

DOCTORS OF THE WORLD STRATEGIC PLAN

2023 - 2025



CREDITS

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CONTENTS

PRESIDENT'S INTRODUCTION	6
WHO WE ARE: how we work, who we work with, how we are organised, our mission, our vision and values.....	8
Health for all	10
OUR VALUES	11
OUR MISSION	11
OUR VISION.....	11
CONTEXT	12
External analysis	14
Global environment.....	14
Rights-holders, responsibility-bearers, duty-bearers	15
Partners and donors.....	15
Internal analysis	16
HOW WE DO IT: humanitarian action, development cooperation, social inclusion, EST, awareness raising, advocacy	17
HUMANITARIAN ACTION.....	18
INTERNATIONAL COOPERATION.....	19
SOCIAL INCLUSION	19
EDUCATION FOR SOCIAL TRANSFORMATION	19
AWARENESS-RAISING	20
ADVOCACY	20
WHAT WE DO: cross-cutting approaches, mission objectives, developing mission objectives and organisational objectives.	21
INTRODUCTION	22
CROSS-CUTTING APPROACHES (CCA).....	23

CCA 1: RIGHTS-BASED APPROACH TO GENDER	23
CCA 2: ANTHROPOLOGICAL APPROACH	24
CCA 3: ENVIRONMENTAL APPROACH	25
MISSION OBJECTIVES (MO)	26
MO 1: STRENGTHENING HEALTH SYSTEMS	26
MO 2: MIGRATION, HUMAN MOBILITY AND HEALTH	27
MO 3: DIVERSITY, COEXISTENCE AND HEALTH	28
MO 4: GENDER-BASED VIOLENCE	29
MO 5: EMERGENCIES	30
MO 6: COMPLEX HUMANITARIAN CRISES	31
DEVELOPING MISSION OBJECTIVES (DMO)	32
DMO 7: ENVIRONMENT, CLIMATE CRISIS AND HEALTH	32
DMO 8: AGEING IN AT-RISK PEOPLE AND HEALTH	33
DMO 9: HOMELESSNESS AND HEALTH	34
ORGANISATIONAL OBJECTIVES (OO)	35
OO 1: ENSURE FINANCIAL SUSTAINABILITY	35
OO 2: DEVELOPMENT OF THE ASSOCIATION WITH ALL THE PEOPLE INVOLVED	36
OO 3: GOVERNANCE	37
OO 4: CONTEXT-SPECIFIC POSITIONING ACCORDING TO OUR UNIQUE ADDED VALUE	38
OO 5: PROMOTE A CULTURE OF LEARNING, CONTINUOUS IMPROVEMENT AND IMPACT-ORIENTED INNOVATION	39
OO 6: IMPROVE OUR AGILITY AND EFFICIENCY THROUGH CHANGES TO OUR OPERATING MODEL AND PROCESSES	40
MONITORING AND EVALUATION	41
FINANCING OF THE STRATEGIC PLAN	43
ACKNOWLEDGEMENTS	46
GLOSSARY OF TERMS	48

PRESIDENT'S INTRODUCTION

With our Strategic Plan 2023/2025, Doctors of the World maintains its commitment to continuity in the organisation's strategic planning process, thus complying with one of the most complex and demanding obligations of any responsible entity that aspires to be sustainable and effective.

In the presentations of our strategic documents, we tend to emphasise certain features that lead us to think that this new plan is different, that it is better, that there is going to be a before and after, and so on.

Of course, it is desirable that this be the case since, we assume, each plan aims to promote the development and improvement of the organisation and its capacities. Moreover, each plan needs to tailor its objectives to the relatively different needs which arise in changing contexts.

However, over recent years we have witnessed how contextual conditions can change drastically and unpredictably, and this clearly influences the scope, in terms of time and content, of the Strategic Plan 2023-2025, to the extent that it forces us to make decisions and commitments.

This is why this plan covers three years, perhaps the right length of time for our organisation to be able to make the necessary adjustments in order to meet the global health challenges of today's world.

However, while its scope may be relatively limited in terms of time, it is ambitious with regard to our mission objectives.

In some cases, we will probably not be able to deploy actions with the same intensity as in others.

In fact, there are three objectives which we have labelled as developing objectives, in the sense that it is very unlikely that adequate capacities will have reached, within the three-year timeframe, the optimal level to achieve significant progress.

On the other hand, we are cognisant of the fact that we are dealing with social and health processes which, as determinants of health, are engendering situations of health exclusion in some cases, and food crises and famine in others.

In short, the mission objectives under the current Strategic Plan must also serve as the reference point for organisational change, so that Doctors of the World can be in a position to effectively address the processes which these objectives require of us.

Accordingly, our six organisational objectives need to encourage us to overcome our fear of change: over the coming three years, we need to develop an organisational culture in which security, financial sustainability, effectiveness, optimisation of capacities, quality, and our core values and identity, are essential features of the association, the way it operates and the results it achieves.

We are also making a major methodological effort to achieve optimal synchronisation between our Strategic Plan, our annual plans and the strategy that will make it possible to finance their deployment.

Let me put it like this, fully aware that our plans do not constitute dogma, binding rules or, even less so, a straitjacket upon the development of the association: the Strategic Plan belongs to all of us and if, at any time, external or internal factors require it, we are free to review any aspects which may need to be modified.

In fact, engaging in a process of continuous evaluation from the outset will undoubtedly provide us with the insights and knowledge to make adjustments as they become necessary.

The time has therefore arrived for us to converge and align ourselves around the Strategic Plan 2023/2025.



WHO WE ARE

WHO WE ARE: HOW WE WORK, WHO WE WORK WITH, HOW WE ARE ORGANISED, OUR MISSION, VISION AND VALUES.

Doctors of the World is – we are – an association, a group of people that was constituted, according to its articles of association, “as a non-profit organisation for humanitarian action, development cooperation and social inclusion, independent of any political, religious, media, financial or other group, under the protection of Article 22 of the constitution”, which is subject to the organic law concerning the right of association.

We are volunteers, with diverse knowledge and backgrounds, who share the common goal of building a fairer world, without barriers to the full exercise of the right to health

as a fundamental right of all people, with full independence regarding where and how we work, with the determination to influence political and legislative decisions which seek to better protect the health of individuals and the community in which they live. We are guided by the principles of the humanitarian movement.

We are part of an international group of associations who share the same mission, vision and values, the Doctors of the World International Network, within which each association maintains the flexibility it needs to act locally within its own context.



HEALTH FOR ALL

In order to ensure the right to health, our work involves different approaches, taking into account how the characteristics of individuals or communities impact their health: a gender approach based on human rights, an anthropological approach, a participatory approach aimed at empowering the people our programmes target, and an environmental approach.

We do this by providing direct assistance, bearing witness to what we observe, condemning violations of the right to health, mobilising the society in which we live and in which our projects take place, and lobbying the people who govern and whose duty it is to change policies in order to eliminate these inequalities. This work is all done in conjunction with the populations which are excluded, at risk or victims of crises. In order for any change to be sustainable, it must be based on the empowerment of each individual and his or her community, so that this same group is aware of and can stand up for their rights. Our activities are tailored to the local context, taking into account local needs and capacities and the degree of the rights violation identified. Far from providing a service, our aim is to support local populations in this process, encouraging their participation in the implementation and evaluation of our projects. In addition, we endeavour to develop protocols for our work, based on the available scientific evidence, incorporating tools to measure its quality, and striving to foster innovative experiences which bring efficiency, transparency and knowledge in order to improve local health systems.

Working together with the International Network allows for greater robustness in our actions and means there is greater capacity, continuity, balance and coherence between the local and the more distant, as well as for resolution, influence and advocacy. By combining our voices into one single voice, our demands can be heard more loudly in the international community.

We are a committed group of volunteers and believe that therein lies the strength of our associative model, allowing us to ensure the quality and independence of our actions and giving greater legitimacy to our advocacy.

Our association fosters the active participation of all the people involved in each of our projects, giving priority to the beneficiaries. This means that we work with the entities and organisations, civil society movements and institutions concerned, fostering collaborative work and alliances with multiple actors, both in our own projects as an association and in the projects we carry out with the International Network.

Like any group of people, we have our own organisational model. We are a democratic, diverse and participatory association. Decisions are taken by the assembly of members and delegated to the board of directors for implementation.

This board is appointed based on democratic elections, the frequency of which is set out in the articles of association, and which involve all the regional headquarters in the form of their presidents. In addition, the board and delegated governing bodies listen and pay heed to our grassroots members, volunteers, partners, employees, collaborators and donors and, of course, the health rights-holders.

To enable us to continue operating as an organisation, we monitor the economic sustainability of Doctors of the World, constantly evaluating the quality of our work, the pertinence of which depends on the impact it has on health. We strive for financial independence by seeking diversification of funding sources so as to guarantee our ideological independence, seeking contributions from the public. This is all overseen via a management structure which is ethical and transparent.

These characteristics enable us to safeguard our freedom of expression and humanitarian ethics, which include the principle of equality. We can thus continue to work towards building a society with an empowered citizenry which is active in the defence of its rights, especially its effective right to health, wherever it may be in the world.

When drawing up this strategic plan, we began by reviewing our values, mission and vision, taking into account the lessons learned in recent years, and without losing sight of our essence, adapting to the contexts in which we carry out our work and which shall guide us up to 2025.

OUR VALUES

Our values are the beliefs and organisational philosophy which inform the way the organisation conducts its business.

- Health is a universal human right.
- Democratic, independent and participatory association.
- Activism, empowerment, equity, speaking out, balance and social justice.
- Ethics, transparency, quality and sustainability.
- Diversity, equality and inclusion with a gender-based approach.
- Commitment to environmental protection and the health consequences of the climate crisis.
- Networking.
- Membership of the Doctors of the World International Network.
- Humanitarian principles.

OUR VISION

What do we want our organisation to look like at the end of the 2023-2025 period? What do we hope to see in the future for our rights-holders?

“Doctors of the World is recognised socially as a leading organisation in terms of defending the right to health¹ and social justice. It operates as a network in order to protect and extend the universality of the right to health. It promotes greater sustainability and improved efficiency of public health systems. It facilitates access to health, without discrimination against at-risk people who recognise themselves as rights-holders. It enables the participation of rights-holders at all levels of the association.”

OUR MISSION

The objective, target, remit, purpose or fixed and ongoing function of the organisation. WHAT we do and WHY we do it. So as to incorporate our purpose, we also ask the question WHY.

“Doctors of the World believes that all people have the same rights, and that we must be able to defend them. As such, we aim to make the universal right to health effective through direct intervention, bearing witness, speaking out, social mobilisation and advocacy, working alongside people who are at risk, excluded and/or victims of crises.”

1. Doctors of the World's approach takes into account effective access to health as outlined in the current Universal Right to Health Policy document.



CONTEXT

CONTEXT

At the beginning of 2022, we carried out a detailed analysis of the context in which the work of our organisation takes place. This analysis helps us to orient and prepare ourselves for the next three years based on the most precise knowledge possible of the variables which are likely to have the greatest impact on our interventions.

We divided this analysis into two areas: **external variables**, i.e., the global environment, the situation of rights-holders, the current situation as regards the public and private donor landscape, duty-bearers (the State) and responsibility-bearers, as well as the influence of the media and social networks; and **internal variables**, within our own organisation,

which are likely to change in the coming period, i.e., the context of the Doctors of the World International Network, the situation regarding the management of contract staff, the involvement of volunteers and partners, the capacities and competencies which enable us to better adapt to change.

The following sections contain the most pertinent findings for Doctors of the World following the analysis of the organisation's strengths, weaknesses, opportunities and threats with respect to both the external and internal context. For further information on the different components of the analysis, we recommend reading the Strategic Analysis document itself: PE2023-25_Strategic Analysis Report.pdf.



EXTERNAL ANALYSIS



GLOBAL ENVIRONMENT

ECONOMIC AND SOCIAL CONTEXT

The post-pandemic context is characterised by a high degree of uncertainty regarding economic recovery, conditioned by factors such as the energy crisis and the inflationary trend.

Geopolitical tension and armed conflicts continue to escalate: the invasion of Ukraine and conflicts between China and the US continue to dominate the political agenda.

Within this context, we have seen an increase in inequalities between and within countries, including in terms of gender.

One of the greatest challenges we face relates to the increase in human mobility in recent years, both in terms of people who choose to migrate and those who are forced to do so. Another relates to the serious humanitarian crises which are affecting more and more people as a result of rising food prices and increased geopolitical tension.

SPANISH AND INTERNATIONAL HEALTH POLICIES

The pandemic has pushed health to the top of the international agenda. However, public governance of global health remains fragmented and needs to be improved. There is increasingly more talk regarding health systems which seeks to legitimise the dismantling of public services and the rise of private providers. Health systems and staff are under extreme stress. The effects of having devoted a large proportion of resources to the fight against Covid-19 to the detriment of other diseases are becoming apparent.

The financial crisis currently affecting the World Health Organisation, like other UN agencies, makes it difficult for it to provide leadership and legitimacy, given its increasing dependence on donors and private funds allocated to specific programmes. Health is a global public good, so the response must be international. We need to work on developing mechanisms to ensure a coordinated response to crises.

In Spain, a more community-based vision of health is needed at the local level, with greater interaction with civil society and commitment to public health systems.

Within this context, Doctors of the World must continue to demonstrate the added value it brings in the field of public health, socio-health impact and epidemics. We need to continue to provide ongoing analyses of the economic, social and global context and to engage in dialogue with governments, civil society and other organisations so that joint opportunities can be identified.

In addition, we must play a key role in advocating for public health systems and against privatisation, supporting the global and regional leadership of key health actors.

THE THIRD SECTOR, COOPERATION AND HUMANITARIAN ACTION

There needs to be close monitoring of the implementation of national and international commitments to Official Development Assistance (ODA), the Sustainable Development Goals and policy coherence (Paris Agenda). ODA currently represents 0.32% of Gross National Income (GNI), which falls far short of the 0.7% commitment.

Strengthening civil society organisations in developing countries by democratising development cooperation is key. NGOs such as Doctors of the World need to act as a bridge between large and small institutions and organisations.

Doctors of the World will continue to focus its intervention strategies on health and its social determinants, seeking

greater cohesion in the third sector. We need to focus on results-based management, rather than merely delivering services or trying to be the first to arrive, and demonstrating quality in the results achieved, through measurement, research and accountability.

Key areas of work in the field of health are identified as continuing to strengthen primary health care, women's health, sexual and reproductive health and gender-based violence. Similarly, efforts must continue to address and highlight forgotten or neglected crises, by strengthening the capacities of the states concerned.

CONTEXT OF TECHNOLOGY AND INNOVATION

Technology, improved interconnections and low-cost developments are creating endless possibilities when it comes to innovating, communicating with stakeholders and increasing the impact of social organisations. However, these developments also pose serious risks for organisations, such as those related to the misuse or overreliance on technology and those related to cyber-attacks.

Digital transformation plans and strategic alliances with other organisations and universities should be developed so as to promote and ensure the appropriate use of technology.

ENVIRONMENTAL CONTEXT

The climate crisis and environmental degradation is already affecting people's health, destroying nature and impoverishing the world. Adaptation to climate change is essential, but it is underfunded and cannot be seen as an alternative to reducing emissions. Raising awareness among citizens, authorities and institutions regarding environmental degradation and the growing climate crisis is vital, as well as experience with effective measures, which have not been sufficient so far.

There are very few organisations with experience in health and the climate crisis, so Doctors of the World intends to further its work in this area, establishing strategic alliances, incorporating the environment into our appraisals of rights violations, and working on pilot projects which will enable us to learn and begin to have an impact in this area.



RIGHTS-HOLDERS, DUTY-AND RESPONSIBILITY-BEARERS

There have been various reports from organisations which show the deterioration of conditions for the most at-risk people and increased inequality, as well as new factors which lead to increased social exclusion such as the digital divide.

One of our main priorities is to continue to work towards the effective participation of at-risk people, empowering them to exercise their rights; working with them and giving them greater prominence as agents of change who can contribute to ensuring access to the right to health, helping to build public systems which take cultural, social and linguistic differences into account.

At the same time, we need to monitor violations of the right to health in a systematic and standardised manner, and to engage in advocacy actions in collaboration with other organisations to prevent further violations.

NGOs can intervene on a temporary basis in areas which are not yet covered by public policy, but the aim must always be for the public sector to take over. NGOs also have technical expertise which means that they can play a role as regards strengthening the technical capacities of institutions.



PARTNERS AND DONORS

We are seeing increased financial cooperation between countries, although ODA will continue to be crucial. New funding instruments have emerged, especially in the EU (Next Generation Funds, NDICI). However, there is a tendency for governments to have fewer resources and for companies to devote more resources to Corporate Social Responsibility.

Health specialisation is attractive for donors, including in areas such as mental health. It is important that we partner with donors who are likely to advance the development agenda and who share the vision of the third sector: aid agencies, the EU for emergencies and humanitarian action, and research institutes.

There is an increasing tendency, especially among young people, to take a stand for specific causes such as those related to gender, social justice and climate change, using new technologies and media. Nonetheless, a model of proximity persists: we give to those who are close to us, looking to help tackle the problems we see around us.

There are therefore opportunities as regards diversification and opening up new lines of funding, while ensuring that our independence is not compromised. The aim must be to increase the perceived value of Doctors of the World and to position ourselves as a leading organisation when it comes to ensuring the right to health.

INTERNAL ANALYSIS

One of our greatest assets as an association is our membership of the Doctors of the World International Network. As such, it is important that we work on further improving our processes for collaboration and shared decision making. It is also important that we raise awareness both internally and throughout society of Doctors of the World's vision and mission in order to highlight what makes us different and to ensure that our activities align with that vision.

A key task in this regard is a review of our model for governance and participation, involving rights-holders in the former, as well as increasing and enhancing opportunities for the participation of our base. It is therefore crucial that we provide training and support to people who wish to become volunteers and members of our organisation.

We need to develop an agile and flexible organisational model, using processes such as digital transformation, learning, continuous improvement and innovation. In this respect, and fundamental to the development of the association, it is important that we continue to construct comprehensive employee pathways, with a focus on emotional well-being and skills development, in line with the EU's Digital Competences model.

Our principles and values dictate that we continue to reinforce the central role of rights-holders throughout the project cycle, as active subjects, to look at the languages and working methods we use, and to act as a bridge between rights-holders and duty-bearers. Likewise, we must support and recognise the work done by responsibility-bearers, increasing our involvement in networks and designing collaborative actions which involve civil society, and to engage to a greater extent with work carried out through universities and health institutes in the countries in which we operate.

To this end, we need to explore new models of cooperation and become an ally of other institutions, to focus on win-win messages and strategies, to connect with young people, to create a hopeful and inspiring tone and messages, and to provide a platform through which current and potential partners and donors can be heard.

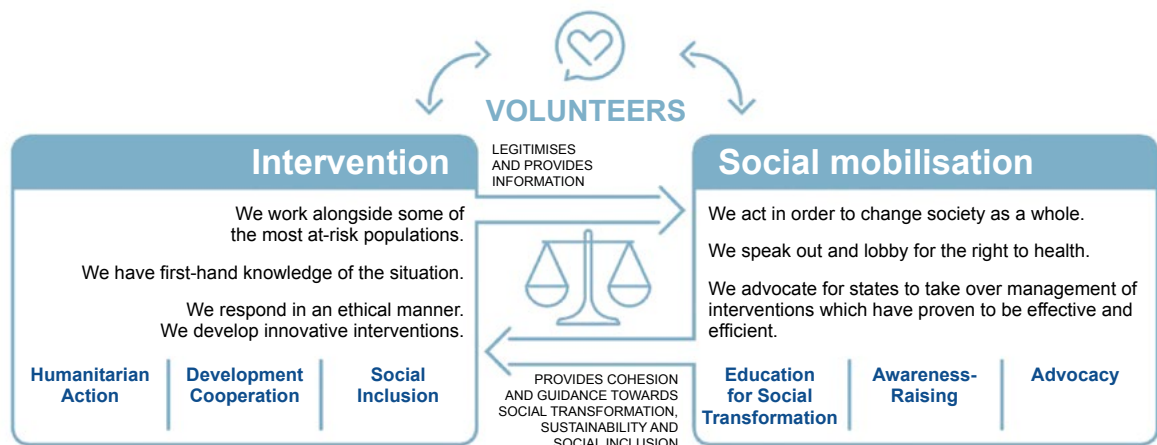
Another task facing us is a review of the organisation's sustainability strategy based on future projections and capacities. This will enable us to ensure the efficient and effective functioning of the association, while at the same time making the changes required in order to address the major challenges identified in this analysis.



**HOW WE
DO IT**

HOW WE DO IT: HUMANITARIAN ACTION, DEVELOPMENT COOPERATION, SOCIAL INCLUSION, JUSTICE, AWARENESS-RAISING, ADVOCACY.

Our association: Doctors of the World



Doctors of the World focuses on various lines of action, from direct intervention in health to advocacy. In other words, Doctors of the World carries out all the actions necessary to ensure the right to health of the people with whom we work. These actions must be framed within a common framework and should nurture and enhance each other. Thus, the intervention legitimises and provides information for so-

cial mobilisation, while the latter provides the intervention with cohesion and guidance. We must not forget that we are a voluntary association and must therefore engage and support our base, especially our members and volunteers, in our approach based on intervention lines, seeking their active involvement in order to guarantee the ongoing legitimacy of our association.

HUMANITARIAN ACTION

Interventions in this category aim to support people affected by natural disasters, conflicts, epidemics or complex emergencies in which local capacities are overwhelmed. On the one hand, we provide the direct assistance necessary to meet basic needs as regards the right to health and life of the affected populations. However, we also contribute, from the onset of the emergency, to building resilience, reducing vulnerability and establishing, by supporting the community in its empowerment, the necessary foundations for recovery,

the return of normal services and the restoration of peace where appropriate (triple nexus). We implement disaster risk reduction programmes which aim to lessen the impact of disasters by focusing on the structural and community preparedness of the health system. Likewise, the cross-cutting approaches included in the current plan are incorporated from the beginning of the intervention, with special emphasis on advocacy actions and on the participation of rights-holders in our programmes.

INTERNATIONAL COOPERATION

Our interventions in international cooperation promote primary health care from a public perspective, with a particular focus on and monitoring of the social determinants of health and its potential violations as a human right, making a clear commitment - and it is important to emphasise this - to universal and comprehensive public health care systems. Our work also aims to support training and improve the quality of the different levels of the health system, including the community approach and mental and psychosocial health, in everything related to sexual and reproductive health and in the prevention and reduction of harm due to the consequences of violence, especially gender-based violence. The Sustainable Development Goals, not only Goal 3 but also the

other goals which relate to determinants of health, guides the implementation of our programmes.

As members of the NGO Development Coordinator, we respect, apply and promote its Code of Conduct.

SOCIAL INCLUSION²

The actions carried out by Doctors of the World in the field of social inclusion are aimed at facilitating access to existing social and health services for all people at risk, in a situation of social exclusion or vulnerability, based on criteria of accessibility, acceptability, quality and availability. We also

seek to lobby the State to assume its responsibility as duty-bearer via our network and advocacy actions. Given that the intervention focuses on people at risk of exclusion, it is important that we continuously analyse the context in order to respond to the new social needs which may emerge.

EDUCATION FOR SOCIAL TRANSFORMATION

Education for Social Transformation (EST) is a commitment to the elimination of inequalities and injustices. We seek to improve our intervention in EST by employing participatory methodologies and innovating in order to optimise our use of ICTs and social networks as supporting platforms. The aim is to facilitate participation and the construction of an active citizenship which is committed to human rights. EST engenders critical thinking which in turn leads to people being more conscious, empowered and responsible with respect to society. It involves educating by fostering critical thinking,

developing the capacities of our base and of rights-holders as key stakeholders who contribute to social transformation via a rights-based approach. The education for social transformation that we will pursue in the coming years will focus on the right to health and will address different aspects: education in formal and informal settings, evidence, awareness-raising and advocacy. Research and analysis of causes will provide the learning and evidence required to develop strategies for this form of education.

². The term *social inclusion* includes any direct intervention carried out with at-risk populations and with their participation.

AWARENESS-RAISING

Awareness-raising is important it enables us to encourage individuals and groups to develop a critical perspective as regards the causes of inequalities and injustices. The awareness-raising actions that will take place under this Strategic Plan will be guided by the same principles, even if they use

different approaches. Our aim will always be to inform society about situations where the rights to equality and health have been violated. We will also seek to generate critical awareness in order to encourage support for our proposal for social change.

ADVOCACY

Our actions in this area aim to lobby the people and entities with the capacity to influence and make political decisions, by putting forward concrete proposals regarding matters relating to legislation, budgets or the creation of structures. The aim is for politicians and policy makers or those in char-

ge of public administrations to adopt measures and provide the necessary resources, either in order to put an end to the violation of the right to health, or to deliver actions which seek to protect and support that right.



**WHAT
WE DO**

WHAT WE DO: CROSS-CUTTING APPROACHES, MISSION OBJECTIVES, DEVELOPING MISSION OBJECTIVES AND ORGANISATIONAL OBJECTIVES³.

INTRODUCTION

As a result of the strategic analysis, the review of our identity and the participatory process involving all the people who make up Doctors of the World, we have set out lines of action for the next three years, divided into cross-cutting approaches, mission objectives and organisational objectives.

Cross-cutting approaches inform the way we look at things, how we believe we can act in order to bring about successful change, in line with our mission, vision and values. They involve actions concerning our policy framework, resources, organisational structure and culture.

Although we present a working proposal for each of these approaches, the need to address them in an integrated fashion over the coming years has been identified.

Another need which has been identified involves advancing the participatory approach. It should be noted that Doctors

of the World already has an approved participation policy in place and, so far, it has been seen as closely related to the anthropological approach.

The mission objectives set out the main targets which Doctors of the World aims to achieve in its external context. What's more, they are steps along the path to achieving the organisation's ultimate goal: "universal access to healthcare". They should clearly and concretely reflect the main causes to which Doctors of the World wants to contribute.

Our organisational objectives represent the main internal improvements which the organisation needs to make in pursuit of its mission objectives and vision. They enable us to transform the way Doctors of the World works, to align the organisation's capacities towards its objectives and to reinforce the added value it brings and which sets it apart from other organisations.

3. Documentation is available on request for each cross-cutting approach and each mission objective, developing mission objective and organisational objective:

- Full explanatory sheet for each approach and objective.
- Theory of change for each approach and objective.
- Results framework and indicators for each approach and objective.

Contact: Strategic Planning Department.



CROSS-CUTTING APPROACHES (CCA)

CCA 1: HUMAN RIGHTS-BASED GENDER APPROACH



OBJECTIVE

Contribute to the implementation and reinforcement of the right to health and the gender approach at all levels of the organisation.



CHALLENGES TO WHICH IT RESPONDS

Reinforcing processes already underway in order to mainstream both the right to health and gender and move towards a broader and more transformative approach.

Doctors of the World has a long history of mainstreaming gender and human rights approaches, but this is a constantly evolving process that requires the reinforcement of processes already underway and adaptation to new trends which have emerged as a result of our learnings over the years.

The turnover of people who work with Doctors of the World, whether as members of the association, as employees or as volunteers, sometimes hinders the implementation of the mainstreaming process and the appropriate transfer of knowledge to new recruits. It is therefore essential that we reinforce the processes embedded within our organisational culture and adopt a holistic and integrated approach.

One of the challenges this approach presents in interventions involves the need to endow it with real content, with specific activities, results and indicators which allow us to assess its impacts in relation to the other objectives of the intervention.



INTERVENTION STRATEGIES

- Implement an ongoing training plan in relation to human rights, the right to health and gender for the entire organisation.
- Development or adaptation of a tool for monitoring the implementation of the approach in interventions.
- Establish human rights and gender markers which can be incorporated into revisions of our project, programme and action frameworks.



CCA 2: ANTHROPOLOGICAL APPROACH



OBJECTIVE

Contribute to the implementation and reinforcement of the anthropological approach at all levels of the organisation.



CHALLENGES TO WHICH IT RESPONDS

The diverse nature of the contexts in which we operate and of our health interventions, both at headquarters and in the field, represent an advantage when it comes to incorporating the anthropological approach, due to the need for adaptation to the different situations in which we work. From an intersectional perspective, taking into account various social and health inequalities, there is an under-representation of the culture of diversity in Doctors of the World.

We need to continue to focus on the social determinants of health in studies and interventions, in order to help incorporate this approach, as well as to ensure the involvement of the various stakeholders beyond the consultation process.

Our wealth of experience and the capacity building that takes place within the different contexts in which we intervene should be publicised to the outside world through different events (congresses, conferences) and publications.



INTERVENTION STRATEGIES

- Reinforce and follow up trainings using a practical approach.
- Project diagnostics to ensure the appropriateness of our health interventions, with as much active community participation as possible.
- Develop local practices tailored to the specific region or country (in Spain and abroad). Practices linked to the One Health approach.
- Attendance and participation in international and national events.
- Assisting with processes and/or providing leadership, as well as building networks with grassroots organisations and communities through active listening and horizontal participation for the exchange of experiences which allow for the systematisation of good practices.
- Communication channels with communities (CFRM) using an anthropological approach.
- Advancing studies aimed at improving quality and innovation by linking cross-cutting approaches and health in policy dialogue.





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CCA 3: ENVIRONMENTAL APPROACH



OBJECTIVE

Advance the incorporation and implementation of the environmental approach in our mission.



CHALLENGES TO WHICH IT RESPONDS

Incorporating the environmental approach in all Doctors of the World projects and improving awareness of it both within the organisation and beyond.

Environmental determinants of health are a key part of the process when it comes to assessing the vulnerability of the populations we work with. The environmental crisis we are facing is one of the most significant factors driving people's health vulnerability, both now and in the future. Scientific evidence shows that a healthier environment contributes to the reduction of diseases. According to the WHO, if environmental health were improved, up to 13 million deaths could be prevented each year. A quarter of the global burden of disease, and more than a third of the burden of disease in children, is caused by modifiable environmental factors.

If we want the organisation to be sustainable, if we want to fulfil our vision, then the environmental approach must permeate all our actions, now and in the years to come. Accordingly, knowledge of this approach within the organisation must be improved through training and custom-designed tools.

The incorporation of this approach is also a response to a growing demand among stakeholders such as our donors and partner organisations.



INTERVENTION STRATEGIES

- Improve knowledge among Doctors of the World staff so that they can apply available tools related to the environmental approach.
- Develop specific projects which address the effect that environmental determinants have on the health of the most at-risk populations, as outlined in the international policies proposed by the WHO.
- Establish a clear policy position internally and externally to enable mainstreaming of the approach in accordance with other related networks and platforms.
- Improve external and internal communications regarding the assessment and integration of environmental, climate and health issues in Doctors of the World's offices/countries/projects.



MISSION OBJECTIVES (MO)

MO 1: STRENGTHENING HEALTH SYSTEMS



OBJECTIVE

Strengthen health systems⁴, universal access and health promotion.



CHALLENGES TO WHICH IT RESPONDS

Developing health systems to ensure universal, equitable and efficient healthcare.

- **At the global level:** nearly half of the world's population are affected by problems related to the lack of comprehensive access to basic health services, extreme poverty and payment for services, limited health budgets, and shortfalls of 18 million health professionals worldwide to ensure universal health coverage.
- **In Spain:** administrative and financial impediments, restricted access to medicines and a shortage of staff and services, especially in PHC.



INTERVENTION STRATEGIES

- **Provision of services:** without replacing the state and accompanied by advocacy actions to ensure that the state fulfils its obligation; provision of healthcare facilities, including medicines and consumables; management of pharmacies and human resources in health systems; technical support to socio-health professionals (especially in SRH, mental health, care for victims of gender-based violence and nutrition); epidemiological surveillance; health management and information systems; health protocols and guidelines; care for victims and survivors of gender-based violence; care for groups in situations of rights violations; and support for health system crisis preparedness.
- **Advocacy:** lobbying for policy and regulatory change; improving governance of health systems by addressing social determinants; strategic litigation; administrative complaints and claims; filing injunctions; reporting which features evidence-based proposals and studies.
- **Social engagement, awareness raising and individual empowerment:** studies, education and training, roundtable discussions, participation in forums; awareness raising campaigns; ETS; community activities; disease prevention and health promotion and empowerment of rights-holders to assert their integral right to health.

4. Doctors of the World's understanding of the term health system strengthening does NOT follow the classic definition based on the WHO's six building blocks (structures, medicines and technologies, human resources, financing, information, leadership). Rather we understand health systems as including social participation, community empowerment, gender, interculturality, environment and people-centredness. Accordingly, a strengthened health system represents a means to achieve the right to health and its operational form based on the idea of an organised social response to health - that is, effective access to health - as the primary mechanism underpinning universal health coverage. Furthermore, aware that in many of the countries in which we work, health systems are fragmented and segmented, relying on private sector actors in both delivery and insurance, we are committed to comprehensive, publicly provided and financed public health systems. We also assert the continued relevance of Alma Atta's PHC model.

MO 2: MIGRATION, HUMAN MOBILITY AND HEALTH



OBJECTIVE

Contribute to guaranteeing for all people the right to migrate and to safe, healthy and fully rights-based mobility.



CHALLENGES TO WHICH IT RESPONDS

It is estimated that there are currently 272 million international migrants worldwide, 51 million more than in 2010. The number of forcibly displaced people worldwide was 79.5 million at the end of 2019. This asymmetry is sustained by an unbalanced distribution of the population, an unfair distribution of wealth and an unequal attribution of rights. Increased displacement is also being driven by other factors such as the climate crisis and increased armed conflict and structural violence. These processes are often shaped by policies which criminalise migrants and people in a situation of human mobility, such as the outsourcing of border security and/or asylum and border militarisation.



INTERVENTION STRATEGIES

- Administrative-legal assistance to migrants and people in mobility.
- Socio-health assistance and support for other social and institutional resources.
- Community and cross-community intervention for the elimination of stigma concerning migrants and people in mobility.
- Supporting processes of empowerment for rights-holders.
- Dialogue and active listening processes for the creation of horizontal alliances with organisations of migrants and people in mobility.
- Advocacy aimed at bringing about policy changes which recognise and guarantee all people the right to migrate and to safe and fully rights-based mobility.
- Dynamic analysis of the social, economic, political and legal context.
- Institutional strengthening of civil society and migrant and mobility organisations.
- Focus more specifically on violence against women and LGBTQIA+ people.
- Networking and collaborative partnerships.
- Knowledge generation and management (research, studies, etc.).





MO 3: DIVERSITY, COEXISTENCE AND HEALTH



OBJECTIVE

Contribute to the construction of a critical global citizenship that embraces the culture of diversity with social justice as a social determinant of health.



CHALLENGES TO WHICH IT RESPONDS

Develop models for coexistence with social justice in the face of the challenges arising from living in diverse and unequal societies. Social exclusion, discrimination and the different forms of daily and structural violence negatively affect the physical, mental and social health of individuals and communities. The lack of recognition of diversity with social justice as key to the fulfilment of the principles of non-discrimination, equality, participation and transparency results in policies being developed and overseen without the participation of significant population groups. Thus, such policies not only fail to guarantee the different components of the right to health - availability, access, acceptability and quality - but also fail to adequately address the determinants of health. A critical global citizenship is a prerequisite if we are to achieve a culture of diversity with social justice that brings about changes in everyday relations and political participation.



INTERVENTION STRATEGIES

- Networking and alliances with communities, collectives, organisations and institutions and external parties.
- Increased access to social resources geared towards diversity.
- Community interventions in districts and regions which address diversities.
- Support in empowerment processes for rights-holders who belong to groups which are discriminated against or oppressed.
- ETS in favour of diversity, the fight against hate speech, racism, xenophobia, LGBTQIA+-phobia and other forms of hatred.
- Training courses on the subject of cultural diversity in health.
- Research using an intercultural/intersectional/decolonial approach to health and gender-based violence.
- Advocacy aimed at bringing about policy changes in these areas.
- Internal analysis of diversity management: the composition and structure of the organisation in terms of diversity; political will in terms of positioning regarding diversity with social justice and intersectionality. Identification of areas for improvement.
- Creation of a volunteer group dedicated to diversity and coexistence with social justice and the formulation of a policy regarding diversity and coexistence with social justice for Doctors of the World.
- Increase Doctors of the World's capacity to assert cultural rights in relation to health and to respect and facilitate the participation of people who represent organised diversities in processes for developing and overseeing policies which affect them.

MO 4: GENDER-BASED VIOLENCE**OBJECTIVE**

Contribute to the eradication of gender-based violence using an intersectional approach.

**CHALLENGES TO WHICH IT RESPONDS**

Contribute to the elimination of gender-based violence as a human rights violation and public health issue.

Global estimates published by the WHO indicate that about one in three women (30%) worldwide have experienced physical and/or sexual intimate partner violence or sexual violence by others at some point in their lives. Violence can negatively affect women's physical, mental, sexual and reproductive health.

Assuming that the vast majority of gender-based violence is perpetrated against women and girls, we use the term "gender-based violence against women and girls" when we want to indicate that it is directed against them because they are women or girls.

However, it is also important to recognise that gender represents a system of oppression which affects women and girls disproportionately, but which also affects others because of their sexual orientation and gender identity or expression. The violence experienced by LGBTQIA+ people stems from the very gender norms which seek to uphold gender mandates and punish their transgression.

**INTERVENTION STRATEGIES**

- Developing and improving comprehensive services for multi-sectoral care and protection.
- Improving the legal and regulatory framework.
- Individual and collective empowerment.
- Social and community awareness-raising aimed at combating gender-based violence.
- Strengthening pro-gender equality social movements.



MO 5: EMERGENCIES



OBJECTIVE

Ensure the prompt provision of life-saving healthcare and protection to people affected by emergencies.



CHALLENGES TO WHICH IT RESPONDS

Providing comprehensive rapid health response and early recovery for communities affected by natural disasters, forced displacement and/or epidemics.

Humanitarian crises, including man-made conflicts, natural disasters and pandemics, sometimes in combination, trigger human rights issues and exacerbate pre-existing human rights vulnerabilities. The number of people affected, the duration, scale and complexity of crises, as well as predicted future emergencies, have increased exponentially in recent years.

According to the Global Humanitarian Overview, 274 million people needed humanitarian assistance in 2022. In 2021, it was 235 million, the previous highest figure historically.

Women and girls living in contexts of humanitarian crisis continue to be among those most affected by gender inequalities.



INTERVENTION STRATEGIES

Doctors of the World works at both the community and public health system levels to restore healthcare services.

Services to the population: establishment of emergency health services; healthcare; MISP (Minimal Initial Service Package) assistance; mental health and psychosocial support (MHPSS); community awareness-raising; kit distribution; cash transfers; and nutrition.

Health system support: infrastructure upgrading; material delivery; training; technical and/or financial support to the health system; and epidemiological intervention.





MO 6: COMPLEX HUMANITARIAN CRISES



OBJECTIVE

Contribute to improving access to quality healthcare and protection by strengthening the resilience of health systems and communities affected by complex and neglected crises.



CHALLENGES TO WHICH IT RESPONDS

Serious humanitarian crises which are the result of a combination of intertwined factors: economic, political and social instability, state breakdown and fragmentation, armed conflict and violence, the collapse of the formal economy, social inequalities and underlying poverty, which have a major impact on the cultural, civil, political and economic stability of societies.

Neglected complex crises face the additional hurdle of fatigue and loss of interest among donors, the media and the international community, which directly affects the response capacity of humanitarian actors and decreases the likelihood of achieving durable solutions.

The “triple nexus” of humanitarian, development and peacekeeping actors represents one of the latest attempts to better respond to the increasing complexity and duration of armed conflicts, the increase in the occurrence and duration of forced displacements and the worsening effects of climate change.



INTERVENTION STRATEGIES

In the context of a complex crisis, where local capacities are under constant pressure and threat, Doctors of the World - in partnership with local authorities and in coordination with local and international organisations - provides a portfolio of services aimed at strengthening health systems and improving the resilience of both these systems and of communities, while at the same time ensuring that the critical needs of the affected population are met.

Direct services to the population: healthcare; mental health and psychosocial support (MHPSS); community awareness-raising regarding health, MHPSS and gender-based violence; kit distribution; procedures for the transfer of cash and vouchers; and nutrition.

Health system support: retrofitting and upgrading of infrastructure; provision of equipment; training; epidemiological intervention; and support to frontline staff and other health workers.

Communications and advocacy in order to raise awareness of the consequences of these crises.

DEVELOPING MISSION OBJECTIVES (DMO)

DMO 7: ENVIRONMENT, CLIMATE CRISIS AND HEALTH



OBJECTIVE

Contribute to the reduction of inequities related to the environmental determinants of health and to mitigation of and adaptation to the effects of the climate crisis on health in health systems and in Doctors of the World.



CHALLENGES TO WHICH IT RESPONDS

Environmental factors play a role in determining people's health, with a particularly negative impact on people who live in the most adverse environmental conditions. The most urgent challenges involve combating both the causes (mitigation) and the effects (adaptation) of the climate crisis and environmental degradation on the health of the populations most at risk.

Scientific evidence shows that a healthier environment contributes to the reduction of diseases. According to the WHO, if environmental health were improved, up to 13 million deaths could be prevented each year. A quarter of the global burden of disease, and more than a third of the burden of disease in children, is caused by modifiable environmental factors.



INTERVENTION STRATEGIES

Using a rights-based approach and working in partnership with other organisations with expertise in this area, our aim is to carry out direct interventions, seeking the empowerment of rights-holders, awareness-raising and training for professionals in the social and healthcare sector and society in general, and working as part of a network to carry out advocacy campaigns, seeking specific commitments in this regard from duty-bearers.

Specifically in relation to the environment and health: environmental diagnostics, highlighting violations of the right to health due to environmental causes; management of waste generated by healthcare activities; atmospheric and noise pollution; chemical and biological agents and waste; environmental risks in healthcare facilities and housing and environments of rights-holders; water and sanitation; training, information and awareness-raising for rights-holders, duty-bearers and responsibility-bearers regarding the effects of environmental deterioration on health and how to prevent them.

Specifically in relation to the climate crisis and health: "mitigation" measures (reducing the greenhouse gas-producing carbon footprint of both Doctors of the World and the health systems we work with); measures for "adaptation" to the consequences of the climate crisis for health systems; humanitarian and emergency aid (community and health system resilience; disaster risk reduction); training, information and awareness-raising regarding the effects of the climate crisis on health; and advocacy and communications.



DMO 8: AGEING IN AT-RISK PEOPLE AND HEALTH



OBJECTIVE

Ensure active and healthy ageing, fostering independence, through comprehensive, multi- and interdisciplinary care for older people in vulnerable situations, in order to reduce the deterioration of their health and their consequent increased dependency.



CHALLENGES TO WHICH IT RESPONDS

Encouraging a cultural shift towards a society which is inclusive and respectful of older people and their decisions.

The world's population is ageing rapidly, and this demographic transition will affect almost every aspect of society. There are already more than one billion people in the world who are 60 years of age or older, most of them in low- and middle-income countries.

The WHO has declared the decade 2021-2030 the Decade of Healthy Ageing, seeking to stimulate concerted action on the part of various social actors to improve the lives of older people, their families and the communities in which they live. Age discrimination (or ageism) is harmful to health and well-being.

In Spain, 9,300,000 people - or 20% of the population - are over 65 years of age, making it one of the world's oldest countries. In 2030, the over-65 age group will account for 24% of the population.



INTERVENTION STRATEGIES

- Advocacy, engagement and social awareness.
- Empowerment of rights-holders to exercise their rights.
- Promotion and education for active and healthy ageing.
- Integrated care quality assurance.
- Inter-institutional and inter-sectoral coordination and harmonisation.
- Human resource training and research.





DMO 9: HOMELESSNESS AND HEALTH



OBJECTIVE

Advocate for the right to housing as a social determinant of health.



CHALLENGES TO WHICH IT RESPONDS

Contributing to efforts aimed at guaranteeing the right to housing and decent living conditions, raising awareness of the role of housing as a social determinant of health.

According to UN estimates, 1.6 billion people worldwide currently live in inadequate housing or have no fixed abode.

At least 33,000 people are homeless in Spain, with a 25% increase in the last ten years. Being homeless can have a decisive impact in terms of health. Life expectancy drops by an average of 20 years and another issue is aporophobia, a term which refers to hatred or rejection of poor people. Most homeless people do not access primary care services but are treated through emergency services when they are in a severe or extreme situation.



INTERVENTION STRATEGIES

With rights-holders: access to housing; ETS workshops; harm reduction; relapse prevention; access to basic necessities; SMAP intervention; CEREDA model; focus on specific groups of people: women and young people; rights empowerment; "housing first"; individualised resources for people with mental illnesses; recovery sites; tackling gender violence, racism and hate crimes; work with minors accompanied by their families; fostering independence, capacity-building; social services street teams.

With responsibility-bearers: social awareness campaigns; training for social and healthcare professionals; training in diversity and situations of homelessness; raising awareness of citizen responsibility; partnerships with homelessness organisations.

With duty-bearers: regional and local advocacy; networking; building knowledge regarding homelessness; research and studies into housing as a social determinant of health; improving the census; tackling institutional racism and aporophobia; ethno-racial perspective; implementation of the ETHOS typology and the gender perspective; advocacy regarding free access to medication for homeless people.

ORGANISATIONAL OBJECTIVES (OO)

OO 1: ENSURE FINANCIAL SUSTAINABILITY



OBJECTIVE

Ensure the financial sustainability of Doctors of the World.



CHALLENGES TO WHICH IT RESPONDS

Ensuring there is a sound economic and financial structure to be able to create the conditions for social change in accordance with the mission and values of Doctors of the World, taking into account potential changes in the environment.

Ensuring sufficient revenues by seeking diversification and solvency of funding sources, in order to fulfil the mission objectives and support operations.

Improve efficiency in expenditure and investment through cost and investment analysis with an eye to medium- and long-term return.

Review our financial structure in terms of expenditure, income and assets and the development model.



INTERVENTION STRATEGIES

- Private fundraising plan ensuring diversification.
- Review of the financial structure and economic development model.
- Review of key processes in the economic and financial field.
- Improving cost analysis and efficiency.





OO 2: DEVELOPMENT OF THE ASSOCIATION WITH ALL THE PEOPLE INVOLVED



OBJECTIVE

Develop the association through the growth and upgrading of our base (in terms of diversity, talent and improvement of relational dynamics) and the personal and professional development of all the people who form part of Doctors of the World.



CHALLENGES TO WHICH IT RESPONDS

Progressing as an association with a democratic, diverse, intercultural and strong identity and with technical teams, members and volunteers who are trained and committed to the mission and projects of Doctors of the World, both nationally and internationally.

Making the association more dynamic in terms of the number of members/volunteers, diversity and opportunities for participation, as well as its internal functioning.

Making the organisational model more flexible and encouraging collaborative work that takes into account the profiles of the people involved (employees, volunteers, partners) in order to adapt to complex, changing contexts, making the most of talent and fostering the development of each person.

Encouraging teamwork and collaboration between technical teams, volunteers and politicians.



INTERVENTION STRATEGIES

- Activities aimed at increasing the size and diversity of our base. Activities which seek to motivate people to join the association. Facilitate, raise awareness, prioritise the association's culture. Improve the internal processes of the association including relational dynamics.
- Develop projects, processes and opportunities for participation with volunteers in countries and headquarters.
- Implement learning frameworks and associated training programmes (seed, soil, water, light) with specific approaches for workers, volunteers, governing bodies, and contractors, in order to improve competencies.
- Internal communications plan: agile communications tools; monthly newsletter, monthly sessions, internal memos; awareness-raising; transparency in decision-making; and accessibility of information.
- Professional development plan: adaptation and development of the structure of professional categories; performance assessment tools; development and application of competency mapping; development of career-related processes; training and education.
- Care plan in the different areas of the organisation (countries and Spain): specific overall wellbeing plans; prevention of psychosocial risks; digital disconnection tools; tools for analysis and distribution of workloads; training of people who manage teams. Monitoring and improvement of key aspects of the working environment.

OO 3: GOVERNANCE



OBJECTIVE

Review governance in Doctors of the World.



CHALLENGES TO WHICH IT RESPONDS

Constructing a comprehensive vision of governance aimed at achieving the organisation's mission by improving the fluidity of the interrelationship between the different areas. Improving the strategic orientation of the association's governing bodies in all areas.

Ensuring diversity and balance between the different areas of the association.

Improving internal communication within the association and its governing bodies.

Applying variables of good governance to the functioning of the organisation: Participation / Legality / Transparency / Accountability / Consensus / Equity / Effectiveness and Efficiency / Sensitivity / Diversity / Respect for opinions.

Incorporating personal well-being within the governing bodies, improving information management, democratic participation and fair treatment among all the people who participate in these bodies.

Establishing synergies between the governance of the International Network and that of Doctors of the World Spain.



INTERVENTION STRATEGIES

- Review of governance-related processes and documentation, updating them or adapting them to the needs and strategy of the organisation.
- Communications and training actions with regard to governance and specific processes for governing bodies.
- Review of the decision-making flowchart in the governing bodies to achieve greater efficiency, cohesion and guidance in achieving our mission.
- Analysis of key variables related to leadership in the association. Information management, participation model, teamwork, decision-making.
- Establish a working plan within the governing bodies that allows for collective work towards common goals.
- Assess the proposals resulting from the above processes with an eye to reviewing the articles of association, if appropriate.
- Review of the opportunities for volunteer participation. Encourage the participation of people with experience and knowledge. Incorporate the operating values of the association's development department. Facilitate agreements with scientific and health societies and academic institutions.
- Monitor the governance processes of the International Network and their implications.



OO 4: CONTEXT-SPECIFIC POSITIONING ACCORDING TO OUR UNIQUE ADDED VALUE



OBJECTIVE

Establish Doctors of the World as a benchmark organisation regarding the right to health in accordance with our unique added value.



CHALLENGES TO WHICH IT RESPONDS

Strengthening our own identity, in line with our values, which marks us out from other organisations and reflects our diversity. The goal is to increase awareness among our audiences, attract economic resources, obtain public recognition, grow our base and influence government decisions to bring about social change, drawing on our capacity to adapt to an ever-changing context.

Our main aim is to outline the unique added value we bring by conducting ongoing analyses and adapting to the context, in accordance with the organisation's identity and the needs of the various stakeholders. The challenge involves incorporating a realistic analysis of the social context of the civil society of which Doctors of the World is a part.

Identifying the commitment that society seeks from us. Aligning what Doctors of the World wants and is with society's expectations. Based on dynamic analysis, if necessary, identifying new lines of work in connection with the organisation's identity (values, mission and vision). Establishing strategic alliances which help to increase our unique added value.



INTERVENTION STRATEGIES

- Strengthening of our brand and unique added value.
- External brand positioning campaigns and activities.





OO 5: PROMOTE A CULTURE OF LEARNING, CONTINUOUS IMPROVEMENT AND IMPACT-ORIENTED INNOVATION



OBJECTIVE

Promote a culture of learning, continuous improvement and impact-oriented innovation.



CHALLENGES TO WHICH IT RESPONDS

Improving the results orientation, processes, organisational learning, innovation, and overall quality of Doctors of the World's interventions.

Some of the main requirements which various stakeholders have when it comes to NGOs involve measuring the impact and results achieved, greater efficiency and better accountability.

Fostering a culture of continuous learning in the organisation aimed at identifying and using knowledge (internally and externally) to develop the association, contribute to its sustainability and achieve greater impact. Factors such as growth, the diversity of projects and issues addressed, high turnover and changes in the environment mean that we need to ensure an appropriate knowledge management cycle which contributes to both individual and organisational learning.

Innovation should be one of the fundamental objectives of social organisations, and the goal should be to design new forms of intervention, organisation and action which achieve better results and greater impact.

The sector and stakeholders are increasingly pushing for the use of common benchmarking standards which will improve the performance of social organisations and raise awareness of the quality of their actions.



INTERVENTION STRATEGIES

- Improve planning, measurement and evaluation processes aligned with results-oriented management and the continuous improvement cycle.
- Development of initiatives which streamline the knowledge management cycle, development of agile learning tools and methodologies to support knowledge management.
- Implement and promote collaborative learning spaces and methodologies.
- Innovation plans which drive innovative idea generation, learning, value creation and scaling.
- Identification and facilitation of improvements in global management based on recognised models and methodologies (EFQM, evaluations, systematisation of experiences, lessons learned).

OO 6: IMPROVE OUR AGILITY AND EFFICIENCY THROUGH CHANGES TO THE OPERATING MODEL AND PROCESSES



OBJECTIVE

Improve our agility and efficiency through changes to our operating model and processes.



CHALLENGES TO WHICH IT RESPONDS

Adapting the organisational structure to the needs in terms of efficiency, effectiveness and agility required by the association in each context.

Becoming a more agile organisation with the ability to adapt quickly and respond to changing needs; detecting inefficiencies and prioritising their correction, as a responsibility of all the people within the organisation; working together with other stakeholders, and facilitating improved decision making.

Establishing synergies through networking and digital transformation in all our processes.



INTERVENTION STRATEGIES

- Outline and reach agreement in the corresponding areas as to the model and strategy which ensure that we can operate as a two-track organisation (working on the basis of areas and processes) in all areas and spaces of the organisation through the development of systemic teams (volunteer, associative and technical teams).
- Standardised team management model, with homogeneous, shared and agreed tools and guidelines which contribute to agility and efficiency.
- Working as part of a network with other entities in order to be able to benchmark, and identify how to improve specific processes, and what tools, profiles and suppliers they work with. Projects which facilitate synergies with other types of entities.
- Developing process management.
- Developing projects focused on correcting inefficiencies and process changes.
- Identification and incorporation of agile working methodologies.
- Digital transformation projects.



MONITORING AND EVALUATION

MONITORING AND EVALUATION

An essential part of our Strategic Plan involves ensuring mechanisms are in place for monitoring and evaluating its implementation. Monitoring of this kind is a fundamental part of Results Based Management and is envisaged as a **participatory process** which provides us with an assessment of the scope and impact achieved, learning from the experience of the collaborative work carried out and accountability to the different stakeholders.

To this end, objectives and results have been formulated using **theories of change** which allow us to identify desired changes, causal chains and intermediate results. A series of indicators have also been designed which allow us to measure the results achieved during the implementation and conclusion of the plan. These indicators have been approved in a participatory fashion with the teams from national and international headquarters to ensure that they can feasibly be measured, taking into account the different contexts in which we work.

Monitoring will be ongoing throughout the implementation of the plan, by means of the **annual planning process** and intermediate monitoring, and will allow us to measure the progress and achievement of the mission and organisational objectives and cross-cutting approaches, identifying changes

in the environment and correcting and remedying potential shortcomings in its implementation.

At the end of 2022, the process of drawing up baselines and establishing the target values necessary to establish the objectives to be achieved began. In some cases, due to the complexity of measuring certain indicators in different contexts, this process will continue in 2023. In each year of the plan's implementation, a **monitoring report** will be drawn up identifying the results obtained and the key recommendations for the following period.

In addition, the intention is to conduct a **mid-term evaluation** by means of a systematic and objective assessment of the pertinence of the theories of change, and the implementation of and results achieved under the Strategic Plan. The main international standards for evaluation will be used as a reference and the evaluation will use different methodologies in order to complement the monitoring exercises.

Monitoring and evaluation of the plan will allow us to assess, based on our principles and values, the impact we are achieving with our intervention, i.e., social change in accordance with our mission and vision, placing people at the centre as rights-holders.



FINANCING OF THE STRATEGIC

FINANCING OF THE STRATEGIC PLAN

The implementation of our Strategic Plan involves a commitment of technical, human and financial resources by the organisation for the implementation period. It is essential that there is alignment as regards the strategic objectives established and the resources available. It is also essential that the implementation of the plan ensures the sustainability of the association.

Our responsibility as an organisation is to allocate optimal resources and capacities to the different objectives, according

to the needs of all the stakeholders with whom we work (rights-holders, duty- and responsibility-bearers, partner individuals and organisations, donors). In this regard, the Strategic Plan will serve as the frame of reference which ensures all our actions align. In this section, we present the budget forecasts for the plan across its three years of execution (2023-2025), based on an average case from among between different scenarios, since at the time of preparing these forecasts there is great uncertainty regarding the context over the coming years.

INCOME STATEMENT REALISTIC SCENARIO	BUDGET 2023		
	REVENUE	EXPENDITURE	RESULT
(Thousands of euros)			
FUNDRAISING			
Fundraising	12.584	5.565	7.019
End-of-term fundraising			0
TOTAL FUNDRAISING	12.584	5.565	7.019
MISSION			
International programmes	34.810	36.314	-1.504
State and regional programmes	17.273	19.358	-2.085
Mainstreaming, advocacy and communications	347	1.372	-1.025
TOTAL MISSION	52.430	57.044	-4.615
SUPPORT			
Support	531	2.936	-2.405
TOTAL SUPPORT	531	2.936	-2.405
TOTAL MDM	65.545	65.545	0
FUNDRAISING		8%	
MISSION		87%	
SUPPORT		4%	

Note: The projections for state and regional programmes are dependent upon the continuation of the Camino Plan financed by the Ministry of Equality. An amount of €7.8M has been estimated for 2024 and 2025.

To ensure that the activities and programmes carried out by the organisation are consistent with the guidelines set out in the Strategic Plan, an annual plan and budget is drawn up each year for all areas of the organisation and approved by the governing bodies. Each area of the organisation identifies and budgets for the desired impact of the plan as part of the planning process, in accordance with public and private funding forecasts. Continuous budget monitoring is also carried out, as well as monitoring of key financial indicators, to

ensure that the financial structure is sound for the duration of the implementation of the plan and beyond.

The budget projections for the three years of the plan are shown below and will be updated periodically based on different economic scenarios.

PROJECTION 2024			PROJECTION 2025			DEVIATION PROJ. 2025 vs P2023			
REVENUE	EXPENDITURE	RESULT	REVENUE	EXPENDITURE	RESULT	REVENUE	%	EXPENDITURE	%
12.784	5.647	7.137	13.003	5.816	7.187	419	3%	251	5%
685		685	745		745				
13.469	5.647	7.822	13.748	5.816	7.932	1.165	9%	251	5%
31.043	32.675	-1.633	32.020	33.638	-1.618	-2.790	-8%	-2.676	-7%
14.432	16.936	-2.504	14.130	16.644	-2.514	-3.143	-18%	-2.714	-14%
136	1.059	-922	136	1.082	-945	-210	-61%	-291	-21%
45.611	50.670	-5.059	46.286	51.364	-5.078	-6.144	-12%	-5.680	-10%
261	3.024	-2.763	261	3.115	-2.854	-270	-51%	179	6%
261	3.024	-2.763	261	3.115	-2.854	-270	-51%	179	6%
59.341	59.341	0	60.295	60.295	0	-5.250	-8%	-5.250	-8%
10%			10%						
85%			85%						
5%			5%						

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GLOSSARY OF TERMS

GLOSSARY OF TERMS

ACTIVISM:

Outlook or behaviour of people involved in movements, especially political or social movements.

EMPOWERMENT:

The process by which people build their capacities, confidence, vision and leadership as a social group in order to bring about positive changes in their day-to-day lives.

EQUITY:

A principle which, rather than pursuing formal equality, involves identifying circumstances which represent a disadvantage in order to change them by means of specific actions.

BALANCE:

(From the Japanese concept of Chowa, “harmony”). A search for balance so that each person can develop his or her capacity and ability to cope with the challenges of everyday life.

SOCIAL JUSTICE:

Equal opportunities and human rights, over and above the traditional concept of legal justice. It is based on equity and is essential in order for each person to be able to reach their full potential and for a peaceful society.

ETHICS:

Set of customs and norms which govern or evaluate human behaviour in a community.

DIVERSITY:

A variety of personal and collective, common and distinct, characteristics. Can include many different factors, e.g., age, race, ethnicity, sexual orientation, religion and physical abilities. We see it as something which is both enriching and transformative, and which is constantly evolving.

SUSTAINABILITY:

Meeting the needs of the present without compromising the ability of future generations to meet their own needs, ensuring a balance between economic growth, environmental protection and social welfare.

AT RISK:

A term preferred over “vulnerable” when referring to groups or populations, the reason being that no human being or population group is vulnerable by nature. It is the conditions and factors of exclusion or discrimination which mean many individuals and groups of people end up living in situations of vulnerability where their rights are not respected.

RIGHTS-HOLDER:

The legal (legal) capacity of a person to acquire rights and to enter into obligations on his or her own behalf. This capacity is recognised by the sole fact of being human.

**WE FIGHT ALL DISEASES,
INCLUDING INJUSTICE**

