

ANNUAL REPORT

2022-2023



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DOCTORS OF THE WORLD AT A GLANCE

A WORD FROM THE PRESIDENT AND FROM THE EXECUTIVE DIRECTOR

From healthcare to social change

Doctors of the World has strengthened its expertise in local healthcare in the past few years, thereby enhancing the quality of its interventions. Our teams have provided physical, mental and psychosocial healthcare services, all the while using a dynamic advocacy approach to influence decision makers and help transform institutional approaches to healthcare.

Each and every one of our interventions is guided by our deep desire to “care without judgment.” We welcome any person and any community, regardless of history, baggage or needs, regardless of the situation’s complexity. Healthcare cannot exist without having interactions and mutual acceptance: It is through these bonds that barriers to accessing healthcare are overcome.

Over the past year – and more so than ever before – our expertise has been called upon to fight against social inequities in healthcare, hand in hand with meeting the needs of people who are deemed to be on society’s fringes. Ultimately, our hope is that the prowess and knowledge that emerge from our work in the field serves not only the community, but also healthcare providers.

Our impact extends to lobbying for legislative changes to improve access to healthcare for marginalized populations. Our rich history, strong ability to be adaptable in the field,



Dr. DAVID-MARTIN MILOT
President



NADJA POLLAERT
Executive Director

excellent strategic partnerships, and bonds that have fortified over years of trusting relationships have all enhanced our influence.

This report reflects our unwavering commitment to a cause that transcends all borders: Ensuring and defending universal healthcare access. As first-hand witnesses to many healthcare injustices, we find ourselves firmly committed to taking action, whether in the field or in the form of influencing public authorities. The following pages detail the different facets of our work.



DOCTORS OF THE WORLD’S 17 DELEGATIONS

- | | | | |
|-------------|-----------------|---------------|---------------|
| › Germany | › Spain | › Japan | › Switzerland |
| › England | › United States | › Luxembourg | › Türkiye |
| › Argentina | › France | › Netherlands | |
| › Belgium | › Greece | › Portugal | |
| › Canada | › Italy | › Sweden | |

MISSION

Doctors of the World is an **international movement of volunteers** working at the national and international levels. Through **innovative medical programmes** and **evidence-based advocacy**, Doctors of the World empowers excluded people and communities to take action and demand **their right to health while fighting for universal access to care**.

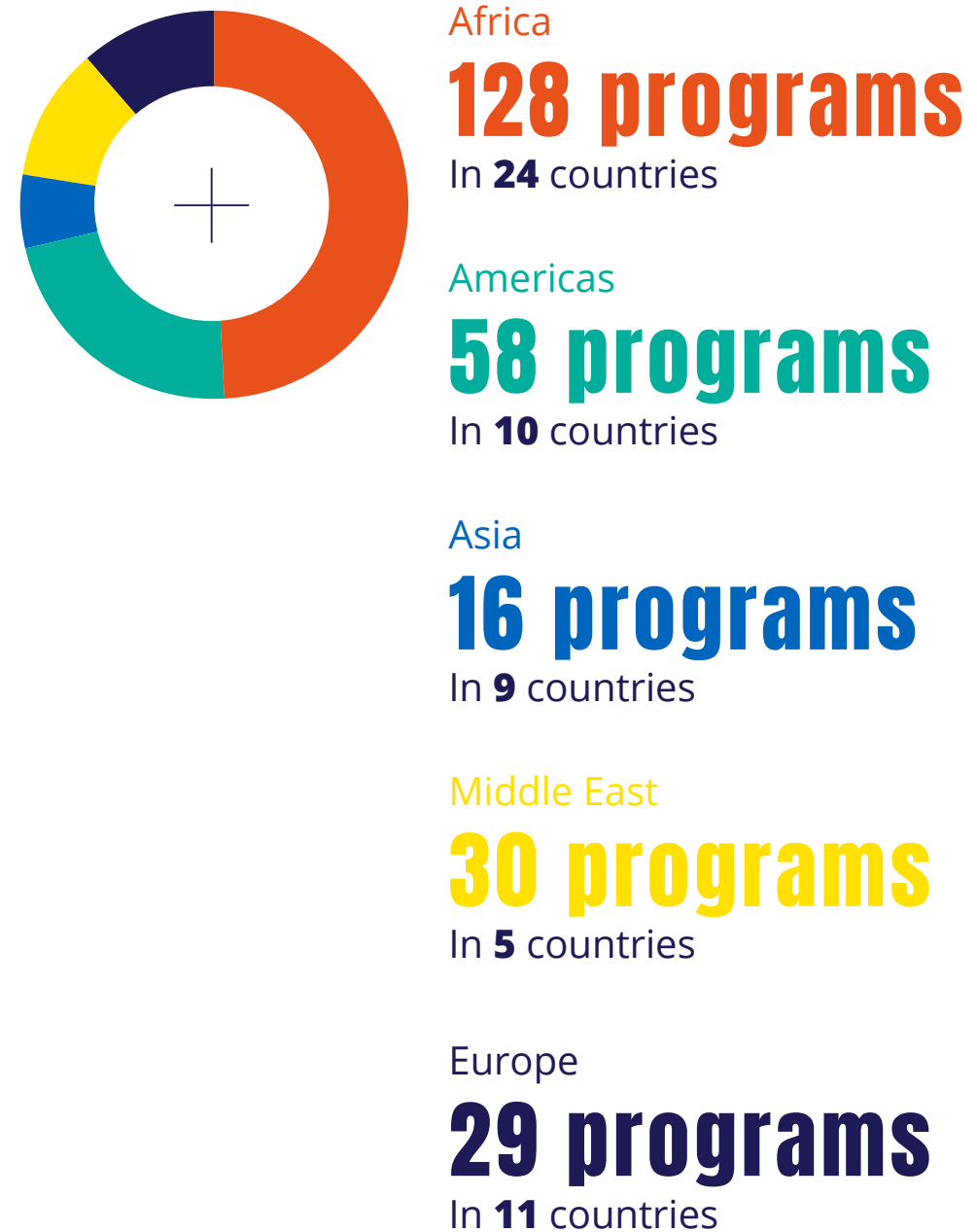
Board of Directors

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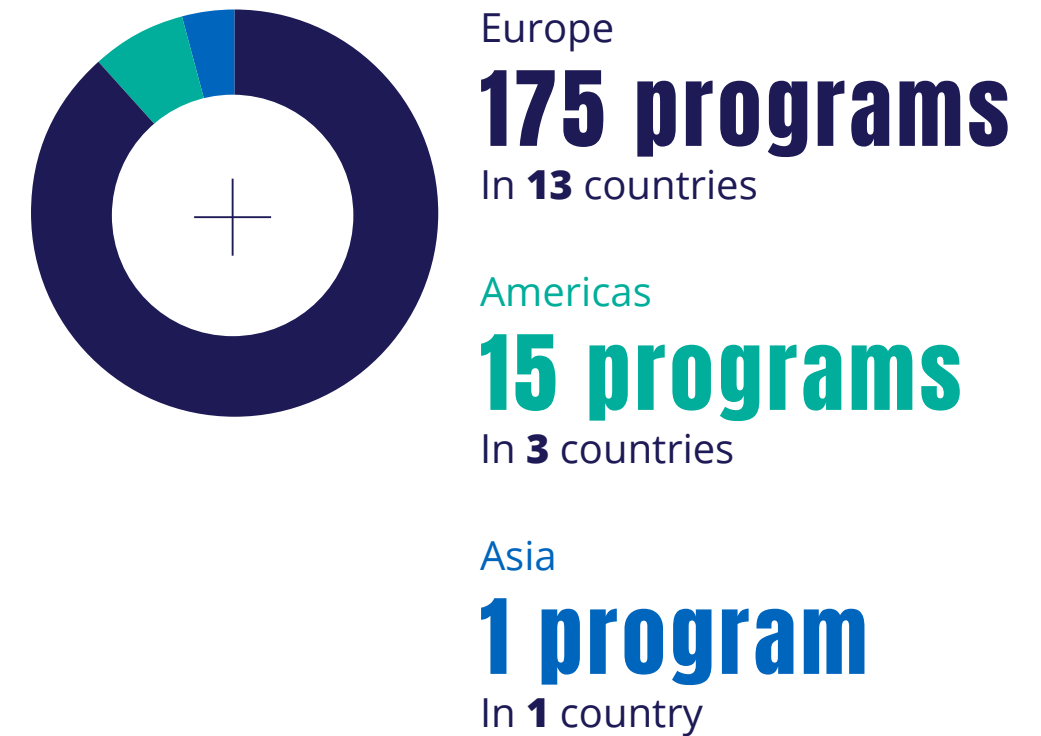
KEY FIGURES

In total, the Doctors of the World international network is present in **76** countries with **452** programs.

261 international programs
in **59** countries:

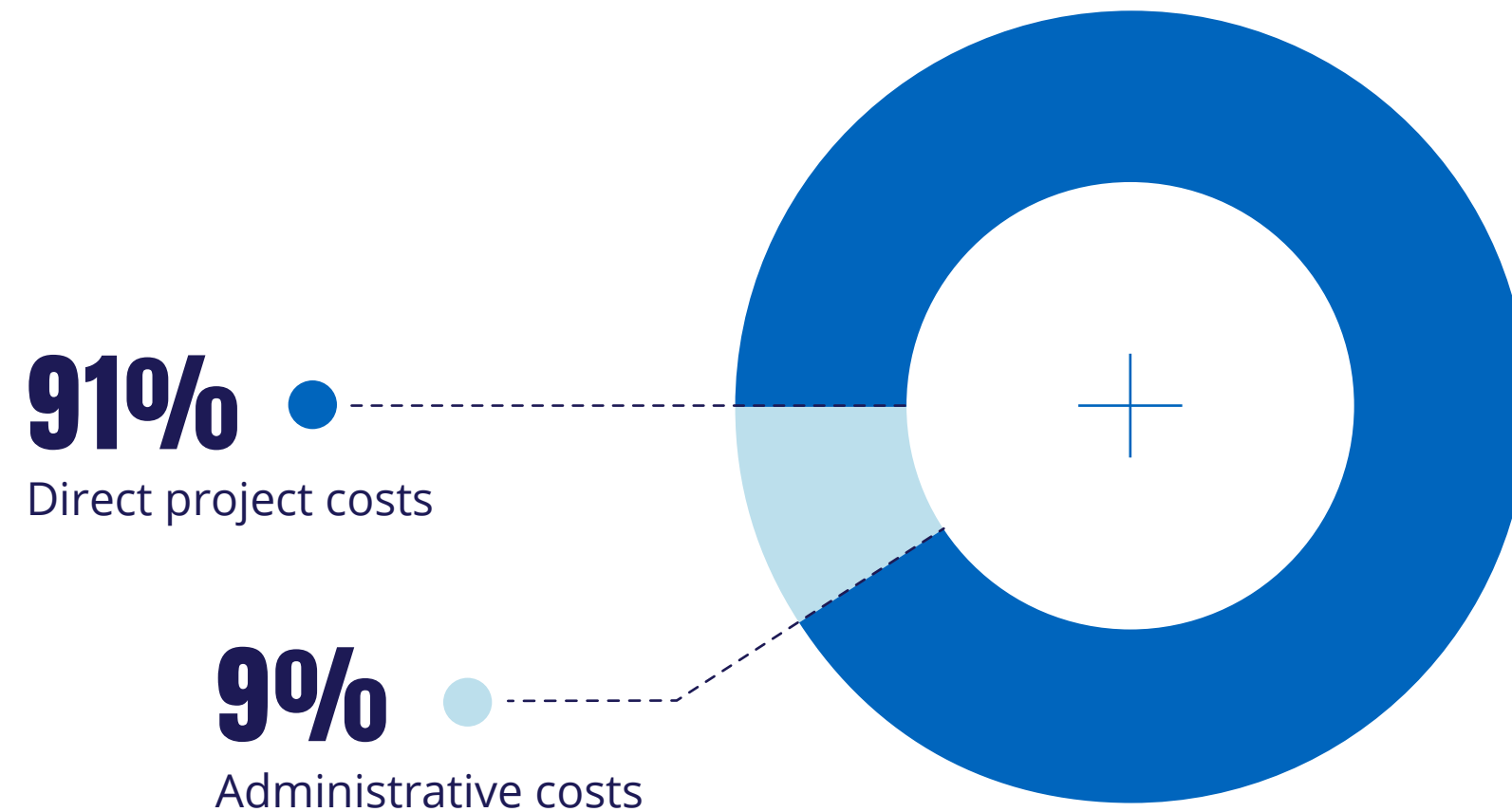


191 national programs
in **17** countries:



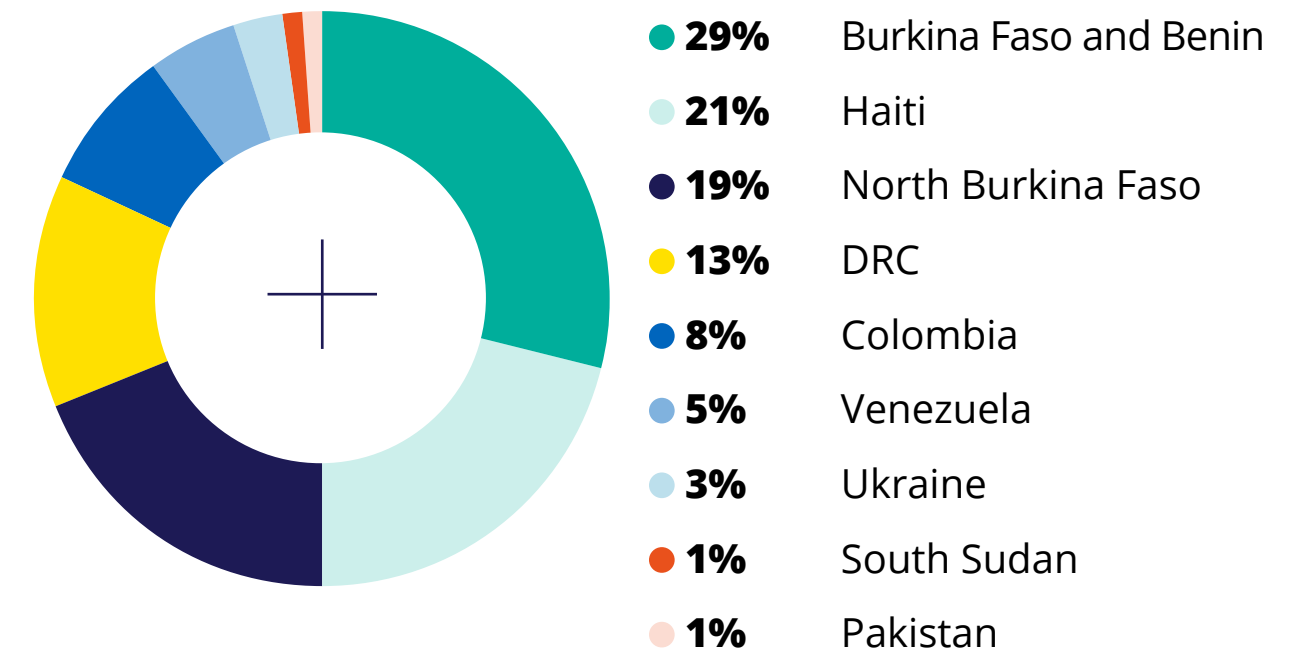
FINANCIAL STATEMENT

ADMINISTRATIVE AND DIRECT PROJECT COSTS

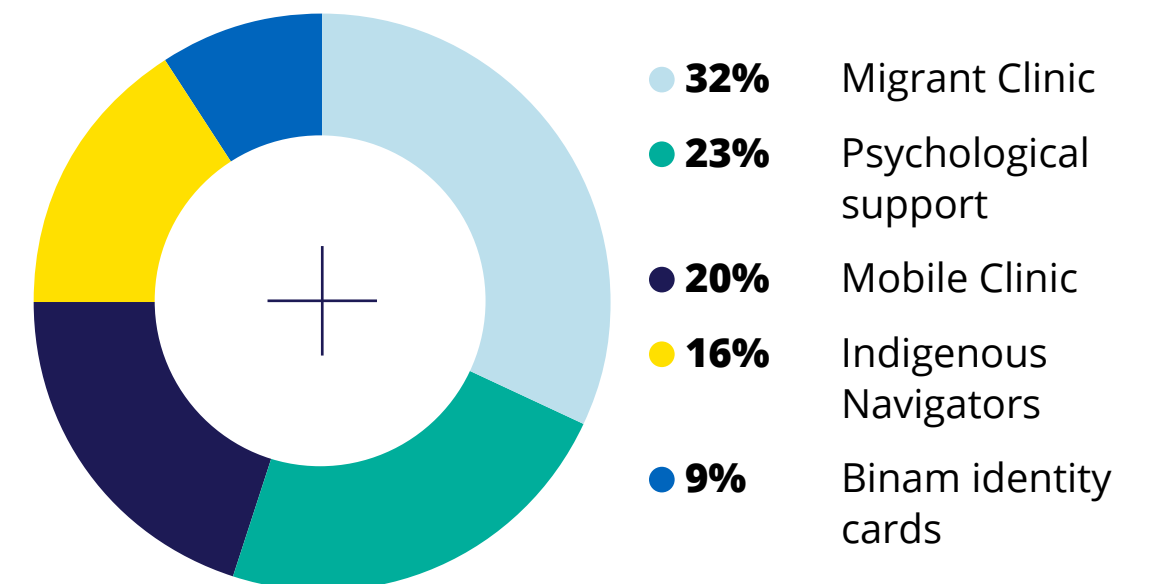


FINANCIAL STATEMENT

INTERNATIONAL PROJECTS



NATIONAL PROJECTS



NATIONAL ACTIONS



ACHIEVING EVEN CLOSER PROXIMITY!

Year upon year, inequalities are reinforced and lead to the further weakening of people in vulnerable situations: They struggle to find care adapted to their needs, or simply are not being reached by the system. In every sphere of their lives, people in precarious situations are faced with multiple barriers: the housing crisis, inflation impacting food prices, the Roxham Road closure, systemic racism, an increase in domestic violence, the overdose crisis, and so on.

How proximity embraces its full meaning.

“Reach out to people” has always been at the heart of Doctors of the World’s philosophy. Throughout the years, we have managed to reach neglected communities, and we are getting increasingly better at doing so. By integrating peers into our care teams, we have developed an ability to respect the rhythm of the people who consult us, to understand them better, and to be able to adapt to their situation. Proximity also entails using our own life experiences to better support people, respecting their needs and their reality.

Accessing a doctor can be difficult in the province of Quebec, so imagine if you will what it is like for people who live in extremely vulnerable situations on society’s margins. Despite the best efforts of our teams to develop service corridors, many people systematically come up against obstacles... and we are their last resort. This feeling of powerlessness is a heavy burden on our healthcare teams.

It’s one thing to reach people, but that’s not the end of the story. You must be able to accompany them and create bridges to the health network’s services. It’s useless being a front door if that door leads to nowhere. Proximity alone does not solve everything.



PÉNÉLOPE BOUDREAU
National Operations and
Strategic Development Director

Shouldn’t the people we support also have access to the care that meets their specific needs in the health network?

Proximity will always be at the heart of Doctors of the World’s interventions: It is an important means for establishing a trusting relationship, without discriminating and without judgment.

IMPROVED AND SAFER CULTURAL INTERVENTIONS

Indigenous navigators joined Doctors of the World's clinical operations team over four years ago. The objective was to reach Indigenous people who are either homeless or at risk of becoming homeless, facilitating access to the care to which they are entitled.

The team also counts on the presence of peers in the domain of harm reduction: Present on mobile clinic outings, these peers provide a safe place for those who want one, where all forms of judgment are suspended, where drug and alcohol use can be discussed if desired, and the reasons for their addiction and the repercussions it has on their lives.

Doctors of the World – drawing upon experience acquired from working with precarious status migrants – has integrated the expertise of peers from the immigration domain into its team. Their presence in the field makes it possible to reach a greater number of precarious status migrants right where they live; to guide them and support them in their quest to gain access to municipal services and community resources in their neighbourhood.

Knowledge gained through experience means being able to provide a more culturally appropriate and safe space. The presence of peers allows our team and our organization to adopt a reflective practice, providing interventions that are better adapted to the needs and realities of the people who consult us.

It therefore becomes possible to offer care based upon a holistic vision of health. This approach considers health as a whole entity, composed of a set of factors that contributes to people's well-being.

“I bring something to the table that is more than just healthcare. It is all-encompassing care: A person tells us about their problems, and then we'll take the appropriate steps. That requires genuine confidence. The goal is not just for the person to receive treatment: It is to independently seek treatment. And without having established a trusting relationship, you won't be able to get that far.”

MATHIEU MORIN ROBERTSON
Indigenous Navigation Project Officer
Doctors of the World

“My role as a peer is to establish a bridge between the users at one end and the healthcare team at the other. Our team can be made aware of the values, priorities and culture of the users, and the healthcare professional can then better support the individual and adapt the proper care to their needs. Academic knowledge and life experience - two different things - are also complementary.”



FARIN SHORE
Peer Project Officer
Doctors of the World

GIVING A VOICE TO PRECARIOUS STATUS MIGRANTS

Thanks to its outreach work and integrating migrant peers in 2022, Doctors of the World was able to reach more precarious status migrants from diverse backgrounds, as well as partners. The range of sectors covered, languages spoken by team members, and represented cultures made it possible to develop new territories and interventions that are better suited to the realities of precarious status migrants.

Outreach work that was carried out meant we were able to reach people “who did not want to be found” for fear of arrest or deportation. We were able to inform them of their rights and available resources to facilitate settling in the community, including the City of Montreal’s identification and residence card which is being required more often.

Doctors of the World continued collaborating with the Bureau d’intégration des nouveaux arrivants à Montréal (BINAM) in terms of issuing the card. This collaboration period is coming to an end and Doctors of the World is supporting the Bureau Accès Montréal (BAM), offering its expertise and to make it sustainable. Our experience has taught us some lessons and especially has allowed us to provide recommendations for the remainder of the project:

- Facilitate the process for obtaining the identification card

- Increase the number of card distribution locations
- Increase the scope and usage of the card for instances that require proof of identification
- Continue discussions with various partners to develop the card’s use and relevancy
- Maintain a free, confidential and friendly service
- Expand the service to include all people residing on the island of Montreal, regardless of their immigration status
- Apply a “Don’t ask, don’t tell” policy
- Pursue steps to have the card recognized as an identification document by the Montreal police force (SPVM), to be part of the force’s “access without fear” policy

Along with work carried out in the field, peers are involved in supporting the voice of – and speaking out on behalf of – precarious status migrants, including being part of an **Advisory Committee**. Headed by the Regional Public Health Department of Montreal (DRSP) and BINAM, the committee’s mission is to report on the difficulties experienced by precarious status migrants, particularly in relation to the healthcare system, and to recommend ways for it to be improved.

“As an immigrant myself from a very young age, I have found myself to be in contact with different cultures and languages. I came to understand what it is like to be uprooted, to be torn between several places. I believe I have always had the ideals of social change and the situation faced by migrants at heart.

As an outreach worker, I’m in neighbourhoods where there are many precarious status migrants. I make sure that I am present, nearby, accessible and attentive to be able to direct them to the appropriate resources.

Migrants already know that our services are confidential and they can communicate with us in several languages. They feel comfortable and confident.”



WAYRA PASQUIS
Outreach Worker
Doctors of the World

PROVIDING KNOWLEDGE TO THE COMMUNITY

SHARING OUR EXPERIENCE AND EXPERTISE FOR THE BENEFIT OF DIFFERENT ORGANIZATIONS AND INSTITUTIONS

Doctors of the World's mission is not limited to healthcare or directly supporting people in exclusionary, precarious, or disaffiliating situations. The stories we hear and the trust we establish fuel our mobilization efforts and those of our partners to defend these peoples' rights.

By initiating research projects with university teams, Doctors of the World **contributes to recognizing the specific needs and realities of people in exclusionary, precarious or disaffiliating situations.** This year, Doctors of the World contributed to six research projects. This research helps support our work and the requests we receive by highlighting the difficulties, realities and needs of the people who avail themselves to our services. The goal: Recognize the right to healthcare for all.

- Department of Mental Health (UQÀM): The impact on interveners and health professionals who work with people who systematically face barriers accessing healthcare.
- Canada Research Chair on Sexuality, Gender and Migration (Centre de recherche en santé publique – CRESPI):

Documentation concerning the collaboration within the advisory committee between the City of Montreal, Doctors of the World and migrant peers.

- Canada Research Chair in Partnership with Patients and Communities, CHUM (Centre hospitalier de l'Université de Montréal) Research Centre and Université de Montréal: Peer and navigator involvement in a clinical setting (over four years).
- Research Chair on peers and the University of Geneva: Documentation on the work done by migrant peers and its impact on the people who use our services.
- A study with community workers regarding Doctors of the World's services in the mental health field was jointly conducted by Université du Québec à Montréal and Université TÉLUQ.
- Canada Research Chair in Partnership with Patients and Communities, CHUM Research Centre and Université de Montréal: Documentation regarding the Indigenous health project.

Doctors of the World assists in **influencing the mentality, practice and approach** of current and future healthcare and social service professionals, the police and the community sector by providing training and participating in discussions and decision-making processes.

BETWEEN APRIL 1 AND OCTOBER 31, 2022

67

strategic consultation meetings (working committees, decision-making committees and roundtables)

More than 30

courses offered

6

workshops were given in collaboration with BINAM and PRAÏDA (Programme regional d'accueil et d'intégration des demandeurs d'asile) to more than **600 SPVM police officers** to make them better aware of the realities faced by precarious status migrants.

Since 2021

two online training courses – one on the mobile clinic and its effects on harm reduction, and one on the connection between the immigration system and the Quebec healthcare system – have been made available.

— 60 people partook in the courses this year.

30

social workers from the CHUM regarding immigration and precarious migratory status, trained by Doctors of the World.

Doctors of the World led a training session on psychological precariousness and its clinical implications at the Association of Psychoanalytical Psychotherapists of Quebec.

“The training is a means to expand the ability to accommodate all kinds of different profiles in a clinical practice. I hope this training focusing on precariousness will ensure that – if ever someone finds themselves in the office of a psychologist and that psychologist has taken the course – the patient will be given an appropriate welcome and will be listened to.”

CATHERINE ÉTHIER
Psychologist, Doctors of the World

“Doctors of the World specializes in matters related to immigration. We have been increasingly faced with extremely complex cases.

There’s heightened anxiety within our team whenever immigration issues arise: It can be a real bureaucratic nightmare! There is a wonderful feeling of openness among team members to improve and become points of reference within the CHUM. The training was great, as was the online capsules: People really appreciated it. [...]

It’s a perfect pairing (with Doctors of the World), and we’re really looking forward to working with this organization. We want patients to have access to the care and services they need.”



GABRIEL LACOSTE-PIOTTE
Sector Head and Social Worker
Social Services, DSM-CHUM

MENTAL HEALTH

MOVING TOWARDS A DIGNIFIED, HUMANE AND ADAPTED MENTAL HEALTH CARE OFFERING

There is diversity among the faces of the homeless who have mental health issues. It's not only the person in psychosis who rhapsodizes in the middle of the street, but also the individual who is completely isolated following repeated abuse. And then there is the person whose consumption habits have come to completely invade their life. Homelessness is a complex phenomenon that plays out as much with an individual as it does with society.

The prevalence of mental health problems is higher in itinerant communities than in the population at large.¹ Marginalized people run a greater risk of experiencing psychological difficulties due to precariousness, stigmatization and a lack of adapted services. Homelessness and mental health can go hand in hand, and several obstacles continue to deprive people of the care they are entitled to. Siloed programs and the division of services are not suitable for marginalized people living at the intersection of multiple realities. Short-term interventions that are initially offered do not create a bond of trust. When visiting an emergency department, the experience too often comes down to a brief hospitalization with no offer of follow-up support or a referral upon discharge. And the more specialized services usually have a strict evaluation and entry criteria, inaccessible to most of these people who “do not tick the right boxes.”



MYLÈNE DEMARBRE
Mental Health Clinical Director and
Psychologist

Several mental health services consider homeless people as not being ready to begin a therapeutic process or require that they reintegrate, or control their consumption, before being able to obtain a follow-up appointment. Not to mention the possibility of health professionals – who may be unfamiliar with a homeless person's reality – stigmatizing the individual.

Presently, it's the patients who must adapt to the services offered, when it should be the other way around! To mend social breakdowns, we provide rehumanizing approaches that are based upon the quality of the bond and respect for people and their wishes.

¹Public Health Ontario. (2019). *Homelessness and Health Outcomes: What are the associations?*

OUR APPROACH: NOT TO STIGMATIZE SUFFERING, RATHER WELCOME IT WITH HUMANITY

Philippe felt he had lost everything: Following a loved one's disappearance and being evicted from his home, he found himself on the streets. His drinking habits and his pervasive anxiety had both returned. Without really knowing what to grasp onto, he sought support. Philippe knocked on several doors but, not meeting the criteria of various programs, he encountered a multitude of obstacles. Some felt his consumption was too high; others thought his psychological distress or his unstable living arrangements immediately excluded him from receiving support.

Even when people who are homeless find the courage to seek help, they face barriers along the way that prevent receiving care. Getting help is still all too often akin to running an obstacle course.

It's for all these reasons that, along with my colleagues, we continue to go to the living environments of homeless people and practice at the community organizations they already frequent.

When a person arrives for a consultation, we always try to adapt services to their needs, and not the other way around. **Welcoming individuals with humanity, without stigmatizing suffering, is the foundation of our mental health services. This helps restore the links that have been damaged:** those links that the individual must repair for their own selves, but also with society as a whole.



ANNE-MARIE ÉMARD
Psychologist
Doctors of the World

NATIONAL OPERATIONS IN BRIEF

FOR PEOPLE WHO ARE HOMELESS OR WHO ARE AT RISK OF BECOMING HOMELESS

Mobile clinic

Since 2014, Doctors of the World's mobile clinic team has been crisscrossing Montreal, meeting people who are homeless or who are at risk of becoming homeless. Whatever is the reason for visiting the mobile clinic, each person is welcomed with humanity and without stigma by our team of peers, navigators and volunteers.

In 60%

of the cases, a person came to the mobile clinic for an acute physical health problem and / or a sexually transmitted and blood borne infection (STBBI) screening.

Harm reduction peers

Harm reduction peers share their life experiences with people who are dealing with challenges such as homelessness, addiction, mental health, and more.

Peers play a crucial role as members of the care team: They are able to establish a special connection with people in difficulty via their own life-experiences. This can help to establish trust and to reduce stigma, facilitating access to services and encouraging positive change for people requiring aid.

Indigenous navigators

Since 2018, the Indigenous Navigators project has facilitated access to various social and healthcare services for Montreal's homeless Indigenous community. Our Indigenous navigation team meets people right where they live, adapting to their reality and their cultural specificities.



“I am seeing more and more people going to the mobile clinic. When I started working with Doctors of the World, people in the street would be leery of me. Now four years later, they’re starting to trust the Doctors of the World’s nurses, doctors and volunteers. They’ll come and talk with us beside the clinic for 20-30 minutes. Before, it would be for just five minutes.”

ANNIE STE-CROIX
Indigenous Navigator
Doctors of the World

ADVOCACY

Homelessness: Risk reduction and harm reduction

Doctors of the World contributed to RAPSIM's (Réseau d'aide aux personnes seules et itinérants de Montréal) platform of demands in context of the 2022 Quebec provincial election. We highlighted the need for the Government of Quebec to position itself as being in favour of decriminalizing drugs, and more specifically to support any request for exemption from the Canadian Criminal Code for personal use and simple possession with the Government of Canada.

Also in association with RAPSIM, in January 2023, Doctors of the World participated in the first forum on homelessness ("Homelessness and the needs of migrants with precarious status"). Members of the Doctors of the World team shared their experiences both as social workers and migrant peers on issues of residential instability for people with precarious immigration status. It was an excellent opportunity to remind people that preventing the risk of homelessness among migrants must above all else go through responsible and sustainable migration policies... policies that guarantee not only fundamental rights but also a truly universal health and social safety net.



FOR PRECARIOUS STATUS MIGRANTS

Clinic for precarious status migrants

Since 2011, Doctors of the World has been the only organization in Quebec that operates a clinic intended exclusively for precarious status migrants who do not have access to health coverage, or who cannot afford to take out private insurance, or who cannot fund healthcare. Our multidisciplinary team composed of nurses, social workers, volunteer doctors and migrant peers welcomes these individuals at no charge.

IN 2022-2023

1,888

people came to the clinic's triage.

47%

did not have health coverage and therefore were eligible for clinic services.

61,5%

of eligible people were accepted, based upon capacity and our service offers.

81%

of people who had access to a consultation received a complete assessment from a social worker to discuss the possibility of regularizing their status and accessing medical coverage.

- The 1,343 people who were deemed ineligible or who were unable to access our services were referred to the relevant external resources or were invited to return.

ADVOCACY

Mobilization for children and their families with a precarious immigration status

At our clinic that is dedicated to assisting people with a precarious immigration status, we have been able to observe how the absence of such a status is a factor in the deterioration of both the physical and mental health of women and their families.

Based on these findings, between 2016 and 2021 Doctors of the World and its partners mobilized to ensure all children living in the province of Quebec would be insured for the health services they require. The adoption of Bill 83 in June 2021 guarantees that all children whose families have a precarious

immigration status would have the right to insurance coverage from the Régie de l'assurance maladie du Québec (RAMQ). Unfortunately, access to sexual and reproductive health services for the women we meet at the clinic remains problematic. However, the Minister of Health is open to studying the problem to find a solution. To support these women and ensure they have access to quality healthcare, we have joined forces with other organizations and individuals from across the country who are calling for the establishment of an immigration status regularization program that is far-reaching, accessible and safe.

We launched a campaign pertaining to this matter in spring 2022. We published a brief documenting the situation, and asked the Quebec government to guarantee insurance coverage for essential sexual and reproductive health services for all women who live in the province.

To continue the mobilization we launched in 2022 – and to keep the topic front-and-centre among decision-makers – in June 2023 we published [Precarious immigration status, precarious health: Together for the health of all women living in Quebec](#). Our solution – which received consensus among people working in the areas of

law, immigration, health and social services and their respective organizations – is **to guarantee that all women living in the province of Quebec have access to RAMQ insurance so they can benefit from essential sexual and reproductive health services.**



REPORT



REPORT BY MARIE-FRANCE
ABASTADOS, RADIO-CANADA



Having the enforcement of the Safe Third Country Agreement extend to the Canadian border in its entirety was a significant setback in Canada's commitment to asylum seekers and the principle of non-refoulement. Doctors of the World vigorously denounced this agreement and Roxham Road's closure. Our experience with migrants from around the world taught us that closing secure entry points does not prevent people from still getting through. Rather, it's the opposite: It leads them to take more dangerous routes and to live in hiding, without rights or protection.

We have joined the chorus of organizations and individuals from across Canada who are calling for the establishment of a broad, accessible and secure program to regularize immigration status. Every day at our clinic that's dedicated to people with precarious immigration situations we see how a lack of immigration status is a factor in physical and mental health deterioration. We support the idea of a regularization program that would be an effective political tool for the protection of both human rights and public health.



A woman with long dark hair and glasses, wearing a yellow sweater, is lying on a bed with a white sheet. She is smiling and looking at a baby who is lying on its stomach, facing her. The baby is wearing a light blue shirt and is playing with a small orange toy. There are other colorful toys on the bed. The background is dark, and the lighting is soft, coming from the side.

**“Until I found Doctors of the World,
no one would verify my pregnancy.**

**To my surprise, even though I had private
insurance for international students at the time,
no one wanted to examine me, not even conduct
a pregnancy blood test.**

**When I got to Doctors of the World,
they took care of me: They told me my pregnancy
was risky and helped me to apply for RAMQ
(Régie de l’assurance maladie du Québec)
as expeditiously as possible.**

**I received my health insurance card four days
before giving birth. The pregnancy went well –
thank God – but mentally, it was draining.”**

GABRIELA

EVENTS

Montreal – Roxham Road: March for asylum rights

Beginning Saturday, June 17, 2023, we participated in the Montreal – Roxham Road three-day march: A symbolic gesture in reaction to the road's closure and our being in favour of maintaining the STCA (Safe Third Country Agreement).

Closing a safe entry point does not prevent people from continuing to seek out the safety they can no longer find in their country of origin... it only forces them to take more dangerous routes and drives them underground, without rights or access to essential services.



Sustainable Health Summit

At the Sustainable Health Summit, Doctors of the World Canada addressed Indigenous peoples' pathways and social inequities in the healthcare system that could be improved upon through a human rights-based approach. These rights are the foundation of inclusive healthcare and must be considered to ensure it is sustainable. Thank you to the [Quebec Public Health Association](#) and Association of Specialists in Preventive Medicine of Quebec for providing us with this opportunity.

UdeM Faculty of Medicine's third Health, Science and Society Symposium on Community Partnerships

On March 21, 2023, Doctors of the World participated in the Université de Montréal Faculty of Medicine's third Health, Science and Society Symposium on Community Partnerships. The event was a wonderful opportunity to engage in dialogue, and promote social transformation in healthcare inequities among an audience composed of the next generation of doctors.

Forum on homelessness and the needs of precarious status migrants

Doctors of the World took part in a forum devoted to homelessness and the needs of precarious status migrants. We led a workshop – “Navigate Montreal” – which was an overview of various issues related to this theme, including homelessness and barriers to healthcare access and various services. We wish to thank Foyer du Monde and RAPSIM (Support Network for Single and Homeless People of Montreal) for welcoming us.



COCQ-AIDS (Coalition of Community Organizations in Quebec in the fight against AIDS)

The Doctors of the World Canada team was proud to participate in the 2022 International AIDS Conference and take part in discussions regarding outreach and harm reduction approaches and accessing healthcare rights during the #educationaltour clinic's visit.

Psychotherapy services

Since 2014, Doctors of the World has been offering psychotherapy services in different neighbourhoods and community organizations in Montreal to people who are disassociating. Homelessness, narcotic consumption, sex work, criminality, precariousness: Whatever the situation and difficulties the person is facing, they are welcomed with dignity and respect.

IN 2022-2023

26

new patients

80

people who were
disassociating were met

1,508

appointments were made

- The number of appointments varies according to patient needs. Some patients use our services regularly due to their strong motivation or deep suffering. Other patients only come from time to time for specific needs. Regardless, each person is welcomed with compassion and without judgement.



FOR COMMUNITY WORKERS

Individual psychotherapy services

Our individual psychological support and psychotherapy services are available to community workers and peer helpers from more than 70 community organizations in Montreal that work mainly in the areas of homelessness, drug addiction and sex work. Twenty free sessions per person are available to meet their needs.

IN 2022-2023

72

workers were met.



CATHERINE ÉTHIER
Psychologist
Doctors of the World

A woman with long dark hair tied in a ponytail is sitting on a green stool in a cluttered room. She is wearing a black t-shirt, a light-colored cardigan, light blue jeans, and white sneakers. She is looking directly at the camera with a slight smile. The room has yellow walls, wooden cabinets, and various items scattered around, including boxes, bags, and a table. A blue text box with white text is overlaid on the left side of the image.

“When organizations we support develop or expand their projects, or diversify their services, they tend to come to us to set up a clinical supervision group with their new teams and new leaders.”

MYLÈNE DEMARBRE
Mental Health Clinical Director and Psychologist
Doctors of the World

Group clinical supervision

Doctors of the World offers clinical supervision services to community intervention teams at their own workplace. The sessions help to increase their expertise and build their skill-set through clinical reflection work.

IN 2022-2023

329

group clinical supervision sessions were held

43

groups attended coming from

28

organizations

Almost 20%

of these groups were new.

- This increase can be partially explained by the trust that Doctors of the World has established with its community partners over the course of 20 years.

Mental Health and Homelessness Learning Community (CASMI)

Since 2016, Doctors of the World has offered a mental health and homelessness learning community. It brings together workers and peers from different organizations in a shared space to engage in continuing education and discussion.

The many requests we receive at the launch of each new cohort is a testament to this activity’s success and the tremendous enthusiasm it generates.

“I came to understand that we really are a support group, and that the word ‘community’ has meaning. CASMI is a place where we can learn about others, about our reality as community workers, and about the clientele whom we welcome. Sometimes we seem to live in our own little world, minding our own business, but then we’ll say to ourselves: «Wait a minute - that person on the South Shore has the same problems as I do, at which point we understand one another, and we find our way forward.»”



MARIE-EVE CARON
Clinical Coordinator
L'Aviron Community Accommodation



INTERNATIONAL ACTIONS

WHAT IS THE BEST FORM OF INTERVENTION WHEN MULTIPLE AND SIMULTANEOUS CRISES OCCUR?

The overall humanitarian situation is not getting any better, and it continues to complicate our abilities to function as a humanitarian medical non-governmental organization (NGO). Crises are prolonging. Conflicts are intensifying and persisting. Climate change is causing disasters on an unprecedented scale. Added to the mix are the increasing number of displaced people and the global food and economic crises. Ultimately the various problematic situations coalesce and create a domino effect.

Between 2018 and 2021, the number of people in need of humanitarian aid increased by 70%, going from 122 million to 218 million... and this was even before the start of the war in Ukraine.

In Burkina Faso and Haiti, our initiatives to improve a woman's right to healthcare have been affected by conflict and insecurity. In Pakistan, major floods have resulted in epidemics. The earthquakes in Türkiye and Syria reduced access to health and protection services, and created more humanitarian needs among a population that was already facing many challenges. In Haiti, Cité Soleil has the highest number of cholera cases, and the majority of health institutions cannot operate due to the ongoing violence. Insecurity is also preventing Haiti's adolescent girls from attending schools, increasing their risk of experiencing sexual violence.



MANON HOURDIN
International Operations and
Strategic Development Director

Women and girls are especially affected, as they face increased risks of gender-based violence (GBV), trafficking, early marriage, unwanted pregnancy, family separation, loss of education and loss of economic opportunities, all the while facing greater difficulties to access services (restrictive social norms, gender discrimination, language barriers, pre-established gender roles, lower level of education, mobility constraints, financial constraints, etc.).

We must adapt by building bridges between humanitarianism and development: This requires responding to a population's immediate needs while at the same time having a long-term plan, and strengthening the resilience of health systems, local actors and populations.

HAITI: NON-EXISTENT ACCESS TO HEALTHCARE

Haiti is facing a volatile situation, marked by violence, the resurgence of cholera and political instability. Not only do the multiple crises put its citizens in danger, but they also paralyze the country. The needs of the Haitian people are increasing, while the living conditions of the most vulnerable are deteriorating.

Doctors of the World is particularly concerned about the resurgence in cholera cases in Haiti, three years after the extremely virulent disease had disappeared in the country. A long battle that lasted close to nine years – and mobilized health actors (including Doctors of the World) – had succeeded in overcoming the disease's active transmission.

The resurgence is particularly prominent in gang-controlled areas, where access to clean water and healthcare services is limited. The response to this situation is complex, and insecurity affects the supply of healthcare. Doctors of the World has worked with six of the country's departments to deal with the epidemic, focusing on a community approach to be as close as possible to the population to contain the outbreak and guarantee effective healthcare.



Compromised access to essential services

Insecurity prevents access to healthcare infrastructure for medical staff as well as patients. While medical staff struggle to gain access to their workplaces due to barricades, the fuel shortage affects the supply of medical equipment and medicine, which has serious consequences for three-quarters of the hospitals in the country. For instance, it is difficult to store vaccines and ensure sterile conditions for surgical procedures. Access to the few healthcare centres and hospitals that are still functioning has become dangerous, if not impossible. Haiti already had the highest maternal mortality rate in Latin America and the Caribbean, and the country's needs are only growing.

Humanitarian access obstructed across the country

For months now, Doctors of the World has witnessed the dramatic deterioration of the medical and healthcare situation across the country, and the daily violence against its population. With main roads under gang control, humanitarian access has been compromised. The work done by humanitarian workers in the field has become increasingly dangerous. All the while, organizations are urgently seeking

access to the most vulnerable populations to provide them with needed support. Many organizations have been forced to cease all activity in the field, reorganizing to require minimal assistance. Despite these current conditions, Doctors of the World is continuing its institutional and community support, while attempting to meet the most urgent needs within the limits of what the security situation allows. For instance, since November 2022, a health centre's access road that is supported by Doctors of the World has been blocked by gang activity, forcing it to cease activities. Another centre only operates when security conditions permit. We have deployed psychological support, training and awareness-raising activities for healthcare providers and beneficiaries during the year to ensure access to basic healthcare.

3

Cité Soleil health centres supported by Doctors of the World, with shipments of medical and non-medical equipment and human resource support

26,282

people had health consultations.

1,194

people received psychological support

242

healthcare providers were trained
in basic psychological needs

5,435

people were given hygiene kits that
included a washable mask, a bucket,
hydroalcoholic gel and soap

- Doctors of the World emphasizes that access to healthcare and humanitarian aid is not guaranteed under these conditions. Safe access to healthcare providers and funding for services is urgently required to prevent high levels of unintended pregnancies, maternal deaths, and to protect women and girls from sexual violence.

1.5

million people are directly
affected by gang violence,
including sexual and
gender-based violence
(SGBV).

4.9

million people need
humanitarian aid,

INCLUDING SOME

1.3

million women
of childbearing age.



RESPECT: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS FOR YOUTH

At least 30% of the population is between the ages of 10 and 24 in Benin, Burkina Faso and Haiti, even though these countries' human development indices are among the lowest in the world. Acting on behalf of young people is therefore essential to improve the healthcare situation and to bring about lasting change.

In these three countries:


- Women become pregnant at a relatively young age and have limited means to plan their pregnancies
- Young people have few resources, and knowledge, about sexual and reproductive health and research (SRHR)
- Few women are allowed to make informed decisions about sex, contraception and SRHR on their own

A SIGNIFICANT MAJOR PROJECT BY – AND FOR – YOUNG PEOPLE

RESPECT aims to improve the healthcare rights of the young inhabitants of Benin, Burkina Faso and Haiti who find themselves in vulnerable and marginal situations. RESPECT promotes safe sexual and reproductive health and research (SRHR) as a source of enjoyment by removing legislative, structural, social, cultural and economic barriers.

Goals

- Empower young people, and create positive, violence-free communities to allow for more equitable use of SRHR services
- Support community and institutional healthcare services to ensure youth-friendly and gender-inclusive care
- Strengthen and support the network of partners to maintain a legislative environment that protects sexual and reproductive rights



“To celebrate ‘Menstrual Hygiene Day,’ Doctors of the World Canada conducted awareness sessions in three schools along with home visits in Haiti’s Nord-Ouest department. These activities, carried out as part of the RESPECT project, aimed to raise community awareness pertaining to the importance of menstrual hygiene and also to dispel taboos, while promoting equitable access to menstruation-related products and knowledge.”

WIDELIE CARLVANIE OLIBRICE
Gender and Advocacy Advisor
Doctors of the World

BY THE NUMBERS

56%

of women and girls impacted by the project

Nearly 80

Number of healthcare institutions and community organizations involved

990,525

Number of direct beneficiaries (554,694 women and girls / 435,531 men and boys)

5

Project duration in years

3

Countries: Benin, Burkina Faso and Haiti

INNOVATIVE ACTIVITIES

Solidarity kits

A social entrepreneurship project led by the community's young people.

- Increases the availability of healthcare and SRHR products in remote rural areas and hard-to-reach urban areas
- Provides young people with income
- Enables young people to become agents of change, as well as to raise community awareness of SRHR

Vigilance committees

Establish a violence-free and positive-outlook community by supporting the creation and operation of local vigilance committees.

- Raise awareness and mobilize to reduce sexual and gender-based violence (SGBV)
- Protect young people by educating them on health matters and enabling them to claim their sexual and reproductive health and rights (SRHR)
- Be closer to young people in schools and communities

Use of information technology

One of RESPECT's innovations is to offer virtual awareness-raising activities using information and communication technologies (ICT). Online modules are made available to young people and can be shared with their peers.

PROJECT HIGHLIGHTS FROM THE PAST YEAR:

BURKINA FASO

494

Number of people (healthcare providers, faculty and community healthcare workers) trained on SRHR

85

Number of healthcare providers (including 57 women) who were specifically trained on medical and psychosocial SGBV management

4

Number of campaigns regarding SRHR issues

BENIN

27,530

Number of young people who participated in SGBV awareness-raising, prevention and care activities.

1

Awareness campaign conducted as a Forum Theatre in four of the six municipalities targeted by the project.

138

Number of young entrepreneurs who distributed solidarity kits

HAITI

100

Number of peer educators in order to more easily reach young people

2

Number of local partners identified by Lawyers without Borders Canada (a project partner), to provide psychosocial and legal support for SGBV survivors

ADVOCACY

As part of the RESPECT project, Doctors of the World is committed to promoting, and defending, the sexual and reproductive health and rights (SRHR) of young people living in Benin, Burkina Faso and Haiti. Doctors of the World is developing an advocacy campaign in Canada pertaining to this subject.

RESPECT

Burkina Faso

In Burkina Faso, Doctors of the World contributed to the adoption of the “Family Life Education” (FLE) program in the education system, and encouraged taking FLE into account when countries would make commitments within the framework of the Generation Equality Forum.

West and Central Africa

Doctors of the World is a member of the Technical Working Group for West and Central Africa (WCA) for Commitment on Comprehensive Sexuality Education (CSE), co-led by UNESCO and UNFPA. Beginning in April 2022, Doctors of the World worked within this group on developing an advocacy kit and a communication package to assist West and Central African states to mobilize for a commitment to comprehensive sexuality education. From September 1 to 30, 2022, Doctors of the World took part in the “Education saves lives” digital communication campaign.

Co-produced by Doctors of the World, “Nos silences – An te Kouman” is a documentary detailing the practice of abortion and its consequences on the health of women in Côte d’Ivoire. The documentary provides a better understanding of unsafe abortion practices, access routes, and health professionals’ post-abortion care. The social and health consequences for women and girls is also presented. **It now guides advocacy for a review of the legal framework for less-restricted access to abortion in Africa.**



TO LEARN MORE

AN INTERMINABLE YEAR IN UKRAINE

February 24, 2023 marked the first anniversary of the start of the war between Russia and Ukraine. The war is putting a strain on support systems and healthcare networks, with 14.5 million people in need of humanitarian aid. In addition to physical injuries, unseen injuries also have a huge impact, which is why mental health support for the Ukrainian people is a priority.

Responding to growing humanitarian needs

Our teams – already having been present in Ukraine for eight years – have had to adapt to the heightened sense of urgency in the country. Doctors of the World has supported the Ukrainian healthcare system by providing medical equipment and essential medicine, as well as providing care in hard-to-reach areas through mobile clinics.

A total of 2.3 million people have benefited from our support.

Since the conflict in Ukraine began, more than 660,000 people have crossed the Moldovan border. Doctors of the World teams have been providing psychological support to refugees as well as to frontline humanitarian workers.



WATCH THE REPORT

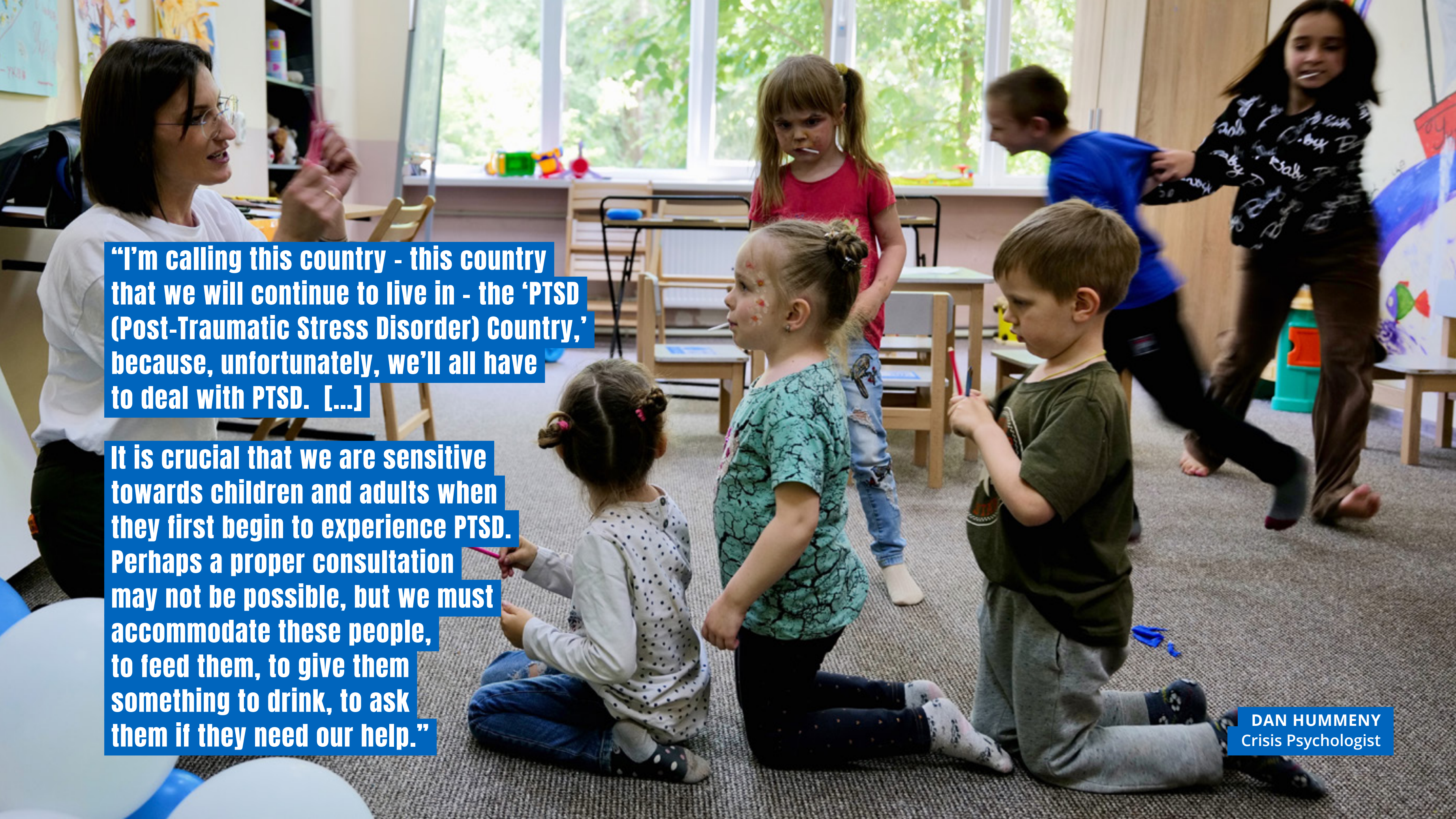
Healthcare impact that goes beyond Ukraine's borders

More than 18.6 million people have left Ukraine since February 2022. In partnership with national and regional authorities and civil organizations, Doctors of the World has played a role in helping those affected by the population displacement crisis. The main objective is to improve the health and well-being of refugees: This is accomplished by facilitating access to primary healthcare services and providing psychosocial support to overcome war-related trauma and the trauma associated with fleeing from home.

Healing unseen wounds and increasing resilience

Although the Ukrainian healthcare system has shown great resilience, the mental and psychosocial health of the country's population is under severe strain as it continues to experience traumatic events.

Doctors of the World has responded to mental health needs by supporting the public healthcare system with psychological support services, and by conducting awareness-raising activities on mental health issues with local communities and authorities.



“I’m calling this country - this country that we will continue to live in - the ‘PTSD (Post-Traumatic Stress Disorder) Country,’ because, unfortunately, we’ll all have to deal with PTSD. [...]

It is crucial that we are sensitive towards children and adults when they first begin to experience PTSD. Perhaps a proper consultation may not be possible, but we must accommodate these people, to feed them, to give them something to drink, to ask them if they need our help.”

DAN HUMMENY
Crisis Psychologist

NUTRITIONAL CRISES

According to the World Food Programme (WFP), an estimated 258 million people in 58 countries suffered from acute food insecurity in 2022. And this alarming number has been increasing over the past four years. The most marginalized populations – particularly women and girls, as well as displaced persons and refugees – are the hardest hit.

Climate change. Internal crises. Supply chain disruptions. The economic impacts of the COVID-19 pandemic. All have obliterated years of developmental progress. And added to this list is the conflict in Ukraine, which is driving up food and fuel prices.

Nutritional hardship is rife in countries that are already in the throes of internal crises, where violence and insecurity are particularly severe and difficult to stem because of their complexity. Such is the case in South Sudan, the Democratic Republic of the Congo and Haiti.

To counter nutritional crises, Doctors of the World has engaged in various field activities:

- Supported healthcare centres, with a focus on maternal and infant health
- Detected and treated malnutrition cases among children and pregnant or breastfeeding women
- Raised community awareness to fight infections in high-risk areas



Democratic Republic of the Congo

To bolster community screening for malnutrition, this year Doctors of the World trained 1,156 women of childbearing age and/or caregivers of children (children between the ages of 6 months and 59 months) in active screening for malnutrition using Midupper Arm Circumference (MUAC).

2,281

Number of households that benefited from nutritional awareness and promotion sessions.

295

Number of children between the ages of 6 to 59 months who were admitted to the outpatient nutritional treatment unit.

6,518

Number of children – along with **3,849** pregnant and breastfeeding women – who were screened.

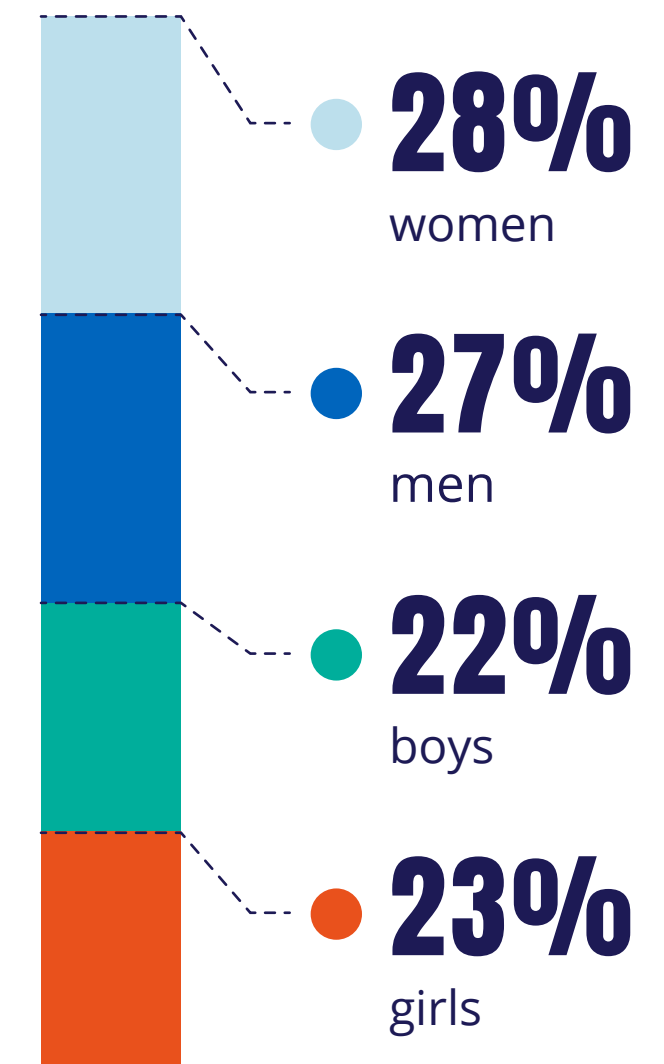
South Sudan

In January 2023, Doctors of the World deployed 15 community mobilizers (11 men and four women) to Duk, South Sudan, to strengthen interventions and community involvement. Awareness-raising activities were conducted in tandem with healthcare personnel from Boma and community agents regarding nutrition, mental health and psychosocial support as well as SGBV.



71,499

people benefited from Doctors of the World's activities in South Sudan



FLOODS IN PAKISTAN

In mid-2022, Pakistan was ravaged by devastating floods that were caused by unprecedented monsoon rains following a record spring drought. Doctors of the World expanded its activities in the country to meet the urgent needs of the 33 million people who were affected by the floods (1 in 7 Pakistanis).

The consequences of this disaster are immense, with more than 1,000 dead and 1,500 people injured. A humanitarian emergency was declared to help the 6.4 million people requiring immediate assistance. The Pakistani healthcare system is under pressure as the floods destroyed nearly 1,500 healthcare

centres, and in so doing eliminating medicines, medical equipment and vaccines. The floods also contributed to the spread of diseases such as malaria, dengue and cholera.

Doctors of the World deployed mobile clinics and provided emergency medical care, medicine and equipment to the affected areas. Humanitarian aid and access to segments of the population could be very complex, however, as some areas were inaccessible due to armed clashes or geographical constraints related to damaged transport routes. The gravity of the situation has been underestimated, and continued aid is required to help the population recover and to rebuild the country.



A portrait of a middle-aged man with a dark beard and mustache, wearing a light blue button-down shirt and a white cloth draped over his head like a turban. He is looking slightly to the left with a serious expression. The background is a blurred outdoor setting with trees and a clear sky.

“Our houses... our fields... the entire area... submerged in about 3 to 4 metres of water.

We faced many health problems after the flooding, with the elderly, women and children suffering from smallpox, skin diseases, itching and infections.

At the height of the crisis, when it was almost impossible to get here, the Doctors of the World team came to help us, and we thank them from the bottom of our hearts.”

MALIK SARMAST KHAN
Originally from Gul Abad zilla Charsada
Pakistan

EARTHQUAKE IN TÜRKIYE AND SYRIA

In February 2023, an earthquake hit Türkiye and Syria. The toll was terrible: 60,000 dead, 5 million displaced people and more than 15 million people affected.

Immediately following the catastrophe, Doctors of the World's multidisciplinary teams mobilized to provide healthcare and psychological support to those affected by the earthquake.

The psychological trauma when a disaster like this occurs has significant repercussions on the mental health of victims and their families: The most common emotional reactions are anger, despair, excessive fear, feelings of guilt and even episodes of dissociation.

Affected by internal conflict since 2011, Syria already had several million people receiving humanitarian aid. Hospitals were not only damaged by this catastrophic event, but also overwhelmed by the influx of patients. Doctors of the World supported the healthcare system to meet the physical and psychological needs of people who were affected by the disaster.

**Actions taken by
Doctors of the World
during the project's
first three months:**

16,499

primary therapeutic
consultations

1,609

SRHR consultations

245

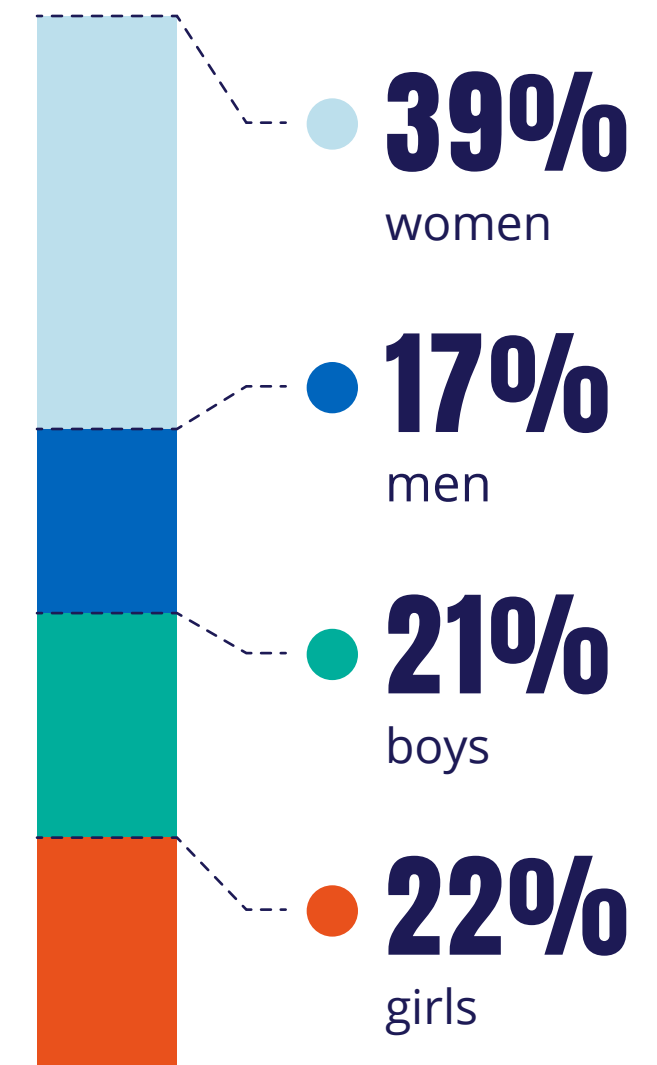
mental health
consultations

— Providing healthcare centres
with drugs and equipment

IN THE FIRST THREE MONTHS

31,579

people benefited from Doctors
of the World's humanitarian
intervention in Syria



After the earthquake hit, 10-year-old Zuhair exhibited behaviours that left his mother concerned. He began to stutter and was hesitant to go to the supermarket, fearing he'd be ridiculed.

Zuhair's mother took him to the Doctors of the World Türkiye healthcare centre for a consultation.

With therapeutic sessions and practicing techniques to control his anxiety, Zuhair gradually began to get better. His interactions with his friends returned to how they previously were, his speech impediment improved, and he regained his zest for life.

Zuhair's journey instilled hope, reminding his family that resiliency is possible, even in the face of unimaginable hardship.



ADVOCACY

HUMANITARIAN SPACE

Doctors of the World's calls for respecting international humanitarian law

Ukraine

The Geneva Convention prohibits reprisal attacks against civilians, civilian property and buildings that are used to protect the population. However, heavily populated areas of Ukraine – including Dnipro, Kyiv, Lviv and Ternopil – were attacked with long-range explosive weapons, causing multiple deaths and injuries.

Several aid agencies have suspended their operations out of concern for their staff's safety – along with those who need help – until it is possible to resume under safe conditions. Doctors of the World calls for respecting both international humanitarian law obligations and human rights, as well as protecting civilians against ongoing hostilities.



TO LEARN MORE

Syria

The Turkish and Syrian governments, the United Nations, and the international community must ensure that humanitarian access to disaster-affected people is unimpeded, in accordance with humanitarian principles.

Delivery of humanitarian aid to Syria, especially materials, goods and professionals, and permitting people who are injured to leave Syria must be facilitated.

The Syrian government must ensure safe and unrestricted crossing point openings between Syrian government-controlled areas and areas that are not controlled by the government: This to allow the passage of humanitarian aid that is provided by humanitarian organizations to meet the population's immense needs.



TO LEARN MORE



Canada

Since our organization's creation, our teams have dealt with the intensification and intersection of health, economic and climate crises, in addition to natural disasters and situations involving armed violence. However, as more and more people need help, humanitarian space continues to shrink.

Doctors of the World denounces restrictions that are imposed on humanitarian organizations, as well as the criminalization of humanitarian action by laws which can go so far as to equate these activities with illicit support for terrorism (thereby exposing members and staff of non-governmental organizations to the risk of lawsuits).

In Canada, Doctors of the World saw the need to amend the Canadian Criminal Code to explicitly guarantee the protection of humanitarian

activities that are legitimately carried out by Canadian international aid organizations.

Doctors of the World, like many other organizations, expressed concern that the first version of Bill C-41 compromised effective delivery of humanitarian aid. Doctors of the World thus submitted a brief on April 21, 2023 to the Justice and Human Rights Committee of the House of Commons that was examining the bill. The brief requested the introduction of a clear and general humanitarian exemption to Canadian anti-terrorism measures.

Doctors of the World welcomed the introduction of such an exemption in the Canadian Criminal Code with PL C-41 adopted by the Parliament of Canada on June 15, 2023. This exemption allows organizations like Doctors of the World to continue to work effectively and in accordance with the humanitarian principles of neutrality, impartiality and independence. It also enables our organization to continue to offer adequate protection to its teams and partners in particularly sensitive situations while in compliance with its internal due diligence policies.

Doctors of the World will remain watchful concerning Bill C-41's implementation and is cognizant of the need for governments to find a reasonable balance between anti-terrorism and security considerations on one hand, and the necessity and principles of humanitarianism on the other.

[TO LEARN MORE](#)[OPINION LETTER](#)

Afghanistan

In 2022, Doctors of the World resumed its mission in Afghanistan, albeit in a particularly tense context. A program was implemented in Kabul to support their healthcare network.

In December 2022, Doctors of the World denounced the ban on Afghan women working in non-governmental organizations (NGOs): Afghanistan is facing economic collapse and a serious humanitarian crisis, and NGOs play an essential role in saving lives and providing aid.

The consequences of disallowing women from working are dramatic and devastating for the lives of millions of vulnerable men, women and children in the country.



TO LEARN MORE

Palestine

We continued to denounce repeated human rights violations and humanitarian law violations in the occupied Palestinian territories. We are especially concerned by the Israeli government's practice of contracting humanitarian efforts.

In November 2022, several Canadian humanitarian organizations that work in Jerusalem, the West Bank and Gaza – including Doctors of the World – called on Canada's Minister of Foreign Affairs to request that Canada ensures respect for humanitarian principles as well as consistently implementing the Canadian feminist international assistance policy in Palestine and the occupied territories.



TO LEARN MORE



Opening of the SAKIFE exhibition: “Women’s Health in Kivu”

The SAKIFE exhibition – “Women’s Health in Kivu” – was presented in collaboration with the Wallonia-Brussels general delegation in Quebec at the Quebec National Assembly. A North American first, Christophe Smets’ photographic exhibit highlighted the consequences of limited healthcare access for women living in Kivu in the Democratic Republic of the Congo. The striking photographs on display documented the lives of female caregivers as well as the survivors of sexual violence perpetrated by armed groups. The work of Dr. Denis Mukwege – winner of the 2018 Nobel Peace Prize – was also featured. The exhibition sought to raise awareness of the situation faced by women in Kivu and to promote discussion concerning living conditions of women in the Francophonie. Also addressed were healthcare access problems and the social and economic emancipation of women.



**SAKIFE PHOTOGRAPHY EXHIBITION
IN QUEBEC CITY**



PODCAST



Délégation générale
Wallonie-Bruxelles
...QUÉBEC



la boîte
à images



A photograph of three women at an outdoor event. On the left, a woman in a black jacket with a fur-lined hood is handing a blue and white informational pamphlet to a woman in a maroon puffer jacket. To the right, another woman in a blue and black puffer jacket with a backpack is looking on. They are standing behind a white table covered with various pamphlets and brochures. The background shows a brick building and some outdoor furniture like blue chairs.

OUR SUPPORTERS

THANK YOU TO OUR VOLUNTEERS!

Doctors of the World Canada has the immense privilege of being able to count on the indispensable support of our volunteers. We would like to take this opportunity to thank them for their commitment.



Volunteering with Doctors of the World is an act that provides not only healthcare, but also a dose of empathy and humanity to those who are the most marginalized.

Did you know that volunteering with Doctors of the World helps to make our activities run smoothly, especially our clinics? Doctors of the World Canada’s volunteerism opportunities are diverse and call for a varied skill set: You can learn more about volunteering with us by viewing the testimonials.



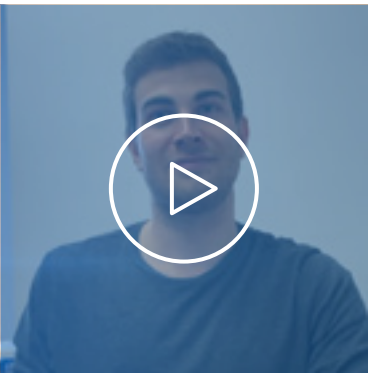
MARINE VASINA



ALICE DREIMANIS



DJAMILA SAAD



RÉMY BRAYET

“WE TAKE CARE OF OUR WORLD” EVENT

The first “We take care of our world” recognition event took place on June 8, 2023. Hosted by a good friend of Doctors of the World Canada – actress and author [Fanny Rainville](#) – the event highlighted the important commitment made by our volunteers, members, partners and donors. The festive occasion (what we hope will be the first of many) was an opportunity for the Doctors of the World team to look after its community... and it was also a chance to highlight the efforts being made to ensure healthcare access for people who find themselves excluded from the system, and the need to defend their right to having good health. We had the honour of having in attendance former Doctors of the World Canada president Dr. Nicolas Bergeron. A commemorative plaque was presented to Dr. Bergeron to highlight his years of service with the organization.



ÉCHOPPE DES FROMAGES' “WINE AND CHEESE” EVENT

A wine and cheese event was held in May 2023. Benefiting Doctors of the World Canada, it was organized by L'Échoppe des fromages in memory of Dr. François Couturier. One of Dr. Couturier's last wishes was to have an event organized on behalf of Doctors of the World which reflected our organization's mission and values. Max Dubois chose to honour the memory of his family doctor and organized this wonderful evening, during which we collected \$7,500 to support our efforts towards helping people who are experiencing homelessness in Montreal.

If you are interested in organizing an event to benefit Doctors of the World, please do not hesitate to contact our director of philanthropy, Émilie Thierry, at the following address:
emilie.thierry@medecinsdumonde.ca.



THANKS!

Thank you to our 4,700 donors who made one or more donations this year, among whom numbered close to 1,900 monthly donors.

You have all made an important contribution towards what Doctors of the World is able to provide: listening, care and defending human rights!



**TO LEARN MORE
ABOUT MONTHLY DONATIONS**

Did you know that our monthly donation program – “Care without judgment” – is one of the best ways to support Doctors of the World?

Since 2018, we have been recommending making a monthly donation to help provide long-term support for our work with excluded people and people in vulnerable situations.

Please feel free to discuss various options with us should Doctors of the World come knocking at your door, and to consider making a monthly commitment to the «Care without judgment» program!

The monthly contribution program lets you:

- Better manage your budget, all the while ensuring we have greater income stability to be responsive to the needs of those we treat and support
- Maximize your contribution by limiting administrative costs as compared to other donation methods



EMMANUELLE TASSÉ
Monthly Donor

“I’m a humanist who tries to invoke love and friendship into a world that can be harsh and indifferent. I was ill for a long period of time, without being understood or cared for. Therefore, I wholeheartedly support people who need healthcare. Compassion, understanding others’ suffering, the desire to provide help quickly and concretely: These traits are essential, especially in times of crisis.”

THANK YOU

Doctors of the World Canada is immensely privileged to be able to count on the unwavering support of many individuals and organizations. We would especially like to thank all the religious congregations which, year after year, continue to place their trust and precious financial support in us. We would also like to thank the foundations, trade unions, companies and private donors for their commitment and altruism, which are essential for our national and international operations.

Philanthropy is above all else an act that comes from the heart, and we get to observe this on a daily basis thanks to your support: It allows us to offer not only healthcare, but also humanity and empathy to the most marginalized and excluded people in our society. Your commitment to Doctors of the World represents a beacon of hope!

We wish to pay tribute to the people who left us this year and who bequeathed Doctors of the World in their will:

- **MR. YVES BETTEZ**
- **MR. JACQUES GAUDET**
- **MS. GHISLAINE JARRY**
- **MS. LORRAINE VÉZINA**



TO FIND OUT MORE ABOUT MAKING A BEQUEST



THANK YOU TO OUR PARTNERS



- › Thérèse and Guy Charron Foundation
- › Yvon Boulanger Foundation
- › BSLGLI Community Foundation
- › Denise and Robert Gibeau Foundation
- › Lise and Richard Fortin Foundation
- › Léo Brossard Foundation
- › Margot Ritchie Foundation
- › Emmanuel Foundation

A HEARTFELT THANK YOU TO OUR FUNDERS



MEMBER OF THE



**And thank you
to our partners
who made
an anonymous
donation.**



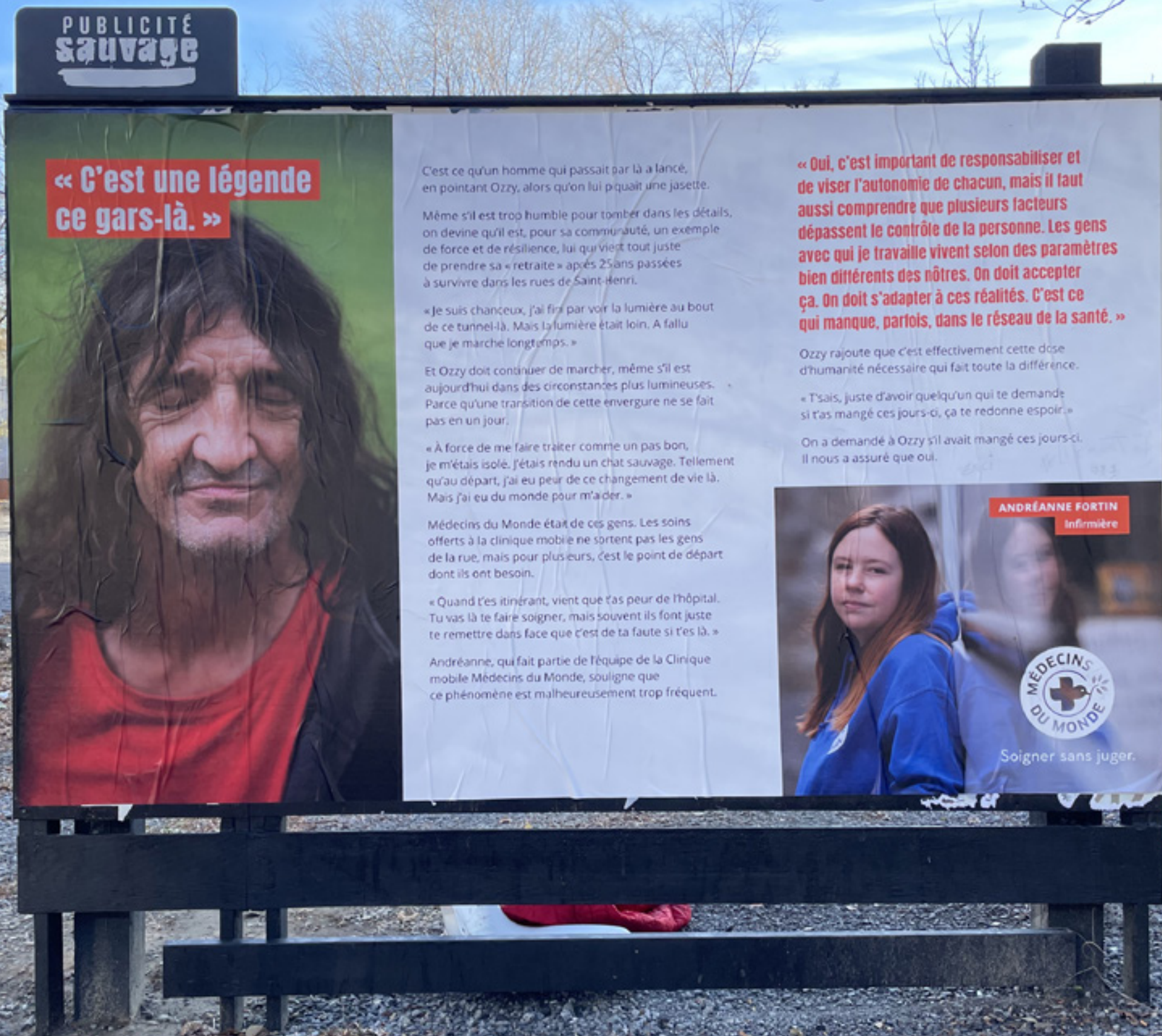


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cover and pages 3, 8, 13, 16, 18, 20, 21, 23, 25, 27, 28, 31, 53, 54, 55, 56, 59, 61.

MIKAËL THEIMER

pages 4, 9, 11, 17, 29.

JULIETTE GROSSE

page 24.

SAIYNA BASHIR

pages 32, 46, 47, 52.

OLIVIER PAPEGNIES

pages 36, 38, 49, 50, 58.

EMMANUELLE TASSÉ

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VINCE THEO

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QUENTIN TOP

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DOCTORS OF THE WORLD SPAIN

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DOCTORS OF THE WORLD GERMANY

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DOCTORS OF THE WORLD CANADA

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CARE WITHOUT JUDGMENT



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