Strategic Plan:
2020 Strategy

CONTENTS

MISSION STATEMENT: PUTTING WORDS INTO ACTION

The adoption by the 2015 Annual General Meeting of the organisation's Mission Statement represents our commitments for the future and we have an obligation to put the policy commitments made into practice. This is the purpose of the Strategic Plan - to convert the vision contained in the Mission Statement into action.

Begun in early 2015, this exercise will lead to production of a strategic reference document which will set out a strategy designed to evolve in line with work already accomplished and work yet to be initiated.

A steering committee[1] was formed at the outset to define a methodology for drawing up this document and for conducting the various stages of the process.

February 2015

Board (CA)/Directors seminar worked on the four pillars of a policy framework:
- Themes
- Intervention areas
- Spaces and territories
- Economic model

March 2015

The steering committee for the strategic plan submitted a policy framework to the National Advisory Council (CNN in its French acronym) and to thematic and geopolitical groups. The framework defined 5 strategic areas arising from the Mission Statement to be used as the basis for constructing an action plan:

1. Promoting health through access to healthcare and changing legislation

2. Empowering populations to take action

3. Fostering coalitions of common causes

4. Promoting commitment and activism, understanding and supporting new forms of mobilisation

5. Guaranteeing policy and financial independence

April – May 2015

For each of these areas, a cross-wise working group (GTT in its French acronym) met for a day to produce a diagnosis of the situation (SWOT analysis: strengths, weaknesses, opportunities and threats) and to work on putting forward objectives. During the Mission Days (JDM), the coordinators set out these objectives in terms of action to take.

June 2015

The directorates compiled all contributions to produce an initial proposal for a strategic plan submitted to the Board (CA)/Directors seminar.

July 2015

The Board meeting on 4th July discussed the overall strategic plan and examined each objective.

September – November 2015

Following the autumn Board meeting, the teams will use the objectives of the strategic plan as the basis for developing the activity components – indicators – resources, and thus set out the action plan.

Beginning 2016

The full strategic plan will be ready to forward to the whole organisation as our road map for the years ahead.

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[1] Comprising Françoise Sivignon, Olivier Maguet, Frédéric Jacquet, Luc Jarrige, Christophe Adam, Olivier Lebel, Jean-François Corty and Gilbert Potier, with the support of Julie Bellenger

AREA 1: PROMOTING HEALTH THROUGH ACCESS TO HEALTHCARE AND CHANGING LEGISLATION

Promoting health through access to healthcare requires us to be vigilant as to whether existing legislation is being effectively applied and respected and to advocate for change where the legislation does not exist or is unsatisfactory.

Doctors of the World – Médecins du Monde (MdM) 's priority areas for action in relation to promoting health through access to healthcare and changing legislation encompass three themes: sexual and reproductive health, harm reduction and migrant health.

Emergencies and crises are not, strictly speaking, a theme and their specific nature means that they comprise harm and disaster risk reduction approaches in particular as well as elements of advocacy, which link up with the other themes. The operational mode adopted varies and depends on whether it is a question of an emergency as a result of a natural or manmade (i.e. conflict) disaster, whether it is a forgotten crisis or a chronic one.

The impact of environment on health is also a theme which relates to real needs at the same time as involving civil society mobilisation and the capacity to bring about marked social change. Doctors of the World is adopting an original approach in this area, a point which should be highlighted.

How is a new theme defined?

The policy framework puts forward criteria for determining whether a theme may become a priority for Doctors of the World (distinguishing it from a particular expertise). This involves identifying the potential of a given theme to enable MdM to:

Remove legal or regulatory obstacles

- ✓ Bring about changes to legislation
- ✓ Improve current norms and practices to reduce other obstacles to genuine access to healthcare

Inspire civil society to action

- ✓ Prompt social mobilisation
- ✓ Empower to take action
- ✓ Join coalitions

Harm Reduction (HR)

The right of certain individuals to access appropriate health services - people who take drugs, male and female sex workers, gays and other men who have sex with men (MSM) and transgender people - is too often refused because they are criminalised and subject to social and moral stigmatisation. Sometimes they are ostracised to the point of being imprisoned, tortured and even killed. Viewing them as criminals or as sick or victims simply stifles any fresh thinking likely to respect their existence, humanity and right to be full, independent citizens. In this respect they are more vulnerable and more exposed to certain health risks than others.

As well as being relevant to public health, the programmes conducted for and with these individuals and their groups are principally aimed at helping develop a community response. They target access to citizenship, recognition of lay expertise, empowerment (by capacity building) via active participation, in order to develop health responses and also to put an end to marginalisation, exclusion, criminalisation and other forms of rights violations suffered. Such an approach is now being developed to improve the social and legal status of the target populations involved. It proclaims that the individuals concerned do not wish to or cannot always modify their way of life and that no precondition should be placed on their exercising their rights as citizens.

Based on HIV/AIDS and viral hepatitis-related activities, MdM is developing a health promotion approach for and with these populations in France and elsewhere around the world. This is what we mean by Harm Reduction.

General objective

To improve the health of people who take drugs, male and female sex workers, gays and other men who have sex with men (MSM) and transgender people and break down legislative and normative barriers which make these populations more vulnerable and cut them off from healthcare.

Specific objectives

1. To implement health and psychosocial services and establish access to rights in order to demonstrate what is possible and provide a model

2. To share our models and promote their scaling up using capitalisation, training and capacity building of institutional players, nurses and civil society stakeholders at local, national, regional and international level

3. To prompt, encourage and support the mobilising and structuring of community-based groups and their action in the field of health and rights

4. To lobby for these populations to be taken into account in health policies and for their effective access to health prevention, testing, treatment and care for HIV/AIDS and other STIs, viral hepatitis and tuberculosis

5. To lobby for the reform of legislation, regulations and policies that criminalise, repress or punish the practices and lifestyles of these individuals in favour of approaches founded on public health and human rights

Sexual and Reproductive Health (SRH)

General objective

To contribute to increasing recognition of and respect for sexual and reproductive rights including universal access to SRH services

Sexual and reproductive rights are internationally recognised. The international community is committed to upholding them in the form of treaties, conventions and declarations, which have been ratified by States. In particular, these rights have been affirmed in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), the programme of action of the International Conference on Population and Development (ICPD, Cairo, 1994) and during the Fourth World Conference on Women in Beijing (1995). At that conference, the States agreed that "The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment" (Paragraph 17, the Beijing Declaration).

MdM's approach aims:

- To secure recognition of these rights by international and regional bodies and by States. For example, this involves contributing to the reform of public policy as a way of increasing recognition of sexual and reproductive rights.
- To support and increase the commitment of existing players to providing an integrated response that will enable individuals to exercise their sexual and reproductive rights. This is a question of ensuring the availability of and access to a high standard of comprehensive, preventative and curative SRH integrated services.
- To propose innovative action to make these services accessible to all.

Specific objectives

1. To promote and facilitate access and to support players in the provision of an integrated response to SRH needs that is adapted to the intervention contexts:

   a. To question any discontinuity in the SRH care continuum and the options for plugging any gaps with players on the ground (for example, through outreach or mediation activities);

   b. To promote sex education and access to the prevention and treatment of unwanted pregnancies;

   c. To incorporate identifying and providing multidisciplinary care for cases of GBV at all levels of SRH services, particularly during crises;

   d. To increase testing for precancerous cervical lesions among vulnerable populations.

2. To enhance the capacity of service users to exercise their SRH rights

3. To promote an environment conducive to exercising sexual and reproductive rights by mobilising community players and service users; this involves combating gender inequality in particular

4. To help mobilisation in favour of sexual and reproductive rights:

   a. To support civil society mobilisation (national and local organisations and community players) to secure recognition of sexual and reproductive rights and to fight impunity;

   b. To call on and put forward proposals to public institutions, ministries and national and international decision-makers based on documenting situations where sexual and reproductive rights are not respected and where access to SRH services is limited.

Migration, health and human rights

Migration issues will represent a major challenge in the coming decades. Migration has always existed but the phenomenon has dramatically accelerated in recent years. These migratory flows prompted by multiple factors, globalisation, wars and economic crises, plus the added consequences of climate disruption will shape the world of tomorrow and have a considerable impact on migrant populations. Doctors of the World must be there to support this movement and must anticipate the needs of all migrant populations, whether going South/North or South/South and whatever the reason triggering their migration.

General objective

To act on the policies and mechanisms relating to migration in order to promote fair and effective access to rights and care for people on their migration route, whatever their origins or administrative status

Specific objectives

1. To promote access to universal, fair and effective care based on medical and not administrative criteria

2. To use innovative approaches to adapt our medical practices:
   a. To put forward a model or models for medical and psychosocial reception and support (providing shelter, mediation, etc.)
   b. To be capable of identifying individuals who have experienced violence and to participate in providing multidisciplinary treatment and care for these cases of violence
   c. To increase protection and psychological support
   d. To enable global provision for individuals, including prevention, diagnosis and support with accessing treatment and care for the pathologies encountered
   e. To support community skills

3. To develop advocacy:
   a. To condemn the negative impact on health and on access to fundamental rights of repressive and restrictive migration policies
   b. To combat all forms of violence against individuals on their migratory route and to integrate the notion of protection
   c. To bring about an evolution in migration policies in favour of effective and fair access to care and rights

4. To encourage and support social mobilisation and coalitions of players:
   a. By increasing networking and partnerships
   b. By participating in collectives
   c. By bringing about a change in derogatory representations and myths surrounding issues of migration

5. To demonstrate our position on migration at European level, through members of the MdM network and its partners, and at international level

Crises and emergencies

General objective

To reduce morbidity and mortality resulting from crises and emergencies by strengthening the health system in place and by actively promoting partnerships and International Humanitarian Law (protection in particular)

Intervention principle

To re-establish the continuum of care where disrupted or non-existent in the wake of a natural or manmade disaster and in the case of both forgotten and long-standing crises, where a vulnerable population can no longer access care

In emergencies and crises, we must be ready as soon as we intervene to think about the different phases of the continuum - Emergency/Rehabilitation/Development. This also presupposes integrating the complexity of situations into our interventions over the long term, so that we can effectively manage the overlap between emergency and long-term action.

Specific objectives

1. To improve MdM's capacity to intervene and also preparedness for emergencies in chronic crisis contexts
2. To improve our operational expertise in: GBV/SRH in crisis situations; the security of our actions; ERUC (emergency and crisis discussion group); innovation
3. To develop and promote our partnership approach via different operational methods: MdM network, local and international NGOs, health authorities and civil societies
4. To formalise ways of working specific to MdM in emergency situations (partnerships, Primary Healthcare, etc.) to produce a framework document on 'Crises and conflicts'
5. To develop a preventative approach to disaster-risk reduction

Advocacy themes

6. To advocate against violations of International Humanitarian Law in countries where we work and conflict zones in particular
7. To define and develop advocacy on the importance of maintaining and strengthening health systems in countries where we work
8. To develop advocacy on the place of partnership in responding to crises and emergencies

Harmful environments for working or living

In a global approach to health and its determinants, it is legitimate to pose questions about the environment. It is one of the variables that generate health inequalities in society. MdM prefers to adopt a local stance on this issue, tackling environmental impacts on health within a geographically limited area and where the causes are known. The target populations are those historically supported by MdM (people who are poor, stigmatised or discriminated against). For MdM, there are three angles from which to approach environmental impacts on health:

Reducing the impact on health of living in a polluted environment

We are able to identify harmful environments thanks to our knowledge of the places where people live, the support we provide them with and the data gathered in the field. Having chosen some particularly harmful environments, we are developing support for the populations concerned to enable them to reduce the impact on their health. At the same time, we are conducting an advocacy campaign to minimise the unhealthy conditions, promote access to water and ban the causes of toxicity.

Reducing the impact of hazardous, toxic activities

Our wish is to support populations who have developed income-generating activities which expose them to a toxic health risk. As part of a harm-reduction approach, we are working to develop the capacity of individuals to protect themselves and to reduce exposure to toxic substances, without seeking to dissuade them from the activities essential to their subsistence. On a political level, we undertake appropriate advocacy to reduce the level of toxicity of the substances used, without worsening the economic situation of these workers, for example by increasing the cost of the materials. We also ensure that regulations are not issued which would result in the people being banned from working.

Ensuring the sustainability of actions in relation to predictable environmental hazards (cyclones, floods, etc.)

In areas where a recurrent environmental risk has been identified, we are systematically developing a disaster risk reduction (DRR) approach on projects from their design stage, by working outside times of crisis with communities and the authorities.

General objective

To support the capacity of populations living or working in a harmful environment to take action to lessen the impact of that environment on their own health and on that of their families

Specific objectives

1. To ensure that individuals who carry out or are subject to polluting activities have the capacity to lessen the impact of their activities on themselves and on their families

2. To ensure that those who live in a polluted environment, in insanitary accommodation or who have no home have the capacity to lessen the impact of that environment on their health and on that of their family for types of pollution and insanitary conditions identified

3. To promote advocacy regarding prevention and improving places where people live - particularly in dense urban areas

Cross-wise approaches

Structural approaches such as those based on mental health, childhood vulnerability and gender cut across all thematic priorities.

Mental health and psychosocial support

Mental health and psychosocial support are viewed as priority cross-wise medical practices which should be integrated into existing programmes as well as assigned adequate resources to meet expectations in the field and the priorities of the organisation.

4 elements structure our approach:

1. Mental health as psychological well-being

MdM's approach is part of a policy to promote health. It includes the determinants and factors which influence mental health. It goes well beyond psychiatry, with health promotion belonging to the wider sphere of public health. By promoting mental health, we are focusing on the global health of populations (in particular the social inequalities of health and the social and cultural determinants of health) from a perspective which is akin to that advocated by the WHO in its recommendations on mental health interventions in the humanitarian field.

2. Targeting situations of mental vulnerability and not pathologies

We are interested in situations of psychological and social vulnerability and raise questions about the consequences of violence and fragility to which those who are in situations of extreme precariousness, conflict or natural disaster are subject both at home and abroad. How do these situations of extreme social disorder impact on individuals and their environment? How can people resist these recurrent upheavals or survive them and safeguard their psychological integrity? How can we relieve, deal with and where necessary treat the suffering which ensues?

3. Consolidating collective skills

Starting by acknowledging what individuals have suffered, this aspect of our work involves consolidating people's psychosocial skills, so that they are better able to get through situations which are violent and which render them 'vulnerable' by collectively reducing the damaging impact of these. Taking individual painful experiences as a starting point, it is about encouraging collective skills, so that individuals and communities are in a position to mobilise and pool the resources which they feel are most capable of ensuring they can confront and overcome trauma or the withdrawal into misery or depression, individual by individual. The dual concept of personal empowerment and social empowerment is central here.

4. How to intervene: focus on community mental health

We take the view that positive mental health is the result of intervening cross-wise on a number of different determining factors: medical and psychological factors as well as social and political ones. This complexity demands:

- Putting together cross-wise interventions backed by other intervention programmes (Primary Healthcare, Sexual and Reproductive Health, Harm Reduction, etc.)
- Thinking through an intervention designed to heal and to be delivered where individuals and communities are. This is a community health intervention method for mental health. Such an intervention aims to facilitate access to services providing care (in the widest sense) but also, more politically oriented, it aims to make the social inequalities of health more visible. It is only by consolidating the individual and collective skills of populations that progress can be made on these issues.

Childhood vulnerability

Despite being a signatory to texts affirming the rights of children (International Convention on the Rights of the Child; European Charter for Children in Hospital), France is nonetheless often found wanting.

Childhood is a sensitive subject which requires Doctors of the World to adopt a transcultural, humanist ethic.

We need to speak out strongly on this subject, in the face of inequalities in access to care for these vulnerable populations. And we need to be ambitious in the action we take in France and abroad (such as in programmes focusing on child soldiers and street children).

While MdM's commitment to childhood vulnerability since the organisation was founded is undisputed, our activities for minors continue to increase year on year:
- Consultations for children in health and advice clinics (CASO);
- Health prevention work with children in slums;
- Homeless families;
- Migrant children with families;
- Issues relating to unaccompanied foreign minors;
- Treating and preventing early pregnancies.

Aside from existing programmes involving international adoption, supporting hospitalised children, 'Operation Sourire and surgery in Madagascar, we propose to look at the approach to childhood vulnerability from a cross-wise perspective by:

1. Carrying out a study of MdM's specific approach to the child

2. Undertaking cross-wise consideration of provision for vulnerable children within MdM programmes

3. Defining a policy framework to enable projects to be included within a common advocacy framework for children's access to health in its widest sense.

These programmes which concern children must now come into line with the new Mission Statement:

- Action taken by Doctors of the World in the field of international adoption, particularly for children with special needs, is recognised by all for its ethical approach and for its approach more generally as well as for its expertise. Against a backdrop of declining international adoption, discussions about our position on the subject are now concerned with country criteria and the adoptability of the children. The Board meeting in July 2015 thus proposed to study, in concert with teams, the feasibility of transferring this activity to an external provider.

- The programme providing support for hospitalized children advocates for parents of a child being cared for in France to have temporary residence permit. The programme also has a watchdog role and has noted an increase in precariousness leading to numerous families being unable to deal with treatment for a child's serious illness.

- 'Operation Sourire' and its important task with disfigured children must be directed towards more training for local teams where they are working. Closer university links must be secured and the same must apply to interventions in Madagascar.

New challenges present themselves:
- Starting a programme for 'unaccompanied foreign minors' in September 2015 along with advocacy work to secure respect for their rights and recognition of their minority status without recourse to medical methods from 'a bygone age' (bone age assessment and puberty tests).
- Stepping up the fight against substandard housing, particularly stabilising the status of slums, to allow medical follow-up of children.
- Alongside our SRH programmes, a new approach is needed to treat and prevent early and unwanted pregnancies through initiatives in educational institutions. The same applies to gender-based violence affecting minors in areas where we work.

By making our projects child-centred, we are lobbying for rights which are almost universally recognised to be respected. We are also equipping ourselves with human resources to implement them.

Gender-based approach in MdM projects

Gender evokes the socially determined roles, behaviours, activities and attributes that a society considers appropriate for men and women.

Gender equality refers to men and women being equal, whatever their age and sexual orientation, to enjoy rights, socially valued assets, available opportunities and resources.

General objective

To integrate a gender-based approach into devising and implementing projects

Specific objectives

- To take account of gender inequalities to enhance the quality and impact of projects by MdM players taking on board the importance of this approach;
- To develop new or adapt existing tools to integrate the gender-based approach at every stage of a project (diagnosis, programming, implementation and evaluation).

AREA 2: EMPOWERING POPULATIONS TO TAKE ACTION

The question of power-sharing and decision-making is central here to ensure that capacity-building does not happen within a power relationship. Situations involving asymmetrical relationships can frequently arise. We must therefore think and equip ourselves specifically to ensure that the power-sharing exercise is genuine and will ultimately result in the stakeholders concerned having a greater capacity to act and take decisions.

If we support social change, go beyond care and question all the determinants involved, the issue of individuals' ability to act and their capacity to control their own destinies becomes fundamental.

We are placing equal value here on beneficiaries as the focus of our commitment and as responsible individuals and citizens who we are supporting and who support us.

General objective

To develop the capacities of individuals, communities and organisations to take action (empowered to act, take decisions and influence) in the field of health and its determinants

Specific objectives

For individuals and communities

1. To involve beneficiaries in devising and evaluating programmes
2. To support beneficiaries in constructing their own advocacy actions
3. To involve beneficiaries in programme management
4. To develop a health education component in programmes

For organisations

5. To empower community, civil society, public agency, etc. organisations to take action
   a. To support the governance of organisations
   b. To encourage donor initiatives aimed at direct funding of local bodies and to work with them on a economic model and on financial viability
   c. To support local bodies as they seek funding and develop their capacity for financial management, reporting, human resource management and communication
6. Support organisations in their advocacy work

For Doctors of the World

7. To systematise community health approaches
8. To encourage sharing of good practice between partners and communities

AREA 3: FOSTERING COALITIONS OF COMMON CAUSES

Operational and policy partnerships and alliances

There are 4 distinct bases to the relationships MdM-F forms outside the international network

- The 'utilitarian' partnership: MdM funds partners who carry out programmes or actions for us;
- The operational partnership devised as a part of a joint approach to constructing and taking action: we share expertise and resources which we pool with our partners for the benefit of common activities and programmes.
- The policy partnership is also part of a joint, constructive approach: we work with partners who approach us, providing expertise designed to strengthen capacities and advocacy and ultimately to empower.
- Alliances: MdM also embraces bilateral and multilateral strategic alliances with other civil society players both in the North and South. These coalitions or platforms boost the impact of our advocacy work; they also enable MdM to make a political commitment to advocacy initiatives which are broader in scope than our own but which resonate with our social goal.

General objective

To foster partnerships and alliances which make it possible to support and strengthen civil society as an actor for social change in struggles relating to health

Specific objectives

1. To systematically develop a partnership strategy that takes account of context; for each partnership, to detail the nature, governance and objectives of that partnership with a view to establishing the legitimacy of the action and advocacy
2. To encourage advocacy via partners involved in action in the field
3. To use and enhance existing tools (analysis grid, financial framework, etc.) to enable stakeholders to evaluate the partnership from a technical, policy and institutional perspective
4. To support partners in increasing their visibility in the societal, institutional, political and media environment
5. To develop expertise in supporting partners in their search for direct funding; to systematically include this support in our exit strategies
6. For each area of advocacy, to determine one or more alliances which will enable our action to be more effective in attaining its goals at every level - national, regional (particularly European) and global
7. To prioritise allocation of resources to operational and policy partnerships and to alliances as defined above
8. *Linked to Area 4 on new forms of mobilisation*: To develop horizontal mobilisation and know-how and to make this experience and expertise available to the alliances we have signed up to.

International network

NB: In what follows, MdM stands for the network as a whole

General objective

To increase MdM's global influence

Specific objectives

1. To build a democratic and dynamic model of governance

For programmes of network member organisations:

2. To standardise good, high quality practice over the whole range of programmes
3. To develop data collecting that is common to all network organisations
4. To adopt strict safety regulations for all players
5. To develop joint advocacy or communication campaigns supported by all network members
6. To encourage new forms of social mobilisation in all international network countries
7. To develop private and public fundraising for the benefit of all network members
8. To strengthen each of the network's organisations so that they reach a critical mass (from the point of view of capacity to mobilise), enabling Doctors of the World's shared values to be sustainably promoted
9. To develop the international network by including new organisations or associate members

AREA 4: PROMOTING COMMITMENT AND ACTIVISM, UNDERSTANDING AND SUPPORTING NEW FORMS OF MOBILISATION

At MdM, commitment and activism are modelled and based on the point where two frames of reference meet - the historical and legal framework as shared by all French organisations called "associations" and set out in the 1901 law; and the policy and organisational framework specific to MdM, which has its own articles of association relating to volunteers and employees and volunteering expatriate staff, some of whom are members of the organisation and others not, and its own methods relating to how activism operates in practice (including the tripartite project management team[2]). MdM has long continued to be nourished and regenerated by this structure, which serves too as a source of both volunteer and paid executive staff.

MdM's specific framework has recently evolved in line with the evolution seen in sociology and the activist pathway followed by its expat volunteer staff: the traditional model for producing volunteer executives or head office employees following a stint overseas has tended to give way to broader modes of commitment within MdM.

This example indicates to us that 'the MdM model' must evolve. It also illustrates the need to address questions of commitment and activism and to adapt to new activist pathways that feature in individuals' personal and professional lives.

Promoting commitment and activism

General objective

To promote new forms of commitment and activism

Specific objectives

1. To develop the organisation's sphere of influence in civil society
2. To open up the organisation to socio-cultural diversity; to attract new activists within their environment; to adopt a proactive approach to career pathway management with a view to a qualification
3. To promote the transition from volunteering to participation in the life of the organisation
4. To have a proactive mobilisation and recruitment policy
5. To diversify the volunteering roles
6. To recognise and develop the activist commitment of employees
7. To use new technologies and horizontal communication (web and social networks) to develop and transform the community of supporters and activists into volunteers and donors

Opening up the governance of the organisation

General objective

To open up the governance bodies of the organisation at all levels and to all stakeholders: international network members, associate members, partners, employees, volunteers, beneficiaries and donors

Specific objectives

1. To broaden membership to stakeholders, including employees
2. To secure participation of beneficiaries in governance at programme level (NB: design and evaluation in Area 2)
3. To open up the colleges and groups to stakeholders
4. To open up the Board (CA) to stakeholders
5. To pay close attention to the risk of demedicalising the organisation's players by adopting a career-path approach based on volunteering, first assignments and national staff
6. To provide MdM donors and different players with transparent information:
   a. Put in place an audit and governance committee
   b. Review rules for drawing up the Statement of Expenditure
   c. Redefine the financial report and financial elements of the annual operating report

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[2] Note context "Le responsable de mission dans le modèle associatif. Eléments d'introduction ou une brève histoire du RM" [The Volunteer Board Delegate (RM) in the non-profit organisation model. Introductory elements or a brief history of this role], Frédéric Jaquet, November 2012.

Developing the governance bodies

General objective

To increase transparency and improve and simplify governance of the organisation

Specific objectives

1. To reform the decision-making processes consistent with the strategic plan
2. To simplify the decision-making bodies
3. To establish for each theme a group or space with equal representation from here and abroad
4. To make the Board (CA) and other bodies more efficient by reducing the number of meetings and preparing meetings in advance

Understanding and supporting new forms of mobilisation

Collaborative initiatives in the field of economics or politics are a feature of the 21st century. As regards social mobilisation, networks are established without any centralised intervention. In our field, we must successfully identify and support these new collaborative initiatives with the aim of supporting social mobilisation and advocacy.

General objective

To understand and support new forms of mobilisation

Specific objectives

1. To identify new forms of mobilisation likely to enable the individuals involved to act without the intervention of an 'expert'; to identify the factors contributing to the success of these new forms of mobilisation
2. To support these new forms of mobilisation; to see them as an innovative vehicle for development of the populations concerned
3. To position MdM as a facilitator of these new forms of mobilisation and as a recognised leader in this new world

Decentralising defining and steering our actions

General objective

To increase the efficiency of our operations by taking decision-making and expertise closer to the field

Specific objectives

1. To delegate decision-making responsibilities and the capacity to take decisions to the field (at country level or at the level of a group of countries internationally and at regional level or at the level of a group of regions in France)
2. To support the movement towards decentralised regions in France and towards delegating internationally
3. To promote AIR in close coordination with the International Operations Directorate (DOI) and the French Programmes Directorate (DMF)

AREA 5: ENSURING FINANCIAL INDEPENDENCE FOR POLICY INDEPENDENCE

Independence does not mean isolation. In reality, independence is more a question of choosing one's dependencies and one's interdependency.

Being independent of religions, political parties, States, donors and economic forces means that no one can dictate our policy and operational choices if we feel these are in the interests of the populations concerned.

Financial independence is measured by:

- Our capacity to act without waiting for funding, even if it means putting forward to donors the programme only after defining it with populations;
- Our capacity to turn down funding or to reject interference by a donor;
- The manner in which we devise our programmes, with the populations concerned and without necessarily following a donor's programme specifications;
- The proportion of innovative programmes, often outside the donor framework.

Financial autonomy enables us to undertake exploratory missions and even programmes without waiting for specific funding. Certain crises or causes are neglected by private donors; we have to respond to these without waiting. We also have to be capable of supporting our partners' capacity to act.

Improving management

General objective

To improve the efficiency of the organisation relating to strategic priorities

Specific objectives

1. To increase the organisation's effectiveness
2. To optimise costs
3. To affirm our proficiency with new technologies
4. To adopt a sustainable development approach for financial sustainability

Developing private and public (institutional) fundraising

General objective

To develop private and public (institutional) fundraising

Specific objectives

1. To develop the profile of Doctors of the World around the world
2. Digital first (to prioritise digital technology to ensure MdM is promoted in a way that attracts a younger following and develops new forms of activism)
3. To take private-sourced resources to €50 million in 2018
4. To establish a unique specialist hub for organising and steering public and private fundraising at global level

AN ESSENTIAL REQUIREMENT

Quality

We take a global view of the concept of the quality of our actions: it encompasses the quality of services provided to populations affected as well as all the means and points on which we focus and which enable us to put our social goal into practice for the benefit of beneficiaries. We do so while striving to be as consistent as possible with the humanitarian principles that are our points of reference. In this sense, quality is indeed interrelated with all our strategic priorities.

It is not a matter of referring to a set of technical standards but of improving the relevance (in the light of needs and our strategic framework), efficiency, impact and sustainability of our actions, by taking better account of our responsibilities towards service users, partners and, more globally, the environment.

In this context, our actions are steered particularly towards greater integration of two key aspects:

1. Measuring impact, defined by indicators of results and quality, indicators of beneficiaries' perception and indicators of change

2. Paying attention to the ethical implications of our interventions as regards general humanitarian principles, and their spinoffs (accountability, 'do no harm')

Concern for quality is nothing new at MdM: taking action to improve must be based primarily on existing practices by encouraging the sharing of experience. This action include awareness-raising and training of teams, capitalising on practices and knowledge, operational organising of services and encouraging spaces for sharing.

General objective

To enhance the quality of and in our practices

Specific objectives

1. To develop our capacity to identify and enhance good practice (operational, thematic and cross-wise) with a view to improving the sharing of knowledge and know-how as a way of promoting dissemination based on our experience

2. To develop our capacity to measure the medical and social impact of our actions in terms of changing norms and practices throughout the project lifecycle from design to immediately following the conclusion of our action with an ex-post evaluation in order to:
   a. Consolidate impact measuring by closely related themes, then globally at level of the Geographical Operations Unit (Pôle or equivalent)
   b. Put in place an annual impact report or incorporate impact into the annual report

3. To ensure a level of training for teams (volunteers and employees), so that services provided are guaranteed to take account of the different components of the quality assurance approach

4. To develop operational support by consolidating integration of services:
   a. In terms of expertise in France and internationally, by ultimately creating an Operational Support Unit to complement support afforded by support directorates
   b. In terms of logistics in France and internationally, by creating a logistics unit for purchasing and supply and, if necessary, managing assets

5. To develop a joint approach to ethical questions linked to our practices and, in particular, in order to:
   a. Increase awareness-raising among teams of humanitarian principles and to increase the capacity to identify sensitive situations and/or conflicts between our stated principles
   b. Improve the visibility of ethical questioning and develop a framework for reflection, arbitration and collective decision-making in order to enhance the consistency of our position papers

6. To reduce the environmental impact of the organisation, particularly by improving the organisation's environmental responsibility by measuring our carbon footprint and ensuring our medical waste does not pose a hazard for populations

Innovation

Innovative projects, excluding our current thematic priorities, may provide a starting point for future thematic priorities. It is therefore essential to make space for projects which could be the source of thematic priorities (in the sense of criteria for policies to mobilise civil society and change legislation). This does not, of course, restrict innovation solely to new themes. The primary place for innovation is within our current programmes and themes. Innovation is also embodied in support for our partners' innovative projects. It is worthwhile thinking outside the box.

A substantial proportion of the budget (around 4% annually) will therefore be devoted to projects with considerable potential regarding the selection criteria for thematic priorities. Acting like an incubator, these projects represent the future for thematic priorities yet to come.

For 2015, we could for example look to such programmes as the prison-based programme in Nantes, our rural environment projects, the Sensitive Urban Areas (ZUS) programme and the detention avoidance programme, to mention just those taking place in France.

ANNEX: BUDGETARY IMPLICATIONS

We are ultimately moving towards negotiating the allocation of resources according to our thematic priorities. The table below gives an example of guideline levels of spending for each of the thematic priorities as a proportion of the budget for all the organisation's social programmes between now and 2018:

(As % of the budget) (Excl. France and Childhood for reference)	2018 target
SRH	20%
HR	10%
Migration, Health and Human Rights	20%
Emergencies and Crises	40%*
Harmful Environment	5%
Innovation	5%

(*) Due to the unpredictability of crises, we need to allow between 30% and 50% of the budget

It should be remembered that the cross-wise approaches which include mental health, childhood vulnerability and also gender are, by definition, included in the thematic priorities as regards resources.