ANNUAL REPORT

Doctors of the World

2016 edition
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A WORD
FROM THE
PRESIDENT

Dr Françoise Sivignon,
President,
Doctors of the World

Poverty remains endemic and wealth redistribution initiatives are not working. The climate continues to heat up and violent conflicts are ongoing. Rearmament policies are being re-launched and international humanitarian law systematically violated. 2016 was marred by severe turbulence and major population displacement, by blurred global governance and uninhibited populism. It was within this extremely tense environment that Doctors of the World continued to act and to bear witness, to explore new territories whilst consolidating long-standing positions by questioning public policies everywhere. As demonstrated by the fight against the price of medicines, our mobilisation enabled us to strengthen our influence and propose realistic solutions.

Without ever abandoning a citizen-based approach, we have continued to fight for better access to care and rights in a humanitarian ecosystem that is changing, in both the South and the North. Because we believe deeply in the strength of civil society organisations, it is with them, with our partners all over the world, that we must build the Doctors of the World of tomorrow, and conceive its ideals and its commitments.
INTERNATIONAL PROGRAMMES

In 2016, we continued our commitment to countries in crisis where civilians saw no respite. From Ukraine to Yemen, from Nigeria to Syria, humanitarian principles have not been respected. We denounced the extreme difficulty of access to people, the massacres, acts of torture, and encirclement strategies to starve the population.

In Syria in particular, the conflict that has been raging for more than five years, has forced 6 million internally displaced people and 5 million refugees into exile and killed 400,000 people, most of them civilians. Throughout the year, particularly during the East Aleppo siege, we denounced the repeated and unacceptable targeting of healthcare facilities and humanitarian workers. We paid tribute to the victims and the courage of the health workers who, risking their lives, continue to help the Syrian people.

In neighbouring Iraq, a state undermined by sectarian and political divisions, violence and military operations resulted in more than 16,000 civilian casualties in 2016. The humanitarian context is dramatic: 3.3 million internally displaced persons (IDPs) and 5.5 million people in need of humanitarian assistance. In partnership with the Kurdistan health authorities, we carried out close to 167,000 consultations with the Yazidi population in the Dohuk and Kirkuk governorates. Eternal scapegoats, persecuted by Islamic State which still enslaves thousands of women and children, the Yazidi population is suffering profoundly from trauma and we are trying to respond. The same goes for the people who fled Mosul, refugees in the Sunni Arab villages, where we are providing support in Nineveh governorate.

The Yemeni population is also experiencing physical and psychological distress, victims of a conflict which began almost two years ago. As long as the blockade of air...
and maritime transport is preventing imports of basic necessities, millions of people are suffering from severe food insecurity and humanitarian assistance remains limited. To respond to this crisis, Doctors of the World supports rural hospitals in Sana’a and Ibb governorates. Access to the population is just as complex in Nigeria, where more than 1.4 million people in Borno State have fled violence and abuse by the Boko Haram group. Displaced people who lack access to safe water, food and shelter are faced with a pre-famine that is growing and spreading throughout the Lake Chad basin.

On October 4, 2016, we came to the aid of the 2 million people affected by Hurricane Matthew in Haiti. Nearly 12,000 medical consultations were carried out in three months as well as screening to detect malnutrition and malaria. Faced with a health emergency, 13 mobile cholera teams and nine mobile clinics were deployed in the South and in Grand’Anse.

In all of these international contexts, we engage with local stakeholders to discuss their aspirations and capacity-building needs. With the aim to both strengthen the framework of the project itself and accompany an in-depth social change. From Tanzania to Georgia, from Burma to Mexico, it is this approach that we are implementing, in support of civil society actors and our partners, in order to work together on a strategy for influence. The May 2016 World Humanitarian Summit in Istanbul provided an opportunity to reiterate that governance of the humanitarian ecosystem should be shared and that coordination and funding mechanisms should include stakeholders from the South.

Faced with more stringent migration policies
Guided by an irrational fear of those who come primarily to seek respite, our democracies have sunk into a profound moral defeat. The European Union has left migrants and refugees to infamous camps, closed borders in the Schengen area, placed unaccompanied minors in detention, without protection. Wherever we intervene, we have treated wounds, supported asylum claims, appealed to decision-makers and taken legal action over unacceptable situations.

Over the course of the year, we criticised agreements, such as the one between the European Union and Turkey which, under the guise of ‘breaking the economic model of smuggling’, forces exhausted migrants to remain in inhumane situations. We have denounced repatriation policies or those that link official development assistance to the expulsion of migrants.

STRENGTHENING THE INTERNATIONAL NETWORK
In 2016, the 15 Doctors of the World network members collaborated to adopt the first roadmap with the ambition to embody our values, within the framework of clear political objectives, by strengthening our operational partnerships in emergency contexts. We aim to strengthen our governance, improve our presence in international arenas, and open ourselves up to new forms of activism and joint communications. In this crucial political period, the network was opened up to Doctors of the World Turkey in order to support Turkish civil society in its demands.

IN FRANCE
While the activities of several healthcare and advice centres (CASOs in the French acronym) have passed into mainstream services, Doctors of the World celebrated 30 years of activism in France. Thirty years of an approach firmly rooted in civic participation and solidarity. Thirty years of denunciation of social and regional inequalities which lead to unequal access to healthcare.

All of the regional delegations participated in activities to mobilise the general public, giving power to our actions and our messages, in accordance with our associative project. All of them have been part of civil disobedience, notably through importing Naloxone or the occupation of squats. Alone or as part of several collectives, we have drilled home the point that programmes dedicated to people in precarious situations often isolate them from the mainstream when they should be bringing them closer. There is a need to strengthen the participation of people in decisions that affect them. This is a key lever for social transformation.

Only this year, the Calais “jungle” embodied the failure of French migration policy. Until it was dismantled in October, more than 10,000 people lived in unacceptable conditions. We were concerned about the care of the evacuated, about the use of administrative detention centres and the fate of hundreds of unaccompanied minors directed towards CAO-MIs (centres for guidance and reception of unaccompanied minors), which fall outside mainstream child protection arrangements.
In 2016 and in spite of our tireless lobbying, the law penalising sex workers’ clients was passed. Ineffective in combating networks, this law places sex workers in even greater isolation and exposes them to more violence. The ERLI project was taken over by the GAIA association: the opening of the first safer injecting room in Paris now provides a legal framework for harm reduction among people who use drugs.

THE PRICE OF MEDICATION
Our fight against the exorbitant price of Sofosbuvir, a direct-acting antiviral that cures hepatitis C (200,000 people infected in France) but endangers our social protection system, was strengthened in 2016. The application filed with the European Patent Office thus weakened the patent held by the Gilead pharmaceutical company. By combining this legal tool with a tremendous campaign of regional mobilisation and social media, we have been able to make full use of the two weapons that are at our disposal to promote our demands: the law and public opinion. The fight, which was taken up by the whole Doctors of the World network, is now firmly on the European agenda.

ASSOCIATIVE LIFE AND VOLUNTEERING
2016 marks the year in which Doctors of the World’s mission statement was set out in a strategic plan. This plan answers the questions of ‘how’ we commit ourselves, what the key themes are, how we work, how volunteers and employees are organised, and with what resources. This broad based view of operational strategy and budgetary planning is always based on a militant approach and the political dimension of healthcare.

The challenge is for us to succeed in the transition to a globalised and more horizontal world while reinforcing our model based on volunteer membership and activism. This issue was a focus for the autumn seminars: what form will the commitment take? What is the future of volunteering?

Which communities to mobilise and with which partners? What form of governance? What use of social media? What forms of communication to support people? At the end of the seminars, the creation of a unit dedicated to associative life was announced, as well as the continuation of regionalisation in France and decentralisation of international activities, to ensure effective implementation of our associative project.

The role of humanitarian action in France and abroad will change, perhaps dramatically. What is the meaning of our actions? Our adaptation and on-going transformation is therefore essential in order to improve our social impact. We need a narrative, in the political sense, that says where we come from and that identifies us in the public arena. It gives legitimacy and strength to our proposals and as a consequence to our actions. We must engage with those we accompany, service users and partners, show them a new horizon and tell them that it is within reach. We must state that we defend a system of universal social protection and that this is a political vision of solidarity, in France and elsewhere.

In this period of transformation, we need a little flexibility and adaptability, vital conditions for the success of our shared associative project.
KEY FIGURES

BUDGET

MDM FRANCE BUDGET
€95.9 M

HUMAN RESOURCES

1,749 ACTORS
ON OUR INTERNATIONAL PROGRAMMES
» 1,520 national employees
» 18 international volunteers
» 130 expatriate employees
» 81 employees at headquarters

2,272 ACTORS
ON OUR PROGRAMMES IN FRANCE
» 2,137 volunteers
» 117 employees on the ground
» 18 employees at headquarters

432 ACTORS
SUPPORTING OPERATIONS
» 305 volunteer delegates
» 127 employees at headquarters

4,148
MDM PEOPLE
GEOGRAPHICAL BREAKDOWN OF PROGRAMMES

- 21 programmes in 15 countries in sub-Saharan Africa
- 16 programmes in 10 countries in North Africa and the Middle East
- 7 programmes in 7 countries in Latin America and the Caribbean
- 19 programmes in 13 countries in Eurasia

INTERNATIONAL PROGRAMMES

63 PROGRAMMES IN 45 COUNTRIES

3,600,000 BENEFICIARIES OF OUR PROGRAMMES

GEOGRAPHICAL BREAKDOWN OF EXPENDITURE

- 31 % in sub-Saharan Africa
- 40 % in North Africa and the Middle East
- 7 % in Latin America and the Caribbean
- 18 % in Eurasia
- 3 % Other projects

(Operation Sourire, regional international missions, cross-cutting projects and exploratory missions)

1 % Adoption
TO SUPPORT 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.

SEXUAL AND REPRODUCTIVE HEALTH

A significant number of our projects in France and internationally integrate the promotion of sexual and reproductive health (SRH), which deals with various aspects of women’s and couples’ health: sex education, prevention and care of unwanted pregnancies, maternal and new-born health, combating sexually transmitted infections (STIs), response to violence, etc. Faced with threatened or denied rights, MdM reiterates the association’s commitment to promoting the sexual and reproductive rights of women and girls, reducing gender inequalities and promoting universal access to SRH services.

In this context, MdM is conducting a cross-cutting programme, in partnership with the French Development Agency (AFD), to strengthen the prevention and management of unwanted pregnancies in four countries, as well as global advocacy with national and regional stakeholders that focus attention on the specific needs of young people. 2016 was also notable for the definition of our response to the needs of SRH right from the beginning of a crisis (conflict, natural disasters). We have thus included a response to sexual and physical violence in our actions in Nigeria and the Central African Republic.

HARM REDUCTION

For many years, Doctors of the World has worked with at-risk populations such as people who use drugs, sex workers and sexual minorities. Because of the stigma, marginalisation and criminalisation they face, these people are exposed to various risks such as disease, violence and police harassment... Since 1989, MdM has been developing harm reduction programmes (RdR in its French acronym) related, on the one hand to the use of psychoactive substances and on the other, to sexual practices, by 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 which remains particularly serious among people who use drugs. In 2016, MdM followed through its 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 has put in place global advocacy for universal access to the diagnosis and treatment of hepatitis C.

MIGRATION, RIGHTS AND HEALTH

Doctors of the World works directly with exiles through numerous programmes abroad as well as in France. Since March 2015, Europe has been facing what is being called ‘an unprecedented migration crisis’, which is a true crisis of hos-
Hospitality and solidarity. Yet the predominantly security related responses of governments expose migrants to many dangers and directly threaten their health and lives.

That is why we are engaged with influential bodies, locally and globally, to enforce their rights and combat these repressive migratory policies. As a result, Doctors of the World took part in the United Nations General Assembly in 2016, where the issue of migration was widely debated. Throughout the year, we have lobbied local authorities in different countries to improve or create the conditions for taking care of migrants’ health. In 2017, our positioning will be clarified, support for programmes will be strengthened and a link will be established between national, European and international advocacy.

EMERGENCIES AND CRISSES

Conflicts and disasters, natural or man-made, often lead to a sudden breakdown in access to care. In order to meet the immediate health needs of people in vulnerable situations, Doctors of the World deploys emergency teams and equipment. Built around the concept of partnership, with civil society organisations or national ministries of health, the work is supported by teams working on long-term projects, when they 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 impact of the emergency has long been forgotten.

In 2016 the Doctors of the World emergency team intervened in Haiti after Hurricane Matthew, in Ukraine following the conflict in the east of the country, in Yemen in response to the bloody conflict there, as well as in Nigeria to support people affected by the crisis. The emergency team also supported Doctors of the World’s programmes in response to the migratory and humanitarian crisis in Greece, Bulgaria, Serbia and the Mediterranean Sea through a partnership with SOS Méditerranée and in Calais caring for migrants. In addition to these one-off responses, Doctors of the World strengthened its interventions working with the most vulnerable populations in Iraq, Turkey, Syria, Lebanon and the Central African Republic.
**HEPATITIS C**

**THE COST OF LIFE**

"On average, one case of leukaemia has a 20,000% gross profit margin. "With 1 billion Euros of profit, you live very well on hepatitis C. "What is melanoma exactly? It is 4 billion Euros of revenue". To speak out against the exorbitant prices of some innovative treatments, in June 2016 Doctors of the World launched a shock campaign that focused on the profitability of diseases: the cost of life. Resolutely incisive, the campaign criticises the threat posed by the tariffs imposed by pharmaceutical companies on social security and access to care for all. The objective was to make the general public aware by inviting them to sign a petition destined for the Minister of Health. 250,000 people signed it.

This campaign focuses on the fight led by Doctors of the World since 2014 to reduce the price of Sofosbuvir, a direct-acting, anti-retroviral hepatitis C vaccine sold by Gilead pharmaceutical company at a cost of almost 41,000 Euros per patient for three months treatment. Taking care of the 200,000 chronically infected people with the virus in France would cost health insurance 10 billion Euros. This is an unsustainable burden for our health system so the state had to restrict access to treatment to the most severely affected patients. However, the Minister of Health has the power to authorise the production of generic forms, which are much cheaper, by means of a legal mechanism called a statutory licence. Given the lack of government response, in February 2015, Doctors of the World filed a legal appeal with the European Patent Office (EPO) to have the Sofosbuvir monopoly cancelled. In October 2016, the EPO ruled that Gilead had not complied with all the patent rules. This decision led to the withdrawal of the patent protection for the chemical formula used in the drug. However, the manufacturer continues to charge high prices and the public authorities continue to accept this price. Doctors of the World is continuing its struggle to remove barriers to universal access to care.
IN THE RIGHT PLACE, A CANCER CAN YIELD UP TO 120,000 EUROS.

CHOLESTEROL: A HIGH RETURN, LOW RISK INVESTMENT.

HEALTH. WHO SHOULD LAY DOWN THE LAW, THE MARKET OR THE STATE?

Sign the petition to help reduce the price of medicines at www.thecostoflife.org
FRANCE

BEAUTY OF THE WORLD

The beauty of the world. Paradoxically, to get a glimpse of it, we must sometimes see the worst. The burning steel that ravages all. The fury of the earth that appals. Or the enormous waves of a tormented ocean. It takes the outpouring of hatred, the flaying of skin, and dignity that is flouted. And it is then, and only then, that it appears. In care that is carried out without the slightest hope of profit. In words that have the effect of balms. In a single look, devoid of judgement. Absolute beauty. This beauty, of which we are all capable, is sometimes buried deep within our hearts.

Carrying a message of hope, the “beauty of the world” campaign aims to bring together all those who support the cause of Doctors of the World around strong values of mutual aid and solidarity. Where does the beauty of the world hide in the streets of a city devastated by war? Beauty can be revealed when it is thought to have disappeared. It is expressed in gestures of solidarity, in mutual aid, in the struggle to save lives. It is thanks to donors that Doctors of the World can reveal this beauty every day. This campaign is an opportunity to thank those who have supported the association for 36 years.

The film is accompanied by four visuals that highlight some of the campaigns carried out by Doctors of the World: access to care for civilians in Syria, migrants in Europe, against homophobia in Uganda, and support for victims of Hurricane Matthew in Haiti.

LA BEAUTÉ DU MONDE

Paradoxalement, pour l’entrevoir, il faut parfois le pire : le métal brûlant des missiles, la soif de pouvoir, le fanatisme. Il faut d’abord que le sol tremble, que les murs s’effondrent et que le ciel soit englouti. Et c’est alors, et seulement alors, qu’elle apparaît. Dans des soins prodigués sans le moindre espoir de profit. Dans le regard de médecins qui ne verront jamais leur nom célébré. Dans un cœur d’enfant qui repart et des sourires ressuscités. La beauté la plus pure.
UNWANTED PREGNANCIES

MOVING THE LAW FORWARD

Paris, New York, Copenhagen, Johannesburg, Abidjan, Addis Ababa… 2016 was particularly rich in events for the promotion and recognition of sexual and reproductive rights, both internationally and on a regional level in Africa. Doctors of the World took advantage of several opportunities for mobilisation and influence to spread its messages. Whether it was a colloquium that we organised, a conference in which we participated, an international day we engaged with, each event was an opportunity to challenge policy makers, notably in France and in West Africa, on the need to change public policies and health practices to better prevent and manage unwanted pregnancies. The strengthening of Doctors of the World and its partners’ expertise on this theme, recognition of experience gained from the projects, dissemination of good practices, and integration of networks of stakeholders in sexual and reproductive health increased and amplified our advocacy work at different levels of political decision-making.

The global conference, Women Deliver, which, every three years brings together a very large number of representatives from governments, international organisations and civil society, researchers and donors, was a particularly important event for structuring our cross-cutting advocacy. The 2016 conference focused on the key role of women and girls in development. The participation of a large Doctors of the World delegation, including representatives from projects in West Africa, the DRC, Gaza and Haiti, hosting a stand, organising a side event, and holding meetings with multiple partners, helped to strengthen our visibility as committed field workers in advancing access to sexual and reproductive health rights and care for all.
IN 2016, OUR ACTIVITIES ABROAD ARE CHARACTERISED BY FURTHER WELL MANAGED GROWTH, IN LINE WITH A STRATEGIC PLAN WHICH DETERMINES OUR OPERATIONAL PRIORITIES, NAMELY CRISIS AND CONFLICTS, SEXUAL AND REPRODUCTIVE HEALTH, HARM REDUCTION AMONGST PEOPLE WHO USE DRUGS, MIGRATION AND THE LINK BETWEEN HEALTH AND A HARMFUL ENVIRONMENT. DOCTORS OF THE WORLD HAS CONDUCTED A TOTAL OF 63 PROJECTS IN 45 COUNTRIES.

These actions reflect a range of principles: partnership with various stakeholders in the countries of intervention, especially those from civil society; alliances to defend essential common causes and values; political independence and the desire to contribute to various levels of innovation in medical and humanitarian fields. To boost the capabilities of local stakeholders, to contribute to better access to care and rights, these represent our modest contribution to social change. One of our association’s firm commitments.

With war in Syria and Iraq, 2016 sees continuing chronic crises in which civilians and healthcare workers pay a high price. International human rights, in Yemen as well, are violated on a daily basis by those involved in the conflict. Under these conditions, Doctors of the World develops emergency operations – not without difficulty. Our teams are mobilised in Nigeria despite poor security conditions. Gender based violence and mental health have been included in our operational response, thanks to the availability of better tools for healthcare and social workers.

However, we must continue to be better prepared to respond to emergencies through specific training and by strengthening the role of partnership to improve our ability to guarantee the health and security of teams and service users.

In 2016, sexual and reproductive health projects have led to change in favour of promoting women’s rights. By focusing on three pillars - empowerment of women, a quality care offering and advocacy - women, community stakeholders and our partners are seeing concrete advances in Burkina Faso, in Peru and in DRC (better access to services, increased mobilisation of society, etc.). Through this work, we have demonstrated the importance of continuing this commitment in the face of increased conservatism in various international forums.

As regards, harm reduction, our pilot programmes continue in sub-Saharan Africa, especially in Côte d’Ivoire, with an operational research section on tuberculosis. The drive for universal access to treatment for hepatitis C has been strengthened through the launch of mapCrowd, an information and advocacy tool, as well as the establishment of innovative models of treatment in Georgia, Vietnam and in Kenya. Our advocacy extends to working groups at the WHO and
international conferences. This long term work has lead to international recognition of Doctors of the World’s expertise in access to treatment for HIV and caring for people who use drugs and have the virus.

Doctors of the World continues to be very involved with the migration issue. In Europe, our association has shown a strong commitment in the face of the refugee crisis, consolidating our operations in Italy, in Greece and in transit countries on the Balkan route, especially Bulgaria and Serbia. We document the impact of repressive migration policies on people’s health, highlighting that these lead to greater risk taking for migrants, and therefore increased exposure to violence and mortality even in France.

As regards the link between health and a harmful environment, Doctors of the World intends to strengthen its presence on the ground in order to refine its understanding of these issues. Therefore in 2016, we launched a project in Nepal related to the health of waste recyclers.

Being as close as possible to user requests, involving them more fully in strategic decisions, ensuring their safety and that of our teams, consolidating our partnerships, innovating, bearing witness to inequality and the unendurable, being accountable to our donors, such are the challenges that we try to address on a daily basis, whilst continuing to safeguard our political independence in the service of our missions.
Long-term Programmes

Emergency Programmes

Atlantic Ocean

Pacific Ocean
NORTH AFRICA AND THE MIDDLE EAST
For detailed fact sheets on the various programmes in North Africa and The Middle East see our website: medecinsdumonde.org
Mental health is a priority cross-cutting medical activity for Doctors of the World. In North Africa and the Middle East, our teams provide psycho-social support to populations who have been traumatised by war, by all types of violence and by exile, in countries where psychological problems often lead to marginalisation because mental health remains a taboo.

EGYPT
Political and economic instability in Egypt affects both the native population and refugees who come into the country via networks of people smugglers. In Cairo, African exiles in particular, are marginalised, even thrown out by some health centres, on the grounds that they may carry infectious diseases. So it is difficult to consult a doctor, particularly for psychiatric problems. Especially as mental health services are concentrated almost exclusively in hospitals and staff in primary healthcare centres is not trained in these medical conditions.

To facilitate early diagnosis of mental health problems, management of the most routine cases and referral of complex cases, in 2016 Doctors of the World trained almost 200 doctors, nurses and health educators at nine primary healthcare centres in Greater Cairo and Giza. The association also supports five Egyptian NGOs which provide psychosocial support for especially vulnerable people, like women who are victims of violence, street children, people with HIV or disabled children.
IRAQ

Despite hopes raised by the progressive recapture since October 2016 of the town of Mosul by the Iraqi army and international coalition forces, a large part of the Iraqi population continues to live under the threat of violence from Daesh. The country has over three million internally displaced people. Almost half of them have taken refuge in Kurdistan and the neighbouring regions. Doctors of the World takes care of these displaced people – Kurds, Yazidis, Christians or Muslims – and the host population, and helps them to start afresh, despite isolation, deprivation and severe trauma.

Our teams are working in Kirkuk, Nineveh and Dohuk governorates, on the Turkish border, which take in over a million people, who are forced to live in prefabs, in camps or in makeshift shelters. For over two years, Doctors of the World has included mental health in its healthcare activities in health centres and mobile clinics. People seen by our teams suffer from anxiety, sleep problems, depression or post traumatic stress. The mental health needs are immense and the consequences profound. In response, group or individual sessions, alongside counselling sessions, are provided.

LEBANON

Spread out over hundreds of locations, often in the poorest parts of the country, Syrian refugees have great difficulty in accessing healthcare services in Lebanon. Their limited, often exhausted financial resources, following many years of exile, force them, more and more, to live in encampments, overcrowded apartments and in buildings which are derelict or under construction.

Doctors of the World, who supports sixteen primary healthcare centres and six mobile clinics in the Bekaa valley, provides psychosocial support to Syrian refugees and vulnerable Lebanese. Psychotherapists provide consultations and follow-up treatment in the centres, whilst cases of severe mental disorder are referred to specialist services. They are supported by a team of community health workers who work on prevention and guidance within communities.

PALESTINE

In the West Bank, the population lives in a permanent state of extreme tension owing to the proximity of Israeli settlements. The Palestinians, surrounded by a significant military presence, are subjected to searches and regular checkpoints. Some of the Israeli settlers regularly attack Palestinian communities: harassment, beatings, stoning, shootings, damage to housing and crop destruction are the common lot of these villagers. The resulting stress and other mental health disorders are only rarely treated.

In the Nablus area, Doctors of the World works to improve care for psychological suffering and stress caused by this violence. Medical staff are trained to detect these disorders so that patients can be referred to suitable healthcare facilities. More directly, the association itself offers psychosocial support, including discussion groups which aim to build resilience to violence and to manage stress more effectively. Doctors of the World teams come to the assistance of families within three days of any incident.
Since 2014, Yemen has been under fire from clashes between Houthi rebels and government forces. A civil war, which has worsened since a coalition of Arab nations led by Saudi Arabia has been shelling some regions in support of the authorities. The Yemeni people, who have been profoundly affected, need emergency care, especially in Sana’a and Aden governorates. Almost 20 million people are deprived of humanitarian aid owing to the indifference of the international community, the intensification of war and the blockade set up by the coalition. As a result, some regions, in the south and west of the country, are facing famine conditions.

Doctors of the World helps Yemeni people by supporting five healthcare facilities in the Jehanah district of the governorate of Sana’a, and Yareem, in the governorate of Ibb. From a support base in Djibouti, our teams provide medical equipment, support in emergency situations and medication needed for the treatment of acute and chronic illnesses. Since the end of November 2015, a team has been based in Sana’a to restore health facilities damaged by shelling and restore primary healthcare. The objective is both to improve the screening and treatment of malnutrition in especially vulnerable children, to take care of the chronically sick and provide psychological help to victims.

The battle of Aleppo came to an end in December 2016 with the surrender of rebel groups who were still holding out in the Eastern quarters of the town and the evacuation of the last civilian prisoners of war. This was the most symbolic and deadliest battle of the Syrian civil war which has been going on since 2011. It has cost the lives of over 21,000 civilians and deprived the community of humanitarian aid and access to healthcare. We currently estimate that over half of healthcare facilities are partially damaged or completely non-operational, mainly because of shelling and repeated attacks targeting essential infrastructure. The humanitarian situation remains extremely delicate throughout the country but especially in the north, where displaced people fleeing the conflict converge. People are suffering mainly from lack of access to healthcare facilities, to food and water.

Doctors of the World works with Syrian nurses and doctors to provide primary healthcare and sexual and reproductive health services to Syrians gathered in various camps and one village in the Idlib-North region, near the Turkish border. In addition, the association supports Syrian partners in 43 health centres and mobile teams in Syria, particularly in Idlib, Aleppo and Daraa governorates. The availability of medication and essential equipment, which are extremely scarce in times of war, is secured by 10 local partners, and local healthcare workers are supported to ensure continuity of services where the authorities no longer fund the country’s healthcare facilities. In addition, Doctors of the World continues to support post-operative care centres on both sides of the Turkish-Syrian border in Reyhanli and Sarmada.
SUB-SAHARAN AFRICA
For detailed fact sheets on the various programmes in sub-Saharan Africa see our website: medecinsdumonde.org
Access to contraception in many African countries remains very difficult. This is the case in Burkina Faso and in the Democratic Republic of the Congo, where Doctors of the World runs programmes intended to limit the number of unwanted pregnancies and to combat the risks linked to unsafe abortions.

**BURKINA FASO**

In Burkina Faso, and especially in Djibo in the region of Sahel, it is very difficult for women to access contraception and family planning. This is due to difficulty in accessing care in general but also, and primarily, to socio-cultural issues. So, nine out of ten women are unable to benefit from family planning without consulting their partner. Consequently, unwanted pregnancies are very common. Three out of ten end with unsafe abortions, carried out in poor sanitary conditions. Coupled with poor quality care, they are the cause of many deaths.

Doctors of the World has been in Djibo district since 2010 and is now working to prevent unwanted pregnancies and, more generally, to improve family planning. Eight community associations have been formed, to work with young people and religious leaders on these issues and healthcare teams receive training, particularly on post-abortion complications. Finally, Doctors of the World appeals to the authorities for a reduction in costs, or even free contraception, for access to safe and legal abortion as well as for sex education in schools.

**THE DEMOCRATIC REPUBLIC OF THE CONGO**

Almost one in four girls in the Democratic Republic of the Congo becomes pregnant for the first time before the age of 19. Yet access to contraception is illegal for minors and abortion is only allowed for medical reasons.

In two health districts of Kinshasa, the capital of DRC, Doctors of the World works with young people to inform them and raise awareness of sexual and reproductive health issues in general, of unwanted pregnancies in particular but also of STIs and gender-based violence. Thus, by working with a national organisation, Doctors of the World tries to improve access to family planning for young girls, to provide care to those who have had abortions and support those who have suffered sexual violence. In addition Doctors of the World trains medical staff in a teenage-friendly approach and supports civil society in urging the authorities to legalise contraception for minors and abortion.
Even though since 2015 the joint multinational force from Chad, Nigeria, Cameroon, Niger and Benin has succeeded in recapturing many Boko Haram strongholds in north-east Nigeria, suicide attacks on civilians are ongoing. The conflict which began in 2009 has caused massive population movement. 1.8 million People remain displaced in Nigeria and local community resources are under great strain. This situation is worsened by the famine which is affecting the state of Borno and the high rates of malnutrition in the north-east of the country. Many healthcare facilities have been damaged, the supply of medical equipment remains inadequate and a large proportion of medical staff have had to flee Boko Haram attacks. This is why Doctors of the World decided, at the end of 2016, to intervene in Nigeria with the aim of improving access to primary and reproductive healthcare as well as good quality nutritional treatment for vulnerable people. Our teams work in camps for the internally displaced in Maiduguri in Borno, through two mobile clinics which support vulnerable and displaced people or hosts.
Since 2009, Uganda has, on several occasions, attempted to toughen its laws against homosexuality. Recent parliamentary debates have reinforced an already deep-rooted intolerance, fuelled by certain evangelical missions and propagated by certain sectors of the media. Owing to real or perceived homophobia amongst healthcare personnel, LGBT people are often afraid to use health services. Thus the prevalence of HIV is around 14% amongst homosexuals in the capital, Kampala, where Doctors of the World supports the action of the MARPI (Most At-Risk Populations Initiative) organisation. In Mulago hospital, it offers sexual and reproductive health services adapted to the needs and constraints of key populations (gays, transgender people, sex workers etc.) After training the MARPI teams, Doctors of the World supported them with screening and treatment of sexually transmissible infections such as anal condylomas.

Since 2015, Doctors of the World and its local partners have been conducting prevention and harm reduction activities aimed at people who use drugs in Abidjan. As well as HIV Aids, these people very often show symptoms of tuberculosis, and over 10% of them are hepatitis B carriers. This is due to unsafe sexual practices and drug consumption but also to their extremely fragile living conditions. They are stigmatised and often live in unsavoury areas, with no access to either water or hygiene. As part of a community approach, Doctors of the World works to build the capacity to act of beneficiaries, to enable the development of suitable responses and to combat stigmatisation, exclusion and criminalisation, which throw up barriers to access to care.

After 18 months outreach work in open drug scenes (smoking rooms or areas), a study on the prevalence of tuberculosis and community support with adherence to treatment began at the end of 2016 and will target 750 users. This study will, amongst other things, enable us to measure the performance of the different methods used to diagnose tuberculosis in people who use drugs, to estimate the prevalence of tuberculosis and of HIV/tuberculosis co-infections in people who use drugs and finally assess the effectiveness of community referrals of people who use drugs and have tuberculosis.
LATIN AMERICA AND THE CARIBBEAN
For detailed fact sheets on the various programmes in Latin America and the Caribbean see our website: medecinsdumonde.org
The force 4 hurricane Matthew, with winds reaching 230 km/hour, struck the south-west coast of Haiti during the night of the 3rd and 4th October 2016, devastating trees, crops, infrastructure and homes in its path. Whilst the greatest damage was reported in the South and Grand’Anse departments, most other regions of Haiti were also severely affected by the cyclone. In the weeks which followed, heavy rain worsened the overall situation, causing major flooding and landslides in the towns of Jérémie and Les Cayes.

All the Doctors of the World teams in the South and Grand’Anse were directly affected. They all suffered significant material damage and many lost their houses and personal affects. However, the day after the storm passed, every one of them took action to respond to the emergency. Seventy additional people were recruited and from December onwards, mobile clinics could be deployed, providing around two visits per month in 60 villages in Grand’Anse and 30 villages in the South. At the same time, Doctors of the World formed 13 cholera epidemic prevention teams in these two départements to help with the running of treatment centres and build community level ‘cordons sanitaires’. 

HAITI

THE MATTHEW EMERGENCY
Every year, over 400,000 people migrate between the northern triangle of Central America and Mexico. These include more and more families, women and children who are fleeing insecurity caused by organised crime, gang violence and the police.

Yet, since 2014, highly repressive migration policies and border control have lead to a drastic increase in the number of deportations from Mexican territory to Central America. As a result of this, displaced people are extremely vulnerable, not only whilst on their migratory route, but also when they are forcibly returned. Civil society is not currently equipped to respond to these new challenges.

Since 2016, Doctors of the World France and Doctors of the World Spain have run a joint project with the aim of assuring access to care for migrants in transit in Mexico and for people who have been deported to Honduras, Guatemala and El Salvador. In the first year of the project, partnership agreements were signed with three state or state-linked bodies and with four «grass-roots» organisations in El Salvador, Guatemala and Honduras that work at various stages of the migratory route. In Guatemala, for example, migrant unaccompanied minors were provided with medical care in the children’s refuge.

Doctors of the World also participated in an observation mission on human rights which took place in November. Twenty two international observers travelled 2,211 kilometres along the migratory route in Central America and Mexico. They interviewed more than 600 stakeholders, migrants, groups, grass-roots organisations and powers that be on the travelling conditions of migrant populations and thus were able to bring to light their vulnerability during their journey and the effect on their health.
EURASIA
For detailed fact sheets on the various programmes in Eurasia see our website: medecinsdumonde.org
RESCUE IN THE MEDITERRANEAN

363,401 people attempted to reach Europe by sea in 2016. 5,082 people lost their lives there. In the face of this tragedy, Doctors of the World joined forces with SOS MÉDITERRANÉE, taking part in sea rescue operations for 3 months on board the MS Aquarius. MdM took care of medical treatment in the on-board clinic and all the tasks concerning reception of refugees on the ship. MS Aquarius sailed back and forth in international waters, in the hazardous area off the coast of Libya.

From January to April 2016, Doctors of the World and SOS MÉDITERRANÉE managed to rescue 919 people. The on-board medical team treated 212 people for infections, chemical burns caused by petroleum, various injuries and also gunshot wounds. These survivors bear witness to gruelling conditions on the road to exile and in Libya, where they suffer a real ordeal at the hands of people smugglers and various armed groups.

WELCOME AND SUPPORT IN ITALY

With over 180,000 people arriving in 2016, Italy is one of the countries hosting the most migrants and refugees in Europe. Particularly in Calabria, in the far south of the country, where 31,450 people arrived by sea in 2016. Access to healthcare for migrants is especially difficult there because the Italian public health system, which is normally open to all, cannot cope with such a large influx of people. The situation is further complicated by administrative, cultural and linguistic barriers and also a lack of information.

To support the Italian authorities in hosting refugees who have come by sea and are often traumatised by a dangerous crossing, Doctors of the World, in partnership with the Italian Red Cross, trained social workers in Calabrian reception centres on psychological first aid. Doctors of the World provides medical consultations and psychosocial activities focusing on mental health and gender-based violence in centres for unaccompanied minors and in the newly opened centre for vulnerable women. In Reggio, our teams are assisted by cultural mediators and interpreters when receiving survivors as they disembark from the boats which rescued them in the Mediterranean. In this way they are better placed to ask men, women and children to describe their suffering and to direct them to healthcare facilities where they can be cared for.

MEDICAL SUPPORT IN SERBIA

Hungary has introduced extremely strict border controls to cut off the road to refugees trying to enter the country and effectively close the migratory route through the Balkans. In neighbouring Serbia, almost 100,000 people are in transit, hoping to get to northern Europe. But the Hungarian authorities only allow in around thirty migrants per day. And the repressive measures against those who attempt to cross the border illegally are extremely violent. Migrants who are arrested are often beaten before being sent back to Serbia. Despite the provision of asylum and transit centres throughout the country, the Serbian establishment is struggling to cope.

Doctors of the World has been working in Serbia since January 2016, providing primary healthcare in mobile clinics in Sid, in the border areas near Subotica and in Belgrade. Medical consultations are provided seven days a week, in rotation with other humanitarian organisations. Thus in 2016, 18,000 migrants and refugees received help from Doctors of the World.
In the Philippines, the processing of waste electrical and electronic equipment, e-waste is an important source of income for the country. But with no protective legislation and with only two operational processing centres, much of this waste is handled unofficially by the “dismantlers of Manila. These people and their families are exposed to toxic chemical substances and dangerous heavy metals such as lead, cadmium and mercury.

From 2012 to 2016, Doctors of the World worked with communities of recyclers in four poor urban areas of Manila. Our teams offered awareness raising sessions, distributed protective equipment, and installed safe mobile dismantling areas, designed specifically for collecting those products which are most damaging to the health. In partnership with civil society organisations, they also called for legal recognition of the unofficial e-waste dismantling sector and helped with the formation of dismantlers’ associations, who have taken on these activities.

A capitalization report was conducted on this pilot programme in order to have a clear definition of the type of project which can then be reproduced in different contexts.
For almost eight years, Doctors of the World has helped victims of the conflict between the army and various insurgent Islamist groups in north west Pakistan. In the Khyber Pakhtunkhwa (KPK) region, where over a million people have been forced to flee, the association supports a particularly fragile healthcare system which is unable to cope with the mass influx of refugees. Especially since the region is regularly hit by natural disasters - floods, landslides, earthquakes - which increase population movement and slows down their access to care. As is often the case, women and children are the main victims. Too many women die during pregnancy or childbirth. Too many children die from asphyxia at birth or from diarrhoea or pneumonia in their early years.

Since 2009, Doctors of the World has supported healthcare facilities in KPK. Our medical teams provide general medical and sexual and reproductive health consultations for displaced people in seven healthcare centres. Through training healthcare workers and social mobilisation, two of these centres are now managed directly by the Ministry of Health. Awareness building workshops and health education are also organised in the communities, particularly on vaccinating children and reproductive health.
In 2016, Opération Sourire continued to provide plastic and reconstructive surgery in Asia and Africa 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 MdM International Network (France, Germany, Japan and the Netherlands) help to rebuild patients’ confidence and promote their social integration, as well as training national medical staff.

In 2016, over 100 volunteers (surgeons, anaesthetists, nurses) mobilised in order to operate on nearly 1,100 patients during 19 surgical missions organised in 9 countries.

Doctors of the World France carried out 8 missions in three countries: Cambodia, Madagascar and Pakistan. Our teams treated almost 400 patients suffering mainly from cleft lips/palates and burns. MdM Germany, MdM Japan and MdM Netherlands organised surgical missions in Burma, Cambodia, Guinea-Bissau, Morocco, Sierra Leone and Tanzania. More than 700 patients were operated on. The international context which remains tense in 2016 forced us to cancel several planned missions.

**PROFILE OF PATIENTS IN 2016**

**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 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 burns following acid attacks (Pakistan).

**27 YEARS OF OPÉRATION SOURIRE AROUND THE WORLD**

Since 1989, Opération Sourire’s volunteer medical teams have provided reconstructive surgery to those who do not have access to it. In 27 years, more than 15,000 patients have been operated on. The number of cases treated has significantly increased since other network members joined MdM France. Over the last 10 years, between 2005 and 2016, 264 missions were carried out. Between 2008 and 2016, more than 9,000 patients have been operated on in Asia and Africa by around 100 active volunteers each year.

**OUTLOOKS AND CHALLENGES**

In 2017, the Opération Sourire teams are planning around 20 missions. 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 its programmes and to promote its particular approach to reconstructive and plastic surgery in operating countries.
WHO’S IN CHARGE
- Volunteer board delegates: Dr Isabelle Barthélémy, Dr François Foussadier, Dr Frédéric Lauwers
- Headquarters officer: Sophie Poisson

PROGRAMME COUNTRIES
- Burma, Cambodia, Guinea Bissau, Madagascar, Morocco, Pakistan, Sierra Leone, Tanzania

BUDGET
- 420,000 Euros

PARTNERS
- L’Oréal Foundation
However, this step forward does not conceal a gradual phasing out of health insurance over the last 10 years, which is borne out by the constant decrease in financial coverage for many common conditions (50% repayment on average except for long-term conditions).

In addition, extremely worrying statements have been made by certain political figures which challenge the very idea of a social health system which is based on solidarity and the sharing of risks (everyone contributes according to their means through contributions and taxes and receives according to their needs).

What is more, each year when finance bills are passed, the recurring controversy over the abolition State Medical Aid resurfaces. This demand is largely rooted in an anti-migration message, in contradiction of an objective approach to public health or even economic arguments.

More generally, the question of the migration crisis in Europe and in France has crystallised debates – and this despite a significant decrease in the number of people coming to Europe to seek refuge (more than a million people in 2015 against less than 353,000 in 2016). It is a sad paradox because, despite this decrease in the number of arrivals, the number of deaths and disappearances during the crossing of the Mediterranean Sea has increased (4,742 people in 2016, making 1,000 more than in 2015).

In France, an axis of pain started to take shape between Roya-Paris-Calais during 2016, demonstrating the absurdity of border control and the absence of reception policies. It is a veritable obstacle course which ends up impacting on both the physical and mental health of refugees. Each government denies responsibility with France blaming the United Kingdom for having to control the border while imposing this task on Italy, notably in Ventimiglia. And what about the spontaneous, unsanitary camps in Paris, where hundreds of asylum seekers and migrants are gathered, in transit towards the United Kingdom?

Over the coming months, we will see the impact of the Healthcare Advice and Referral Clinics which were mainly developed after the evacuation of the «Jungle» in Calais in October and which are meant to offer a respite for migrants. Questions about the quality of support which is offered in those centres, as well as their legal status, have been raised – and still remain without answers to this day.
Finally, the question of unaccompanied minors continues to be of great concern. Around 10,000 children are estimated to be in this situation while the level and quality of care fall well short of their needs. Only 20% to 25% of these children are taken care of by children social services.

Doctors of the World’s teams carry out activities throughout the migratory journey, bearing witness to living conditions and calling on authorities to face their responsibilities. We tirelessly repeat the obvious: each country must treat people in exile with dignity, in respect of international conventions and human rights.

What is more, we are starting to notice the negative effects of the criminalisation of customers within the framework of the legislation against the procurement of prostitution passed in April 2016. Far from protecting sex workers, this system forces them to work in more and more precarious situations, exposing them to violence and encouraging risk-taking.

Happily, a number of improvements bolster our actions, such as, for example, the first victory which allows all those infected with Hepatitis C to access treatment. Aside from technical and judicial issues, this question of access to treatment with new generation drugs has allowed us to stimulate debates and consideration by stakeholders of civil society in different regions of France. And as such, it has reaffirmed the necessity to maintain a health insurance system which is based on solidarity and which is accessible to all.
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
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). It is the opportunity to alert and call upon all stakeholders and public authorities regarding the needs and difficulties in accessing rights and care for these people. It is based on 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 2016, 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.

- 31,424 medical consultations
- 2,229 dental consultations
- 8,622 paramedical consultations
- 12,681 social consultations

The average age of the service user is 33 years old.

- 12.8% are under 18 years old
- 96% are of foreign origin
- 98.7% live below the poverty line

The centre for paediatric care in Mayotte saw 862 children and carried out 1,334 medical consultations.

(1) The data are from 19 of the 20 existing CASOs. The Ajaccio CASO did not send data for 2016.
PROMOTING HEALTH IN SITUATIONS OF POOR HOUSING AND HOMELESSNESS

In 2016, 92.2% 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 the homeless or those in 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.

Activities provided:
- Social and medical consultations, support in administrative procedures, health monitoring.
- Involving and raising awareness of medical and social workers dealing with 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 in exercising their rights and obtaining access to an environment which is conducive to health and access to rights and care. 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 DALO, are waiting for accommodation. At the end of 2016, the number of people living in slums in France was close to 18,000.

(1) INSEE, July 2013.
(2) Enforceable rights to housing.
PROMOTING CONTINUITY OF CARE FOR SLUM DWELLERS

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 2016.

Sometimes accompanied by physical violence and the destruction of personal property, evictions uproot slum dwellers, 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 (PUMA in its French acronym), slum dwellers face - on top of language barriers and poor understanding of the French health system - many other obstacles to accessing healthcare and their other rights, along with very long administrative delays.

OUR WORK

Doctors of the World supports slums inhabitants by helping them to access 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 dwellers and 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.

**Main partners:**
- Member organisations of the collective for new housing policy (CAU), member organisations of Romeurope, local organisations and support committees, public sector stakeholders 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 people face many difficulties in accessing rights and healthcare. The complexity of administrative procedures, the excessive demands for supporting documents by local health insurance offices, the increasing number of requirements for access to State Medical Aid, the difficulties in obtaining a postal address and so on, are all obstacles to migrants accessing 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 our paediatric clinic in Mayotte free-of-charge and in total freedom. They are received, cared for, supported in their administrative procedures in order to access health insurance, 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 the prevention of 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 and care (removal of the requirement for a postal address, merging State Medical Aid with Universal Health Insurance).
MIGRANTS IN TRANSIT

According to the United Nations High Commissioner for Refugees (UNHCR) annual report, in 2015, the number of displaced people in the world reached a record high of 65.3 million. This figure reveals a migratory crisis, unprecedented since the Second World War. It represents the equivalent of the entire French population, or one person out of 113, and has seen an increase of 50% in the last five years.

In France, 85,244 asylum applications were registered at the French Office for the Protection of Refugees and Stateless Persons (OFPRA) in 2016.

THE FRENCH-ITALIAN BORDER

Italy is one of the main migratory routes taken by migrants. Following the closure of the border between France and Italy in June 2015, several thousand people remained stranded at the border. During the summer of 2016, the mayor of Ventimiglia hardened his stance on receiving migrants, prohibiting the distribution of food and water by public decree.

People try to get into France by any means possible, particularly via the Roya Valley. Significant police pressure is employed to “track down” the migrants, even to the point of residents’ houses, to bring them back to the border, including unaccompanied minors who cannot therefore benefit from the protection to which they are entitled. In the town of Breil-sur-Roya, the residents organized themselves to receive migrants and created the Roya Citizen association. Several of them were placed in police custody and even prosecuted for “aiding illegal residency”.

Despite citizen mobilization, there are insufficient suitable reception facilities to meet the significant health needs. Nurses and doctors decided to step in, visiting peoples’ homes for health check-ups and first aid where necessary. Doctors of the World supports this initiative led by the Roya Citizen association, by offering medical and nursing consultations to the migrants being taken care of by the residents.

PARIS

In Île-de-France, the situation is equally complex. Whilst the State has deployed additional resources to improve the capacity to receive refugees and asylum seekers, these measures have been insufficient and have not allowed for the 60 to 80 people arriving every day in Paris to be taken care of.

In early June 2016, the mayor announced the creation of First Reception Centres (CPA) supported by Emmaus Solidarity, which meet the international standards for the reception of migrants in Paris. In November 2016, the first centre, which was devoted to single men, opened its doors in the XVIII arrondissement. A second, in Ivry, will take in single women, couples and families from early 2017.

Doctors of the World took part in the programme focused on men by offering medical and mental health consultations, with the aim of helping to achieve the recognition of health as a priority in the management of migrants. At the same time, Doctors of the World is continuing its action in the camps by monitoring the health of migrants. These interventions make it possible to evaluate the state of health of these people and to refer them, if necessary, to mainstream health services (PASS, CMS, etc.).

CALAIS AND DUNKERQUE

The dramatic fate of the exiled population in Calais remains a reality since the closure of the Sangatte Accommodation and Humanitarian Assistance Centre in 2002 and the 2016 was marked by a record number of exiled people: up to 1,500 in Grande-Synthe near to Dunkerque, and up to 10,000 in Calais. Despite innovative measures which have been put in place by the local authorities, the results have fallen well short of the identified needs, in contempt of the dignity of the people.

At the end of 2016, the La Linière “humanitarian camp” at Grande-Synthe continues to take in hundreds of people, although the health and safety conditions inside the camp have deteriorated considerably. In Calais, after evacuating the shantytown and referring the exiled people to Reception and Referral Centres in October, the reception facilities set up by the local authorities were closed. Since then, preventative policies and extreme police pressure forestall any new camps from being set up. This not-welcome policy impacts heavily on the health and dignity of those still arriving in Calais.

Faced with the inaction of local authorities, in 2016, Doctors of the World set up significant measures aimed at responding to the physical and psychological health needs of migrants: we made contact with almost 7,300 people and more than 4,200 visits were recorded at our psycho-social centres.
In 2016, more than one out of three refugees in the world is a child. Among these minors, some are alone, without their parents. Like their elders, these unaccompanied minors (MNA in its French acronym)* are fleeing war, violence or discrimination to find a better future. However, unless they are identified and offered legal channels by which to re-join their families, they mistrust the authorities and put their lives at risk in order to continue their migratory journey. In this way, unaccompanied minors are among the people most exposed to violence and the risk of exploitation.

Even though they should be sheltered and welcomed in a kindly manner, these children are treated with doubt and suspicion. Their identities and their stories are challenged and they are subjected to biased and brutal assessments. This is why 70% of unaccompanied minors seeking protection are excluded from any protection and end up in an impossible legal situation. As they are not recognised as minors by child welfare services, they cannot legally become of age, so they find themselves excluded from adult provisions as well, forcing them to live on the streets, without protection or help towards the recognition of their rights.

Doctors of the World, with three dedicated programmes (in Paris, Nantes and Rouen), works with unaccompanied minors who have been arbitrarily rejected by child welfare services. Our teams help them by offering a sympathetic ear, providing access to healthcare and recognition of their rights through medical, psycho-social consultations.

In addition, Doctors of the World advocates for the recognition of unaccompanied minors as children at risk, requiring that all the necessary measures are taken to protect them and to provide them with access to healthcare and education, and to ensure their well-being and their future within mainstream child welfare services.

*The unaccompanied minors are mainly boys aged between 16 and 17 years old, however we are seeing more and more girls and very young unaccompanied minors. The main countries of origin are in sub-Saharan Africa but also Afghanistan, Pakistan, Bangladesh, Eritrea, Sudan, Angola, Somalia, Syria, Iraq and Eastern Europe.
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 is needed, as well as the impact of the disease on the individual, communities and society as a whole. 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 individuals concerned.

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 48% of those testing positive for HIV. But, whilst the assumption that they are infected in their home country before arriving in France, has for a long time been supported, a study by Parcours1 demonstrates that, on the contrary, a large proportion of these migrants get infected in France: between 35% and 49% of them, men more frequently than women. 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 FIGURES

- 26 programmes
- Approximately 25,000 people affected
- More than 3,100 prevention consultations
- 16 programmes are offering or will offer rapid testing for HIV and hepatitis C

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 to the European Patent Office opposing the Sofosbuvir patent by Gilead.

lead. Even if the patent is not revoked, most of the claims made by the pharmaceutical company Gilead are, however, cancelled, including the one relating to the Sofosbuvir formula - which as such is no longer covered by the patent. This decision demonstrates that the company did not respect patent regulations. The challenge is, therefore, to lobby the European Patent Office in order to ensure that the regulations are respected.

**HARM REDUCTION AMONG PEOPLE WHO USE DRUGS**

Following many countries around the world which have already set up and demonstrated the effectiveness of low-risk drug consumption rooms, the legislation which aims to modernise the healthcare system and which was adopted in France in 2016 allows the opening of low-risk drug consumption rooms on an experimental basis. What is more, this same legislation also allows for the permanent integration of the project on education on injection-related risks and drug analysis within mainstream health services at a national level. Its activities are permitted in all of the advice and support centres for harm reduction among people who use drugs, (CAARUD in the French acronym) throughout the country.

**OUR WORK**

One ‘XBT’ programme coordinating MdM drug analysis programmes (Paris, Marseille, Toulouse) and its network of partners.

Following the recognition by the healthcare legislation of supervising drug consumption, MdM has worked in 2016 on passing over the project on education on injection-related risks with the aim to close it for good in January 2017.

**KEY FIGURES**

383 products collected and analysed by MdM and its network of partners.

**CHALLENGES**

Whilst the new healthcare legislation has redefined harm reduction policies in France, the legislation dated 31/12/1970 which criminalises the possession and consumption of drugs, is still in force and goes against public health measures, seriously affecting the general health of people who use drugs. There is a real need to open up the debate on drug consumption policies in France and at international level with the aim of harm reduction, not repression. Moreover, whilst it should be acknowledged that mainstream access to Naxolone spray has improved providing it to those who use drugs or those close to them at a community level would be a better response to the issue of lethal opiate overdoses.

**HARM REDUCTION AMONG SEX WORKERS**

Law n°2016-444 passed on 13/04/2016 repealed the offence of soliciting but introduced the criminalisation of customers, a measure widely denounced by MdM, its partners and many other institutions. With the aim of documenting the impact of this legislation on sex workers, MdM and its partners conducted a survey among them. The results demonstrate clearly that the legislation has a negative impact on the living and working conditions of this group of people: greater vulnerability, underground working conditions, minimal access to healthcare, undermined access to harm reduction and higher risk of violence and exploitation, etc.

**OUR WORK**

Day and/or night outreach sessions: daycentres, information, referral, distribution of harm reduction materials, support in administrative procedures, thematic workshops...

Opening of a violence prevention programme for sex workers in partnership with the organisation Bus des Femmes and the sex worker trade union STRASS: “Together against violence!”

Advocacy: awareness-raising among local and national stakeholders, surveys, mobilisation to promote access to care and rights for sex workers.

**KEY FIGURES**

In 2016, our five programmes mobilised 180 volunteers and made more than 27,000 contacts among which 2,200 persons were supported.

**CHALLENGES**

We plan to continue our survey among sex workers in partnership with other organisations, assessing, in particular, the provision of helping sex workers to quit prostitution as stipulated by the new legislation. MdM will continue to denounce the harmful criminalisation of customers which acts against public health policies.
SRH: FACILITATE ACCESS TO PREVENTIVE CARE FOR CERVICAL CANCER

In the last 20 years, the smear test for cervical cancer has allowed the number of deaths in France to be reduced by half. However, cervical cancer still affects more than 3,000 women each year in France, and more than 1,000 die from it, mainly women who are hardly or not at all targeted by the current testing policies (women who are marginalised from health services, without occupation or medical insurance)

OUR ACTION

The year 2016 has allowed us to put together an interventional research project to improve access to smear tests for cervical cancer among women in precarious situations, service users of MdM centres, sex worker and shantytown programmes.

The aim of the programme is to provide women with tailored information during a prevention consultation about sexual and reproductive health and to facilitate their access to preventive care and testing. From March 2017, MdM teams will carry out individual and personalised consultations before offering one of the following:

- A direct referral to a gynaecological consultation, in a facility run by an MdM partner organisation, for a smear test.
- A self-sampling vaginal test to detect the presence of HPV before a referral to a health professional in the same services of the partner organisation, where the smear test is offered.

KEY FIGURES

- 8 programmes in five cities in France
- 14 months of planned intervention
- 80 people trained for prevention
- 1,500 prevention consultations planned

CHALLENGES

- Improve access to screening: ensure that women receive simple and accessible information on cervical cancer and access testing, with the help of professional translators and visual tools. Propose a new tool, the self-sampling vaginal test, to ensure a commitment to the testing process.
- Strengthen actions of prevention in sexual and reproductive health in the targeted programmes.
- Facilitate access to care: partnership with mainstream health facilities which offer gynaecological care, especially services which provide care without conditions.
- Improve our knowledge of the factors which lead to (the absence of) access to testing in order to propose measures which will facilitate better access for women who are in a vulnerable situation in France.
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.

Based on a programme which was developed in 2013 in a rural area in Auvergne, according to the principles of community health and with the aim of empowering supported individuals, Doctors of the World set up a pilot project for intervention in Haute-Vallée in the Aude region. The objective of the project is to empower individuals in vulnerable situations to access healthcare.

Indeed, that there is a high number of people in vulnerable situations in this rural and mountainous area. In addition, other obstacles specific to the nature of the local area impact individuals’ health: problems of mobility, decrease in or even withdrawal of mainstream public services, lack of care in certain health matters, lack of preventive care. What is more, the local assessment implies that a significant number of people are unaware of their serological status (HIV, HBV, HCV) whereas they at significant risk of contracting infectious diseases.

Doctors of the World has developed two modes of intervention:

- Medico-social consultations for everyone will allow vulnerable individuals to be supported in accessing healthcare
- Outreach actions are carried out to reach out to those most marginalized from healthcare services, in order to better respond to their needs, notably among those who use psychoactive substances.

In partnership with the local health contract, the programme is currently setting up a vulnerability and health network which brings together health professionals, institutional stakeholders and members of different social organisations. Support will be provided to create and integrate a group of service users to the vulnerability and health network.

EXPERIMENTAL PROGRAMME ON COMMUNITY HEALTH IN PRISONS

In order to better understand why detainees stop seeking 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 they face in accessing healthcare.

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 which answer the problems brought up by detainees.
BUDDYING CHILDREN IN HOSPITALS

Many children are regularly admitted to hospitals in Paris 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 these 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 (until July 2016) and Reunion. While they stand in for parents who could not come with their children, volunteers also help to maintain or restore sometimes damaged links, with the family. Unfortunately, in 15% of 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.

**Hospitals and health centres in Île-de-France**


**Without written agreement:** AP-HP Saint-Louis hospital, Antony rehabilitation centre for very young children, Saint-Maurice rehabilitation centre, Gustave-Roussy Institute in Villejuif (written agreement currently being drafted).

**In French Guiana**


**In Reunion/Mayotte**

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

**IN FIGURES**

**Number of children buddied in 2016:**

114, of which 86 were new to the programme.

**Number of volunteers in 2016:**

92

89 in the Parisian region

74 in Cayenne (before the closure of the programme in July 2016)

13 in Reunion

12 in French Guiana (before the closure of the programme in July 2016)

11 in Reunion
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While the number of internationally adoptable children is declining sharply, children with specific needs (children with medical conditions, siblings and older children) make up an increasingly significant proportion.

Because of its professional characteristics and its knowledge of the field, MdM’s adoption project holds all the skills required to support the adoption of these children and families: nearly 124 professionals prepare prospective families for these complex adoptions and follow them up post-adoption.

The team comprises doctors, psychologists, paramedics, social workers, lawyers and other professionals working with children. Together, they help these children, who have often seen their rights violated in their country of origin, to build or rebuild their lives in their adoptive families.

**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 International 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 subject to an in-depth evaluation by trained professionals. This has led us to invest in continuous training of teams by experts and to create learning tools for preparing adoptive parents caring for children with specific needs.

**THE ADOPTION PROGRAMME IN 2016**

- Present across all departments of mainland France and in French Guiana.
- 44 children were adopted by 33 families and there have been 4,178 adoptions since 1988.
- 97.73% of children with special needs adopted via MdM.
- Children from Vietnam, China, the Philippines, Madagascar, Côte d’Ivoire, Brazil, Bulgaria, Albania, Armenia and Haiti.
KEY EVENTS

As part of the 2016 associative project, Doctors of the World’s Board of Directors voted for the gradual cessation of the international adoption programme. At the same time Doctors of the World duly noted the decline in international adoption: and since July 2016, we are no longer taking on new cases. The matching process will be supported by the Doctors of the World adoption agency and its teams until the end of 2017. Beyond this date, for families that have not been matched up, an individualised solution will be proposed according to each case, in agreement and in consultation with the French Central Authority, and the International Adoption Mission (MAI).

Post adoption follow-ups will continue until the end of 2019.
In the face of new trends in international adoption, the adoption programme carried out two key tasks in 2016:

- The conclusion of the study on the fate of children adopted through the Authorised Adoption Agency (OAA) from 1998-2012, following three surveys carried out with adoptive families. The results will be published in 2017 (M. Lebrault, Dr. G. André-Trevennec, Dr. C. Vidailhet).

- On 6 December 2016 a seminar was held in partnership with the International Adoption Mission and 22 OAAs to reflect on the evolution of OAAs and the future of international adoption.

Heads of Programme: Dr Geneviève André-Trevennec ( paediatrician), Dr Sylvie Rey (early years specialist), Dr Chantal Coureau (paediatrician) and Zohra Clet.

Director General: Dr Gilbert Potier.

Members of the adoption committee representing the board of directors: Dr. Françoise Sivignon (radiologist), Dr. Luc Jarrige (anaesthetist).

Sources of funding: Adoptive families, public subsidies from the Ministry of Foreign and European Affairs - International Adoption Mission (MAI), Doctors of the World and private donors.

Budget: € 539,000

Headcount: 124 people (of whom 98% are volunteers) work for the adoption mission, based in the headquarters and 13 regional offices.
THE INTERNATIONAL NETWORK

THE DOCTORS OF THE WORLD INTERNATIONAL NETWORK IS MADE UP 15 ASSOCIATIONS, WHO HAVE SIGNED THE SAME CHARTER AND ARE WORKING TOWARDS COMMON OBJECTIVES OF PROVIDING CARE AND BEARING WITNESS. THE ROLE OF THE INTERNATIONAL NETWORK DIRECTORATE (DRI IN ITS FRENCH ACRONYM) IS TO COORDINATE AND DEVELOP MDM'S INTERNATIONAL NETWORK. IT SUPPORTS THE NETWORK MEMBERS IN THEIR OWN INSTITUTIONAL DEVELOPMENT, DEPENDING ON THEIR NEEDS AND THEIR RESOURCES.

THE ASYLUM SEEKER RECEPTION CRISIS

2016 was again noteworthy for the humanitarian and political crisis resulting from the inadequate reception mechanisms for refugees and migrants in Europe.

The number of registered arrivals has fallen, but this is essentially an optical illusion, the effect of the externalisation policies for borders, set up by the European Union, in particular the EU-Turkey agreement, which came into force in March 2016. The Doctors of the World network strongly opposed this agreement, which is in total contradiction of European values and law.

Doctors of the World Greece was able to observe at first hand, among other things, the consequences of this agreement on migrant reception conditions: camps on the islands of Lesbos and Chios have been transformed into open-air detention camps where living conditions are deplorable and rights are being violated. Although Doctors of the World strongly opposed these closed centres, the network decided to pursue its care activities in order to continue supporting the people who were confined there, especially unaccompanied minors, and to bear witness to their situation.

This year, the Doctors of the World network was once again present in transit countries on the migratory routes, in Turkey, Italy, Spain, Bulgaria, Serbia and Slovenia, with various health-care programmes. The teams were particularly concerned this year about worsening living conditions, growing health needs and reported violence in the Kelebia and Horgos camps on the Serb-Hungarian border.

This year the 11 Doctors of the World network members in Europe continued to care for and support migrants in European host and arrival cities in Italy, Germany, the United Kingdom, Sweden and France. Numerous programmes continue in reception, care and guidance centres, to care for foreigners in precarious situations and to defend their rights. Unfortunately, again, the network found that access to care for migrants, in mainstream systems, was alarmingly poor. This data is published in the Observatory’s annual report on access to care.

(1) Argentina, Belgium, Canada, France, Germany, Greece, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, the United Kingdom and the USA
This robust mobilisation is supported by the “European Network for the Reduction of Health Vulnerabilities”. Composed of 23 partners including 10 Doctors of the World network members, it enables, through exchanges and training, improvement in the quality of actions and scope of advocacy. This network is a major asset to be heard at international level (European Parliament, Council of Europe, WHO, ECDC, etc.).

The mobilisation of the European network of Doctors of the World will continue in 2017. Working with migrants is one of the historic priorities of the international network.

THE CRISIS IN SYRIA

In 2016, with the conflict in Syria entering its sixth year, medical needs are even greater. Since 2011, the Syrian conflict has claimed more than 300,000 lives. 2016 was marked by the siege of Aleppo and the repeated and unacceptable targeting of health structures and humanitarian workers. Six medical units supported by Doctors of the World were targeted.

In Syria, Doctors of the World has set up fixed and mobile clinics to alleviate the lack of infrastructure. The association also supports Syrian partners: it supplies the health centres and hospitals that are still active in Aleppo with medicines, equipment and consumables. Permanent contacts with the Syrian Medical Association, supported at an international level, have made it possible to provide appropriate assistance to an exhausted population.
The Doctors of the World network has continued to assist millions of refugees who fled the fighting. Most of the aid given to these refugees has been deployed at the borders of Syria, Lebanon, Jordan and Turkey. These large-scale programmes were supported by the whole Doctors of the World international network. Through emergency actions, sending human resources, raising funds in each country, communicating to the general public or lobbying political decision-makers, every association in the network took part in this collective response.

The conflict in Syria obviously also affects Europe, where victims of the conflict seek refuge. Some refugees, living in the utmost destitution, come to consult the volunteer doctors in our reception, care and guidance centres throughout Europe.

**DOCTORS OF THE WORLD AT THE WORLD HUMANITARIAN SUMMIT**

The first World Humanitarian Summit (WHS), held in Istanbul in May 2016, provided an opportunity for stakeholders in the international community to redefine the sector response in the face of unprecedented humanitarian needs and to propose concrete commitments. Doctors of the World focused three key areas:

1. **The alliance with Southern NGOs:**

   For a balanced humanitarian practice, actors from the North should support Southern NGOs in strengthening their response capacities. For more than 30 years, Doctors of the World have been working in cooperation with these local stakeholders, who are primarily concerned with humanitarian crises and are often the first to respond to them. They are decisive and indispensable, thanks to their knowledge of the context. MdM supports Southern NGOs in their request for access to humanitarian funding, of which only 1% is currently allocated to them.

2. **The enshrining of places of care and the protection of the “nurse/patient” partnership:**

   The recent bombardment of civilians and health facilities reflects the risks associated with humanitarian work. Access to the wounded, to healthcare facilities and the deployment of assistance is increasingly hampered. The World Humanitarian Summit was an opportunity to reiterate our call for the protection of health facilities, medical personnel and the wounded.

3. **Attention to migrants and questioning States on migration policies:**

   In 2016, 125 million people needed humanitarian aid. The number of displaced people and refugees, 60 million, has almost doubled in a decade. This figure reflects the magnitude of the migratory crisis due to the absence of political resolutions.

**STRATEGIC ROADMAP**

Bolstered by the stronger, more united network of recent years, Doctors of the World’s international network has embarked on a common strategic roadmap to increase the overall impact of its actions. With member associations in 15 countries, it is important to speak with one voice in the international arena. Based on common visions, missions and values, the international network has embarked on a transformation that will unfold over two years.

**KEY FIGURES**

In total, some 19,000 Doctors of the World international network members carried out 388 programmes in 81 countries.

187 international programmes in 67 countries:

- **Sub-Saharan Africa**: 74 programmes in 24 countries
- **Americas**: 45 programmes in 13 countries
- **Asia**: 17 programmes in 9 countries
- **Middle East and North Africa**: 33 programmes in 11 countries
- **Europe**: 17 programmes in 9 countries
- **Oceania**: 1 programme in 1 country

201 national programmes in the 15 network countries:

- **Americas**: 11 programmes in 3 countries
- **Europe**: 187 programmes in 11 countries
- **Asia**: 3 programmes in 1 country

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MdM is approved by the 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 (particularly the French Development Agency), European (for example ECHO, the European Commission’s humanitarian agency) or international institutional donors (such as 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, and MdM United States.

Our very detailed financial report is available from our website: www.medecinsdumonde.org
**Expenditure**
- 83% social programmes
- 12% fundraising
- 5% operating costs

**Income**
- 49% public generosity
- 46% public institutional grants
- 4% private grants and other private funds
- 1% other

*Excluding changes in provisions and dedicated funds*
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. The organisation is involved in different NGO collectives who 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 and cooperation programme (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 Consumer, Health, Agriculture and Food Executive Agency for the organisation’s work supporting migrants.

DG 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 2016, ECHO allocated €1.35 billion 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), an 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, Grand Bargain 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 the 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 the 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, based in Geneva, that concentrates on humanitarian issues in relation to refugees. ICVA brings together more than 100 international NGOs. The aim of this network is to promote and advocate for the most effective and ethical humanitarian action. It works with UN authorities, tackling issues such as the relationship between humanitarian workers and the military, the protection
of civilians during armed conflict and 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 mosquito 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

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. Since 2009, the AFD has been charged with funding French NGOs through the NGO Partnership Division (DPO in its French acronym), which steers the partnership with NGOs and monitors initiatives run by them. 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. In addition, MdM partners AFD on two sexual and reproductive health projects (« Fonds Muskoka» of France) in Haiti and in Madagascar as part of two NGO consortia, where MdM is the lead partner.

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) and the Swedish International Development Cooperation Agency via the United Nations Population Fund in DRC.

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. 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, in the form of a «Programme Agreement» 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 another €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 4 June 2016, the organisation elected the Board:

**President**
Dr Françoise Sivignon, radiologist

**Vice-presidents**
Dr Frédéric Jacquet, public health inspector
Dr Luc Jarrige, emergency physician

**General secretary**
Margarita Gonzalez, nurse

**Deputy general secretary**
Christian Laval, sociologist

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

**Deputy treasurer**
Catherine Giboin, public health consultant

**Delegate for the presidency**
Dr Serge Lipski, radiologist

**Other board members:**
Julien Bousac, consultant
Docteur Joel Le Corre, general practitioner
Docteur Jean-Pierre Lhomme, general practitioner
Docteur Florence Rigal, doctor of internal medicine

**Substitute board members:**
François Bergoudo, health project coordinator
Anne Guilberteau, sociologist
DOCTORS OF THE WORLD MANAGEMENT AT 31 DECEMBER 2016

General Director: Docteur Gilbert Potier
International Operations Director: Docteur Jean-François Corty
French Programmes Director: Yannick Le Bihan
Finance and Information Systems Director: Catherine Desessard
Human Resources Director: Florence Hordern
Communication and Development Director: Jean-Baptiste Matray
Adoption Directors: Docteur Sylvie Rey et Docteur Chantal Coureau
General Secretary of the International Network: Jean Saslawsky
OUR PRIVATE PARTNERS

FOUNDATIONS AND BUSINESSES


INSTITUTIONAL PARTNERS

MULTILATERAL ORGANISATIONS


BILATERAL ORGANISATIONS

In Europe: German Ministry of Foreign Affairs (AAAH), UK Department for International Development (DFID), Monaco official development assistance (DCI), Swiss official development assistance (SDC), Danish official development assistance (Danida), Belgian official development assistance (DGD), Swedish official development assistance (SIDA).

In France: Agence française de développement (AFD), Centre de crise et de soutien du ministère des Affaires étrangères (CDDCS), French Embassies, Expertise France/ Initiative 5%

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

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


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), 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), Nantes detention centre and prison, Observatoire français des drogues et des toxicomanies (OFDT), Paris observatory for gen-
der 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**


**OUR EUROPEAN PARTNER ASSOCIATIONS**

**HEALTH PROFESSIONALS**

Adapting European Health Services to Diversity (ADAPT), Andalusan 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 (UK), WHO Europe.

**OTHER PARTNERS**

Association européenne des Droits de l’Homme (AEDH), ATD Quart Monde, Confédération des organisations familiales de l’Union européenne (COFACE), CORRELATION, Eurochild, European AIDS Treatment Group (EATG), European Anti-Poverty Network (EAPN), European Network against Racism (ENAR), European Patient Forum (EPF), European Policy Center (EPC), European Programme for Integration and Migration (EPIM), Fédération européenne des associations nationales travaillant avec les sans-abris (FEANTSA), Health Action International (HAI), Human Rights Watch, International Lesbian Gay Association (ILGA), Migreurop, Network of European Foundations (NEF), Norwegian Centre for Minority Health Research (NAKMI), Platform for International Coopera

The network created in 2015 to reduce health vulnerabilities comprises 23 associations in 22 countries: Amber Med, Association for Legal Intervention, Carusel, Centre for Health and Migration, Consortium of Migrant Assisting Organizations in the Czech Republic, Demetra Health Centre for Undocumented Migrants, Hungarian Association for Migrants, Life Quality Improvement Organisation, Menedék, Migrant Rights Centre Ireland, Naga, Slovene Philanthropy, Bulgarian Family Planning and Sexual Health Association. Also Doctors of the World Belgium, France, Germany, Greece, Luxembourg, Netherlands, Spain, Sweden, Switzerland and UK.

AND ALL OUR OTHER PARTNERS INCLUDING THOSE WHO HAVE SUPPORTED OUR WORK AT HOME AND ABROAD DURING 2016, WITH A LEGACY OR LIFE INSURANCE POLICY, AND OUR OTHER INDIVIDUAL DONORS.