Dr Jean-Pierre Lhomme had been actively involved with Doctors of the World – Médecins du Monde (MDM) since 1987. In 2016 he was elected to the Board of Directors and became Vice-President in June 2017. He passed away on 15 August 2017.

"I worked as a generalist in clinics and in hospitals for almost 40 years, starting off in a family planning and abortion service before moving on to a care centre for people who use drugs. Like many of you, my day-to-day activities brought me face-to-face with the consequences of delays in accessing treatment. Only too often, I saw access to healthcare and prevention hindered by technocratic health systems totally out-of-touch with the realities on the ground and devoid of any notion of health democracy. And care pathways that ignored the immediate needs, treatment preferences or access possibilities of the people concerned, especially the most vulnerable.

Repairing is good, but it is not enough.

There was an urgent need to imagine, create and demonstrate that other ways of providing healthcare were possible and necessary - and to do so in such a way as to influence social determinants and global political conditions.

This was my vision of the practice of front-line medicine when I met MDM, with its fundamental principles, human values, solidarity and determination to fight exclusion with pragmatic solutions tailored to individual needs. On my first project with MDM I worked on the AIDS epidemic. We offered free and anonymous HIV testing, a syringe exchange programme and methadone substitution treatment.

With others at MDM, and with the help of our partners, we invented and implemented a new approach that we called harm reduction; innovative, pragmatic responses to direct needs, working alongside the people concerned. This approach addressed both public and individual health needs. Its success enabled us to move on from practices that relied too heavily on ticking boxes to satisfy the requirements of poorly-adapted and often discriminatory healthcare policies that excluded many of the most exposed, the most vulnerable, from access to healthcare and rights.

After the successful development of these projects at MDM, we began working, as part of active partnerships and with the aim of mutual experience-sharing, on withdrawal strategies to enable us to transfer programmes that had proved their worth. This essential collaboration with partners must remain a key aspect of our work, as our Mission Statement clearly states."

Extract from his candidacy statement for the 2016 General Assembly
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In 2017, as international relations focused on conquering new markets, wealth gaps widened and inequalities deepened, in many areas of the world the spirit of democracy was weakened by the steady rise in nationalism. In Hungary, Russia, Turkey and Mexico, civil society was corroded and the rights of associations and citizens threatened. With leaders no longer defending these fundamental rights on the international stage, we witnessed the insidious undermining of human rights.

Meanwhile, new challenges have emerged that are destabilising the political status quo. By 2050, the urban population of sub-Saharan Africa will have risen by 720 million, while that of Europe will have increased by only 36 million. The migration flow between Europe and Africa is irreversible.

But 2017 was also a year of mobilisation and denouncement. We saw citizens around the world rise up in support of those fleeing crises and poverty. While governments in the United States and Europe were building walls and signing shameful agreements with countries such as Libya where migrants and refugees are subjected to appalling abuse, women and men showed overwhelming solidarity.

The debate on the status of women in the world also took a major new turn in 2017, with the #metoo movement creating a watershed moment for emancipation. Women have been able to overturn existing relationships of power and
domination and politicise their condition by denouncing all forms of violence and harassment.

MDM was at the heart of these revolts, a witness to these tragedies and transformations. Here in France, we stood alongside those who being pushed aside, driven away or rendered invisible, with no prospects of a stable future. And abroad we were present wherever violence is endemic in the system and red lines are crossed with impunity. Like in Syria, for example, or Yemen, Guatemala and Mexico - countries consumed by violence. We continued the fight to reduce vulnerabilities wherever structural problems compound already endemic poverty and abysmal inequalities. And we campaigned alongside other civil society organisations to raise awareness among decision-makers and defend the spirit of solidarity.
ABROAD

MDM does not give up, even when crises fall off the radar. In 2017, the United Nations, and especially the Security Council, proved incapable of finding avenues for peaceful mediation. Little or nothing was done to prevent crimes against civilians and humanitarian actors, or violations of international humanitarian law. In Syria and Yemen, whole populations were left at the mercy of bombs, both conventional and chemical.

2017 also saw a major crisis in Southeast Asia, with 800,000 Rohingya fleeing atrocities and ethnic cleansing in Myanmar to seek refuge in Bangladesh. MDM, which supports local partners in Bangladesh, repeatedly denounced the apathy of the international community in the face of this crisis, exceptional in its magnitude, violence and complexity. We called attention to the fact that the Rohingya people were already without nationality and now, not only are they landless and homeless, but the abuses they have suffered go unrecognised.

The food crisis that affected the Horn of Africa and Yemen in 2017 was also virtually ignored. The reasons for this food crisis were climate-related, but they were also and essentially political - the consequence of conflicts. Together with MDM's international network, and as a part of various NGO platforms, we relentlessly challenged the international community and institutions on the health conditions and difficulties reaching populations in Somalia, Nigeria and Yemen.

IN FRANCE

In France, in a year marked by the presidential election, we lobbied at regional and national level for the defence of a solidarity-based health system, at a time when public health and prevention are neglected and social inequalities in health are widening.

Our national advocacy campaign, Health for all, Rights for everyone, called for the integration of beneficiaries of State Medical Aid into France's general social security system and unconditional access to reception and protection for unaccompanied minors. Alone or as part of a coalition, we called on decision-makers to bring their influence to bear on the proposed legislation, such as the Asylum and Immigration Law. For our part we were also active in influencing the national health strategy and national strategy to combat poverty.

All these activities were part of a year of intense mobilisation for MDM on issues that were widely discussed during the French Mission Days in Anglet. MDM people from every region - the Roya Valley, Calais, Besançon, Nantes, Lyon, Rouen and Paris - expressed real anger at the blatant normalisation of the violence inflicted on the most vulnerable. Everyone denounced the non-welcoming and non-protective social protection systems and increasingly inaccessible and complex nature of entitlements, especially housing for the many traumatised people. In fact, 2017 saw the engagement of a range of new partners and citizen groups in response to this crisis of reception and protection in France.

DEFENCE OF RIGHTS

With much support from our Legal Department, we defended the rights of migrants and refugees in France and Europe, but also at the international level through our participation in the Global Compact for Migration. We repeatedly denounced harassment and violence, as well as the inhumane conditions in which migrants were trying to survive. In Paris and regionally, the faces and testimony of these people were revealed to the public in our ‘Mise au Poing’ exhibition - a means for them to take part in the fight for more dignity.

Our demand for respect for international humanitarian law took the form of a communication campaign, Targets of the World, which also formed the basis of our appeal to the United Nations Security Council for action on the situation in Yemen.

Lastly, as part of our sexual and reproductive health strategy, we engaged in the Family Planning 2020 initiative, a global movement for the promotion and realisation of the rights of women and girls. We also participated in the Inter Agency Working Group (IAWG) to draw attention to increasingly restrictive legislation and denounce the severe consequences of conservative measures for women's health.

DEVELOPMENTS IN OUR ORGANISATION

In 2017 we defined the main objectives of our Horizon 2025 plan for managing change at MDM. We improved our collaborative tools and, with the help of a dedicated service, we broke these objectives down into seven priority projects to be
co-managed by teams of employees and volunteers. The Horizon 2025 plan reflects our community spirit (promoted by MDM Community Unit), and incorporates our Human project, as well as operational dynamics. This year also saw the creation of a Health and Advocacy Department and the end of our adoption facilitation service.

To ensure we are in phase with our Mission Statement and comply with changing legislation, this transformation project includes a revision of our articles of association. At the 2017 General Assembly, membership for French or other national employees was brought into effect. This is confirmation of the evolution in our organisation’s sociology sends a strong political message on transparent governance.

These changes at MDM France were accompanied by changes in our international network. Made up of 15 organisations and 19,000 people, this network has an ambitious road map comprising four key areas: identity and governance, operations, positioning, growth and financing. At the network’s 2017 General Assembly in Montreal, three framework documents were approved, validating the first phase of the roadmap.

The political positions we took in 2017 reflected commitments made at the first World Humanitarian Summit. This Summit highlighted the crucial importance of the local level in humanitarian action. At MDM, we are therefore moving forward on the highly political subject of the ‘Grand Bargain’, and, more specifically, on the localisation of aid. We have integrated and implemented this essential development through regionalisation in France and the creation of a regional hub in Amman.

To consolidate this need for proximity, partnership is another crucial aspect of our action. Our support for local and national organisations has never been so strong. This support, which can take various forms, is aimed at strengthening local and national capacities in places such as Bangladesh, Central America or Syria. Local or national organisations are rich in volunteers and have a wealth of knowledge of the people we provide care for and the areas we work in.

It is time to involve them more proactively in our organisation. Our dynamics must be reviewed and enriched through the participation of volunteers from the civil societies in which we work.

I would like to conclude with this concept of cooperation. A collaborative approach can transform the world. At MDM, it can be seen in our community health work, the success of health mediators, our interventions in prisons or rural areas in France. This is a strong trend that generates new ways of interacting. Facilitated by the digital revolution and a societal evolution towards the sharing of common goods and knowledge, it is reflected in our desire to consolidate the international network while making full use of the support provided by committed and courageous local and national actors. The relationship between a hierarchical international system and local dynamics requires us to rethink our professions and our organisational model.

Our voice is now more legitimate than ever. We call political power into question by shining a light on situations from our position of expertise. We must continue to do so; we must remain forward-looking, vigilant and militant actors.

These are exciting times as we embark upon new strategies and enter into new strategic alliances built on multifaceted commitments. Because these are the strategies that will shape the MDM of tomorrow.
KEY FIGURES

BUDGET

MdM FRANCE BUDGET
€ 99.1 M

HUMAN RESOURCES

1,672 ACTORS
ON OUR INTERATIONAL PROGRAMMES
- 1,478 national staff
- 5 international volunteers
- 125 expatriate staff
- 64 staff at headquarters

1,984 ACTORS
ON OUR PROGRAMMES IN FRANCE
- 1,853 volunteers
- 113 staff on the ground
- 18 staff at headquarters

466 ACTORS
SUPPORTING OPERATIONS
- 307 volunteer delegates
- 159 staff at headquarters

3,815 MdM PEOPLE
**PROGRAMMES IN FRANCE**

61 PROGRAMMES IN 33 SITES

15 Healthcare, advice and referral clinics (CASOs) and Reception, Referral and Support Centres (CAOAs)

- 22 Health and environment programmes
- 5 Migration, rights and health programmes
- 9 Harm reduction programmes
- 4 Innovative programmes (access to rights and care in urban/rural areas, experimental programme in prisons)
- 2 Emergency and crisis programmes
- 1 National XBT programme (drug testing)
- 1 Cross-cutting HIV, hepatitis, STI and tuberculosis prevention programme
- 1 National cervical cancer prevention programme
- 1 Buddying programme with children in hospital

**INTERNATIONAL PROGRAMMES**

63 PROGRAMMES IN 41 COUNTRIES

2,500,000 BENEFICIARIES OF OUR PROGRAMMES

**GEOGRAPHICAL BREAKDOWN OF PROGRAMMES**
- 20 programmes in 13 countries in sub-Saharan Africa
- 13 programmes in 8 countries in North Africa and the Middle East
- 10 programmes in 7 countries in Latin America and the Caribbean
- 20 programmes in 13 countries in Eurasia

**GEOGRAPHICAL BREAKDOWN OF EXPENDITURE**
- 15% France
- 85% International:
  - 26% in sub-Saharan Africa
  - 45% in North Africa and the Middle East
  - 8% in Latin America and the Caribbean
  - 17% in Eurasia
  - 3% various projects (Opération Sourire, regionally-managed international missions, cross-cutting projects and exploratory missions)
  - 1% Adoption
HORIZON 2025 FORMALISES OUR NEEDS AND DESIRE FOR ORGANISATIONAL CHANGE AND, MOST IMPORTANTLY, SETS FORTH MDM’S OWN VISION OF THE FUTURE.

A NEED FOR CHANGE

In response to the challenges of the new century and the mutations underway in the world of humanitarian assistance, at MDM we have chosen to move forward and transform our organisation. In-depth and systematic reflection on the consequences of actions, the pursuit of collective results and evidence of effectiveness are among the growing demands of donors and many other stakeholders in the international humanitarian arena. Changes in the humanitarian context are also creating new requirements for growth. Our response must be to develop our international network while asserting the specific nature of our work and our strong foothold in the countries in which we work.

It is urgent for MDM to adapt if it is to cope with these changes, and we will need to be agile to do so while preserving our activist identity. But if completed in time, these necessary adaptations will enable us to maintain and enhance the unique nature of our actions.

A DESIRE FOR CHANGE

Horizon 2025 reflects the aspirations of our whole organisation. In our Mission Statement, overwhelmingly approved in 2015, we set forth our objective for the next ten years: to be a leading medical NGO that advocates for fairer access to care and rights here and abroad.

This Mission Statement reaffirms the principles and values that underpin our work: “As members of MDM, we want a world where obstacles to health have been overcome, where the right to health will be effective.”

Our Strategic Plan embodies these political commitments and sets out our priorities for the period 2016-2020. It focuses on five strategic areas and a twofold requirement for overall quality and social/political innovation. In order to reach these targets by 2025, we intend to:

- Strengthen our appeal and dynamism,
- Broaden our social impact and the reach of our messages by growing our network,
- Increase our independence and assert our status as an international activist organisation.

We have broken these transformational objectives down into 7 priority projects whose outcomes will enable us to significantly increase the impact of our teams’ efforts and
engagement: the dynamics of the MDM community, human resources, regionalisation and decentralisation, operational dynamics, the international network, organisational efficiency and information systems.

**ACHIEVEMENTS AND PROJECTS IMPLEMENTED IN 2017**

The revision of our articles of association in 2017 was a turning point for the MDM community, as the principles of transparent governance and simplified committees and decision-making processes set forth in our Mission Statement were brought to fruition. The motions to revise the articles of association were put forward by the General Secretariat and Vice-Presidents and prepared with our Legal Department, volunteer delegates and employees. And to ensure the participation of all MDM’s members, they were asked to complete a questionnaire.

Furthermore, an MDM Community Unit was created in 2017 with a view to strengthening links within the MDM community and working together to improve our community spirit, create conditions that encourage the expression of engagement and develop a network of new volunteers.

MDM’s Human (HR) project was first presented to the Board of Directors and then to the Mission Days in June 2017. It sets out principles, rules and working methods for human resources across the organisation (employees, volunteers, volunteer managers and Board members). This new policy is now MDM’s HR reference framework.
With regard to our de-centralisation and regionalisation projects the international network or organisational efficiency, some major reorganisation took place in 2017:

The Amman office became a Unit at the end of December. The Amman Unit is now the reference unit for programmes in Lebanon, Jordan, Syria and Iraq.

The International Network Directorate (DRI) became the Network Empowerment Team (NET) in 2017. The NET team, with members in Spain, Germany, Belgium and France, is coordinated from MDM Spain. It is in charge of facilitating the network’s strategic roadmap. At the end of the first phase of this roadmap (2016-2017), the presidents and executive directors of the 15 MDM chapters approved a common Emergency operational framework, as well as the Board best practices and minimum standards on identity and governance.

In pursuit of our regionalisation objectives, the French Operations Directorate was reorganised to reflect the needs and new prerogatives of the regions.

The Health and Advocacy Directorate was created to support our programmes in a cross-cutting manner and in line with policy orientations and goals. It is organised into three hubs: Advocacy and Policy Unit, Research and Knowledge Management Unit, and Quality of Practices Unit.

Lastly, as part of MDM’s organisational transformation, extensive cross-cutting work was launched on internal processes in 2017 to simplify and facilitate decision-making and make processes more horizontal.
MAIN THEMES

SEXUAL AND REPRODUCTIVE HEALTH
Sexual and reproductive health (SRH) relates to various aspects of women’s and couples’ health. Our SRH programmes focus on three priority areas: the prevention and management of unwanted pregnancies, the response to SRH needs in crisis situations and the prevention of cervical cancer.

HARM REDUCTION
MDM develops programmes that reduce the risks associated with the use of psychoactive substances and address the issue of unsafe sexual practices.

MIGRATION, RIGHTS AND HEALTH
MDM accompanies migrants at every stage of their journey to countries where they hope to be welcomed and receive protection. Our projects support stakeholder coalitions and community mobilisation.

EMERGENCIES AND CRISSES
Conflicts and natural disasters often result in a sudden interruption to healthcare. To improve our interventions in chronic crisis contexts, we are developing emergency preparedness and providing capacity-building on disaster risk reduction responses for institutions and communities.

HARMFUL ENVIRONMENTS FOR HEALTH
MDM works wherever people live, including slums and ghettos in situations of intense urbanisation. We help people living in polluted environments or who carry out or suffer the consequences of polluting activities to protect themselves and reduce their exposure to toxic substances.

CROSS-CUTTING THEMES

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
Mental health, in the sense of an individual’s ability to lead a fulfilling life, is an integral part of a person’s health. MDM focuses on the determinants of mental health and targets situations of psychological vulnerability. We seek to involve communities in designing public health responses.

VULNERABLE CHILDREN
In addition to our traditional and currently evolving activities (adoption, sponsorship, Operation Sourire), there are new challenges to be met: unaccompanied minors, children living in substandard housing and slums, gender-based violence and early or unwanted pregnancies.

GENDER
Gender refers to socially determined roles, behaviours, activities and attributes that a society considers appropriate for men and women. Gender inequalities must be taken into account at every stage of our projects.
FRANCE

‘MISE AU POING’ EXHIBITION

The ‘Mise au Poing’ exhibition was one of the highlights of MDM’s communication activities in 2017. It was an opportunity to share the organisation’s 30-year commitment to working alongside excluded and vulnerable people in France. This exhibition showed new work by six photographers, a videographer and three writers - work designed to bring visitors face to face with the realities of precarity and draw the contours of a socially responsible society for the future. After showing at the Topographie de l’Art in Paris from 10 February to 18 March, the exhibition was at the Maison de la Photographie in Lille from 11 October to 30 November.

People sleeping rough or living in slums, migrants, isolated teenagers, people caught up in prostitution, people who use drugs... ‘Mise au Poing’ gives a face to the precarity that weakens, excludes and threatens the health of tens of thousands of people in France. The artists involved in the exhibition - the Spaniard, Alberto García-Alix, the Dutchman, Henk Wildschut, the Belgian, Cédric Gerbehaye and the French artists, Valérie Jouve, Claudine Daury, Christophe Acker and Denis Rouvre - all encountered the children, women and men that MDM’s teams support on a daily basis.

Their work testifies to the injustices at the heart of French society and breaks the silence surrounding the distress, giving it a voice. This voice belongs to those who entrusted themselves to a photographer’s lens or whose words were captured in a writer’s narrative. Photos, videos and texts were accompanied by archive images to set the struggles of today and tomorrow against those of yesterday. But also to testify to the victories achieved since the first free healthcare centre was opened in Paris in 1986 - victories such as the creation of Universal Health Coverage and the opening of the first free and anonymous HIV testing centre.
ADVOCACY DURING THE PRESIDENTIAL ELECTION

Although health was an important subject in the 2017 election campaign, the manifestos of the various presidential candidates contained very different positioning, especially on the issues of social protection, access to care for the most vulnerable or the future of State Medical Aid (AME). Through our advocacy and “Freedom, equality, health: health for all, rights for everyone” campaign, MDM reminded the citizens of France that equal access to health is under threat from administrative barriers, lower reimbursements, reduced availability and indecently over-priced treatment.

As an ardent defender of a health system based on solidarity, MDM formulated twelve proposals for defending and improving effective access to healthcare for all. Among these proposals were the integration of State Medical Aid into the general social security system, state intervention on the price of medicines, the protection of unaccompanied minors and the defence of international humanitarian law.

A poster and leafleting campaign, enthusiastically relayed by our regional delegations, helped bring these proposals to the attention of the general public. Meanwhile, MDM staff met with some of the candidates or their campaign teams to ensure that preserving a health system based on solidarity was included in their manifestos.
MIGRATION, RIGHTS AND HEALTH

A CRUCIAL YEAR

In 2017, our positioning on “The crisis of reception, solidarity and protection in Europe” was validated, and we were able to align our positions within the organisation and clarify our policy framework. This framework affirms our rejection of Europe’s policies of non-reception and warns of the consequence for the health and lives of those affected. On our international “migrant” projects, a series of workshops were held in Italy, Serbia and Central America to work on the advocacy actions to be taken in support of our positioning and strategy.

The central Mediterranean route through Libya is at the heart of the political agenda. It is of particular concern to us as every kind of violation of migrants’ rights can be found along this route. The assistance we provide in Calabria is enabling us to document the reality of these journeys and the violence suffered.

2017 was also a crucial year in France, with the election of a new president, a new parliament and the setting up of a new government. However, as there was little change in policy, we continued to lobby for the right to health for migrants, denounce violence and carry out advocacy - initiated during the presidential campaign and continued during discussions of the draft social security financing law for 2018 - for the integration of beneficiaries of State Medical Aid into the general social security system.

HARM REDUCTION

THE KENYAN MODEL

In our harm reduction programmes in France and abroad, MDM works closely with one of the populations worst affected by the hepatitis C virus: people who inject drugs. Drawing on our experience, we have been a key player in a global advocacy campaign that has succeeded in obtaining recognition of this disease as a major public health issue, notably by the World Health Organization.

The progress made internationally is a result a daily struggle on the ground to make hepatitis C testing and treatment accessible. In Nairobi, in May 2016, MDM launched the first project to treat hepatitis C in people who use drugs, using the latest and most effective treatments not otherwise available in Kenya. Run in partnership with MSF, the results of this project, integrated into MDM’s community-based programme, have been unequivocal, with a recovery rate of over 90%.

To strengthen advocacy for the provision of treatment for all infected people, the project has been meticulously documented and its results presented at high-level national and international meetings, including the 2017 World Hepatitis Summit. As a result of these efforts, in late 2017, the Kenyan government approved the financing of 1,000 hepatitis C treatments via the Global Fund’s 2018-2020 programme.
Our actions are based on the following principles:

- Support for civil society and actors involved in medical and psychosocial care on the basis of partnerships which are respectful of each party’s expectations and share common values and causes,
- Financial independence to guarantee operational and political independence,
- Contributions to innovation in the fields of health, social protection and humanitarian action,
- Participation in social change, based largely on the local capacity-building.

EMERGENCIES AND CRISSES

In 2017 conflicts in countries such as Syria, Iraq, Yemen, Nigeria and Central African Republic continued to pose a threat to civilians and health workers, flouting international humanitarian law every day.

In this highly volatile security context, MDM continued its emergency interventions. Through actions on gender-based violence and mental health in particular, an integral part of our healthcare services, we were able to meet significant needs. We also responded to the Rohingya crisis, developing joint actions with our partner, GK, in refugee camps in Bangladesh.

MIGRATION, RIGHTS AND HEALTH

MDM also maintained a strong focus on migration issues in Europe, North Africa and Central America. In response to the reception crisis in Europe, and with the help of our international network, we continued our operations in Italy and Greece, as well as in the transit countries on the Balkan route, especially Bulgaria and Serbia.

On our programmes in Central America, we documented the impact on health of repressive migratory policies that encourage migrants to take more risks and make them vulnerable to sometimes lethal violence.

SEXUAL AND REPRODUCTIVE HEALTH

In 2017, our sexual and reproductive health projects identified new operational opportunities in the oncology field. So, next year, we hope to launch activities to fight cervical cancer in Burkina Faso and Côte d’Ivoire. Otherwise, our projects maintained their focus on women’s empowerment, quality health provision and advocacy. Indeed, women, com-
munity actors and our partners have seen tangible progress in the different countries in which we operate, despite an alarming increase in conservatism in some countries and international bodies.

**ENVIRONMENTAL HEALTH**
At MDM France, we are looking to increase our presence on the ground in order to improve our knowledge of links between health and harmful environments. In 2017, we consolidated our Nepal project on the health of waste recyclers and focused our Philippines activities on this matter.

**HARM REDUCTION**
With regard to harm reduction, our pilot programmes in Sub-Saharan Africa are on-going. Support for key populations (people who use drugs, sex workers, etc.) remained an important strategic priority for MDM. In Myanmar, we continued to develop HIV treatment activities with a view to gradually handing over part of our cohort to the Ministry of Health. Because of the high prevalence of HIV/hepatitis C co-infections, we are lobbying for better overall access to healthcare.

Innovative models developed in Georgia, Vietnam and Kenya earned us international recognition for our expertise in the field of harm reduction and universal access to hepatitis C treatment.

Consolidating our partnerships, meeting users’ needs more effectively by involving them in our decision-making, guaranteeing their security and that of our teams, being innovative in the medical and psychosocial field, being accountable to our donors and bearing witness to inequality and other intolerable situations..., these are the challenges that we are rising to and that make us responsible, committed and militant aid actors.
NORTH AFRICA AND THE MIDDLE EAST
For detailed factsheets on programmes in North Africa and the Middle East see medecinsdumonde.org
2017 was another year of death and destruction in Syria, marked by the battle for Raqqa and the re-capture by the Syrian Democratic Forces of this town which had been in the hands of the Islamic State since 2014. Air raids by the Syrian regime and its Russian ally on the one hand and the international coalition led by the United States on the other, caused thousands of civilian casualties - more than 10,000 according to the Syrian Observatory for Human Rights, including 2,100 children. Problems of access and security continued to hinder the delivery of humanitarian assistance, particularly in besieged areas, with an alarming number of attacks against health personnel and their vehicles, equipment and facilities dramatically reducing access to healthcare for the most vulnerable populations.

In 2017, MDM supported seven partners and 22 health centres in Syria, providing primary and sexual and reproductive healthcare for over 500,000 people in the governorates of Idlib, Aleppo, Daraa, Damascus and Al Hasakah. Mental healthcare was also dispensed in MDM clinics in Idlib and Al-Hasakah. We also provided emergency aid, supplied essential medicines and deployed mobile teams to respond to the urgent needs of the people affected by the conflict. Through these different actions, MDM is endeavouring to offer sustainable assistance to compensate for the lack of healthcare facilities and support the healthcare personnel who risk their lives every day to maintain an essential minimum service.

Algeria is no longer just a transit country for migrants en route to Europe. It has become a final destination for people from sub-Saharan Africa. Thus, several tens of thousands of migrants now live in the cities in the north, particularly Algiers and Oran. Whether settled permanently or waiting to leave for Europe, these people are particularly vulnerable. Stigmatised and often victims of violence on their way to Algeria, they have difficulty obtaining healthcare, despite a legal framework that supposedly provides for universal and free access. In Oran, MDM works with four local associations to support migrant and Algerian women. Listening and awareness-raising activities are provided in a secure and confidential setting, as well as referrals to public health centres. Community health workers, themselves migrants, visit women at home, providing them with personalised support. These community health workers explain to them how to obtain healthcare, protect themselves and gain access to family planning.
The conflict between government forces, backed by an Arab military coalition, and Houthi rebels has claimed more than 10,000 lives over the past three years, most of them civilian. Since March 2015 the coalition has carried out 16,000 air strikes - or one every 93 minutes. Moreover, the sometimes total blockade imposed by the Arab coalition has resulted in a serious economic crisis and severely weakened state institutions whose financial resources have been exhausted. It has also significantly worsened food and nutritional insecurity, as before the conflict 90% of foodstuffs were imported. Consequently, almost 2 million Yemeni children and over 1 million pregnant or breastfeeding women are suffering from acute malnutrition.

MDM is working to improve access to healthcare in Yemen, supporting 13 health centres in Sana’a, Ibb and Amanat Alasimah governorates where half the healthcare facilities are no longer functioning and the procurement of medical supplies remains extremely difficult. We are helping the Ministry of Health’s teams to provide medical treatment, ante- and post-natal consultations, routine vaccinations, nutritional care and treatment, psychosocial support and individual mental health consultations and delivering health education sessions.

Since April 2017, Yemeni has also been struggling to cope with the worst cholera epidemic ever recorded. There have been 1,000,000 suspected cases and 2,000 people have died. To deal with this major crisis, 15 oral rehydration points and two diarrhoea treatment units have been set up in those healthcare centres still functioning in the Governorate of the capital, Sana’a.
SUB-SAHARAN AFRICA
For detailed factsheets on programmes in Sub-Saharan Africa see medecinsdumonde.org
The state of Borno in north east Nigeria is facing a major humanitarian crisis. The crimes of Boko Haram have forced 1.7 million people to flee - 56% of them are children. The host populations and many displaced families are affected by food shortages. Cases of malnutrition are increasing and some 400,000 people are suffering from famine. Vulnerability is heightened by the shortage of drinking water, poor hygiene and inadequate sanitation facilities. Epidemics, such as cholera, have increased, but access to healthcare is extremely limited, as 66% of the 755 health centres in the State of Borno have been damaged. The conflict has also had serious consequences for the population’s psychological well-being. Despite regular suicide attacks, MDM has extended its activities to include restoring access to primary healthcare for vulnerable populations. Our teams have set up four clinics around Maiduguri and in Damboa, 90 kilometres from the state capital. Primary and sexual and reproductive healthcare and nutrition treatment are provided here to people in great distress. Medical assistance is offered to victims of sexual violence, along with mental health activities and psychosocial support. Since November 2017, MDM has also provided healthcare and is tackling malnutrition in the town of Mainok, to the west of Maiduguri.

In 2017, a serious nutrition crisis hit Somalia, with more than half the population – six million people – affected by food insecurity. According to UNICEF, this figure includes 900,000 children. This nutrition crisis is due to several disappointing rainy seasons, but is exacerbated by several years of armed conflict which has prevented any sustainable economic development. The political and security situation has seriously hindered interventions by humanitarian organisations and efforts to avert a famine.

In Puntland, a semi-autonomous region in the north of Somalia, MDM is working in Bosaso, a town hosting between 50,000 and 60,000 displaced people who have fled from the insecurity in the south of the country, or from Ethiopia or Eritrea. They arrive with very little and have inadequate access to water and sanitation which is fuelling the spread of epidemics. MDM is providing regular and long-term support to eight health facilities and Bosaso’s general hospital. To meet the additional needs caused by the nutrition and health crisis, two additional mobile teams have been deployed. One specialises in malnutrition screening and treatment, the other in water-borne diseases and the prevention of acute diarrhoea. The priorities are to examine and treat children under five years old and make hospital referrals for cases of severe acute malnutrition with medical complications. Outreach awareness sessions are also being organised with the communities in Bosaso.
Tanzania is now a major transit point for heroine, with some 300,000 people using drugs, half of whom live in Dar-es-Salaam. Unsafe practices, such as needle-sharing, are very widespread and fuel the spread of AIDS and hepatitis. As a result, over a third of people who use drugs are infected with the HIV virus. MDM has been working in Tanzania since 2010 to reduce the risks associated with intravenous drug use. In six years, one reception centre managed by MDM and four others managed by Mukikute, our Tanzanian partner NGO, have been set up. These drop-in centres are open six days a week and offer testing for infectious diseases, new syringes and psychosocial support activities. Education tools have been devised by peer workers.

Furthermore, mobile teams have been put in place to reach isolated people, and a network of users, known as TANPUD, set up to give users a voice.

At the beginning of 2017, the Tanzanian Ministry of Health incorporated harm reduction into its HIV/AIDS control guidelines as a weapon in the fight against HIV among key populations. This was a major breakthrough for MDM. Similarly, the Global Fund responded favourably to our advocacy in favour of dedicated resources for the implementation of harm reduction activities by Tanzanian stakeholders.

The programme has now entered a transition phase, during which our teams will continue to assist and support local partners. The objective is to achieve the sustainable transmission of the different activities – drop-in centres, outreach actions, prevention and testing – and continue lobbying for funding for the development of harm reduction activities in other regions of Tanzania.

UNWANTED PREGNANCIES

In Madagascar, sexual and reproductive health is a major public health problem, particularly for young people. There is early sexual activity and little contraceptive use amongst young Madagascans (14% among sexually active adolescents). Thus the adolescent fertility rate (15-19 years) has reached 163 births per 1,000 women. This situation is partly due to the obligation for minors to obtain parental permission for access to contraception, as well as to non-consensual sexual relations. Unwanted pregnancies and abortions are the leading cause of mortality in Antananarivo. Despite this, at the end of 2017 abortion was made illegal in Madagascar, even when the mother’s life is in danger. Therefore, in 2017, MDM launched a programme to help reduce maternal mortality in young people due to unwanted pregnancy. Activities were launched to improve specific prevention and care at all levels of the healthcare continuum. The wider objective is to develop and promote these approaches regionally and internationally.

PLAGUE EMERGENCY

Between August and November 2017, Madagascar was hit by an outbreak of pneumonic plague. This extremely contagious disease affected thousands of people and claimed more than 200 lives. As soon as the first cases appeared, MDM deployed an emergency response team to assist the health authorities. This team helped organise plague triage and set up treatment centres in two hospitals in Antananarivo, the capital. It also worked on improving the quality of care and hygiene conditions and, alongside other international organisations, trained doctors, nurses, midwives and hygienists to care for patients safely and limit the spread of the disease.
LATIN AMERICA AND THE CARIBBEAN
For detailed factsheets on programmes in Latin America and the Caribbean see medecinsdumonde.org
Two major earthquakes struck Mexico on 7 and 19 September 2017. The first, 8.2 in magnitude, was off the coast of Chiapas. The second, exactly 32 years after the earthquake that destroyed part of the country’s capital in 1985, was close to the town of Axochiapan, 120 km from the Mexican capital. Measuring 7.1, it killed 369 people, left over 6,000 injured and destroyed or damaged thousands of buildings.

The day after the disaster, an emergency team from MDM was on the scene to evaluate the situation and prepare an appropriate response. It was decided to assist earthquake victims in the towns of Chietla and Atzala, in the state of Puebla, and Tepalcingo in the state of Morelos, both badly affected areas close to the epicentre, with few healthcare providers on site.

MDM offered psychosocial support both to the victims and to healthcare teams. Two MDM mobile teams comprising psychologists and social workers organised workshops on post-traumatic stress management in schools, health centres and gymnasiums. They trained around 50 social workers and government officers to provide psychological support and follow up hundreds of people, in groups or in one-to-one consultations. The aim was to enable those affected to regain their self-confidence and return to a normal life, despite the fear of another disaster.

Thus, 1,710 people (66% women and 34% men) benefited from our support. And almost 120 carers were trained to cope with the emotional burden of supporting earthquake victims.
In Central America, social exclusion, violence, political instability and poverty drive around half a million men, women and children from Guatemala, El Salvador, Honduras and Mexico to migrate towards the United States. Many of those trying to cross the border end up in the hands of criminal gangs or traffickers, with women especially vulnerable to sexual abuse or forced prostitution. The situation is worsened by policies to control the migration flow between Mexico and the United States.

This Central American migration represents an invisible humanitarian crisis, which is why MDM France and Spain have been working together since 2016 to help improve access to rights and health for the migrant population during internal displacements and forced returns. A network has been developed with institutions and civil society organisations, notably the Association of Guatemalan Returnees (ARG), headed by Gustavo Adolfo Juárez Panamá. This is a civil society organisation made up of men and women who have themselves been forcibly repatriated from the United States. Its objective is to support people who are forcibly returned to Guatemala. In 2016, over 32,000 people were expelled from the United States and flown back to Guatemala.

ARG conducts advocacy with government institutions to improve reception and ensure comprehensive support for returnees, particularly with regard to work and health. This association supported by MDM, also has a space reserved for it at the reception centre for returnees arriving from the United States at La Fuerza Aérea Guatemalteca airport, in Guatemala City, where it provides psychosocial support and specific assistance for returnees with no family in Guatemala, as well as money for transport or telephone calls to friends or relatives.

Owing to the expected increase in returnees to Guatemala, ARG plans to open new reception centres. It will continue to offer support to returnees in the centre of Guatemala City and extend its activity to other towns on the Mexican border.
EURASIA
For detailed factsheets on programmes in Eurasia see medecinsdumonde.org
ITALY

Between January 2016 and July 2017, almost 22,000 refugees landed on the shores of Calabria. MDM decided to help the Italian authorities manage the medical care of these people and provide psychosocial support activities for women and unaccompanied minors.

Our teams scaled up their activities in 2017 by opening a second project in Rome where refugees now represent 12% of the population. Without no access to accommodation, most of them are forced to live in abandoned buildings or around the railway stations. They are suffering from poor physical and mental health as a result of their exacting journey and precarious living conditions in Europe, but access to healthcare and social protection remains extremely difficult. Since November 2017, MDM has concentrated its activities on strengthening organisations that are providing assistance to migrants living in informal camps in the capital. Our objective is to enable these migrants to benefit from mental health and sexual and reproductive health services while lobbying for better access to Italian health services.

SERBIA

In Serbia, the number of migrants continued to decline in 2017 as a result of the closure of the Balkan route at the beginning of 2016. The number of people waiting to cross the borders is down from 98,975 people to under 5,000. Most refugee centres in Serbia are now home to families waiting for their application to be approved in Hungary. So, the nature of the migrant reception crisis has changed. It has become more of a long-term issue to be addressed by providing a range of basic services, psychosocial follow-up and access to education for children and adults, etc.

In 2017 MDM teams continued to provide primary healthcare and mental health and psychosocial services in the border areas around Subotica, Adaševci, Kikinda and Sombor. They held consultations five days a week, working in partnership with health centre staff. MDM also worked on setting up an appropriate referral system to guarantee support and follow-up for people in need of protection.

BULGARIA

Like in Serbia, the number of refugees in Bulgaria fell significantly in 2017. Those who stay are detained or deported. Around 860 people are currently being held in one of the country’s six reception and registration centres, including 60 unaccompanied minors. Like their elders, unaccompanied minors, mainly Afghans, Pakistanis or Syrians, are faced with rejection and xenophobia. According to Bulgarian law, the municipalities must provide these children, some of them very young, with a temporary guardian who is supposed to watch over them and take care of their needs. In truth, because of a shortage of guardians or the language barrier, these children live unassisted in overcrowded and squalid centres where they are often the victims of violence.

MDM has set up three mobile medical teams in Bulgaria. They help doctors already working in reception and registration centres to improve primary healthcare, referrals and access to treatment. MDM social workers, assisted by members of the migrant communities, focus on the minors, helping them access healthcare and putting them in touch with family reunification services for those trying to join their families in Europe.
**POST-EMERGENCY PROGRAMME**

At the beginning of 2018, the reconstruction programme launched in Sindhupalchok district in response to the violent earthquake of April 2015 will come to an end. At the outset, our teams worked to restore access to healthcare as most of the medical facilities had been destroyed. Later, they built 23 semi-permanent clinics, designed to function for around 10 years. In addition to primary healthcare and mother and child health activities, psychological support was introduced specifically for victims of natural disasters or other forms of violence. Another important aspect of MDM’s intervention was the improvement of sexual and reproductive health. To this end, almost 250 health agents were trained and awareness-raising sessions were organised in local schools. MDM also helped with the reconstruction of 16 women’s cooperatives.

Improving access to care in a country under reconstruction must also include epidemic monitoring and sanitation activities. Therefore, an SMS disease outbreak system has been put in place, and MDM worked with a Nepalese partner on the rehabilitation of 58 water tanks which had been damaged by the earthquake.

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**HARM REDUCTION**

**MYANMAR**

In 2016, as part of its harm reduction programme in Kachin, northern Myanmar with people who use drugs, MDM set up a training, resources and advocacy centre (TRAC). The objective of this project, the initial phase of which was co-constructed with a national NGO, Metta Development Foundation, was to improve community acceptance of harm reduction interventions and to strengthen the capacities of drug users, civil society organisations and health professionals.

Since its creation, TRAC has developed training curricula, run courses and developed information, education and communication resources in support of our advocacy activities. TRAC now shares its expertise with various other organisations and people who support harm reduction initiatives, and supports projects which aim to increase the participation of people who use drugs in the establishment of capacity building and awareness-raising activities.

**RUSSIA**

Russia is faced with a growing HIV epidemic, with a 10% increase in the number of cases every year. This epidemic mainly affects sex workers, who are also exposed to violence from the police, their clients and prostitution networks. Their working conditions, social stigmatisation and difficulties accessing medical care heighten their isolation and vulnerability.

Since 2015, MDM has been working with two Russian organisations in Moscow, Shagui and Silver Rose, to improve access to care for sex workers. An MDM mobile unit tours the Russian capital and its outskirts, raising awareness to infections and offering methods of prevention and HIV tests. In 2017, MDM, Shagui and the Russian Central Institute for Research in Epidemiology began a study to assess the prevalence of HIV and five sexually-transmitted infections (STIs) among Moscow’s sex workers.

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**NEPAL**

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Discrimination against the Rohingya minority in the State of Rakhine, in the west of Myanmar, took on dramatic proportions in August 2017. Already rejected and stigmatised, deprived of citizenship and the freedom to access public services, the Rohingya also became the target of repeated attacks by the Myanmar army. Over 680,000 people fled to Bangladesh, half of them minors. The survivors tell of extreme violence, torture, rape, killing and the burning of villages. The UN speaks of ethnic cleansing.

In Cox’s Bazar district, in the far south of Bangladesh, thousands of people are now crammed into makeshift camps. Exhausted, profoundly traumatised and destitute, they are in extremely difficult and overcrowded living conditions and lack shelter, sanitation facilities, food, water and healthcare. They are also at significant risk of contracting infectious diseases.

By way of response to this humanitarian emergency and to improve access to care and rights for the refugees, MDM is supporting two local partners, Gonoshasthaya Kendra (GK) and Bangladesh National Women Lawyers Association. We are also supporting three health centres in the camps in Cox’s Bazar - Kutupalong MS, Unchiprang and Mainnerghona - to provide primary healthcare, sexual and reproductive health consultations and psychosocial support, particularly for victims of gender-based violence. Screening for malnutrition in children under five is also continuing in the MDM-supported clinics, and health education and hygiene awareness sessions are being provided.
In 2017, Opération Sourire (“Operation Smile”), led by MDM France, continued to provide plastic and reconstructive surgery in Asia and Africa in order to put a smile back on the face of people – especially children and young adults – affected by congenital or acquired medical disorders. Opération Sourire missions are also carried out by three other member organisations of the MDM network (MDM Germany, Japan and Netherlands).

This medical procedure helps patients regain their self-confidence and facilitates their social and physical re-integration into the community. All our teams work on long-term contracts and in conjunction with partners (hospitals, patient transport specialists, educational inclusion specialists, etc.).

In 2017, over 50 French volunteers (surgeons, anaesthetists, and nurses) operated on 400 patients on 10 surgical missions in five countries: Benin, Cambodia, Madagascar, Mongolia and Pakistan.

The teams mainly treated patients suffering from cleft lips and palates, scarring from burns or extremely disabling facial malformations.

**PROFILE OF PATIENTS IN 2017**

**BREAKDOWN OF CONDITIONS TREATED:**
- 35%: congenital conditions (cleft lips or palates, malformations, meningocele)
- 27%: tumours
- 20%: scars (burns)

40% of the people operated on were under 10 years old. Children under three were mainly operated on for cleft lips/palates (50%), visceral conditions (16%) or burns generally caused by domestic accidents.

Highly complex operations were also carried out on patients suffering from meningoencephalocele (Cambodia) and victims of accidental (domestic) or deliberate (acid attack) burns.

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

Opération Sourire’s volunteer medical teams have been providing this reconstructive surgery since 1989. In 28 years, over 16,000 patients have been operated on.

Opération Sourire is a humanitarian surgical programme that remains highly relevant in the countries where we work, given the scale of the remaining needs and the results already achieved in terms of treatment, follow-up and the reintegration of patients.

**OUTLOOKS AND CHALLENGES**

Opération Sourire teams are planning around 10 missions for 2018. They will continue to provide quality care and follow-up in close collaboration with our host partners.

MDM is committed to promoting its unique approach to plastic surgery and continuing its actions and reflection alongside the other members of the international network.
COORDINATION
Volunteer members: Dr Isabelle Barthélémy, Dr François Foussadier, Dr Frédéric Lauwers
Headquarters: Sophie Poisson

PROGRAMME COUNTRIES
Benin, Cambodia, Madagascar, Mongolia, Pakistan

BUDGET
€220,000

PARTNER
L’Oréal Foundation
Whilst the newly elected government has launched several initiatives – including a civil society consultation on the “strategy to fight poverty among children and young people”, whose impact we will assess in the coming years – at the same time a high degree of inertia can be observed. Like its predecessors, the new government has confirmed its restrictive approach to migration, which focuses on security issues. Unfortunately, the measures taken as part of the draft legislation on asylum and migration, approved by Parliament in April 2018, confirm this direction.

RECEPTION AND SOLIDARITY IN CRISIS

Measures restricting access have been tightened, against the background of an evolving migratory situation. According to the International Office of Migration (IOM), 171,635 people arrived in Europe in 2017 via the Mediterranean (of whom 3,119 died during the journey), as opposed to 353,000 in 2016 and 972,000 in 2015. Some of these people are seeking asylum in France, while others simply want to continue their journey, particularly to reach the United Kingdom. In both cases, we see the same scenarios as in previous years. Police are mobilised in substantial numbers at the Italian border to prevent any migrants from entering, with similar action being taken on the North coast to prevent them from travelling to the United Kingdom. Both approaches are legally contentious.

Our teams of volunteers and staff across France are witnessing the impact these difficult journeys have on the physical and mental health of these exiled individuals. This applies particularly to those who are fleeing Libya and those who are victims of violence, rape, abuse and even slavery. Their suffering is amplified by the conditions in which they are received when they arrive in Europe and in France.

The problem therefore is not a migration crisis but one of reception and solidarity. We are constantly reminding our governments of their responsibility and of the urgent need to treat exiled individuals with dignity and to respect their human rights. In the case of the estimated 14,000 unaccompanied minors in France in 2017, they should simply be protected by public services. Instead they are currently deprived of this support because of hastily conducted and scientifically dubious assessments.
INNOVATIVE APPROACHES

Our activities with populations in rural areas in Auvergne and in Occitanie demonstrate the limits of the medical and social network in those regions. An increase can be seen in health inequalities between people who live in the cities and those who live in rural areas, so-called ‘medical deserts’. Our health mediation approach reduces these inequalities by supporting individuals who are facing obstacles to accessing healthcare and rights, and by connecting health professionals with social services.

In this programme, as with many other programmes, we are developing an innovative approach to ensure the work is carried forward by mainstream public services.

2017 saw the culmination of a project that MDM has been working on for almost a decade: education on injection-related risks among people who use drugs. This approach has proven its effectiveness, notably in terms of harm reduction for hepatitis C, and is now part of health legislation and is due to be implemented in practice.

We know that changes in practices, the legislative framework and, especially, attitudes take time. But we are persistent. We will never stop calling for the principle of solidarity to be at the heart of public policies.
Actions in rural area and on the streets, in slums and with migrants

Healthcare advice and referral clinics (CASOs)

Buddying children in hospital

Projects supporting sex workers

Projects supporting people who use drugs

Projects supporting people in prison

Projects supporting isolated foreign minors

Improving access to screening for cervical cancer

IV/Hepatitis/TB/STI Prevention

Outreach actions

Actions in MDM premises

Cross-cutting programmes
MDM’s Observatory on Access to Healthcare and Rights was created in 2000 to provide evidence of the difficulties our service users experience in accessing mainstream health services. The Observatory is a tool to help develop understanding of vulnerable groups, who are often left out of official public health statistics, and to steer our programmes and advocacy activities. It enables us to develop proposals based on 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 assists all the programmes in France with developing data collection and specific surveys to gather objective information for communication and advocacy. The Observatory produces an annual report, published on 17 October, International Day for the Eradication of Poverty. It is an opportunity to alert and challenge all stakeholders and public authorities regarding the needs and difficulties these groups face in accessing rights and care. The report is based on data collected on all our programmes, testimonies collected by the field teams, observations on the existing health system and difficulties accessing it, and on monitoring changes in legislation or regulations.

KEY FIGURES

In 2017, our 15 CASOs/CAOAS in France saw a total of 24,338 service users, during 47,334 visits.

29,674 medical consultations
2,374 dental consultations
6,894 paramedical consultations
12,190 social consultations

The average age of our service users is 33 years old.

14.3 % are under 18 years of age
96.6 % are of foreign origin
98.5 % live below the poverty line
PROMOTING HEALTH IN SITUATIONS OF HOMELESSNESS AND POOR HOUSING

In 2017, 94% of service users visiting MDM clinics said that they did not have their own accommodation. Our homelessness outreach programmes also recorded an increasing number of young people, women and children living in conditions of extreme vulnerability. Their situation was worsened by emergency accommodation services already having reached saturation point.

OUR WORK
MDM teams reach out to the homeless and those in poor housing, whether at our clinics or through our outreach teams who go out to meet them on the streets or in slums, settlements, shelters and day centres.

Activities provided
- Health monitoring, support with administrative procedures, medical and social consultations,
- Informing and raising awareness of medical and social stakeholders dealing with housing issues.

Through its activities, MDM demonstrates the relationship between housing and health and provides evidence of the difficulties faced by those who are homeless or in poor housing in exercising their rights and obtaining access to an environment which is conducive to health and 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 for social and health workers to reach the most excluded groups.

SINCE 1993, MDM 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 HEALTHCARE AND RIGHTS.

Despite the strengthening of existing arrangements, the housing crisis is continuing: in summer 2017, emergency housing services received 24% more calls than the previous year. The situation is particularly alarming for young people (up by 17%) and families, with families alone representing half of the calls made to these services. In 2017, according to the French Interministerial Directorate for Housing and Access to Housing (DIHAL), 571 slums were still occupied by 16,000 people, a third of them minors.
PROMOTING CONTINUITY OF CARE FOR SLUM DWELLERS

Despite the important step forward that saw, for the first time in 2017, the winter suspension of evictions being applied to slums, evictions from such properties were up by 12% on the previous year according to the Human Rights League and European Roma Rights Centre (ERRC).

Evictions are sometimes accompanied by physical violence and the destruction of personal property. They uproot slum dwellers, distance them from mainstream health services, interrupt continuity of care and make prevention and the fight against epidemics difficult. As well as lengthy administrative delays in the process of securing State Medical Aid or Universal Health Protection (PUMA), slum dwellers face many obstacles to accessing healthcare and other rights, including the language barrier and a poor understanding of the French health system.

OUR WORK

MDM supports slum inhabitants by helping them to access care and rights and by referring them to mainstream healthcare services, especially when women’s and children’s health is concerned.
Our health mediators work in partnership with other voluntary organisations and mainstream services to improve provision of care for slum dwellers and to strengthen their ability to seek healthcare and other public services independently.

MDM supports a policy of reducing slum-dwelling that does not infringe people’s dignity and, at the same time, highlights the importance of health and social assessments and of offering appropriate and sustainable housing alternatives before such a policy is implemented. When no satisfactory provisions are made in consultation with the residents, we support temporarily stabilising and improving the sanitary conditions in slums.

Main partners

Member organisations of the collective for new housing policy (CAU), member organisations of the national human rights collective, Romeurope, local organisations and support committees, public sector stakeholders and mainstream healthcare and social services (e.g. housing access services, social rehabilitation and accommodation centre, mother and child protection services, healthcare access offices, etc.).
MDM provides care to migrants on 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 and the difficulties in obtaining a postal address are some of the obstacles to migrants accessing their rights, thereby distancing them from health services. Migrants experience poor living conditions, which are worsening due to the hostile policies being implemented in France. Such vulnerable living conditions can have a detrimental impact on migrants’ physical and mental health. 97% of our service users are migrants and more than 8 out of 10 of those who are eligible for health coverage in France have not accessed it when attending one of our clinics.

OUR WORK
Vulnerable people can freely access our clinics and centres in France at no charge. They are received and then seen by a health professional for a consultation or a medical assessment before referral. To access health insurance, they receive support with the administrative procedures involved and are referred towards mainstream healthcare services.

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

MDM collects social and medical data as well as testimonies on migrants’ living conditions to lobby institutions and not only ensure migrants’ access to appropriate mainstream services but also comprehensive access to healthcare access offices, etc. MDM is calling for a comprehensive approach to receiving migrants which respects human dignity and individual rights and for unconditional access to respite centres. We advocate the streamlining of bureaucratic processes to accessing rights and healthcare for undocumented migrants (e.g. removal of the requirement for a postal address, merging State Medical Aid with Universal Health Insurance) and those living in poor conditions, irrespective of their immigration status. We draw decision-makers’ attention to the health consequences of creating obstacles to accessing healthcare for those living in exile within the European Union and France.

97% of patients seen in CASOs are foreign nationals.

11% of foreign nationals are asylum seekers.

85% of migrants theoretically entitled to health coverage did not have effective access to healthcare coverage when they are attending an MDM clinic for the first time.
Migrants in Transit

According to the United Nations High Commissioner for Refugees (UNHCR) annual report, released in June 2017, the number of displaced people in the world at the end of 2016 reached the historic level of 65.6 million. During the year 2016, 20 people on average were forced to flee their home every minute, that is one every three seconds. In France, requests for asylum increased by 17% in 2017: 100,412 asylum applications were registered at the French Office for the Protection of Refugees and Stateless Persons (OFPRA).

The French-Italian Border

Italy is one of the main migratory routes taken by migrants. Following the resumption of border controls by France in June 2015, thousands of people were stuck in Vintimille in reception conditions which infringed their fundamental rights. People then tried to enter France by any means possible, first via the Roya Valley, then more recently via the Col de l’Échelle and Mont Genèvre to get to Briançon.

Cross-border areas have become places where human rights are obstructed: deportation, non-respect of the right to asylum or the right to protection for minors and the use of violence and intimidation. Many inhabitants of these cross-borders areas were placed in police custody and even prosecuted for ‘aiding illegal residency’, making demonstrations of solidarity an offence.

Despite citizen mobilisation, reception facilities have remained inadequate and significant health needs have developed. Nurses and doctors decided to intervene, visiting informal and formal facilities and providing health check-ups, first aid and referrals where necessary. In Briançon, 4,187 people passed through the premises of one of our partners, Solidarity Refuge.

MDM supports these initiatives led by citizens from the Roya Valley and the Briançon region, and by Italian actors, notably in Vintimille.

Paris

In Île-de-France, the situation remains difficult despite the presence of First Reception Centres (CPA) in Paris and of the day centre for unaccompanied women and families, which was set up in Ivry at the end of 2016. While the CPA provided shelter for 16,754 men from November 2016 until the end of 2017, it did not fully prevent the setting up of a camp around Porte de La Chapelle. Its reception and referral facilities are not able to cope quickly enough with the needs of the 60 to 80 persons arriving in Paris every day.

MDM supported the activities of the CPA until June 2017 by providing medical and mental health consultations. Our activities were handed over to public services in July 2017.

In parallel, MDM is continuing its activities in informal street camps and this provides an overview of the situation in Paris. 2,209 medical consultations were carried out as part of these health outreach actions. From September 2017, MDM also started a steering committee to bring together various associations and collectives that work with migrants on the streets to improve information-sharing and coordination.

Calais and Dunkirk

After the destruction of the ‘jungle’ in Calais in October 2016 and the fire in Grande-Synthe camp in February 2017, the situation on the North coast worsened considerably in 2017. A dark period, resulting from a simplistic and harsh ‘zero tolerance’ approach, left the migrants unable to set up any base whatsoever, and condemned almost all of them to humiliating and incessant wandering. The approach involved the systematic destruction of goods and shelters, police harassment and violence, obstacles to accessing the most basic rights, etc. Only after sustained efforts (ruling of the Lille Administrative Court) and a decision from the French Council of State did the Pas-de-Calais and district authorities in the North agree to provide access to a few water points, toilets and showers.

More than 1,000 people – men, women and children – stuck at the border waiting for a solution or for permission to enter the United Kingdom are still living in degrading and unsanitary conditions, which are causing physical and psychological suffering. At the end of the year, MDM doubled its efforts to achieve its maximum operational output – that is one outreach clinic every day - and to develop mental health provision to help the most vulnerable. Our activities also involved assisting individuals to access healthcare services and distributing first aid equipment. During 2017, 162 outreach sessions took place and more than 4,000 people were seen by a team of volunteers and staff members.
In 2016, more than one in three of the world’s refugees was a child. Some of these minors are alone, without their parents. Like their elders, these unaccompanied minors (MNA)* 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 remain mistrustful of the authorities and put their lives at risk in order to continue their migratory journey. Unaccompanied minors are therefore among those most exposed to the risk of violence and exploitation.

Even though they should be welcomed with kindness and given shelter, these children are treated with doubt and suspicion. Their identities and their stories are challenged, and they are subjected to biased and brutal assessments. Therefore 80% of unaccompanied minors seeking security are excluded from any protection and end up in a legal impasse. They are not recognised as minors by child welfare services but cannot legally make themselves adults and so find themselves also excluded from the provision of adult services. Forced to live on the streets, without protection or support in securing recognition of their rights, the physical and mental health of these at-risk and particularly vulnerable minors deteriorates.

Through three dedicated programmes in Paris, Nantes and Rouen, MDM is working 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 securing recognition of their rights through medical and psychosocial consultations. In addition, MDM advocates for the recognition of unaccompanied minors as children at risk, thereby requiring that all the necessary measures are taken to protect them, provide them with access to healthcare and education and 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. We are, however, seeing more and more girls and very young unaccompanied minors. The main countries of origin are in sub-Saharan Africa (e.g. Eritrea, Sudan, Angola, Somalia), but also include Afghanistan, Pakistan, Bangladesh, 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. They can be seen in terms of all their health, social and economic consequences, as well as the impact of the disease on the individual, communities and the whole of society. In considering the various aspects of the risks, public health initiatives must take place in combination with lobbying actions that aim to improve the policy and legislative 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 an acceptance of the 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 with a high prevalence of HIV, hepatitis and tuberculosis. The Parcours study(1) has demonstrated that a large proportion of these migrants – between 35% and 49% of them and men more frequently than women – become infected in France. 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: supply of 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: partnerships with mainstream health services, physical and psychological support of service users.
- Collecting testimonies of service users in relation to these diseases.

KEY FIGURES

- 25 programmes
- More than 24,000 people affected
- More than 3,600 individual prevention consultations
- 16 programmes offer 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.
- Continuing to advocate for access to healthcare for all and, more specifically, for unconditional access to new hepatitis C treatments.
- Obtaining a significant reduction in cost and the introduction of compulsory licensing.

On 27 March 2017, MDM in collaboration with 30 other NGOs filed a new opposition to the Sofosbuvir patent, which focuses on the basic component used to make the drug. MDM is therefore continuing, through its network and its partners, to campaign for solidarity and universal access to treatment at both European and global levels. The focus is particularly on the introduction of new rules on price fixing and the implementation of an alternative model of licensing to fund innovative therapies.

HARM REDUCTION AMONG PEOPLE WHO USE DRUGS

Following the example of many countries around the world which have already set up and demonstrated the effectiveness of lower-risk drug consumption rooms, French legislation adopted in January 2016, which aims to modernise the healthcare system, permits the opening of these rooms on an experimental basis. In addition, this same legislation also allows for the project on education on injection-related risks and drug analysis to be definitively integrated into mainstream health services at a national level. Its activities are permitted in all advice and support centres for harm reduction among people who use drugs 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 health legislation of drug-use supervision, MDM closed the education on injection-related risks project in January 2017. A capitalisation report is available.

KEY FIGURES

More than 1,000 products were collected and analysed by MDM and its network of 40 partners.

CHALLENGES

While the legislation to modernise the health system, which was approved in France in January 2016, included drug analysis, political and financial support from the authorities remains weak, if not non-existent, slowing down the rollout of the programme in France. The challenge is to convince institutions to support genuine development of the programme. This would enable MDM to progressively hand over the XBT programme and lead to the establishment of a national network for drug analysis across France.

HARM REDUCTION AMONG SEX WORKERS

French law n°2016-444 passed on 13 April 2016 repealed the offence of soliciting but introduced the criminalisation of clients, a measure widely denounced by MDM, its partners and many other institutions. MDM and its partners conducted a survey to document the impact of this law on sex workers.

The results demonstrate clearly that the legislation has had a negative impact: greater vulnerability, working conditions made less visible, reduced access to healthcare, undermining of prevention strategies and higher risk of violence and exploitation, etc.

A second, qualitative study carried out with partner organisations took place in 2017 to complement the results of the first survey. This included evaluating the pathway out of sex work that was also proposed by the legislation.

OUR WORK

MDM has been carrying activities at four sites in France since 2000: Montpellier, Paris, Poitiers and Rouen, with a principal focus on harm reduction and health promotion in public services.

Our activities in brief:

- Night outreach: Montpellier, Paris, Poitiers, Rouen
- Day outreach: Montpellier
- Day centre: Montpellier, Paris, Poitiers, Rouen
- Violence prevention project: Paris (Tous en marche contre les Violences! project)
- Twinning project with the International Operations Directorate: Montpellier / Oran

In April 2017, the project based in Nantes handed over its activity to the organisation Paloma.

KEY FIGURES

In 2017, our four programmes mobilised 150 volunteers, reaching a population of around 28,000 people, of whom 2,000 were supported.

CHALLENGES

The results of the qualitative survey were published in April 2018. A parliamentary report on how the law is being implemented must be delivered within two years of its approval (Article 22, Chapter VI). We, with our partners, will continue to condemn the impact of the law on the living conditions, rights and health of sex workers, and to lobby decision-makers to reconsider these inappropriate legal provisions.
IN THE CITIES

With the increase of social inequalities in health in France, MDM decided to provide support to vulnerable people in the cities. Since 2016, a programme to access rights and care has been operating in the south of Lille to better understand ‘hidden precariousness’. The inhabitants of this area suffer an accumulation of material difficulties (employment, housing, etc.), which make health less of a priority.

We offer a health mediation approach. This does not involve providing medical consultations but instead we reach out to residents and social and health professionals, bringing them together and working with them. Information and referral sessions, prevention activities and individual follow-ups are carried out with a view to residents re-appropriating the use of public services.

IN RURAL AREAS

Poverty now affects more and more rural areas, where the people also face problems due to the nature of the territory: geographical inaccessibility, decrease in or even withdrawal of public services, shortage of care provision in certain fields, lack of prevention activities. Since 2013, MDM has developed two programmes which rely on health mediation:

RESCORDA in Combrailles: This programme supports access to and coordination of healthcare for people living in vulnerable conditions. Based on an approach aimed at reaching out to individuals, the programme assesses social and health needs by remaining rooted in the reality of their situations. The aim is to develop tailored and ongoing support for individuals to ensure their re-integration into mainstream health services.

Access to healthcare in Haute-Vallée, Aude: Based on the principles of community health and with the objective of empowering individuals in vulnerable situations, the programme promotes their independence in accessing healthcare. To achieve this, MDM has set up medical and social sessions within partner organisations. Our support is available to everyone, especially those who use psychoactive drugs. MDM responds better to the needs of vulnerable individuals by facilitating meetings between partners and helps build a network focusing on health and vulnerability.

IN PRISONS

While prisons are not a centre of care, they are places where vulnerable individuals, both socially and in terms of health, are gathered together, resulting in their heightened vulnerability. Prison is also a place which presents health risks, such as drug use, lack of physical exercise and suicide. Since 2011, MDM has therefore been looking at the issue of access to healthcare for detainees through two innovative programmes.

Alternative to imprisonment with housing and intensive follow-up (AILSI) in Marseille: Homeless people with severe mental health problems are often caught in a vicious circle of ‘street-hospital-prison’. Their healthcare is sporadic, often emergency treatment provided against their will in a crisis. Furthermore, prison sentences determined by summary trials cause this vulnerable population to be over-represented in prisons.

The AILSI programme proposes a ‘therapeutic justice’ approach, which is applied before prison sentences are handed down at the time of the summary trial.
This research programme aims to restore individuals’ basic rights to health, housing and work, so that they can resume their status as regular citizens.

**Experimental programme in prisons in Nantes:** At the end of 2014, a programme within prisons was set up in Nantes and linked from the start with a research project at the School of Public Health to measure its impact and model it. MDM chose to focus on a community approach and on harm reduction, recognising individuals’ skills in this area and working in close collaboration with the detainees.

The general objective of the programme is to promote health and improve access to health for the men and women imprisoned in Nantes. It aims to raise awareness among all stakeholders working with detainees of health issues and of the importance of tackling the refusal to seek care.

**SCREENING FOR CERVICAL CANCER**

In the last 20 years, the smear test for cervical cancer has enabled the number of deaths in France from the disease to be halved. However, cervical cancer still affects more than 3,000 women each year in France, more than 1,000 of whom die from it. These are mainly women who are not reached by the current screening approach (e.g. women who are marginalised from health services, without an occupation or health insurance). In 2013, 67% of women between 25 and 65 years old who came to our programmes said that they had never had a smear test.¹

**OUR WORK**

In 2017 a research project funded by the National Cancer Institute started in some of our clinics, on sex worker programmes and on programmes among people living in squats.

The aim of the programme is to improve access to screening for cervical cancer among vulnerable women who come to our services.

The project aims to set up prevention consultations, which may or may not include the offer a self-sampling vaginal test to detect the presence of high-risk HPV. As part of the project, MDM has developed a network of partners to whom women are referred for a smear test as part of a gynaecological consultation.

Since March 2017, MDM teams have been carrying out prevention consultations which provide women with tailored information on screening, based on a wider approach to sexual and reproductive health. The objective is to make screening more accessible and to facilitate their access to regular gynaecological check-ups as part of mainstream services.

**KEY FIGURES**

- 7 programmes in 4 towns in France
- 104 prevention workers trained
- 516 prevention consultations carried out by 31 March 2018

**CHALLENGES**

- To improve access to screening: ensure that women receive clear information on cervical cancer and access testing with the help of professional interpreters and visual tools; offering self-sampling vaginal tests; assessing factors which influence take-up of testing.
- To strengthen sexual and reproductive health prevention activities on the relevant programmes.
- To facilitate access to care: partnering with mainstream health facilities which offer gynaecological care, especially centres which provide unconditional care.

¹ Contraception and feminine cancer prevention among women in poor living conditions in France survey, MDM, March 2013.
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

MDM mobilises volunteer buddies to help sick children being treated away from their families deal with the separation and to help parents who are present but often overwhelmed by the difficulties they face. 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.

OUTLOOK

MDM has supported the buddying programme for 30 years, enabling the development of unique practices in the support and care of extremely vulnerable children in hospitals. In 2017, we have been reflecting on how the programme can become independent. During this period of transition, MDM remains a stakeholder in the programme and will support the first stages of the handover.

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 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).

KEY FIGURES

- Number of children buddied in 2017:
  - 118 including 84 new buddies.
  - 92 in Île-de-France
  - 26 in La Réunion

- Nombre de bénévoles en 2017 :
  - 91 including 12 coordinators.
  - 78 in Île-de-France with 10 coordinators
  - 13 in La Réunion with 2 coordinators
**REGIONAL DELEGATIONS**

MDM’s activities in France are conducted by the regional offices. These offices also create the community spirit within our organisation and support our strategic operations.

**ELECTORAL CAMPAIGNS 2017**

During the 2017 presidential and parliamentary campaigns, MDM stood up for four specific topics that seemed fundamental for defending and improving the right to healthcare for all, especially the most vulnerable:

- In relation to State Medical Aid (AME), the system of health insurance for undocumented migrants, MDM called for one single social security system, which would be possible if AME beneficiaries were integrated into the general social security regime.

- On the prices of medicines, which are particularly high for certain conditions (hepatitis C, cancer, etc.) and could undermine our health system, MDM advocated several technical solutions to improve the methods of setting prices to make the process fairer and more democratic.

- In view of the crisis in welcoming and showing solidarity to migrants, MDM put forward various proposals to provide real protection to unaccompanied minors in France and to bring an end to a system based on doubt and suspicion.

- Lastly, concerning international humanitarian law, MDM called for a ban on the sale of military equipment to States that have committed war crimes and for healthcare facilities to be sacrosanct.

These proposals were defended at national level, particularly during parliamentary hearings and meetings. MDM’s regional offices also met candidates and organised debates in their areas and participated in a poster campaign that aimed to raise awareness among the general public and the media of these proposals for a more solidarity-based health system.

**STUDY DAYS FOR FRENCH PROGRAMMES**

On 11 and 12 November 2017 the annual Study Days for MDM’s French programmes brought together the programme and regional office teams. In 2017 the Study Days were organised by the office in Aquitaine. They brought together more than 250 volunteers, delegates and employees from the regional offices and headquarters.

The main theme of this event was ‘Engaged citizens and field actors: Let’s stay combative! Let’s stay political!’. On the programme were two roundtable discussions, 10 workshops, one Vidéomaton® and 12 market stalls on the Sunday, which enabled the offices to present their innovative projects in an interactive and dynamic way. The roundtable discussions on the Saturday covered two themes which we are faced with today: the psychosocial suffering of migrants and the appearance of citizen collectives that challenge our ways of working and our messages. Both these very different themes question our capacity and the capacity of other actors (institutions, partners, etc.) to bring about real change, and, above all, our own capacity to accept change.
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With the number of children for adoption internationally continuing to fall significantly, the Board voted on 8 June 2016 to gradually phase out MDM’s work on international adoption over four years:

- No new dossiers taken on from 9 June 2016
- Matching process to end on 31 December 2017
- Follow-up process to end on 31 December 2019

2017 has been a year dedicated to supporting and managing the process of ending MDM’s international adoption activities.

**ADOPTION PROGRAMME IN 2017**

Throughout the year, families that had signed an agreement were still supported by the MDM adoption teams:

- The 45 matches that could be realised by the end of 2017.
- The transmission of 45 dossiers to other adoption organisations for which no match had been found.
- The follow-up of 261 post-adoption families.

**EXPERTISE**

MDM’s work on international adoption, particularly for children with special needs, is recognised by all stakeholders involved in adoption for its ethical approach, follow-up, professionalism and expertise. As demonstrated over time, this work has had many specific attributes:

- The only OAA integrated into an international medical NGO (knowledge of the field, local humanitarian projects).
- Professional organisation and procedures.
- Specialising in complex adoptions.
- High level of coverage in countries of origin and in different districts.
- Openness to new types of family, with a process that sought families based on children’s rather than parents’ needs, support defined according to parental capacity, pre-adoption preparation and support and post-adoption follow-up.

In this exceptional context, the adoption programme carried out three specific activities in 2017:

- Transfer of skills relating to in-service training for the teams and preparation for adoptive parenting to the OAA taking over the active files at the end of 2017.
- Communication of results of a study on what has become of the children adopted through the OAA between 1990 and 2012, following three surveys carried out among adoptive families. These results led to two publications in the review: Neuropsychiatrie de l’Enfance et de l’Adolescence (Elsevier Masson, Dr G. André-Trevenec, Dr C. Vidailhet, M. Lebrault).
- A day of reflection, on 14 March 2017, on the theme of “Adoptees voices within the framework of international adoption – representing them, defending their needs and supporting the search for their origins”.

**IN 2017 MDM SUPPORTED THE ADOPTION OF 45 CHILDREN, AGAINST THE BACKDROP OF OUR WITHDRAWAL FROM THIS AREA OF WORK. AS AN APPROVED ADOPTION ORGANISATION (OAA) SINCE 1987, OUR ORGANISATION HAS FACILITATED THE ADOPTION OF MORE THAN 4,200 CHILDREN WHOSE RIGHTS COULD NO LONGER BE REALISED IN THEIR COUNTRY OF ORIGIN. IN THIS WAY WE HAVE BEEN INVOLVED FOR THREE DECADES IN DEFENDING FUNDAMENTAL CHILD RIGHTS AND RESPECT FOR THE HAGUE CONVENTION: THE RIGHT TO GROW UP IN A FAMILY, THE RIGHT TO ACCESS HEALTHCARE AND THE RIGHT TO EDUCATION.**
Head of Mission: Zohra Clet

Executive Director: Joël Weiler

Members of the Adoption Committee representing the Board: Dr Françoise Sivignon (radiologue), Dr Luc Jarrige (médecin anesthésiste).

Sources of funding: public sector grants from the Ministry of Foreign and European Affairs (International Adoption Mission) and MDM.

Budget: €409,866

Human resources: 5 employees and 99 volunteers work on the adoption programme, dividing the work between headquarters and the regional offices.
2017 HAS BEEN YET ANOTHER YEAR AFFECTED BY INCREASINGLY SERIOUS CONFLICTS AND CRISSES. MORE THAN EVER, IT IS FUNDAMENTAL THAT THE CHAPTERS OF THE MDM INTERNATIONAL NETWORK(1) WORK TOGETHER TO PROVIDE A BETTER RESPONSE TO COMPLEX CRISSES WHILE POOLING RESOURCES.

THE INTERNATIONAL NETWORK

THE ROHINGYA EXODUS

The number of displaced persons and refugees in the world reached more than 65 million by the end of 2016. In 2017 this uprooted population grew further, after violent episodes affected the State of Arakan in Myanmar. Hundreds of thousands of Rohingya people fled the violence perpetrated by the Myanmar army during August 2017 and crossed the border to the Cox’s Bazar region of Bangladesh.

The situation of these refugees, living in makeshift shelters and without access to adequate health facilities, prompted MDM to intervene. The network’s chapters played a role in various ways: sending human resources, collecting funds, communicating with the public and contacting political decision-makers.

From the start of the response in Cox’s Bazar, MDM Japan has worked alongside MDM France. MDM Germany and MDM Canada have, for their part, contributed with financial support. MDM was thus able to support local partners to open clinics and provide primary healthcare and psychosocial support to those affected.

By the end of December there were around one million refugees. The situation threatens to get worse in 2018, with the monsoon and the high risk of flooding and epidemics.

The MDM network will continue its work, while also conducting an international advocacy campaign for the protection and recognition of the Rohingya people.

THE SYRIAN CRISIS

The collaboration between members of the MDM network is a key element of our humanitarian projects in the Middle East, particularly in relation to the Syrian crisis. Coordinated from the regional unit of MDM France based in Amman, the response to the crisis is focused on access to primary care for people in Syria and in the neighbouring host countries, namely Lebanon, Turkey and Jordan.

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(1) Argentina, Belgium, Canada, France, Germany, Greece, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, United Kingdom and United States.
The projects in Syria and in support of Syrian refugees in Lebanon are supported by MDM Canada, MDM Germany and MDM Belgium for monitoring and evaluation and through their experience in managing institutional funding.

MDM Turkey is participating in access to mental health services and the physical rehabilitation of Syrian refugees in Turkey. MDM Spain is the operational partner providing primary healthcare to displaced populations in the north east of Syria. In total, 718,000 consultations were carried out in Syria, 110,000 in Lebanon and more than 22,000 in Turkey.

Strengthened by a regional unit closer to the programmes, the MDM network is an important witness to the health situation and to the violation of fundamental rights affecting the dignity of civilian populations who have been victims of the Syrian conflict for seven years.

The entire MDM network conducts powerful advocacy campaigns, enabling us to call unremittingly for international humanitarian law to be respected in Syria and in the countries hosting refugees.

MIGRATION PROGRAMME IN CENTRAL AMERICA

MDM has made the socio-political issue of migration one of the priority themes in its strategic plan. For the last two years, MDM France has worked jointly with MDM Spain, which has been working in Central America for more than 20 years, to pool skills, experience and resources – both human and financial – and thereby develop a programme on migration, rights and health. Every year more than 400,000 migrants transit towards the United States. In 2015, 200,000 were forcibly returned to Mexico.
The approach focuses on access to rights, advocacy and capacity-building for local actors (institutions, associations and users’ groups) as cross-cutting elements of our projects. This means enabling effective and equitable access to rights and to health for migrants in Salvador, Honduras, Guatemala and Mexico. The approach prioritises consideration of migration routes (including for returnees), the struggles of partner organisations and the role, involvement and responsibilities of mainstream services.

With this programme, MDM seeks to condemn the impact of migration policies, which render migration routes increasingly dangerous and violent and endanger people’s physical and mental health.

**OPÉRATION SOURIRE**

Run by MDM France since 1989, Opération Sourire was extended in 1996 to include three of the network’s chapters: MDM Japan, MDM Germany and, most recently, MDM Netherlands. All the surgical missions are defined according to a charter. Their objectives are to operate and put a smile back on the faces of people affected by congenital or acquired medical conditions.

In 2017 around 100 of the network’s volunteer surgeons, anaesthetists and nurses were deployed to operate on more than 800 patients during 18 surgical missions organised in 10 countries in Africa and Asia: Bangladesh, Benin, Myanmar, Cambodia, Guinea Bissau, Madagascar, Morocco, Mongolia, Pakistan and Tanzania.

**THE 2017 ROADMAP**

Since 2016, the MDM international network has been involved in a process of reform through a strategic roadmap. The former International Network Directorate (DRI) has become the Network Empowerment Team (NET). Its mandate is to support this roadmap and strengthen the network. A joint management has been put into practice with the appointment in Madrid of a NET Director and the NET teams being spread across various chapters (MDM Germany, Belgium and France).

In total, around 200 different actors within MDM were involved in the development of the roadmap. The aim is to ensure the efficacy of our work and to increase the overall impact of the 15 chapters, while providing a structured environment for discussion and agreement on shared governance.

Several strategic documents were approved in 2017. The network agreed on best practices and minimum standards to apply to the different Boards. Approval was also given to an operational framework for emergency responses involving the network.

**KEY FIGURES**

In total, the MDM international network managed 373 programmes in 75 countries.

**148 international programmes in 60 countries:**
- **Africa** 69 programmes in 28 countries
- **Americas** 34 programmes in 9 countries
- **Asia** 19 programmes in 10 countries
- **Middle-East** 14 programmes in 6 countries
- **Europe** 12 programmes in 7 countries

**225 national programmes in the 15 network countries:**
- **Americas** 11 programmes in 3 countries
- **Europe** 212 programmes in 11 countries
- **Asia** 2 programmes in 1 country
THE ASSOCIATIONS

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

MDM BELGIUM
www.medecinsdumonde.be
President: Professor Michel Roland

MDM CANADA
www.medecinsdumonde.ca
President: Dr Nicolas Bergeron

MDM FRANCE
www.medecinsdumonde.org
President: Dr Françoise Sivignon

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

MDM GREECE
www.mdmgreece.gr
President: Dr Nikitas Kanakis

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

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

MDM NETHERLANDS
www.doktersvandewereld.org
President: Dr Awj Teunissen

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

MDM SPAIN
www.medicosdelmundo.org
President: Dr José Félix Hoyo Jiménez

MDM SWEDEN
www.lakareivarlden.org
President: Dr Hanna Ingelman-Sundberg

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

MDM UNITED KINGDOM
www.doctorsoftheworld.org.uk
President: Dr Tim Dudderidge

MDM UNITED STATES
www.doctorsoftheworld.org
President: Professor Ron Waldman
RIGOROUS MANAGEMENT AND FINANCIAL TRANSPARENCY

MDM is approved by the International Committee on Fundraising Organizations (ICFO) and is particularly committed to adhering to the principles in the ICFO’s Charter, including rigorous management and financial transparency.

AUDIT BY EXTERNAL ORGANISATIONS

MDM is subject to control by the Cour des Comptes (French public audit office) 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) and 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 other organisations in the MDM network: MDM Belgium, MDM Canada, MDM Germany, MDM Japan, MDM Netherlands, MDM Spain, MDM Sweden, MDM United Kingdom and MDM United States.

Our detailed financial report is available from our website: medecinsdumonde.org
EXPENDITURE/INCOME MDM FRANCE
Excluding changes in provisions and dedicated funds

**Expenditure**
- 83% social programmes
- 12% fundraising
- 5% operating costs

**Income**
- 47% public donations
- 47% grants from public institutions
- 5% private grants and other private funds
- 1% other
Links with international institutions are essential for NGOs working in the humanitarian field. As well as being major donors, these institutions are important policymakers. MDM is developing partnerships with some institutions, enabling us to influence international policymaking.

The organisation is involved in different NGO collectives which facilitate access to international decision-making authorities to develop advocacy in the name of the NGOs concerned.

**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, has also been funded by DG SANTE and its Consumers, Health, Agriculture and Food Executive Agency for the organisation’s work supporting migrants. Lastly, in 2017, MDM received funds from the European Union Trust Funds.

DG ECHO’s mandate is to provide aid and emergency relief to populations affected by natural disasters or conflicts 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 2.1 billion euros to humanitarian projects, with 36% attributed 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 and 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’s relations with EuropeAid are conducted via CONCORD, the 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 the highest ranked consultative status, which means that it can carry out lobbying activities, directed especially at the Human Rights Commission. It has observer status on this ECOSOC subsidiary body.

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).

Since the start of 2018, MDM has been recognised as an official partner of WHO and we are active members of the civil society reference group working on the WHO recommendations relating to viral hepatitis.
MDM is a member of the International Council of Voluntary Organisations (ICVA), a network of NGOs, based in Geneva, which 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 which gives grants to tackle HIV/AIDS, TB and malaria. The Global Fund collects and invests around 4 billion US dollars every year. Since 2002, the Global Fund has provided HIV treatment to 8.6 million people, TB treatment to 15 million people and has distributed 600 million insecticide-treated mosquito nets to prevent malaria in 150 countries and to support large-scale prevention and treatment programmes for these three diseases. It is 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) is one of the French governmental bodies involved in giving official development aid to low-income countries. Its aim is to contribute to the funding of development programmes. Since 2009, AFD has been charged with funding French NGOs through the NGO Partnership Division, which steers the partnership with NGOs and monitors initiatives run by them. As a member of Coordination SUD, MDM is involved in 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 (Le Fonds Français Musonoka) in Haiti and Madagascar as part of two NGO consortia in which 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, Stabilisation funds).

BILATERAL COOPERATION

In addition to French institutional funding, MDM benefits from support through bilateral cooperation. The active role played by its network ensures MDM is an important partner of the UK Department for International Development (via MDM UK in London), the German Ministry of Foreign Affairs (via MDM Germany in Munich), Belgian Directorate-general Development, Cooperation and Humanitarian Aid (DGD) (through MDM Belgium in Brussels), Global Affairs Canada (via MDM Canada in Montreal) and 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 (SIDA) via the United Nations Population Fund in DRC.

PROGRAMME AGREEMENTS BETWEEN AFD AND MDM

The French Development Agency (AFD) supported MDM between 2010 and 2014 via two programme agreements, one on sexual and reproductive health and the other on harm reduction. Over four years, these agreements have enabled new projects addressing these issues to be launched and existing projects to be strengthened and have raised MDM’s profile on these issues. Today MDM is therefore an internationally recognised authority on harm reduction issues, particularly in relation to access to treatment for hepatitis C, and sexual and reproductive health, mainly relating to sexual and reproductive rights. In line with the sexual and reproductive health programme, in 2014 AFD awarded three years’ funding under a Programme Agreement to a programme to promote the ‘right to choose’ and to reduce morbidity and mortality linked to unwanted pregnancies. The funding was renewed for two years, from 2017 to 2019. These agreements aim to strengthen MDM’s work on unwanted pregnancies by developing a cross-cutting approach. Projects in Burkina Faso, DRC, Palestine and Peru have been supported as part of this programme. Since 2015, AFD has also been supporting a three-year programme on advocacy and improving prevention and treatment for hepatitis C. This funding will enable cross-cutting activities (advocacy, training, etc.) to be developed and will co-fund six projects on this issue in Kenya, Tanzania, Côte d’Ivoire, Vietnam, Myanmar and Georgia.
BOARD OF DIRECTORS

The Annual General Meeting elects 12 members of the Board for three years, along with three substitute board members. The Board in turn elects the President and the Executive Committee for one year: Vice-presidents, Deputy Treasurer, General Secretary and 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 Annual General Meeting on 10 June 2017, the organisation elected the following members to the Board:

**President**
Docteur Françoise Sivignon, radiologist

**Vice-presidents**
Dr Luc Jarrige, accident and emergency doctor
Dr Jean-Pierre Lhomme, general practitioner,
Followed by Catherine Giboin, consultant in public health (as from 16/09/17)

**General Secretary**
Christian Laval, sociologist

**Deputy General Secretary**
Dr Florence Rigal, hospital doctor (internal medicine)

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

**Deputy Treasurer**
Julien Bousac, independent consultant for civil society and promoting rights

**Other board members:**
Dr Joël Le Corre, general practitioner and public health doctor
Alexandre Kamarotos, director of the organisation Défense des Enfants International
Thierry Malvezin, specialist educator
Fyras Mawazini, civil society development and support programme manager
François Berdougo, health project coordinator

**Substitute board members:**
Anne Guilberteau, sociologist
Serge Lipski, radiologist
MDM MANAGEMENT AS AT 31 DECEMBER 2017

Executive Director: Joël Weiler

Communication and Development Director: Jean-Baptiste Matray

Finance and Information Systems Director: Catherine Desessard

French Programmes Director: Yannick Le Bihan

International Operations Director: Docteur Jean-François Corty

Human Resources Director: Florence Hordern

Health and Advocacy Director: Sandrine Simon

General Secretary/Director of the International Network: Jean Saslawsky / Féli Ibanez
NOS PARTENAIRES PRIVÉS

FOUNDATIONS AND BUSINESSES

OUR INSTITUTIONAL PARTNERS

MULTILATERAL BODIES

BILATERAL BODIES
In Europe: German Ministry of Foreign Affairs (AAAH), UK Department for International Development (DFID), Monaco International Development and Cooperation (DCI), Swiss Agency for Development Cooperation (SDC), Belgian Directorate-general Development, Cooperation and Humanitarian Aid (DGD), Swedish International Development Cooperation Agency (SIDA), Netherlands Development Assistance (NEDA).

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

Other: United States Agency for International Development (USAID) and US Office of Foreign Disaster Assistance (OFDA), (Global Affairs Canada (GAC/AMC).

French local authorities: Île-de-France regional council, Rhône-Alpes regional council, Île-de-France SAFER, Reunion regional council, Val d’Oise district council, Haute-Garonne district council, Alsace regional council, PACA regional council, Nord-Pas-de-Calais regional council, the communities of the Aurillac basin and of greater Angoulême.


FOR OUR PROGRAMMES IN FRANCE
Regional health agencies (ARS), district councils, regional councils, town councils, National Health Insurance Fund (CNAM), family allowance funds (CAF), regional illness funds (CMR), local health insurance offices (CPAM), regional health insurance offices (CRAM), local social services (CCAS), free anonymous testing centres (CeGIDD), National Agency for Social Cohesion and Equality of Opportunity (ACSE), Directorate General for Health (DGCS), Directorate General for Social Cohesion (DGCS), Regional Departments for
Youth and Social Cohesion (DRJCS), District Departments of Social Cohesion (DDCS), National Institute of Health and Medical Research (INSERM), Healthcare Access Units (PASS), Directorate of Social Action, Childhood and Health (DASES), City of Paris Gender Equality Monitoring Centre (Observatoire de l’Égalité Femmes-Hommes de la Mairie de Paris), Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), regional health insurance unions (URCAM), hospitals, Guiana Social Security Fund (CGSS), Rural Mutual Social Security Fund (MSA), French Monitoring Centre for Drugs and Drug Addiction (OFDT), Nantes Prison and detention Centre (Centre de Détention et Maison d’Arrêt de Nantes).

**OUR PARTNER ORGANISATIONS**


**OUR EUROPEAN PARTNERS**

**HEALTH PROFESSIONALS**

European Public Health Alliance (EPHA), European Public Health Association (EUPHA), Standing Committee of European Doctors (CPME), Andalusian School of Public Health, Adapting European Health Services to Diversity (ADAPT), WHO Europe, European Federation of Salaried Doctors (FEMS), European Association of Senior Hospital Physicians (AEMH), European Union of Medical Specialists (UEMS), European Council of Medical Order (CEOM), European Nurses Federation (EFN), European Board and College of Obstetrics and Gynaecology (EBCOG), Eurohealthnet, European TB Coalition, Global Health Advocates, The Royal College of Midwives (UK).

**OTHER PARTNERS**

Platform for International Cooperation on Undocumented Migrants (PICUM), European Patient Forum (EPF), European Anti-Poverty Network (EAPN), European Federation of National Organisations Working with the Homeless (FEANTSA), European AIDS Treatment Group (EATG), European Association for the Defence of Human Rights (AEDH), ATD Quart Monde, European Network against Racism (ENAR), Confederation of Family Organisations in the European Union (COFACE), International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), European Policy Center (EPC), Health Action International (HAI), Social Platform, Eurochild, EPIM/NEF, Women Political Leaders (WPL) global forum and Migreurop.

Our partners in the European network for reducing health vulnerabilities (2015-2017): Center for Health and Migration, AmberMed, Bulgarian Family Planning and Sexual Health Association, Life Quality Improvement Organization, Consortium of Migrant Assisting Organizations in the Czech Republic, Medenedék Hungarian Association for Migrants, Naga, Migrants Rights Centre Ireland, Demetra, Health Center for Undocumented Migrants, Association for Legal Intervention, Carousel and Slovene Philanthropy, as well as MDM Belgium, France, Germany, Greece, Luxembourg, Spain, Sweden, Switzerland, Netherlands and United Kingdom.

AND ALL OUR OTHER PARTNERS, PARTICULARLY THOSE WHO HAVE SUPPORTED OUR WORK AT HOME AND ABROAD DURING 2017 WITH A LEGACY OR LIFE INSURANCE POLICY, AND ALL OUR OTHER INDIVIDUAL DONORS.