Dr Thierry BRIGAUD
Président

PRESIDENT'S ANNUAL REPORT

2014 ANNUAL GENERAL MEETING

Dear friends,

During the Annual General Meeting, the annual report offers an opportunity to take stock of the previous year while providing an overview of the initiatives undertaken.

It is also a good time to shed light on our decisions and results, and to look toward the future by developing the operating methods that will underpin our social mission.

Albert Camus once said:

''He who despairs over an event is a coward,

but he who holds hope for the human condition is a fool.''

We all want to have hope for the human condition.

And driven by this hope, we all joined forces to write the 2013 chapter of the Médecins du Monde story.

2013 was bookended by two military operations by the French military, one in Mali in January and the other in the Central African Republic in December.

The year was marked by a horrifying and continual deterioration of the humanitarian situation in Syria, a major crisis that garners little attention from the general public.

Another major event was the typhoon that devastated the Visayas archipelago in the Philippines, reminding us that climate disasters might eventually come to characterize the 21st century.

And lastly, the year was noteworthy for the passing of Nelson Mandela, who once said:

What is done for us, without us, is against us."

One way to pay tribute to Mandela would be to accept the responsibility implied by his comment and to constantly question the extent of the community's involvement in developing our efforts, both in France and abroad.

International law is continually being violated during the Syrian crisis.

Civilian populations are not being protected and even worse, they are being systematically targeted during fighting.

The three-year civil war has exacted a heavy toll: 170,000 deaths, 3 million refugees and 6 million internally displaced people.

These figures point to the inability of international bodies to broker a political settlement.

They were also unable to enforce compliance with the law while the country's chemical arsenal was being used.

With contributions from institutional donors, we can set up extensive operations around the crisis area, which explains our growth and the 2014 provisional budget of €84 million that was presented to you by our treasurer Christophe Adam.

This is our choice, our responsibility and our response for meeting the humanitarian needs of populations living in despair.

These were the proper decisions to take and by doing so, we have made a commitment to these people.

We must, however, continually review the issues surrounding our presence and ensure that we are maintaining our independence.

On various occasions in 2012, we publicly denounced the atrocities being committed during the Syrian conflict without falling into the warmonger trap.

Calls for war were taken up by social networks and widely circulated.

For the conflict's terrible third anniversary, the anniversary of an endless war bringing another dose of horror on a daily basis, we again released a statement condemning an intolerable situation.

Médecins du Monde urges:

- an end to attacks against non-military targets, such as residential areas and schools,
- turning hospitals and all health facilities into places of refuge,
- an end to the use of indiscriminate weapons against civilian populations that have not been authorised by international agreements,
- the quick lifting of blockades of cities, which are preventing food and medical care from reaching their residents,
- that humanitarian aid be given unfettered access to these areas to reach all patients without discrimination.

In Jordan, Turkey and Lebanon, countries bordering Syria, we are continuing our work with the hundreds of thousands of refugees flooding into these countries.

In Lebanon, the presence of more than one million Syrian refugees is having an adverse effect on the country.

The decision to partner with Amel has borne fruit. Amel is an apolitical and secular non-profit organisation.

Through Amel, we are supporting a Lebanese civil society that is taking in and caring for Syrian refugees in an environment with an extremely tenuous political balance.

We are also continuing to operate inside Syria.

In the north, we are providing direct care to displaced populations.

At the same time, we are supporting the aid networks that have emerged in Syria in areas where those who provide relief and treatment are suspected of belonging to the rebellion.

Our teams and partners face serious risks.

We will continue to bear witness to this tragedy at every opportunity and we will urge all belligerents to comply with international humanitarian law.

I sincerely hope the time will come when peace and justice will prevail.

In January 2013, President Hollande sent the French army on a military operation to Mali.

This operation followed a long list of so-called ‘‘just’’ wars, including: Rwanda, Kosovo and Libya.

With this military operation, NGOs ran the risk of being associated, without their knowledge, with the goals of coalition armed forces fighting groups designated as “terrorists” by Paris.

Our organisation stayed the course last year, deciding not to serve the French military interests.

We know only too well the dangers inherent in blurring the lines between humanitarian and military operations.

We first decided to continue our long-term activities in areas where we had operated before the crisis began.

We then decided to expand our presence to support the reopening of health facilities that had been abandoned in the Mopti region. We did not operate in Mali’s northern region because Médecins du Monde-Belgium had set up projects in Gao and Kidal.

In February 2014, a Médecins du Monde-Belgium vehicle drove over a land mine and unfortunately an MdM staff member was seriously injured.

Despite these risks, Médecins du Monde-Belgium decided to continue its programme in Mali’s northern region.

The crisis in northern Mali has yet to be resolved, particularly with regard to the status of the Tuareg community within the broader Malian population.

In summary, we must continue to question our operations’ legitimacy and the extent to which the various populations are participating in our projects.

In July 2013 in the CAR, we and other humanitarian organisations condemned the deterioration of living conditions among the country’s populations: a failed State, inadequate provision of care, and more alarming health indicators compared to a number of other war-torn countries.

The teams that set up the project described a neglected country with a greatly weakened health care system.

As a result, we decided to support dispensaries still operating in the Bangui area.

This effort proved difficult due to the chronic lack of security, which requires the staff to exercise extreme caution.

In this case, too, France deployed a force in late 2013 to keep the peace and protect the population. The aim was to prevent the “risk of genocide”, according to the Ministry of Foreign Affairs.

But is it possible to believe in long-term improvement to the country's situation if the French forces, initially supported by Chadian forces, play a law enforcement role in a divided and extremely poor country without a functioning judicial system?

How can a State be rebuilt if democracy is not part of the equation?

How can we simply remain a spectator when the different populations are receiving unequal levels of protection?

Médecins du Monde wanted to condemn this situation to point out that an international occupying force that stands idly by while civilian populations are being massacred is, in fact, complicit in these atrocities.

It was our duty to speak out to criticise the French armed forces, who failed to properly carry out the UN mandate to keep the peace and protect the population.

We expressed our feelings to the press but especially to representatives from the Ministry of Foreign Affairs.

Although operating in an uncertain environment, our teams were still able to work.

We managed to assist displaced populations by using mobile units to address their health issues.

We are trying to rebuild healthcare centres and encouraging the participation of CAR healthcare professionals, who will treat all patients regardless of their faith.

I would like to thank our emergency teams at headquarters and in the field because they successfully braved dangerous situations while remaining focused on committed and impartial humanitarian action.

Faced with these crises and conflicts, Médecins du Monde teams must negotiate the difficult challenge of meeting the various populations' needs while advocating a social emancipation process supporting a right to healthcare.

If this emancipation process is a priority, that means we have a duty to support this change rather than act as occupiers from the ''globalised world'' who have come to distribute a few crumbs enabling the basic survival of marginalized populations in neglected areas

Given the increasing number of no-go areas, as in Syria, is it cynical to believe that the development of lawless areas is actually becoming a mode of governance that our democracies will now have to contend with?

If this is the case, our role as a non-governmental organisation from a secular civil society is directly challenged by the growth of these lawless areas. And it must be acknowledged that

the list is getting longer and now includes Somalia, Afghanistan, Iraq, Syria, North Mali, CAR, South Sudan and North Kivu.

Are we in some way helping these lawless areas to take shape?

Or can we compel the international community to put an end to them through advocacy and personal accounts of the inhuman situations we witness on a daily basis?

I am especially haunted by this question when it comes to Syria.

How should we act when confronting situations that can only be characterised as crimes with no statute of limitations?

At international level, efforts to support social change are well underway!

When the typhoon swept through the Philippines, Médecins du Monde first set up a programme on devastated Leyte Island to address emergency needs and the destruction of 90% of the island's health facilities.

The organisation then decided to continue its operations and remain on site through April 2014.

Médecins du Monde partnered with the Ministry of Health and the local population to provide an appropriate response to the new needs of those suffering from the typhoon's devastating effects.

The decision to support the Philippine Ministry of Health rather than working on its own or in its place was made possible by the presence of a long-term team knowledgeable about the Philippines and the organisation of its healthcare system.

When the Sahel financial accessibility project ended, the mayors of the towns where we were operating said they wanted to continue providing free care for the most vulnerable populations.

The local elected representatives now support a programme to pay for deliveries, which is already occurring in Djibo district in Burkina Faso.

Similarly, in Tahoua, Niger, a patient transport programme was set up throughout the region based on a successful experience in one district, once again with the support of elected representatives and the Ministry of Health.

This year, project teams redefined our scope of operations in Burkina Faso, Niger and Chad.

Ambitious projects fulfil our goal to partner with local health teams and government officials.

In Temeke District in Dar es Salaam, Tanzania, the municipalities, local elected representatives and health teams are making every effort to further harm reduction.

They are well aware of the tragic realities.

In our needle exchange programme in Temeke, two-thirds of female drug users are VIH infected and one-quarter are also infected with the hepatitis C virus.

Together with local elected representatives, we are learning how to advance the right to healthcare.

An alternative humanitarianism has become a reality.

Partnerships are forming to improve treatment for drug users in Tanzania.

A national harm reduction plan will now be managed by the State, a promise made to us by the Tanzanian President.

This field work highlights our two advocacy priorities for reducing harm reduction:

1st priority: Promoting harm reduction in Africa by building referral centres that will later serve as training facilities for health activists.

2nd priority: Lobbying internationally as part of a global coalition to provide generic antiviral drugs that can effectively treat patients with active hepatitis C.

In Myanmar, this harm reduction work will make fully sense only if its beneficiaries become more independent and take an active role in their own health care.

I want to share with you some comments made by Reina, a former drug user and peer educator in Myanmar:

''Here I learned all about AIDS and how to protect myself.

I wish I had known all of that before. I wouldn't have shared needles.

I now share my knowledge with my friends both in and outside the centre.

And the educator role gives me a goal in life

rather than looking for drugs, which took up the last 10 years of my life."

In Myanmar, drug users and sex workers infected with the AIDS virus are treated by MdM's Myanmar teams.

Future plans call for developing a less stigmatising system under ordinary law in a rapidly changing country where the word "democracy" is no longer taboo.

We created a campaign for women's right to choose based on the facts on the ground as described by our teams and partners, particularly in Latin America.

As a reminder, 50,000 women die each year worldwide after an illegal – and thus unsafe – abortion.

We decided to use this campaign to express our indignation and get ready for the Cairo+20 conference that will take place in New York during the UN General Assembly meeting.

This conference will redefine the sexual and reproductive health issues to be supported by international organisations in the coming years.

In 2014, we plan to conduct this campaign for women's right to choose both domestically and internationally.

Taken up by certain field teams and network members, this campaign will dovetail perfectly with our 26 projects on sexual and reproductive health.

It is our responsibility to take part in the movement to support women's right to control their own bodies and their right to choose.

In Istanbul, a seminar organised by our Turkish partner brought together various players involved in the migration issue.

Hailing from the French domestic projects international projects, the MdM European network and partner organisations, they all took the time to compare their various approaches.

The campaign for migrants' right to healthcare during the migration process and in the host country should coincide with the fight for healthcare for the most vulnerable populations.

Here, too, we have to carefully manage the intolerable situations that we continually face, but it is especially important to describe them to the outside world. We need to view migrants from a new perspective, a universalist perspective that portrays migration as a positive force for the country of origin, the migrant and the host country.

As they run the daily activities of "Opération Sourire", mentor hospitalised children and provide support for adoptive families, Médecins du Monde teams try to share their sense of purpose and humanity.

Our teams are increasingly coming across unaccompanied minors in our clinics in France.

These are street children that child protective services are struggling to care for.

And it is shameful the horrible way France determines their age using X-ray technology.

At some point in the future, Médecins du Monde will need to delve further into childhood issues.

How can we talk about protected childhood, a childhood filled with choices and support for minors when humanitarian social services are so limited?

MdM has yet to take a serious look at children's rights and humanitarian projects.

Like every year, our public statements in France derive their strength from our legitimacy in the field and the powerful network of support for Médecins du Monde activities.

Our anti-poverty day on 17 October again provided an opportunity to note that poverty and exclusion are growing in our country.

In France, we have 89 domestic programmes operating en 30 cities run by 2,000 volunteers and 60 employees.

Our 20 clinics which provide free healthcare and social services to everyone, welcome more than 30,000 people, including 3,000 minors.

The number of medical consultations is rising, delays in care are growing and minors are driving up the free clinics (CASOS)[1] patient load, leading to an unsettling assessment of access to healthcare in France by the 2013 Observatory.

The report depicts one aspect of deprivation and exclusion in France, revealing the extent to which poverty and regional and social inequities in health care, far from disappearing, are continuing to grow.

The CASOs, programmes in squats and slums and work performed during mobile street outreach provide opportunities for concerned citizens to monitor these situations.

It is not acceptable that the pregnant women we come across receive substandard care in our country even when they have a high-risk pregnancy.

We cannot stand idly by as the most impoverished and marginalised segments of the population gradually succumb to living on the streets – a population that now includes women and children who can no longer find any type of housing.

In French prefectures, a seriously ill migrant remains first and foremost a migrant. Every day the same routine plays out, with many of the migrants receiving inhuman treatment, including denial of rights, police questioning, imprisonment and deportation to countries that do not guarantee access to healthcare.

[1] French acronym for Centre d'Accueil, de Soins et d'Orientation

In complete violation of their right to healthcare, many people suffering from hepatitis C, diabetes and HIV now live under the threat of being forceably returned to their country – a return that is often synonymous with being condemned to death due the serious nature of their disease.

In response, it is high time to reinstate a policy that respects people's health and dignity.

The right to temporary residence for medical reasons must fulfil its primary purpose: allowing patients residing in France to continue receiving medical treatment without living under the threat of deportation.

The rights of seriously ill migrants remain a priority advocacy issue for our organisation of care providers.

A report released in January 2013 provided the first assessment of the anti-poverty plan adopted one year earlier by the Inter-Ministerial Committee Against Social Exclusion.

Despite some progress, Médecins du Monde identified a number of areas that fall short of addressing the healthcare needs of the most destitute populations:

- The increase in the eligibility threshold for free supplementary health insurance (CMU-C) and the financial assistance programme (ACS) for private supplementary insurance that was planned, in theory, for about 750,000 beneficiaries did in fact take place in July. This week, Inspector General of Social Affairs François Chérèque announced that 680,000 people had taken advantage of the programme. With the aim of combating deprivation and fighting for access to social rights, Médecins du Monde continues to advocate raising the CMU-C's eligibility threshold to the poverty line. It also continues to advocate merging the State Medical Aid (AME) and Universal Health Insurance (CMU) insurance scheme.

- Despite a 2013 government memorandum that clarifies the role of PASS[2] healthcare clinics, their performance across regions remains very uneven. Further clarification is required concerning the resources that will be needed to increase the clinics' budget. The Paris-region MdM report on the PASS children's clinics reinforces this picture of inadequate resources, which reflects a political will that is too often lacking.

- Similarly, we are advocating for greater access to local healthcare facilities, such as multidisciplinary healthcare centres, mobile PASS clinics and specialized PASS clinics.

- In terms of housing and shelter, the homeless are still being expelled after a winter hiatus. The mobile street outreach teams describe a gradual rise in poverty, with women and children now sleeping on the street every night. That is unacceptable.

[2] French acronym for permanences d'accès aux soins de santé. In english: health service access point.

This message has to be repeated each time we have an opportunity to speak with government officials.

- The government promoted health and social mediation in 2013. The government memorandum of 26 August 2012 on planning and supporting evacuations of illegal camps, however, has only been partially implemented. We and Romeurope[3] continue to condemn the deportations, which make no sense. We also worked with prefects and Dihal[4] staff to support rehousing efforts, a meaningful example of our advocacy surrounding shanty towns. We can be vigilant and constructive at the same time!

- We are still waiting for the opening of the supervised injection sites provided for in the MILDT plan (Interdepartmental Programme Against Drugs and Drug Addiction). We are hoping that the period following the municipal elections will be conducive to a legal reform that will ease the way to opening these sites. Otherwise, should we consider launching a movement of civil disobedience?

- A bill that ends the offence of soliciting prostitution also seeks to punish sex workers' customers. MdM widely spoke out against punishing customers by, for example, letting sex workers speak for themselves via a CD-ROM. Thanks to our efforts, a section concerning risk reduction was added to the bill. We need to carefully monitor the bill as it makes its way through the parliamentary process during the coming sessions.

- MdM recalled the need for sufficient time to address the deprivation issues specific to the overseas departments and territories. In such places as Mayotte and French Guiana, we are too often confronted with no-go areas, where France is not complying with its own laws, as evidenced by the lawsuits that we have initiated and won.

Our solidarity organisation must urgently question why people entitled to rights do not make use of them.

We need to understand why multiculturalism is passé, why some people prefer to stick to their own neighbourhoods and why the crisis has made us withdraw into ourselves.

Providing universal healthcare in every corner of the country means daring to rub shoulders with others.

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[3] Romeurope: national human rights collective promoting access to fundamental rights for Roma migrants in France

[4] French acronym for: Délégation interministérielle à l'hébergement et à l'accès au logement des personnes sans abri ou mal logées. In english: Interministerial Delegation for accommodation and access to housing for homeless or inadequately housed.

New intervention sites are cropping up in rural areas, where there is now talk of disadvantaged populations relegated to the country. We may also see new locations in underprivileged suburban neighbourhoods, where the number of health professionals continues to decline, as well as in prisons, where we may even try a community approach.

MdM must consider alternative healthcare solutions for vulnerable populations in local communities, regardless of their legal status.

This raises questions about the healthcare system and its deficiencies as a whole, and leads us to insist on truly equal treatment for everyone living in France.

In September 2013, the French Mission Days were a great success; they were well organised and enjoyable and the programme was excellent.

We were asked to be care providers, lawyers, activists and lobbyists all at the same time – a perfect reflection of the Médecins du Monde organisation and a multi-faceted image that places great demands on all of us.

By questioning the role beneficiaries play in our programmes, this event suggested moving away from the uneven relationship between care provider and patient in favour of a truly reciprocal relationship in which each person becomes a full participant.

The global Médecins du Monde network is experiencing major changes.

The network's various delegations are all seeking funding.

MdM Germany and MdM United Kingdom have extensively contributed their resources to funding emergency projects that reflect the entire network's mission.

MdM Belgium, which is growing, decided to open a delegation in Luxembourg and we want to support them in this effort.

MdM Spain and MdM Greece were able to withstand the economic crisis while also increasing their advocacy for the most vulnerable populations.

MdM Portugal remains in a very weakened position.

The network, however, is largely based on the European system linking the MdM delegations' domestic activities.

The European organisations provide an opportunity to speak out on behalf of the rights of migrants from both Europe and abroad.

I would like to thank Maria Melchior and Olivier Bernard for their strong political support to this European project.

The Athens meeting on domestic projects was a great success. The various players demonstrated their mutual commitment, especially the network's support for the Greek delegation.

The president of MdM Greece likes to say that he's angry and doesn't have the time to be afraid of ''fascists" who attack migrants.

After the 2013 Annual General Meeting, Pierre Salignon confirmed that he had decided to leave Médecins du Monde.

His time with us during a period of transition strengthened our organisation and its social mission.

We're happy that Olivier Lebel joined us in November just as the 2014 budget was being prepared.

We will work with the new director general to develop a strategic plan for 2015-2018.

I would like to thank both of them.

I would also like to take this opportunity to thank Thierry Barthélemy, Financial Management and Information Systems Director, and Gilbert Potier, International Operations Director, who served as acting director general for four months.

At today's meeting, we will be continuing to plan for the future. Two important proposals will be submitted for your approval during an extraordinary session this afternoon:

- a motion to raise the President's allowance in order to strengthen our model. This motion seeks to ensure equal access to this position.

- a second motion proposes creating a foundation that would help Médecins du Monde to raise private donations while also spreading our ideas more widely.

A third motion to correct a few clerical errors in the Médecins du Monde articles of association will also be submitted for your approval.

The Médecins du Monde mission statement dates back to June 1995.

This statement, which may not be well enough known by the organisation's stakeholders, summed up the key aspects of our model and outlined our objectives.

During its seminar in September 2013, the board of directors decided to continue its deliberations on revising the mission statement.

The new mission statement will include the benefits gained from the projects we completed in recent years, namely:

- ⇨ the successful completion of the regionalisation policy, with the implementation of a decentralised budgeting process for France,
- ⇨ redefinition of the role and tenure of heads of mission and the methods by which they are appointed,
- ⇨ reorganisation of the international operations department, particularly with the creation of three regions,
- ⇨ organisation of our activities around our four key themes,
- ⇨ adoption of the motion to prohibit holding several positions simultaneously,
- ⇨ adoption of the motion to open membership to expatriate employees.

This mission statement will guide Médecins du Monde's policy decisions in the coming years.

To share a sense of purpose, forge ties among MdM stakeholders and take collective action to bring our goals to fruition with our partners and various organisations, we will launch a large-scale participatory process to develop a new mission statement.

This statement will shape our vision over the next 10 years.

The project got underway in January with an initial phase that involved discussing Médecins du Monde's role in the new humanitarian landscape.

Médecins du Monde can be seen as a civil society open to anyone wishing to take part in the development of global citizenship focused on healthcare.

In more specific terms, we will try to:

- identify the necessary conditions for forming a partnership, with the aim of enhancing the skills and ability to act of populations facing health issues,
- determine whether we should transition toward an organisation that better represents all Médecins du Monde stakeholders and under what conditions,
- assess whether our social mission to ''provide care and bear witness'' can justify any means in support of our efforts and whether we need to strengthen this mission by adding a third – to support social change.

The mission statement for 2015-2025 will be discussed during the 2014 Autumn University sessions that will take place in Nantes in October.

If we reach a consensus, I'm hoping to submit the new mission statement to a vote during the 2015 Annual General Meeting.

Médecins du Monde is placing its bets on independence and solidarity in a tumultuous world.

To do so, we need to keep to the path of committed humanitarian action with the most vulnerable populations to improve their health and also support their desire for social change.

This ambitious project has motivated women and men for more than 30 years at Médecins du Monde.

It is our responsibility to write a new chapter every year.

With a dynamic voluntary sector and meaningful projects, we can calmly look toward the future and create a renewed and activist mission.

I wish to thank all of you because without your commitment, we could not have written the 2013 chapter of the Médecins du Monde story.

Thanks,

Thierry Brigaud

Paris, May 24th