



Impact Report

2019



Welcome

FROM OUR PRESIDENT

Ensuring access to healthcare amid disease, disasters, and displacement

2019 was a year characterised by deadly outbreaks of disease, disasters – both manmade and natural – and record levels of forced displacement. Over the course of the year, our international network deployed thousands of medical professionals to disaster and conflict zones, along migration routes and in destination countries, and to the epicentres of disease outbreaks. Wherever they were needed most, our expert staff were there providing humanitarian and medical aid and ensuring access to healthcare.

When Cyclone Idai wrought catastrophic damage across Mozambique in March, we quickly mobilised our emergency teams who travelled to the city of Beira and the surrounding areas to assess the immediate health needs of the affected communities. Rapid intervention is key to saving lives, but there is an often hidden need to provide healthcare after the disaster, while reconstruction takes place and we remained in Mozambique for five months after Idai to strengthen local capacity and support displaced families.

We also continued to respond to the world's second deadliest outbreak of Ebola, in the Democratic Republic of the Congo. The fight to contain the highly contagious disease was complicated by multiple outbreaks, a lack of trust among the population, and existing health issues such as malaria and malnutrition. Our teams faced up to these challenges to train medical staff and support families affected by the virus. The outbreak lasted nearly two years and claimed more than 2,000 lives.

These crises took place against a backdrop of record levels of displacement. The number of people on the move reached a new high in 2019, as conflict continued to ravage countries such as Syria, while violence, instability and political turmoil in Venezuela triggered the world's biggest recent displacement crisis. By the end of the year, 79.5 million people had been forcibly displaced as a result of persecution, conflict, violence, human rights violations or instability.

We believe everyone has the right to health. That's why we continue to support those who struggle to access care, according to need and not status. I'm proud of the impact we have had in both the UK and around the world this year. We have supported over 2,400 patients at our clinic in east London, while millions have benefited from the 460 health programmes run by the international network in 79 countries. We will continue to fight for universal and equitable access to healthcare into 2020 and beyond.

Dr James Elston

President, Doctors of the World UK

FOREWORD FROM OUR DIRECTOR

2019 was a year of growth for Doctors of the World's UK programmes. Thanks to our supporters and volunteers, we expanded our services and celebrated achievements, while raising vital funds and awareness for international relief efforts.

Our services are a lifeline for many. Through our London clinic, we were able to help over 2,400 people to access the NHS, while our advice line team answered 13,000 calls from across the country. Eighty-five percent of our service users were not registered with a GP, while 84 percent were living below the poverty line and 29 percent were in unstable accommodation. Many had gone without healthcare since arriving in the UK, on average five and a half years, before seeing us.

In August, we moved the London clinic to new, purpose-built premises, which will allow us to increase our capacity and provide more holistic care for our patients. It is imperative that we scale up our services, as we estimate that between 50,000 and 500,000 people (the estimated number of undocumented migrants in the UK) need us. These are people who are too scared to see a doctor for fear of being deported, having their data shared, or being slapped with huge healthcare bills they simply can't afford.

We also officially launched the Mobile Clinic service. The Mobile Clinic is a purpose-built vehicle that provides everything a GP or nurse might need for primary care consultations, as well as a private space for caseworkers to provide in-depth support to our patients. This setup allows us to provide a pop-up style clinic in a wide range of venues, reaching more people than ever before, particularly some of the most vulnerable who may not be able to access our east London clinic.



Throughout the year, we continued to shine a light on the impact of hostile environment policies on access to healthcare. We also launched the Hospital Access Project to provide specialist casework support and legal advice to people refused NHS care due to their immigration status in the UK and as a result of the NHS charging regulations.

In September, we celebrated the one-year anniversary of our Safe Surgeries initiative. A year on from the launch of the project, over 220 GP practices across 28 cities and towns had received Safe Surgeries training and committed to providing inclusive and welcoming healthcare for everyone in their communities. The initiative received a nomination in the 2019 General Practice Awards and the endorsement of the Royal College of General Practitioners and the Royal College of Nursing.

This work was only possible thanks to the generosity of our supporters and volunteers, who are the backbone of our UK programmes. Together, we continue to strive for a world where everyone can access the healthcare they need and where health is acknowledged as a fundamental right.

Ellen Waters

Director of Development, Doctors of the World UK



Mozambique



In March 2019, Cyclone Idai hit Mozambique, bringing strong winds and severe flooding, and leaving death and destruction in its wake. It was one of the worst cyclones to affect Africa and the southern hemisphere, killing at least 602 people and displacing over 130,000 people, who lost their homes, crops, and means to survive. Fifty hospitals and health centres were partially destroyed, and 1.85 million people were left in dire need of humanitarian assistance.



The Médecins du Monde/Doctors of the World network has been working in Mozambique since 2000. When Cyclone Idai hit, we quickly mobilised our emergency teams who travelled to the city of Beira and the surrounding areas to assess the immediate health needs of the affected communities. We also sent 7,000 kg of medical supplies and equipment, including kits for the prevention and treatment of cholera.

Our emergency response focused on three areas: supporting local health centres in the region, providing healthcare in camps for displaced persons, and providing psychosocial support at Dondo Hospital in the Sofala region.

In the five months following Cyclone Idai, our teams provided over 30,000 medical consultations. They worked to prevent and contain outbreaks of infectious disease caused by the unhygienic conditions in the camps for displaced families and alongside local health authorities to strengthen their capacity and ability to deal with the influx of patients.

“We help repair and equip local health centres so that they can resume operations. At the same time, we are providing care to people who have lost their homes,” said Emergency Coordinator Cristina Miñana.

Doctors of the World UK supported the emergency response through public fundraising.

Paulo's story

Paulo is one of the hundreds of displaced children living in the Djon Segredo camp in Sofala, Mozambique. His family lost everything in Cyclone Idai and were lucky to escape with their lives.

Paulo describes the moment the storm hit: “When the cyclone started, I was inside the house. I then realised what was coming. Water began to enter the house suddenly; it was so high. It was so high, and it began to reach the road. We needed to get away quickly. We decided to climb a mango tree, but the force of the water was so great we got knocked down from the tree which we were in.”





Yemen

The humanitarian crisis in Yemen remains the worst in the world. Years of conflict and economic decline have left millions without access to food, clean water, and healthcare. Many Yemenis suffer from acute malnutrition, including two million children under five years old, while outbreaks of infectious disease remain an ever-present threat. It is estimated that 80 percent of the population needs some form of humanitarian assistance, and the situation continues to worsen.

We have been operating in Yemen since 2015, working in the worst-affected areas to improve access to healthcare. In 2019, our teams carried out 219,000 medical consultations, including 13,300 antenatal consultations, as well as 75,000 mental health and psychosocial consultations. They also responded to an outbreak of diphtheria and worked with the local health authorities to promote the provision of vaccines, nutritional care, and medical support.

DRC

In July 2019, the Ebola outbreak in the Democratic Republic of the Congo was declared a Public Health Emergency of International Concern. It was the world's second largest outbreak on record and particularly challenging because it took place in an active conflict zone.

Olivier van Eyll, desk officer for DRC, explains further: "This response is complicated by several factors: several Ebola outbreak locations are situated in eastern DRC (some in conflict zones), there is a lack of trust from the population and, finally, Ebola is added to other health problems such as measles, malaria, and malnutrition. It is therefore essential to stay engaged and work with communities."

Doctors of the World's emergency response was focused on the epicentres of the crisis, Butembo and Katwa. To strengthen the local response, we trained frontline medical staff in infection prevention and control, while educating the community about Ebola to try to prevent further spread.

Thanks to our experience working with survivors of sexual violence at Dr. Mukwege's Panzi Hospital in Bukavu, we also provided specialist support to families affected by the virus and supported the integration of cured patients back into their families and communities.

Doctors of the World UK supported this intervention through public fundraising, which helped to scale up the response. On 25 June 2020, the nearly two-year Ebola outbreak in DRC was declared over. Of the 3481 cases, 2299 people died and 1162 survived.





Global Clinic

In refugee camps and disaster and conflict zones, healthcare needs are urgent and addressing them quickly and safely is critical. However, doctors responding to humanitarian crises are often forced to work under difficult conditions.

In 2018, we rallied our experienced medical professionals and worked with a world-class team of architects and engineers to find a solution. The result was the Global Clinic: a low-cost, easily assembled, and durable structure that creates a private and safe space for patients and doctors worldwide.

Designed for rapid deployment and long-lasting intervention, the Global Clinic can be assembled in one day, with no need for tools or machinery, and can last for decades.

The clinic was developed in collaboration with architects from Roger Stirk Harbour + Partners and engineers from BuroHappold and ChapmanBDSP. It remained on display at the Wellcome Collection in London as part of the 'Living with Buildings' exhibition, until April 2019. A crowdfunding campaign has raised funds to run a pilot test with the clinic in a humanitarian response setting.

Emergency refugee fund

The global refugee crisis presents an enormous challenge for healthcare provision. By the end of 2019, 79.5 million people had been forcibly displaced worldwide as a result of persecution, conflict, violence, human rights violations or instability. We empower refugees and migrants to access health services, advocate for health systems to be more flexible and inclusive and educate health professionals on how to engage effectively with migrant communities. In 2019, we raised funds to provide care and support to refugees and migrants in the UK and around the world.

EU Aid Volunteers

We also continued our work with EU Aid Volunteers. This initiative gives EU citizens the opportunity to volunteer abroad and helps us to develop the Médecins du Monde network, and to increase our capacity to recruit and manage volunteers. A two-day workshop was organised in London for volunteers who had recently finished their deployment to reflect on their experiences, discuss future opportunities, and learn more about self-care in a humanitarian context.





London Clinic move

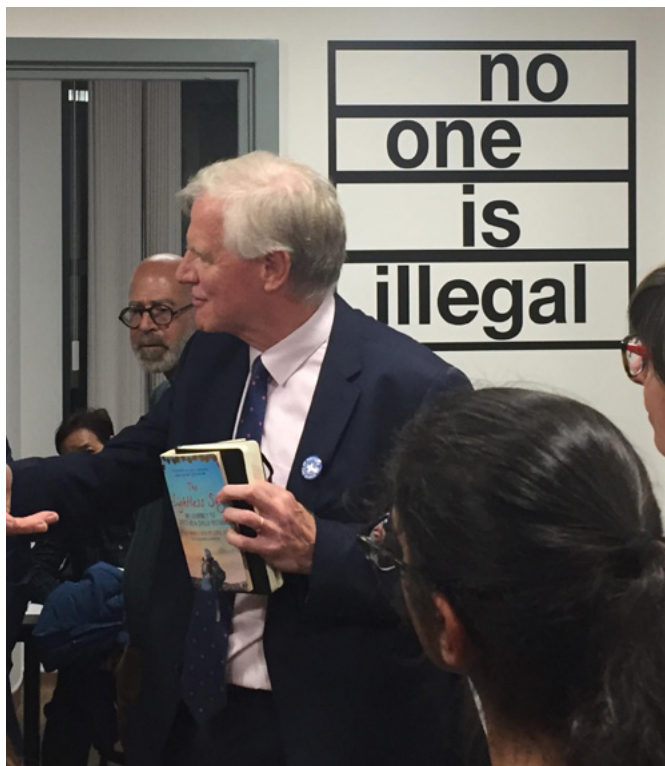


The London Clinic is at the heart of what we do in the UK. Our volunteer doctors, nurses and caseworkers provide essential care and support to men, women and children who have fled conflict and discrimination, or escaped torture, exploitation, and poverty. Many of them now live under the radar and struggle to survive, often homeless or in unstable accommodation and living below the poverty line.

In 2019, we provided over 2,400 consultations. We also moved the clinic from Bethnal Green to purpose-built premises in east London, which will allow our volunteers to support more patients than ever.

It is imperative that we scale up our services, as we estimate that between 50,000 and 500,000 people (the estimated number of undocumented migrants in the UK) need us. These are people who have been too scared to see a doctor for fear of being deported, their data being shared, or being slapped with huge healthcare bills they can't afford. Often, they are wrongfully turned away by frontline healthcare staff, and some simply don't know how the system works.

Since opening in 1998, we have directly helped almost 20,000 people in the UK. The new clinic will allow us to not only increase our capacity but also to provide more holistic care to our patients.



◀ DOTW trustee and volunteer GP, Dr Peter Gough, at the opening of the new clinic in October 2019

▲ Gulwali Passarlay and Hassan Akkad spoke about their experiences as refugees

Fortune's story

Fortune was born in Uganda, where he lived as a gay man in a country where homosexuality is illegal. He escaped persecution and fled to the UK, but still felt he had to hide his sexuality, the stress of which led to crippling headaches and inexplicable pains. When he was at his lowest point, Fortune came to our clinic. Our volunteers helped Fortune to register with a GP and he was diagnosed with severe depression. "The kind of care I received is something I had never experienced," he said. "They are just kind, lovely people".

OUR UK SERVICE USERS

2019



84%

OF SERVICE USERS
WERE LIVING BELOW
THE POVERTY LINE

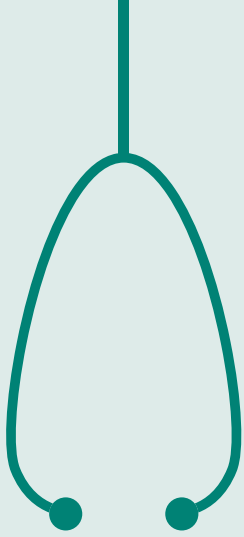
29%

OF SERVICE USERS
WERE LIVING IN UNSTABLE
ACCOMMODATION



5¹/₂ YEARS

THE AVERAGE
LENGTH OF TIME
SERVICE USERS
HAD LIVED IN
THE UK BEFORE
ACCESSING
OUR SERVICES



2,431
CONSULTATIONS



13,382
CALLS
RECEIVED BY
OUR HELPLINE



85%
OF SERVICE
USERS WERE
NOT REGISTERED
WITH A GP



318
DISCLOSURES OF
SERVICE USERS
EXPERIENCING
VIOLENCE

931 PATIENTS OFFERED
STI SCREENING



Women and Children's Project

Through our Women and Children's Project, we support women and their families by offering health checks, information, and advice on accessing NHS services and what to do if they receive a bill for their NHS care.



The NHS charging regime can make the situation very complex for our pregnant patients, who are ineligible for free NHS care. These women are often extremely vulnerable and simply can't afford their unfairly inflated healthcare bills. Our volunteers work to reassure and support mothers to access antenatal care, in their best interests and their child's.

In 2019, we supported 400 women through the Women and Children's Project, as well as 40 children, who were on average seven years old. We try to ensure children are safe and adequately cared for. We help their families to register with a GP and encourage them to participate in the UK childhood immunisation programme.

We also ran a pilot project in partnership with the British Red Cross, with the aim of improving the health and wellbeing of young refugees and unaccompanied asylum-seeking children, and their confidence in accessing health services in the UK. We did this through workshops, consultations, screenings and health service registration.

Hospital Access Project

In 2019, we launched the Hospital Access Project, which provides specialist casework support and legal advice to people refused NHS care due to their immigration status in the UK and as a result of the NHS charging regulations. Where possible and applicable, we use legal means to challenge these issues.

Advice Line

Our advice line has continued to operate five days a week. In 2019, our volunteers answered 13,000 calls, an increase of 4,500 compared to 2018 figures. They also made just under 9,000 calls to service users and service providers, as part of GP registration advocacy and follow up. In total, our advice line volunteers spent almost 738 hours on the phone.

Joanna's story

Among the people we support are migrant domestic workers, who are vulnerable to abuse and exploitation due to the nature of their work. Some are undocumented after being trafficked into the country, while others have fled from abusive employers once in the UK.

Joanna is one of these women and shared her story: "I arrived here in the UK in 2013 and started working as a housekeeper/nanny. In 2017, I felt pain on my neck, so I searched online for a private clinic because I am scared of my legal status here. I went to a walk-in centre and they charged me £200 to see a doctor, who just gave me some antibiotics.

"Then a 'friend' of mine asked me if I wanted to be registered with a GP and she said I have to pay her £300 but I never saw her again! My last resort was to get a private GP, which we all know costs a lot of money."

Joanna's situation is a common one for domestic workers in the UK. Many are too scared to see a doctor for fear of being deported or are asked for documents they don't have.

With our help, Joanna was able to register with a GP and get the care she needed. "Now I have full access to the GP, and they are treating me," she said.



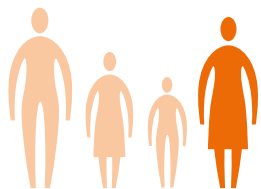
IN 2019 WE SAW
1067
WOMEN & GIRLS

409
THROUGH THE
WOMEN-ONLY
CLINIC

40
WERE UNDER 18


186
TRAVELLED
TO THE CLINIC
FROM OUTSIDE
LONDON

164
WERE PREGNANT
(15 WEEKS
ON AVERAGE)



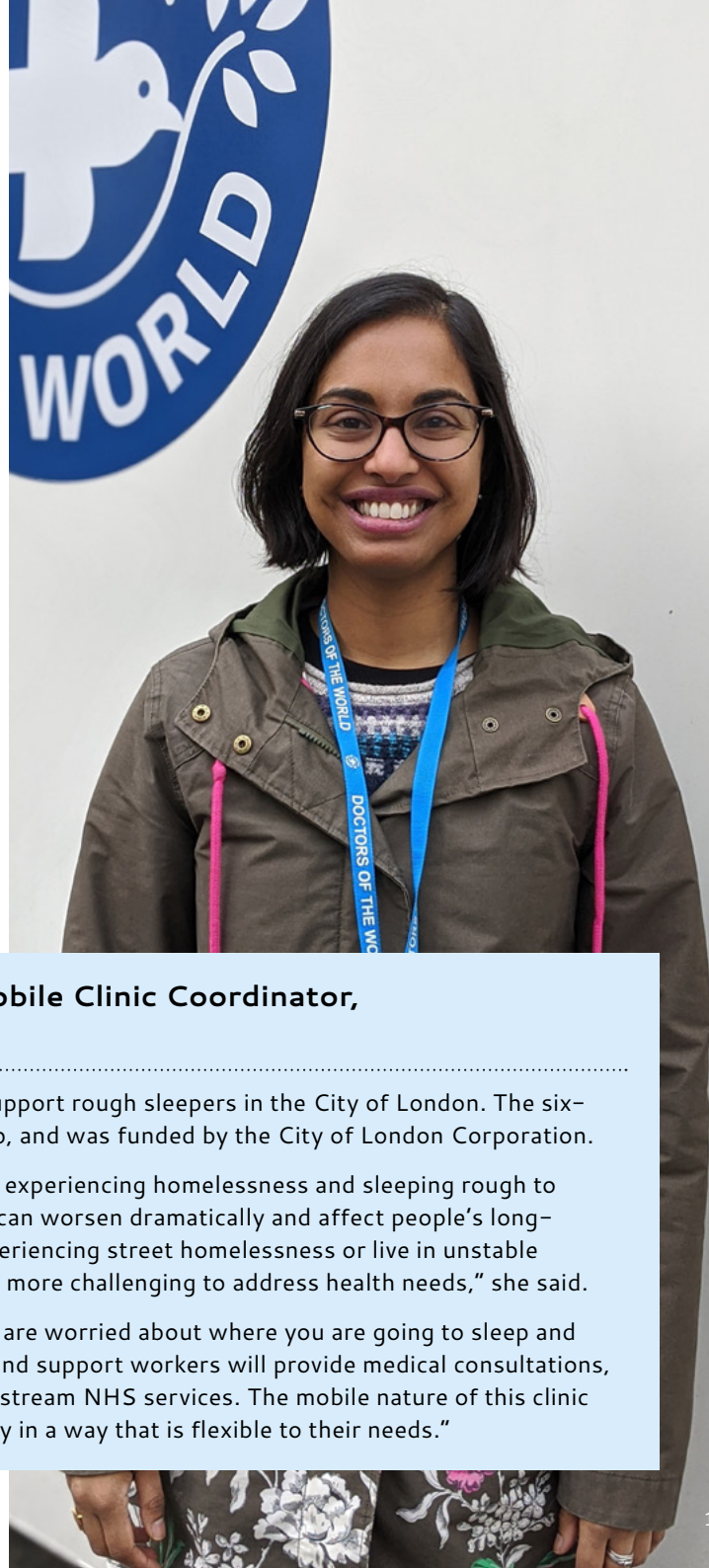
31
ACCESSED FAMILY
PLANNING THROUGH US

Mobile Clinic

In 2019, our new mobile clinic began operating three days a week. The clinic is a purpose-built vehicle that provides everything a GP or nurse might need for primary care consultations, as well as a private space for caseworkers to provide in-depth support to our patients.

This setup allows us to provide a pop-up style clinic in a wide range of venues, reaching more people than ever before, particularly some of the most vulnerable who would have not been able to access our east London clinic.

Throughout the year, we ran periodic outreach sessions at Hackney Migrant Centre, The Voice of Domestic Workers, Lewisham Refugee and Migrant Network, and the New North London Synagogue. Towards the end of 2019 we extended the service to provide outreach to rough sleepers in the City of London and Haringey.



Dr Durga Sivasathiaselan, NHS GP and Mobile Clinic Coordinator, on the City of London pilot project

In December, we launched a new mobile clinic service to support rough sleepers in the City of London. The six-month pilot project involved weekly outreach and follow up, and was funded by the City of London Corporation.

Dr Sivasathiaselan said it is extremely difficult for people experiencing homelessness and sleeping rough to access healthcare. "And when diseases go untreated, they can worsen dramatically and affect people's long-term health. This is particularly true for those who are experiencing street homelessness or live in unstable accommodation, where their lives can be chaotic, making it more challenging to address health needs," she said.

"Accessing healthcare becomes less of a priority when you are worried about where you are going to sleep and if it will be safe and warm. Our volunteer doctors, nurses and support workers will provide medical consultations, and help patients register with a GP and access other mainstream NHS services. The mobile nature of this clinic will allow us to reach the most vulnerable people in the City in a way that is flexible to their needs."

Advocacy

2013/14		
		Total to be charged
		£
Non complex pregnancy (normal or assisted delivery without complications, up to 2 days stay, 2 scans, 4 outpatients appointments)		5,176
Complex pregnancy (normal or assisted delivery with complications, up to 5 days stay, 2 scans, 4 outpatients appointments)		9,233
Booking visit only - no scan		771
Out patients visit only - no scan		402
Per Scan		160
Less than 12 hours admission (non-delivery stay)		953
Less than 24 hours admission (non-delivery stay)		1,139
Non complex delivery - includes up to 3 nights stay		4,078
Complex delivery - includes up to 4 nights stay		8,135
Per night in addition to any of the above (delivery or non-delivery)		559
Caesarian delivery with complications - includes 4 nights stay		9,793

2013/14		
		Total to be charged
		£
Neonatal Intensive Care Unit - Level 1		2,478
Neonatal Intensive Care Unit - Level 2		1,559
Special Care Baby Unit		1,010

Advocating for practice and policy change is central to our work. Guided by patient stories and clinic data, we work locally and nationally for equitable access to healthcare for everyone.



In September 2019, we celebrated the one-year anniversary of our Safe Surgeries initiative. A year on from the launch of the project, over 220 GP practices across 28 cities and towns had joined the rapidly growing network.

In total, there are Safe Surgeries in 53 clinical commissioning areas, stretching from Devon to Scotland, all taking a stand for inclusive and welcoming healthcare for everyone in their communities.

Throughout the year, Safe Surgeries was documented extensively in the British Medical Journal and shortlisted for a Clinical Improvement Award in Public Health and Prevention in the 2019 General Practice Awards. The initiative was also endorsed by the Royal College of General Practitioners and the Royal College of Nursing.

This level of public interest in Safe Surgeries took us a step further in ensuring that everybody living in the UK can see a doctor when they need to.

The Hostile Environment

In 2019, we continued to shine a light on the impact of hostile environment policies on access to healthcare. Over the years we've worked to ensure the experiences and voices of patients and clinic volunteers are included in health policy debates, and we've continued to apply pressure on the government to transparently investigate the impact of the current policy on patients.

We also coordinate the Expert Consortium on Refugee and Migrant Health, which brings together UK health research and policy experts to facilitate collaboration, learning and evidence-based decision-making in the field of migrant health and healthcare.

Your support



Community fundraising

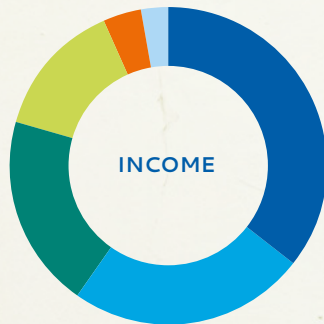
As a non-profit organisation that doesn't receive any government funding, we rely on donations to keep our clinics and helpline running. In 2019, our wonderful supporters raised more than £13,000 for Doctors of the World through fundraisers such as Santa Run London, cycling events and birthday pledges

Responding to emergencies

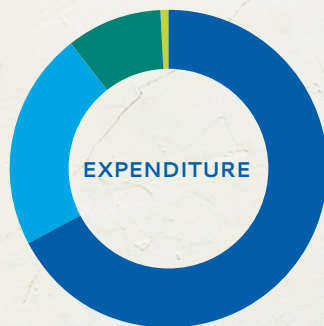
From Ebola in DRC to ongoing conflict in Yemen, there were many humanitarian emergencies in 2019. Whenever a disaster happened, our supporters rallied to support those affected, raising nearly £65,000 through appeals. These funds helped us to provide emergency medical and humanitarian aid, and to ensure access to healthcare.



Income & expenditure 2019



- Trusts and foundations **£484,143**
- Donated office space and volunteer time **£331,517**
- Individuals **£264,679**
- MdM Network **£191,386**
- Other **£51,457**
- Institutions **£36,473**



- National activities **£972,040**
- Cost of generating funds **£318,373**
- International activities **£139,700**
- Governance **£11,237**



How you can help

Make a donation

Please visit www.doctorsoftheworld.org.uk/donate to find out more about the many ways you can donate.

You can also give **£10** right now by texting **DOCTOR** to **70660**.

Sponsor a Doctor

Whether it be in a disaster or war zone, a refugee camp or our London clinic, in the UK and across the globe, our volunteer doctors and nurses are giving their time to help the most vulnerable to access healthcare.

By sponsoring a doctor with a monthly gift, you will join a movement of people who are committed to a world where no one suffers or dies because they can't access medical care. Just £8 per month could cover the cost of essential vaccines, drugs and medical equipment for our doctors to use in the field.

Fundraise for us

If you're feeling adventurous, athletic or celebrating a special occasion then you can use this to make a real difference. Simply decide what it is that you want to do – whether it's run a marathon or host a bake sale – then set up your personalised fundraising page and share it with your networks. Please do get in touch for inspiration, advice, and support with your fundraising effort.

Volunteer

Our work would simply not be possible without our amazing volunteers. We're frequently offering UK volunteer opportunities, both medical and non-medical, to help us provide care, support and advocacy for some of society's most excluded people. Visit the Jobs and Volunteering page on our website to find out more.

Get in touch

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Thank you

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The Breadsticks Foundation
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The British Medical Journal
City Bridge Trust
City of London Corporation
Canary Wharf Management
DCMS (Tampon Tax Fund)
Elton John AIDS Foundation
City & Hackney Clinical Commissioning Group
Imperial College London
Beatrice Laing Trust
London Catalyst
The National Lottery Community Fund
(Awards for All)
Open Society Foundations
The Pickwell Foundation
Remedium Partners
ShareGift (The Orr Mackintosh Foundation)
Start Network (MERF)
Peter Stebbings Memorial Charity
Stratford Development Partnership
Trust for London
The Wellcome Collection
The University of Birmingham
The University of Sheffield



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