG
T : +33 (0)3 88 14 01 00
alsace@medecinsdumonde.net

AQUITAINE
2, rue Charlevoix-de-Villers, 33300 BORDEAUX
T : +33 (0)5 56 79 13 82
aquitaine@medecinsdumonde.net

CORSICA
6, boulevard Danielle-Casanova, 20000 AJACCIO
T : +33 (0)4 95 51 14 11
caso.ajaccio@medecinsdumonde.net

FRENCH GUIANA
32, rue Vermont Polycarpe, 97300 CAYENNE
T : +33 (0)5 94 28 36 77
mf.cayenne@medecinsdumonde.net

HAUTS-DE-FRANCE
129, boulevard Montebello, 59000 LILLE
T : +33 (0)3 83 85 73 98
hauts-de-france@medecinsdumonde.net

ÎLE-DE-FRANCE
15b, boulevard de Picpus, 75012 PARIS
T : +33 (0)1 43 14 81 99
ile-de-france@medecinsdumonde.net

LANGUEDOC-ROUSSILLON
18, rue Henri Dunant, 34090 MONTPELLIER
T : +33 (0)4 99 23 27 17
languedoc-roussillon@medecinsdumonde.net

LORRAINE
13 B, rue de la Ravinelle, 54000 NANCY
T : +33 (0)3 83 27 87 84
lorraine@medecinsdumonde.net

MIDI-PYRÉNÉES
5, boulevard de Bonrepos, 31000 TOULOUSE
T : +33 (0)5 61 63 78 78
midi-pyrenees@medecinsdumonde.net

NORMANDY
5, rue d’Elbeuf, 76100 ROUEN
T : +33 (0)2 35 72 56 66
normandie@medecinsdumonde.net

INDIAN OCEAN
22, rue St Louis, 97460 SAINT-PAUL
T : +33 (0)2 62 21 71 66
ocean-indien@medecinsdumonde.net

PACA
4, avenue Rostand, 13003 MARSEILLE
T : +33 (0)4 95 04 59 62
mdmpaca@medecinsdumonde.net

PAYS DE LA LOIRE
33, rue Fouré, 44000 NANTES
T : +33 (0)2 40 47 36 99
pays-de-la-loire@medecinsdumonde.net

POITOU-CHARENTES
169, rue Saint Roch, 16000 ANGOULÈME
T : +33 (0)9 51 13 57 16
poitou-charentes@medecinsdumonde.net

RHÔNE-ALPES / AUVERGNE
11/15, boulevard Vivier Merle, 69001 LYON
T : +33 (0)4 72 92 49 01
rhone-alpes@medecinsdumonde.net
In accordance with the decisions made by the MdM Board of Directors, the adoption service closed on 31 December 2019.

The transition period, which had lasted several years, enabled the closure to take place under the best possible conditions for the families who had placed their trust in the MdM body authorised to oversee adoptions (the OAA).

All the families supported by MdM in the adoption process have been able to pursue their adoption plans thanks to the significant involvement of the whole team which organised the transfer of all files to other adoption bodies.

The monitoring of the adoption service and of some of the families who had already adopted children is not completely finished. Links with certain families, our partners and the administrative authorities continue and some activity is therefore ongoing.

In total, 4,244 children have been adopted by 3,666 families.

**ACTIVITIES IN 2019**

- One final child arrived in France from Haiti for adoption.
- Follow-up was provided for 112 children by teams at our regional offices and at MdM headquarters.

A day-long event was organised on 21 November 2019, the day after World Children’s Day, in order to look back at the very first years of the adoption service, acknowledge three decades of international adoptions and thank the families for their trust and the teams for the level of commitment they demonstrated.

**EXPERTISE**

The work undertaken by MdM on international adoption, in particular for children with special needs, continues to receive recognition from all those involved in the adoption process. MdM is acknowledged 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 Kamaratos (Director of Defence for Children International).  
**Human resources:** 3 employees and 78 volunteers once again worked on the adoption programme in 2019, with the work divided between headquarters and the regional offices.
In 2019, the 16 associations which form Médecins du Monde’s International Network continued to implement joint programmes and to organise the division of their operations.

A COORDINATED RESPONSE BY FIVE ASSOCIATIONS IN SYRIA

Since 2012, MdM has been developing a primary health-care programme in Syria. The country, which entered into a 10th year of fighting in 2020, today has nearly 6.2 million displaced persons and 11.7 million are in need of humanitarian aid.

In 2017, MdM’s International Network began to develop a genuinely regional approach, with the presence of MdM Spain in the north-east of the country (Al Hasakah) and the transfer in 2019 to MdM Turkey – a new member of the International Network – of the projects being run in the north-west (Idlib and Afrin) by MdM France which will maintain its development of activities in the south of the country (Dara’a). Financial support for these multiple activities is provided by MdM Germany and MdM Canada.

Today, the International Network is working to improve access to healthcare (primary health, sexual and reproductive health, mental health and psychosocial support, and referrals) for both displaced people and host communities in Syria, either through direct action or by providing support to local partners. In parallel, advocacy work is being carried out to highlight the many attacks targeting healthcare facilities and the population, and to provide reminders of the serious humanitarian crisis which is continuing in the region.

THE NETWORK’S PROJECTS IN EUROPE

In 2019, MdM France worked on multi-country projects in Europe alongside MdM Greece and MdM Belgium. The 4Women project, funded by the Fondation Chanel, is aimed at improving the response to the specific needs of female migrants and refugees in France (Saint-Denis and Bordeaux), Italy, Croatia and Greece, with particular emphasis on sexual and reproductive health, mental health and gender-based violence.

1. Argentina, Belgium, Canada, France, Germany, Greece, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom and United States.
For a period of 18 months the WE-ACT project, financed by the EU’s DG Justice and coordinated by MdM Belgium, focused on reinforcing our response in terms of preventing, identifying and dealing with gender-based violence in France (via project Jasmine), Italy, Bulgaria, Croatia and Belgium.

These two additional projects have enabled us to strengthen our response in each country and also to reinforce the sharing of best practices and mutual learning between the various teams within the Network.

**THE HUMANITARIAN CRISIS IN VENEZUELA**

Venezuela is currently experiencing the worst political, socio-economic and human rights crisis in its history. Some seven million people in the country are in need of humanitarian aid, while over 4.7 million Venezuelans have now left the country, with at least 1.6 million of these setting up home in Colombia and 385,000 in Ecuador.

In response to this situation and in the context of a regional approach, MdM France and MdM Spain are working together to meet the needs of those most at risk. Their actions are concentrating on improving access to healthcare for children, teenagers and women affected by this crisis, both in Venezuela and in Ecuador and Colombia.

In these three countries, MdM is facilitating access to primary healthcare facilities, sexual and reproductive health services and mental health services, offering general medical appointments and providing medical equipment. Health education activities are also being run and consultations organised to identify and provide medical assistance to survivors of gender-based violence.
TRANSFER OF THE SRI LANKA PROGRAMME

Between 2015 and 2018, MdM France ran a sexual and reproductive healthcare project in Sri Lanka’s North and Central Provinces, in partnership with local organisations. When MdM France decided to terminate the project in 2018 and to complete a gradual withdrawal from the country, MdM Japan expressed an interest in taking over the project in the Central Province. Between September and December 2018, the two parties produced a joint transition plan, working closely with the Human Development Organisation, our local partner in the Central province.

MdM France and MdM Japan reached an agreement on the new phase of operational planning, with 2019 seeing the transition. As most of the project’s funding comes from MdM’s own funds, co-funding and staff were gradually transferred from MdM France to MdM Japan over the course of the first five months of 2019.

In May 2019, MdM France’s general coordinator finalised the transition and handed the entire mission and the project over to MdM Japan’s general coordinator. MdM Japan took over the project in June 2019 following the smooth completion of the transfer phase. Since then, MdM Japan has been running the project successfully.

KEY FIGURES

In total, the MdM International Network ran 326 programmes in 74 countries.

173 international programmes in 58 countries:

- **Africa**: 91 programmes in 28 countries
- **Americas**: 32 programmes in 9 countries
- **Asia**: 18 programmes in 9 countries
- **Middle East**: 21 programmes in 5 countries
- **Europe**: 11 programmes in 7 countries

153 national programmes in the Network’s 16 countries:

- **Americas**: 15 programmes in 3 countries
- **Europe**: 136 programmes in 12 countries
- **Asia**: 2 programmes in 1 country
# THE ASSOCIATIONS

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<tr>
<th>Country</th>
<th>Website</th>
<th>President</th>
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<tr>
<td>MDM ARGENTINA</td>
<td><a href="http://www.mdm.org.ar">www.mdm.org.ar</a></td>
<td>Ms Jimena Marro</td>
</tr>
<tr>
<td>MDM BELGIUM</td>
<td><a href="http://www.medecinsdumonde.be">www.medecinsdumonde.be</a></td>
<td>Dr Ri De Ridder</td>
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<td>MDM CANADA</td>
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<td>Dr Nicolas Bergeron</td>
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<td>MDM FRANCE</td>
<td><a href="http://www.medecinsdumonde.org">www.medecinsdumonde.org</a></td>
<td>Dr Philippe de Botton</td>
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<td>MDM GERMANY</td>
<td><a href="http://www.aerztederwelt.org">www.aerztederwelt.org</a></td>
<td>Prof. Heinz-Jochen Zenker</td>
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<td>MDM GREECE</td>
<td><a href="http://www.mdmgreece.gr">www.mdmgreece.gr</a></td>
<td>Dr Tziouvara Charikleia</td>
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<td><a href="http://www.mdm.or.jp">www.mdm.or.jp</a></td>
<td>Mr Gaël Austin</td>
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<td>MDM LUXEMBOURG</td>
<td><a href="http://www.medecinsdumonde.lu">www.medecinsdumonde.lu</a></td>
<td>Dr Jean Bottu</td>
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<td>MDM NETHERLANDS</td>
<td><a href="http://www.doktersvandewereld.org">www.doktersvandewereld.org</a></td>
<td>Dr Anthony Teunissen</td>
</tr>
<tr>
<td>MDM PORTUGAL</td>
<td><a href="http://www.medicosdumundo.pt">www.medicosdumundo.pt</a></td>
<td>Dr Fernando Vasco</td>
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<td><a href="http://www.medicosdelmundo.org">www.medicosdelmundo.org</a></td>
<td>Dr José Félix Hoyo Jiménez</td>
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<td>MDM SWEDEN</td>
<td><a href="http://www.lakareivarlden.org">www.lakareivarlden.org</a></td>
<td>Dr Thomas Aven</td>
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<td>MDM SWITZERLAND</td>
<td><a href="http://www.medecinsdumonde.ch">www.medecinsdumonde.ch</a></td>
<td>Dr Dominik Schmid</td>
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<td>MDM TURKEY</td>
<td><a href="http://www.dunyadoktorlari.org.tr">www.dunyadoktorlari.org.tr</a></td>
<td>Mr Hakan Bilgin</td>
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<td>MDM UNITED KINGDOM</td>
<td><a href="http://www.doctorsoftheworld.org.uk">www.doctorsoftheworld.org.uk</a></td>
<td>Mr Tim Dudderidge</td>
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<tr>
<td>MDM UNITED STATES</td>
<td><a href="http://www.doctorsoftheworld.org">www.doctorsoftheworld.org</a></td>
<td>Prof. Ron Waldman</td>
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MdM is committed to the principles of financial management.

**RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY**

MdM is accredited by the International Committee on Fundraising Organisations (ICFO) and operates in strict compliance with the ICFO 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 our statutory auditors, Deloitte.

Other in-depth audits are carried out by public funding agencies, whether French (in particular, the 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.

**AUDIT COMMITTEE**

In order to improve the efficiency of our organisation, an audit committee and an internal audit department were established in 2019. The committee consists of members of the board of directors and two qualified external experts, including the president. It assists with the board of directors’ decision-making processes and is tasked with issuing opinions on the quality of MdM’s financial information, risk management, internal controls and internal audit.

**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 Turkey, MdM United Kingdom and MdM United States.

Our full financial report is available on our website: medecinsdumonde.org
**MDM-FRANCE EXPENDITURE/INCOME**

<table>
<thead>
<tr>
<th>Expenditure*</th>
<th>Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>83.5%</em> social programmes</td>
<td><em>43.6%</em> public donations</td>
</tr>
<tr>
<td><em>12.7%</em> fundraising</td>
<td><em>51.5%</em> grants from public institutions</td>
</tr>
<tr>
<td><em>3.8%</em> operating costs</td>
<td><em>3.6%</em> private grants and other private funds</td>
</tr>
<tr>
<td><em>1.3%</em> other</td>
<td><em>1.3%</em> other</td>
</tr>
</tbody>
</table>

* Excluding changes in provisions and dedicated funds
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 nearly 200 partners (European NGOs, the Red Cross network and specialist United Nations agencies). Around one third of the budget allocated for the funding of humanitarian projects 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, 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).

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

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 International 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 Commissioner for Refugees (UNHCR), the World Health Organisation (WHO) and the UN Office for the Coordination of Humanitarian Affairs (OCHA).

Since the start of 2018, MdM has been recognised as an official partner of the WHO and we are 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 increasing funding for international and national NGOs.

**THE GLOBAL FUND**
The Global Fund against AIDS, Tuberculosis and Malaria is an international multilateral financial 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 86 billion 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 (managed by Expertise France), an additional contribution by France to the Global Fund.

**FRENCH DEVELOPMENT AGENCY**
The French Development Agency (AFD) is a financial institution that provides official development assistance to low-income countries. Its 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 mechanisms.

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 consortiums. In 2019, a consortium led by MdM was selected for an AFD tender in Lebanon in the context of the Minka initiative.

**CRISIS AND SUPPORT CENTRE (CDCS)**
The Crisis and Support Centre of the French Ministry of Foreign Affairs and International Development manages French public funds for humanitarian emergencies (Fonds Humanitaire d’Urgence or FUH, 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 Germany Ministry of Foreign Affairs (via MdM Germany in Munich), the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGDA) (via MdM Belgium in Brussels), Global Affairs Canada (via MdM Canada in Montreal) and USAID/ OFDA (via MdM USA in New York). MdM also regularly receives support from the Swiss Agency for Development and Cooperation (DDC) and from the governments of the Netherlands in Algeria and of Monaco in Madagascar.

**MULTI-YEAR PARTNERSHIP AGREEMENT BETWEEN THE AFD AND MDM**
Since 2010, the French Development Agency (AFD) has been supporting MdM via Programme Agreements centred on the key areas of sexual and reproductive health. In 2017, MdM’s specific focus was on “unintended 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 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 two years, whilst also developing cross-cutting activities for increasing 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 rights-holders.
BOARD OF DIRECTORS

The General Assembly elects 12 Board members and three substitute members for a term of three years. The Board in turn elects the President and Executive Committee from among its members for a term of one year: Vice Presidents, a Deputy Treasurer, Secretary General and Deputy Secretary General. The Board, which is the organisation’s executive body, meets each month and takes all decisions relating to management.

The following Board members were elected at the General Assembly held on 18 May 2019:

**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**
Bernard Juan, entrepreneur

**Deputy Secretary General**
Dr Patrick Bouffard, health centre cardiologist

**Treasurer**
Dr Florence Rigal, hospital practitioner (internal medicine)

**Deputy Treasurer**
Sophie Alary, Director of Programmes - Association Aurare

**Other Board members:**
Alexandre Kamarotos, Director of Defence for Children International
Thierry Malvezin, specialist educator
Robert Bianco-Levrin, social activist
Dr Carine Rolland, general practitioner
Guillaume Pegon, sociologist, anthropologist and clinical psychologist

**Substitute Board members:**
Géraldine Brun, international consultant on public health and assessment
Mehdi Lahmar, director of health biology projects
Professor Antoine Lazarus, physician and honorary professor of public health and social medicine
MDM MANAGEMENT

Executive Director: Joël Weiler
Director of International Operations: Marina Benedik
Director of French Programmes: Yannick Le Bihan
Director of Finance and Information Systems: Catherine Desessard
Director of Human Resources: Fanny Martin-Born
Director of Communication and Development: Jean-Baptiste Matray
Director of Health and Advocacy: Sandrine Simon
OUR THANKS TO

OUR PRIVATE SECTOR PARTNERS

FOUNDATIONS AND BUSINESSES

OUR PUBLIC SECTOR PARTNERS

MULTILATERAL BODIES

BILATERAL BODIES

In Europe: German Federal Foreign Office (GFFO), German Federal Ministry for Economic Cooperation and Development (BMZ), United Kingdom (DFID and the British Embassy), Monaco (DCI), Switzerland (SDC), Belgium (DGD), Sweden (SIDA), the Netherlands.

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

Other: United States (USAID, OFDA), Canada (GAC).

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


OUR PROGRAMMES IN FRANCE

Regional health agencies (ARS), local 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), Directorate General for Health (DGPS), 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, French 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 ORGANISATIONSS

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), 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), Eurohealthnet, European TB coalition, Global Health Advocates, Royal College of Midwives (UK).

Other Partners

And all our other partners and those who have supported our work in France and abroad during the course of 2019 through a legacy, bequest or life insurance policy and, of course, all our other individual donors.
COORDINATION
Thomas Flamerion

EDITORIAL ASSISTANT
Pauline De Smet

TRANSLATION
Jenny Rimbault
Heather Stacey

DESIGN
CommeQuoi?

PHOTOS
Olivier Papegnies (couverture, p. 4, 26, 32, 37, 40, 45, 51, 52, 55, 56, 60, 68),
Audray Saulem (p. 5), Sébastien Duijndam (p. 11, 12, 15, 20, 42, 46, 63, 67, 74, 78),
Denis Rouvre (p. 16), Léo Delafontaine (p. 17), Bénédicte Kurzen (p. 31)