

STRATEGY 2025-2028

MÉDECINS DU MONDE SWITZERLAND



1. CONTENTS

1.	Contents	3
2.	List of acronyms and abbreviations	3
3.	Introduction	5
4.	Summary	9
5.	Our identity	11
5.1	Our vision	11
5.2	Our mission	11
5.3	Our values	11
5.4	The approaches to our actions	12
6.	Our commitment	15
6.1	For the right to health: primary healthcare	15
6.2	For social justice: we also treat injustice	17
7.	Our strategic objectives	23
7.1	Creating the conditions for localization	24
7.2	Maintaining political independence through a solid financial situation	24
7.3	Ensuring quality actions in our fields of expertise	25
7.4	Becoming a reference healthcare player in Switzerland	28
7.5	Expanding our impact with partners in 6 priority countries	29
7.6	Increasing our influence through mobilization and bearing witness	29
7.7	Guaranteeing solid and agile accountability to stakeholders and donors	30
7.8	Participating in building an influential international network	30
8.	Financial aspects	33

2. LIST OF ACRONYMS AND ABBREVIATIONS

CHD	Child health and development
DRC	Democratic Republic of the Congo
GBV	Gender-based violence
HDI	Human Development Index
HUG	Hôpitaux Universitaires Genève
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus
MdM	Médecins du Monde (generally, Médecins du Monde Switzerland)
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
PSEAH	Preventing Sexual Exploitation Abuse and Harassment
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
SSPH+	Swiss School of Public Health
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Looking at our activity in recent years, we can be satisfied with many aspects. There has been growth in our actions targeting vulnerable people in Switzerland and throughout the world to ensure sustainable access to healthcare.

Our budget is also increasing, and behind the numbers this means more actions on the ground and a more significant impact in global health. A significant portion of our funds are granted by international donors on the basis of competitive and demanding selection processes. This is a sign that our action is considered serious and relevant thanks to the makeup of our teams both at headquarters and in the field. However, international cooperation is not always plain sailing: it's important to plan for what comes next. Big changes are on the horizon and will have a lasting impact on our work, in terms of the themes of our actions, our funding, and how we operate. In order to continue to care, bear witness, and support social change, we must anticipate these changes.

The last two years have been marked by multiple crises, in places like Ukraine, Morocco, Palestine, and Haiti. These crises have been highlighted in the news and have aroused public emotion. When we've had a presence on the ground, we've tried to respond to emergencies by redirecting or developing actions, as we've done in Palestine. But it's obvious that the increase in the number of crises – be they political, economic, social or, increasingly, environmental – will not make our work any easier in the future. With a presence in eight countries outside Switzerland, our actions often take place out of the spotlight. Emergencies are increasing in number, but Médecins du Monde does not seize upon them as occasions to carry out actions. Instead, we build our actions over the long term, giving priority to structural actions aimed at sustainable improvements in the health sector.

We must ensure that the proliferation of immediate responses to crises does not overshadow development imperatives and to medium-term consequences. We must combine approaches and break down silos, work on resilience and prepare for emergencies with development in mind. Médecins du Monde Switzerland has an asset that enables it to adapt to such evolving situations: its ability to draw on its international network. In fact, it's thanks to our network that we're able to participate in the humanitarian responses to the Ukrainian crisis and the aftermath of the earthquakes in Turkey and Morocco. Working together to strengthen Médecins du Monde's international network will enable us to respond more effectively to multifaceted crises, and this is one of our priorities in this new strategy.

The explosion of crises and the focus on humanitarian emergencies is taking place in a political context in which public budgets dedicated to cooperation are stable at best. And as more money is directed to emergencies, funding for development is clearly on the decline. Today, a large proportion of our funding comes from public donors. Increasing the share of private funding for our organization is thus becoming crucial, not only to maintain our approach to actions, but also to guarantee our independence and to make our advocacy possible. That's why developing our private fundraising is a second priority for us in this new strategy. Our objectives are clear, and we have already begun implementing this strategy. We first need to modernize our communication so that we have a presence on new communication media and social networks. We also need to bolster links with other types of private donors, such as companies and private foundations. And of course we must maintain and revitalize our non-profit associative movement.

More generally, international NGOs are currently under pressure from two demands that can be seen as contradictory. The first is evermore stringent requirements in accountability. This is nothing new, of course, but the trend has been becoming steadily stronger for around at least 20 years. While this need is understandable, the demand for traceability of expenses represents a significant cost for Médecin du Monde in its operations. In recent years, we've had to significantly increase our human resources dedicated to support and monitoring activities, in order to make our skills as compatible as possible with donor requirements. More recently, another demand has joined those of traceability, internal control, and accountability. This is the demand for the "localization" or "decolonization" of international cooperation, which comes in echo of the many movements calling for a reassessment of the colonial past. Some public and private donors seized on this issue at the 2016 World Humanitarian Summit. Humanitarian aid has been evolving ever since the days of Albert Schweitzer. From the 1980s, the use of terms such as "empowerment", "capabilities", "local partner" and "definition of needs" has reflected the desire to make "beneficiaries" fully fledged actors in our work.

In its identity, values, and day-to-day practices, Médecins du Monde has always taken these principles to heart. We are still committed today to strengthening this approach. However, the demand for localization, which has been co-opted by certain donors, goes even further. Yet, localization can at times run the risk of short-circuiting NGOs of the Global North by relying directly on those in the Global South.

3.

INTRODUCTION

We also have the fear that – when combined with a reduction in public development budgets – the principle of localization could be hijacked from its initial nature, calling into question other principles such as international solidarity, humanitarian access, and advocacy.

Médecins du Monde Switzerland is changing to meet these new challenges. Our new strategy reflects our awareness of this new context. What motivates us to anticipate and adapt to the coming changes is that we are convinced that Médecins du Monde's mission is highly relevant in a world marked by growing inequalities that lead to an increase in the number of people in vulnerable situations. Access to healthcare for all remains a struggle of the utmost importance. Médecins du Monde remains true to its values and its historical themes: as we evolve in this changing world, we maintain our sole aim of strengthening our actions to benefit the most vulnerable people.

And our revitalized volunteer network and greater private funding will enable us to expand our room for maneuver even more, to “go where others don't go” and to bolster our advocacy actions. Access to healthcare will be a major global issue in the coming years, and we must see to it that we have a voice in this issue.

Laurent Lob and Antoine Kernén – Co-Presidents

In this document, Médecins du Monde Switzerland (hereinafter MdM) presents its strategic plan for the 2025-2028 period. It was drawn up with the participation of its Board and operational teams in Switzerland and abroad. This strategy, inspired by practices and experiences within the international network, highlights our ongoing commitment to **care, bear witness, and contribute to social change**, by aiming for fairer access to care and rights, both in Switzerland and the other countries where we operate.

In the face of growing global challenges such as **gender inequality, migratory tensions, climate change, protracted crises and conflicts, and social exclusion**, we reaffirm our commitment to social justice and rights to health. Our approach is rooted in the primary healthcare model, which forms the basis of our actions to respond effectively to people's needs.

Our strategic plan is structured around three major priorities reflecting the phases of our commitment: preparing for action, taking action, and improving our action. Each of these priorities includes several strategic objectives that we are determined to achieve.

In the **preparing for action** phase, we concentrate on the conditions for localizing international co-operation and on maintaining our political independence through enhanced financial solidity. These efforts lay the foundations needed for our future ambitions and guarantee our freedom of action.

The phase of **taking action** includes quality assurance of our actions in our areas of expertise, the enhancement of our status as a reference player in healthcare in Switzerland, and the expansion of our impact in six priority countries. These objectives are designed to extend and deepen our mission where needs are greatest.

Finally, through the phase of **improving our action**, we will increase our influence through mobilization and bearing witness, ensure sound and agile accountability vis-à-vis our stakeholders and donors, and play an active part in building an influential international network. These strategic objectives are designed to strengthen our ability to act effectively and respond proactively to global developments.

A core aspect of our strategy involves capitalizing on the expertise we've developed in various fields: **sexual and reproductive health and rights, violence prevention and care for victims, child health and development, and mental health and psychosocial support**. We plan to enhance these skills in all our fields of action, in close collaboration with our partners in the international MdM network.

This strategy is guided by our determination to adapt to global dynamics so that we can meet the complex challenges of our time. We intend to remain true to **our values of social justice, independence, activism, capacity for action, and balance**. We are committed to working in close collaboration with communities, authorities, and partners for a world where healthcare is a right accessible to all.

4.

SUMMARY

5.

OUR IDENTITY

5.1 OUR VISION

Our vision is that of a world where the obstacles to healthcare have been overcome and where healthcare is recognized as a fundamental right.

5.2 OUR MISSION

As a member of a volunteer and independent international movement that works in its own country and abroad, MDM's mission is to:

- ensure that the most vulnerable people have real access to healthcare;
- bear witness to reveal the intolerable through our practices, factual evidence, and the mobilization of civil societies;
- support social change so that identified needs are recognized by law and that communities develop their capacity to take action.

5.3 OUR VALUES

Our values govern our strategic decisions and the conduct of our operations. These values are shared by all members of the international MDM network.

INDEPENDENCE

We are an association independent of any power or political, religious, or financial interest. We are free to choose our own programs and modes of operation. We reject all forms of subordination and give priority to dialog with the people and communities we work with.

SOCIAL JUSTICE

We believe that everyone should have access to healthcare, well-being, justice, and the same privileges and opportunities, whatever their legal, political, economic or other status. We believe that social justice is a way of reaching equal access to healthcare, respect for fundamental rights, and solidarity. We believe that social justice is a prerequisite for health and climate justice.

ACTIVISM

We are a worldwide movement of committed volunteers and professionals. We care for and bear witness to what we see. Thanks to our diversity, we support people who are excluded from their needs and desire for social change.

CAPACITY FOR ACTION

We believe that the communities we serve are agents of change in their health journey. By working in partnership with them, we support their actions and the exercise of their rights. Empowerment is the foundation of our actions to develop sustainable healthcare solutions. Our position is one of equity.

BALANCE

We seek a balance between our national and international actions, between our emergency and long-term programs, between medical and lay knowledge, and between public funding and private donations.

5.4 THE APPROACHES TO OUR ACTIONS

As formulated in our statutes, our approaches are based on three priority actions: **to care, to bear witness, and to support social change**. These interconnected approaches reinforce one another mutually.

CARE to ensure that the most vulnerable people have real access to healthcare, which is a fundamental human right. We give priority to a community health approach to bolster health systems and reduce exclusion. We work along with communities to adapt health services to their needs. Our actions are guided by the principle of subsidiarity. We do not replace local actors. Instead, we work with them to empower them and help move toward universal access to healthcare, an action that ranges from identifying needs to evaluating results. We work with healthcare systems to improve access, quality, and sustainability.

BEAR WITNESS to reveal the intolerable via our practices, factual evidence, and the mobilization of civil societies. Through advocacy focused on our fight against injustice, we call on and support regional, national, and international authorities to facilitate access to healthcare and promote respect for human rights. We document our results so that we can be accountable to communities, health authorities, and donors. We are committed to strengthening public healthcare systems, and we are against the privatization of healthcare solely for profit. We facilitate dialog between stakeholders and support the development of national policies.

SUPPORT SOCIAL CHANGE so that identified needs are acknowledged by law and that communities develop their capacity to take action on their health. We work in partnership with communities, civil society organizations, and authorities to make long-term changes through empowerment. We adopt participatory approaches to identify needs in partner communities and then jointly implement relevant actions that are monitored and evaluated with these same communities. It's in this area that localization of humanitarian action takes on great importance. We see to it that we are helping local stakeholders through equal partnerships, without ignoring existing balances of power. We believe that strong, self-determined, and actively engaged communities are an essential condition for healthy populations and individuals.

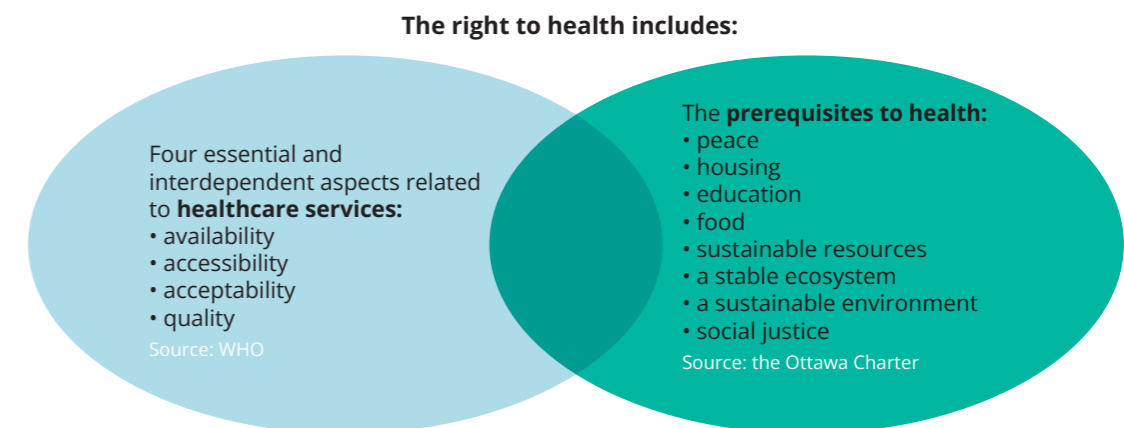


We use a **public-health** approach to work for **the right to health** and against injustice and inequity, factors which determine a population's health. We are committed to providing access to high-quality, needs-based healthcare, as well as living conditions that favor good health. We work for the right to healthcare to become a reality for everyone, with special attention to the specific needs of groups of individuals who face the greatest health risks because of their disadvantaged or excluded status. This requires mobilization, political and social change, and action on the various factors that determine health. Among these socio-environmental determinants of health, we put special emphasis on access to good-quality affordable care and empowerment regarding one's own health, which includes access to health education and social empowerment. The search for social justice is a central aspect of our action in favor of people who, because of their status, practices, choices, backgrounds and living conditions, are stigmatized, disadvantaged, discriminated against, made invisible, and impacted in terms of their state of health and the acknowledgment of their fundamental rights. We systematically carry out our projects for these people along with them, at every stage, to ensure relevant actions and a process that itself contributes to their physical, mental, and social health.

6.1 FOR THE RIGHT TO HEALTH:

PRIMARY HEALTHCARE

The right to healthcare remains limited, when not massively threatened throughout the world. By prioritizing a primary healthcare approach, we are working for this right above all.



Over the last few decades, several indicators of global health have shown positive trends. Overall maternal mortality rate fell by a third overall between 2000 and 2020, even though it remains 100 times higher in sub-Saharan Africa than in Switzerland (550 per 100,000 births compared with 5 in Switzerland). However, half of the world's population still lacks available, accessible, acceptable, or good-quality healthcare services. Universal healthcare coverage is progressing too slowly. The growing privatization of healthcare services and the withdrawal of government involvement are leading to a massive increase in healthcare costs and a deterioration in access to unprofitable services, particularly for the most vulnerable groups.

Switzerland plays a special role on the international stage when it comes to achieving human rights, particularly the right to health. Geneva, for example, hosts a number of international organizations (WHO, UNICEF, UNHCR, ICRC, etc.) that are major players in global public health and have the potential to exert a major impact on the right to health, particularly for vulnerable populations. Meanwhile, the Swiss Tropical and Public Health Institute in Basel, EAWAG in Zurich for the water sector, and other players provide acknowledged expertise. Switzerland's major pharmaceutical companies also play a crucial role in ensuring access to medicines worldwide. The fact that these global health players are present in Switzerland boosts the potential for our advocacy and that of MDM's international network. In addition Switzerland is also home to world-renowned academic institutions (SSPH+) and hospitals (HUG).

6. OUR COMMITMENT

Our actions span the various components of **primary healthcare**, including health services, policies, and measures on health determinants and social participation¹. Our actions concern primary healthcare, and we consider this approach as crucial for influencing public-health policies in the areas where we operate and for meeting the needs of our projects' target beneficiaries. In this way, we reaffirm the central role of primary healthcare and want to define it in our own terms, based on both international definitions and our own specific expertise.

For our areas of expertise (SRHR, MHPSS, CHD, and violence), the primary healthcare framework in which they are put into action helps maximize their impact and is aligned with international best practices, norms, and standards. Our approach in this matter is largely based on the definition revised by WHO in 2018².

Health promotion, as defined by the Ottawa Charter, remains a key reference for our actions. Depending on the priorities assessed and on the health agendas of the regions in which we work, we can take action in one or more of the three primary healthcare components and priorities of the Ottawa Charter.

Our action and advocacy strategies are based on scientific knowledge and innovations as well as on field knowledge, the knowledge of the people for and with whom we work, and the knowledge of our teams. The choice of whether to develop a project or to incorporate it into a particular political struggle depends on people's needs as well as on the ability to mobilize civil society. Finally, MdM takes into account the impact beyond that of our projects alone.

On the operational aspects of our primary healthcare approach, and in line with our values, we contribute to the following aspects in particular:

Evaluation, knowledge building, and best practices in primary healthcare: We advocate a quality operational approach that is based on evidence of its effectiveness and efficiency, is measurable, and contributes to the advancement of knowledge. In this way, our actions complement and enhance the resources of local stakeholders, with the goal of supporting the overall qualitative development of primary healthcare services.

Equity and social justice in healthcare: Commitment to social justice is both the challenge of having a real impact on our programs, and a political struggle. As part of the primary healthcare approach, the economic and social determinants of health have a major potential impact. It's for this reason that we heavily incorporate the reference frameworks on the social determinants of health into our programs. We take into account the notion of social gradient, and our actions aim for equity in access to favorable living conditions and resources for health. This may involve developing adapted services. We also address specific discrimination that is based on gender, religious affiliation, nationality, or any other criterion to which individuals or population groups may be subject, as a determinant of health.

Human and relational skills: caring and empathy are fundamental conditions for a primary healthcare service to be accessible, accepted, and supported by the community it serves. In our areas of expertise, which cover sensitive issues and potentially vulnerable people, this human aspect is crucial. We are committed to contributing to a professional culture and to institutional ethics that value dignity and respect. This approach also requires solid community involvement at every stage of the project, as well as support for self-determination. A respectful healthcare system is one in which its professionals are provided the time and conditions needed to carry out their work, as well as regular and proper remuneration. Our advocacy also covers these issues.

¹ WHO, Primary health care <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

² A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals, WHO, UNICEF, 2018

6.2 FOR SOCIAL JUSTICE:

WE ALSO TREAT INJUSTICE

MANY FORMS OF LARGELY HUMAN-CAUSED INJUSTICE AFFECT PEOPLE'S HEALTH CONDITIONS. WE SUPPORT VULNERABLE PEOPLE WHEN FACED WITH MULTIPLE INJUSTICES IN THEIR LIFE.

MdM also treats injustice: our commitment is to fight the types of injustice that hinder access to healthcare. True to our principles of taking action, we believe it's our duty to bear witness to political, social, and environmental injustices that affect the determinants of health and hinder access to care.

After decades of slow but steady improvement, the global Human Development Index (HDI) fell for the first time in history for three consecutive years. The midterm report on the Sustainable Development Goals (SDGs) shows that the world is far from being on track to achieve them. At the current rate, only 2 of the 36 targets assessed in the report will be achieved by 2030, and there has been regression in 8 crucial areas, including climate action, poverty eradication, gender equality, hunger eradication, and education. Inequalities and factors leading to exclusion are on the rise again, creating new layers of vulnerability in society.

We prioritize the fight against injustices linked to crises, precarity and vulnerability, gender, migration, and climate. Most of these human-caused injustices overlap and are intertwined, creating situations of extreme vulnerability.

PRECARITY AND EXCLUSION

Precarity has a greater impact on social groups that are excluded from political, social, economic, and cultural participation. At the same time, poverty itself is often a factor of exclusion in our societies. In almost all societies, migrants, sex workers, ethnic minorities, the homeless, as well as women in general have a higher probability of living in precarious conditions and being socially excluded. For example, WHO reports that women living in poverty are three times more likely to die in childbirth than those living in stable economic conditions³. The conditions in which disadvantaged people are born, grow up, learn, work, live, and age are strongly influenced by their economic situation, and those conditions also have a massive impact on their health. Exclusion and precarity are therefore a major determinant of health and have a significant influence on health conditions and access to healthcare.

Meanwhile, societies are being weakened by economic inequality, which is growing all over the world, including in Switzerland. The trend toward privatization of healthcare often makes access more difficult and excludes those affected by economic poverty most of all. In Switzerland, the rising cost of healthcare and the growing instability of certain social strata have a significant impact on achieving the right to health. The rate of people giving up healthcare for economic reasons has increased significantly over the past 10 years, reaching over 20% of the population in 2022⁴. The number of people who can no longer manage to pay their health insurance premiums is also on the rise. Access to healthcare – including for mental health – remains particularly difficult for people living in precarious conditions. The prospects of an aging population, combined with a growing shortage of healthcare personnel, are going to increase healthcare costs in Switzerland and internationally. The Covid-19 crisis showed us the inadequacy of public health systems worldwide and the fragility of the gains made in recent decades in improving global health indicators. Many positive trends have reversed because of it, such as those seen in the SDG indicators "Births attended by skilled health personnel" (3.1.2), "Under-five mortality rate" (3.2.1) and "Increased immunization coverage" (3.b.1). This global crisis has highlighted the interdependence of healthcare systems and illustrated the urgent need to strengthen the capacity of all healthcare systems to cope with health crises.

³ <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁴ Patrick Bodenmann, professor at the University of Lausanne (UNIL): "Notre système de santé n'est pas aussi équitable qu'on le pense" – Le Temps, Sept. 27, 2023

For us, there can be no health without social justice! We work in Switzerland and abroad to guarantee access to healthcare for people excluded for socio-economic reasons. We conduct advocacy for greater social justice and for bolstering a solid and supportive public-health system. We are convinced that massive investment in health promotion and community health is essential. This has the potential not only to improve health and well-being, but also to limit the costs of the healthcare system.

GENDER INEQUALITIES

Gender equality is a fundamental human right and signifies a situation in which everyone – women, men, and non-binary persons – enjoy equal rights and opportunities and in which the behavior, aspirations, wishes, and needs of all human beings are valued and encouraged equally. This also involves guaranteeing equal access to and distribution of resources. Gender is one of the main social determinants of health inequalities, and gender inequality is the main factor behind gender-based violence (GBV). It has an influence on people's state of health, their access to healthcare, the quality of healthcare services received, and the likelihood of being and staying healthy. Gender inequalities directly compromise the achievement of the right to health. Women and non-binary persons are regularly victims of gender-based discrimination in health matters, particularly with regard to sexual and reproductive health and rights and GBV. Social, economic and cultural determinants lead to health inequalities to which women are often disproportionately exposed, with consequences on their health and their lives. GBV is the most widespread human rights violation in the world. One in three women and girls worldwide is a victim, at least once in their lives, of violence by an intimate partner, sexual violence by non-partners, or both, resulting in devastating immediate and long-term impacts on the physical and mental health, education and economic well-being of women and their families. Violence by intimate partners affects 245 million women and girls.

Nonetheless, respect for human rights is undergoing change. Significant progress has been made in several countries in terms of rights and gender equality for women and LGBTQIA+ persons. Same-sex marriage has become legal in 22 countries over the past decade, including in Switzerland in 2022. Over the past 30 years, more than 60 countries have liberalized their abortion laws, including Mexico and Benin in the past 5 years. But this progress has met with violent gender backlash. One in three women is a victim of physical or sexual violence at some point in her life; one in five women is married before the age of 18; and for each dollar men earn in labor income worldwide, women earn only 51 cents. Progress on SDG 5 "gender equality" is greatly lacking, mainly due to a lack of commitment from many States. Worrying trends of resistance against gender equality and reversals of existing policies and legislation promoting gender equality can be observed in many countries, including in Europe⁵.

For us, there can be no health without feminism! We address gender equality issues in all our programs, both in Switzerland and abroad. We take a gender approach that is rights-based and transformative to achieve gender equality. We fight gender-discriminatory health policies. We work to empower women and girls to stand up for their rights, by encouraging men to become involved in challenging and critically changing the systems and structures that maintain unequal power relations between the sexes.

⁵ "Progress on the Sustainable Development Goals: the gender snapshot" – UN Women and UN Department of Economic and Social Affairs, 2023.

CRISES AND CONFLICTS

Crisis and conflict situations have a huge impact on health and access to healthcare, as they often violate the right to health of the people who are victims of them. In these situations, health infrastructure is frequently destroyed or severely damaged, making essential medical services inaccessible. Mass population movements make living conditions worse, thereby increasing vulnerability to disease and injury. According to a UN report, nearly 50% of preventable deaths in countries under crisis are due to diseases such as acute respiratory infections, diarrhea, and neonatal complications, which could have been treated with better access to healthcare⁶. When crises interrupt health services, morbidity and mortality increase, particularly among the most vulnerable groups such as women and children. Crises also lead to an increase in various types of violence, especially GBV.

We live in a world marked by increasing fragility and polarization and faced with many big challenges. In addition to high-profile conflicts such as the wars in Ukraine and the Middle East, we must also give visibility to ignored conflicts, such as those wearing away in the Sahel. These conflicts are exacerbated by the climate crisis, the effects of the Covid-19 pandemic, an increasing number of coups d'états, and growing economic inequalities. All these crises are increasing humanitarian needs massively worldwide, including in Switzerland. Today's crises are often complex and protracted. To have a truly positive impact, international cooperation must become involved over the long term and combine humanitarian, development, and peace-building approaches simultaneously – approaches that come under the definition of the "triple nexus" concept, i.e. a humanitarian, development, and peace approach. However, international cooperation and humanitarian action face several challenges. The financial needs to respond to these multiple crises have risen sharply, but government contributions and private donations have not kept pace, leaving more and more humanitarian crises chronically underfunded⁷. Meanwhile, humanitarian organizations, as well as the beneficiaries of their actions, face growing insecurity. The current trends of aid politicization, the rise of nationalism, and restrictions on access are putting the work of civil society organizations and international NGOs under further pressure and making it even more complicated or even impossible in some situations. In 2022, 444 aid workers were attacked, resulting in the death of 116 of them. The spiral of violence in the Middle East at the end of 2023 was once again the deadly illustration of this situation, with WHO reporting over 200 attacks in less than 2 months targeting healthcare facilities or ambulances. The countless calls for a ceasefire ignored by the international community, the instrumentalization of humanitarian aid, the obstruction of access, the targeted attacks, and the failure to heed calls by the United Nations have marked a clear turning point in the role of international NGOs, their access, and their protection.

For us, there can be no health without peace! We condemn political crises and bear witness to their impact on people's health. We fight for humanitarian access and funding in line with needs. We build long-term partnerships and take action in emergency situations in areas where MDM is already present, to guarantee continued access to primary healthcare.

VULNERABILITY OF MIGRANTS

Migration is a structural phenomenon and a social fact that shapes the world. However, we are seeing increasing adversity in our areas of operation and a general tightening of migration policies. When crises – be they economic, climatic or political – lead to migration, they make people more vulnerable and often effectively exclude them from the healthcare system. This situation exposes them to particular health risks and has a negative impact on their access to healthcare. Whether their migration is voluntary or forced, people's vulnerability significantly increases when they are cut off from their family and community, and when they face insecurity, economic and social exclusion, and criminalization along the migration route. Migrants are particularly exposed to violence and trauma, both during migration and in their host countries. According to WHO, the prevalence of common mental disorders such as depression and anxiety is three times higher among migrants and refugees than among the general population⁸. The number of displaced people has more than doubled over the last 10 years, reaching an all-time high of 108 million at the end of 2022. At the same time, increasingly restrictive policies and the growing criminalization of migration have only increased the need for humanitarian organizations to support displaced persons and to step up advocacy for migrants' rights and a change in migration policies,

⁶ Global child deaths reach historic low in 2022 – UN report (who.int)

⁷ Underfunded Crisis Index | Humanitarian Funding Forecast

⁸ <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>

particularly in Europe. Over 25,000 people have died trying to cross the Mediterranean to Europe in the last ten years. Migration is a constant phenomenon, and it is a major factor behind vulnerability because it is poorly managed by legal frameworks, measures, and policies.

For us, there can be no health without migratory justice! Our programs include awareness-raising for healthcare staff on the specific needs of migrants, to ensure that they receive appropriate medical and psychological care. We provide support for them on their migration journey as well as for their home and host communities. We also carry out advocacy work at the national and international levels to combat the dehumanization of migrants and the discrimination they face.

CLIMATE CHANGE

Climate change represents the most serious threat to the right to health, as it degrades the environment, which is a major determinant of health. The year 2023 was the hottest on record, exacerbating the living conditions of vulnerable people living in poorly insulated housing. Heat has a marked impact on health, both internationally and in Switzerland. Water shortages are becoming increasingly conspicuous, and the number of deaths due to pollution and extreme climatic events is constantly rising. According to WHO, climate change will cause around 250,000 additional deaths per year between 2030 and 2050 due to malnutrition, malaria, diarrhea, and heat stress⁹.

Climate change has a direct impact on many environmental and social determinants of health, thereby increasing the risk of new diseases and the prevalence of existing ones. It also has a major impact on people's mental health. Non-communicable and chronic diseases, such as cardiovascular and respiratory diseases, are on the rise worldwide. Low- and middle-income countries are disproportionately affected and often unprepared to face this challenge, which requires improved access to health services, strengthened health systems and the promotion of healthy lifestyles. This climate crisis is creating new waves of climate migrants and exacerbating conflicts over access to resources. Acute natural disasters, such as floods, as well as slower transformations, such as the desertification in the Sahel, are leading to a loss of livelihoods and to malnutrition, conflict, and population displacement. They affect the most vulnerable people first.

For us, there can be no health without climate justice! We denounce the health impacts of climate change and call for global climate justice. Our actions support health systems and affected communities in order to increase their resilience and capacity for adaptation. Our efforts focus especially on women and girls, who are often the most affected by climate events¹⁰. We carry out projects that include the aspects of health and environment, and we involve women as key actors in environmental preservation. We know that supporting women and girls in this area improves their health and that of their communities and meanwhile reduces inequalities and promotes empowerment. We are also convinced that climate change requires a paradigm shift in healthcare systems, from a curative to a preventive approach. This paradigm shift must also address issues such as the shortage of medical staff, by encouraging better use of local resources and strengthening communities' capacity for self-management. Lastly, we are committed on a daily basis to assuming our organizational responsibilities to reduce our impact on climate change.

⁹ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

¹⁰ Gender, Climate Change and Health, WHO, 2016.



7. OUR STRATEGIC OBJECTIVES

Between 2017 and 2022, MdM experienced significant change, having undergone rapid growth from 2019 and a peak in activity between 2020 and 2022, stimulated by response to the Covid-19 pandemic crisis. This period also saw a focusing of our strategy and our increased participation in consortia and alliances within MdM's international network. Our budget nearly tripled in five years, reaching CHF 12 million in 2023. In addition, our teams were consolidated, both at our headquarters and in the field, bringing the total number of our employees to around 160, including 8 international employees and 20 based in Neuchâtel. By the end of 2023, public contributions from the Swiss Confederation covered just over 18% of our budget. Swiss Solidarity's contribution also covered 18% and contributions from multilateral and bilateral donors 33%. Further funding of our budget came from cities and cantons (including by federations thereof) at 13%, private fundraising (including bequests) at 5%, and foundations at 12%.

Since 2019, we have stabilized and concentrated our actions in 11 countries, with 35 active projects. We have direct operational teams in seven countries (Switzerland, Benin, Cameroon, Haiti, Mexico, Palestine, and Zimbabwe) and work with local partners in two others (Nicaragua and DRC). We also take action via the international network in three additional countries (Turkey, Ukraine, and Morocco). Five of these countries also benefit from our emergency actions.

The reduction in the number of projects and of countries where we operate has led to a bolstering of our actions qualitatively and enabled us to increase the total number of our beneficiaries from around 400,000 in 2021 to 1,500,000 in 2023. Over the same period, the number of women and child survivors of violence supported by MdM rose from around 7,000 in 2021 to 16,600 in 2023. Between 2021 and 2023, we trained an average of 2,000 healthcare professionals per year in technical skills and attitudes to care, and we developed and supported 75 national and international measures, initiatives or political processes in the field of health and rights.

We split our Programs Department in two to better structure our programs, thereby bolstering our ambitions in Switzerland, particularly in the German-speaking part of the country. We have also improved our analysis, research, and advocacy capabilities to improve the quality of information on the obstacles to accessing healthcare and to work on developing our portfolio of actions in Switzerland.

We furthermore consolidated our expertise in sexual and reproductive health, mental health, pediatric palliative care, and the fight against violence. Cross-cutting work on mental health and psychosocial care has become increasingly important, in response to manifest needs. This resulted in the deployment of mobile thematic referents and the addition of a thematic referent at headquarters in early 2024. In the countries where MdM operates directly, visibility and participation in the various thematic coordination mechanisms have been strengthened. Our efforts to work together with local authorities have strengthened national ownership and the localization of our operations.

At the same time, we have strengthened our technical capabilities and procedures, thereby improving our governance, internal control system, and ability to meet donor requirements. We have created and strengthened our program-support functions (e.g., institutional partnerships, financial management, human resources, and logistics), our quality control, and our safety management. Our strengthened PSEAH policies have increased the attention we pay to the well-being of our employees and to better accountability to stakeholders.

Our tradition of decompartmentalization has led us to develop strategic links with various actors. In 2020, we became one of the founding members of the "Gender Equality and Health Alliance" under a multi-year agreement with the SDC. At the same time, we have increased our involvement in MdM's international network and are actively contributing to strengthening it institutionally and operationally. This has taken concrete form through the commitment of shared resources between several network chapters, joint advocacy actions, and participation in consortia and alliances that have enabled MdM to access new international funding.

Based on this progress and the challenges we have identified, we have committed ourselves to seven interdependent strategic objectives for the 2025-2028 period. These strategic objectives are designed to reinforce our intervention cycle of preparing for action, taking action, and improving our action.

7.1 CREATING THE CONDITIONS FOR LOCALIZATION

As defined by the Grand Bargain at the 2016 World Humanitarian Summit, localization is the process of transferring the planning, financing, and implementation of humanitarian and development aid to local actors in affected areas, with the goal of strengthening their capacity and autonomy to respond to crises and development needs in a way that is sustainable and adapted to the local context. This transformation of international dynamics requires NGOs to reinvent their practices, so that they can localize international cooperation. This change reflects the aspirations of local stakeholders to assume leadership roles in their respective contexts, and it is also supported by a growing demand, by civil societies in the countries where we operate, for transparency and accountability. In addition, a shift toward more equitable partnership relations and a commitment by international donors to a more direct transfer of funding to actors on the ground are encouraging signs of this trend. We have already been implementing some localization practices in our projects for several years, but we recognize the crucial need to reflect more deeply on our position and the associated power dynamics, all the while combining these efforts with humanitarian access issues.

We are committed to addressing these localization issues actively, out of a conviction that international cooperation can only succeed if it makes a significant contribution to overcoming global inequalities, which are the breeding grounds of poverty as well as the remnants of power structures and ideas forged in colonial times. These power structures are kept going by the mechanisms currently in place for reflection and decision-making on global health, as well as for the operation and financing of international cooperation. We need to define our global strategy in this area, validate and listen to local expertise, and build on local solutions. In the healthcare sector, this means prioritizing the improvement of local healthcare systems and the local production of knowledge.

We also undertake to clearly determine our added value based on our identity and our principles of intervention, which require impartiality and a rich activist dialog between different perspectives of respect for human rights. A new body will be set up to carry out a participatory process designed to set strategic objectives and identify ways of achieving them. This will include determining the conceptual foundations, principles, and values of MdM's approach to localization.

- By the end of 2025, at least 3 measurable objectives will be determined and adopted by the Board.
- By the end of 2026, the issue of localization will be addressed within MdM by a diversified working group of which at least 60% is made up of representatives from the foreign countries where we operate.
- By the end of 2028, the percentage of implementing partners reporting they are "highly satisfied" with the equitable partnership with MdM will have increased by 8% compared to 2025.

7.2 MAINTAINING POLITICAL INDEPENDENCE THROUGH A SOLID FINANCIAL SITUATION

Over the past 10 years, MdM's growth has been based mainly on programmatic institutional funding at the international level. Yet, funding for international cooperation and humanitarian action is in deep crisis: needs are increasing at a time when government contributions are stagnating, and this leaves many humanitarian situations chronically underfunded. This situation became worse in 2024, when several major agencies cut their budgets and reoriented their funding significantly, thereby exacerbating the already existing challenges in funding. At the same time, administrative requirements linked to contract management are constantly increasing, generating transactional costs that are never fully covered by technical and financial partners.

Faced with this situation, we recognize the absolute necessity of strengthening our financial independence in order to maintain our operational and strategic freedom of action. Solid financial autonomy will enable us to choose our actions according to real needs, rather than to priorities dictated by donors. This independence is also crucial if we are to defend our positions and pursue our activism completely freely and without external financial constraints. To achieve this goal, we are committed to actively developing our free and unrestricted funds by investing in communication and fundraising activities. This commitment includes the implementation of strategies to strengthen our positioning

and awareness in French-speaking Switzerland, increase our base of regular donors, improve the efficiency of our fundraising and gradually digitalize our operations. The following targets have been set for the 2024-2028 period:

- By the end of 2028, MdM's unrestricted revenue will represent 20% of our total revenue, and our reserves will represent a minimum of 3 months of working capital.
- By the end of 2028, MdM will have implemented at least four awareness-raising campaigns in French-speaking Switzerland.
- By the end of 2028, MdM will have 20,000 donors, 9,000 of whom donate through direct debits, and a growing number of whom are digital donors.
- By the end of 2028, MdM will have improved the performance of its donation requests to existing donors, maintaining average donations at CHF 60 and average return rates at 11% despite an increase in the base volume.

7.3 ENSURING QUALITY ACTIONS IN OUR FIELDS OF EXPERTISE

At MdM, we have recently strengthened our skills in the themes we work on and undertaken significant transformation to enhance our technical expertise via the recruiting of thematic referents with technical experience. These steps are essential to establish the quality of our actions and ensure a "do no harm" approach. This reinforcement is also essential for consolidating our role in the current humanitarian landscape and responding accurately to the quality requirements of our partners, especially in a context of decreasing funding and increasing needs.

We are committed to deepening our expertise in our four priority areas, with the conviction that only recognized and solid expertise can maximize the added value of our actions. This specialized expertise is crucial not only to achieving our desired impact, but also to ensuring our accountability to stakeholders. It also helps make our different actions consistent and legitimizes our advocacy. Our expertise is nurtured by collaboration with our network of associations; our operational teams at headquarters and in the countries where we work; and our partnerships with the international MdM network, other international NGOs, civil society organizations, local authorities, and academic partners. We want to use operational research as a means of producing evidence-based testimonials, by incorporating and harmonizing contributions from all these sources to enhance the coherence and effectiveness of our actions. For this, the following targets have been set:

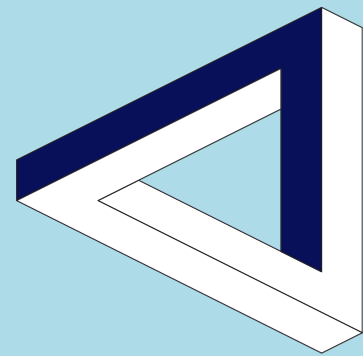
- By the end of 2028, a thematic department will be set up within MdM to coordinate expertise, including that of volunteers in associations.
- By the end of 2028, MdM will have forged at least 3 partnerships with academic institutions or the private sector for knowledge sharing.
- By the end of 2028, MdM will have produced or participated in at least 4 research projects related to its expertise.

OUR EXPERTISE FOR THE RIGHT TO HEALTH

WE MOBILIZE OUR EXPERTISE TO SUPPORT PEOPLE WHO HAVE BECOME VICTIMS OF INJUSTICE IN THEIR LIFE. WITH A COMMON FOUNDATION OF PRIMARY HEALTHCARE ACTIONS, WE PROVIDE TARGETED RESPONSES ON 4 PRIORITY THEMES.

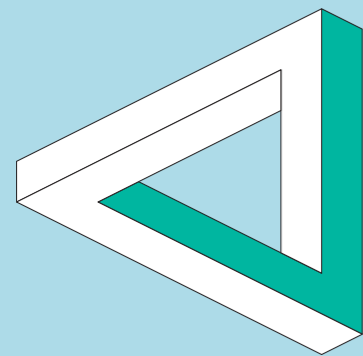
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

The broad concept of SRHR includes both health and the right to make sexual and reproductive decisions. It includes the right to have control over and decide freely on matters of sexuality and the right to lead an enjoyable, safe, and freely chosen sex life free from any coercion, discrimination, or violence. SRHR also include the right to access to services and healthcare professionals who support these rights.



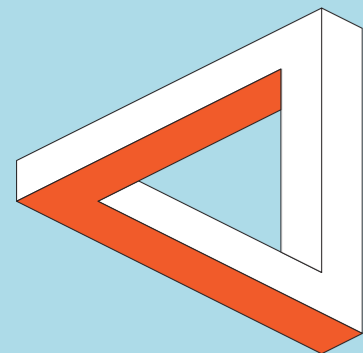
OUR EXPERTISE

PREVENTION OF VIOLENCE AND CARE FOR VICTIMS
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
CHILD HEALTH AND DEVELOPMENT
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



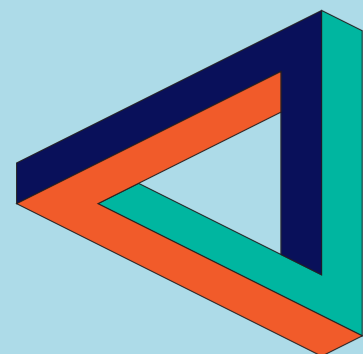
WHAT WE DO

CARE
BEAR WITNESS
SUPPORTING SOCIAL CHANGE



WHAT WE FIGHT

PRECARIETY AND EXCLUSION
CLIMATE CHANGE
CRISES AND CONFLICTS
VULNERABILITY OF MIGRANTS
GENDER INEQUALITIES



PRIMARY HEALTHCARE



Effective implementation of SRHR is closely linked to gender equality. We can see that patriarchal structures and unequal power relations continue to restrict access by women and girls to these fundamental rights. This is why even though SRHR concern all individuals, whatever their gender or sexual orientation, women and girls are often given priority. To fight these inequalities, we not only carry out projects that support women's awareness of their rights, but also target diverse groups such as teenagers, young adults and men for broader awareness and lasting social and behavioral change.

In our actions, we seek to ensure effective and universal access to care and quality sexual and reproductive health services. We are also strongly committed to defending the right to voluntary termination of pregnancy, through advocacy campaigns we conduct seeking to decriminalize and facilitate access to these services. These efforts are crucial to ensuring that all individuals can live a sexual and reproductive life that is fulfilling and respected.

PREVENTION OF VIOLENCE AND CARE FOR VICTIMS

Violence is a major public-health concern; it has far-reaching health, social, economic, and cultural repercussions. WHO has identified three categories of violence: interpersonal, self-inflicted, and collective, with the latter including social, political, and economic violence¹¹. Such violence can be physical, sexual or psychological, or take the form of deprivation and neglect.

We are observing a direct and damaging impact on public health due to the escalation of violence in our societies, which can include armed conflict, GBV, collective violence, forced displacement, the criminalization of migrants, as well as increase in the number of suicides. Our actions focus on women and children, who are often the hardest hit and most at risk from intersectional discrimination.

At MdM, we work actively to eliminate such violence and offer comprehensive support to victims. Our expertise in the field of GBV enables us to develop multidisciplinary projects that include medical care, psychological support, and social and legal assistance. We work closely with victims; potential perpetrators; and health, social and education professionals, to establish effective prevention measures and combat stigmatization and discrimination. We also raise awareness among authorities and communities about the devastating consequences of such violence, by supporting sociocultural transformation and strengthening the resilience of individuals and societies. Our efforts seek not only to provide immediate support to victims, but also to bring about lasting changes in attitudes and policies to better protect vulnerable people.

CHILD HEALTH AND DEVELOPMENT (CHD)

In every society, the first years of a child's life are crucial. This is because they largely determine an individual's future physical, mental, and social health capital. At MdM, we understand that early childhood offers extraordinary potential for improving the well-being of individuals and communities over the long term. Yet, according to UNICEF, more than 200 million children under the age of 5 in developing countries are not reaching their development potential due to poverty, malnutrition, and lack of access to adequate health services, a fact that underscores the urgency of our actions in this crucial area. In all families and communities, the care environment in which infants and young children grow is imbued with a cultural, social, and symbolic richness on which MdM bases its actions, which are then adapted and made sustainable locally.

Elements such as a solid social structure, economic security, and access to healthcare are fundamental for creating a material and emotional environment conducive to healthy child development. That's why we pay particular attention to children from disadvantaged backgrounds, who are more likely to be exposed to health risks and are disproportionately affected by the shortages and shortcomings experienced during this period.

¹¹ World report on violence and health, WHO, 2002.

In keeping with our long-standing focus on pediatric palliative care, MdM is actively involved with families, communities, and health-system professionals to ensure that young children receive preventive, curative and palliative medical care that takes into account the various dimensions of their physical, psychological, social, and spiritual suffering. We support healthcare professionals in adopting a humanistic and caring approach that treats children and their families as active partners in their own health.

Our holistic approach also includes the promotion of a satisfying emotional and educational environment, access to adequate nutrition, and the creation of a material living environment that supports children's health and dignity.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Around one in four people worldwide is likely to suffer from a mental health disorder at some point in their lives. We don't know if this is due to an increase in the number of cases or to improved diagnosis of these disorders. WHO reports that depression is the leading cause of work incapacity and that suicide is the second leading cause of death among young people aged 15 to 29 worldwide. In low- and middle-income countries, over 75% of people suffering from mental disorders do not receive the treatment they need. Mental health problems are made worse by stressful living conditions and multifaceted violence, particularly in crisis and conflict situations. People exposed to physical or psychological violence or exclusion are particularly vulnerable, as are women and children.

The UN estimates that nearly 1 billion people worldwide suffer from mental disorders. Mental health is often stigmatized and neglected, and MdM recognizes its crucial importance and makes it a core priority by including mental healthcare and psychosocial support into all its projects.

We are committed to promoting well-being and preventing and caring for mental health disorders. We adapt our psychosocial support to the specific needs of individuals, with a focus on situations of protracted conflict, humanitarian crisis and migration. Victims of physical, sexual, and psychological violence benefit from our specialized mental health and psychosocial support services. In addition, we are deeply concerned by the difficulties of access to mental healthcare for migrants and asylum seekers, who are often traumatized. We are working to improve this accessibility, particularly in Switzerland. In order to help those who help, and to prevent burnout, we also pay special attention to health workers and frontline workers.

7.4 BECOMING A REFERENCE HEALTHCARE PLAYER IN SWITZERLAND

Over the years, MdM has established a significant presence in Switzerland (mainly in the French-speaking areas) by developing programs that meet the needs of Switzerland's most vulnerable communities. Our acknowledged expertise in public health enabled us to respond effectively to the Covid-19 health crisis and to support groups often excluded from conventional healthcare systems, such as migrants, people from highly disadvantaged backgrounds, and sex workers. Our initiatives have strengthened support facilities and medical services for these people, by implementing targeted actions aimed at reducing barriers to access to care.

While the last strategy period saw the development of our international actions, we now wish to intensify our efforts and extend our activities in Switzerland. Our ongoing commitment has earned us acknowledgment as a key player in the Swiss healthcare environment, and we now aim to capitalize on this solid foundation to further develop our programs in Switzerland. Our aim is to reach pockets of vulnerability even more effectively, with an ongoing effort to help people who are excluded from mainstream public facilities. Among these different segments of the population, we continue to pay special attention to migrants and refugees, people living in highly precarious conditions, and sex workers, as they are all confronted with an often divisive healthcare system and a lack of resources. Our activities in Switzerland must also be able to provide arguments critical of the national healthcare system, which suffers from major inequities in access to care, particularly due to the costs of care and health insurance premiums. Through our work with the most disadvantaged people, we are seeking to highlight the inequalities underlying the current system and thereby promote changes that will benefit the population as a whole. To achieve this, we are counting on fuller documentation of our actions

to better speak out against injustice and conduct solid advocacy actions in Switzerland. We have set clear objectives for the coming years:

- By the end of 2028, the Switzerland program will account for 15% of MdM's program budget (excluding network projects and administrative expenses).
- By the end of 2028, the Switzerland program will carry out actions in the German-speaking part of Switzerland.
- By the end of 2028, the Switzerland program will have carried out at least 3 advocacy actions nationally.

7.5 EXPANDING OUR IMPACT WITH PARTNERS IN 6 PRIORITY COUNTRIES

Since 2019, we have consolidated our actions in 11 countries, with 35 projects and direct operational teams in 6 priority countries: Benin, Cameroon, Haiti, Mexico, Occupied Palestinian Territory, and Zimbabwe. Focus on these countries and our increased activity there have improved our impact, the sustainability of our services, and the quality of our advocacy. Focusing on these countries is also helping us consolidate partnerships with key players there, including local authorities, academics, international NGOs, and civil society. However, the rapid expansion of our operations has revealed a crucial need to bolster human resources and internal processes to maintain the quality of our actions. Constant adaptation to volatile situations is also transforming our development actions so that they adopt the triple nexus approach, so that they include emergency responses and even more in-depth work toward peace-building. We have therefore upgraded and consolidated our offices in these countries to better meet the challenges of insecurity and high staff turnover in particular.

MdM is committed to increasing the impact and quality of its international programs in these six priority countries. We are seeking to reach a critical size in these countries, which is defined by criteria that include a minimum annual budget volume, a presence in the capital, the ability to mobilize institutional funding in the country, coordination teams adapted to needs, official recognition by governments, and framework contracts with at least one relevant ministry, a country program fully based on the nexus approach, and support for initiatives aimed at political decision-makers to improve the right to health. Our objectives are thus as follows:

- By the end of 2028, advocacy actions will have contributed to the implementation of at least 12 initiatives, policies, or political processes aimed at raising the awareness of local and national authorities on health and gender rights in the 6 countries where we operate.
- By the end of 2028, at least 6 countries where we operate abroad will meet 5 of the 7 critical-size criteria.
- By the end of 2028, the financial volume of the international program (excluding network projects) will amount to at least CHF 8,000,000.

7.6 INCREASING OUR INFLUENCE THROUGH MOBILIZATION AND BEARING WITNESS

MdM is committed to becoming significantly better known in Switzerland and to establishing a strong position through bearing witness and via advocacy and political actions. As a non-profit, our organization has an associative spirit. This needs to be enhanced by strong values that can be offered – and adapted to – people's growing demand for concrete individual engagement. We must also adapt our mobilization networks to meet the digital engagement of today's generations. We'd like to enhance our associative spirit and encourage volunteer service, so as to accentuate our alignment with MdM's founding values and boost our level of activism (that of caring and bearing witness).

To support social change and combat any policies that impede the right to health, we undertake to strengthen our activities to bear witness and will always do so based on observations stemming from our care activities. With a view to promoting greater localization, we are convinced that an important added value of our actions is our advocacy activity. We want to develop our associative life, so that it serves activism that is declared and shared between the different levels of the organization including the stakeholders. The development of a strong member base that is mobilized and committed to com-

mon values and causes will help us strengthen our foothold and raise awareness in Switzerland. We want to document our actions more fully, so that we can bear witness and speak out against injustices observed both in Switzerland and internationally. A prerequisite for this is coordination with other humanitarian and healthcare players in Switzerland, through alliances or platforms. Coordination with the international network will boost our influence ability and therefore the impact of these actions, in line with the international network's strategy. A more active presence on the International Geneva scene will help position MdM in this advocacy work. Our objectives are as follows:

- By the end of 2028, MdM will have at least 150 members.
- By the end of 2028, MdM will actively participate in at least 3 Geneva International forums on global health.
- By the end of 2028, at least 5 international or national advocacy initiatives supported by MdM actively tackle the obstacles to achieving equitable and affordable access to health, transformative policies in gender, and the elimination of violence (within the 6 priority countries where we operate).

7.7 GUARANTEEING SOLID AND AGILE

ACCOUNTABILITY TO STAKEHOLDERS AND DONORS

At a time of increasing pressure to provide transparency and accountability in the non-governmental sector, MdM recognizes the crucial importance of reinforcing these principles at the heart of its operations. In a global context in which beneficiaries and donors are demanding greater clarity and honesty in the management of resources, a robust and agile approach to accountability must be adopted. This approach is essential not only for maintaining the trust of our partners and supporters, but also for ensuring ethical and efficient management that reflects our core values and supports our strategic vision. Accountability that is well rooted in our internal processes is synonymous with good governance and contributes to an appropriate balance of power within our organization.

MdM is committed to strengthening its accountability – to funders, donors, and above all stakeholders – so that it reflects our values and promotes our vision. This accountability is rooted in good governance, which ensures a fair balance among the various bodies involved. It also translates into processes and systems that enable collective intelligence to emerge, and sound risk management to be documented. The agility and traceability of processes translates into a global framework and management principles that enable us to be proactive and agile in the face of change.

- By the end of 2028, our internal control system is judged to be effective by our auditors.
- By the end of 2028, the whistle-blowing system is accessible to all stakeholders and employees.
- By the end of 2028, our internal governance mechanisms enable us to smoothly manage the issues involved in decision-making.

7.8 PARTICIPATING IN BUILDING

AN INFLUENTIAL INTERNATIONAL NETWORK

Faced with the transformation of global issues and the changing dynamics of international partnerships and funding, interdependence among the various sections of MdM stands out more than ever. The growth of our organization has been stimulated in particular by our active collaboration with the international network. This underlines the importance of strengthening and continuing to consolidate these relationships to enrich our dynamic network.

We are committed to strengthening our position within the MdM network by promoting our key role in the international network. In line with the network's global strategy, which is aimed at strengthening MdM's global impact and influence as a leading international health organization campaigning for fairer access to care and rights in the Global North and the Global South, we see significant opportunities in terms of impact, advocacy, and funding. We are determined to play an active role in the network's governance, and to coordinate our international actions to ensure consistency. We also plan to act as a sounding board for the network in Switzerland. To this end, we will strengthen our advocacy capacity and our ability to attract public and private funding.

In addition, MdM intends to remain an organization that is operational nationally but that will also actively contribute to the network's joint strategies, especially in places such as Mexico, Occupied Palestinian Territory, and Haiti. We plan to share resources with other network members to optimize our impact and efficiency. Our objectives are as follows:

- By the end of 2028, MdM will have raised over CHF 8,000,000 for international network projects (including CHF 5,000,000 from institutional donors and CHF 3,000,000 from foundations and the general public).
- By the end of 2028, MdM is one of the MdM associations heavily involved in the network's various governance bodies and is represented in every community of the international network.
- By the end of 2028, MdM participates in the operationalization of joint strategies for multi-MdM actions (in Mexico, Occupied Palestinian Territory, and Haiti) and shares at least 3 resources with other network members.

MdM has drawn up a multi-year financial plan which presents its outlook for change up to 2031. This plan envisages stabilization and financial equilibrium at a volume of just under CHF 20 million in 2030, with unrestricted revenue of around 25%. According to the estimates made, **MdM's objective of strengthening its financial soundness should be achieved by 2030, with a positive result for that year.** From 2030 onwards, a positive result will enable us to achieve financial independence. At the same time, control of the use of reserves should enable – based on a relatively conservative projection of changes in funds – compliance with Zewo standards on reserves as well as the ability to deal with cash flow issues over the years.

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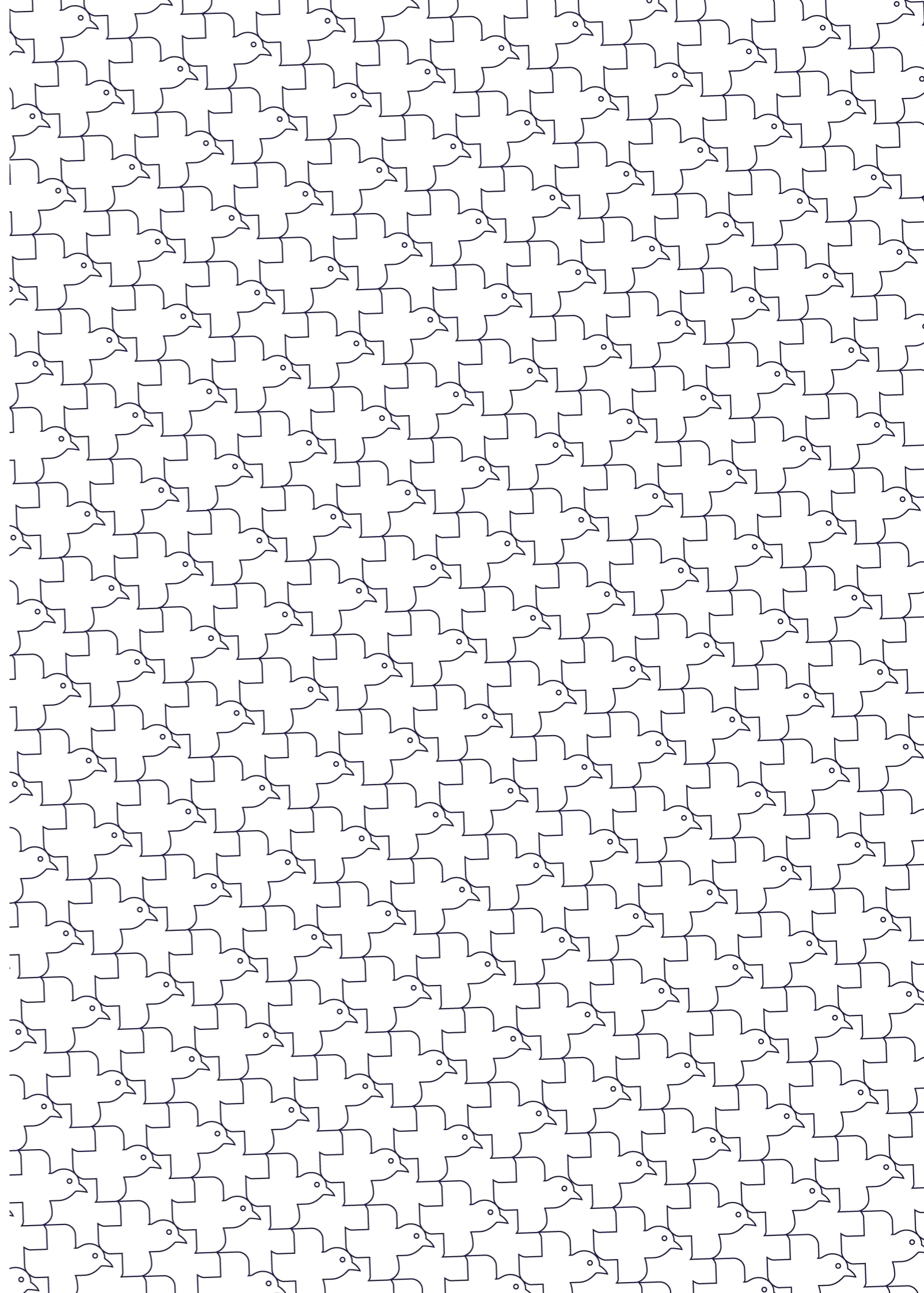
FINANCIAL ASPECTS

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