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The story of Doctors of the World (MdM in its French acronym) is the story of a revolt against injustice and a refusal to accept suffering. In 2015, injustice and suffering took many guises. While anger and exclusion persist, we reaffirmed that openness, dialogue and solidarity are essential, that true safety for individuals is built around access to care and rights and that general wellbeing improves when an individual is independent. Doctors of the World and all its partners have helped to build links between people and communities, working together to improve wellbeing.

In 2015, crisis took many forms: refugee crisis, crisis of solidarity in Europe, environmental crisis, the ongoing Syrian crisis. Twenty years ago, only humanitarian workers bore witness to these crises. Witnesses now number in the millions, challenged by civil society groups in France and internationally.

So, developing our operational responses and our policy stance is crucial for MdM. How we integrate new players, explore new territories and open up to new forms of activism is critical. This is at the heart of our mission statement and, consequently, the implementation of our strategic plan.
DOCTORS OF THE WORLD’S MAJOR COMMITMENTS IN 2015

DISPLACED PEOPLE AND REFUGEES
This year, their number exceeded the milestone of 60 million, mainly because the war in Syria is causing the largest population displacement in decades, but also due to ongoing conflicts elsewhere in the world. To support our work and in partnership with the international MdM network, we denounced the criminalisation of refugees and the unacceptable conflation of refugees and terrorists. We call relentlessly for the welcome and protection all people deserve when fleeing conflict, violence and the arbitrary acts of the states. The principle of sustainable migration on human, cultural and economic grounds shapes our policies.

It is essential to open safe and legal migration routes. The journey is particularly dangerous for children and women travelling alone, exposed to increased risks of violence.

While Greece and Italy take on a huge part of the reception of migrants, the lack of solidarity between EU Member States is obvious, reflecting a deficit in strategy and political vision.

Once again, in 2015 our teams worked all along the migration routes. In France, the work in Calais embodied this commitment. Calais, symbol of the failure of the authorities. Calais, where our work has intensified as the situation of thousands of refugees has become more and more alarming. For the first time in its history, MdM developed an emergency operation on this site, based on the way we work in our international programmes. In October 2015, we went before the Lille Administrative Tribunal and the French Council of State to require the government to take swift action to address the basic needs of all. The government was ordered to give immediate shelter to hundreds of unaccompanied minors.
IN EUROPE

According to the UNHCR, Europe recorded 1,015,000 refugees who arrived by sea in 2015. Of these, 23% were children. 3,771 drowned in the Mediterranean.

While urging EU Member States to intensify their efforts in search and rescue in the Mediterranean, we developed a Mediterranean Project on sea and land. In December 2015, a three-month partnership with SOS Mediterranée was signed to support sea rescue operations.

The international MdM network mobilised in force, particularly in Greece where staff from five different countries worked on the islands of Chios and Lesbos.

CRISIS AND CONFLICT

In 2014, Doctors of the World carried out 680,000 consultations as part of our emergency operations. This figure rose to 1,012,277 in 2015, of which, half were carried out by our Syrian partners. Working with our partners, our teams have given huge support to those facing a sudden breakdown of access to care—whether due to natural disasters, conflicts, or epidemics—in Iraq, Turkey, Syria, CAR, Yemen, Vanuatu, Nepal, Ukraine, etc.

The deadlocked Syrian crisis demonstrates the complexity of our work. A multitude of actors and conflicts converge, further driving the violence, and there is no end in sight. Healthcare systems have been destroyed in Syria and undermined in the neighbouring countries of Lebanon, Jordan and Turkey, where we operate. There is a mass exodus of health professionals who have been specifically targeted.

In Nepal, after the earthquake, we supported 25 health centres, eight cooperatives and refurbished six health facilities. We managed to access the hard-to-reach areas through our mobile clinics, on the ground or by helicopter.

In Ukraine, we also deployed mobile teams in government areas and on the front line on the Ukrainian side.

In line with our stance on sexual and reproductive health, we worked on gender-based violence, mindful of ensuring confidentiality and also of our understanding of the social norms behind these behaviours.

IN FRANCE: LONG STANDING COMMITMENTS AND NEW BATTLES

In France, Doctors of the World contributed to the multi-year plan against poverty and for social inclusion. This included calling for the voices of people affected by social exclusion to feed into policy proposals, thus allowing them to rebuild their status as citizens.

Our mobilisation during the 2015 health law vote was exemplary. In its final version, the text contained some major achievements including expansion of third party payment systems, the announcement that safer consumption rooms for drug users will be opened, recognition of the role of mediators-interpreters and affirmation of the importance of healthcare access centres (PASS).

Issues around drug prices and health systems are playing an increasingly important part in the agenda of developed countries, especially in Europe and the United States. Our current actions and future focus is on the exorbitant prices of drugs—particularly fast acting antiviral medicines like Sofosbuvir to fight against hepatitis C. In February 2015, we entered the legal field with the filing of an opposition to the Sofosbuvir patent. This is only one aspect of a broader battle.

During the prostitution bill debate, we conducted intense lobbying to call for the offence of passive soliciting to be repealed and for clients not to be penalised.

Lastly, as is the case every year in October, on the International Day for the Eradication of Poverty, the 15th report of the Observatory on Access to Healthcare and Rights was published. It also marked the launch of a powerful exhibition, Open the Doors in front of the Hotel de Ville in Paris, presenting portraits of 25 humanitarian actors.

OTHER COMMITMENTS

The International Network

Building on greater cohesion in recent years, the international network of Doctors of the World decided to develop a strategic roadmap that will give it a stronger structure. With member offices in 15 countries within different contexts and cultures, it is important to speak with one voice on the international stage. Based on the visions, missions and values defined in 2014, the international network began this strategic work at the end of 2015. The roadmap will define joint actions to be undertaken during the next few years. A collective response to emergencies, a focus on the affordability of medicines, common advocacy and joint communication are the main areas of focus. On this basis, in 2016, network members will adopt this strategic roadmap designed to give more impact to our actions.
Sexual and Reproductive Health (SRH)

As in 2014, we remained active on the issue of sexual and reproductive health, including the right to choose, access to contraception, and unwanted pregnancies. Other less high-profile actions—such as the fight against female genital mutilation, which is strongly indicative of gender inequalities—were conducted in the field.

Health and the environment

At the UN climate summit held in Paris, governments agreed for the first time ‘to respect, promote and take into consideration’ human rights in the response they make to climate change, especially the rights of indigenous peoples, women, children, migrants and other people in vulnerable situations. That is why we prioritised the issue of health related to the environment in our strategic plan.

BUDGET

In 2016, for the first time ever, Doctors of the World’s budget will top the 100 million Euro mark, with 83.9% committed to projects. This growth was achieved thanks to our donors who support our programmes and grant givers who believe in our actions.

Keeping a balanced budget means respecting some constraints, but beyond the short term, a sustainable future is being built. To carry out our projects and to give us the means to act in the future, this balance is essential. It requires us, at the same time, to clarify our choices and our policy positions.

ENHANCED COMMUNICATION

The foundations of MdM’s common media project have been laid. Our media exposure has increased significantly and moreover, our campaigns and striking and distinctive events have been rewarded. As a result, press coverage has doubled compared to 2014, both in France and internationally.

Created in 2014, the Friends of Doctors of the World Foundation conducted a range of innovative medical and social interventions in 2015. Notable were the first Scientific Day for Humanitarian and Social Health on 7 April and the launch of an architectural competition focused on accommodation for homeless people.

GOVERNANCE

At the 1 June 2015 General Assembly, members whole-heartedly approved the new mission statement. This obliges us to translate our policy vision into action through the strategic plan, the first such exercise for Doctors of the World, and a real roadmap for the coming years. These commitments reflect our militancy. The stakes are high: betting on the integration of our advocacy and our actions while strengthening our association model and activism, but also ensuring our governance evolves by means of the constitutional reforms that we are building together.

We must be open to initiatives that exist and put the individual back at the centre. The ultimate aim is to recapture the policy arena outside of our traditional channels.

CONCLUSION

2015 was marked by a surge in mobilisation. We have expanded our horizons, and included partners in our discussions. We have managed to strengthen our voice: our activism and our actions will help us move towards a positive future together. We remained vigilant against state powers, and engaged with legal systems when necessary. Our chosen path is sometimes narrow but our ties with civil society bring humanitarianism, activism and solidarity together.

We must now take a more active part in public debate, continuing our commitment to health and social justice for all.

Faced with multiple fears and an incoherent political rhetoric, there remains a role for Doctors of the World to reaffirm its vision of a democratic and open society.
KEY FIGURES

BUDGET

MDM FRANCE BUDGET
€90.9 M

MDM INTERNATIONAL NETWORK BUDGET
€143 M

HUMAN RESOURCES

1,640 ACTORS
ON OUR INTERNATIONAL PROGRAMMES
» 1,449 national employees
» 17 international volunteers
» 106 expatriate employees
» 68 headquarters employees

2,062 ACTORS
ON OUR PROGRAMMES IN FRANCE
» 1,934 volunteers
» 111 employees on the ground
» 17 headquarters employees

440 ACTORS
SUPPORTING OPERATIONS
» 317 volunteer delegates
» 123 headquarters employees

4,142 MDM ACTORS
PROGRAMMES IN FRANCE

67 PROGRAMMES IN 36 TOWNS

20 CLINICS

1 PAEDIATRIC CARE CENTRE

31 programmes with vulnerable groups (including migrants, homeless people and asylum seekers... )
5 programmes with people who use drugs
5 programmes with sex workers
1 programme on access to healthcare and rights in rural areas
1 programme on buddying of children in hospital
1 programme with unaccompanied migrant children
1 programme with people in prison
1 cross-cutting programme at national level about HIV, STI, hepatitis and tuberculosis

45 OUTREACH PROGRAMMES

3,900,000 BENEFICIARIES OF OUR PROGRAMMES

INTERNATIONAL PROGRAMMES

73 PROGRAMMES IN 44 COUNTRIES

INTERNATIONAL PROGRAMMES

73 PROGRAMMES IN 44 COUNTRIES

3,900,000 BENEFICIARIES OF OUR PROGRAMMES

GEOGRAPHICAL BREAKDOWN OF PROGRAMMES

- 31 programmes in 15 sub-Saharan African countries
- 16 programmes in 10 countries in North Africa and the Middle East et Moyen-Orient
- 8 programmes in 5 countries in Latin America and the Caribbean
- 18 programmes in 14 countries in Eurasia

GEOGRAPHICAL BREAKDOWN OF EXPENDITURE

- 37 % in sub-Saharan Africa
- 35 % in North Africa and the Middle East
- 6 % in Latin America and the Caribbean
- 18 % in Eurasia
- 4 % on miscellaneous projects (Opération Sourire, regionally-managed international projects and needs assessments)
PRIORITY AREAS

TO ACCOMPANY SOCIAL CHANGE, DOCTORS OF THE WORLD COMMITS TO EMERGENCY AS WELL AS LONG-TERM PROGRAMMES. FOUR PRIORITY AREAS SHAPE ITS FIGHT FOR ACCESS TO CARE FOR THE MOST VULNERABLE: CRISIS AND CONFLICT, SEXUAL AND REPRODUCTIVE HEALTH, HARM REDUCTION AND MIGRANTS.

EMERGENCIES AND CRISSES

Conflicts and disasters, natural or man-made, often cause a breakdown in access to care. Doctors of the World deploys emergency teams and equipment to the field to meet the immediate health needs of victims. Built around the concept of partnership with civil society and national health ministries, the work is supported by our teams working on long-term projects, when such teams are present in the country. As far as the context permits, emergency programmes include support for the health system and its reconstruction when necessary, even after the media has moved on.

In 2015, Doctors of the World’s emergency teams intervened in Vanuatu after typhoon Pam, in Nepal after the earthquake, in Ukraine following the conflict in the east, and in Yemen in response to the bloody conflict raging there. In addition to these exceptional responses, Doctors of the World strengthened its work with the most vulnerable populations in Iraq, Turkey, Syria, the Central African Republic, as well as its work in West Africa in the fight against the Ebola epidemic. Emergency teams also support the Doctors of the World migrant programme in Calais.

HARM REDUCTION

For many years, Doctors of the World has worked with at risk populations such as people using drugs and male and female sex workers. Because of the stigma, marginalisation and criminalisation they face, these people are exposed to various risks, such as disease, violence, police harassment, etc. Since 1989 MdM has been developing harm reduction programmes related, on the one hand to the use of psychoactive substances, and the other, to sexual practices, providing a medical, psychosocial and community response.

Within this context a desire was born to strengthen the response to the hepatitis C epidemic, an unnoticed epidemic that remains particularly serious among people who use drugs. In 2015, MdM started a three-year cross-cutting programme to improve the prevention, treatment and care of hepatitis C. It is conducted in partnership with the French Development Agency (AFD in its French acronym), co-financing six international projects in Africa, Eastern Europe and Asia and aims to establish the advocacy for universal access to diagnosis and treatment of hepatitis C.
**SEXUAL AND REPRODUCTIVE HEALTH**

Sexual and reproductive health (SRH) relates to various aspects of women and couple’s health: sex education, prevention, treatment and care of unwanted pregnancies, maternal and newborn health, fight against sexually transmitted infections, response to gender-related violence, etc. More than 20 projects include the promotion of SRH. MdM has established a multi-year strategy that reaffirms the commitment of the association to promote the sexual and reproductive rights of girls and women, reduce gender inequalities and promote universal access to SRH services. Since 2014, within this framework, we have developed a cross-cutting programme, in partnership with the AFD, which co-finances four projects for the prevention and management of unwanted pregnancies and aims to establish a global advocacy project in partnership with networks of local and regional actors. In 2015, the terms of the framework for action to meet SRH needs in crisis situations (areas of conflict, natural disasters) were also defined, including cases of sexual or physical abuse; this component has been integrated in several projects.

**MIGRANTS**

Doctors of the World has been working for nearly 30 years with migrants, either in programmes in France or abroad. Since March 2015, Europe has been facing what is being called ‘an unprecedented migration crisis’, which is a true ‘crisis of hospitality and solidarity.’ Today, faced with fundamentally security-oriented and repressive government responses, migration patterns are constantly changing, increasingly exposing exiles to danger and exploitation. We are obliged to adapt and rethink our way of working.

Two main areas of intervention are emerging for the coming years. Access to healthcare, which remains at the heart of our work with the priority placed on the access for the most vulnerable people, including women and children. And advocacy, calling for safe and legal access routes in Europe and the denunciation of repressive migration policies.
As happens every year, on the International Day for the Eradication of Poverty, MdM published the Access to Healthcare and Rights Observatory report. A new exhibition was put on to support this launch, because nearly 95% of those cared for in CASOs (healthcare, advice and referral clinics) are not French, and because 2015 was marked by a unprecedented migration crisis and Doctors of the World responded by supporting refugees throughout their journey.

In the heart of Paris, the exhibition, called Open the Doors, consisted of 25 chambers intended to make the public take a different look at migration. Behind the 25 doors stood 25 life-size portraits taken by Samuel Lugassy, which were erected on the Place de la République. Seen through the eye of the photographer; anonymous and public figures, humanitarians, artists and committed intellectuals, people who have experienced immigration or who are tackling this issue. Men, women and children from everywhere, of all ages, and from varying conditions and cultures.

Doctors of the World has chosen to engage in the public debate around the way refugees are welcomed, using these, often poignant, stories. Because all share the same conviction that the world is more beautiful, life is more beautiful and richer when the doors are open or people are open to accepting others. The exhibition, which carries a positive message to set against fear and hatred, will travel to the regional MdM offices in 2016.
FRANCE

NO EXCUSES

A campaign was launched with the theme No excuses at the end of 2015, to inform the general public about the programmes run by Doctors of the World for vulnerable people and to encourage them to support the organisation financially. Directed by Emma Luchini and using the starting point of excuses that everyone has given at one time or another for not having donated, we produced a short video that takes these excuses out of context. Faced with the real emergency situations that our teams face in the field, these excuses, sometimes legitimate, take on an unexpected meaning.

“I would be happy to, but this month it is not convenient,” mumbled the doctor at a mobile clinic for migrants queuing for care. “I’m sorry I really do not have time, next time maybe,” says a busy passerby to the young man in the blue raincoat who calls out in the street.

The campaign recalls with humour and satire the simple ways that exist to get involved and support Doctors of the World, including giving online at any time. Released in cinemas, on television and on the Internet, the film has been watched by over 3 million people.
CHILDREN’S HEALTH

MAKE A CHILD CRY

Whether they are victims of poverty or war, whether displaced or refugees, the children Doctors of the World’s teams meet on the field are malnourished, get sick because they have not been vaccinated, or do not receive timely treatment for curable diseases. Each year, nearly 4 million children die of preventable causes. To illustrate Doctors of the World’s struggle to improve their access to health services, the Make a child cry campaign was launched in the summer of 2015 in France and in several countries across the international network.

Built around a 30-second video and a poster campaign in two stages, it aimed to engage the public with a strong message to involve them in the fight against health inequalities worldwide. At the heart of the campaign is the natural apprehensiveness of children, to illustrate that if they happen to cry during a medical consultation it is actually because they are being cared for, and sometimes even having their lives saved.

The campaign won three awards (Grand Prix of charity communication, Grand Prix in outdoor advertising, and Epica Awards), and is now being studied in many schools and universities for its original and unorthodox approach to humanitarian communication.

HEPATITIS C

TREATMENT FOR ALL

In 2015, our advocacy campaign led in France and internationally for universal access to new treatments against hepatitis C reached a major milestone. In Georgia, we produced clinical evidence justifying our programme to provide a model to support drug users who are chronically affected by hepatitis C in middle-income countries. In France, we asked the government to use the weight of the law to reduce the price of the first such approved treatments—the compulsory licence. Given the lack of government response, MdM decided to use the only legal weapon at its disposal to continue the fight for universal access to these new treatments that could lead to the eradication of the virus: to oppose the patent. Legal action was filed in February 2015 with the European Patent Office to cancel the monopoly on one of the key pharmaceuticals, Sofosbuvir.

Over and above the Sofosbuvir case, this action is the starting point for global advocacy on drug prices that will continue in the coming years. But in the short term, this disruptive action is a strong signal of our refusal to accept the logic which can only lead to a triage and exclusion of patients by health authorities in France and Europe. It was also a powerful catalyst for the MdM network on this issue, which is important for the survival of health systems in Europe.
2015 COMES TO AN END WITH SIGNIFICANT GROWTH IN OUR ACTIVITIES ABROAD. OVERALL, WE HAVE CONDUCTED MORE AMBITIOUS, LARGER PROJECTS, WHICH IN SOME CASES MEANS SCALING UP PILOT PROJECTS TO DISTRICT OR REGIONAL LEVELS.

That said, do we have to grow? This significant growth represents a real challenge for us all. For the teams who have to scale up their activities. For the teams at head office—who, in turn, have to deal with more demands from the field—and for the support services.

In 2015, Doctors of the World voted in favour of its new mission statement. Our particular ambition is to support social change. For years we have developed partnerships, but we need to go further with training trainers in order to strengthen the capacity of stakeholders in the countries where we work.

HOW MUCH SHOULD WE GROW?

Throughout the year, the Syrian conflict has been at the heart of Doctors of the World’s humanitarian action. Crises and natural disasters continue to be the starting point of our interventions. We are accustomed to these spikes in activity, which prompt a generous response from the public. We intervened following the hurricanes in Madagascar and Vanuatu. The response to the earthquake in Nepal, where we were struggling to maintain development activities, was also a growth factor.

We have also worked on treatment for hepatitis C, with new medication that is prohibitively priced. As regards sexual and reproductive health, we run programmes on ‘the right to choose’ which aims to guarantee open access to abortion, which, if not free of charge, is at least safe.

Thus we are developing our advocacy vis-à-vis the public authorities. But the scaling up of pilot projects must lead us to reflect on the necessary critical mass of these projects, rather than their volume.

ALLIANCES TO HELP MIGRANTS

Our work with migrants is carried out locally with our Healthcare, Advice and Referral Clinics (CASO in its French acronym), and with national programmes in Europe. The new migration crisis represents a challenge, which is amplified by the absence of any European policy on the opening of reliable and safe migration routes and the undermining of the right to asylum.

Greece, already suffering from major economic difficulties, is in the forefront. Support from members of the international network for the actions deployed by Doctors of the World Greece, represents an opportunity to form alliances and to deliver a concerted response.
The migration crisis was also a major issue for relations between Europe and Turkey, especially on the maritime border between Greece and Turkey, around the Dodecanese islands. The need to establish an office in Turkey allowed us to develop a partnership with Turkish organisations and to create a branch of MdM in Turkey.

**STAYING VIGILANT**

We should remain vigilant on the transition between emergency programmes, which are focused on enhancing primary healthcare, and development programmes. In particular, considering, from the very beginning of our response to a crisis, how we will handover to our long-term operators.

Our independence assumes careful management of growth. We are not ‘implementers’ serving policies imposed by donors and we cannot claim independence if 80% of our international projects are financed by institutional funding. Thus, we need to have a clearly defined, innovative funding policy, especially for our coordinators in the field.

We should also define projects where advocacy will support change and exit projects where MdM adds no more value than a recognised national partner. Finally, we should respond to needs using our resources—whether existing, reallocated or newly-created—or through the expertise of our partners.

Alongside the Executive committee (a joint decision making body), strategic and budgetary committees are important forums for reflection on international operations. This is where new strategies, the need to take a break before redeploying certain activities and evaluation of policy and operational decisions should be discussed.
Since 2011, Syria has been consumed by an interminable civil war that spills over into Iraq and continues to cause more civilians to take to the road. In Syria, Lebanon, Jordan, Turkey and Iraqi Kurdistan, Doctors of the World come to the aid of victims. As in Yemen, where another conflict rages.
ALGERIA
EGYPT
IRAQ
JORDAN
LEBANON
PALESTINE
SYRIA
TUNISIA
TURKEY
YEMEN

For detailed factsheets on the various programmes in North Africa and Middle East see: medecinsdumonde.org
According to UNHCR figures, almost 13 million Syrians need humanitarian aid. Violence, fear, the destruction of infrastructure and livelihoods are feeding into widespread migration within Syria and into neighbouring countries. Thus, 6.6 million people are internally displaced within Syria, while 4.3 million are refugees outside Syria. Air bombardments of hospitals, violence directed at health professionals and supply problems are contributing to the collapse of the Syrian health system.

Despite the magnitude of need, access to the population remains desperately limited owing to a very unstable security situation. However, Doctors of the World continues to support the maintenance of health services in Syria and brings continued support to Syrian doctors who assist the sick and wounded throughout the country.

In the camps of north Idlib region, near the Turkish border, our teams work with Syrian nurses and doctors to provide primary care and sexual and reproductive health services to displaced people. They run four fixed and two mobile clinics, as well as a specialist centre for women and children. Also, via Turkey, Lebanon and Jordan, MdM supports over 25 health centres and mobile teams in Syria, particularly in the governorates of Idlib, Aleppo, Damascus and Daraa. 13 Syrian partners and 37 health facilities were supported in 2015.

In addition, Doctors of the World supports healthcare centres on both sides of the Turkish-Syrian border in Reyhanli (Turkey) and Sarmada (Syria). Patients who have had operations for traumatic injuries are treated there and the staff are trained in the care of mutilated victims.

Doctors of the World also provides care to hundreds of thousands of Syrians who have fled to Lebanon and Jordan and supports these countries in their response to the influx of refugees which destabilises their health systems. In Lebanon, the organisation supports five health centres and one mobile clinic south of Beirut and in the Bekaa Valley. Psychotherapists give consultations and provide therapeutic follow-up in the centres. In Jordan, MdM has renovated a clinic in Ramtha and continued to provide primary healthcare in its centres in the Zaatari and Ramtha camps.
The violent clashes which have affected the north and west of Iraq since 2014 have led over three million Iraqis to move. Yazidis, Christians and Muslims have all fled to escape the rapid spread of the Islamic State organisation. The inhabitants who are directly exposed, displaced people within the country, refugees from Syria and the people of host regions are all direct or indirect victims of this conflict. To help support these millions of people in need of urgent humanitarian aid, Doctors of the World is working in the camps in Dohuk region, in Iraqi Kurdistan, and further south in the governorate of Kirkuk, where three mobile clinics were established in 2015.

Furthermore, in partnership with a Turkish NGO, the organisation is working with Iraqi and Syrian refugees across the border, in southeast Anatolia, in camps in the towns of Sirnak, Diyarbakir and Batman. Primary care and psychosocial services are provided there.

Over 110,000 consultations were given to displaced Iraqis in 2005.
For over a year, the war has caused the death of thousands of people and the displacement of over 2.7 million Yemenis. More than a year of violent clashes has thrown one of the poorest countries in the world into a state of chaos. The conflict has a dramatic impact on Yemenis:

- 82% of the population—that is 21.2 million people—are now dependent on humanitarian aid, 2.75 million are displaced, dozens of schools and hospitals have been targeted in attacks, 14.4 million Yemenis suffer food shortages and there are currently hundreds of thousands of cases of malnutrition.

Since April 2015, Doctors of the World has assisted Yemeni people by supporting health centres and rural hospitals in Sana’a and Ibb. The organisation provides medication and medical equipment, as well as solar panels to relieve the electricity problems due to fuel shortages. Mobile teams provide healthcare, particularly to the most vulnerable, women and children. In view of the tense security situation, a staging post was opened in Djibouti, on the other side of the Gulf of Aden, to enable the transport of medicines to Yemen by boat. Since the end of November 2015, a Doctors of the World team has been based in Sana’a to restore health facilities damaged by shelling and to restore access to primary healthcare.
In Palestine, where Doctors of the World has worked since 1999, the situation of families in the West Bank and Gaza is constantly threatened by the aggression of settlers, Israeli military operations and blockades, which regularly deprive them of essential goods and medical care. This is why the organisation currently runs various programmes in Palestine, which aim as much to strengthen access to healthcare in the long term, as to respond promptly to outbreaks of violence.

**LONG TERM SUPPORT**

In the West Bank, especially in Nablus region, stress and other mental health problems caused by tensions with settlers are very rarely treated. Yet there are 30,000 sufferers. Doctors of the World works to improve care for this psychological suffering. Thus, medical personnel are trained to identify these problems and refer patients to appropriate healthcare facilities. Parents and children are invited to workshops organised in villages and in schools so that they will have a better understanding of the impact of this violence on their daily lives. At the same time, Doctors of the World is lobbying the Palestinian authorities to incorporate mental health into public health policy.

In the Gaza Strip, women lack information on their rights and on sexual and reproductive health services, which are very limited. Many women face unplanned pregnancies which may present risks. Doctors of the World, with its partner Culture and Free Thought, works to strengthen family planning services and to offer comprehensive care to women facing an unwanted pregnancy. Our teams also ensure that women have access to post-abortion care in two health centres in the central region.

**EMERGENCY RESPONSE**

In Nablus region, where people live in a state of extreme stress owing to the proximity of Israeli settlers, Doctors of the World teams come to support families within three days of a violent incident. If a family member is emotionally affected, the organisation dispenses emergency psychological care and provides continuing support over several weeks before, potentially, referring the victim to specialist care.

The situation for the 1.8 million inhabitants of the Gaza Strip has worsened with the intensifying of the land, air and maritime blockade imposed by Israel. The shortage of medicines, consumables and equipment is permanent. Gaza is also short of ambulances and adequately equipped mobile or emergency health centres. This is why Doctors of the World prepares facilities and healthcare personnel for emergency situations and assists them in co-ordinating their actions. Several hundred Palestinians from the most vulnerable communities have also been trained in first aid.
Doctors of the World ran 31 programmes in 15 countries of sub-Saharan Africa in 2015. Specifically, our teams have supported victims of sexual violence in Central Africa and handed over HIV care in Goma, DRC, and the prevention of risks from natural disasters in Madagascar to civil society.
For detailed factsheets on the various programmes in sub-Saharan Africa see: medecinsdumonde.org
At the end of 2015, 2.3 million people still need humanitarian assistance in the Central African Republic. The civil war of 2013 has had a long-term effect on the country which was already lacking in basic infrastructure. In addition to its support for four health centres and one hospital, Doctors of the World has been developing, since May 2015, a programme for victims of gender-based violence—who are especially numerous in times of crisis—as part of the sexual and reproductive health services of Bégoua and Gobongo.

This area of our work was implemented in partnership with two local organisations: the Association of Women Lawyers of Central Africa (AFJC in its French acronym) and the Central African Association for Family Well-being (ACABEF in its French acronym). In a single location, survivors of gender-based violence can benefit from medical treatment and legal advice, including the support of a lawyer from the AFJC if they wish to lodge a complaint. The ACABEF is involved in training healthcare personnel and community health workers, as well as in raising awareness of gender-based violence.

After eight years devoted to improving the management of risks associated with natural disasters in Madagascar, Doctors of the World ends its programme, having had a positive impact.

Every year, cyclones, rising river levels and floods cause major economic losses in Madagascar. Damage to transport routes prevents the inhabitants from reaching health facilities. Yet their ability to recover from disasters is largely dependent on the stability of the healthcare system, as well as a good level of preparedness for health risks. These are the two issues on which Doctors of the World has been working since 2008, particularly in Vatomandry district, where our teams worked with the NGO Care to prepare the population for such events. As well as devising an emergency plan, a network of 112 first-aid workers was trained in first aid, basic care and to refer victims to health centres.

In addition, in order to reduce disaster-related risks, health post heads were trained in early detection of epidemics, while health workers and community workers received training in screening, referral and care for severely malnourished children. In co-operation with the nutrition service of the Ministry of Health and UNICEF, four mobile therapeutic feeding centres were also opened at the four corners of the district.
In the Democratic Republic of the Congo, over a million people live with HIV/AIDS. Although at least 170,000 of them are eligible for antiretroviral treatment, only 38% have access to the medicines. Only 30% actually benefit from this treatment in North-Kivu province. In a country where anonymous screening for minors remains illegal and the health system is very weak, access to quality care for infected people is essential.

For 12 years, Doctors of the World has provided prevention, treatment and care for HIV including prevention services, screening, treatment of sexually transmitted infections and treatment with antiretrovirals in Goma. Since 2014, the organisation has supported stakeholders from North-Kivu’s civil society in the establishment of an observatory for monitoring access and quality of treatment services for HIV. Thanks to monitoring and early warning work, positive changes were observed in 2015, regarding both the healthcare offering and the mobilisation of the voluntary sector in the fight against HIV in North-Kivu. It is on this basis that Doctors of the World decided to hand over the programme to local stakeholders.

After 20 years of civil war and political instability, Somalia is still a conflict zone. To escape the fighting that is concentrated in the south of the country, civilians seek refuge in the north, particularly in the harbour town of Bosasso. This is a region which is also a transit point for Ethiopian, Somalian and Eritrean migrants heading for the Arabian Peninsula and who stay in semi-permanent camps. In 2015, several tens of thousands of them made the journey in reverse, fleeing the fighting in Yemen and crossing the Gulf of Aden to reach Bosasso, which currently has almost 50,000 internally displaced people. For cultural reasons, but also owing to infrastructure deficiencies, it is very difficult for women to access healthcare and the country has among the highest maternal and infant mortality rates in the world. Only a third of pregnancies are medically assisted and 90% of births take place at home.

Since 2011, Doctors of the World has been working in Bosasso on a programme of primary healthcare and sexual and reproductive health for internally displaced people, migrants and host populations. Working with a national partner, Integrated Services for Displaced Populations (ISDP), the organisation supports eight public health facilities as well as the maternity unit at Bosasso’s general hospital. Medicines and suitable equipment are provided in addition to technical support for local teams.
LATIN AMERICA AND THE CARIBBEAN

In 2015, whilst continuing its work on access to healthcare for isolated populations in Colombia and treatment and care of unsafe abortions in Peru and Haiti, Doctors of the World has expanded its work with migrants from Central America.
For detailed factsheets on the various programmes in Latin America and the Caribbean see: www.medecinsdumonde.org
In Chiapas, a state of southern Mexico bordering Guatemala, immigrant women from Central America survive through sex work. A campaign for the regularisation of migration has enabled them to obtain temporary residency and access to basic services. But ‘anti-trafficking rescue’ operations and the pro-active capture of migrants by the Mexican authorities makes their situation even more precarious.

In 2015, Doctors of the World supported the creation of the Association of Women and Mexican migrants acting against Violence – Mujeres Migrantes y Mexicanas en Acción contra la Violencia (MUMIMAV). Recognised as the first association of migrant women sex workers in Mexico, it obtained legal status and began its own activities with the help of MdM and its partner Brigada Callejera. The creation of a ‘diploma’ in community journalism enabled the organisation to develop a newspaper, to make use of advocacy tools, and to better inform people about people trafficking.

By promoting direct dialogue between women and the authorities, Doctors of the World has also obtained free monitoring and treatment of people living with HIV.

Whilst completely illegal in Haiti, abortion is allowed in Peru only when the woman’s life is in danger or in order to avoid serious and permanent consequences for her health. To terminate an unwanted pregnancy women are compelled to resort to illegal abortions. They are carried out in unsanitary conditions without any medical follow up and are one of the main causes of maternal mortality.
PERU
Doctors of the World trained midwives and doctors from four mother and child centres in south Lima in the care of obstetric emergencies and incomplete abortions. Thus women who have attempted to abort in poor conditions may also be cared for properly. A network of 45 health promoters also raises awareness in the communities about contraception, and the right of women to have control over their own bodies. Civil society organisations, with Doctors of the World campaigning alongside, obtained the adoption of a national protocol for the management of therapeutic abortion from the Ministry of Health.

HAITI
In Port-au-Prince, in partnership with the local POZ and SOFA organisations, Doctors of the World works to improve women’s access to sexual and reproductive health by informing them on their rights, family planning and the risks associated with unsafe abortion. Thirty healthcare providers from six hospitals in the metropolitan area of Port-au-Prince were trained in providing care for complications associated with incomplete abortions. In addition, around 20 organisations were mobilised to form a group to lobby for sexual and reproductive rights and the decriminalisation of abortion in Haiti.

The northern triangle of Central America and the south of Mexico remains a very significant migration corridor, with a minimum of 400,000 people passing through every year. Amongst them are single men but also many families who often have to move from one country to another to flee police violence or organised crime. The establishment of the Frontera Sur plan in 2014 in Mexico also led to a huge increase in the number of deportations from Mexican territory to Central America. Stigmatised, weakened by their instable lives, these migrants have no knowledge of their rights regarding health. The grassroots organisations are not yet equipped to respond to these challenges.

There is currently a void in access to healthcare for these migrants, both on the migratory route and upon their forced return to their country of origin. This is why in 2015, Doctors of the World led an exploratory mission in El Salvador, Honduras, Guatemala and Mexico, where MdM France is already working. The objective is to develop a multi-national programme, in partnership with MdM Spain which is working in Guatemala and El Salvador, to reduce the health and psychological vulnerability of displaced people by strengthening the capacity of local organisations and existing networks. Therefore, Doctors of the World intends to support robust advocacy on the negative effects of migratory policies in the region.
2015 was marked by the violent earthquake which hit Nepal on 25 April. Thanks to its experience in the country, Doctors of the World was able to intervene in the days following the disaster. Our teams also worked to improve access to care for victims of the Ukrainian crisis and vulnerable populations in Sri Lanka.
For detailed factsheets on the various programmes in Eurasia see: www.medecinsdumonde.org
Since the beginning of the political and military crisis in Ukraine in 2013, the humanitarian situation in the east of the country has been especially alarming. In Donetsk and Louhansk, the two provinces of Donbass affected by the crisis, 4.5 million Ukrainians are in need of humanitarian aid. The vast majority of them (around three quarters) are vulnerable people—elderly, disabled or suffering from chronic illness—who need suitably adapted services. An exploratory mission was completed in April 2015 in Louhansk oblast (region) to assess the population’s healthcare needs. A team of field workers was deployed in June 2015 to develop MdM’s response alongside the Ministry of Health and other humanitarian stakeholders. This response focuses on provision of primary healthcare, sexual and reproductive health, mental health and psychosocial support. Two multi-disciplinary mobile clinics are working in government-controlled areas which are directly affected by the fighting.

The provinces of north and east Sri Lanka are slowly recovering from a civil war that lasted 26 years. Although positive changes are taking place across the country as a whole, progress is barely noticeable for the most underprivileged. Women—many of whom find themselves alone, widowed or abandoned—are vulnerable to various forms of harassment, exploitation and sexual abuse. Owing to significant cultural obstacles, patriarchal traditions and many taboos, access to sexual and reproductive health services remains limited.

For the Tamils of Indian origin, who have worked in the plantations for five generations, access to basic services is also still limited. A phenomenon which was exacerbated by the belated granting of Sri Lankan citizenship in 2003, as well as geographical isolation and a language barrier. In this type of environment, women, teenagers and children are particularly vulnerable.

Following two exploratory missions between 2013 and 2014, since 2015 the organisation has been developing a project to improve the quality of sexual and reproductive services, with a particular focus on access to contraception, prevention and treatment of STIs, and gender-based violence. With the Human Development Organisation and Family Rehabilitation Centre, its local partners, the organisation offers training to strengthen the capacity of medical personnel and teachers and awareness-raising sessions for people in the north and centre of the country.
The two earthquakes and numerous after-shocks caused landslides and the collapse of buildings. The death toll was 8,000 and over 16,000 were injured. Almost 80% of the health facilities in Sindhupalchok district, where Doctors of the World works, were destroyed. The monsoon that followed made it even more difficult to reach the victims. Despite difficult conditions, in the days following the disaster, several emergency teams of doctors, nurses, midwives and logistics experts got through with 15 tonnes of equipment (surgical kits, natural disaster kits etc).

Emergency medical aid and psychosocial support was brought to 25 communities in Sindhupalchok. Between May and December 2015, the organisation’s mobile clinics on the ground and helicopter transport delivered almost 15,000 medical consultations in the district. Our teams also responded to several epidemics, which are common after this type of natural disaster. At the same time, 18 health centres were rebuilt or restored in order to quickly re-establish access to healthcare. Women’s cooperatives, which we have supported since 2007, were strengthened so that they could help their communities to get back on their feet.

ON 25 APRIL 2015, A SEVERE EARTHQUAKE—MEASURING 7.8—STRUCK NEPAL, FOLLOWED BY A SECOND ON 12 MAY. DOCTORS OF THE WORLD HAS BEEN IN THIS HIMALAYAN COUNTRY SINCE 2007 SO INTERVENED TO PROVIDE EMERGENCY MEDICAL, MATERIAL AND HUMANITARIAN AID TO THE VICTIMS.
Sex workers also suffer serious discrimination and repression. Their working conditions, difficulties in accessing medical care and social stigma are all factors that contribute to their vulnerability and isolation. This is why Doctors of the World runs harm reduction programmes aimed at these people. Notably in Burma and Russia.

**Burma**

Doctors of the World supports the community of male and female sex workers in Rangoon, the largest city in Burma. Screening and treatment for HIV are offered in the organisation’s clinic and prevention activities are led by around 20 peer educators, mainly in places of prostitution. Thus, 6,000 sex workers have had access to these prevention services and 1,300 people infected with HIV have benefited from antiretroviral treatment in 2015.

**Russia**

There are probably over 130,000 (male and female) sex workers in Moscow, who are victims of violence by the police, clients and sexual exploitation networks. Since late 2015, Doctors of the World has been working in partnership with Shagui and Silver Rose, two Russian organisations, to develop a programme which aims to improve access to healthcare and prevention of HIV, STIs and violence for around 5,000 sex workers in the Russian capital and its surroundings. Night patrols have been established and teams from the organisation work with health centres, offering anonymous treatment and care tailored to the specific needs of these vulnerable people.
Europe is currently facing the greatest wave of migration since the end of the Second World War. In 2015, the number of refugees trying to reach the continent increased significantly, particularly via Greece, where 800,000 arrived during the year, and via the Mediterranean between North Africa and Italy. More than 3,770 people died at sea whilst trying to reach Europe.

Following two exploratory missions by MdM France and MdM Spain in Italy, Calabria was identified as one of the most vulnerable regions, where access to healthcare is very difficult for refugees. Yet the violence suffered during the migratory journey and the dangers of crossing the Mediterranean have serious consequences for their mental health.

At the end of 2015, training for social workers in reception centres was delivered, both on psychological first aid and on emergency psychosocial intervention. Through a partnership with the Italian Red Cross, 30 social workers were also trained in first aid techniques.

At the forefront of the refugee hosting crisis, Doctors of the World has increased its efforts to respond to the increase in arrivals. Since summer 2015, Doctors of the World France has supported Greece with its projects on access to primary healthcare and mental healthcare for refugees on the islands of Lesbos and Chios.

Intravenous drug use increased in Georgia after the fall of the Soviet Union, affecting up to 1% of the population or 45,000 people. Of these, over 70% carry the hepatitis C virus. In May 2015, Georgia launched a national plan for the eradication of hepatitis C. However, people who use drugs are widely stigmatised and marginalised and still only have very limited access to treatment.

Against this backdrop, Doctors of the World, who since 2011 has run prevention and awareness activities on the risk of infections linked to drug use, launched a pilot programme in Tbilisi in 2015 on the treatment of hepatitis C for around 250 users. It aims to demonstrate the relevance of a model of care that is suited to the specific needs of people who use drugs and their ability to take care of their own health when they are supported in an appropriate manner.
In 2015, Opération Sourire continued to provide plastic and reconstructive surgery in Africa and Asia in order to put a smile back on the face of many affected by congenital or acquired medical problems, particularly children and young adults. Several times a year, teams from four members of the MdM international network (France, Germany, Japan and the Netherlands) help to rebuild patients’ confidence and promote their social reintegration, as well as training national medical staff.

In 2015, nearly 100 volunteers (surgeons, anaesthetists, nurses) mobilised in order to operate on around 700 patients during 17 surgical missions organised in 7 countries.

MdM France carried out 11 missions in five countries: Benin, Cambodia, Madagascar, Mongolia and Pakistan. These teams treated more than 400 patients suffering mainly from cleft lips/palates and burns. MdM Germany, MdM Japan and MdM Netherlands organised surgical missions in Burma, Cambodia and Tanzania. More than 300 patients were operated on. The particularly tense international context in 2015 forced us to cancel several planned missions.

**PROFILE OF PATIENTS IN 2015**

**BREAKDOWN OF CONDITIONS TREATED:**

- 34%: congenital conditions (cleft lips or palates, malformations, meningocele),
- 27%: tumour
- 19%: scars (burns)
- 9%: visceral conditions
- 11%: other conditions.

40% of those operated on were under 10 years old. Very young children, of under three years old, were mainly operated on for cleft lips/palates (50%), visceral conditions (16%) or burns (12%), the latter usually caused by domestic accidents, which are common in developing countries.

Highly complex operations were also carried out on people suffering from meningoencephalocele (Cambodia) and women with acid burns (Pakistan).

**26 YEARS OF OPERATION SOURIRE AROUND THE WORLD**

Since 1989, Opération Sourire’s volunteer medical teams provide reconstructive surgery to those who do not have access to it. In 26 years, around 14,000 patients have been operated on. The number of cases treated has significantly increased since the other network members (MdM Japan, Germany then Netherlands) joined MdM France. In the last 10 years between 2005 and 2015, 245 missions were conducted. Between 2008 and 2015, around 8,000 patients have been operated on in Asia and Africa by around 100 active volunteers each year.

**OUTLOOKS AND CHALLENGES**

In 2016, the Opération Sourire teams are planning 25 field visits. The idea remains to promote missions in countries where MdM is already working on a long-term project, with a base on the ground. This helps facilitate the logistics, recruitment and follow-up of patients, the permissions and partnership agreements and also the security and supervision of teams. Doctors of the World is also working to continue the development of the quality of the programmes and to promote its particular approach to plastic and reconstructive surgery in operating countries. 

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**OPÉRATION SOURIRE**

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WHO’S IN CHARGE

- Volunteer board delegates: Dr Isabelle Barthélémy, Dr Francois Foussadier, Dr Frédéric Lauwers
- Headquarters officer: Sophie Poisson

PROGRAMME COUNTRIES

- Benin, Burma, Cambodia, Madagascar, Mongolia, Pakistan, Tanzania

BUDGET

- 420,000 euros

PARTNER

- L’Oréal Foundation
In Calais, thousands of them, including women and children, live in poor sanitary conditions on the site of a former rubbish dump. In light of the inadequate response from the government and, given the tremendous needs, MdM is providing support, on a programme similar to those we run after natural disasters or in conflict zones overseas. In addition to existing long-term activities in support of migrants in vulnerable situations, MdM teams also intervened in Paris, at the border between France and Italy, and internationally.

It is time to move beyond makeshift camps in Calais. France can, and must, provide better reception conditions for migrants. The French government also needs to welcome a larger number of refugees and support, without delay, the opening of legal and safe migration routes for those who are in third countries (Lebanon, Jordan, Libya, etc.) and who would like to come to Europe without having to risk their lives or resort to smugglers.

The case of unaccompanied minors, whose number is constantly growing, is another symptom of policies that focus on security and the management of migratory flows, rather than on child protection. Unaccompanied minors are usually received in France in a context of general suspicion, their age is very often questioned and MdM teams see many problems in the way the authorities handle these young people, with potentially serious consequences for their future.

MdM teams worked hard to inform and mobilise MPs on the new health law tabled in 2015. Progress is still very poor. Despite some welcome developments—such as the widening of third-party payments or trials of low-risk drug consump-
tent Office to oppose the sofosbuvir patent. Although this hepatitis C treatment is a major medical breakthrough, we consider that the drug, as the fruit of work by many public sector and private researchers, was unfairly patented. Our opposition also aims to provoke a public debate about drug pricing mechanisms. There is also a real need to re-affirm and strengthen the principle of democratic health.

In 2015, MdM teams lobbied for the new legislation on prostitution to focus on the fight against poverty and inequalities. The criminalisation of soliciting must be urgently repealed and the current plans to criminalise customers must be abandoned, since they will not improve sex workers’ living conditions or their access to fundamental rights.

Finally, MdM continues to develop its programmes in rural areas and plans to expand in places where access to care and rights is increasingly restricted. The work of MdM teams on the ground demonstrates that fighting poverty and social inequalities in regions that are neglected by public services must be accompanied by more effective public policy responses than those currently planned.
Programmes in France

Actions in rural areas, on the streets, in slums and with migrants

Healthcare, advice and referral clinics

Paediatric clinic

Buddying of children in hospital

Projects supporting sex workers

Projects supporting people who use drugs

Projects supporting people in prison

Projects supporting isolated foreign minors

Outreach projects

Projects in MdM premises
Observatory on Access to Healthcare and Rights

MdM’s Observatory on Access to Healthcare and Rights was created in 2000 in order to bear witness to the difficulties in accessing mainstream health services experienced by our service users. The Observatory is a tool to help develop understanding of the vulnerable groups, who are often left out of official public health statistics, and also to steer our programmes and advocacy activities. It enables us to develop proposals on the basis of objective data and our experience on the ground. MdM uses these proposals to lobby politicians, officials and/or health professionals to improve access to healthcare and other rights for vulnerable and excluded groups.

Our Work

The Observatory supports all the programmes in France to develop data collection and specific surveys in order to collect objective information for communication and advocacy.

Every year the Observatory produces a report, published on the International Day for the Eradication of Poverty (17 October). This report presents a review of the programmes’ activities and the difficulties our service users have in accessing their rights and healthcare. It is developed on the basis of data collected in all our programmes, testimonies collected by the field teams, observations on the existing health system and difficulties with access, and monitoring of changes in legislation or rules.

In Figures

In 2015, our 20 Healthcare Advice and Referral Clinics (CASOs in their French acronym) saw a total of 30,571 service users in the course of 62,531 visits.

- 38,483 medical consultations
- 3,097 dental consultations
- >20,000 social consultations

The average age of service users is 33 years old.

- 12.5% are under 18 years old
- 95% are of foreign origin
- 95% live below the poverty line

The centre for paediatric care in Mayotte saw 1,086 children and carried out 1,405 medical consultations.

49.2% of children are under three years old.

(i) The data are from 19 of the existing CASOs. The Ajaccio CASO did not send data for 2015.
PROMOTING HEALTH IN SITUATIONS OF POOR HOUSING AND HOMELESSNESS

In 2015, 79% of service users visiting Doctors of the World clinics say that they have a housing problem. Our outreach homelessness programmes are also recording an increasing number of young people, women and children living in conditions of extreme vulnerability. Measures implemented in 2014 by the government demonstrated some progress but lacked ambition in responding to the needs of the most vulnerable.

OUR WORK

Doctors of the World teams reach out to those who have no or poor accommodation both in our clinics and through our outreach teams who go to meet them in the street, squats or accommodation and day centres.

Provided activities:
- Social and medical consultations, support in administrative procedures, health monitoring.
- Involving and raising awareness of medical and social actors working on housing issues.

Through its activities, Doctors of the World demonstrates the relationship between housing and health and bears witness to the difficulties faced by those who are homeless or in poor accommodation to exercise their rights and have access to healthcare. In addition to its action on the ground, the organisation continues to lobby relevant institutions to provide appropriate housing and accommodation and to implement outreach projects in order for social and health workers to reach the most excluded groups.

SINCE 1993, DOCTORS OF THE WORLD HAS BEEN TACKLING HEALTH PROBLEMS CAUSED BY POOR HOUSING OR A LACK OF ACCOMMODATION. LIVING CONDITIONS, WHETHER ROUGH SLEEPING OR UNHEALTHY ACCOMMODATION, DIRECTLY AFFECT HEALTH AND ACCESS TO CARE AND RIGHTS.

Despite the implementation of new measures and strengthening of existing arrangements, the housing crisis is continuing: the number of rough sleepers has nearly doubled in 10 years, affecting 141,500 people in 2012. Nearly 60,000 households, beneficiaries of the “enforceable right to housing”, were waiting for accommodation and at the end of 2015 the number of people living in slums in France was close to 18,000.

(1) INSEE, July 2013.
NUMBER OF VOLUNTEERS: 384
Contacts with homeless and poorly housed people:
18 programmes had more than 13,000 contacts with rough sleepers, squatters and those in accommodation or day centres

PROMOTING CONTINUITY OF CARE FOR SLUM INHABITANTS

Despite the 2012 circular on the planning and management of evictions from slums, the rhythm and repetition of evictions without the provision of any housing alternatives continued to intensify in 2015.

Sometimes accompanied by violent tensions, evictions uproot slum inhabitants, keep them away from mainstream health services, interrupt continuity of care and make prevention and the fight against epidemics difficult. In order to be granted the State Medical Aid (AME in its French acronym) or Universal Health Insurance (CMU in its French acronym), slum inhabitants face—on top of language barriers and poor understanding of the French health system—many other obstacles to access healthcare and their other rights, along with very long administrative delays.

OUR WORK
Doctors of the World supports slums inhabitants by helping them access to care and rights and...
by referring them to mainstream healthcare services, especially when it concerns women and children’s health.

Our health mediators work in partnership with other voluntary organisations and mainstream services in order to improve provision of care for slum inhabitants and in order to strengthen their ability to access healthcare and other public services in an autonomous manner.

While supporting a policy of slum reduction that does not infringe on people’s dignity, Doctors of the World highlights the importance of health and social assessments and of offering appropriate and sustainable housing alternatives before implementation. When no satisfactory provisions—in consultation with the inhabitants—are made, the organisation supports the settlement of individuals and the improvement of sanitary conditions in the slums.

NUMBER OF VOLUNTEERS: 167

Beneficiaries:
Nine slum programmes had more than 7,000 contacts with more than 4,700 people.

Main partners:
Member organisations of the collective for new housing policy (CAU), member organisations of Romeurope, local organisations and support committees, public sector actors and mainstream healthcare and social services (access accommodation services, social rehabilitation and accommodation centre, child and mother protection, healthcare access offices...).
Doctors of the World provides care to migrants in most of its programmes in France. These populations are faced with many difficulties in accessing healthcare and other public services. The complexity of administrative procedures, the excessive demands for supporting documents by local health insurance offices, the multiplication of conditions to access State Medical Aid, the difficulties to access a postal address and so on, are all obstacles to migrants exercising their rights. All of which distances them from health services.

Such vulnerable living conditions can have a detrimental impact on their physical and mental health.

95% of service users are migrants and more than 8 out of 10 do not have access to health insurance in France when they set foot in one of Doctors of the World’s clinics.

OUR WORK

Vulnerable people can access our clinics in France and the paediatric clinic in Mayotte free-of-charge and in total freedom. They are received, cared for, supported in their administrative procedures to access the healthcare to which they are entitled and referred to mainstream healthcare services.

Outreach programmes are organised to reach migrants where they live. Doctors of the World provides them with nursing care, medical consultations, information on infectious diseases, screening, etc. Provision of care also takes into account their experiences of migration, which has an impact on their physical and mental health.

Doctors of the World aims to collect social and medical data, as well as testimonies on migrants’ living conditions, in order to lobby institutions to ensure their access to mainstream services that care for their specific needs and that healthcare access offices receive them all, etc.

Doctors of the World advocates for the streamlining of bureaucratic processes for undocumented migrants to access rights (removal of the requirement for a postal address, merging State Medical Aid with Universal Health Insurance) and care.

IN 2015

95% of service users in Clinics are foreign nationals.1
9% of migrants are asylum seekers.
89% of migrants did not have effective access to health coverage when they came to the clinic for the first time.

More than 76,000 contacts were made with migrants in the clinics, the paediatric clinic and the unaccompanied minors and Nord-Pas-de-Calais coast programmes.

Number of volunteers: 2225 Partners: ODSE member organisations, MOM collective, CFDA, local and regional voluntary sector coordination bodies, etc.

(1) This relates to the service user characteristics on the day of their first visit to the clinic.
Since the closure of Sangatte accommodation and humanitarian assistance centre in 2002, and despite the lack of new structures, the dramatic fate of the exiled population in Calais, most of whom want to go to England, remains a reality. In 2015, the limits of what is acceptable were pushed even further. While the international geopolitical situation increases migratory flows, the lack of political will in France forces men, women and children to live in despicable conditions which impact severely on their health.

Faced with the inaction of local authorities in Calais, Doctors of the World decided to take action and provide migrants with basic healthcare, although insufficient in itself. This emergency action (a specific report is available) complements the existing activities of the organisation since 2005 in Calais and Dunkirk region.

In 2015, more than 11,000 contacts were made with migrants we helped on the Nord-Pas-de-Calais coast.
A HOLISTIC APPROACH

Risks are not only those associated with exposure to viruses such as HIV or hepatitis B or C. A holistic approach that takes into account health, social and economic consequences—as well as the impact of the disease on the individual, communities and society as a whole—is needed. In order to take the various aspects of the risks into account, public health actions must take place in combination with lobbying actions that aim to improve the political and legal environment in which target groups live.

Harm reduction must be pragmatic and humanitarian. It must be based on a non-judgmental attitude towards others and the acceptance of different ways of living and social practices of the concerned individuals.

HIV-HEPATITIS-STI-TUBERCULOSIS PREVENTION PROJECT

MdM teams in France see vulnerable patients, mainly migrants, who come from regions which have high prevalence of HIV, hepatitis and tuberculosis and who are, therefore, particularly exposed to these conditions. In France, migrants represent 46% of those testing positive for HIV. The prevalence of hepatitis B and C is three times higher among vulnerable patients who are covered by the complementary Universal Health Insurance. Tuberculosis is around 10 times more likely to be diagnosed among those born abroad than those born in France.

OUR WORK

- Strengthening prevention: supplying programmes with prevention materials (flyers, condoms, injection equipment, etc.), individual interviews and group sessions.

- Improving access to screening: information and referral for those who wish to take a test for STIs, hepatitis and tuberculosis, partnerships with free anonymous testing services and local laboratories, offering rapid testing for HIV and hepatitis C.

- Facilitating access to care: partnership with mainstream health services, physical and psychological support of service users.

- Collecting testimonies of service users in relation to these diseases.

KEY NUMBERS

- 22 programmes
- Approximately 30,000 people affected
- More than 2,600 prevention consultations

CHALLENGES

Reducing the number of missed opportunities to test for HIV, STIs, hepatitis and tuberculosis and developing access to screening in an appropriate and innovative manner, particularly through rapid testing.

Continuing to advocate for access to healthcare for all and, more specifically, for unconditional access to new hepatitis C treatments, whose prohibitive cost leads to rationing of healthcare:

- Demanding a significant reduction in cost and the introduction of compulsory licensing.

- In February 2015, MdM submitted a dossier opposing the sofosbuvir patent to the European Patent Office.
HARM REDUCTION AMONG PEOPLE WHO USE DRUGS

Although many countries around the world have already set up and demonstrated the effectiveness of low-risk drug consumption rooms, and some of them even decriminalised the use of drugs, France remains cautious on this topic. The government constantly postpones the implementation of drug-related harm reduction tools, such as drug analysis, education on the risks associated with injection, low-risk drug consumption rooms or even allowing those at risk of lethal opiate overdose access to Naloxone as a prevention measure.

OUR WORK

One ‘XBT’ programme coordinating MdM drug analysis programmes (Paris, Marseille, Toulouse) and their partners’ programmes (Orléans and Paris) at a national level;

One project on education on injection-related risks in Île-de-France (ERLI);

One pilot project providing Naloxone to communities: Bayonne, Marseille, Paris.

KEY NUMBERS

- 397 products collected and analysed
- 42 users accompanied by ERLI
- 4 sites trained in the reduction of opiate overdoses
- 95 volunteers were involved in 2015

CHALLENGES

The draft health law under discussion in 2015 will redefine harm reduction policies in France and should ensure official recognition and the implementation of programmes such as drug analysis, education on risks associated with injection or drug consumption rooms.

In addition, discussion with the Ministry of Health and its partners are currently exploring how to provide Naloxone at a community level to those who use drugs or those close to them. Such a programme would be a better response to the issue of lethal opiate overdoses.

HARM REDUCTION AMONG PEOPLE OFFERING PAID-FOR SEXUAL SERVICES

Doctors of the World teams have seen increasing intolerance of local residents towards sex workers, and anti-prostitution decrees by local authorities are multiplying. The legislative framework by creating repressive measures, such as the criminalisation of street soliciting since 2003, soon to be replaced by the criminalisation of customers, worsen their working conditions. All these factors have dramatic consequences: more vulnerability, underground working conditions, reduced access to healthcare, poor access to harm reduction and higher risk of violence and exploitation, etc.

OUR WORK

- Day and/or night outreach sessions: welcome, information, referral, distribution of harm reduction materials...
- Day centres in Nantes and Paris: welcome, support in administrative procedures, thematic workshops...
- Advocacy: awareness-raising among local and national actors, surveys, mobilisation to promote access to healthcare and rights for sex workers.

KEY NUMBERS

- In 2015, our five programmes mobilised 155 volunteers and made more than 28,000 contacts.

CHALLENGES

A draft law that aims to strengthen the fight against prostitution will be discussed at the beginning of March 2016 before final discussion and vote in the French National Assembly some time during 2016. The text plans, among other things, to criminalise customers, a move which we fear will directly impact on the living conditions and health of sex workers.

Developing the work with peers is a priority: through their approach, expertise and experience of the prostitution system, they can improve the quality of provision of care for sex workers and better tailor messages to the reality of their practices.
EXPERIMENTAL PROGRAMME ON COMMUNITY HEALTH IN PRISONS

In order to better understand why detainees stop to seek healthcare in prisons, MdM decided to work in partnership with prison health services to find out in discussion with the inmates the health issues or difficulties in accessing healthcare they face. This experimental programme was set up in collaboration with the outpatient treatment and consultations unit (UCSA) and regional medical and psychological services (SMRP) in the men’s detention centre in Nantes and the women prison in Carquefou. With the support of prison administration it puts the detainees at the centre of its action to assess the needs and develop solutions to answer the problems brought up by detainees.

UNACCOMPANIED MINORS PROGRAMME

Among migrants in Europe, there are more and more minors: according to UNICEF, one refugee in four in 2015 was a child. Among these minors, some are unaccompanied, without their parents: they are called unaccompanied foreign minors. They are estimated to be about 10,000 in Paris and between 3,000 and 6,000 in Mayotte. The reasons why these children are migrating are very often the same as the adults: fleeing war, violence or discrimination, they look for a better future. Some of them want to be re-united with family members who are already living in Europe.

On its programmes MdM sees many unaccompanied minors who are excluded from child protection services because they have been wrongly declared to be adults when their situation was assessed by public services, particularly due to the use of bone tests. Among them, many are found to be homeless, without access to protective measures and services they are entitled to. Their experience of migration and their living conditions, however, make them more at risk of experiencing physical and mental health problems.

Doctors of the World set up a specific programme in Paris and made more than 1,000 contacts with minors in 2015. The team provides social and medical consultations and is currently developing a network of relevant public and voluntary sector actors. In response to the needs assessment of an exploratory mission in Caen, a programme on mental health prevention and care for unaccompanied minors will start in the first half of 2016.

MdM will also carry out advocacy actions in order to improve the public provision of care for unaccompanied migrants and will campaign against the use of medical testing to determine age.

PROGRAMME AMONG VULNERABLE POPULATIONS IN RURAL AREAS

Vulnerability is no longer confined to big cities. Today, this phenomenon is also affecting rural areas, where people face many obstacles to access healthcare, such as individual mobility and geographic access, lack of local healthcare services, or even financial difficulties. MdM started an innovative programme in Auvergne in order to facilitate access to healthcare and rights. A healthcare and support coordination network (Rescorda) was set up in order to ensure better provision of care for those who are vulnerable. This action also allows us to bear witness to the difficulties with access to healthcare and propose options for the improvement of healthcare provision in such areas.

(1) UNICEF France - Inquiétude pour la santé des enfants réfugiés et migrants, January 2016.
(2) David Guyot, Les MIE à Mayotte, contribution à l’Observatoire des mineurs isolés, 2012.
BUDDYING
CHILDREN
IN HOSPITALS

Many children are regularly admitted to hospitals in Paris, French Guiana and Reunion for conditions that cannot be treated closer to home. Some of them, often from disadvantaged backgrounds, do not have their parents by their side. However, all doctors today agree that emotional support is paramount to maintain the psychological balance of such isolated and sick children.

OUR WORK
In order to help sick children away from their families to deal with the separation or to help parents who are present but often overwhelmed by the difficulties they meet, Doctors of the World mobilises volunteer buddies. First started in 1988 at Necker children’s hospital in Paris, the buddying programme for children in hospitals has been developed in several health centres in Paris, French Guiana and Reunion. While they stand in for parents who could not come with their children, volunteers also help to maintain or restore links, sometimes damaged, with the family. Unfortunately, in 15% of the cases volunteers accompany the child to the end of his or her life. In such sad moments the complementary work between volunteers and the healthcare team is strengthened.

OUR WORK
Hospitals and health centres in Île-de-France


In French Guiana


In Reunion/Mayotte

- With a written agreement: Félix-Guyon hospital in Saint-Denis, Children Hospital ASFA in Saint-Denis, RéPéma (Mayotte perinatal network) in Mayotte.

“In Numbers
Number of children buddied in 2015:

170, of which 128 were new to the programme

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Number of volunteers in 2015: 111

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2015 WAS A CHALLENGING YEAR, BOTH LOCALLY AND NATIONALLY, FOR ALL OF THE 14 DOCTORS OF THE WORLD REGIONAL DELEGATIONS IN FRANCE.

First of all, two terrorist attacks destabilised the republican agreement and created tensions between communities in France. Each region faced racist and xenophobic discourses and saw heightened tensions directed towards vulnerable populations and, especially, migrants. In this context, we had to stand up for fraternity and solidarity with everyone.

In France, austerity measures push more individuals into vulnerable and marginalised situations. Budget cuts, and the implementation of policies without a real desire to respond to growing needs, affected those who were already in vulnerable situation. Regional delegations are fighting for the application of the law and against certain unfair and unequal laws by mobilising forces in collaboration with other organisations.

New budget rules and the desire to give delegations’ more autonomy presented real challenges. This was an opportunity to remind ourselves that nothing should be taken for granted and that we must remain alert in order to safeguard our organisation’s model and independence. Regional delegations are one of the strengths of this model, enabling us to intervene and conduct advocacy. This observation was re-asserted during the French programmes’ seminar in Lyon.
MORE PARTICIPATIVE DEMOCRACY AND A STRONG COMMON POLITICAL VISION

It is towards this objective that the organisation’s mission statement was approved in May 2015. Regional delegations are now tasked with incorporating such statements, values and principles into the heart of the regional programmes they will set up in 2016.

In order to face this challenge, the France group was re-established at the end of 2015. Until now, it is made up of nine individuals, elected among programme board delegates in France and the geopolitical group will soon be made up of fourteen representatives from each regional delegation. This will allow for more interaction, communication and sharing of experiences between the different teams, with the aim of putting together a political vision that meets expectations, needs and correspond to strategies at the local, regional and national levels.

Innovation, collective thinking and shared intelligence will allow us to support and strengthen our action, to gear it towards real social change and provide the necessary springboard for our future mobilisation.

PLANNING TOGETHER IN A DIFFICULT CONTEXT

Twelve months ahead of two of the most important events in French politics—the presidential and parliamentary elections—the organisation has already started to develop and propose a public health policy which takes into account the most marginalised populations. Regional delegations are the pillars of this advocacy work. Universal access to healthcare, respect of rights and dignity for all, living together equally and with solidarity are the values that we fight for locally. We must stand up for a fairer society and turn those locally supported ideals into national values in 2017.

Innovation is at the heart of our programmes. Through our outreach teams, clinics and programmes in rural areas, all of our delegations have tremendous shared expertise which aims to address the difficulties in accessing healthcare we come across. Alternative solutions to imprisonment, new harm reduction practices, participation of service users in our programmes and re-orientation of some of our clinics are all opportunities through which we aim to improve access to healthcare and change the way our society views such problems.

2015 was a year when our delegations innovated and mobilised, but also a year they resisted and denounced, the only possible response to a national tendency to close-up and divide.
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While the numbers of internationally adoptable children is declining sharply, children with specific needs (children with medical conditions, siblings and older children), make up a growing proportion.

The legitimacy of MdM’s adoption programme derives from the fact that supporting the adoption process for these children requires specific skills. Nearly 160 professionals (of which 18% are doctors and 33% are psychologists) prepare prospective families for these complex adoptions.

The team also comprises paramedical staff, social workers, lawyers and other professionals working with children. Together, they help these children who have often seen their rights trampled in their countries of origin, to build, or rebuild, their lives.

**SUPPORT**

The programme is run by professionals from start to finish, and the constant support offered to candidates is fundamental for Doctors of the World. In order to reduce the risk of failure, it is essential that families are supported throughout the adoption process, both pre- and post-adoption.

MdM’s ethical framework means that the needs of the child are overarching, as invoked by the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption from 29 May 1993. The aim is to find a family that suits the child’s needs.

Any plan to adopt a child with specific needs has to be subjected to an in-depth evaluation by trained professionals. This is why it is necessary to invest in continuous training of teams by experts and to create learning tools for preparing adoptive parents.

**THE ADOPTION PROGRAMME IN 2015**

- Present in all the departments of mainland France.
- 56 children were adopted by 53 families, and there have been 4,134 adoptions since 1988.
- 96.4% of MdM adoptions involved children with specific needs (99% in 2014, 76.5% in 2013, 67% in 2012, 40.5% in 2011 and 32% in 2010).
- Children arrived from Vietnam, China, Philippines, Madagascar, Côte d’Ivoire, Brazil, Bulgaria, Albania, Armenia and Haiti.
KEY EVENTS

Doctors of the World has a particular place among approved private adoption agencies, and shares its expertise with the public sector. MdM’s adoption programme is regularly asked to give presentations on adoption to the national magistrates’ school and participates in ministerial working groups and scientific research projects. A study on the fate of children adopted between 2006 and 2012 was started in May 2015, and will be published in due course.

Head of programme: Dr G. André-Trévennec (paediatrician)
Director General: O. Lebel
Members of the Adoption Committee Representative on the Board: Dr T. Brigaud (prevention doctor) until May then Dr Fr. Sivignon (radiologist), Dr L. Jarrige (doctor-anaesthetist)

Sources of funding: Mainly adoptive families, institutional grants from the Ministry of Foreign and European Affairs – international adoption mission (MAI), MdM and private donors.

Budget: €458,000

Numbers: 160 people, of whom 98% are volunteers, work for the adoption programme, based in the headquarters and the 13 regional offices.
THE MIGRANT CRISIS IN EUROPE

In 2015 the Doctors of the World network responded to the major refugee/migrant crisis in Europe. First and foremost this is a political crisis, and some would say that it is a crisis of solidarity between EU Member States. Thanks to a long-established presence in Greece (MdM Greece was established in 1990), the arrival country for the majority of migrants in 2015, coupled with a presence in nearly all the transit countries, our teams were able to respond to this crisis. Working in Lesbos, Chios, Idomeni, Ljubljana, Munich, Calais and many other points of transit, our health programmes see men, women and children in distressing situations every day. Medical and non-medical volunteers from many European countries have responded to our appeal for help to strengthen the existing healthcare provision. Above and beyond care, they are symbols of remarkable solidarity which is also evident from the specific donations we have received for this crisis.

This mobilisation of the MdM network and our partners in Europe is ongoing in 2016. Our work with and among migrants has long been a priority for the Doctors of the World network. The network’s actions all along the migration routes have been widely disseminated, so that everyone can follow this rapidly changing context.

In order to speak with a single voice, the network has agreed a common position on the crisis concerning the reception of migrants in transit.

THE CRISIS IN SYRIA

For the fourth year in a row, the Doctors of the World network has continued to help the millions of refugees fleeing the fighting. Aid has been mainly provided to these refugees on Syria’s borders with Lebanon, Jordan and Turkey. Doctors of the World is also supporting the work of doctors in Syria by sending equipment and by providing training in emergency medicine to staff who have been badly affected by the conflict. Regular commu-
nication with the Syrian doctors’ association, supported internationally, enabled us to provide suitable aid to this population exhausted by more than four years of war.

The conflict in Syria obviously has an impact in Europe, where the victims of conflict come to seek refuge. Some refugees, who are completely destitute, come to see the volunteer doctors in our healthcare, advice and referral clinics across Europe.

THE INTERNATIONAL NETWORK’S EUROPEAN PROJECT: A ‘TRIPOD’ OF SUPPORT FOR PATIENTS AND PROGRAMMES

Since 2004, Doctors of the World has been running a joint project in Europe. In 2015, this project is supported on a tripod:

- The international network’s Observatory enables improvement in the quality of practices on the ground. It also enables access to reliable data, not only on the health (both perceived and diagnosed) of people attending our programmes, but also on the social determinants that affect their health. In 2015, we published three reports, including a report on the legal context for access to healthcare in 12 countries.
- The European network to reduce health vulnerabilities. Established at the end of 2015, comprising 23 partners including 10 MdM associations, this network provides training and facilitates exchange of information in order to improve the quality of both programmes and advocacy activities. This is very advantageous for getting our voice heard at the international level (European parliament, Council of
Europe, WHO, ECDC, etc.). Several new partners are involved in welcoming refugees/migrants. Our advocacy is based on data from the Observatory and experiences on the ground of the European network to reduce health vulnerabilities. This enables us to influence policymakers in order to improve health systems and to make alliances with health professions to change practices before laws...

This European project is based on activists on the ground and on a pragmatic, rather than ideological, approach towards politicians and administrative officials of European institutions. The objectives of the European project, approved by the network, are:

- Universal, effective access to appropriate care and prevention (with a focus on pregnant women and children) through public health systems based on solidarity, equality and equity (rather than for profit).
- A more coherent European policy in relation to infectious diseases (with a focus on vaccination).
- The protection of seriously ill foreigners (because their deportation to their country of origin, without effective access to healthcare, is equivalent to the death penalty).

Some examples of achievements: in Greece, removal of the €5 entry fee in hospitals and the end of forced HIV testing; access to healthcare for undocumented migrants in Sweden; some regions in Spain who refuse to apply the law excluding undocumented migrants from healthcare; the report of the FRA (European agency on fundamental rights) on the costs associated with exclusion from healthcare; the recommendations from the European Centre for Disease Control and Prevention (ECDC) to provide access to HIV care for undocumented migrants; many parliamentary recommendations to include everyone in health systems. MdM has also been highly visible at international public health conferences, research forums, in European parliaments, at the European Commission, in expert groups, etc.

For more information and publications concerning the European project: www.mdmeuroblog.wordpress.com

TOWARDS A STRATEGIC ROAD MAP FOR THE INTERNATIONAL NETWORK

Bolstered by the stronger, more united network of recent years, the MdM international network has decided to develop a strategic road map. With member associations working in 15 countries with differing cultures and contexts, it is important to speak with one voice in international platforms. On the basis of the vision, mission and values defined in 2014, the international network began this strategic work at the end of 2015. The joint actions we will undertake together in the coming years will be defined. Action plans—such as for a collective response to emergencies, joint advocacy or shared ‘brand’ identity—will be key elements. Thus, the network members will adopt this strategic road map in 2016 in order to increase the impact of our actions.

KEY FIGURES

In total, the 19,429 actors involved in the Doctors of the World international network carried out 439 programmes in 80 countries.

169 international programmes in 64 countries:
- Sub-Saharan Africa: 73 programmes in 23 countries
- Americas: 38 programmes in 12 countries
- Asia: 20 programmes in 9 countries
- Middle East and North Africa: 28 programmes in 11 countries
- Europe: 8 programmes in 7 countries
- Oceania: 2 programmes in 2 countries

270 national programmes in the 15 countries of the network:
- Americas: 11 programmes in 3 countries
- Europe: 257 programmes in 11 countries
- Asia: 2 programmes in 1 country

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# THE ASSOCIATIONS

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<th>DOCTORS OF THE WORLD ARGENTINA</th>
<th>DOCTORS OF THE WORLD NETHERLANDS</th>
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<td>President: Dr Javier Meritano</td>
<td>President: Mr Paul Meijs</td>
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<td>President: Pr Michel Roland</td>
<td>President: Dr Abílio Antunes</td>
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<td>President: Dr Nicolas Bergeron</td>
<td>President: Dr Sagrario Martín</td>
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<td>President: Dr Françoise Sivignon</td>
<td>President: Mr Gustaf Yahlne</td>
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<td>President: Pr Heinz-Jochen Zenker</td>
<td>President: Dr Bernard Borel</td>
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<td>President: Dr Nikitas Kanakis</td>
<td>President: Ms Janice Hughes</td>
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<td>President: Mr Gaël Austin</td>
<td>President: Professor Ron Waldman</td>
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<td>President: Dr Jean Bottu</td>
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RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY

MdM is approved by the Comité de la charte (Charter Committee on Donating with Confidence) and is particularly committed to following the charter’s principles, including rigorous management and financial transparency.

CONTROLS BY EXTERNAL ORGANISATIONS

MdM is subjected to control by the Cour des Comptes (French public finance court) and the organisation’s accounts are certified by the auditor, Deloitte. Detailed audits are carried out by French, European and international institutional donors (such as the French Development Agency and ECHO, the European Commission’s humanitarian agency, or the United Nations).

THE DONORS’ COMMITTEE

MdM works with an independent donors’ committee, which regularly analyses and examines the organisation’s work.

FINANCIAL SCOPE

The financial results of MdM France include financial transactions with some other organisations in the Doctors of the World network: MdM Belgium, MdM Canada, MdM Germany, MdM Japan, MdM Netherlands, MdM Spain, MdM Sweden, MdM United Kingdom, MdM United States.

Our very detailed financial report is available from our website: www.medecinsdumonde.org
**FUNDING**

**Expenditure**
- 82% social programmes
- 13% fundraising
- 5% operating costs

**Income**
- 51% public generosity
- 43% public institutional grants
- 4% private grants and other private funds
- 2% other
Links with international institutions are essential for NGOs working in the humanitarian field. As well as being important donors, these institutions are important policymakers. Doctors of the World is developing partnerships with some institutions, enabling us to influence international policymaking. Our organisation is involved in different NGO collectives which facilitate access to international decision-making authorities in order to develop advocacy in the name of these NGOs.

EUROPEAN UNION (EU)

The two key European institutions concerned with solidarity are the European Commission’s Humanitarian Aid Office (DG ECHO) and the international development programmes (DG DEVCo), whose funding is provided by the mechanisms of EuropeAid (AIDCo). Since 2015, MdM, through its European network, is also funded by DG Santé and its Consumers, Health, Agriculture and Food Executive Agency for the organisation’s work supporting migrants.

ECHO’s mandate is to provide aid and emergency relief to populations affected by natural disasters or conflict outside the EU. ECHO works in partnership with around 200 organisations (European NGOs, the Red Cross network and specialist UN Agencies). In 2014, ECHO allocated 1.27 billion euros funding to humanitarian projects, with around half going to NGOs. DG DevCo is charged with implementing, via EuropeAid, the aid mechanisms of the European Commission, a major donor for international development.

For several years MdM has been particularly active in the Brussels-based collective Voluntary Organisations in Cooperation in Emergencies (VOICE), the interface between NGOs and EU institutions (European Commission/ECHO, the European Parliament, Member States). VOICE brings together more than 80 European NGOs, including the largest and most influential. MdM France, representing the MdM network, is involved in various VOICE working groups (FPA Watch Group, European budget monitoring, European Consensus on humanitarian aid monitoring, etc.).

MdM relates to EuropeAid via CONCORD (European Confederation of Relief and Development NGOs) through the French NGO collective, Coordination SUD, which lobbies EU institutions and participates in the development of common positions on European development policy and other major issues in North-South relations.

The Council of Europe (COE) brings together 46 European states. MdM’s international network has consultative status and is part of OING Service, a liaison group for NGOs with this status.

UNITED NATIONS (UN)

The Economic and Social Council (ECOSOC) is the main coordinating body for the economic and social activities of the UN and its specialist bodies and institutions. MdM’s international network has special consultative status which means that it can carry out lobbying activities, especially in relation to the Human Rights Commission. It has observer status in this subsidiary body of ECOSOC.

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

MdM is a member of the International Council of Voluntary Organisations (ICVA), a network of NGOs that concentrates on humanitarian issues in relation to refugees. ICVA brings together more than 80 international NGOs. The aim of this network is to promote and advocate for the most effective and ethical humanitarian action. It relates to UN authorities, tackling issues such as the relationship between humanitarian workers and the military, the protection of civilians during armed conflict or increasing the funding allocated for international and national NGOs.
THE GLOBAL FUND

The Global Fund against Aids, Tuberculosis and Malaria is an international multilateral donor created in 2002 and which gives grants to tackle HIV/AIDS, TB and malaria. Since 2002, the Global Fund has provided HIV treatment to 8.6 million people, TB treatment to 15 million people and 600 million insecticide-treated bed nets to prevent malaria in 150 countries, to support large-scale prevention, treatment and care programmes for these three diseases. It is also notable that MdM has received grants from the 5% Initiative (managed by Expertise France), France’s additional support to the Global Fund.

FRENCH DEVELOPMENT AGENCY (AFD)

The French Development Agency (AFD in its French acronym) is one of the French governmental bodies involved in giving official development assistance for poor countries. Its aim is to finance development programmes. As part of the general reform of public policy, AFD has been charged with a new responsibility since 2009: funding NGOs. This has led to the creation of the NGO Partnership Division, which steers the partnership with NGOs and monitors initiatives run by NGOs. As a member of Coordination SUD, MdM is involved in the various discussions between French NGOs and AFD on the Agency’s strategy and funding mechanisms.

THE CRISIS AND SUPPORT CENTRE

The Ministry of Foreign Affairs and International Development’s Crisis and Support Centre manages French public funds for humanitarian emergencies (Fonds humanitaire d’urgence; FUH).

BILATERAL COOPERATION

In addition to French institutional funding, MdM benefits from support through bilateral cooperation. Thanks to the active role of its network, MdM is an important partner for the UK Department for International Development (via MdM UK in London), the German Ministry of Foreign Affairs (via MdM Germany in Munich), of the Belgian official development assistance DGD (through MdM Belgium in Brussels), Global Affairs Canada (via MdM Canada in Montreal) and of USAID/OFDA/BPRM (via MdM USA in New York). In addition, MdM regularly receives support from the Swiss Agency for Development and Cooperation (DDC).

PROGRAMME AGREEMENTS BETWEEN AFD AND MDM

Following the programme agreement on gender-based violence (2007-2010), the French Development Agency (AFD) supported MdM between 2010 and 2014 with two agreements, one on sexual and reproductive health and the other on harm reduction, with a total AFD contribution of €8M. In four years, these agreements have enabled new projects addressing these issues to be launched and existing projects to be strengthened, as well as raising MdM’s profile on these issues. Today MdM is, therefore, an internationally recognised authority on the harm reduction (particularly in relation to access to treatment for hepatitis C) and sexual and reproductive health (mainly on the issues of sexual and reproductive rights).

In line with the sexual and reproductive health programme, in 2014 AFD awarded funding for three more years for a programme to promote the ‘right to choose’, in order to reduce morbidity and mortality linked to unwanted pregnancies. AFD is contributing €2.5M to this programme. This agreement aims to strengthen MdM’s work on unwanted pregnancies by developing a crosscutting approach. Projects in Burkina Faso, DRC, Palestine and Peru will be supported as part of this programme. Since 2015 AFD has also been supporting a programme on advocacy and improving prevention and treatment for hepatitis C through a new €3M programme agreement. This funding will enable development of cross-cutting activities (advocacy, training, etc.) as well as co-funding six projects on this issue in Kenya, Tanzania, Côte d’Ivoire, Vietnam, Burma and Georgia.
**GENERAL ASSEMBLY**

The General Assembly elects 12 members of the Board for three years, along with three substitute board members. The Board, in turn, elects the President and the Bureau for one year: the vice-presidents, the deputy treasurer, the general secretary and the deputy general secretary. As the executive body of the organisation, the Board meets every month and takes decisions on the management of the organisation.

At the General Assembly on 30 May 2015, the organisation elected the Board:

**President**  
Dr Françoise Sivignon, radiologist

**Vice-presidents**  
Dr Frédéric Jacquet, public health inspector  
Dr Luc Jarrige, hospital doctor

**General secretary**  
Margarita Gonzalez, nurse

**Deputy general secretary**  
Christian Laval, sociologist

**Treasurer**  
Dr Christophe Adam, general practitioner

**Deputy treasurer**  
Dr Philippe de Botton, endocrinologist

**Delegate for the strategic plan**  
Olivier Maguet, consultant on social actions for health

**Other board members:**  
Dr Patrick Beauverie, hospital pharmacist  
Julien Bousac, consultant  
Dr Ariane Junca, anaesthetist  
Dr Florence Rigal, doctor of internal medicine

**Substitute board members:**  
François Bergouda, health project coordinator  
Marie-Laure Ferrari, therapist  
Dr Serge Lipski, radiologist
DOCTORS OF THE WORLD MANAGEMENT AT 31 DECEMBER 2015

General Director: Olivier Lebel
International Operations Director: Dr Gilbert Potier
French Programmes Director: Dr Jean-François Carty
Finance and Information Systems Director: Catherine Desessard
Human Resources Director: Anne-Claire Deneuvy until September, Florence Hordern since December
Communication and Development Director: Luc Evrard
Adoption Director: Dr Geneviève André-Trévennec
General Secretary of the International Network: Jean Saslawsky
OUR THANKS TO

OUR PRIVATE PARTNERS

FOUNDATIONS AND BUSINESSES

INSTITUTIONAL PARTNERS

MULTILATERAL ORGANISATIONS
European Union (DG ECHO, DG DevCO/EuropeAid, DG Santé), Global Fund to fight Aids, tuberculosis and malaria, 3 Diseases Fund (3DF), United National agencies (UNDP, UNFPA, UNHCR, UNICEF, OCHA, WFP, WHO).

BILATERAL ORGANISATIONS

In Europe: Belgian official development assistance (DGO), Danish official development assistance (DANIDA), German Ministry of Economic Cooperation (BMZ), German Ministry of Foreign Affairs (AFAA), Monaco official development assistance (DCI), Swiss official development assistance (SDC), UK Department for International Development (DFID).

In France: Agence française de développement (AFD), Centre de crise et de soutien du ministère des Affaires étrangères (CDCS), Expertise France, French embassies.

Other: American official development assistance (USAID), Canadian official development assistance (AMC-DAHI).

French local authorities: Alsace regional council, Aurillac basin council, Greater Angoulême council, Haute-Garonne district council, Nord-Pas-de-Calais regional council, PACA regional council, Réunion district council, Rhône-Alpes region, Safer de l’Île-de-France, Val-d’Oise district council.


FOR OUR REGIONALLY-MANAGED INTERNATIONAL PROJECTS

District councils: Bouches-du-Rhône, Isère; Regional councils: Provence-Alpes-Côte d’Azur and Rhône-Alpes; présidence des régions.

FOR OUR PROGRAMMES IN FRANCE
Agence nationale de recherche sur le Sida (ANRS), Agence nationale pour la cohésion sociale et l’égalité des chances (ACSE), Caisse nationale d’assurance maladie (CNAM), Département santé et société (DSS), Direction de l’action sociale, de l’enfance et de la santé (DASES), direction générale de la Cohésion sociale (DGCS), direction générale de la Santé (DGS), dis-
District councils, district offices for social cohesion (DDCS), family allowance funds (CAF), free anonymous screening centres (CDAG), Guiana social security fund (CGSS), hospitals, Institut national de la santé et de la recherche médicale (INSERM), Local healthcare access offices (PASS), local health insurance offices (CPAM), local social services (CCAS), Mission interministérielle de lutte contre les drogues et les conduits addictives (MILDECA), Mutualité sociale agricole (MSA), Observatoire français des drogues et des toxicomanies (OFDT), Paris Observatory for gender inequality, regional councils, regional councils, regional health agencies (ARS), regional health insurance funds (CMR), regional health insurance offices (CRAM), regional unions of health insurance offices (URCAM), regional youth and social cohesion offices (DRJCS), territorial army, town councils.

**OUR PARTNER ASSOCIATIONS**


**HEALTH PROFESSIONALS**

**OUR EUROPEAN PARTNER ASSOCIATIONS**

Adapting European Health Services to Diversity (ADAPT), Andalusian School of Public Health, Association européenne des médecins des hôpitaux (AEMH), Comité Permanent des Médecins Européens (CPME), Eurohealthnet, European Board and College of Obstetrics and Gynaecology (EBCOG), European Council Medical Orders (ECMO), European Federation of Salaried Doctors (FEMS), European Nurses Federation (EFN), European Public Health Alliance (EPHA), European Public Health Association (EUPHA), European TB coalition, European Union of Medical Specialists (UEMS), Global Health Advocates, The Royal College of Midwives, WHO Europe.

**OTHER PARTNERS**

AIRE, Amber med, Anti-Poverty Network (EAPN), Association européenne des Droits de l’Homme (AEDH), Association for Legal Intervention (SIP), ATD Quart Monde, Carusel, Confédération des organisations familiales de l’Union européenne (COFACE), Consortium of Migrants Assisting Organizations in the Czech Republic, CORRELATION, Demetra, Eurochild, European AIDS Treatment Group (EATG), European Network against Racism (ENAR), European Patient Forum (EPF), European Policy Center (EPC), Fédération européenne des associations nationales travaillant avec les sans-abris (FEANTSA), Flight/Let, Health Action International (HAI), Health Centre for Undocumented Migrants, Human Rights Watch, International Lesbian Gay Association (ILGA), Menedék, Migrant Rights Centre Ireland, Naga, Platform for International Cooperation on Undocumented Migrants (PICUM), Slovene Philanthropy Social Platform, the Center for Health and Migration, Transatlantic Consumer Dialogue (TACD), the Bulgarian Family Planning and Sexual Health Association.

AND ALL OUR OTHER PARTNERS WHO HAVE SUPPORTED OUR WORK AT HOME AND ABROAD DURING 2015, PARTICULARLY THOSE WHO HAVE SUPPORTED US WITH A LEGACY OR LIFE INSURANCE POLICY AND OUR OTHER INDIVIDUAL DONORS.