IN BRIEF

Doctors of the World
2016 edition
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, by questioning public policies everywhere.

OVERSEAS
We continue our commitment in countries in crisis where civilians see no respite and where humanitarian principles are not respected. In Syria in particular, where we denounced the repeated and unacceptable targeting of healthcare facilities and humanitarian workers. But also in neighbouring Iraq, in Yemen, Nigeria and Haiti, where we intervened following the devastating passage of Hurricane Matthew.

FACED WITH MORE STRINGENT MIGRATION POLICIES
Guided by an irrational fear of those who come primarily to seek respite, the European Union leaves migrants and refugees in infamous camps, closes borders in the Schengen area, and places unaccompanied minors in detention. Wherever we intervene, we treat wounds, support asylum claims, appeal to decision-makers and denounce agreements which block exhausted migrants in inhuman situations.

IN FRANCE
In 2016, Doctors of the World celebrated 30 years of activism in France. 30 years of denunciation of social and regional inequalities and of active struggle against unequal access to healthcare. We continue to hammer 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.

Dr Françoise Sivignon
President, Doctors of the World France

MDM FRANCE BUDGET
€ 95.9M

EXPENDITURE/INCOME

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>83% social missions</td>
<td>49% public donations</td>
</tr>
<tr>
<td>12% fundraising</td>
<td>46% public subsidies</td>
</tr>
<tr>
<td>5% operating costs</td>
<td>4% private subsidies and sponsorship</td>
</tr>
</tbody>
</table>

HUMAN RESOURCES

2,137 volunteers
343 employees at HQ in France
130 paid expatriate workers and 18 volunteers
1,520 national employees abroad
IN BRIEF 2016

OUR IDENTITY

PROVIDING CARE AND BEARING WITNESS
An international humanitarian aid agency, Doctors of the World cares for the most vulnerable populations, victims of armed conflicts, natural disasters, people who little by little, the world is forgetting. MdM’s operations hinge on the commitment of volunteers, logisticians, doctors, nurses, midwives... Doctors of the World is an independent association which goes beyond providing care. It denounces assaults on dignity and human rights and strives to improve people’s lives.

AT HOME AND ABROAD
Doctors of the World conducts activities all over the world, in France and in over 45 other countries.

FOR TODAY AND TOMORROW
Doctors of the World not only conducts emergency missions, but also long term programmes. The association maintains its activities beyond the crisis in order to participate in the reconstruction effort of a country. Onsite training of medical teams and links with local partners guarantees the long term continuity of the projects.

OUR PRIORITIES

SEXUAL AND REPRODUCTIVE HEALTH
A significant number of Doctors of the World’s projects 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, the association defends sexual and reproductive rights and aims to reduce gender inequalities and promote universal access to SRH services.

HARM REDUCTION
Doctors of the World works 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 etc. Since 1989, the association has developed harm reduction programmes 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.

MIGRATION, RIGHTS AND HEALTH
Doctors of the World works directly with exiles through numerous programmes abroad as well as in France. We are engaged with influential bodies, locally and globally, to enforce their rights and combat repressive migratory policies. We lobby local authorities in different countries to improve or create the conditions for taking care of migrants’ health.

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 on the ground. Our work is built around partnership, with civil society organisations or national ministries of health. As far as the context permits, it includes support for the health system and its reconstruction, even after the media impact of the emergency has long been forgotten.

MDM FRANCE BUDGET
€ 95.9M

HUMAN RESOURCES
2,137 volunteers
343 employees at HQ in France
130 paid expatriate workers and 18 volunteers
1,520 national employees abroad
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 people, chronically infected with the virus in France, would cost health insurance 10 billion Euros. 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.
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 symposium 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 raise our profile as committed field workers, engaged with local populations, in advancing access to sexual and reproductive health rights and care for all.
Our 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 medico-social 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.

EMERGENCIES & CRISES

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.

SEXUAL AND REPRODUCTIVE HEALTH

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. Through this work, we have demonstrated the importance of continuing this commitment in the face of increased conservatism in various international forums.
HARM REDUCTION

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.

MIGRATION, RIGHTS & HEALTH

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.
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).

THE MIGRANT CRISIS

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 mobilised our teams.

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?

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.

UNACCOMPANIED MINORS

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’s social services.

HARM REDUCTION

What is more, we are starting to notice the negative effects of the criminalisation of clients 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.

HEALTH FOR ALL

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 is a medical humanitarian NGO which runs programmes in France and overseas, caring for the most vulnerable in situations of crisis or exclusion, and draws attention to potential crises and the inherent risks to health and dignity in order to contribute to their prevention.

By bearing witness, MdM denounces any violation of human rights and more specifically obstacles in access to care. The association intervenes in around forty countries, both in emergency situations (natural disasters, armed conflicts, etc.) and in the context of longer term programmes.

It guarantees its political independence by diversifying its financial resources, which come mainly from donations and legacies (€45.9M), then government grants (€43.3M) and private subsidies (€3.7M).

Public generosity provides direct funding for our programmes and for the cost of organisation, enabling us to guarantee their quality and effectiveness. It also has a multiplier effect for raising additional public and private funds and therefore finances more and larger projects.

In recent years, the growing needs of vulnerable people, the proliferation of chronic and large scale crises (the Syrian crisis, the migration crisis, etc.) have effectively led the association to develop its appeals to public institutions or foundations and private enterprise.

Contributions in kind are to be added to these financial resources (volunteering, volunteering abroad, donations in kind) which are not included in the results but which are estimated at almost €7M in 2016.

DOCTORS OF THE WORLD’S COMMITMENT ON FINANCIAL MANAGEMENT PRINCIPLES

RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY
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).

The association’s accounts are certified by our auditor (Deloitte and Associates). 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 and broad policies.

FINANCIAL SCOPE
The financial scope of MdM France includes financial transactions with other organisations in the Doctors of the World network: MdM Germany, MdM Belgium, MdM Canada, MdM Spain, MdM United States, MdM Greece, MdM Japan, MdM Netherlands, MdM United Kingdom, MdM Sweden, etc.

The detailed financial report is available on our website: medecinsdumonde.org
### 2016 Balance Sheet

<table>
<thead>
<tr>
<th>ASSETS (IN EUROS)</th>
<th>2016 (NET)</th>
<th>2015 (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>5,764,865</td>
<td>5,708,580</td>
</tr>
<tr>
<td>Stocks</td>
<td>300,819</td>
<td>323,798</td>
</tr>
<tr>
<td>Receivables</td>
<td>28,183,503</td>
<td>19,171,582</td>
</tr>
<tr>
<td>Cash</td>
<td>24,801,494</td>
<td>25,690,304</td>
</tr>
<tr>
<td>Pre-paid expenses</td>
<td>646,950</td>
<td>826,617</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>59,697,630</strong></td>
<td><strong>51,720,881</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES (IN EUROS)</th>
<th>2016 (NET)</th>
<th>2015 (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>17,147,415</td>
<td>15,964,876</td>
</tr>
<tr>
<td>Provision for liabilities and charges</td>
<td>2,489,486</td>
<td>1,906,084</td>
</tr>
<tr>
<td>Designated funds</td>
<td>936,357</td>
<td>1,305,621</td>
</tr>
<tr>
<td>Debts</td>
<td>17,816,843</td>
<td>14,541,654</td>
</tr>
<tr>
<td>Deferred revenues</td>
<td>21,307,529</td>
<td>18,002,646</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>59,697,630</strong></td>
<td><strong>51,720,881</strong></td>
</tr>
</tbody>
</table>

Equity on the liabilities side: This represents 2.19 months of operating costs, thus ensuring our autonomy and financial independence.

### 2016 Balance Sheet Analysis

The balance sheet shows the association’s financial position as at 31 December 2016.

The total (€59.7M, or +€7.9M compared with 2015) was affected by a sharp increase in donor receivables (+€8.6M in assets) and deferred revenues linked to grants (+€3.3M in liabilities). New contracts with donors actually increase significantly from one year to the next.

For the record, agreements with donors appear under receivables upon signature of the agreement, regardless of the period covered, and deferred revenues are part of subsidies relating to future years. Current assets (stocks, receivables due in less than one year, liquid assets and pre-paid expenses) of €46M, are significantly higher than current liabilities of €29M (short term debts, deferred revenues within a year), showing that the organisation is able to conduct its work in a sustainable and good quality manner.

The cash available (€24.8M), related to the differences in timing of collection and payments, allows us to make short term investments. Our investment policy favours monetary investments (short term deposits, SICAV/FCP) which are among the most secure assets on the market.

The association’s equity as at 31/12/2016 corresponds to 2.19 months of activity.

### Pooling of Donations: A Long-Standing Principle

MdM has always adhered to the principle of not assigning donations and sharing them across all programmes unless specifically indicated by the donor. This clear principle enables us to intervene depending on actual needs on the ground and not according to financial considerations or intense media coverage of emergency situations.

We regularly reaffirm and share this principle of pooling with our donors and those who support our programmes.
ANNUAL INCOME
AND EXPENDITURE
ACCOUNT

EXPENDITURE

<table>
<thead>
<tr>
<th>EN EUROS</th>
<th>EXPENDITURE 2016</th>
<th>ALLOCATIONS OF FUNDS RAISED FROM THE GENERAL PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Programmes</td>
<td>76,693,052</td>
<td>31,529,015</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11,621,705</td>
<td>11,341,066</td>
</tr>
<tr>
<td>Operating costs</td>
<td>4,543,209</td>
<td>2,760,720</td>
</tr>
<tr>
<td>I- TOTAL EXPENDITURE recorded in the profit and loss account</td>
<td>92,857,966</td>
<td></td>
</tr>
<tr>
<td>II- CHARGES TO PROVISIONS</td>
<td>2,420,251</td>
<td></td>
</tr>
<tr>
<td>III- OUTSTANDING COMMITMENTS ON ALLOCATED FUNDING</td>
<td>583,350</td>
<td></td>
</tr>
<tr>
<td>IV- SURPLUS</td>
<td>1,162,540</td>
<td></td>
</tr>
<tr>
<td>GENERAL TOTAL</td>
<td>97,024,107</td>
<td>45,630,801</td>
</tr>
</tbody>
</table>

CONTRIBUTIONS IN KIND

<table>
<thead>
<tr>
<th>Social Programmes</th>
<th>6,743,449</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>68,800</td>
</tr>
<tr>
<td>Operating Costs</td>
<td>14,591</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,826,840</td>
</tr>
</tbody>
</table>

The following ratios are calculated on the basis of line Total 1 of the annual income and expenditure account (line entitled Total expenditure recorded in the profit and loss account).

SOCIAL PROGRAMMES
Social programmes have reached €76.7M and represent 82.6% of expenditure, a ratio which is better than in the previous year (81.6% in 2015).
They encompass all our programmes in France and overseas, all Head Office departments linked to programme coordination and expenses linked to communication and advocacy.
Their year on year increase (+€5M or +7%) is linked to the crises and emergencies which have occurred or which have continued this year (the Syrian crisis, Iraq, the migrant crisis in Europe, Ukraine, etc.), as much as to the expansion of our programmes in mainland France and overseas.

FUNDRAISING COSTS
These costs represent 12.5% of expenditure, equivalent to €11.6M, and have declined by €0.3M. However, the organisation is keen to maintain, or even expand its investment in fund raising, both in France and within the international MdM network, in order to seek growth in income from the general public, foundations, businesses and public institutions. Such investment will enable us to maintain our financial independence. A new database has been developed to facilitate the management of any new means of donation and to better meet the demands of our donors.

OPERATING COSTS
These represent 4.9% of expenditure in 2016, at €4.5M. Operating costs include expenditure linked to the legal division, the finance division (comprising accounts payable and cash), personnel administration, general services and IT.

For 1 euro invested in fundraising, 4.1 Euros were collected in 2016 from public generosity.
**INCOME**

**IN EUROS**

<table>
<thead>
<tr>
<th>INCOME COLLECTED FROM THE GENERAL PUBLIC UNALLOCATED AND UNUSED AT THE START OF THE FINANCIAL YEAR</th>
<th>2016 INCOME</th>
<th>FOLLOW UP AND FUNDS RAISED FROM THE PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income raised from the general public</td>
<td>45,932,845</td>
<td>45,932,845</td>
</tr>
<tr>
<td>Other private income</td>
<td>3,717,990</td>
<td></td>
</tr>
<tr>
<td>Grants and other institutional funding</td>
<td>43,321,137</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>1,062,183</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I- TOTAL INCOME FOR THE FINANCIAL YEAR RECORDED IN THE PROFIT AND LOSS ACCOUNT</th>
<th>94,054,155</th>
</tr>
</thead>
<tbody>
<tr>
<td>II- REVERSALS OF PROVISIONS</td>
<td>2,037,338</td>
</tr>
<tr>
<td>III- CARRY FORWARD OF ALLOCATED INCOME NOT USED IN PREVIOUS YEARS</td>
<td>952,614</td>
</tr>
<tr>
<td>IV- CHANGES IN DEDICATED FUNDS RAISED FROM GENERAL PUBLIC</td>
<td>468,596</td>
</tr>
<tr>
<td>V- DEFICIT FOR THE FINANCIAL YEAR</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL (I+II+III+IV+V)</td>
<td>97,024,107</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE FINANCED BY FUNDS RAISED FROM GENERAL PUBLIC</td>
<td>45,630,801</td>
</tr>
</tbody>
</table>

Balance of unallocated funds raised from the general public and not used at the end of the year 6,259,533

<table>
<thead>
<tr>
<th>CONTRIBUTIONS IN KIND</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering</td>
<td>5,563,179</td>
</tr>
<tr>
<td>Gifts in kind</td>
<td>1,263,661</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,826,840</td>
</tr>
</tbody>
</table>

**IN BRIEF 2016**

Doctors of the World depends on the commitment of 2,137 volunteers to carry out its work and advocacy activities.

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**TO FUND ITS WORK, MDM DEPENDS ON:**

**PUBLIC GENEROSITY**

In 2016, income collected from the general public represented 49% of MdM’s income at €46M which was virtually the same level as last year. Whilst fundraising from the public continues to grow both in France and abroad, proceeds from bequests and other donations are down (in the previous financial year there was a particularly sizeable legacy and some outstanding files).

In France, donations reached €38.4M. Legacies and other gifts totalled €5.2M. Donors from the MdM international network contributed €2.5M to Doctors of the World France projects.

**PUBLIC INSTITUTIONAL GRANTS**

Our social programmes have undergone significant development these past few years and receive a great deal of funding from public donors (including the French Development Agency and the European Union in the shape of humanitarian aid through ECHO or the development agency, the German or Swiss Ministries of Foreign Affairs, regional and district councils, United Nations and the Global Fund to Fight Aids, Tuberculosis, etc.). However, the balance between public and private funding remains the same: only 46% of income comes from government grants, which increased by €4M during the financial year.

**OTHER PRIVATE FUNDS**

Other private funds (4 % of income) come from associations, foundations or private businesses.

**OTHER INCOME**

This item (1% of income) includes membership fees, miscellaneous operating income and financial income.

**VOLUNTARY CONTRIBUTIONS IN KIND**

Doctors of the World benefited from contributions in kind worth €6.8M in 2016, mainly in the form of volunteering (€59M). 2,137 volunteers support us on our programmes. A software tool enables us to collect data on the number of hours of voluntary work declared. These are valued using the MdM salary scale. Gifts or services in kind are added to the hours of voluntary work (€1.2M).
THE REFUGEE RECEPTION CRISIS

Working with migrants is one of the historic policy priorities of Doctors of the World’s international network. In 2016, whilst the number of registered arrivals in Europe fell, this was really an illusion created by the externalisation policies for borders set up by the European Union in particular the EU-Turkey agreement, which came into force in March 2016.

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.

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. The teams were particularly concerned about worsening living conditions, growing health needs and reported violence in the Kelebia and Horgos camps on the Serb-Hungarian border. The 11 Doctors of the World network members in Europe continued to care for migrants, in mainstream systems, was alarmingly poor.

THE CRISIS IN SYRIA

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.

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 on three key areas:

1. The alliance with Southern NGOs.
2. The enshrining of places of care and the protection of the "nurse/patient" partnership.
3. Attention to migrants and questioning States on migration policies.

THE INTERNATIONAL NETWORK

THE DOCTORS OF THE WORLD INTERNATIONAL NETWORK IS MADE UP 15 ASSOCIATIONS(1), WHO WITH A COMMON CHARTER ARE WORKING TOWARDS OBJECTIVES OF PROVIDING CARE AND BEARING WITNESS.

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(1) Argentina, Belgium, Canada, France, Germany, Greece, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, the United Kingdom and the USA
In Brief 2016

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

19,000 Doctors of the World International Network members carried out 388 programmes in 81 countries.

dri@medecinsdumonde.net
+33 1 44 92 14 80