

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डाक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO



# MÉDICOS DEL MUNDO

WE FIGHT ALL DISEASES  
INCLUDING INJUSTICE

## REPORT 2012



# MÉDICOS DEL MUNDO

## Who we are

**Méicos del Mundo is an independent association that works to make the right to health a reality for all people, especially those living in a situation of poverty, gender inequality and social exclusion or are victims of a humanitarian crisis.**

We are a medical-humanitarian organization, committed with the vulnerable, excluded populations or victims of natural disasters, famine, diseases, armed conflicts or political violence.

We believe that the right of victims to be cared for must prevail over any other consideration.

We do not only operate in Southern countries: we also work with excluded groups in the welfare societies, especially

with those who have difficulties to access the public health system. Our intention is not to create parallel healthcare systems, but to ensure all people have adequate health conditions, as is their right.

### CARE AND DENOUNCEMENT

As well as caring for people whose human rights have been violated, Méicos del Mundo undertakes awareness actions as a means for social change and to denounce the causes of injustice.

Méicos del Mundo is an association led by its members, who participate as volunteers and are politically and financially involved.

Over 1,000 volunteers collaborate with the entity, especially at the 12 delegations the organisation has in the same number of Autonomous Communities of Spain. The organisation is also comprised of 600 employees and thousands of donors who support the efforts of the organisation to fight against all diseases, including injustice.

## WE ARE

**707** people are members of Méicos del Mundo Spain (422 women and 285 men),

**1,227** volunteers (329 men and 898 women),

**73,192** collaborating members and donors,

**1,643** public and private collaborating entities,

**61** aid workers,

**352** national workers and

**212** workers at the headquarters and regional delegations and branches.



# ANALYSIS OF THE YEAR

**Álvaro González,**  
President of Médicos del Mundo, Spain

**2012 will be remembered as a sad year, a year with a date that stands out among all the rest, 20 April, the day when an end was brought to the universal healthcare system there had been in Spain, something we had been proud of as Spaniards and which had been a model for the rest of the world given its outcomes and financial efficiency. All this was buried under the discourse of austerity and deficit control.**

**INTERNATIONAL CONTEXT** The situation in Syria continues slapping the conscience of the rest of the world. We are watching this country bleed dry in a fight in which pressure from the international community is limited to the gestures indispensable to maintain the balance of power. While all of this is happening, in Spain we see how Spanish Cooperation for Development has become a dispensable item that can be disproportionately cut back due to the economic crisis or even deleted when adjustments need to be made, instead of making it the basis for the values that have

helped us develop as humans and peoples.

**POLITICAL ADVOCACY** The coming into effect of Royal Decree Law 16/2012, which excludes immigrants in an irregular administrative situation from the public health system, placed Médicos del Mundo in the position of leading the extensive social response this generated. We designed an awareness and political advocacy campaign, *Derecho a curar* [Right to Cure], which helped put a brake on its effective implementation.

**IN CONCLUSION** There is still a lot to be done, reality is continuously showing us how there is a clear lack of proportion between growing needs (with an increase of vulnerable or excluded groups) and the financial resources devoted to their care. But awareness and social mobilisation is also rising. Citizens' reactions are changing the agenda of political parties, forcing them to discuss issues such as evictions, healthcare, education or the democratic culture itself, including the necessary regeneration of political parties.

Regards,

## INTERNATIONAL COOPERATION

**58** projects (51 for primary healthcare and 7 for Humanitarian Action) in **19** countries or territories, together with **138** national member organizations and **2,927,395** people directly affected by our projects and **5,394,666** indirectly.

## IN SPAIN

**70,132** healthcare, social, psychological and educational interventions in **87** Social Inclusion projects for **21,186** target people, as well as **44** Social Mobilisation projects, carried out from **12** regional venues and **8** branches.

## INTERNATIONAL NETWORK

**141** International Cooperation projects in **60** countries or territories.







# INTERNATIONAL COOPERATION

**Sagrario Martín,**  
Board Member of International Cooperation

**2012 was a year of continuation and deepening, worldwide, of the economic-financial crisis. A crisis accompanied by another, also profound, social crisis. Both are changing the foundations of the Rule of Law and, far from being a passing circumstance, they seem to mean a major change in world social and economic order paradigms.**

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This prolonged world crisis is affecting spending on International Cooperation, and the projections are that they will continue decreasing during the future period 2013-2015. Spanish Official Development Assistance (ODA) has diminished drastically, and has been cut by half in three years.

Healthcare assistance has been cut even more, despite the renowned role health plays in global development processes.

The risk all of this implies is stopping the progress made towards achieving some of the Millennium Development Goals (MDG) and making it even more difficult to achieve others which we can already say will not be met. Reducing maternal mortality is, possibly, the most difficult to achieve in 2015. Childbirth is still especially risky in sub-Saharan Africa, where most women give birth without adequate healthcare. Mortality of children under 5 has dropped around the world, but not enough to achieve the goal set. The spread of HIV appears to have stabilised, but many people, especially the young, still do not know how to protect themselves.

At Médicos del Mundo we sustain that this implies a Eurocentric and non-solidary perspective, we sustain that working in cooperation is the way to work for justice, to fight against poverty and its causes, to improve inequalities in the access to development opportunities and the right to health of any person on the planet. We advocate that applying 0.7% to

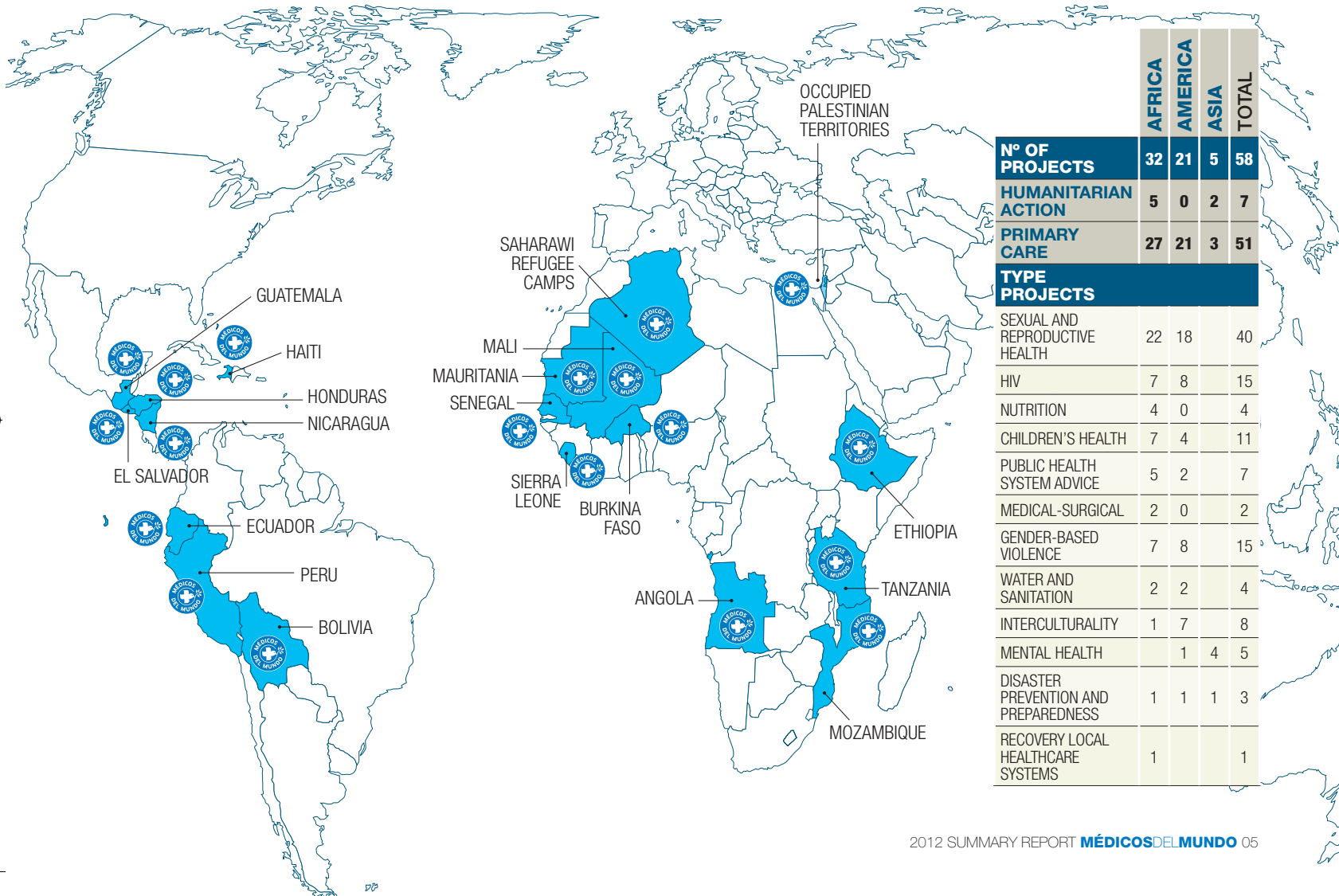
international solidarity is not charity, it is a matter of commitment and responsibility.

In 2012 we worked in 19 countries, mostly on sexual and reproductive health topics in the area of primary care, with a total of 58 projects, and nearly three million right and responsibility holders, with whom we collaborate directly. We have established networks with 138 national local organizations. Over 400 people from different nationalities have made up the teams of Médicos del Mundo of which over four fifths work in their countries of origin.

In 2012, enormous human crises continued occurring, some with very little visibility. We were present during the cholera epidemic in Sierra Leone, in Haiti, in the camps of Somali refugees in Ethiopia and in the crisis in the Sahel countries.

At Médicos del Mundo we want to continue working on International Cooperation and humanitarian actions, improving what we do every day; and we want to encourage all our members and volunteers to defend the right to protect our health as a universal human right and to work inside and outside our country to ensure access of all people to quality healthcare systems.





|                                      | AFRICA | AMERICA | ASIA | TOTAL |
|--------------------------------------|--------|---------|------|-------|
| <b>N° OF PROJECTS</b>                | 32     | 21      | 5    | 58    |
| <b>HUMANITARIAN ACTION</b>           | 5      | 0       | 2    | 7     |
| <b>PRIMARY CARE</b>                  | 27     | 21      | 3    | 51    |
| <b>TYPE PROJECTS</b>                 |        |         |      |       |
| SEXUAL AND REPRODUCTIVE HEALTH       | 22     | 18      |      | 40    |
| HIV                                  | 7      | 8       |      | 15    |
| NUTRITION                            | 4      | 0       |      | 4     |
| CHILDREN'S HEALTH                    | 7      | 4       |      | 11    |
| PUBLIC HEALTH SYSTEM ADVICE          | 5      | 2       |      | 7     |
| MEDICAL-SURGICAL                     | 2      | 0       |      | 2     |
| GENDER-BASED VIOLENCE                | 7      | 8       |      | 15    |
| WATER AND SANITATION                 | 2      | 2       |      | 4     |
| INTERCULTURALITY                     | 1      | 7       |      | 8     |
| MENTAL HEALTH                        |        | 1       | 4    | 5     |
| DISASTER PREVENTION AND PREPAREDNESS | 1      | 1       | 1    | 3     |
| RECOVERY LOCAL HEALTHCARE SYSTEMS    |        | 1       |      | 1     |



# SOCIAL INCLUSION

**Oihana Merino,**  
Board Member of Social Inclusion

**In the area of Social Inclusion, the interventions of Médicos del Mundo in Spain are aimed at guaranteeing the right to health of all people. For this purpose, we strive not only for access to the public health systems of all people living in Spain, but also to have an impact on the social factors that enable full exercise of this right, which covers biological, psychological and social dimensions.**

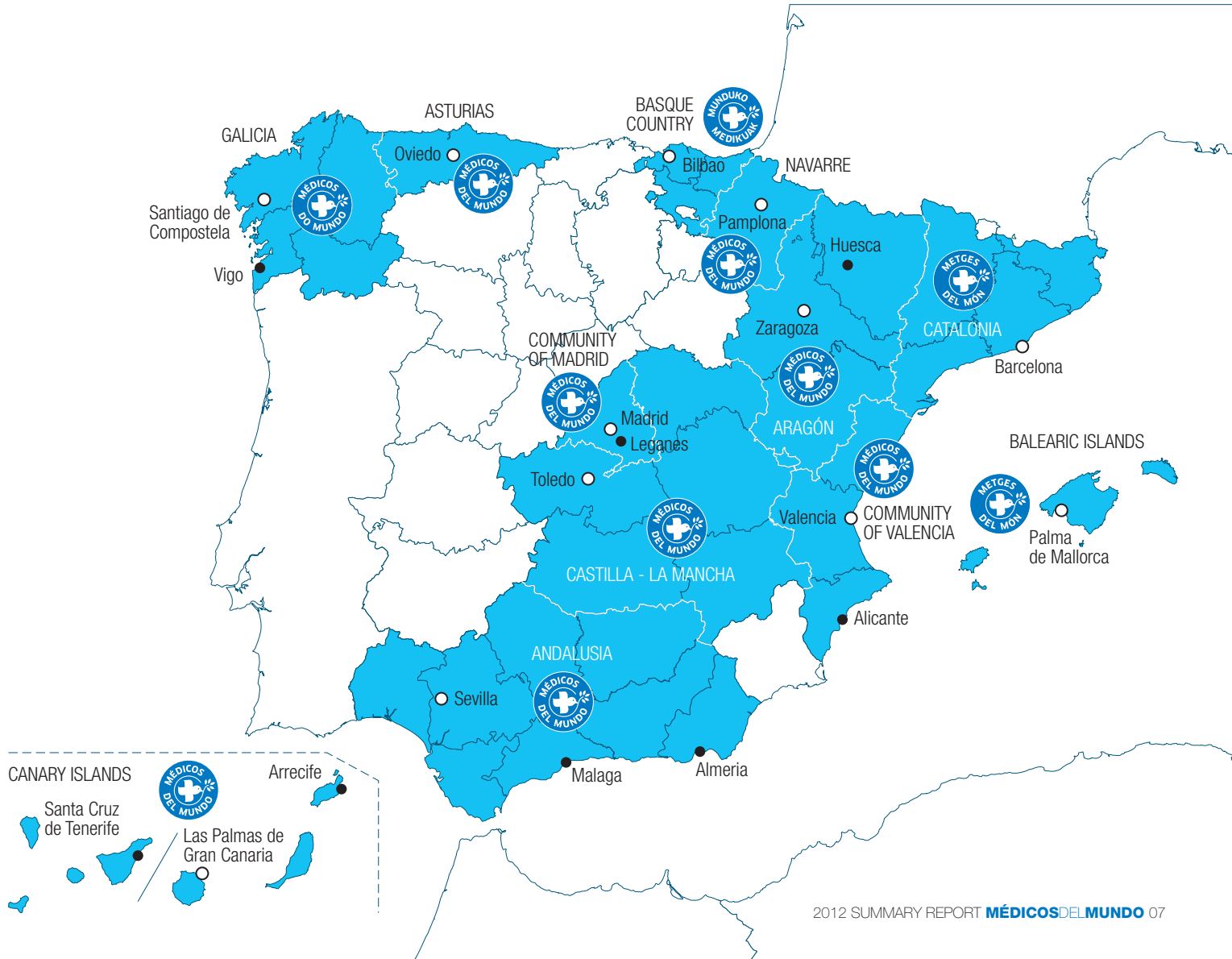
2012 was a year of setbacks in the right to health, not only due to the budget cuts of items directly affecting these social factors, but also to the passing of Royal Decree Law 16/2012, which limits access to the public health system by people in an irregular administrative situation, includes copayment of drugs and, essentially, provides a healthcare system model that tends towards privatisation and gradually away from the universalisation of health achieved and fought for in the past.

In this context, throughout the year, Médicos del Mundo focused all its efforts on, on the one hand, strengthening and extending the Social Inclusion interventions it has been carrying out for years with people in or at risk of social exclusion, and on the other, informing all rights holders who may have been affected by these changes. We have tried to accompany, bear witness and intervene throughout this new process fed and complemented by a strong line of political advocacy and awareness.

In addition, as the needs regarding guarantees to the right to health of the people living in Spain have changed, Médicos del Mundo has tried to respond accordingly, making progress in our work with homeless people.

Finally, we should highlight the Female Genital Mutilation Prevention projects and the well-deserved recognition they have received, consolidating and developing a comprehensive initiative step by step, always respecting the cultural identity of peoples and focusing on human rights.

| DELEGATIONS WITH PROGRAMMES  | PEOPLE IN PROSTITUTION | DRUG USERS   | IMMIGRANTS   | PREVENTION OF FEMALE GENITAL MUTILATION | HOMELESS PEOPLE |
|------------------------------|------------------------|--------------|--------------|---|-----------------|
|                              | ANDALUSIA              | ×            |              | ×                                       |                 |
| ARAGON                       | ×                      |              | ×            | ×                                       |                 |
| ASTURIAS                     | ×                      |              | ×            |   |                 |
| CANARY ISLANDS               | ×                      |              | ×            |   | ×               |
| CASTILLA - LA MANCHA         | ×                      |              | ×            |   |                 |
| CATALONIA                    | ×                      |              | ×            | ×                                       |                 |
| COMMUNITY OF MADRID          | ×                      |              | ×            | ×                                       |                 |
| COMMUNITY OF VALENCIA        | ×                      | ×            | ×            |   | ×               |
| BASQUE COUNTRY               |                        | ×            | ×            |   |                 |
| GALICIA                      | ×                      | ×            | ×            |   | ×               |
| BALEARIC ISLANDS             | ×                      | ×            | ×            | ×                                       | ×               |
| NAVARRRE                     | ×                      |              | ×            | ×                                       |                 |
| <b>PEOPLE SERVED IN 2012</b> | <b>11.928</b>          | <b>2.840</b> | <b>4.716</b> | <b>796</b>                              | <b>906</b>      |



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# SOCIAL MOBILIZATION

## Oihana Merino,

Board Member of Local Operations and Education for Development

## Gema Filgueira,

Board Member of Political Advocacy and Human Rights

**Médicos del Mundo works not only to repair the damages caused by the injustice of not having effective access to the right to health for all people, we also aim for a social change so that in future, this right is guaranteed. This is a social change which Médicos del Mundo promotes through social mobilization, covering three main lines: political advocacy, education for development and awareness.**

Through our interventions with rights holders in our Social Inclusion and International Cooperation projects, we can access first hand information directly to understand the current situation of the most vulnerable people and thus, build and expand a work strategy for social change aimed at responsibility holders, such as civil society, and obligation

holders, such as the State and the Autonomous Communities of Spain.

In today's context, where society is being directly affected by budget cuts in social areas, on the one hand, and by significant steps backwards, for example with regard to access to the public health system, sexual and reproductive rights, access to decent housing and so many more, we consider social mobilization not only relevant but essential to push everyone, as members of the same society, to prevent this regression and also to move forward.

## POLITICAL ADVOCACY

The Right to Cure campaign was a core activity where political advocacy was no doubt the main feature. Since April 2012, communications were established with people and entities with influence and capable of making political decisions to promote reestablishment of healthcare universality which was threatened by Royal Decree 16/2012. The aim is for politicians and policy makers in Public Administrations, at national and regional levels, to adopt measures and provide the necessary resources to end violation of rights brought about by the introduction



of procedures such as assurance, repayment, etc.

There were other agendas, among them, the associated political advocacy activities in projects with people in prostitution and the local regulations of certain city councils.



17 JULY 2012 / ANDALUSIA / HANDOVER OF SIGNATURES



The political advocacy activities and respect for international cooperation, in most cases network efforts, were the contributions for the formulation phase of the 4<sup>th</sup> Master Plan of Spanish Cooperation, preparation of the Health Report in cooperation for development and humanitarian action with our partners

Medicus Mundi and Prosalus, and the continuous agenda with members of parliament within the framework of the Action for Global Health project.

And finally, political advocacy with the main actors, relevant parliamentary groups and various regional governments thanks to the strategic decision of Médicos del Mundo of being present in the different territories of Spain, in order to be able to also focus on what is nearest.

### EDUCATION FOR DEVELOPMENT AND AWARENESS

The actions of Education for Development and Awareness conducted by the various regional offices of Médicos del Mundo cover highly diverse topics, although they focus especially on the right to access healthcare, based on the work conducted by Social Inclusion.

Education for Development is implemented in formal and informal education settings, involving the school community: city councils, associations, etc. In this regard, we can highlight the Kushiriki project for health, which fostered social participation of children in Aragon, the Community of

Madrid and Balearic Islands, through the creation of child assemblies for the right to global health.

Also notable is the work done on the design and production of educational materials related to Cooperation for Development projects. Through these materials, we tried to give a voice to the rights holders we work with in the 19 countries where Médicos del Mundo undertakes development projects and shares them with responsibility and obligation holders in nine autonomous communities in Spain.

### ACTION FOR GLOBAL HEALTH

The European network of DNGOs Action for Global Health (AfGH), of which Médicos del Mundo is a member, organised the seminar in Madrid: *Towards the World We Want: Social Protection for Everyone*, gathering around 70 experts and representatives from NGOs, international institutions and governments to reflect on the right to health and universal healthcare coverage within the framework of the post-2015 agenda.

# ROYAL DECREE LAW 16/2012

## Right to Cure Campaign

**The change imposed by Royal Decree-Law 16/2012 since 20 April in the provision of healthcare is not only an exclusion of significant groups, but also a major loss of rights for all the people living in Spain.**

Until 1 September, when implementation of the new legislation began, Spain was one of the few countries in the world that had a quality National Health System in place. This meant that everybody residing in Spain had the right to receive preventive and curative care from a public system, which was paid for through taxes (direct and indirect) and planned in order to maintain and improve the population's level of health.

In our country, since the first of September and "by decree", we have changed our National Health System for an assurance system from which, and not by chance, some groups have been excluded. From now on we will first have to prove we are insured by the system in order to have access to healthcare.

Médicos del Mundo advocates that health



cannot be a luxury, because it is a right, and we demand access to public health services for everyone, with no discrimination whatsoever. This is why the organisation launched its *Right to Cure* campaign in August 2012. Quite purposefully, the organisation's motto is: *we fight against all diseases, including injustice.*

Médicos del Mundo is present in twelve autonomous communities of Spain. From its

offices, the organisation staff fulfill three key tasks: inform excluded people of their rights; accompany them to healthcare centres to demand these rights and report any abuses.

On the 21 August 2012 we launched the *Right to Cure* campaign to increase the number of healthcare professionals adhering to the conscientious objection to the healthcare exclusion of immigrants in an irregular administrative situation.

On that date a citizen mobilization initiative was set up against Royal Decree-Law 16/2012 which left people without a residence permit without access to the public healthcare system from 1 September.

From that moment on, a form was included in the campaign's website that can be signed to support the objection and an action kit against the healthcare reform was made available to citizens, together with various documents of interest to raise awareness on the change that this regulation will have on universality of the National Health System and its consequences.



# INTERNATIONAL NETWORK

## Economic and Social Crisis in Europe

**2012 was marked by a worsening of the social and economic crisis, with the notorious austerity measures. Social protection plans, including health services, suffered the consequences. The rise in unemployment and poverty in Europe generated extreme right political movements which have led to stigmatisation of migrants: we have observed an increase in xenophobic acts in Greece and other European countries. The rise in poverty led to more migration within Europe. To receive healthcare, citizens of the European Union lacking resources or healthcare coverage have the same consideration as immigrants in an irregular administrative situation.**

According to the results of our 2012 Report on access to healthcare in Europe, over 80% of patients must pay for the total cost of healthcare in order to have access to it. 59% of pregnant women do not have access to prenatal care. 40% of the patients who talked of violence in the clinics of Médicos del Mundo had lived in a country at war.

Of these, a fifth had been physically threatened, tortured or imprisoned for their ideas. A fifth had suffered aggressions by the police or the armed forces. 49% were living in precarious or temporary accommodations and 26% reported (very) bad health.

Nonetheless, personal health was only 1.6% of the reasons they had decided to migrate, which contradicts the idea that social protection mechanisms have a pull effect for migrants.

The patients we see daily in our programmes –nationals and migrants, minors, elderly, pregnant women and people with chronic diseases– continue suffering more health problems than the general population.

Many associations in our network must deal with a drastic cut in public or private subsidies. It is imperative to diversify resources in order to maintain the programmes which are so necessary in times of crisis.

### MEMBER ASSOCIATIONS

**Ärzte der Welt Germany**  
www.aerztederwelt.org

**Médicos del Mundo Argentina**  
www.mdm.org.ar

**Médecins du Monde Belgium**  
www.medecinsdumonde.be

**Médecins du Monde Canada**  
www.medecinsdumonde.ca

**Médicos del Mundo Spain**  
www.medicosdelmundo.org

**Doctors of the World United States of America**  
www.doctorsoftheworld.org

**Médecins du Monde France**  
www.medecinsdumonde.org

**Γιατροί του Κόσμου Greece**  
www.mdmgreece.gr

**世界の医療団 Japan**  
www.mdm.or.jp

**Dokters van de Wereld Netherlands**  
www.doktersvandewereld.org

**Médicos do Mundo Portugal**  
www.medicosdomundo.pt

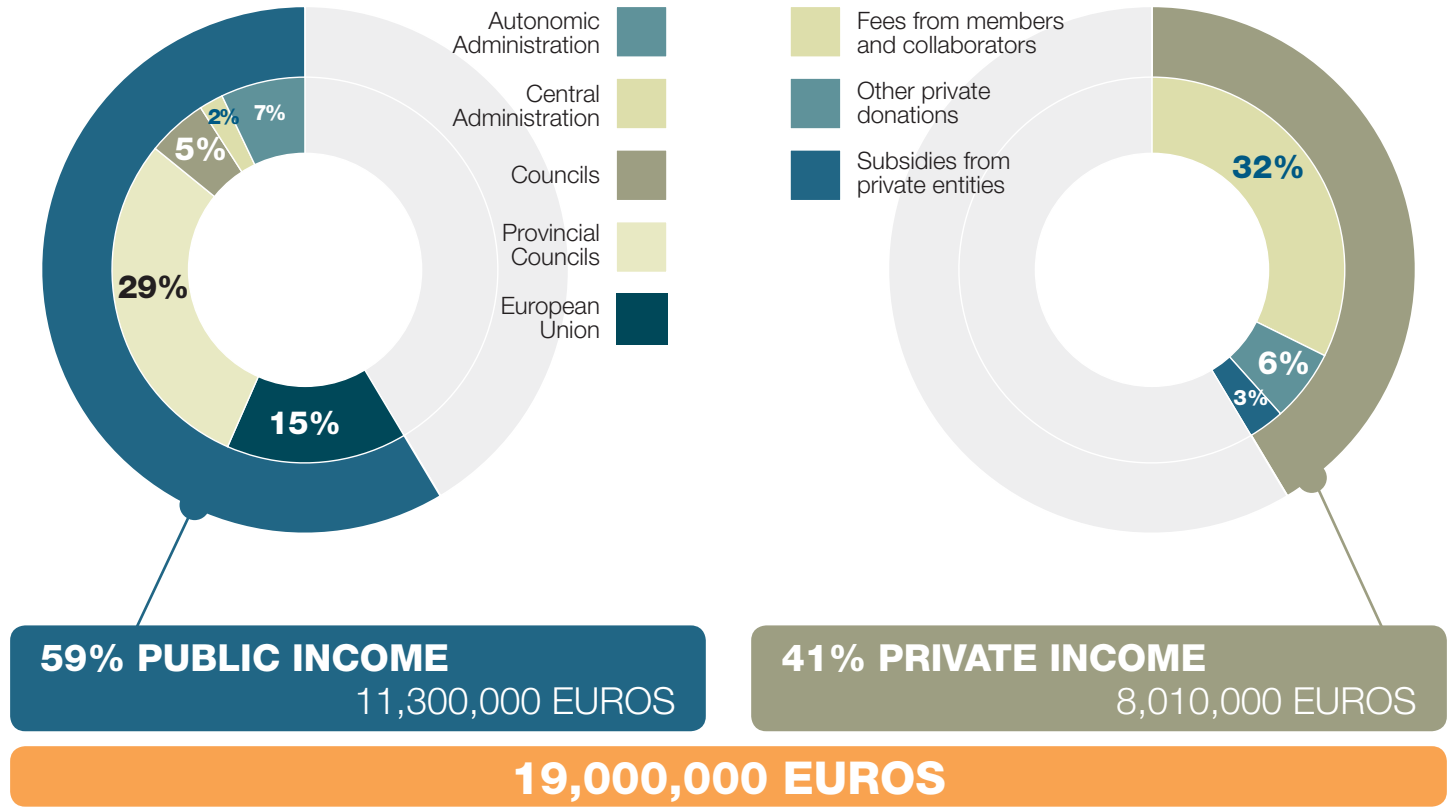
**Doctors of the World United Kingdom**  
www.doctorsoftheworld.org.uk

**Läkare i världen Sweden**  
www.lakareivarlden.org

**Médecins du Monde Switzerland**  
www.medecinsdumonde.ch

# 2012 IN NUMBERS

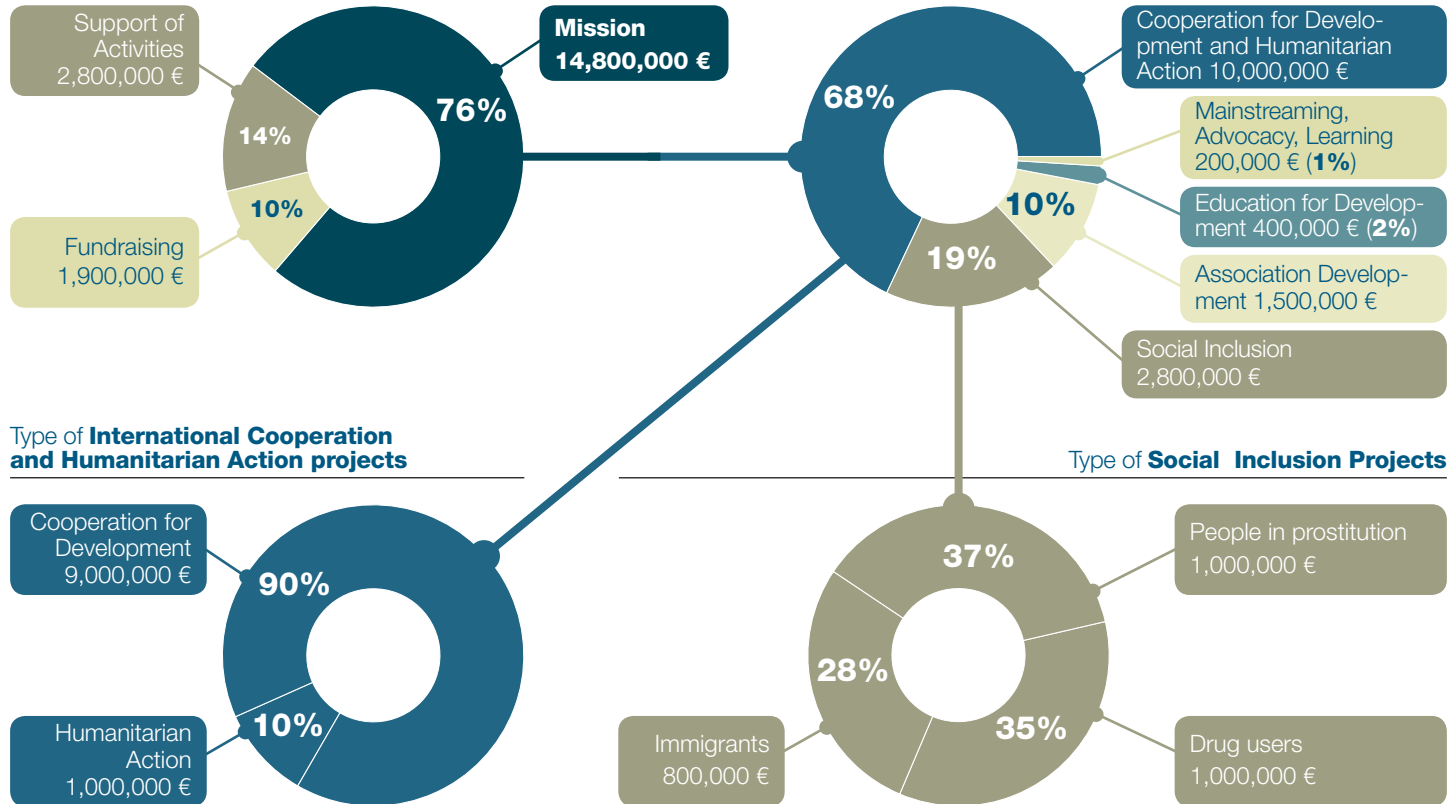
## How to get income Médicos del Mundo Spain







## How we use our funds



# ECONOMIC FINANCIAL REPORT

## Balance sheet 2012 (Euro 000's)

| <b>ASSETS</b>  | <b>2012</b>   | <b>2011</b>   | <b>% Variation</b> |
|--|---------------|---------------|--------------------|
| Fixed  | 2,783         | 4,487         | -38%               |
| Fixed available for sale                               | 995           | 994           | 0%                 |
| Debtors for subsidies granted                          | 12,624        | 14,927        | -15%               |
| Other debts  | 17            | 25            | -32%               |
| Cash linked to projects                                | 8,033         | 9,083         | -12%               |
| Cash available   | 2,419         | 2,993         | -19%               |
| <b>TOTAL ASSETS</b>                                    | <b>26,871</b> | <b>32,508</b> | <b>-17%</b>        |
| <b>NET EQUITY AND LIABILITIES</b>                      | <b>2012</b>   | <b>2011</b>   | <b>% Variation</b> |
| Net Equity   | 3,673         | 5,800         | -37%               |
| Liabilities linked to non-current assets held for sale | 381           | 440           | -13%               |
| Loans  | 3,734         | 3,966         | -6%                |
| Subsidies pending execution                            | 17,657        | 20,396        | -13%               |
| Short-term debt  | 1,122         | 1,354         | -17%               |
| Provisions and accruals                                | 304           | 551           | -45%               |
| <b>TOTAL NET EQUITY AND LIABILITIES</b>                | <b>26,871</b> | <b>32,508</b> | <b>-17%</b>        |

## Profit and loss account 2012 (Euro 000's)

| <b>BREAKDOWN OF INCOME BY SOURCE OF FUNDS</b>                | <b>2012</b>   | <b>2011</b>   | <b>% Variation</b> |
|--|---------------|---------------|--------------------|
| <b>Private Income</b>  | <b>8,010</b>  | <b>8,562</b>  | <b>-6%</b>         |
| Fees from members and collaborators                          | 6,292         | 6,391         | -2%                |
| Other private donations                                      | 1,185         | 1,839         | -36%               |
| Subsidies from private entities                              | 534           | 331           | 61%                |
| <b>Public Income</b>   | <b>11,313</b> | <b>13,444</b> | <b>-16%</b>        |
| <b>Financial Income</b>                                      | <b>53</b>     | <b>113</b>    | <b>-53%</b>        |
| <b>TOTAL INCOME</b>  | <b>19,376</b> | <b>22,118</b> | <b>-12%</b>        |
| <b>BREAKDOWN OF EXPENSES BY LINES OF ACTIVITY</b>            | <b>2012</b>   | <b>2011</b>   | <b>% Variation</b> |
| <b>Mission</b>   | <b>14,812</b> | <b>17,530</b> | <b>-16%</b>        |
| Cooperation for Development and Humanitarian Action Projects | 10,006        | 11,854        | -16%               |
| Social Inclusion Programmes                                  | 2,814         | 3,204         | -12%               |
| Association Development                                      | 1,464         | 1,530         | -4%                |
| Education for Development                                    | 351           | 542           | -35%               |
| Mainstreaming, Advocacy, Learning                            | 177           | 400           | -56%               |
| <b>Fundraising</b>   | <b>1,859</b>  | <b>2,805</b>  | <b>-34%</b>        |
| <b>Support of Activities</b>                                 | <b>2,815</b>  | <b>2,987</b>  | <b>-6%</b>         |
| <b>TOTAL EXPENSES</b>  | <b>19,487</b> | <b>23,323</b> | <b>-16%</b>        |
| <b>Depreciation Fixed Assets</b>                             | <b>1,697</b>  |               |                    |
| <b>RESULTS</b>   | <b>-1,807</b> | <b>-1,205</b> | <b>50%</b>         |



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