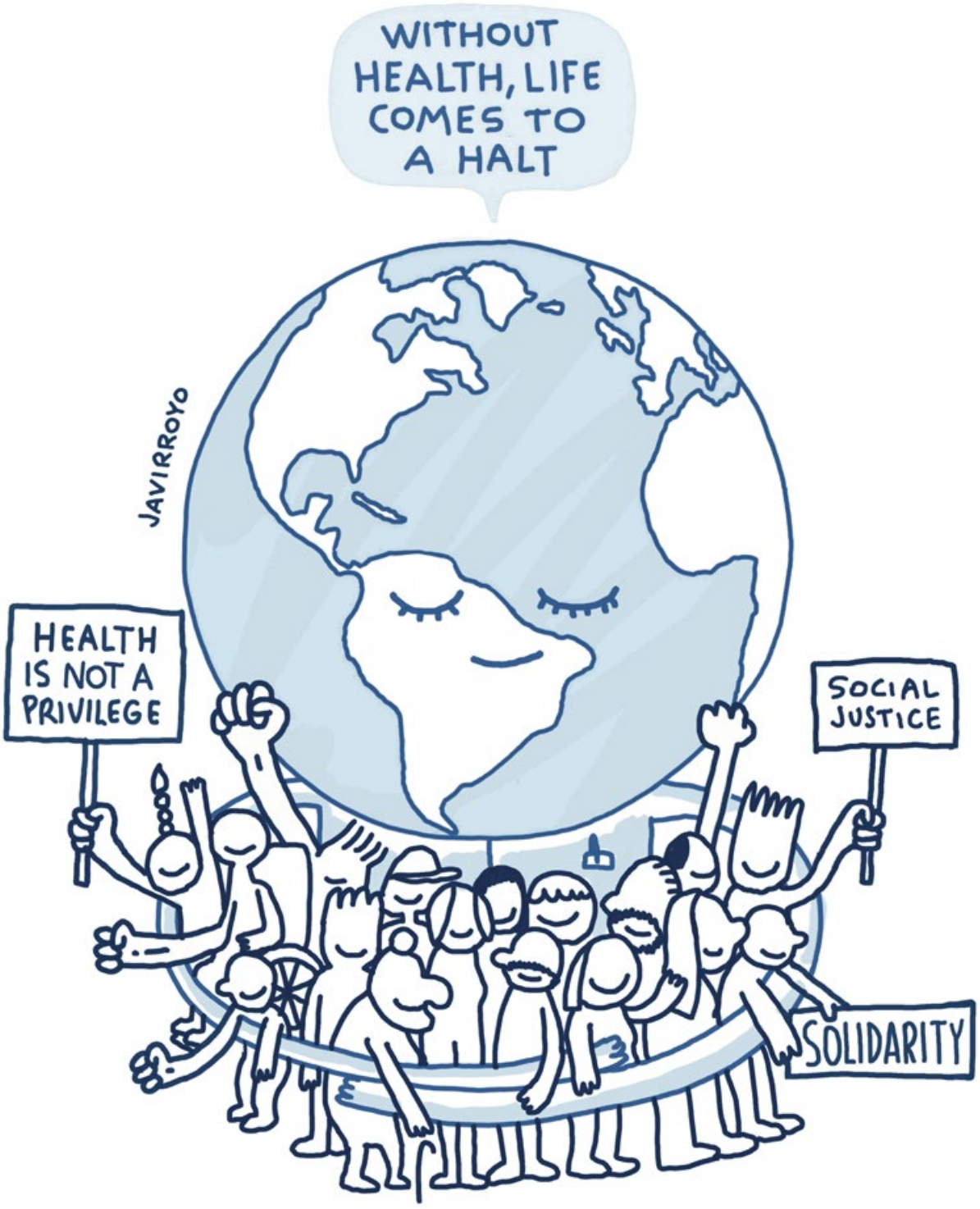
ANUAL REPORT 2025

SUMMARY



1990 – 2025

35 ANNIVERSARY

WE FIGHT ALL DISEASES INCLUDING INJUSTICE

ABOUT US

Médicos del Mundo España, which is part of the International Network of Doctors of the World, is an independent association that works to ensure the fulfilment of the fundamental right to health and the enjoyment of a dignified life for anyone.

Our goals are:

- To provide help to victims of humanitarian crises caused by wars or natural disasters and to those people living in poverty in the less developed areas on the planet.
- To support vulnerable people within our social environment.

In addition to taking part in helping the population, we denounce the violations of human rights, especially the restrictions of access to healthcare.

Médicos del Mundo maintains a firm commitment to the universalization of humanitarian medicine, conceiving access to health as a right for all people, regardless of origin, race, social or sexual status, or religion.

Throughout 2025 we have been

1,009 people associated (**354** men and **655** women)

1,650 volunteers (**359** men, **1,287** women and **4** with other identity)

45 European Solidarity Corps volunteers (**11** men and **34** women) in the Sahrawi refugee camps, Bolivia, El Salvador, Honduras, Guatemala, Mauritania, Senegal and Sierra Leone

69,024 loyal donors (**30,564** men, **37,780** women and **680** unidentified) and **861** collaborating entities

1,231 hired staff (**442** men and **789** women)

Hired people

- **63** humanitarian staff (**32** men and **31** women)
- **183** people working at the central headquarters (**60** men and **123** women)
- **342** hired staff in regional offices (**29** men and **313** women)
- **644** hired staff in countries where we are running international cooperation projects (**321** men and **323** women)

HUMANITARIAN ORGANISATIONS ARE BECOMING INCREASINGLY ESSENTIAL

To anyone who takes the time to read Médicos del Mundo's 2025 Annual Report, we would say that, whilst it does not constitute an exhaustive description of the organisation's work or its results, it does aim to reflect, on the one hand, the activities carried out and, on the other, the direction we have given to our efforts over the course of the year.

And we are not entirely sure whether those efforts will have been as effective as we had hoped. Not so much when analysed from the immediate perspective of the specific areas and communities with which we have worked – where we believe **the impact has been positive** – but because neither the global context regarding the human rights situation worldwide, nor the specific context of humanitarian action, **nor the situation of population groups living in conditions of extreme vulnerability has improved during 2025.** We ended 2024 in the grip of unbearable anguish at the ethnic cleansing and genocide against the Palestinian people. And yes, the bombs have stopped falling on Gaza, but that is all.

In 2025, it has become clear that the siege of the Palestinian population has continued; that the destruction of the basic means of survival has persisted; that the systematic attack on healthcare facilities continues; and that humanitarian space continues to be eroded through bans on field presence and the harassment of humanitarian agencies and organisations.

However, **we have maintained our presence and activities in Gaza and the West Bank.**

Whilst a specific reference to Palestine is unavoidable, in this Annual Report we have also sought to highlight **our presence in other parts of the world** and the activities we carry out with communities which, whilst having different needs, share a common reality: extreme vulnerability and the violation of the right to health.

This is because **the impact of climate change,** as well as that of growing inequality in our societies – a consequence of this ultra-neoliberal wave in economic terms and a neo-fascist, regressive and denialist wave in political and ideological terms – is proving particularly cruel to the most vulnerable populations. Furthermore, it is creating the conditions for fragility and uncertainty to spread to ever-wider groups and communities.

We must remember, in particular, that in late 2024, climate change caused a major disaster in Spain: the Valencia DANA. We were able to organise a response by adapting our capabilities and our experience in international disasters and emergencies to the local context.

True to our principles, in 2025 **we have maintained our stance of speaking out and bearing witness,** whilst at the same time continuing to take action to alleviate the situation of social groups and communities in particularly vulnerable circumstances across most of Spain's autonomous communities. We are a healthcare organisation, but we are acutely aware that **without dignity there can be no health.**

Today, only climate change denial – closely linked to regressive ideological currents – remains at odds with the evidence that climate change is leaving large sections of

SUMMARY OF THE YEAR

the population around the world in a state of extreme vulnerability, and that it acts as a direct determinant of the health of those with the least capacity to protect themselves.

Furthermore, as also reflected in this Annual Report, we have devoted a significant part of our efforts **to improving the sustainability and resilience of our organisation,** as we are convinced that this is essential to contributing effectively to ensuring access to healthcare services and the health of those whose rights are being violated.

In this regard, it is clear that the results **of our financial management in 2025 represent a very positive turnaround compared with previous financial years.** Nevertheless, we remain fully aware that medium- and long-term financial stability requires sustained effort over time.

And, of course, in keeping with the nature of our programmes, we endeavour to provide an account of the management of each department and organisational unit.

Finally, we hope that the information contained in this 2025 Annual Report is easy to interpret, so that readers can gain an accurate picture of the work carried out and its results.Pepe Fernández, president of Médicos del Mundo España

Pepe Fernández
Presidente de Médicos del Mundo España

[1] Madrid. Demonstration in support of a public health service. 25 May. [2] Event to mark the 35th anniversary of Médicos del Mundo. [3] Madrid. Demonstration to demand an end to the bombing of Gaza.


R UNA SALUD PUBLICA
SALUD=DERECHO
[1]


[2]


MÉDECINS DU MONDE
STOP BOMBING
HEALTH CENTRES GAZA
MÉDICOS DEL MUNDO
[3]

The year 2025 has been a period of **consolidation and growth** for our national and regional programs, strengthening our presence in sixteen autonomous communities and Melilla. **Our work has focused on guaranteeing the right to healthcare for the most vulnerable individuals. Through a model based on community engagement, comprehensive care, and a rights-based approach,** we have maintained a sustained response to situations of social exclusion, gender-based violence, and human mobility.

We have reached 29,296 people through fixed facilities, mobile units and a community outreach network that has enabled us to adapt to the realities of each region.

Among the people we support, **women predominate,** accounting for 73.9 % (21,659 people). Of these, 20,911 are cis women (71.4%) and 748 are trans women (2.6%). Men, meanwhile, account for 26% (7,629 people), 26 of whom are trans (0.09%). In addition, eight people identify as non-binary (0.03%).

The population served is highly diverse in terms of origin, with a predominance of people from Latin America (around two-thirds of the total). Colombia stands out (29 %), followed by Venezuela (10%), Peru (5%) and the Dominican Republic. In addition, there is a significant presence of people from North Africa, mainly Morocco (9%), as well as from Eastern Europe, with Romania (5%) among the main countries of origin.

We have strengthened our capacity to respond through a comprehensive approach **that combines direct support, social and health mediation, community action, professional training and policy advocacy.**

1. THE RIGHT TO HEALTH, ACCESS TO THE PUBLIC HEALTH SYSTEM AND SOCIO-HEALTH CARE RESPONSE FOR POPULATIONS IN CONTEXTS OF SOCIAL EXCLUSION

Access to the public health system is not the same for everyone. The living conditions of most of the people we support (those who are homeless, in precarious housing situations, who use drugs, the elderly, and those with irregular administrative status) act as social determinants that block effective access to healthcare. Our work has combined direct social and healthcare support, liaison with the public health system, personalised support and facilitating access to medication and treatments, always from a perspective that recognises structural inequalities as the starting point.

We have produced sixteen reports that systematise the violations identified on the ground in each autonomous community. These documents provide evidence of the administrative, cultural, linguistic and information-related barriers that prevent many people from exercising their right to health.

Furthermore, cis and trans women face a greater exposure to these barriers, particularly in terms of discriminatory obstacles, financial constraints and physical barriers, which reinforces the need for a differentiated and sustained approach to intervention.

Training for healthcare professionals, as well as staff in certain social services, has been another key pillar of the year. The sessions held have been aimed at reducing prejudice, identifying inequalities in day-to-day care practice, and promoting rights-based care that is capable of recognising and adapting to the realities of people in vulnerable situations.

The deadlock over the Universal Healthcare Act has forced us to refocus our advocacy strategy towards regulatory development and strategic litigation as viable short-term avenues for advancing universal access to the National Health Service. We have stepped up our dialogue with the Ministry of Health, participated in formal consultation processes and strengthened alliances with key organisations and stakeholders in the fields of health and rights. The organisation is thus consolidating its position as a leading voice in the defence of the right to health, with a proven capacity for both direct intervention and advocacy targeting the structures that generate and perpetuate exclusion from healthcare.

2. GENDER-BASED VIOLENCE

The initiative has focused on the identification, care and comprehensive support of 14,426 people in situations of prostitution, sexual exploitation and human trafficking. Adopting an abolitionist and rights-based approach, with a clear majority of women (14,203) involved, priority has been given to identifying potential cases of trafficking, with signs of such exploitation detected in 2,285 women; support has also been strengthened during the accreditation process, as well as access to specialist legal advice.

In addition, social and labour market integration programmes have been promoted, aimed at restoring autonomy and enabling individuals to leave situations of sexual exploitation, whilst sexual and reproductive health has been established as a pathway to accessing and engaging with support services.

Our work on the **prevention of female genital mutilation** has consolidated initiatives in community awareness-raising, early detection, support for survivors and training for professionals in this specific form of violence; it has also enabled the

detection of forced marriages, which, together with our work on other forms of gender-based violence, has extended our scope of intervention to a total of thirteen autonomous communities.

Within this framework, a total of 903 people from communities where FGM is practised were supported during 2025, with a significant number of 169 men taking part.

Throughout the year, we have carried out comprehensive interventions combining direct support, intercultural mediation, community-based prevention initiatives and training programmes for professionals. Intercultural mediation has established itself as a central pillar of our work, with more than 1,700 support sessions and mediations carried out to facilitate survivors' access to health and social services, reduce cultural and linguistic barriers, and support women and girls through complex processes whilst respecting their contexts and life experiences.

In the field of advocacy, we have actively participated in key legislative processes in coordination with feminist organisations and public authorities, as well as within specific networks and platforms.

3. MIGRATION AND ANTI-RACISM

This area was established in 2025, marking an organisational milestone that enables the harmonisation of intervention criteria and the strengthening of action at points of arrival, along migration routes and in areas with a high concentration of people on the move. This new initiative facilitates a joint and more strategic analysis of emerging challenges, including the anticipated impact of the European Pact on Migration and Asylum on the right to health of migrants and applicants for international protection.

The anti-racist approach has developed three complementary areas of action: training for professionals to identify bias and discriminatory practices in their day-to-day work; workshops with migrant and racialised communities to recognise, name and report instances of discrimination; and educational initiatives in schools and colleges focusing on coexistence, diversity and the prevention of hate speech.

A total of 27,193 migrants have been assisted. The profile of those assisted reflects a wide diversity of origins: Colombia accounts for 29.7 per cent of the total (8,076 people), followed by Morocco (11.7 per cent – 3,182 people) and Venezuela (10.8 per cent – 2,937 people).


[1]

[2]


[5]


[6]


[7]

In Spain

180 regional projects | **32** state projects | **1** european project

35,013 BARRIERS TO ACCESS TO THE NATIONAL HEALTH SYSTEM

THAT HAVE AFFECTED 12,934 PEOPLE

- **13,021** (37.2%) administrative
- **12,773** (36.4%) information-related
- **3,171** (9.0%) cultural
- **3,090** (8.8%) economic
- **2,991** (8.5%) physical

210,631 INTERVENTIONS

- **44,724** (21.2%) social
- **43,687** (20.7%) distribution of preventive and harm reduction materials
- **28,857** (13.7%) educational
- **23,363** (11.1%) health and social care
- **18,839** (8.9%) group workshop
- **17,539** (8.3%) psychosocial
- **9,936** (4.7%) socio occupational
- **8,926** (4.2%) health
- **8,631** (4.1%) legal

29,296 PEOPLE ASSISTED

21,659 (73.9%) cis women,
748 (2.6%) trans women,
7,629 (26%) cis men,
26 (0.09%) trans men, and
8 (0.03%) non-binary people

- **27,193** (92.8%) migrants
- **23,817** (81.3%) people enrolled in health care programs
- **14,426** (49.2%) people in prostitution
- **903** (3.1%) women for female genital mutilation

[3]

[4]

[8]

[9]

[1] Balearic Islands. Outreach work in a former prison. [2] Valencia. Outreach work with migrants in an irregular administrative status in the DANA area. [3] Catalonia. Preparing banners for 25 November. [4] Bilbao. Exhibition: 'Retrospective: A look at 12 milestones in the history of humanitarian photography from the Luis Valtueña Award' at the Invisible Film Festival. © Jesús García. [5] Extremadura. Workshops on the emancipation of minors. [6] Madrid. Several women take part in an outdoor group session, a space for community gathering and support. [7] Melilla. Group activity as part of the 'Migration in Mind' project. [8] Toledo. Members of Médicos del Mundo Castilla-La Mancha on International Day of Zero Tolerance for Female Genital Mutilation. [9] Almería. Healthcare provided by a mobile unit. © Médicos del Mundo Spain

The year 2025 saw a continued worsening of humanitarian crises on a global scale, pushing aid requirements to unprecedented levels. According to the Global Humanitarian Overview 2025, **185 million people required assistance across 72 countries.** The deterioration in respect for international humanitarian law, systematic restrictions on access in crisis-hit areas such as Gaza, Sudan and Ukraine, and the persistence of high-intensity urban conflicts exacerbated the vulnerability of affected populations.

In 2025, armed conflicts continued to be a key factor in the worsening of humanitarian crises, with particularly critical situations in Gaza, Ukraine, Palestine, Syria and Burkina Faso, where protracted violence, displacement and the weakening of health systems increased the vulnerability of the populations. This situation was exacerbated by a structural decline in international funding, which reduced humanitarian response capacity and had a particularly severe impact on protracted crises. Added to this was the deterioration in access and security, reflected in greater administrative restrictions, attacks on humanitarian staff and damage to civilian infrastructure, including health services.

Faced with this scenario, Médicos del Mundo **was forced to restructure several of its missions, including the closure of those in South Sudan and Mozambique;** to strengthen collaboration with local partners, to prioritise multi-sectoral responses, to diversify funding through bilateral cooperation, joint funds and the private sector, and to adjust their operational and security strategies to protect staff and ensure the continuity of essential interventions.

MAIN PROJECTS AND ACTIONS IMPLEMENTED IN 2025: SOME GLOBAL FIGURES

In 2025, Médicos del Mundo España **provided care to more than 1,600,000 people in the areas of primary healthcare, sexual and reproductive health, and mental health across sixteen countries or territories:** Afghanistan, Bolivia, Burkina Faso, Sahrawi refugee camps, El Salvador, Guatemala, Honduras, Mauritania, Mozambique, Senegal, Sierra Leone, South Sudan, the Occupied Palestinian Territory, Syria, Ukraine and Venezuela.

It is also important to note that more than 5,000 healthcare professionals from seven countries have enhanced their knowledge and skills thanks to the training courses provided. Finally, one of the most common activities is community awareness-raising, covering topics ranging from primary healthcare to sexual and reproductive health, including mental health, gender-based violence, nutrition and hygiene.

In **Africa,** we are stepping up our efforts despite a context of humanitarian constraints and socio-economic decline:

- In **Burkina Faso,** limited access meant that the response had to be adapted by using mobile technology, localising service delivery, forging multi-sectoral partnerships and carrying out more community-based work. This enabled 7,032 malnourished children to be treated, 26,058 primary health and sexual and reproductive health (SRH) consultations to be carried out, and 187 survivors of gender-based violence (GBV) to be supported.

- In **Mauritania,** against a backdrop of deteriorating migration security, progress was made in the gradual integration of GBV care into primary healthcare, with 1,038 survivors receiving support.

INTERNATIONAL COOPERATION

- In **Senegal,** GBV programmes strengthened coordination between health and protection services and enabled the training of 871 healthcare professionals and 971 community workers, as well as raising awareness among 416,515 people. Furthermore, Senegal and Mauritania made progress on a binational strategy focused on migration.

- In the **Sahrawi refugee camps,** a 40 per cent reduction in funding jeopardised the continuity of essential services in a context marked by high levels of vulnerability, with 64 per cent of the population affected by food insecurity and a prevalence of anaemia of 68.8 per cent among women of childbearing age. In light of this situation, priority was given to primary healthcare interventions, the provision of medicines and advocacy work. Furthermore, the 30th anniversary of the Ophthalmological Commission in the Sahrawi camps was commemorated.

In **Latin America and Mesoamerica,** interventions were adapted to a context of political and humanitarian crises, exacerbated by the tightening of US migration policies, which led to human rights violations and shifts in migration flows. Assistance en route and support for health systems continued, with 19,118 people assisted in Honduras, 14,200 in Guatemala and 15,000 in El Salvador.

Emergency preparedness and response were strengthened through three emergency preparedness plans in Guatemala, Honduras and El Salvador.

- In **Bolivia,** 25,000 people were assisted against a backdrop of profound inequalities in access to healthcare.

- The military escalation in the Caribbean necessitated the strengthening of security protocols and the adaptation of the response in **Venezuela,** where 43,627 people were assisted.

In **Ukraine,** six healthcare facilities were refurbished, 444 professionals were trained and 37,500 consultations were carried out. At the same time, access to mental health care was improved through 1,412 community sessions, in which 84 per cent of participants reported an improvement in their well-being, and telemedicine and coordination with other organisations within the International Network of Médecins du Monde were promoted.

In **Syria,** support was provided to twenty-two primary healthcare centres in Aleppo, Hassakeh and Raqqa, which carried out 140,000 consultations and benefited 674,000 people. Two mobile units were deployed to areas affected by the escalation of the conflict. In addition, 41,000 mental health consultations were provided, 312 professionals were trained, and a further 140,000 consultations on sexual and reproductive health and protection were carried out, alongside the development of four emergency preparedness plans. Meanwhile, in Palestine, 313,881 people were directly reached through interventions in primary health care, sexual and reproductive health, mental health, psychosocial support and emergency nutrition.

Esquipulas, Guatemala. Group psychological support for boys and girls. © Médicos del Mundo España

CHALLENGES AND LESSONS LEARNED IN 2025

During 2025, Médicos del Mundo faced a series of challenges arising from the deterioration in humanitarian access, the intensification of conflicts, the global reduction in funding and the increasing effects of climate change.

The decline in humanitarian funding represented one of the most significant challenges to the sustainability of operations. This contraction forced the organisation to rethink its structures, prioritise essential health and protection interventions, whilst accelerating the **diversification of funding sources** and strengthening local partnerships to ensure the continuity of care in fragile contexts.

Another critical challenge was the **deterioration in the security and protection of staff.** In contexts such as Gaza, Burkina Faso, Syria and Ukraine, the increase in attacks on civilian infrastructure (including health facilities and healthcare and humanitarian staff), administrative restrictions and operational risks necessitated a thorough review of security plans and the constant adaptation of procedures, with a focus on improving the physical, organisational and psychological safety of staff, as well as of the populations being assisted.

International Cooperation

52 Development Cooperation Projects (+2 UE Voluntairs)

43 Humanitarian Action Projects (+1 ECHO's Central America regional office / +1 USAID Central America)

2 Emergency

67 national partner organisations

2,548,116 direct beneficiaries

16,520,771 indirect beneficiaries

16 countries or territories: Afghanistan, Bolivia, Burkina Faso, El Salvador, Guatemala, Honduras, Mauritania. Mozambique, Occupied PalestinianTerritory, Sahrawi refugee camps in Tindouf (Algeria), Senegal, Sierra Leone, South Sudan, Syria, Venezuela and Ukraine

[1] Gaza. A crowd gathered at the entrance to an outpatient clinic. [2] Myanmar. A team from Médicos del Mundo treats survivors of the 28 March earthquake. [3] El Salvador. Emergency kits being distributed at shelters.

In 2025, Médecins du Monde's International Network operated in 66 countries, running 49 international programmes and 17 national programmes, reflecting the global reach and complementary nature of its interventions.

The year was marked by the continuation — and in some cases intensification — of the trends observed in international cooperation. Institutional funding has been further reduced and there has been a clear deterioration in humanitarian access, particularly in major crises such as those in the Occupied Palestinian Territories, Ukraine and the Democratic Republic of the Congo. These constraints have not only affected high-profile contexts, but also other settings such as Burkina Faso and Haiti, where operational restrictions have significantly hampered the capacity for humanitarian response.

Against this backdrop, the network reinforced its commitment to the right to health, adapting its strategies to maximise impact in increasingly complex environments.

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Ärzte der Welt
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Läkare i världen
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Doctors of the World
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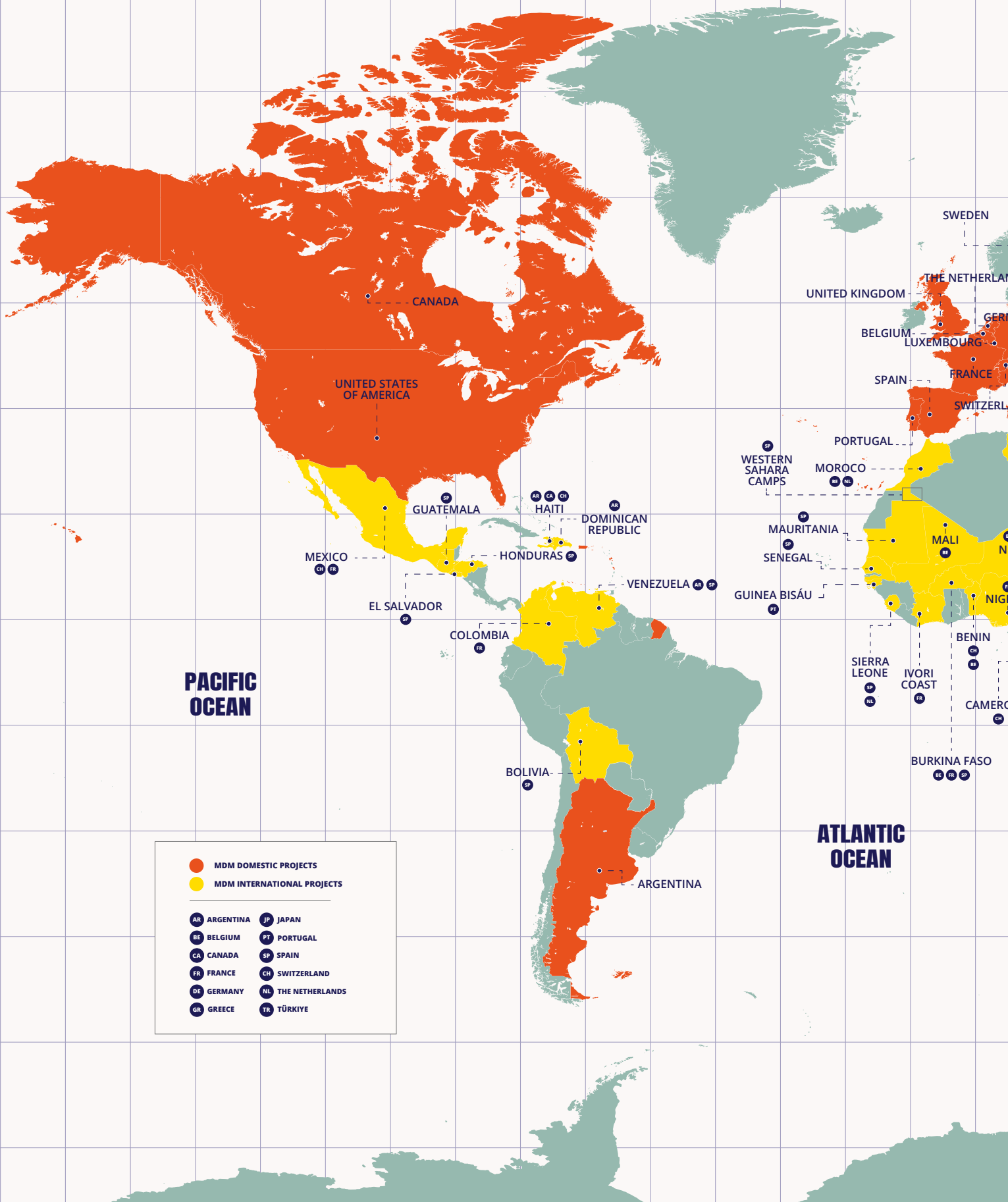
INTERNATIONAL NETWORK

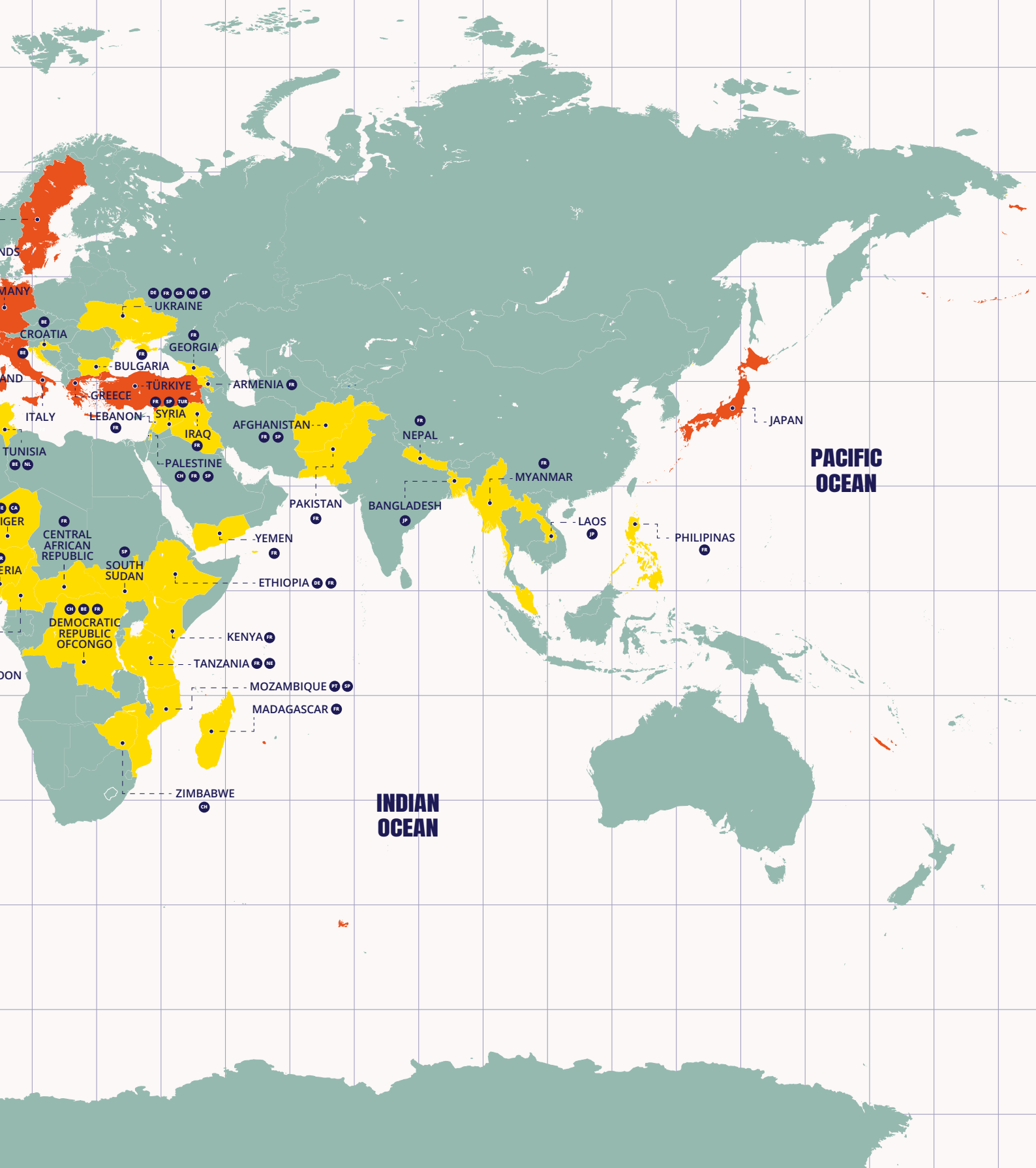
MÉDICOS DEL MUNDO

INTERNATIONAL

DOCTORS OF THE WORL



LD NETWORK PROJECTS 2025



MÉDICOS DEL MUNDO ESPAÑA

2025 IN FIGURES

M€ = MILLIONS OF EUROS

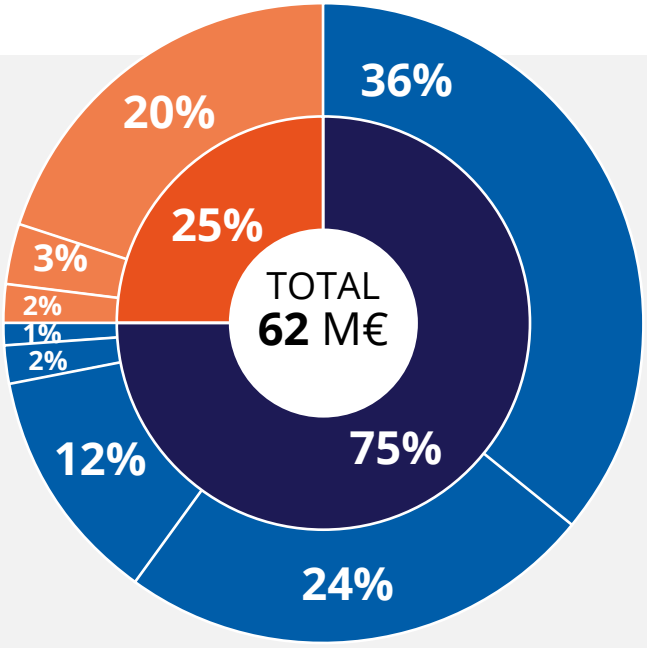
HOW DO WE GET THE INCOME

- **PUBLIC 46.3 M€** (75%)

36% International **22.3 M€**
24% Central administration **14.7 M€**
12% Regional administration **7.3 M€**
2% Town halls **1.2 M€**
1% Provincial councils **0.7 M€**

- **PRIVATE 15.6 M€** (25%)

20% Partners and collaborators **12.4 M€**
3% Private donations **1.8 M€**
2% Grants from private entities **1.4 M€**

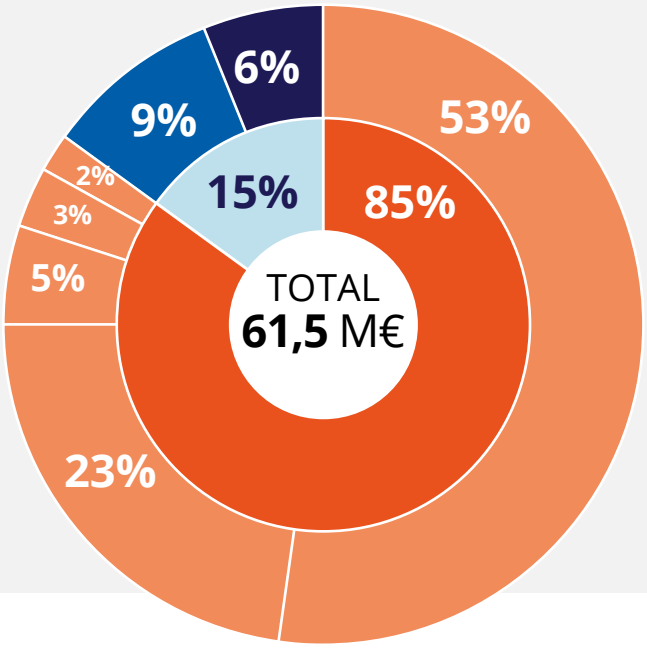


HOW WE USE OUR FUNDS

- **MISSION 52.5 M€** (85%)

53% Development Cooperation and Humanitarian Action **32.7 M€**
23% Social inclusion **13.9 M€**
5% Associative development **3.0 M€**
3% Education for social transformation **1.5 M€**
2% Cross-cutting advocacy and communication **1.2 M€**

- **FUNDRAISING 5.6 M€** (9%)
- **ACTIVITY SUPPORT 3.4 M€** (6%)



FINANCIAL REPORT

Your help can change lives.

By supporting Médicos del Mundo España you are helping to improve health access for everyone, vulnerable, excluded, or victims of natural catastrophes, famines, diseases, armed conflicts, or political violence.

MAKE A DONATION

Help us by making a regular or a temporary donation. You can do this by filling in the form at our website **www.medicosdelmundo.org**, by calling **91 567 86 01** or by sending an email to: **ayuda@medicosdelmundo.org**

INCLUDE US IN YOUR WILL

Make our world a fairer place. It is very probable that when you decide to do your will you have doubts or questions, that's why **we have legal advice that we put at your disposal without no obligation, free of charge and confidential.**

It will also be a pleasure to assist you if you call us at **91 543 60 33** or write us to the email **herencias@medicosdelmundo.org** In addition, you may download our guide at **www.medicosdelmundo.org/testamento-solidario**

BECOME A VOLUNTEER

Help change unjust situations. Medicos del Mundo España is a voluntary organization, a place for action and participation where you can contribute to change a reality that is often unfair. **Volunteers train, mobilize, act, and transform to defend the rights of the most vulnerable people or those excluded from access to the public health system.** To become a volunteer, get in touch with your nearest office or send an email to **voluntariado@medicosdelmundo.org**

SPREAD THE WORD

You can also help us by **sharing the news of our campaigns** amongst your friends, subscribing to our newsletters or sending us your comments and suggestions. You can find us on **Bluesky, Facebook, Instagram, Linkedin, Tiktok and on our Youtube channel.** We would love for you to become part of our community, will you join us?

You can check the complete annual report at:
www.medicosdelmundo.es/memorias/2025

WHAT YOU CAN DO

A photograph from the series ***The shadows now have names*** by **Samuel Nácar,** winner of the 29th edition of the Luis Valtueña Humanitarian Photography Prize. Together with the team at 5W magazine, his work reconstructs the story of those who disappeared at Sednaya prison in Syria, where silence became a weapon and suffering a daily routine. Alongside his work, three finalist series complete an exhibition that challenges visitors. **Jehad Al-Shrafi's *Eternal death*** portrays hunger in Gaza whilst he experiences it first-hand. ***If afghan women revealed their stories*** by **Valentina Sinis** plunges us into the heart of Afghanistan to show us the daily resistance of women and girls under the taliban regime. And ***Nobody arrived in time*** by **Santi Palacios** puts a face to the human consequences of the worst flooding of the century in the Valencian Community.

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