



Impact Report

2018



Welcome FROM OUR PRESIDENT

2018 – a year of growth and strength in the face of uncertain times

2018 saw the worsening of many conflicts around the world. From the escalation of conflict and violence in Yemen and Venezuela, to the ongoing issues in Syria, South Sudan, the Democratic Republic of Congo, and the Central African Republic, medical response in conflict zones has been fundamental to curbing the loss of lives around the world.

Thousands of medical professionals from our international network have been deployed to conflict zones, along migration routes, and in other destination countries to help those who needed it the most.

In these years of turmoil and increasing discrimination and inequality, the notion of a right to healthcare for all can prove revolutionary.

Responding to immediate needs and working to improve local healthcare systems, we believe everyone has a right to access care. That's why we continue to support everyone who struggles to access healthcare: refugees, migrants, asylum seekers, and nationals, 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 2,000 patients at our clinic in east London, and over 2.8 million people benefitted from our programmes in over 38 countries. We will keep fighting until everyone around the world can access healthcare.

Dr Tim Dudderidge

President, Doctors of the World UK

FOREWORD FROM OUR DIRECTORS

In a year of growing social inequality, political turmoil, and intensifying threats to human rights, standing up for the right to healthcare is more important than ever. Thanks to our supporters, volunteers, and activists, we expanded our services and won important battles. We are stepping forward – but the road to accessible healthcare for all is still long.

Doctors of the World believes in access to healthcare for all. We want to see a world where everyone can see a doctor, no matter where or who they are. That's why we fight, both at home and abroad, to ensure this right is respected. This means working on strengthening local healthcare systems to ensure long-term improvements, and responding to immediate healthcare needs, so that no one has to suffer.

In 2018, we responded to the needs of people on the move, escaping conflicts, violence, and poverty in Niger and Morocco. Thanks to the START Network, we were able to intervene during the seasonal peak in migration and to provide healthcare, shelter and long-term support to the most vulnerable.

In the UK, we continued supporting destitute people, victims of trafficking, people seeking asylum and migrants. We scaled up our maternity services, now running a clinic for women and children on a weekly basis to help pregnant women access antenatal care. We helped 226 pregnant women receive care and supported 79 children and their families to register with a GP.

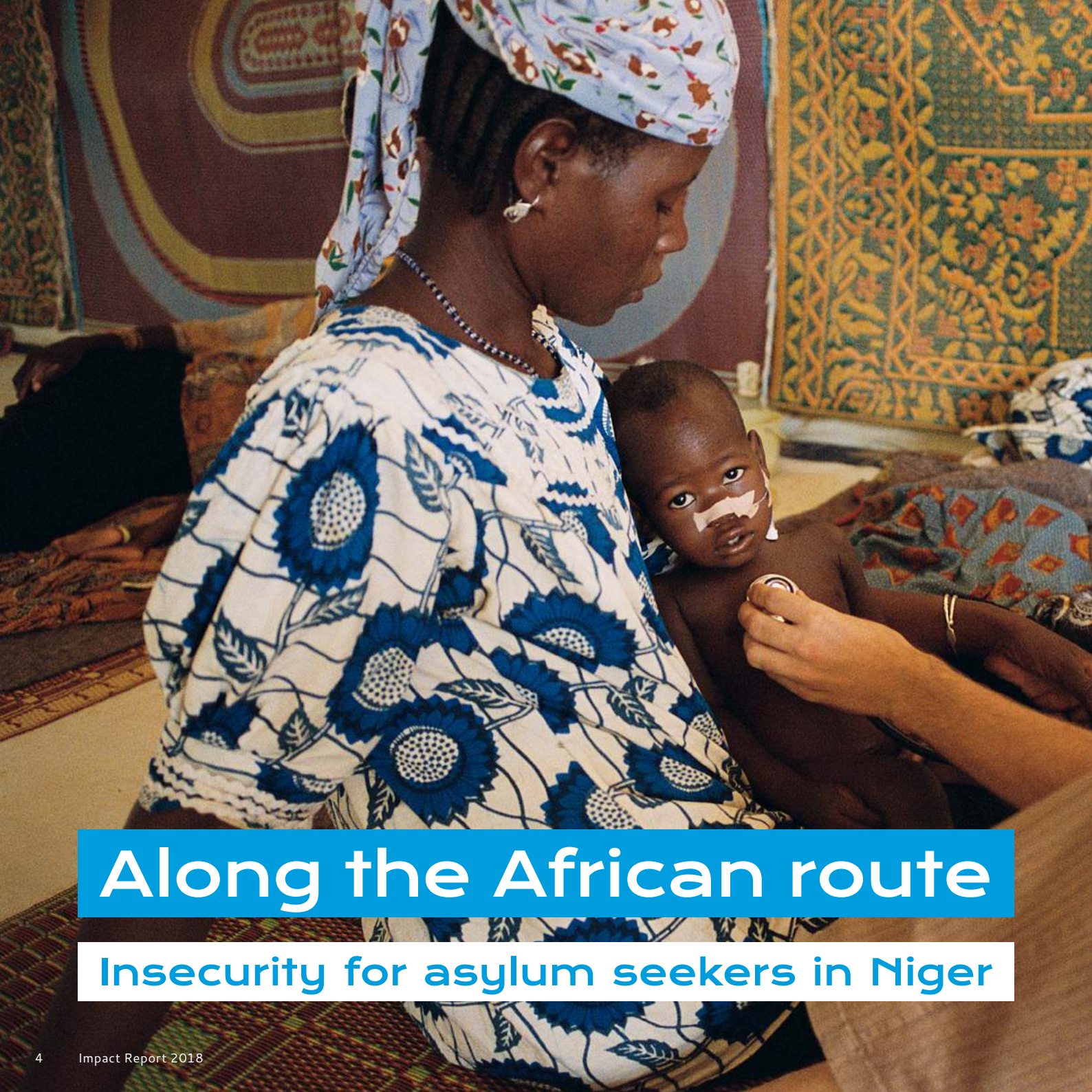
Through our London clinic, we were able to help over 2,000 people access primary care. 85% of them live below the poverty line, 30% in unstable conditions, and many have gone without healthcare since they arrived in the UK, on average five and a half years before seeing us. Our service is a lifeline for many. Common diseases such as diabetes or high blood pressure, which, if left untreated, can become serious, life threatening issues. This is a risk to the health of our patients, as well as to public health in the UK.



We also won important battles for systemic change. Our campaign #StopSharing mobilised over 71,000 people in calling for an end to NHS Digital sharing patient information with the Home Office. We succeeded and the agreement was suspended, though data sharing continues in other parts of healthcare. We also launched the Safe Surgeries Network, a capacity building initiative promoting best practice for inclusive GP registration.

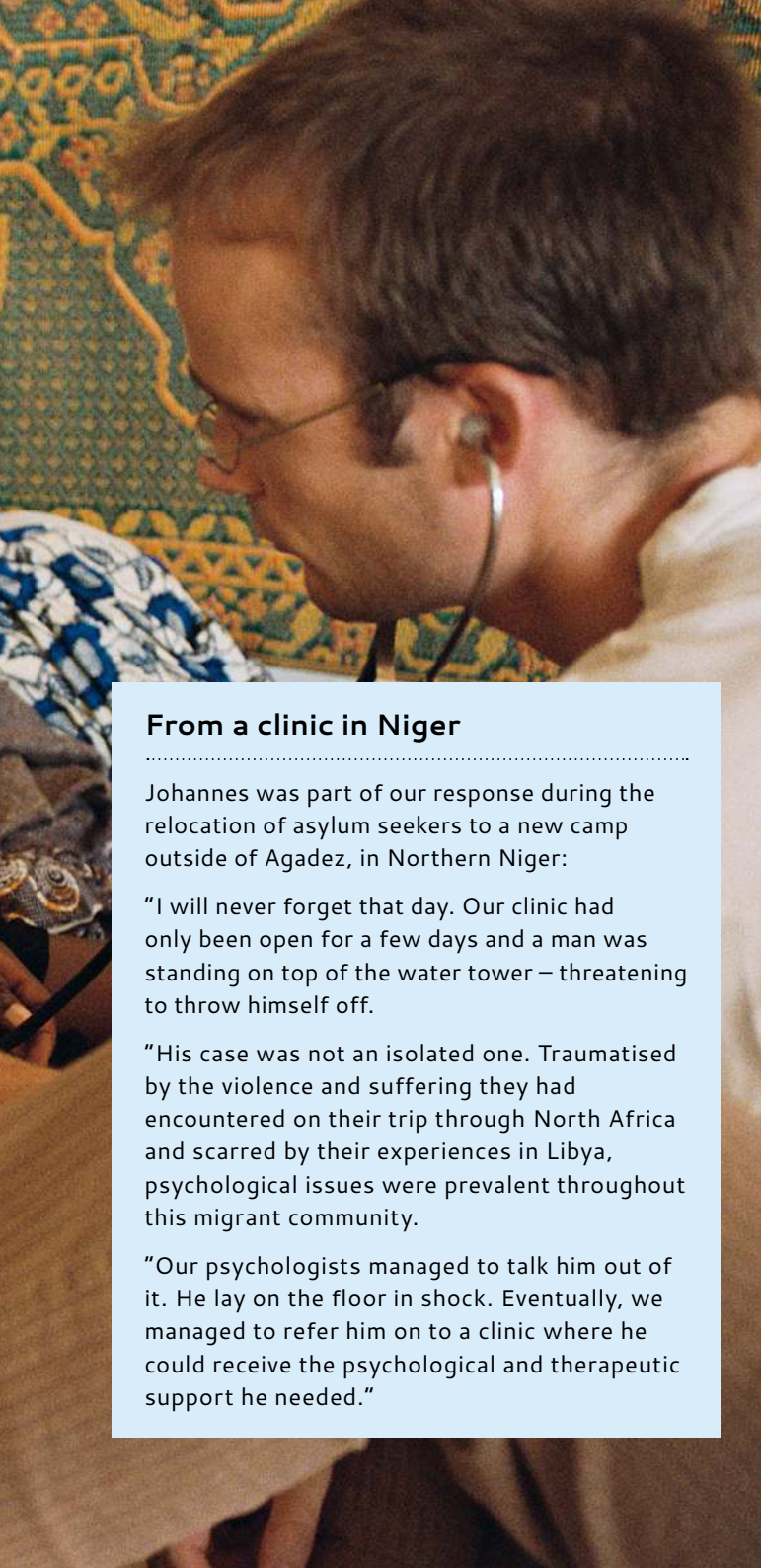
This work was only possible thanks to the generosity of our supporters and volunteers who help deliver and inspire our work. Together, we continue to strive for a world where everyone can access the healthcare they need and where health is acknowledged as a fundamental right.

Ellen Waters and Lucy Jones
Directors, Doctors of the World UK



Along the African route

Insecurity for asylum seekers in Niger



From a clinic in Niger

Johannes was part of our response during the relocation of asylum seekers to a new camp outside of Agadez, in Northern Niger:

“I will never forget that day. Our clinic had only been open for a few days and a man was standing on top of the water tower – threatening to throw himself off.

“His case was not an isolated one. Traumatized by the violence and suffering they had encountered on their trip through North Africa and scarred by their experiences in Libya, psychological issues were prevalent throughout this migrant community.

“Our psychologists managed to talk him out of it. He lay on the floor in shock. Eventually, we managed to refer him on to a clinic where he could receive the psychological and therapeutic support he needed.”

Since 2017, Niger has faced a large increase in arrival of people seeking asylum. Initially, the regional authorities worked in partnership with UNHCR and local partners to ensure that the basic needs of new arrivals were met. In summer 2018, the capacity and the willingness of local authorities to continue providing these services decreased significantly.

With increased numbers of people arriving into the city of Agadez, and ongoing political tensions, more than 2,000 people were moved to a new site 13km outside the city. Although work was underway to transform the empty terrain, people were being moved before a suitable camp had been developed.

Asylum seekers were facing increased challenges and were in need of support before, during, and after the move. Thanks to the MERF funding by the START Network, we were able to scale up the project run by our international network.

Initial activities focussed on responding to immediate needs through mobile clinics. Psychosocial care was offered to many who had been severely traumatized by their experiences. Mobile clinics were deployed on 226 occasions, providing primary and specialised medical services such as the detection of malnutrition amongst children and pregnant women, vaccinations, and antenatal care. 2,627 patients were treated during this project.

We set up a network of community representatives to provide guidance on the developing needs of the population, and supplied water tanks, washing stations and trucked water into the camp. Finally, as there was no formal school or community area for children, we delivered toys and colouring books to keep them busy and safe.



Morocco

The number of migrants arriving in Morocco has increased dramatically since 2017. Thousands of people are stranded in the country, being moved from region to region, with little access to shelter, healthcare and basic provisions.

Our international network runs an established programme in Morocco and knew that the winter period would be extremely difficult, so we responded to this seasonal spike with a three-month project that supported more than 8,500 migrants.

We provided 1,040 migrants with health consultations, screenings, and help to access public services. We also distributed 7,577 hygiene kits and training on how to use them, set up shelters, and distributed food parcels as well as other essential items.

For the most vulnerable – including pregnant women, mothers with new-born babies, and unaccompanied children – we arranged for safe housing and further support to help them through the winter.

Nepal

The devastation caused by the earthquake in 2015 impacted hundreds of thousands of people. At the end of our emergency response, we recognised that a long-term action was required in the villages of Sindhupalchok, where most of the men had left to find work, leaving women to keep the communities going.

Working in ten villages, we aimed to build on pre-existing local structures, by helping to revitalise cooperatives and health facilities. The key strength of these cooperatives lay in the spirit and commitment of the members and health workers taking part in them.

We supported them in rebuilding their offices and health centres, putting in place emergency plans and medical stock, and restoring water supply systems – helping to develop their skills and knowledge, building local capacity to withstand natural disasters.

Four years on, as the project came to a conclusion, we can see a new and exciting dynamic growing in the cooperatives – one that highlights their strong commitment to healthcare access.

Kenita's Story

Kenita is 35 years old, has two daughters and is separated from her husband. He decided to abandon her because she couldn't give him a son.

She has benefitted a lot from being a cooperative member. Before joining she was illiterate, but her fellow members have since given her a basic education and helped her learn about health issues, rights and services. The cooperative has also provided her with the opportunity to learn bookkeeping skills, which help her run her shop.

"I hope that my daughters will grow up to be the best adults possible. I wish they would get good education and become independent."

Now she is earning more, which has helped her pay for the education of her daughters.



A woman with dark hair tied back, wearing a white t-shirt with a 'Doctors of the World' logo and a lanyard, is organizing supplies on a wooden shelf. She is holding a small white box. The room is filled with various medical supplies, including boxes and containers, on shelves and in bins. The background shows more shelves with boxes and a wooden cabinet.

Ukraine

Ukraine's humanitarian situation has deteriorated sharply since 2014. In 2016, around 2.7 million people were in need of humanitarian aid in the non-government controlled parts of Donetsk and Luhansk. There were also around 215,000 displaced people in the government-controlled areas of Luhansk.

Doctors of the World started an emergency response in Ukraine in 2015. This work later developed into two offices and mobile units, which provide medical services for the population and help to strengthen the local healthcare system.

Between January and May 2018, Doctors of the World UK and our Spanish colleagues worked together to deliver healthcare. Our two multidisciplinary mobile units delivered 4,572 medical consultations, 997 mental health consultations, and 762 sexual and reproductive health consultations in eight locations. The same teams also conducted awareness sessions for 5,980 beneficiaries. The Ukraine programme was handed over to our Spanish colleagues in early 2018.

Russia

In Russia, the number of people who are HIV+ has increased by 150% in the past decade. With HIV levels rapidly rising, it is hard for the country's most at-risk groups to access healthcare.

Sex work remains illegal and there is virtually no HIV prevention strategy or initiative aimed at supporting this group. In Moscow, more than 80% of sex workers are from outside the capital, and therefore not eligible to access state healthcare provision.

Our international network has established a project for Moscow sex workers, providing HIV screening and follow up services in the form of medical and counselling support. Medical support also covers gynaecological, sexual and reproductive health, and contraception. Additionally, we offer an advice service for people who are experiencing harassment or institutional violence.





#StopSharing

We have been campaigning to end the harmful practice of data-sharing between the NHS and the Home Office since it came to light in 2014. Many of our patients are too afraid to provide personal information when accessing healthcare, and many avoid seeing a doctor altogether, for fear of being deported by the Home Office.

Our #StopSharing campaign in 2018 mobilised over 71,000 people to call for an end to data-sharing. We worked with partner organisations to secure a Health Select Committee inquiry into the Memorandum of Understanding (MoU) which underpinned the arrangement. This led to the agreement being condemned by cross-party MPs and its supporters called to account. The MoU was withdrawn in November.

However, data-sharing between the NHS and the Home Office continues in other forms. Migrant patient information is still shared under the charging regime in hospitals. We continue to fight for a formal firewall between healthcare services and immigration enforcement.

Safe Surgeries

In May, we launched the Safe Surgeries Network, a capacity building initiative to empower primary care staff to facilitate inclusive GP registration.

GP practices who are signed up as Safe Surgeries commit to taking steps to tackle the barriers faced by migrants in accessing healthcare. This means declaring themselves a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status, or language will not be obstacles to registration. They use our Safe Surgeries Toolkit resources and posters to remind staff and patients that everyone in the UK is entitled to primary care.

In Birmingham, Manchester and London, local 'GP Champions' train primary care staff and ensure that migrant access to healthcare is on the agenda of local health commissioners.

In under a year, the Safe Surgeries Network has recruited 127 practices across 11 cities in England and attracted the endorsement of seven Clinical Commissioning Groups.



**"This is the cutting edge of
miracle medical architecture"**

TimeOut Magazine



The Global Clinic

No medical structures

In refugee camps, natural disaster zones, and conflict situations, healthcare needs are urgent and addressing them is critical. Children, women and men need help treating wounds, both physical and emotional. However, there are no medical structures specifically created for humanitarian medical response needs. Doctors have to work in tents that quickly become ice-cold or sweltering, in unhygienic vans, or unwelcoming shipping containers.



Finding a solution

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 solution that creates a private and safe space for patients and doctors worldwide. It is designed for rapid deployment and long-lasting intervention: it can be assembled in one day, with no need for tools or machinery, and can last for decades.

A quiet place for Afia

Our volunteers in Greece met Afia, who was fleeing from Afghanistan. She was suffering from postnatal depression, but struggled to talk about it because she didn't want to be overheard in the crowded refugee camp. Doctors found an unused tent, where Afia could speak freely and get support. But this crucial care shouldn't be at risk due to the lack of a safe and private clinic space – confidential trauma treatment should never have to take place in a crowded public area.

Making the dream a reality

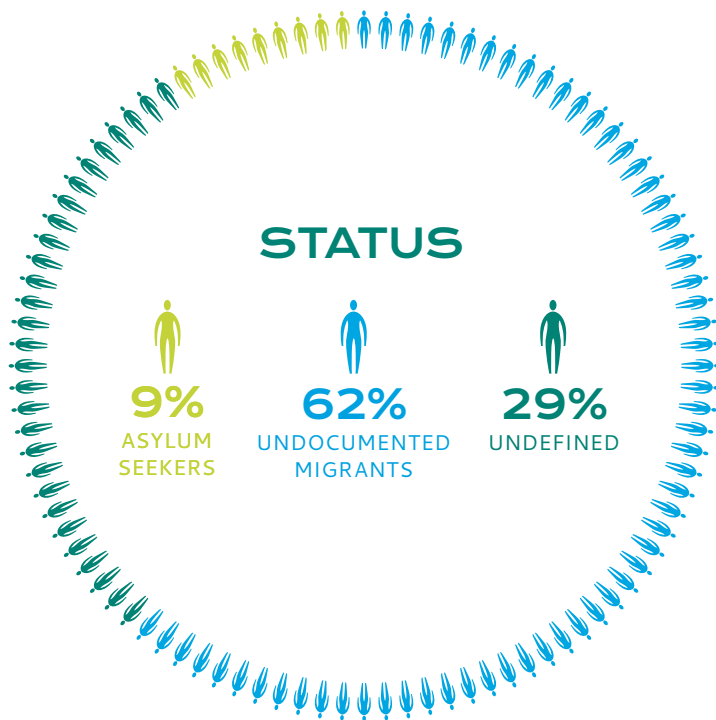
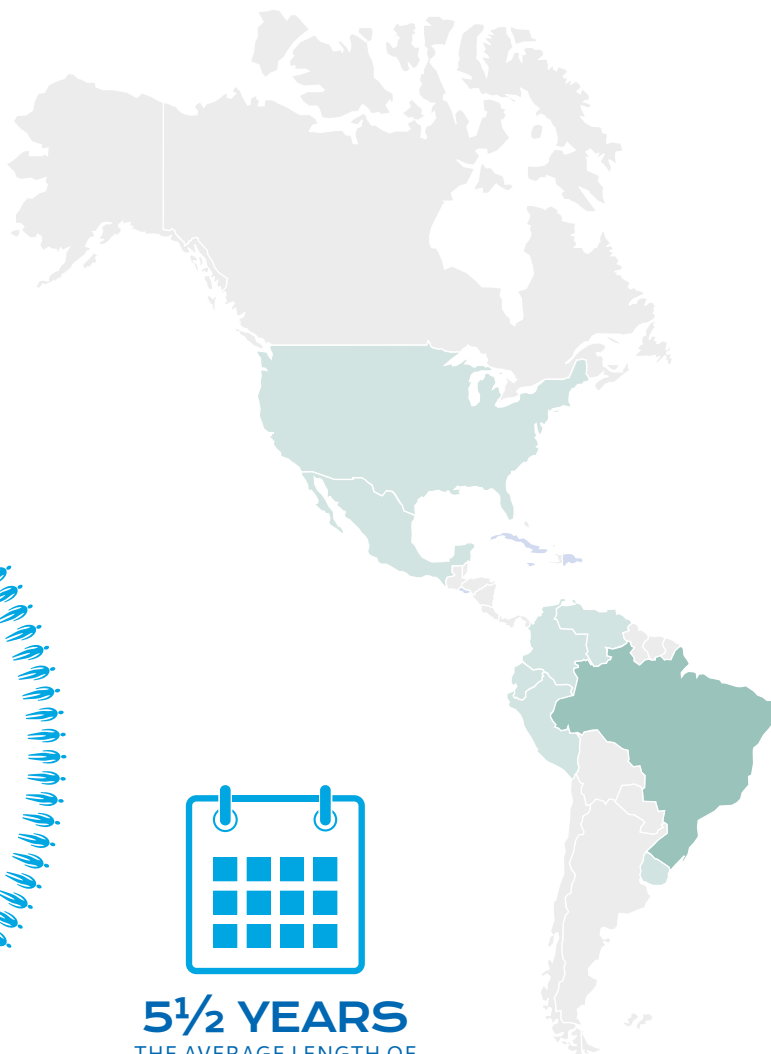
Medical professionals, architects from Rogers Stirk Harbour + Partners, and engineers from BuroHappold and ChapmanBDSP built the prototype of the Global Clinic with the support of the Wellcome Collection. This year, it was put on display as part of the 'Living with Buildings' exhibition. Now, we are planning to deploy the first Global Clinic to the Balkans.



OUR UK SERVICE USERS 2018



2,000+ VISITS
AN INCREASE OF NEARLY 20% FROM 2017



5½ YEARS
THE AVERAGE LENGTH OF
TIME SPENT IN THE UK BEFORE
ACCESSING OUR SERVICES

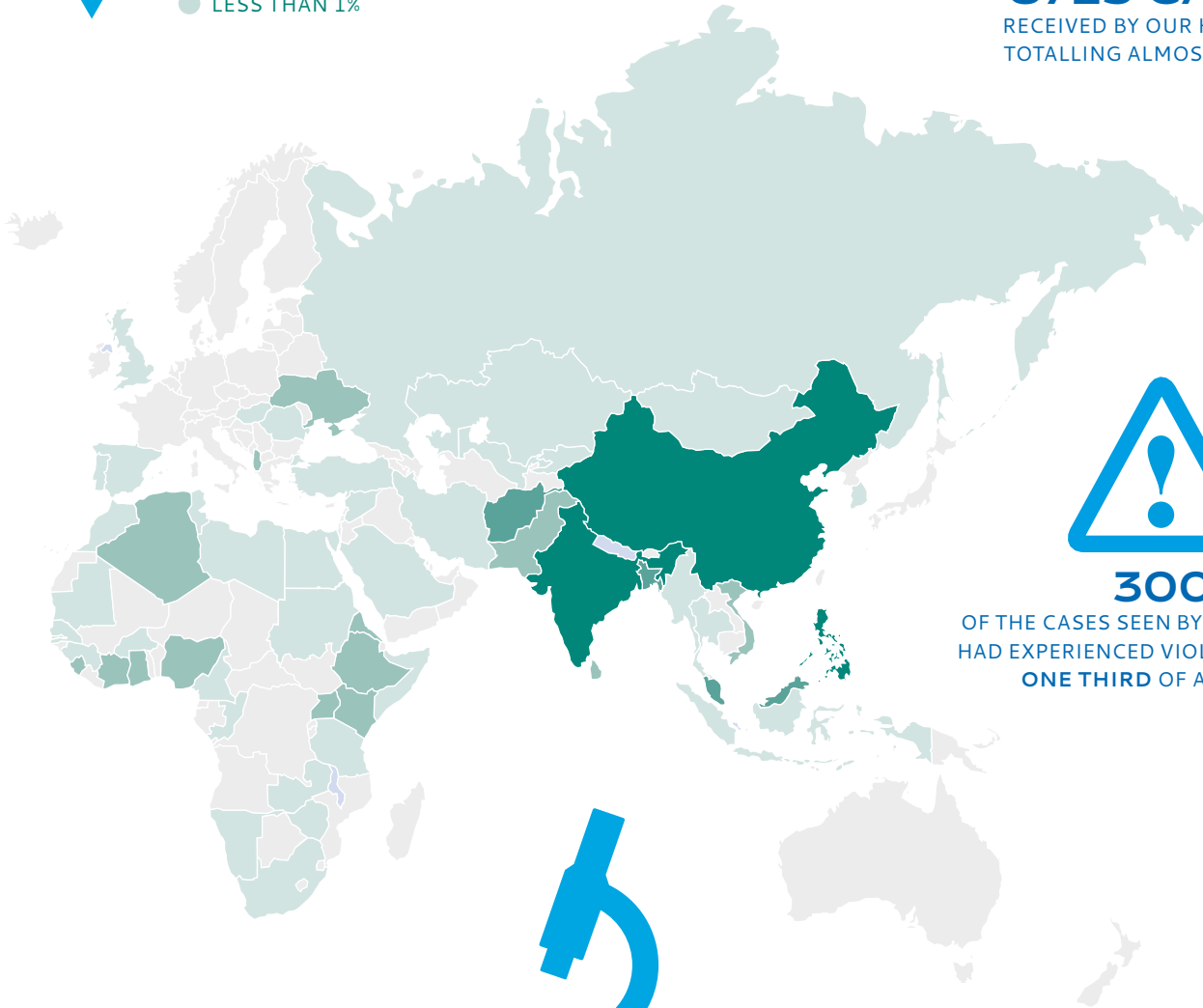


COUNTRY OF ORIGIN...

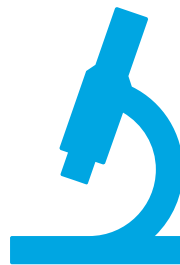
- 11% TO 19%
- 4% TO 10%
- 1% TO 3%
- LESS THAN 1%



8725 CALLS
RECEIVED BY OUR HELPLINE –
TOTTALING ALMOST **21 DAYS**

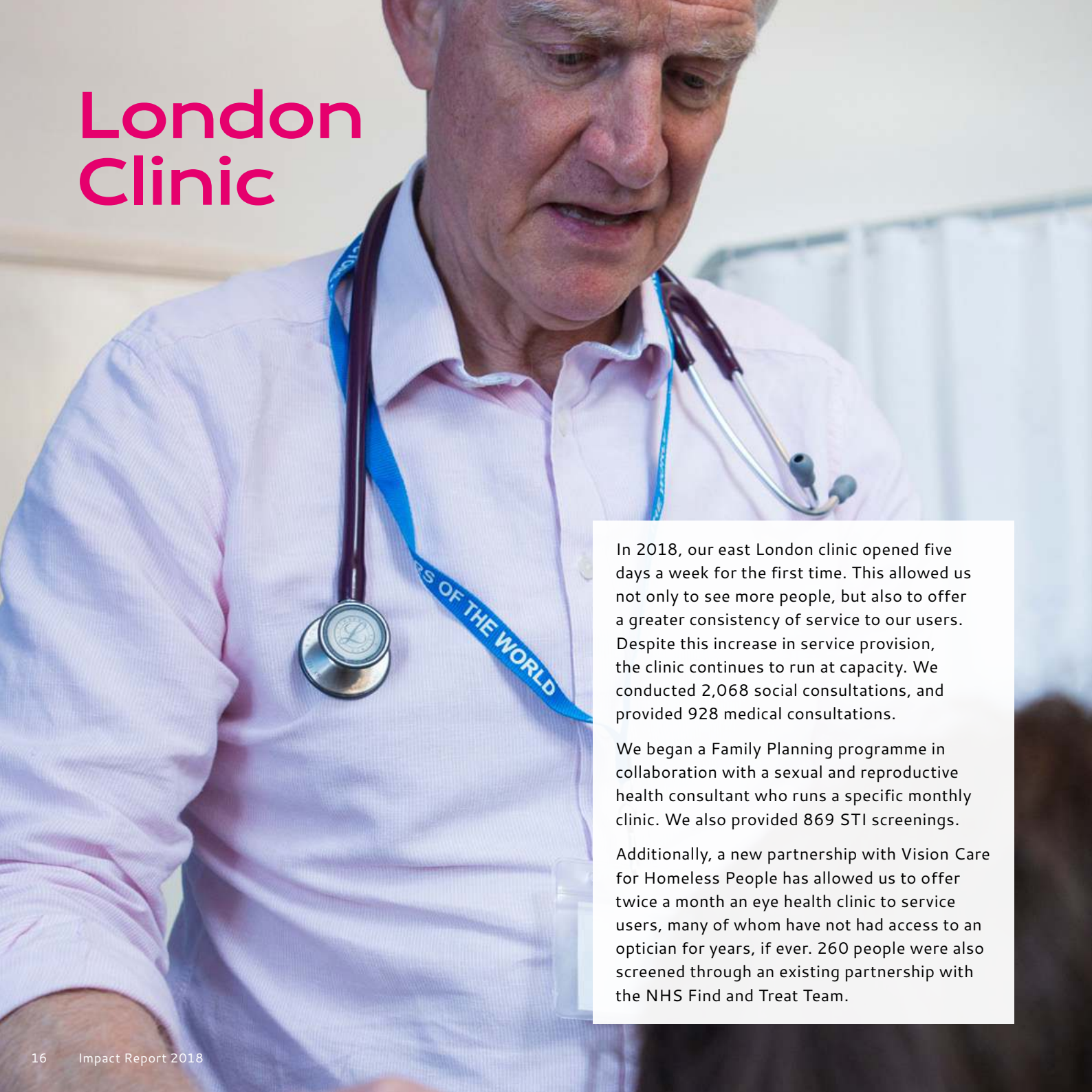


300
OF THE CASES SEEN BY OUR DOCTORS
HAD EXPERIENCED VIOLENCE – NEARLY
ONE THIRD OF ALL CASES



1400+
PATIENTS OFFERED STI SCREENING –
UP **30%** ON LAST YEAR

London Clinic



In 2018, our east London clinic opened five days a week for the first time. This allowed us not only to see more people, but also to offer a greater consistency of service to our users. Despite this increase in service provision, the clinic continues to run at capacity. We conducted 2,068 social consultations, and provided 928 medical consultations.

We began a Family Planning programme in collaboration with a sexual and reproductive health consultant who runs a specific monthly clinic. We also provided 869 STI screenings.

Additionally, a new partnership with Vision Care for Homeless People has allowed us to offer twice a month an eye health clinic to service users, many of whom have not had access to an optician for years, if ever. 260 people were also screened through an existing partnership with the NHS Find and Treat Team.



Advice Line

Our advice line continued to take calls five days a week. In 2018, our team of volunteers answered 8,725 calls and made 7,241 calls. The team gives advice to patients and organisations, and carries out follow up advocacy for people struggling to access the healthcare services they are entitled to.

Mobile Clinic

This year, we piloted our mobile clinic, running monthly sessions at the Voice of Domestic Workers and Hackney Migrant Centre. The clinic, built in a large van, provides everything that a GP or nurse might need for primary care consultations, with the benefit that we can take it almost anywhere.

Maria's Story

Maria had been too scared to go to the doctor for years, but when she discovered a lump in her breast, she knew it was too serious to ignore. When she tried to register with a GP, the staff repeatedly asked her for immigration papers, even though no such documents are needed.

“When they kept asking for my visa, I was so scared and embarrassed,” she says. “And in those weeks, when I didn’t know if the lump was benign or not, I wished I had the power to just disappear.”

Maria then came to our clinic. Our team advocated on her behalf, explaining her rights and writing letters to support her registration. We found a surgery that would register her and made sure she was referred for an emergency biopsy.

Maria didn’t go for her first appointment – as the day approached, she became terrified that the Home Office might obtain her details from the hospital. After returning to our clinic to talk about her worries, Maria went to her appointment. The lump was found to be benign but, due to her family history, the doctors decided to remove it. Maria had her surgery and is now doing well.



Women & Children's Clinic

The Women and Children's Clinic has expanded and is now running weekly. The clinic offers vital services, including medical care, STI screenings, and antenatal referrals. In 2018, we saw 183 women and 79 children (who were on average just seven years old).

Whilst all pregnant women in the UK are entitled to antenatal care without upfront charging, many receive a bill (often around £6,000) during their pregnancy. This means that they will often avoid healthcare altogether. The situation is worsened by the vulnerable circumstances many of them live in and the traumatic experiences they have encountered.

In our clinic we inform them to expect a hospital bill and we signpost them to organisations that can help them to negotiate a payment plan. We try to encourage them to continue accessing antenatal care – as is in the best interests of both themselves and their child.

Dr. An Vanthuyne on family planning

This year, we began providing a contraception clinic as part of our Women & Children clinical services. Dr. Vanthuyne set up the clinic: "I wholeheartedly believe that all women should be able to choose whether, when and how many children they have. Contraception is a cost effective and efficient way to prevent pregnancy and associated complications. It is also about giving women control and empowering them. Getting access to contraception for our patients is difficult, and I wanted to make it easier for them."

"One of the main issues is that often women are only desperate enough to attend when they are already pregnant. Another challenge is working with a multicultural group, each with their own issues, expectations and struggles."

"The stories women tell me about what they have been through, some experienced FGM, some were abused, others had to leave their children behind. All have been extremely grateful for the contraception provided."

WE SAW
939
WOMEN

226
WERE PREGNANT
(15 WEEKS PREGNANT
ON AVERAGE)

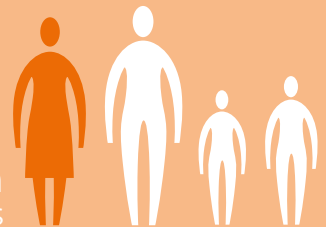
33
WERE UNDER
THE AGE OF 18



13%
OF THE WOMEN
TRAVELLED TO THE
CLINIC FROM OUTSIDE
LONDON

37 women

ACCESSED FAMILY PLANNING THROUGH US





Advocacy



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.

The Hostile Environment

The conversation on the impact of ID-checks and charging shifted in 2018 when the case of 'Albert Thompson' being refused cancer treatment broke the Windrush scandal. His story, like that of our patients, showed how the charging regime creates fear and makes life impossible for many migrants and BAME communities.

The government conducted a review to learn lessons from the Windrush scandal. We contributed evidence on the impact of charging on vulnerable groups and continued our efforts to highlight the harm being done to patients.

NHS charging programme

In 2018, alongside tackling data-sharing between the NHS and the Home Office, we also worked to challenge the NHS charging programme; support healthcare professionals to meet the needs of their patients; and ensure that patients' stories and data are present in national debates.

The Department of Health and Social Care launched a review of charging regulations. These regulations introduced a legal obligation on NHS Trusts to charge patients upfront for non-urgent care. We took part in this review and submitted evidence to ensure that their negative, deterrent effect was reflected in the findings.



Your support

Runners, student groups and communities

People raised more than £13,000 in 2018, by doing the Santa Run, cycling challenges, pledging their birthdays, and other fundraisers.

We receive donations from schools, churches and universities who create their own challenges to raise vital funds, as well as from kind individuals who enter cycle competitions, run marathons, organise dinners and bake offs.

Responding to emergencies

In 2018, people raised more than £51,000 to respond to emergencies in Yemen, Gaza, and in the Balkans.

In Yemen, these funds helped provide life-saving treatment to children, women, and men who are at risk of starvation and death from preventable diseases caused by the ongoing conflict. They also supported the provision of primary healthcare and psychological support to asylum seekers facing the harsh winter along the Eastern European route. In Gaza, these funds allowed us to conduct 180 orthopaedic operations, support the emergency hospital, run first aid sessions for over 2,000 people, and much more.



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

In the UK and across the globe, there are volunteer doctors and nurses giving their time to help the most vulnerable to access healthcare.

Whether it be the aftermath of a disaster, a warzone, a country facing famine, a refugee camp or wherever people are suffering or dying unnecessarily – they are there helping and providing care.

£24 per month ▶

could contribute to the costs of sending volunteers to projects and the medical supplies they will need whilst they are there.

£16 per month ▶

could contribute towards the recruiting, training, travel and living costs of a medical professional volunteering at one of our projects.

£8 per month ▶

could cover the costs of essential vaccines, drugs and medical equipment for our doctors to use.

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.

If you are considering a major gift, a dedicated member of the team is available to advise you on how you can make the biggest impact and provide you with regular updates on your investment.

Please, call us or email us at info@doctorsoftheworld.org.uk



Fundraise for us

If you're feeling adventurous, sporty or celebrating a special occasion then you can use this to make a real difference. Simply decide whether you want to run a marathon, climb a mountain or host a cake sale, then set up your personalised fundraising page, and share it with your loved ones. Please do get in touch for some inspiration, advice or support on your fundraising effort.

At university

Our university programme, 'In Residence', offers you the opportunity to hear from people who have been on the frontline of humanitarian aid and healthcare, engage with like-minded health professionals and students, and become an advocate for equal access to healthcare at your university. It's a unique platform for discussion, debate and direct engagement with Doctors of the World's vital work at home and abroad through a series of talks and fundraising activities. Please get in touch for more information.

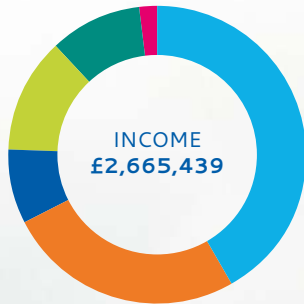
Volunteer

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

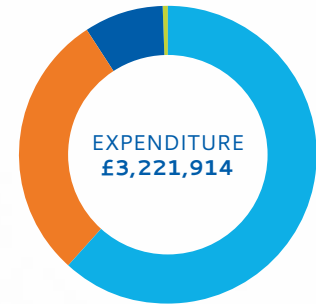
Get in touch

.....
donations@doctorsoftheworld.org.uk
020 7167 5789

2018 income & expenditure



- Institutions **£1,117,057**
- Trusts and foundations **£685,873**
- Individuals **£216,864**
- Donated office space and volunteer time **£328,127**
- MdM Network **£267,349**
- Other **£50,168**



- International activities **£1,988,795**
- National activities **£940,975**
- Cost of generating funds **£275,950**
- Governance **£16,194**

Thank you

We would not be able to work without the help of our generous partners. We'd especially like to thank the following for their support in 2018:

The Bernard Sunley Charitable Foundation

The Big Lottery Fund

The British Red Cross

Elton John AIDS Foundation

EU Aid

Hackney & City Clinical Commissioning Group

Imperial College London

London Catalyst

The P&G Charitable Trust

ShareGift (The Orr Mackintosh Foundation)

START Network (MERF)

Trust for London

University of Birmingham Health Foundation

BUROHAPPOLD
ENGINEERING

BMJ


CANARY WHARF
GROUP PLC

 Pickwell Foundation
FOR PEOPLE & PLANET

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