Fear is no way of looking at the world.
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>p. 7</td>
<td>A WORD FROM OUR PRESIDENT</td>
</tr>
<tr>
<td>p. 10</td>
<td>KEY FIGURES</td>
</tr>
<tr>
<td>p. 12</td>
<td>PRIORITY AREAS</td>
</tr>
<tr>
<td>p. 14</td>
<td>THE ROLE OF THE USER</td>
</tr>
<tr>
<td>p. 16</td>
<td>ADVOCACY AND CAMPAIGNS</td>
</tr>
<tr>
<td>p. 20</td>
<td>INTERNATIONAL PROGRAMMES</td>
</tr>
<tr>
<td>p. 24</td>
<td>North Africa and the Middle East</td>
</tr>
<tr>
<td>p. 30</td>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>p. 34</td>
<td>Latin America and the Caribbean</td>
</tr>
<tr>
<td>p. 38</td>
<td>Eurasia</td>
</tr>
<tr>
<td>p. 44</td>
<td>OPÉRATION SOURIRE</td>
</tr>
<tr>
<td>p. 46</td>
<td>PROGRAMMES IN FRANCE</td>
</tr>
<tr>
<td>p. 48</td>
<td>Observatory on access to rights and healthcare</td>
</tr>
<tr>
<td>p. 50</td>
<td>Access to rights and healthcare</td>
</tr>
<tr>
<td>p. 52</td>
<td>The health of homeless or poorly housed people</td>
</tr>
<tr>
<td>p. 54</td>
<td>Migration</td>
</tr>
<tr>
<td>p. 56</td>
<td>Sexual and reproductive health and rights</td>
</tr>
<tr>
<td>p. 57</td>
<td>Harm reduction</td>
</tr>
<tr>
<td>p. 58</td>
<td>Vulnerable children</td>
</tr>
<tr>
<td>p. 59</td>
<td>Overseas</td>
</tr>
<tr>
<td>p. 60</td>
<td>Directory of regional offices</td>
</tr>
<tr>
<td>p. 63</td>
<td>INTERNATIONAL NETWORK</td>
</tr>
<tr>
<td>p. 65</td>
<td>The organisations</td>
</tr>
<tr>
<td>p. 68</td>
<td>FUNDING</td>
</tr>
<tr>
<td>p. 70</td>
<td>INSTITUTIONAL RELATIONS</td>
</tr>
<tr>
<td>p. 72</td>
<td>ORGANISATION</td>
</tr>
<tr>
<td>p. 74</td>
<td>THANKS</td>
</tr>
</tbody>
</table>
2020 was a year without precedent. It marks a sea change in our volition to keep pushing the limits ever further, shattering the illusion that we are invincible and superior as a species, and confronting us with the painful and tragic recognition of our human frailty.

We have been submerged, thrown off course and traumatised by the tidal wave of COVID-19 and its repercussions. The pandemic has broken this unsustainable lightness of being that had served as a pathway and a hope for us. It is no longer a matter of discoursing on a supposed “world after” but of acting to ensure humans and living beings are shown respect and placed at the heart of our future. 2020 should be a milestone in the process of challenging predatory systems and should witness a radical paradigm shift. Compromise should now cease to be an option.

OPERATIONAL RESPONSIVENESS

For forty years now, Médecins du Monde has been able to cope with the social and political upheavals and disasters that have defined contemporary history. The organisation has responded with utmost responsibility, mobilising all of its human and operational resources to adapt and stand up to the effects of the global health crisis.

Forced to stay in one place, we reviewed our means of discussion, governance and activism in order to maintain connections with our teams, our partners and the entire Médecins du Monde community in France and worldwide. Ad hoc measures were taken, such as the Health Committee, which is set to become a long-term fixture.

The autonomy and trust shown in stakeholders in the field have been the key factors in this struggle.

THE DYNAMIC OF FIGHTING BACK

Overwhelming observations have nevertheless continued during 2020: ever greater social inequalities, limitless violence perpetrated against civilian populations in never-ending conflicts, the rise of religious fanaticism and nationalism based on xenophobia and conspiracy theories or the misuse of social media.

But the #MeToo and Black Lives Matter movements, the mobilisation to tackle the climate crisis, the struggle led by citizens to combat attempts to restrict fundamental freedoms and against obscurantism, the will of civil society in the so-called Global South to question post-colonial representation, including in humanitarian aid, the activist groups of peer users, all of these struggles have sustained our militancy and our hopes.

From the very start of the year, faced with the arrival of the Covid pandemic and the manifest powerlessness of governments, community-based initiatives began to emerge all around the world. The “invisible ones”, those first to get down to work, organised and protected each other. They have continued to work, carrying out the high-risk tasks that are vital for us all. Care providers have, under unimaginable conditions, kept healthcare systems running despite them having been knowingly torn apart over many years.

The commitment and ethics of responsibility shown by those scorned and mistreated by people in power will remain a fundamental act
operational responsiveness. Located as close as possible to needs and individuals, projects have been re-defined, and activities re-deployed, to allow the implementation of protection measures for our teams and for the general public.

In France, government-imposed measures involving stay-at-home orders, protective actions and social distancing have shattered against the implacable living conditions of socially-excluded and vulnerable people, who have been either rendered invisible and abandoned or stigmatised and pursued. We have been supporting them on the coast of northern France where they have gone to ground in the woods and among the dunes, awaiting a hypothetical crossing to Great Britain. We have been supporting them in the Alps, on the French-Italian border, where they are trying to avoid the forces of law and order and find refuge in Briançon. We have also met them in the slums of Seine-Saint-Denis, Bordeaux and Cayenne, in the squats of Marseille, Montpellier or Toulouse, and, everywhere, on the streets. In French Guiana, which is now Médecins du Monde's fifteenth regional delegation, our teams have excelled themselves by playing a vital role in the coordination of the fight against COVID-19.

In Colombia, Pakistan, Madagascar, Palestine and Italy, among others, we have developed projects in response to the crisis in collaboration with local ministries of health and our partners. These have included in-person and remote consultations, preventive measures, awareness-raising, psychosocial guidance and support, detection and isolation of positive or suspected cases, supplies of medication and PPE.

**OBJECTIVES MAINTAINED**

At the same time, we have continued to follow the organisation's international trajectory. For example, in Malaysia, the project forming part of the regional aid to the Rohingya has been launched. The harm reduction programme for key populations in Tanzania has been extended while the programme in Manila, focusing on sexual and reproductive health, has now launched. We have also stepped up our involvement in Colombia and will soon be developing our activities in Burkina Faso and Nigeria. An exploratory mission has enabled us to assess the humanitarian aid need in Sudan. Emergency action has also been taken in the Central African Republic, Lebanon and Nagorno-Karabakh.

In France, work has begun on the health promotion project in the Hauts-de-France mining region. Across the country, we have highlighted our activities and our advocacy for the protection, reception and care of migrants. We also took part in France's Marche des solidarités and denounced the police violence perpetrated during the evacuation of migrants from the Place de la République in Paris.

**FAIR BUT IGNORED ADVOCACY**

The bitter benefit of the COVID-19 pandemic has been its ability to highlight the absolute necessity to have a public healthcare system that is properly equipped, responsive and agile. After a year of experiencing shortages, a lack of resources, the effect of competition for goods and the selfishness of nation states, public opinion has now (re)discovered the injustice of avoidable deaths, the inestimable value of health and fair treatment based on the needs of each individual. The fact that health is a common good, placed above any political, ideological or financial consideration, has become evident as the months have passed and the number of dead has risen.

But while this crisis has highlighted the need for humanitarian action and solidarity between citizens, it has also emphasised certain limits. Our advocacy work has been simultaneously celebrated and disparaged. Celebrated as it has been shown to be accurate in its denunciation of the amplifying effects of medico-social determiners for at-risk populations exposed to the virus. Disparaged, as no opportunities have been seized to resolve these situations of exclusion and excess mortality. No housing plan on the necessary scale have been put in place, and neither have measures to provide unconditional access to accommodation for migrants. Those in power appear to be unmoved by our expertise, opinion and actions.

**STRENGTHENED VALUES**

Internationally, the humanitarian sphere is becoming smaller and more complex. From the multiplication of restrictive administrative procedures and measures to combat terrorism imposed by international and State donors, to the targeting of care structures and the killing of aid workers, we are facing an assault on our values of independence, “committed” neutrality and impartiality.

But this doesn't mean we are powerless, as Médecins du Monde has been able to capitalise on and benefit from the adaptation and conversion work undertaken. The measures taken to preserve and strengthen our independence and
our governance have become established. In particular, via our development model, our funding charter, the policies designed to protect against sexual abuse and exploitation on the one hand and fraud and corruption on the other, the research code of conduct – the prelude to a wider charter based on the “ethics of care” – and also the reinjection of dynamism into our mission on an international scale.

The 2021 Médecins du Monde budget forecast reflects our efforts and choices. By reducing over a period of three years the number of countries in which we are active, increasing the critical mass of our programmes and targeting our areas of intervention, we have managed to generate a margin for manoeuvre based on unallocated resources.

Furthermore, by combining their efforts, the organisations that make up the Médecins du Monde international network are contributing towards strengthening our global impact. This is the case in Syria, Central America and Bangladesh.

Our political and strategic foundations are solid: programmes as close as possible to the beneficiaries, action that remains coherent with our social purpose and vision of society, a community of determined and single-minded actors, a healthy economic model and committed human and political partnerships.

**Our organisation is equipped to deal with the ways of the world, ready to face its disarray.** Of course, we must remain vigilant in order to preserve this independent, ethical and community-based humanitarianism that we defend around the world, as well as this identity that we have forged in France as an activist and promoter of public health.

As I see it, the important things remain. The adversity experienced in 2020 has not dented the indignation, revolt and convictions found within our hearts.

Nevertheless, this pandemic will force us to think very carefully about our future and to reconsider the path ahead for humanitarian action.

I would like to thank everyone in our community for succeeding as a collective in getting through this unprecedented year.
BUDGET

MDM FRANCE
ACTUAL BUDGET €109 million

HUMAN RESOURCES

1,641 PEOPLE ON OUR INTERNATIONAL PROGRAMMES
- 1,457 national staff on field operations
- 4 international volunteers
- 117 staff on international programmes
- 63 staff at headquarters, including 5 floating staff

1,664 PEOPLE ON OUR PROGRAMMES IN FRANCE
- 1,513 active volunteers (including volunteer Board delegates)
- 135 staff in the field and at regional offices
- 16 staff at headquarters

426 PEOPLE IN SUPPORT ROLES
- 252 volunteer Board delegates
- 174 staff at headquarters

KEY FIGURES
56 PROGRAMMES IN 29 LOCATIONS

PROGRAMMES IN FRANCE

38 OUTREACH PROGRAMMES

18 health and environment programmes
5 migration, rights and health programmes
5 harm reduction programmes
2 programmes in prisons
3 programmes for unaccompanied minors
3 access-to-care programmes in rural and urban areas
1 "PASS de ville" programme
1 sexual and reproductive health and rights programme

INTERNATIONAL PROGRAMMES

1 CROSS-CUTTING PREVENTION AND HARM REDUCTION/SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS PROGRAMME

3 PROGRAMMES IN FRENCH OVERSEAS DEPARTMENTS

2,000,000 BENEFICIARIES OF OUR PROGRAMMES

INTERNATIONAL PROGRAMMES

GEOGRAPHICAL BREAKDOWN OF PROGRAMMES

- 20 programmes in 10 countries in Sub-Saharan Africa
- 12 programmes in 7 countries in North Africa and the Middle East
- 5 programmes in 5 countries in Latin America and the Caribbean
- 14 programmes in 10 countries in Eurasia

GEOGRAPHICAL BREAKDOWN OF OPERATIONAL EXPENDITURE

81% International including:
- 44,2% in Sub-Saharan Africa
- 32,2% in North Africa and the Middle East
- 5,7% in Latin American and the Caribbean
- 13,1% in Asia
- 3,7% in Europe
- 1,1% various projects (Opération Sourire, cross-cutting projects and exploratory missions)
- 19% France

51 PROGRAMMES IN 29 COUNTRIES
MAIN THEMES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Médecins du Monde works alongside multiple local and international partners to strengthen access to sexual and reproductive To Rights and Healthcare for all, 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 the prevention of cervical cancer.

HARM REDUCTION

Our harm reduction strategy is based on Médecins du Monde’s fundamental principles: healthcare, bearing witness, advocacy, and supporting communities in seeking social change. We work with and alongside people who use drugs, sex workers and sexual and gender minorities. The aim is to improve their health, reinforce access to rights and bring down the legal, regulatory and social barriers which marginalise them and keep them from accessing healthcare services.

MIGRATION, RIGHTS AND HEALTH

The conditions in which migrants and exiles are welcomed are constantly worsening in many transit and destination countries. Border closures and checks, the criminalisation of the individual— with the corresponding use of imprisonment, containment, expulsion, repatriation to the country of origin or transit—cause health problems and difficulties in receiving treatment.

EMERGENCIES AND CRISES

A humanitarian crisis occurs when an event impacts vulnerable communities, unable to cope by themselves, and the response capabilities of local actors and authorities are overwhelmed. Armed conflict, epidemics, famine or natural disasters can cause a humanitarian crisis or trigger a sudden disruption of access to care. Médecins du Monde acts to restore access to care for the local population and advocates for the protection and safeguarding of the humanitarian sector.

HEALTH AND THE ENVIRONMENT

Médecins du Monde 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. Médecins du Monde focuses in particular on developing psychosocial activities aimed at strengthening the psychological and social resources of both individuals and communities by involving the relevant individuals and communities in the implementation of the appropriate public health responses.
**VULNERABLE CHILDREN**

In addition to currently evolving long-standing actions (Opération Sourire), Médecins du Monde is integrating the needs and provision of responses specific to minors into its actions. This is the case for unaccompanied minors and children living in substandard housing and in slums, as well as in the context of programmes focusing on gender-based violence and the prevention of unwanted pregnancies.

**GENDER**

Gender refers to the socially determined roles, behaviours, activities and attributes that a society considers to be appropriate for men and women. Médecins du Monde incorporates and promotes a gender-based approach to combat inequalities and discrimination that have an impact on health.

In 2020, we adopted a gender policy to ensure that professional practices and operational activities are being developed in accordance with the principle of gender equality.
Questioning the place of the user within our organisation is nothing new. Since the “French Doctors” on “Île de Lumière” in 1979 and through our programmes today, we are continuing to contact and work with at-risk populations that play a role in our witness-bearing and political and humanitarian advocacy approach.

This philosophy based on action is at the very heart of our mission statement. It must not simply become a well-meaning but unintelligible discourse. It has worth only if shared, pooled and tested together.

Médecins du Monde bases the development of its programmes on placing users at the heart of complex actions, with the aim of supporting them in building their own capacity to act. While between 1979 and 1989 our position was more that of “dispensing aid, knowledge”, the HIV epidemic saw us move towards a participatory model. Committed to providing assistance to users of psychoactive substances, Médecins du Monde then decided to work alongside them, focusing on sharing needs and knowledge. Since 2000, this model—which was confidential and specific to certain programmes—has slowly spread throughout the organisation. And, today, a community process model has emerged here and there. This new model invites us to question the actual development of the user’s place since the creation of Médecins du Monde. Has the user shifted from being a passive stakeholder to a stakeholder that shares the thinking and decision-making processes within the programmes?

SHARING AND CONSENT

While we wish to place the user at the very heart of the decision-making process, on an equal footing within the fabric of our organisation, few users from our programmes have felt themselves able to fully integrate themselves in Médecins du Monde and take up the place that we have nevertheless been inviting them to occupy. This situation means that consideration needs to be given to new voluntary paradigms that will enable users to be genuinely involved. As we assert once more, the sharing of decisions and, therefore, of power, of cooperative spaces, of shared decision-making spaces, are vital in order to move forward.

The sharing of reflective processes brings us back again to how we qualify users, their experience-based knowledge, to “doing with” rather than “doing for”, to learning the codes of the other and their constraints, to sharing knowledge. The social dimension of our actions, for example, as a factor and characteristic of precarity, can lead to conflicts of interest, differentiated approaches and non-verbalised objections. In medico-social action, user consent and sharing must therefore go hand-in-hand. Consent therefore becomes an objective, the fruit of the sharing, and not a means that would in some way neglect the principles of initial free and informed consent or therapeutic alliance with the care-giver.

APPROPRIATION AND RECIPROCITY

The implementation of a community-based approach – which assumes the appropriation of the shared model by users and organisation members – integrates in particular a communication and advocacy function aimed on the one hand at obtaining recognition for the needs of individuals or groups of individuals and, on the other, at being a force for social change. In this way, many of Médecins du Monde’s programmes in France and overseas are already implementing the principles of the Ottawa Charter for Health Promotion and its operational implementation.

While we repeatedly ponder the place of the service user, should we not ask ourselves where Médecins du Monde fits into the systems of the individuals we meet? Because these individuals are organised in groups that are more or less structured (slums, squats, camps, organisations for people who use drugs and sex workers, etc.). This involves questioning the notions of reciprocity, acceptance and interaction which promote

THE ROLE OF THE USER
returning individuals to their life paths. A position that will enable us to construct less costly and more effective socio-health policies in collaboration with the relevant individuals.
To mark the fortieth anniversary of its creation, Médecins du Monde has decided to look back over its history and go behind the scenes of the key events to have marked the world and the organisation. This has led to the creation of a series of podcasts created with Radio France and entitled “La voix est libre”. Women and men involved in our programmes now or in the past have given us their stories from within this history, anecdotes and thoughts which, over the years, have shaped the identity of Médecins du Monde and recorded its actions in the fight for access to care and social justice.

From the original mission to provide help at sea on the “Île de Lumière” to the launch of projects in France, the quest for justice during the Balkan wars, assistance to the most vulnerable in Afghanistan, post-earthquake efforts in Haiti, support for civilians and medical personnel caught up in the Syria conflict, the fight for women’s rights and health, access to care for migrants in the Calais jungle, combatting the excesses of the pharmaceutical industry, and so on. Throughout the ten episodes that make up “La voix est libre” (including a conversation between one of its co-founders and the current president), Médecins du Monde paints its portrait through the doubts, challenges and small victories that have marked its history.

The project, which highlights the personal passion and commitment of the volunteers, employees and partners who lend their voices and contribute their memories, also reveals the major upheavals and future challenges facing the organisation and humanitarian aid in general.

Released against the backdrop of the global pandemic, Médecins du Monde’s 2020 end-of-year campaign, produced with the agency Marcel, stresses the urgent nature of the fight for universal access to healthcare. As COVID-19 rages on, the campaign highlights Médecins du Monde’s commitment to providing care despite the obstacles. As the organisation’s new tagline affirms, “Health First”.

“It’s coming for you” (“Elle arrivera jusqu’à toi”). Like a warning, the phrase is repeated in the campaign film. It reminds us that when a virus spreads, it pays no attention to borders or privilege or grey areas. It threatens everybody, whether you are powerful, whether you are trying to flee, whether you deny its existence, and whether you are isolated or invisible.

Then, at a key point in the middle of the film, the threat becomes resolution, tenacity. That of the members of Médecins du Monde who lead the daily battle for access to Rights and Healthcare for all. Because if a disease can strike indiscriminately, Médecins du Monde will defend health in the same way, with the same energy. Right at the heart of the actions of Médecins du Monde, in order to cast light on the day-to-day lives of its teams, the film shows members of the organisation (volunteers and employees) as well as some of those it supports who have agreed to take part. The actor Denis Ménochet is the voice of Médecins du Monde’s campaign.

The film is accompanied by three visuals addressing different topics at the heart of the programmes led by the organisation: isolation, migration, conflict. They translate the organisation’s struggle into one message. Because “health is a fundamental right. Nothing will stop us defending this right, all around the world”.

**PODCASTS**

**LA VOIX EST LIBRE**

**CAMPAIGN**

**ELLE ARRIVERA JUSQU’À TOI**
MÊME S’ILS N’ONT PLUS D’ADRESSE, NOUS ARRIVERONS JUSQU’À EUX.

La santé est un droit fondamental. Rien ne nous empêchera de le défendre, partout dans le monde.
REINFORCING ACTIONS WITH PEERS

A peer worker is someone who places their experience of life and their knowledge – regarding drug use or sex work – at the service of those who are engaged in the same practices, by developing trust-based relationships within their community. Médecins du Monde is convinced of the importance of working with peers to develop activities and solutions that are genuinely adapted to the needs of the individuals concerned.

Over the years, working with peers has been recognised as an intervention model of particular relevance in the context of harm reduction programmes. The expertise and commitment shown by peers within their communities has demonstrated its added value in outreach work with individuals aimed at guaranteeing access to services that match their needs and circumstances. As the COVID-19 pandemic has seen a deterioration in access to care for those most vulnerable due to lockdown measures in particular, first-hand action by peer workers has allowed continuity of services and treatment to be maintained for those concerned. However, despite the growing recognition and engagement worldwide in favour of responses aimed at and put in place with communities, the reality often remains very difficult for these peer workers.

This is why Médecins du Monde is increasing its advocacy work to defend the role and place of peer workers. In recent months and across twelve countries, the organisation and its partners led a series of consultations with peers working alongside people who use drugs and sex workers, to gain a better understanding of the problems they face and to identify areas for improvement. The results were then discussed in as part of a unique and ambitious event, run jointly by peer workers and bringing together 75 high-level representatives of various organisations. Active contributions were received in particular from donors, United Nations agencies, public health experts, members of civil society and members of the French parliament.

The discussions gave rise to 10 key recommendations on the resources to be deployed by the various stakeholders to help peer workers with their activities and professional careers, and to thereby contribute to achieving the sustainable development objectives in terms of health. These undertakings are aimed in particular at:

— Supporting peer workers with their capacity to organise and play an active role within their communities. This involves valuing their potential and encouraging their independence.

— Recognising and guaranteeing the rights of peer workers and supporting them in their professional development.

— Ensuring the safety of peer workers who, because of their background or living environment, are more exposed to risk, stigmatisation and criminalisation.

— Promoting the investment and involvement shown by peer workers in spaces for the drafting and decision-making on public policies and strategies on a local, regional and international level.

Médecins du Monde continues to mobilise increase consideration of its demands on the issue of peer workers and their implementation in the context of its programmes.
Never has Médecins du Monde’s mission to campaign for fairer access to care and the right to health, here and there – in France and internationally – resounded with such force as in 2020, the year that saw the COVID-19 pandemic sweep across the globe.

ADAPTATION AND CONTINUITY

Strengthened by the common and shared vision drawn up in 2019, we have been able to continue working wherever we are already present, by adapting our programmes. We have therefore been able to formulate responses to this exceptional crisis, in line with the framework defined by the WHO and integrating the approach to health promotion as defined in the Ottawa Charter as well as the essential values of Médecins du Monde. In each country in which we have a presence, we have taken into account the specific epidemiological situation, the response capacity of the healthcare system and of our teams in the field, and the resources to be provided for a relevant and high-quality response.

Our first reaction was to secure and consolidate our existing projects to guarantee continuity of care, even in countries in which pre-existing crises pushed pandemic-related concerns into the background. Despite the difficulties in terms of logistics and human resources, no international projects have been shut down and some have even been renewed to respond to the crisis. We have also put in place specific actions to contain and mitigate the impact of the pandemic.

As always, we have taken great care to integrate the needs and the participation of the individuals concerned, particularly high-risk populations, and to take gender inequality into account. In line with our existing advocacy projects, we have also kept a major focus on the risk of the access to care and rights worsening among the communities with which we are working.

In particular:
— Respect for human rights: restrictions imposed on individual freedom, on the pretext of protecting public health, must be for a limited period only, balanced, necessary and based on revisable evidence.
— Access to healthcare for all, whether for the treatment of COVID-19 or of any other pathology.
— Continuity of essential healthcare services to avoid any increase in rates of death or sickness unrelated to COVID-19.
— Advocacy for access to diagnosis, treatments and vaccines at a fair price for low- or middle-income countries.

DEVELOPMENT

Against the background of the pandemic, Médecins du Monde has reaffirmed and specified its “realistic and optimistic development ambitions”, in particular by voting in favour of a policy and strategy memorandum on its development and growth in July 2020. Médecins du Monde believes in development where this is based on a dual commitment from activists and members as well as from donors, a commitment which reflects the grass-roots support for our projects and struggles. This foundation allows us to preserve our uniqueness in the NGO landscape, to make sovereign choices without any restrictions and to determine the limits and drivers we want for our development.

To respond to these aspirations, Médecins du Monde is mainly aiming for growth in its international operations across a limited number of countries, coupled with the development of new or larger volume projects based in countries in which the organisation is already present. So, in the context of the trajectory for international operations, in 2019 we had expressed our desire to expand our presence for greater impact. This is why our projects in the Democratic Republic of
Congo, Columbia, Iraq, Central African Republic and Yemen have been strengthened, in particular through the development of different areas of intervention.

Within a regional approach to the Rohingya crisis, a new project has been opened in Malaysia. We have also responded to several emergencies in countries in which we already have a presence: in Lebanon, the Philippines and also in Armenia.
For more information on the different programmes in North Africa and the Middle East, see medecinsdumonde.org
For more information on the different programmes in North Africa and the Middle East, see medecinsdumonde.org
PALESTINE

PSYCHOSOCIAL SUPPORT AND EMERGENCY AID

In the West Bank and in Gaza alike, 2020 was marked by new difficulties for the Palestinians. In the West Bank, tensions with the colonies and Israeli armed forces are constant. There has been a significant increase in cases of harassment, beatings, stonings, shootings, and damage to housing and crops. These traumatic events come on top of repeated forced displacement and destruction of homes – 1,607 between 2018 and 2020. A new threat also emerged in 2020: Israel’s voluntary unilateral annexation of part of the West Bank. Illegal under international law, this annexation has for the moment been postponed but has already led to seizures of territory and the destruction of property, particularly among the Bedouin community. In the region of Naplouse and in the north of the Jordan valley, Médecins du Monde is working to provide psychosocial support to Palestinian victims of these acts of violence. This support has been focused on villages and schools where pupils are particularly at risk.

In Gaza, where, in 2020, 53% of the population was living in poverty – and 34% in extreme poverty –, there is a constant shortage of medicines and equipment. In 2020, the COVID-19 pandemic further heightened the population’s isolation and the restrictions on movement imposed by Israel. Only a few of the most urgent cases were able to receive care outside of the territory. Médecins du Monde therefore adapted its emergency preparation programme in Gaza, provided training to health workers on the management of the health crisis and distributed protective equipment.

Intense advocacy work is also still ongoing in order to identify the main obstacles preventing Palestinians from accessing healthcare and to challenge their deep-rooted causes: the occupation, the blockade of Gaza, the expansion of illegal colonies and the forced transfer of Palestinian communities.

LEBANON

EMERGENCIES AND CRISES

Lebanon is currently living through one of the worst economic crises in its history. The explosion in Beirut port on 4 August 2020, together with the COVID-19 pandemic, have dealt a further blow to this country which has already survived so many, and which is now home to 1.5 million Syrian refugees. Financial, institutional and social instability is weakening the country and leaving vulnerable Lebanese communities and refugee populations, whose resources are limited and living conditions very poor, in a desperate situation. Nearly one million people in Lebanon are currently living below the poverty line. According to the World Bank, this figure could soon rise to a total of 1.7 million or 45% of the Lebanese population. Households at risk are forced to adapt, which can mean delaying access to healthcare or treatment.

Following the explosion on 4 August, which left over 200 dead and 6,500 injured, Médecins du Monde stepped up its activities to provide psychological support and humanitarian aid to those affected. Demand was high and victim follow-up was critical. In the two months following the explosion, the teams saw more than 1,000 men, women and children. In order to consolidate its action, the organisation was then able to set up premises in the Karantina neighbourhood, the closest to the port and the area that had experienced the most devastating destruction. Mental health consultations are continuing in this special-purpose facility, which complements the Médecins du Monde mental health community centre at the Rafic Hariri hospital and will form a lasting part of the effort being made to rebuild the city.

The explosion caused extensive damage to the central medicines and medical equipment warehouse. Médecins du Monde therefore sent two emergency healthcare kits to Lebanon containing medicines, single-use products and instruments to meet the needs of 10,000 people for three months. The content of the kits was distributed by the Ministry for Health to 75 healthcare facilities.
SUB-SAHARAN AFRICA

BURKINA FASO
CÔTE D’IVOIRE
ETHIOPIA
KENYA
MADAGASCAR
NIGERIA
UGANDA
CENTRAL AFRICAN REPUBLIC
DEMOCRATIC REPUBLIC OF CONGO
TANZANIA

For more information on the different programmes in Sub-Saharan Africa, see medecinsdumonde.org
MADAGASCAR

FIGHTING COVID-19

For many years now, Madagascar has faced the regular resurgence of epidemics such as plague or measles. Over 1,000 deaths from measles were recorded in 2018 and 2019. In 2020, the country had to adjust to the spread of the COVID-19 pandemic. The epicentre, initially located in the city of Tamatave on the east coast, moved after a few weeks to Antananarivo, causing severe disruption to the healthcare infrastructure in the capital and seriously impacting access to healthcare for the local population.

In addition to the activities carried out by Médecins du Monde in Madagascar in order to enhance the range of sexual and reproductive healthcare options for adolescents and young people, the organisation remains particularly vigilant regarding emergencies linked to climate hazards, including cyclones, and epidemic outbreaks. In 2020, Médecins du Monde supported Madagascar’s Ministry of Health in its fight against the COVID-19 pandemic. The organisation worked as part of a consortium with Action Contre la Faim, Care and the community organisation ASOS in a response project set up in April 2020.

A team of six doctors and six paramedics was deployed across three teaching hospitals in the capital to support the healthcare team, set up triage stations and limit the risks of contamination within the facilities. Médecins du Monde has also supported the 18 primary healthcare centres in the capital with training and support activities as well as donations of personal protective equipment, medical equipment and hygiene supplies. Over 600 healthcare staff have also been trained in COVID-19 management and the treatment of serious cases in the regions of Analamanga, Ihorombe, At-simo-Andrefana, Vatovavy-Fitovinany and Haute Matsiatra.

BURKINA FASO

EMERGENCIES AND CRISES

Having long been protected from the insecurity of the Sahel, Burkina Faso has been the victim of terrorist violence since 2016. In December 2018, a state of emergency was declared in several provinces in the north and east of the country. Attacks from armed groups (over 1,100 incidents were reported in 2020) are causing hundreds of predominantly civilian deaths and injuries. A shortage of personnel, equipment and medicine, the theft or destruction of ambulances and kidnappings are severely damaging the healthcare system while emergencies are multiplying and outbreaks of epidemics such as poliomyelitis and measles are now appearing. 3 million people are in need of humanitarian aid and at least 1.5 million are directly impacted by the closure of healthcare centres.

Médecins du Monde has been working in Burkina Faso for ten years, focusing on improving access to sexual and reproductive health care and advocating for the rights of women over their own bodies. Since 2020, the organisation has been developing an emergency action service, supporting nine healthcare centres in Kongoussi in the north and setting up two mobile clinics to deal with the breakdown of care and respond to emergencies. These facilities offer free medical consultations, the diagnosis and treatment of malnutrition in children under five, as well as vaccinations. Hygiene equipment is also distributed and awareness-raising sessions on protective measures to combat COVID-19 have been organised.

In late 2020, an exploratory mission took place in the Boucle du Mouhoun region in the north-east of the country. This region, now home to a large number of displaced persons, suffers from food insecurity and high infant mortality. The objective of Médecins du Monde is to extend its activities to strengthen the healthcare system in this region during 2021.
EMERGENCIES AND CRISES

Despite the hopes generated by the signature of the Political Accord for Peace and Reconciliation in February 2019, the population of the Central African Republic continues to be severely impacted by clashes between armed groups. As a consequence of the violence, one in every four Central African Republic nationals are displaced, either internally or in a neighbouring country. Healthcare services, already substantially insufficient, have been still further reduced, health facilities are the target of attacks and medical staff have been forced to flee. In this context, it has proved impossible to deal with the large number of injured, victims of mental trauma or gender-based violence.

Médecins du Monde has been providing an emergency response in the Central African Republic since 2013. The organisation’s teams provide support to the healthcare system to promote the relaunch of healthcare activities, particularly those related to sexual and reproductive health and the treatment of survivors of gender-based violence. In 2020, despite the difficult security conditions linked in particular to the presidential and parliamentary elections, Médecins du Monde extended its activities in Bouca, 300 km to the north of Bangui, a town that is home to a large number of displaced persons. The organisation is supporting four healthcare structures as well as the local hospital, where it is assisting the maternity and paediatrics departments, the therapeutic feeding department, the emergency department and outpatient services. Four ambulance motorbikes are to be delivered for use in the evacuation of life-threatening emergencies.

In November 2019, Médecins de Monde decided to set up a new rapid response medical team, in conjunction with the Rapid Response Mechanism and in coordination with the healthcare cluster and the Ministry of Health. The team works with displaced persons in Bangui who were forced to flee extreme flooding, in Abba in the north-east of the country following population displacements, and also in Damara to respond to a measles epidemic.
LATIN AMERICA AND THE CARIBBEAN

COLOMBIA
GUATEMALA
HONDURAS
MEXICO
EL SALVADOR

For more information on the different programmes in Latin America and the Caribbean, see medecinsdumonde.org
For more information on the different programmes in Latin America and the Caribbean, see medecinsdumonde.org.
MEXICO

GENDER-BASED VIOLENCE

The State of Colima on Mexico’s Pacific coast has the highest rate of femicide and the highest number of teenage pregnancies in the country. The restrictions on movement and reduced access to basic services during the COVID-19 pandemic have further aggravated these difficulties.

In order to respond to this situation, Médecins du Monde, already present in the State of Chiapas in the south of the country, has been developing a project since 2020 to improve the prevention of and response to gender-based violence – with girls and women, as well as members of the LGBT community. The organisation is working closely with organisations from civil society and public institutions in Mexico, including local branches of the Ministries of Health and Justice. In addition to providing medical treatment and support to survivors finding it hard to access sexual and reproductive healthcare services, Médecins du Monde has drawn up a reference document for the complete care pathway specific to gender-based violence.

In 2020, 288 people completed training on gender-based violence and its legal framework in Mexico, sexual and reproductive health (SRH) or COVID-19. Medicines used to treat survivors of sexual violence were supplied to hospitals and spaces set up within the Centro de Atención para la Mujer and the Centro de Justicia para las Mujeres, an institution attached to the Ministry of Justice, to provide medical SRH treatment.

Since October 2020, Médecins du Monde has also been part of the multi-party working group on the prevention of teenage pregnancies, led by the government of the State of Colima. In this context, the organisation has drawn up and circulated a practical guide to SRH rights and existing services.

COLOMBIA

MULTI-CRISIS CONTEXT

Despite the 2016 peace agreements, Colombia is currently experiencing a sharp rise in violence attributed to various armed groups. In 2020, the Office of the United Nations High Commissioner for Human Rights recorded 66 massacres during which 255 people were killed. 120 leaders and human rights defenders have been assassinated and tens of thousands of people deprived of their freedom of movement or forced to flee to other regions. Women, who are particularly at risk, are the target of armed groups or cartels that use violence as a weapon of domination. In addition, isolated rural areas are suffering from a lack of health infrastructure and the demand for humanitarian aid remains high. Alongside other NGOs, Médecins du Monde has set up the MIRE (inter-sectoral emergency response mechanism) aid consortium. Throughout Colombia, when a community is threatened, it deploys mobile teams to offer a full package of aid including healthcare, shelter, nutrition, sanitation and education. MIRE responded to 73 emergencies in one year. To guarantee comprehensive assistance and the protection of victims of sexual violence, the organisation is supporting different healthcare establishments and organising awareness-raising workshops.

Colombian territory is also currently home to 1.9 million Venezuelan migrants. Only 20% of them have access to healthcare services and social protection. Frequently exploited, weakened by exile, they are also the victims of discrimination. Médecins du Monde is providing medical care and offering psychosocial support on the various stages of their migration journey, from Bogotá to the border with Ecuador.

While 2020 was marked by the response to the COVID-19 pandemic, with emergency projects in the Amazon region in particular, Médecins du Monde has continued its advocacy work. The organisation has been supporting the Causa Justa movement, composed of 80 feminist organisations, in their constitutional appeal to obtain the total decriminalisation of abortion in Colombia.
For more information on the different programmes in Eurasia, see medecinsdumonde.org

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
</tr>
<tr>
<td>Bangladesh</td>
</tr>
<tr>
<td>Myanmar</td>
</tr>
<tr>
<td>Bulgaria</td>
</tr>
<tr>
<td>Georgia</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Malaysia</td>
</tr>
<tr>
<td>Nepal</td>
</tr>
<tr>
<td>Pakistan</td>
</tr>
<tr>
<td>Philippines</td>
</tr>
<tr>
<td>Russia</td>
</tr>
</tbody>
</table>
PAKISTAN

REINFORCEMENT OF THE HEALTH SYSTEM

The public healthcare system is extremely fragile in Pakistan, particularly in rural areas that have undergone multiple crises. The range of services available is insufficient and there is a shortage of qualified medical staff, equipment and essential medicines. The situation is particularly alarming in the Khyber-Pakhtunkhwa province, especially in the former tribal zones bordering Afghanistan. This is an area that was home to over a half of Pakistan's 1.4 million Afghan refugees in 2020, as well as a large number of internally displaced persons. As is so often the case, women and children are among the first victims of weaknesses in the healthcare system, as sexual and reproductive healthcare is neglected. Too many women are dying during pregnancy or in childbirth and too many babies are dying from lack of oxygen at birth or from diarrhoea or pneumonia during their first few years.

Médecins du Monde has been on the ground in Khyber-Pakhtunkhwa since 2009. On the one hand, to respond to emergencies, and, on the other, to support facilities offering primary care to displaced people and the host populations alike. In addition to providing general medical and sexual and reproductive health services, the organisation provides basic obstetrics and neo-natal care 24 hours a day via four facilities. Over 20,000 women received care in 2020 and 2,755 births were assisted and made safe.

With the COVID-19 pandemic, the Médecins du Monde teams have responded accordingly (providing training on infection control and prevention, supplying PPE and installing hand-washing stations), including in the former tribal zones which aid organisations have difficulties accessing. Support has therefore been provided to nine health centres, enabling them to continue to operate in an environment that is safe for staff and patients.

BANGLADESH AND MALAYSIA

MIGRATION, RIGHTS AND HEALTH

Since 1978, the Rohingya community (a Muslim ethnic minority living mainly in the Rakhine state of Myanmar) has been the victim of systematic discrimination and targeted attacks. The upswing in violence in this state from August 2017 onwards forced hundreds of thousands to flee. Today, the Rohingya are the largest stateless community in the world: according to some estimates, they number one million in Bangladesh, 350,000 in Pakistan, 200,000 in Saudi Arabia and just over 100,000 in Malaysia.

In Bangladesh, 860,000 Rohingya are living in the over-populated camps of Cox’s Bazar, the world’s largest humanitarian camp. Tensions there are mounting, both between the refugees themselves and with the host communities, and, in 2019, Bangladesh erected fences around the camps. Médecins du Monde has been present since 2017. To strengthen the capacity of local associations, tools have been developed to train their staff in how best to respond to the needs of the Rohingya, who are often left traumatised by the extreme violence witnessed or experienced by them. Two community centres were built in late 2020 and provide confidential safe spaces to support individuals in moving toward specialist mental health and psychosocial support care, and for victims of gender-based violence.

In Malaysia (a country which, like Bangladesh, has not signed the 1951 Convention on refugee status), refugees and asylum seekers are considered to be undocumented migrants. In the absence of any legal framework, they are the victims of many forms of discrimination and lack formal access to essential services. Healthcare costs in particular are exorbitant. Following an exploratory project on March 2020, Médecins du Monde decided to launch a project in Kuala Lumpur to respond to the regional crisis impacting the Rohingya and also to support the most vulnerable refugees, asylum seekers and migrants.
HEALTH AND THE ENVIRONMENT

With over six million inhabitants, over one quarter of Nepal’s urban dwellers are concentrated in the Kathmandu valley. This situation generates a range of environmental problems, such as the accumulation of solid waste (620 to 1,000 tonnes produced each day), the release of wastewater and toxic pollutants. Poor waste management exacerbates the deplorable sanitary conditions in the capital city and increases the impact both on the environment and on the health of informal waste collectors (between 7,000 and 15,000 people in the Kathmandu valley) and inhabitants.

Following a first “Healthy Waste Workers” initiative in the Kathmandu Valley in 2018-2019, Médecins du Monde decided to continue supporting informal waste collectors. This new “Healthy Waste Workers for Sustainable Waste Management” programme was launched in 2020. It aims to improve the general state of health of these workers in the Kathmandu valley. The project seeks in particular to reduce occupational risks and environmental exposure, to promote access to information and health services and to enable better recognition of the contribution made by waste collectors to ensuring sustainable waste management. The programme has been put in place in partnership with two local NGOs (SASAJA and Green Path Nepal) as well as with the municipality of Kathmandu.

In 2020, Médecins du Monde also extended its programme to Lumbini Province in Nepalgunj, on the border with India. The aim of the organisation is to improve health, wellbeing and the means of subsistence of both formal and informal waste industry workers. All such workers are given training on how to reduce occupational risks and on exposure to a harmful environment. They are also given improved access to preventive and occupational health services.

COMBATTING COVID-19

Across all of its programmes, Médecins du Monde has had to adapt to the COVID-19 pandemic, both to protect its staff and beneficiaries, and to secure its programmes. Here we focus on two responses to the health crisis in Europe.

Russia

With the pandemic and lockdown measures, new needs emerged among the sex workers (SWs) being supported by Médecins du Monde in Russia. Because of the criminalisation of sex work, SWs have been unable to benefit from the emergency social and economic measures put in place by the government. However, their means of subsistence depend almost entirely on the ability to move around, while the fall in client numbers damaged their negotiating powers and exposed them to high-risk practices.

The objective of Médecins du Monde and its partners Shagui in Moscow, Silver Rose in Saint Petersburg and Zerkalo in Perm has been to maintain essential HIV and STD (sexually-transmissible diseases) services and support access to treatment. PPE has been distributed and prevention messages and information on protective measures have been devised with SWs. Outreach sessions have been stepped up to combat the impact of lockdown on individuals and, faced with the extreme precarity of certain individuals, Médecins du Monde has provided individual emergency aid to nearly 180 people.

Italy

In the spring of 2020, Italy became one of the first countries in the world to feel the full impact of the pandemic. As stringent measures were imposed by the authorities to stop the spread of the disease, those most at risk such as migrants and refugees suffered the worst effects. The language barrier combined with the sudden loss of income exacerbated their vulnerabilities, as many organisations and healthcare centres that support them were forced to close.

Faced with this situation, Médecins du Monde reorganised its activities and operating methods. Tools and services have been developed in multiple languages and shared online to provide information on the virus and the healthcare services available. A hotline and live chats with psychologists, social workers and
cultural mediators have all been set up, pending the resumption of psychosocial activities for women and children in small groups. The organisation has also been supporting local health services and the Caritas clinic in Rome in providing treatment for those most vulnerable. Work has continued at the Selam Palace (a former municipal building in the capital city housing nearly 600 migrants) with psychological support services and awareness-raising sessions.
Médecins du Monde France's Opération Sourire (Operation Smile) programme has been organi-
sing plastic and reconstructive surgery missions in Asia and Africa since 1989. The programme's
objective is to put a smile back on the faces of people - especially children and young adults -
affected by congenital or acquired medical disor-
ders. Three other members of MdM's network
contribute to Opération Sourire: Médecins du
Monde Germany, Médecins du Monde Japan and
Médecins du Monde Netherlands.

Initially 15 missions were scheduled for 2020,
in seven countries: Bangladesh, Myanmar,
Cambodia, Madagascar, Pakistan, Sierra Leone
and Tanzania. Unfortunately, the scale and insta-
ibility of the COVID-19 health crisis, combined with
the travel restrictions in application in both the
Médecins du Monde network and the host coun-
tries, made it impossible to meet this schedule
and only two missions were actually carried out:
one in Pakistan and the other in Tanzania. Thanks
to four medical volunteers, 21 patients received
surgery in each of these two countries, most of
them having suffered burns or very disabling
facial deformities.

The medical procedures carried out as part of
Opération Sourire help patients regain their
self-confidence and facilitate their social and phy-
sical reintegration into their communities. All our
teams work on a long-term basis and in conjunc-
tion with local partners (hospitals, associations,
reintegration specialists, etc.).

**PROFILE OF THE PATIENTS OPERATED
ON IN 2020**

A total of 42 patients underwent surgery during
the two missions carried out by the Médecins du
Monde international network in 2020 (Médecins
du Monde France in Pakistan and Médecins du
Monde Netherlands in Tanzania).

**BREAKDOWN OF THE CONDITIONS
TREATED**

- **Congenital conditions (malformations)**: 5%
- **Scarring (burns)**: 64%
- **Others**: 31%

More than half of the patients operated on were
under the age of 20. Most of the surgical proce-
dures carried out in Pakistan and Tanzania in
2020 was performed on patients with intentional
or accidental burns.

**MORE THAN 30 YEARS OF
OPÉRATION SOURIRE**

Opération Sourire is a humanitarian surgical pro-
gramme that addresses needs for plastic and
reconstructive surgery in different intervention
countries. In addition to the surgery performed,
the project also includes skills transfer, the mana-
gement of complex pathologies and patient fol-
low-up and reintegration.

Since 1989, more than 17,500 patients have
undergone surgery in ten different countries.

**PROSPECTS AND CHALLENGES**

Eight surgical missions have been scheduled for
2021, four of which will be carried out by Médecins
du Monde France.
<table>
<thead>
<tr>
<th>COORDINATION</th>
<th>BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer members: Dr Isabelle Barthélémy, Dr François Foussadier and Dr Frédéric Lauwers Headquarters: Adem Bah</td>
<td>€300,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAMME COUNTRIES</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh, Cambodia, Madagascar, Myanmar, Pakistan, Sierra Leone, Tanzania</td>
<td>Fondation d’entreprise L’Oréal</td>
</tr>
</tbody>
</table>
The COVID-19 storm hit our activities, programmes and advocacy hard in 2020. Its strong winds scattered our volunteers for a while, left many of us stuck in front of our computers and forced our field teams to reorganise and increase their outreach activities in order to reach those who had become more excluded than ever, more invisible than ever, and who were still being illegally turned away at our borders.

But the epidemic also brought us closer to our partners and enabled us to extend our coalitions of common causes to other NGOs, associations and collectives. Our relations with institutions also became stronger and clearer - without us becoming the emergency operator they have often wanted us to be, or a public service for the poor.

The pandemic has in fact revealed and amplified pre-existing crises:

— By increasing social inequalities and leaving a considerable proportion of the population unemployed or dependent on welfare or food aid. The first to suffer were migrants and people living in poor districts. They have paid a heavy price in the epidemic, with excess mortality and untreated organic and psychological pathologies with lasting symptoms.

— By psychologically undermining our youth, who will live to resent the governors who left them at the mercy of a damaged, soulless world and are stealing their future.

— By revealing and accentuating the flaws in a ill-prepared health system, the inefficiency of public health practices and prevention policies, the fragility of hospitals weakened by decades of budgetary restrictions, a neglected primary health care system poorly coordinated with hospitals, but also the role of France's Regional Health Agencies, better trained to restructure the hospital network than control an epidemic. The health crisis has thus highlighted the glaring lack of democracy in health care and the extent to which health system users have been forgotten.

— By exposing the hardening of the government's migration policy, which has not hesitated in restricting access to health rights for foreigners in the midst of an epidemic, carrying out brutal camp evacuations, scaling up the "hunt for migrants" and turning people away at the borders in defiance of the most elementary fundamental rights.

— By further discrediting public discourse and intensifying people's mistrust of politics. The government's management of the fight against the virus has been marked by negligence, lies, authoritarianism, orders and counter-orders, all under cover of a "state of health emergency" and leading to the deprivation of fundamental freedoms for everyone and forced labour for some.

— By highlighting the link between the global pandemic and the destruction of the planet - a link that created the conditions for the current zoonotic disease to develop and will do so again if the world takes no action.

This pandemic is a full-scale reality check. It has shown us that, in the name of public health, any policy that does not take into account the health of a part of the population is making a serious ethical error that will have major economic, human and health consequences.

In the name of collective health, health coverage must be simplified and made universal and free for all people residing in the country. In the name of health as a common good and the fight against COVID-19, it is essential to offer dignified reception and living conditions to migrants and to regularise their status, as other European countries have done.
The "whatever it costs" will not be reimbursed by everyone equally. We must remain vigilant and active to ensure that public health of an acceptable quality does not become the biggest loser.

These wishes and proposals are probably utopian. But as Édouard Glissant wrote: « l’utopie est ce qui manque au monde, le seul réalisme capable de dénouer le nœud des impossibles. [Utopia is what is lacking in the world, the only reality capable of untying the knot of impossibilities]. »
MdM France’s Observatory on Access to Rights and Healthcare was established in 2000 to document the difficulties experienced by our service users in accessing mainstream health services. The Observatory is a tool to help increase our knowledge of the vulnerable groups often left out of official public statistics.

The work of the Observatory enables Médecins du Monde to develop proposals based on objective data and field experience. This information is used to lobby politicians, institutions and healthcare professionals with a view to improving access to rights and healthcare for vulnerable and excluded groups.

Our work
The Observatory assists all MdM’s France-based programmes to collect the data needed to bear witness objectively. It produces an annual report that is always published on 17 October – the International Day for the Eradication of Poverty. This report is an opportunity to alert and lobby all stakeholders and public authorities on the needs and difficulties encountered by vulnerable and excluded groups in accessing their rights and healthcare. The aim is to provide clear and well-documented evidence of the health problems experienced by our service users, the difficulties they encounter with our health system when seeking care and the obstacles they face in endeavouring to exercise their rights.

The report is based on data and testimony collected by the field teams across all our programmes, on findings concerning healthcare access systems and existing difficulties, and on monitoring of legislative and regulatory provisions.

KEY FIGURES
In 2020, MdM’s 14 Healthcare, Advice and Referral Centres (CASO) or Reception, Referral and Support Centres (CAOA) saw a total of 14,348 people.

The average age of these service users was 33.7 years.

- 9% were minors
- 97% were of non-French origin
- 98.2% reported living below the poverty line
- 14,213 medical consultations (general or specialist)
- 3,194 paramedical and prevention consultations
- 434 dental appointments
- 12,691 social support consultations
Outreach actions
Actions with non-French unaccompanied minors
Actions in rural environments, on the street or in slums and with migrants
Actions with incarcerated people
HIV/Hepatitis/STI/tuberculosis prevention
Healthcare, Advice and Referral Centres (CASO)
Actions with sex workers
Actions in MdM medical centres
Cross-cutting programmes
ACCESS TO RIGHTS AND HEALTHCARE

HEALTHCARE, ADVICE AND REFERRAL CENTRES (CASOs)

In 2020, Médecins du Monde ran 14 Healthcare, Advice and Referral Centres, known as CASOs. These centres offer medical and social support to anyone in France encountering problems accessing healthcare. They facilitate access to healthcare, prevention services and rights for people who are living in precarity or are excluded.

Attendance at these centres is free of charge with no conditions attached. Users can see a range of healthcare professionals for consultations and medical assessments after which they may be referred to local medical facilities or social services. They can also be given help with administrative procedures for obtaining medical cover, and can meet with a social worker. Médecins du Monde offers them nursing care, medical consultations, information on the prevention of infectious diseases and testing for specific conditions. Psychosocial support and help with mental health issues are also available, as migration often goes hand in hand with psychological suffering.

At the end of 2019, the French parliament adopted restrictions on access to healthcare for vulnerable foreigners. The application of this reform was partially suspended due to the COVID-19 crisis, but the determination to bring it into effect remained. Thus, on 30 October 2020, on the day the second lockdown began, a decree was promulgated, despite the public health imperative to protect the most excluded. This reform further impedes access to healthcare for CASO users.

Médecins du Monde is lobbying institutions with a view to persuading them to accept and include these people in the mainstream healthcare system through adapted services. We are campaigning for dignified reception conditions and simplified access to rights and health for all, regardless of administrative status.

In 2020, participating CASOs produced the following data:

— a total of 14,348 people seen,
— 30,635 consultations carried out over the course of 27,333 visits.

The health crisis in 2020 led to a decline in CASO activity due to the temporary closure of some centres and activities. The number of visits and people seen was down by almost 37% compared with 2019, and the number of medical consultations by 40%. Less than two thirds of the people seen in 2020 had never attended a CASO run by Médecins du Monde France before. The vast majority (8 out of 10) came to a CASO for the first time thanks to word-of-mouth, without prior referral by another organisation. A further 12% were referred by another body, such as an administrative or social institution or an association, and 5% by a health facility.

OUR WORK IN PRISON SETTINGS

Since 2011, Médecins du Monde has been working on health issues for incarcerated people, most of whom come from disadvantaged backgrounds and had already accumulated a number of health and social problems (poor access to healthcare, risky behaviour, addictions, mental health problems, etc.) before being incarcerated. These difficulties are often compounded by detention conditions and the potentially pathogenic nature of the prison environment.

There is little epidemiological knowledge about the health of the French prison population, but research by the INVS shows an over-representation of psychiatric pathologies, addictions, infectious diseases, disabilities and deficiencies. Furthermore, homeless people living with severe mental illness have to negotiate irregular and stereotyped mental health care pathways, characterised by poor access to outpatient care and reduced to forced emergency care in crisis situations.

Despite the law of 1994 stipulating that care provided inside a prison should be similar to that available outside, detainees face many obstacles when it comes to being treated as regular patients, with more complex access to care, contradictions and a difficult balance between health and security issues, infantilisation and loss of autonomy, health issues considered taboo, etc.

In Marseille, Médecins du Monde is working in close collaboration with all the ministries concerned to develop an experimental project offering an alternative to incarceration through housing and intensive follow-up (AILSI) for people with severe psychiatric disorders. This project includes a research component. A second programme is underway with prisoners and prison teams (Justice and Health) in Nantes to promote health through a community approach.

**OUR WORK IN RURAL AND URBAN AREAS**

Difficulties in accessing healthcare and delayed or non-existent access to healthcare among people living in precarity are often more frequent in rural areas due to an unequal distribution of health services, the gradual withdrawal of public services and increasingly limited public transport, all factors contributing to the isolation of people in difficulty.

— The health and support coordination network (RESCORDA) was created in Auvergne’s Combrailles region as a result of Médecins du Monde’s determination to address these issues. Since 2013, 938 people have been treated under this health access and support coordination scheme for people living in precarity. As initially planned, the transfer of some of the programme’s activities to local health stakeholders identified by Médecins du Monde started in 2020. Health mediation activities were transferred to Aesio (formerly the Mutualité du Puy-de-Dôme) at the end of the year and the organisation of the “À votre santé” [Here’s to your health!] event was taken over by the association, Avenir Santé Combrailles.

— In the Upper Aude Valley, the "Precarity and access to healthcare in rural areas" programme, which aims to remove barriers to healthcare by supporting people living in precarity, pursued its activities after adapting them to the constraints imposed by the health crisis.

— In urban areas, the Access to rights and healthcare programme in the Lille-Sud district continued in 2020, after also adapting its activities to the health crisis. Its outreach missions were extended to include sending out social and healthcare teams to maintain proximity and continuity and to provide information on the COVID-19 epidemic. The second part of the year focused on preparing for the programme’s closure, scheduled for April 2021.

These three programmes all promote healthcare mediation – an approach particularly suited to people who have lost touch with the healthcare system.
PROMOTING THE HEALTH OF HOMELESS PEOPLE

Insecurity, substandard housing, living on the streets and “survival mode” are characteristics shared by the majority of people supported by Médecins du Monde and they pose a serious threat to health. They are seen in the people encountered by our outreach teams in slums, on the street and in migrant camps, but also in those attending our in Healthcare Advice and Referral Centres (CASO). Indeed, in 2020, 92.2% of patients attending Médecins du Monde’s centres were living in non-permanent accommodation - 33% of them in extremely insecure accommodation (on the street, in emergency shelters for 15 days or less, in squats or slums). The increasing overcrowding of emergency accommodation and the repeated undermining of the principle of unconditional reception are hitting these people particularly hard.

In 2020, in response to the pandemic, Médecins du Monde increased its presence among homeless and poorly housed people, particularly during lockdown periods. Paradoxically, the homeless became more visible during lockdowns as they were the only ones on the streets. This new visibility helped to resolve certain situations, as the authorities significantly increased the resources available for accommodation and healthcare. Médecins du Monde is campaigning for these temporary measures to be made permanent.

Our work
Our mobile teams provide a range of services on the streets, in shelters and in 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.

Médecins du Monde’s actions highlight the difficulties encountered by homeless people when trying to exercise their rights and access healthcare. In addition to its work on the ground and to avoid becoming part of a substitution process, MdM lobbies institutions for suitable, long-term housing and accommodation solutions and 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 leaves people living in informal housing to their own devices and cut off from the healthcare system. Continuity of care is disrupted and epidemics become difficult to prevent and control. Homeless and poorly housed people have many obstacles to overcome to access their rights and benefit from health coverage, and face very long waits while their applications are examined.

The Government Inquiry of 25 January 2018 into the eradication of slums and the doubling of the designated budget in 2019 are positive signs that public action is moving towards sustainable solutions. Yet in 2020, there was still insufficient progress in the implementation of local strategies and no visible results on the ground.

Our work
Médecins du Monde works with people living in squats and slums to provide them with access To Rights and Healthcare and refer them to necessary health services. A particularly strong focus is placed on the healthcare needs of women and children.

Health mediation is a particularly helpful tool in this respect. 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 and squats, empowering them to seek healthcare and exercise their rights autonomously.

Médecins du Monde supports a policy of gradual slum clearance with the participation of their inhabitants, but stresses the importance of collaborative solutions that offer appropriate long-term alternative housing. Where no satisfactory proposals are made, or while they are being worked out with the inhabitants, we demand a temporary stabilisation of the existing situation and improvements to sanitation conditions.

HEALTH AND HARMFUL ENVIRONMENTS

In 2020, several regional offices (Île-de-France, PACA, Aquitaine, Pays-de-la-Loire and Midi-Pyrénées) focused on helping to improve the living conditions of people living in squats and slums. In this type of informal accommodation, there are many environmental factors that are harmful to health, including poor water quality, sanitation and waste management, the type of wood used for heating, scrap metal collection, air pollution in poorly ventilated and particularly exposed areas, vermin infestation, etc.

The dangerousness of substandard housing has increased with the COVID-19 pandemic: without access to water and hygiene, inhabitants find it difficult to apply protective measures.
At the end of 2019, the number of people fleeing from war, persecution or conflict had reached almost 80 million (UNHCR report, dated June 2020). Forced displacement now concerns more than 1% of the world population.

With the spread of the COVID-19 pandemic in 2020, new constraints and barriers impeded international mobility. In France, by the end of the year just over 95,000 asylum applications, including for minors, had been submitted to Ofpra (the French Office for the Protection of Refugees and Stateless Persons), 28% fewer than in 2019. Despite the downward trend in this statistic, undocumented foreign nationals or asylum seekers in France saw a deterioration in their living conditions and a reduction in their access to healthcare.

MdM’s teams are first-hand witnesses of this precarisation and the violent practices employed by the authorities, whether at the borders (on the northern coast facing Great Britain, in Montgenèvre or Menton, near the border with Italy), in Île-de-France (the greater Paris region) or in certain overseas territories, such as Mayotte and French Guiana.

THROUGHOUT FRANCE

France’s policy of non-acceptance of migrants and ever-tighter migration policies has led to an increase in the number of camps and squats throughout the country. The living conditions in these places are deplorable.

Médecins du Monde works with migrants on most of its programmes in France. In fact, 96% of the people seen in our Healthcare Advice and Referral Centres (CASOs) are foreigners in difficulty. Our teams provide them with nursing care, medical consultations, prevention services and social support at health centres or mobile clinics. The physical and psychological suffering experienced during migration is also addressed.

Médecins du Monde campaigns for everyone, regardless of their administrative status, to be treated with dignity, for their fundamental rights to be respected and for access to be provided to unconditional, high-quality care.

MONTGENÈVRE, ON THE FRENCH-ITALIAN BORDER

In 2020, this pass between Italy and France continued to be a major migration route for people wanting to continue their journey through Europe. Migrants trying to reach Briançon through the Alps are taking ever greater risks, especially in winter.

23 NOVEMBER 2020: VIOLENT EXPULSION FROM THE PLACE DE LA RÉPUBLIQUE

Thanks to its health monitoring activity with homeless migrants, Médecins du Monde was able to alert the authorities to a rapidly growing camp in Saint-Denis, north of Paris. As the second lockdown was announced, some 2,300 people were living in increasingly crowded conditions beneath an overpass of the A1 motorway.

On Tuesday 17 November, the Île-de-France prefecture ordered a "move to shelter" operation, but it was undersized and left 600 people on the streets. These people began to drift through Paris and the surrounding suburbs, under constant pressure from the police to keep moving. The association Utopia 56 decided to come to their assistance, helping them set up tents on the Place de la République. Médecins du Monde supported and called attention to this initiative, while continuing to urge for its political demand – housing for homeless migrants – to be heard.

On 23 November, the police brutally evicted these migrants from the Place, triggering an indignant outcry from both representatives of the majority and opposition parties, shocked by the violence seen. Three days later, these migrants were found accommodation. On 4 December, the French President was interviewed by the journalist, Rémy Buisine, on Brut media. To the very first question regarding the violent nature of the evacuation, the president replied, "No, that wasn’t the right way to do it" and stated that evacuations should not be carried out unless accommodation solutions are available. No further action has been taken in the wake of this statement.
This situation was exacerbated in November 2020 when a decision was announced to bolster border controls by doubling police numbers. Despite the heightening tension, Médecins du Monde’s mobile shelter unit (UMMA) is still operating in the mountains, with volunteers from the Tous Migrants association who offer assistance and shelter to people crossing the border on foot.

CAFI: A COALITION OF FIVE ASSOCIATIONS TO PUT AN END TO RIGHTS VIOLATIONS AT BORDERS

Since the return of internal border controls in March 2015, the French-Italian border has once again become a focus of tension where migrants are increasingly the victims of illegal practices by the authorities.

This was the situation when, in spring 2017, Médecins du Monde entered into a coalition with Amnesty International, La Cimade, Médecins sans Frontières and Secours Catholique. These five organisations, complementary in terms of competences, active local and citizens’ networks, and all with a high profile with the general public and public authorities, decided to come together to denounce the serious rights violations at the borders. They created CAFI, the Coordination des actions aux frontières intérieures (Coordination of Actions at Internal Borders). Their joint actions take the form of observation at the borders, litigation against illegal expulsion, mobilisation of the public and advocacy actions.

Today, in light of repeated reports of illegal expulsion, undignified treatment, police violence and denial of the right to asylum, CAFI is requesting that a parliamentary commission of enquiry be set up. Beyond CAFI’s findings, it is hoped that this initiative will contribute towards the design of an alternative reception policy that respects people’s dignity and rights.
In 2020, Médecins du Monde adopted the broader definition of sexual and reproductive health and rights proposed by the Guttmacher Lancet Commission. This new definition includes rights as an inherent component of access to sexual and reproductive healthcare.

In practice, and for many years now, Médecins du Monde has based its actions on a complementary approach to public health and human rights. By promoting this new definition, the organisation is affirming the importance of guaranteeing everyone an autonomous, satisfying and safe sex life, as well as respect for their rights in this regard. Médecins du Monde is committed to ensuring that everyone has access to appropriate services in order to guarantee their sexual and reproductive health and rights (SRHR).

Our teams mainly work with people living in precarity. The discrimination that these people experience excludes them from the healthcare system and puts them at greater risk of sexually transmitted infections, gender-based violence, unwanted pregnancies, absence of pregnancy monitoring, etc.

### Our work

- Strengthening prevention: prevention materials (leaflets, condoms, etc.) for programmes, one-to-one or group SRHR sessions.

- Improving access to screening: SRHR information and referrals and testing for HIV, STIs, hepatitis B & C, in partnership with public institutions and local laboratories. Rapid diagnostic tests (RDTs) are offered for HIV, HCV and syphilis.

- Facilitating access to healthcare: partnerships with mainstream health services and physical and psychological support for patients.

- Documenting people’s experiences in relation to these diseases.

### Our challenges

- To support mainstream services with making contact and treating those excluded from prevention measures.

- To develop the availability of comprehensive and appropriate care.
SEX WORK

Médecins du Monde works with other associations to ensure that health policies address the specific needs of sex workers, with an approach based on harm reduction. We are fighting against the criminalisation of sex work and for increased support to community health organisations, which are in the best position to address the needs.

Our work
Our programmes in Paris, Rouen and Montpellier promote sex workers’ access to health and rights through outreach, reception and support activities. We also run a nationwide programme to combat the violence to which their work exposes them.

Key figures
In 2020, 120 volunteers worked on our programmes. They established more than 12,600 contacts and offered support to nearly 1,300 people – despite the COVID-19 epidemic.

Our challenges
In response to the growing vulnerability of sex workers and the rise 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 health policies that 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.

DRUG USE

Despite the fact that harm reduction was incorporated into law in 2004, Médecins du Monde’s actions are still impeded by the limits of the legal framework (prohibition and criminalisation of use). This repression considerably hinders the impact of healthcare policy and heightens the stigmatisation of people who use drugs. Médecins du Monde is advocating in favour of drug policies focused on human rights and public health.

Our work
Médecins du Monde continued to work on the transfer of the “XBT” programme that is developing a generalised drug testing service as a harm reduction measure in collaboration with 50 partners.

Our challenges
In 2020, Médecins du Monde worked to ensure effective access to harm reduction measures and tools despite the COVID-19 epidemic.

The year was also marked by the fiftieth anniversary of the law criminalising drug use in France and generalising the payment of a fixed-rate fine for drug use. The Collectif pour une nouvelle politique des drogues (Collective for a New Drug Policy), comprising more than twenty associations, was strengthened and carried out a number of advocacy actions warning of the ineffectiveness and harm caused by this repressive approach.
VULNERABLE CHILDREN

In France, more than 3 million children are living below the poverty line. Some 31,000 are homeless and 9,000 are living in slums. Among them are many unaccompanied minors living in extreme precarity.

Vulnerable children are a key issue for Médecins du Monde’s programmes in France: 9% of the people seen in the Health, Advice and Referral Centres (CASOs) in 2020 were minors – 3% of them were under the age of five. 674 unaccompanied minors were seen within the context of purpose-designed programmes and at CASOs.

Similarly, a large number of those living in slums supported by our teams are families with children. MdM’s teams are also seeing an increasing number of families, single mothers and unaccompanied minors sleeping rough or living in squats.

UNACCOMPANIED CHILDREN AND ADOLESCENTS

In 2019, among the 272 million displaced people worldwide, 33 million were children. Some of these children were alone, without their parents. Their reasons for leaving their home country are multiple and cumulative. They are fleeing conflict, violence or discrimination. Some are coming to join relatives in Europe. They are all seeking a better future.

Unaccompanied minors are at risk and must be protected without discrimination in accordance with child protection laws. Yet when they arrive in France, they are faced with rejection and suspicion. They are accused of lying about their identity, their age and what they have experienced. Based on rapid, subjective and ill-adapted social assessments, and despite being deprived of even the most basic protection measures, they find themselves excluded from any kind of care or intervention. While awaiting a court decision (which, for more than half of them, will recognise their status as minors at risk) they are left to their own devices, their only support provided by associations and citizens’ groups.

At Médecins du Monde, we meet children who are destitute, lost and damaged by their life trajectory, their migratory path and the reception conditions in France. They are particularly fragile, overexposed to health risks and post-traumatic disorders. Our teams work with them, offering a sympathetic ear, access to healthcare and help with obtaining recognition of their rights.

The health crisis has not improved their situation, as the mechanisms for recognising their status as minors and entitlements have been severely disrupted.

MdM is calling for recognition of their status as children in danger and for all necessary measures to be taken to protect them and provide them with access to healthcare, education and a future.

2. The term “unaccompanied minor” refers to a person under the age of 18 who does not have French nationality and who is not accompanied by his/her legal representatives in France.

3. Unaccompanied minors are mostly boys between 16 and 17 years old, but there is an increasing number of girls and very young unaccompanied minors. These children come mostly from sub-Saharan Africa, but also Afghanistan, Pakistan, Bangladesh, Eritrea, Sudan, Angola, Somalia, Syria, Iraq and Eastern Europe.
OVERSEAS

REUNION ISLAND

Considered the most unequal territory in France, Reunion Island is faced with a very high level of precarity, with almost 40% of its population living below the poverty line. Numerous contextual factors (geographical, climatic, social, etc.) endanger the health of the island’s population, especially when combined with environmental factors.

Housing is one of the island’s biggest problems. To help address it, the Fondation Abbé Pierre has launched an initiative in collaboration with the Street to Housing Network, while, in May 2020, Médecins du Monde launched an exploratory mission on the impact of poor housing on health. Meanwhile, in response to the health crisis caused by the COVID-19 epidemic, MdM’s volunteers on Reunion Island conducted prevention and awareness-raising activities in 2020.

MAYOTTE

In Mayotte, life in 2020 was marked by the continuation of deportations, the multiplication of control operations and expulsions and the destruction of housing. The consequences of these operations – deterioration in access to healthcare and increase in the number of people deciding not to seek healthcare – were greatly compounded by the COVID-19 pandemic. Access by part of the population to health facilities, including screening and vaccination centres, was severely impeded, making it impossible to prevent the virus from spreading.

In response, Médecins du Monde set up outreach activities in several neighbourhoods and communes of Mayotte aimed at providing information, awareness-raising and screening, with the prescription of masks, medical follow-up and advice to isolated populations without access to health services.

FRENCH GUIANA

In French Guiana, the COVID-19 health crisis in 2020 greatly heightened the social and health vulnerability of the most disadvantaged people. Difficulties in accessing To Rights and Healthcare grew significantly, due partly to the reorganisation or closure of health services and state public services, and partly to the population’s reduced mobility and overcrowded living conditions.

In response, Médecins du Monde set up an emergency project that sent mobile health teams and prevention and information workers into informal housing areas and organised Screening/Confirmation/Follow-up activities, as well as a system of home visits to monitor and support infected people and their contacts. A team of peer health mediators also joined the programme, working on MdM’s activities as well as those of our operational partners. Médecins du Monde thus established itself as a major player in managing the crisis in French Guiana through its development of health mediation and its outreach approach.
DIRECTORY OF REGIONAL OFFICES

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

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

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

PROVENCE-ALPES-CÔTE D'AZUR
4 avenue Rostand, 13003 MARSEILLE
Tel: +33 (0)4 95 04 59 62
DelegationPACA@medecinsdumonde.net

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

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

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

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

HAUTS-DE-FRANCE
129 boulevard Montebello, 59000 LILLE
Tel: +33 (0)3 83 85 54 78
hauts-de-france@medecinsdumonde.net

RHÔNE-ALPES / AUVERGNE
11/15 boulevard Vivier Merle, 69003 LYON
Tel: +33 (0)4 72 92 49 25
rhone-alpes@medecinsdumonde.net

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

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

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

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

NORMANDY
5 rue d’Elbeuf, 76100 ROUEN
Tel: +33 (0)2 35 72 56 66
normandie@medecinsdumonde.net
In 2020, the 16 members that are part of Médecins du Monde’s international network (see page 65) continued their work with the most vulnerable populations, adapting to the constraints imposed by the COVID-19 pandemic while continuing to operate as a network.

OUR RESPONSE TO THE COVID-19 PANDEMIC

All the members of Médecins du Monde’s international network worked on strengthening preparedness measures at the national, regional and local levels in order to limit the spread of COVID-19 and reduce its impact on vulnerable populations.

This response was rolled out across our international programmes in 53 countries, as well as the national programmes run by the MdM network’s 16 countries.

Focus on the responses in Spain and Syria

— In Spain, Médecins du Monde adapted its programmes for vulnerable populations while implementing emergency actions in 40 care homes for the elderly and seven public hospitals, including five hospitals in Madrid.

A team qualified and experienced in the management of epidemic situations in Africa and Asia helped hospital staff to analyse the situation in their facility and delivered training sessions. The team also assisted in the reorganisation of hospital services, defining new protocols and setting up specific zones in the hospital to prevent the spread of COVID-19 and ensure the safe management of patients testing positive or negative.

In the care homes, by means of online training and visits, contingency plans were developed, isolation, quarantine and distancing measures defined, and psychosocial support mechanisms strengthened for residents, their families and professionals working with older adults.

— In Syria, Médecins du Monde’s teams refurbished the treatment and isolation ward of a general hospital, thereby improving case management capacity in the district of Afrin. Médecins du Monde also facilitated triage operations in all supported primary health care clinics, and donated beds and ventilators to intensive care units in secondary health facilities. Health promotion and awareness-raising activities were carried out by community health staff, case managers, psychologists and medical staff in all fields of intervention. These activities covered key subjects such as hand-washing techniques, personal hygiene, stress management, psychological support for parents and children, psychological first aid and recognition of COVID-19 symptoms, as well as services available in the intervention area.

HUMANITARIAN ADVOCACY FOR YEMEN

Members of the Médecins du Monde network have been developing humanitarian advocacy in defence of Yemen for several years. In July 2020, the positioning of Médecins du Monde Germany and Médecins du Monde France was voiced at international level when Wafa’a Al Saydi, the organisation’s representative in Yemen, was invited to brief the members of the United Nations Security Council at the initiative of its German presidency.

Wafa’a Al Saydi reminded the Council of the catastrophic humanitarian situation in her country caused by the six-year conflict. She asked the Council members to put an end to this conflict as the only way to resolve the humanitarian crisis. She also expressed her doubts about their commitment to peace. “On the streets, citizens like me
wonder whether the international community really wants to end this war. These countries, and others like them, continue to sell arms in the region and to fuel the war. It is a contradiction that makes no sense to the Yemeni people, which is why we are urging the international community to be honest and to support the principle of peace.”

In addition to this intervention, Médecins du Monde is a member of several coalitions that are lobbying in France and in Europe for an end to the conflict and for the mobilisation of sufficient humanitarian funding to meet the needs in the region. These coalitions are also calling for France to do what Germany did in 2019, i.e., stop selling arms to Saudi Arabia, which is a party to the conflict, in application of the Arms Trade Treaty prohibiting any sale to a third party where there is a proven risk of that party committing war crimes or serious violations of international humanitarian law or human rights law.

CAMPAIGNING FOR ACCESS TO MEDICINES

For several years, the members of Médecins du Monde’s international network have been working together to denounce the exorbitant prices set by the pharmaceutical industry for certain medicines — prices that dangerously limit access to treatment for patients.

These actions seek to challenge the validity of the patents granted for these medicines, as it is this protection granted to patents that allows the laboratories to demand such prices. On 10 February 2015, Médecins du Monde filed an opposition to the patent granted to Gilead for its hepatitis C drug, Sofosbuvir. Three years later, Médecins du Monde welcomed the decision made by the European Patent Office (EPO) to revoke part of this patent.

In 2019, another action was launched against one of the patents protecting the intellectual property of Kymriah® (tisagenlecleucel), a cancer treatment developed by Novartis. In 2020, the network members joined together to share their Kymriah® advocacy experience at scientific conferences. In September, in the midst of the pandemic, the network created an “Access to Medicines” task force and, together with other organisations, took a stand for equitable access to COVID-19 vaccines and technologies. Several open letters were sent to the European Commission, the European Parliament, the World Trade Organization and the health ministers of the G20 member states.

A NEW OPERATING AGREEMENT

At their General Assembly meeting held in October 2020, members of Médecins du Monde’s international network voted in favour of a new operating agreement. This agreement establishes new rules applicable to the whole network and seeks to strengthen cooperation between its members while increasing its global impact.

This agreement also reaffirms the values of commitment, social justice, empowerment and independence shared by the members of the Médecins du Monde network, as well as its vision: a world in which there are no more barriers to health and health is recognised as a fundamental right.

KEY FIGURES

In total, the Médecins du Monde international network ran programmes in 77 countries.

International programmes in 61 countries:

<table>
<thead>
<tr>
<th>Region</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>28</td>
</tr>
<tr>
<td>Americas</td>
<td>12</td>
</tr>
<tr>
<td>Asia</td>
<td>8</td>
</tr>
<tr>
<td>Middle East</td>
<td>5</td>
</tr>
<tr>
<td>Europe</td>
<td>8</td>
</tr>
</tbody>
</table>

National programmes in the network’s 16 countries:

<table>
<thead>
<tr>
<th>Region</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americas</td>
<td>3</td>
</tr>
<tr>
<td>Europe</td>
<td>12</td>
</tr>
<tr>
<td>Asia</td>
<td>1</td>
</tr>
</tbody>
</table>
THE ASSOCIATIONS

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

MDM BELGIUM
www.medecinsdumonde.be
President: Dr Ri De Ridder until October 2020, then Dr Claire Bourgeois as acting president

MDM CANADA
www.medecinsdumonde.ca
President: Dr Nicolas Bergeron until October 2020, then Dr David-Martin Milot

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

MDM GERMANY
www.aerztederwelt.org
President: Prof. Heinz-Jochen Zenker

MDM GREECE
www.mdmgreece.gr
President: Dr Tziouvara Charikleia

MDM JAPAN
www.mdm.or.jp
President: M. Gaël Austin

MDM LUXEMBOURG
www.medecinsdumonde.lu
President: Dr Jean Bottu

MDM NETHERLAND
www.doktersvandewereld.org
President: Dr Anthony Teunissen

MDM PORTUGAL
www.medicosdomundo.pt
President: Dr Fernando Vasco

MDM SPAIN
www.medicosdelmundo.org
President: Dr José Félix Hoyojiménez until November 2020, then Dr Nieves Turienzo Rio

MDM SWEDEN
www.lakareivarlden.org
President: Dr Thomas Aven

MDM SWITZERLAND
www.medecinsdumonde.ch
President: Dr Dominik Schmid

MDM TURKEY
www.dunyadoktorlari.org.tr
President: M. Hakan Bilgin

MDM UNITED KINGDOM
www.doctorsoftheworld.org.uk
President: Mr Tim Dudderidge until August 2020, then Dr James Elston

MDM UNITED STATES
www.doctorsoftheworld.org
President: Prof. Ron Waldman
Médecins du Monde is committed to the following principles of financial management.

**RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY**

Médecins du Monde is accredited by the International Committee on Fundraising Organisations (ICFO) and operates in strict compliance with the ICFO Charter, which includes the principles of rigorous management and financial transparency.

**AUDITS BY EXTERNAL ORGANISATIONS**

Médecins du Monde is subject to controls by the French public audit office (Cour des Comptes). Our accounts are certified by our statutory auditors (Mazars firm since 2020).

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 examines Médecins du Monde's work.

**AUDIT COMMITTEE**

In order to improve the efficiency of our organisation, an Audit Committee and an Internal Audit Department were created in 2019. The committee consists of members of the Board of Directors, including the president, and two qualified external experts. It assists the Board of Directors with decision-making and issues opinions on the quality of the organisation’s financial information, risk management, internal controls and the internal audit.

**FINANCIAL SCOPE**

The financial results of Médecins du Monde France include transactions with the other members of Médecins du Monde’s international network: MdM Germany, MdM Belgium, MdM Canada, MdM Spain, MdM United States, MdM Japan, MdM Netherlands, MdM United Kingdom, MdM Sweden and MdM Turkey.

The full version of our financial report is available on our website: medecinsdumonde.org

---

**EXPENDITURE/INCOME - MDM FRANCE**

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>83,2 %</strong></td>
<td><strong>52,2 %</strong></td>
</tr>
<tr>
<td>social programmes</td>
<td>private fundraising</td>
</tr>
<tr>
<td><strong>11,7 %</strong></td>
<td><strong>38,7 %</strong></td>
</tr>
<tr>
<td>fundraising</td>
<td>grants and other public subsidies</td>
</tr>
<tr>
<td><strong>5,1 %</strong></td>
<td><strong>9,1 %</strong></td>
</tr>
<tr>
<td>operating costs</td>
<td>private grants and other private funds</td>
</tr>
</tbody>
</table>

The 2020 ratios were strongly impacted by the sale at the end of December of the organisation's headquarters on rue Marcadet in Paris. 74% of the proceeds were recorded as private fundraising and the remainder as other private funds.

* Excluding changes in provisions, corporate tax and designated funds
For NGOs working in the humanitarian aid sector, links with international institutions are essential.

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

In 2020, with the help of its European network, Médecins du Monde also secured funding from the DG Justice for its projects in support of migrants in Europe and by the DG NEAR for its project in Egypt. Since 2017, Médecins du Monde has been a sub-recipient of grants from the European Union’s Trust Funds.

— DG ECHO’s mandate is to provide aid and emergency relief to people affected by natural disasters or conflicts outside the EU. DG ECHO works in partnership with around 200 organisations (European NGOs, the Red Cross Network and specialist United Nations agencies). DG ECHO has a budget of around 1.4 billion euros to fund humanitarian projects in more than 90 countries (2019 figure).

— DG INTPA is responsible for implementing the aid mechanisms of the European Commission, one of the main contributors of official development assistance.

— Since its creation 25 years ago, the MdM network has been a particularly active member of the Brussels-based NGO collective, VOICE (Voluntary Organisations in Cooperation in Emergencies), which acts as an interface between European humanitarian aid NGOs and EU institutions (European Commission/DG ECHO, European Parliament, Member States). VOICE brings together more than 80 European NGOs, including the largest and most influential. MdM France represents the international network on several VOICE working groups, such as the FPA Watch Group.

— MdM’s dealings with DG INTPA 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 holding this status.

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

— MdM’s international network is represented at the UN High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the UN Office for the Coordination of Humanitarian Affairs (OCHA).

— Since the start of 2018, MdM has been recognised as a WHO official partner and is an active member of the civil society reference group working on WHO recommendations concerning viral hepatitis.

— MdM is a member of the International Council of Voluntary Organisations (ICVA), a Geneva-based network of NGOs that focuses on humanitarian issues. ICVA brings together over 100 international NGOs working in 160 countries. Its aim is to promote and lobby for more effective and ethical humanitarian action. It works with UN bodies, tackling a variety of 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.

INSTITUTIONAL RELATIONS
THE GLOBAL FUND
The Global Fund against AIDS, Tuberculosis and Malaria is an international multilateral financial donor created in 2002 that allocates grants to combat AIDS, tuberculosis and malaria. The Global Fund collects and invests almost 4 billion US dollars annually. Since 2002, the Global Fund has saved 38 million lives, including six million in 2019 - 20% more than in 2018. Overall, in countries where the Global Fund invests, the annual number of deaths from AIDS, TB and malaria has been halved since the peak of these epidemics.
MdM also receives funding from the 5% Initiative (managed by Expertise France), which is 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 mission is to contribute towards the funding of 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 AFD-funded initiatives run by these NGOs. As a member of Coordination Sud, MdM takes part in discussions between French NGOs and the AFD on the AFD's strategy and funding methods.
In 2019, MdM was lead agency of a consortium selected to respond to an AFD call for tenders in Lebanon as part of the MINKA initiative. MdM also received funding from the AFD in 2020 for its COVID-19 projects in the DRC and Madagascar.

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 and Stabilisation Fund). It has an annual budget of more than 100 million euros. MdM also has strategic and institutional links with the CDCS through Coordination Sud's Humanitarian Commission.

BILATERAL COOPERATION
In addition to French institutional funding, Médecins du Monde receives support from various bilateral cooperation agencies. Thanks to the active role played by its network, MdM is a partner of the UK Department for International Development (DFID) (via MDM UK in London), the German Ministry of Foreign Affairs (via MDM Germany in Munich), the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD) (via MDM Belgium in Brussels), Global Affairs Canada (via MDM Canada in Montreal) and USAID/OFDA (via MDM USA in New York). MdM also regularly receives support from the Swiss Agency for Development and Cooperation (DDC) and from the governments of the Netherlands in Algeria and of Monaco in Madagascar.

MULTI-YEAR PARTNERSHIP AGREEMENT BETWEEN THE AFD AND MEDECINS DU MONDE
Since 2010, the French Development Agency (AFD) has been supporting MdM via Programme Agreements centred on key areas of sexual and reproductive health. In 2017, the focus was on “unwanted pregnancies” and in 2016 on harm reduction via “access to treatment for hepatitis C”.
In 2018, MdM signed a Multi-Year Partnership Agreement (MPA) with the AFD’s DPO/NGO Partnership Division. This new four-year funding mechanism (2018-2021) was initially proposed to four French NGOs in total. The €8.8m MPA will co-finance around ten projects over two x two-year phases, while developing cross-cutting activities to build knowledge, advocacy and reach on the thematic areas selected. Its goal is 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 the areas in which the MPA is implemented, whilst empowering right-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 Association’s President and Executive Committee made up of the Vice President, Treasurer and Secretary General. The Board, which is the organisation’s executive body, meets each month and takes all decisions concerning the orientation of MdM France.

The following Board members were elected at the General Assembly held on 26 September 2020:

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

**Vice President**
Catherine Giboin, consultant in public health

**Secretary General**
Dr Carine Rolland, general practitioner

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

**Other Board members**
Sophie Alary, programme director, Association Aurore
Marie Bécue, lawyer
Robert Bianco-Levrin, social activist
Paul Bolo, general practitioner
Dr Patrick Bouffard, health centre cardiologist
Bernard Juan, entrepreneur
Marie-Dominique Pauti, nephrologist
Marc Tyrant, general practitioner

**Substitute Board members**
Géraldine Brun, international consultant on public health and assessment
Prof. Antoine Lazarus, doctor, honorary professor of public health and social medicine
Dr Guillaume Pegon, doctor in sociology and anthropology and clinical psychologist

MÉDECINS DU MONDE MANAGEMENT

Executive Director: Joël Weiler
Director of International Operations: Julien Bousac
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 PRIVATE PARTNERS

Foundations and companies

Bilateral bodies
— In Europe: In Europe: German Federal Foreign Office (GFFO), German Federal Ministry for Economic Cooperation and Development (BMZ), UK (FCDO) Monoce (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/5% Initiative.
— Others: United States (USAID, OFDA), Canada (GAC).
— French local authorities: Île-de-France regional council, Rhône-Alpes region, Île-de-France SAFER, Reunion Island departmental council, Haute-Garonne departmental council, Alsace regional council, PACA regional council, Nord-Pas-de-Calais regional council, the communities of the Aurillac Basin agglomeration and Greater Angoulême.

OUR PUBLIC SECTOR PARTNERS

Multilateral bodies

The partners of our programmes in France
Regional health agencies (ARS), departmental councils, regional councils, town councils, National Health Insurance Fund (CNAM), Family Allowance Funds (CAF), Regional Health Funds (CMR), Primary Health Insurance Funds (CPAM), Regional Health Insurance Funds (CRAM), Communal Social Action Centre (CCAS), free anonymous information and testing centres (CeGIDD), Directorate General for Health (DGS), Directorate General for Social Cohesion (DGCS), Regional Departments for Youth and Social Cohesion (DRCJS), Department Social Cohesion Units (DDCS), National Institute
OUR PARTNER ASSOCIATIONS


OUR EUROPEAN PARTNERS

World Health Organization (WHO), Platform for International Cooperation on Undocumented Migrants (PICUM), European Patient Forum (EPF), European Anti-Poverty Network (EAPN), Fédération européenne des associations nationales travaillant avec les sans-abris (FEANSA), European AIDS Treatment Group (EATG), Association européenne des Droits de l’Homme (ADH), European Network against Racism (ENAR), European Network of People who Use Drugs (EuroNPUD), European Public Health Association (EUPHA), Global Health Advocates (GHA), Confédération des organisations familiales de l’Union européenne (COFACE), International Lesbian Gay Association (ILGA), European Policy Center (EPC), Health Action International (HAI), Social Platform, Eurochild, EPIM / NEF, Women Political Leaders (WPL) global forum and Migreurop.

AND ALL OF OUR OTHER PARTNERS AND THOSE WHO SUPPORTED OUR WORK IN FRANCE AND ABROAD IN 2020 THROUGH A BEQUEST OR LIFE INSURANCE POLICY AND, OF COURSE, ALL OUR INDIVIDUAL DONORS.
COORDINATION
Thomas Flamerion

DESIGN
Studio Be-poles

ADAPTATION AND LAYOUT
CommeQuoi ?

PHOTOS
Cover © All rights reserved
Cyril Zannettacci (p. 6)
Audrey Saulem (p. 7)
Olivier Papegnies (p. 13, 21)
Quentin Top (p. 15, 37, 73)
Sébastien Duijndam (p. 19, 69)
Arnaud Finistre (p. 27, 28, 41, 43)
Mylène Zizzo (p. 45)
Patrick Piro (p. 47)
Antoine Bazin (p. 53)
Eric Franceschi (p. 55, 61)
Ignacio Marín (p. 62)