



Activity Report 2020



douleurs
sans frontières



douleurs
sans frontières

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Chairman's Message

Protect the



Chairman Alain SERRIE

*President et founding member of
Pain without borders*

The year we have just lived through is unprecedented. In the space of a few weeks, the Covid-19 virus had progressed from a discreet epidemic in China to a pandemic which affected most countries around the world. This major public health crisis has paralyzed the global economy and disrupted the lives of millions of people. In the poorest countries, the lockdown measures put in place by governments and obligatory social distancing rules highlighted the fragility of some groups, who were left with very few resources and unable to protect themselves from the disease. At the time of writing this report, the crisis is not over, but the arrival of vaccines gives us hope for the future. Our charity, whose work I commend, has been

able to act quickly to help populations in need. Our teams, both in France and in our missions around the world, have had to adapt their working conditions and their duties in line with health regulations and numerous requests for support. New programs have been developed to address the needs identified in the most vulnerable of populations, including managing psychological health.

To support the populations in our countries of operation as closely as possible, we have joined forces with international NGOs such as Handicap International (HI), SOS Children's Villages, Médecins Sans Frontières and many others. Guided solely by the need to coordinate responses to the crisis, we have put in place awareness and prevention programs.

weakest

Through the publication of safety measures, warning signs and the best course of action; we have also provided personal protective equipment to the most isolated populations and psychosocial support to vulnerable and stigmatized people. Amongst other things, this has resulted in the establishment of a free telephone hotline.

Based on a survey of needs, we also organized an open dialogue with the public authorities to ensure that people outside of the healthcare system were not forgotten (those living in rural areas, those in prison, etc.). An appeal for donations was organized to shed light on needs which have arisen due to this crisis. Thus, we have been able to count on the unfailing support of our donors who responded to our call.

In a year that has been difficult in many respects, we have been able to show unity, solidarity, care, ingenuity, courage and, of course, expertise. The desire to undertake meaningful work has not faltered with the Covid crisis - in fact, quite the opposite. This can be seen across the countries we work in: Armenia, Cambodia, Haiti, Madagascar, and Mozambique. Our efforts to improve pain management, to enhance

training aimed at carers or to refine the organization of care have clearly shown themselves to be effective and thus, have encouraged us to develop our work. So, despite a global health crisis of this magnitude, the year ended on a positive note for our charity. Thanks to the support and efforts of all, PWB has fulfilled its commitments, both to the growing number of patients supported within our network and to our partners in countries we work in. PWB owes it to you.

More than ever, your support and generosity is needed as the foundation for our continued work towards better pain management in the world and will enable us to respond to other needs arising in line with current world events. As always, we want our work to positively impact the most disadvantaged and destitute. For many of these people, pain and suffering act as further obstacles in an already-difficult situation.

Thank you to all the PWB team and thank you to those who support DSF by providing us with the means to pursue our cause.

Who are we?

Our mission

Pain without Borders aims to promote, lead, and develop all work which aims to diagnose, treat and care for both physical and psychological pain, in the most disadvantaged countries. This work is carried out in collaboration with local authorities and other NGOs. In the countries where DSF operates, we take responsibility for not

only the person suffering but also for all those connected to the individual, through programs which focus on prevention, progress, public health, palliative care and psychosocial support. In the education sector, PWB also works to develop projects which address those suffering with mental health issues (children, parents, educators, etc.).

Our vision

In countries where everything needs to be established or rebuilt, pain management and palliative care may not be seen as a public health priority. Realities on the ground make it more important and crucial to focus on vital or primary health needs: vaccinations, food, AIDs information campaigns, amputations, access to water...

However, on a social and individual level, pain can be so debilitating that it prohibits or prevents the sufferer from working. The pain can be so intense that it leaves lasting scars. For communities who are already vulnerable, it becomes a source of further isolation.

Our assets

The aim of PWB's work is to ensure that its expertise is passed on to medical staff and other stakeholders in the countries in which the association operates. A large part of our budget is invested in the development of training activities. Its interventions are integrated, without substitution, into the health system and policy of the concerned countries.

PWB volunteers include renowned professors, researchers, department heads and clinicians. They go out into the field and give their best to those who are the most in need, because every human being has a right to quality medical care and support.

Activity Report 2020 - Pain without Borders

The board of directors



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PWB Around the world



Pain without Borders (PWB) is a recognized community-led NGO, working in the public interest, and founded by the doctors in charge of the French hospital system, with specialisms in physical and psychological pain management, as well as the follow-up care of terminally-ill patients. Bringing together volunteer healthcare professionals (doctors, surgeons, nurses, psychiatrists, psychologists) and professional project managers, PWB's mission is to support its local partners in the development of collaborative measures, which can be adapted to the healthcare system of the country in question. As a recognized key player in the treatment of pain and palliative care, and with 25 years of experience in several countries, PWB has developed an extensive, holistic approach to its patients, with a focus on ethical and high-quality care through welcoming, caring, multi-disciplinary

care, communication with the patient and their relatives, and coordination between health services to outline the most appropriate care plan. Initially, the work of Pain without Borders focused on the pain caused by amputations and trauma caused by anti-personnel landmines. This explains the decision to intervene in these first few countries: Angola, Cambodia and Mozambique. Then, work began to focus on pain management. Involvement has grown to include caring for chronic conditions (AIDS, cancer, etc.), post-operative pain, burn-related pain, malnutrition, and conditions requiring palliative care. Pain without Borders is also committed to developing initiatives to deal with emotional and psychological suffering within the most vulnerable communities, particularly amongst children (taking into account disabilities and mental health issues in orphanages) through inclusive education programs in Armenia.



Our expertise





Pain management

Long trivialised by health professionals and the public, it was not until 1995 that pain made its first entry into a French law. The latter states that hospitals have a duty to ensure that patients' pain is properly managed. This late recognition of pain by our healthcare system is mostly due to the fact that pain is a personal experience. It is a sensation, which makes it particularly difficult to identify and to assess. In countries with poorly-established healthcare systems, pain is not always a priority. Its treatment remains an unfamiliar medical skill and healthcare staff are not trained to relieve it.

In response to this, PWB has set out to develop projects to manage both mental and physical suffering. This understanding of pain forms the basis of PWB's identity, and currently, we are the only charity working in this

field of expertise worldwide. Since 1996 our desire to alleviate suffering has been reflected in a number of ways: training medical professionals, paramedics, community officers and carers, increasing public awareness, putting in place support systems within various local healthcare structures, supporting the creation of hospital pain clinics, as well as setting up intra-hospital mobile teams, home palliative care teams, and carrying out advocacy work on the availability of opioids.

The range of situations and needs encountered on the ground has enabled Pain without Borders to enhance its approaches and to constantly work to improve the effectiveness of these. The charity works in partnership with local bodies on each of its programs, with the aim of ensuring the sustainability of its work through a shared dialogue of expertise, but also in order to work in an adaptable way to the needs and realities of each country.





Palliative care

Palliative care aims to preserve the quality of life and relieve physical pain in order to preserve the dignity of the individual coming to the end of their life. It also takes into account psychological, social and intellectual difficulties of the patient and their family.

Regarding access to palliative care, the inequalities are shocking. In fact, the World Health Organization (WHO) estimates that 40 million people are in need of palliative care each year, and that only 14% of them benefit from it. In spite of popular belief, palliative care affects all age groups.

According to the WHO, 6% of people requiring end-of-life care, each year, are children. In an inaccessible healthcare system, many patients are already in the palliative stage when they start their treatment. This situation is exacerbated by economic factors. The vast majority of families do not have the means to fund hospitalizations and/or long-term treatments. Most of the time, people who are ill wish to spend the final part of their life in a familiar environment.

One of the main obstacles to this specific type of care is the lack of access to tier 3 painkillers, such as morphine. Due to concerns about the misuse of these substances, import regulations are particularly restrictive in many countries,

which prevents access to adequate pain relief. By raising public awareness through petitions, Pain without Borders hopes to instigate a vast movement to pass a resolution at the United Nations General Assembly, which will inscribe in the International Bill of Human Rights, the right to resources to manage pain, suffering and symptoms at the end of life, regardless of circumstances or cultural background. The petition can be viewed and signed on our website.

However, this is indeed an ethical and human rights issue, as stated in international treaties. The UN Committee for Economic, Social and Cultural Rights has made it clear that under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) "access to essential medicines constitutes part of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." It is in this context that Pain without Borders operates, in order to offer either a medical or non-medical home care service, depending on the country. So, in Cambodia and Haiti, PWB medical teams visit the homes of patients at the end of their lives, while a network of community workers in Mozambique is responsible for monitoring end-of-life patients in rural areas and referring them to health professionals if necessary.



Inclusive Education

According to the global disability report produced jointly by the WHO and the World Bank, more than one billion people worldwide, including 10% of children, suffer

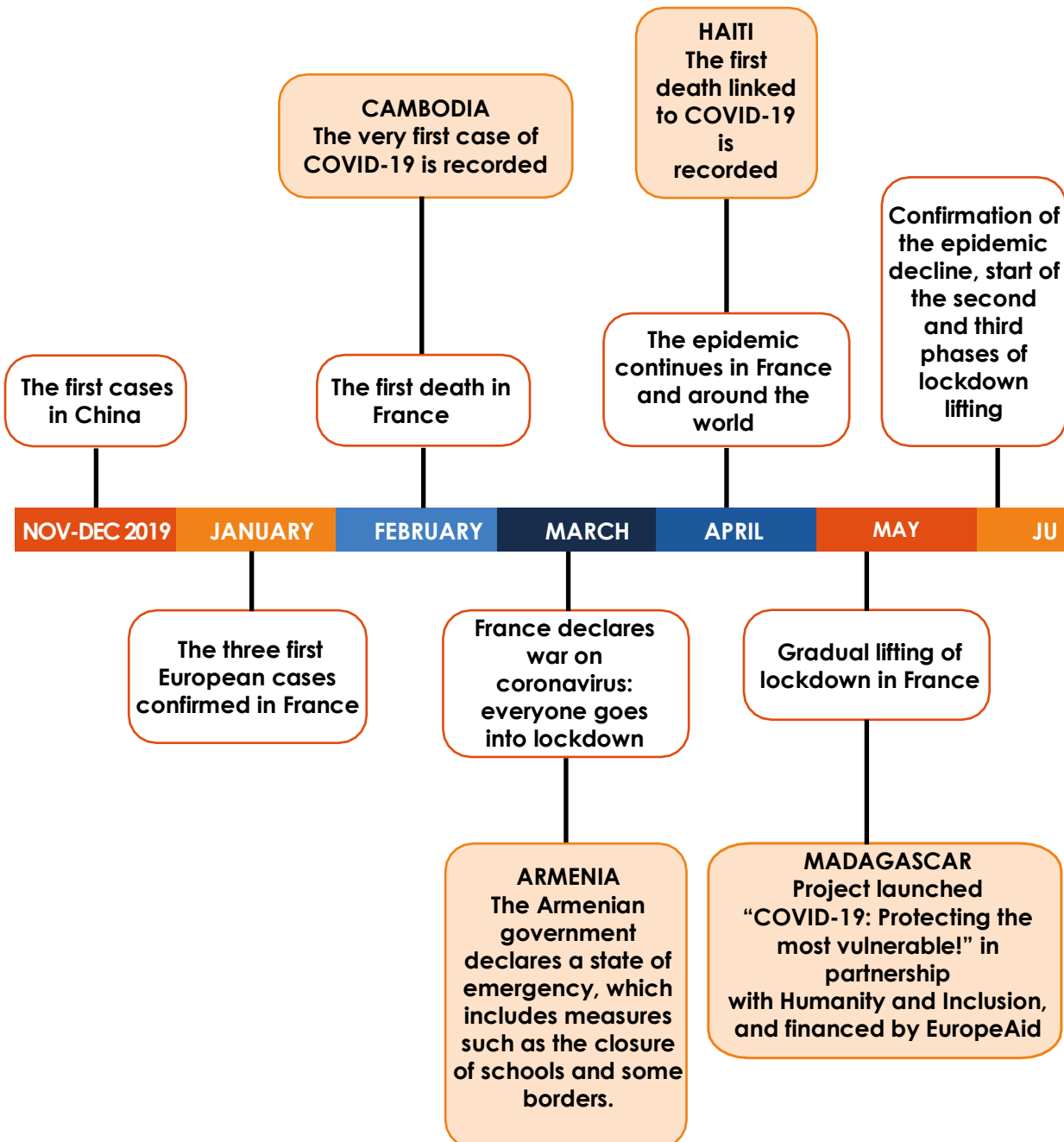
from a disability today. People with disabilities tend to be in poorer health, have lower levels of education and higher rates of poverty. This is largely due to the lack of services available to them and the many obstacles they face in their daily lives.

Regarding disabilities amongst children, the United Nations Convention on the Rights of Persons with Disabilities advocates for access to high-quality education for all children. This agreement lays the theoretical foundations for equality for all in our society. With regards to inclusive education, Article 24 is an appeal for the inclusion of children with disabilities in the education system. Yet, despite the international scope of this text, all over the world, these children with disabilities are the most likely to be out of school due to a lack of understanding of their needs, a lack of trained teachers, a lack of educational resources and a lack of adapted facilities. In order to ensure that all children can enjoy basic human rights without discrimination,

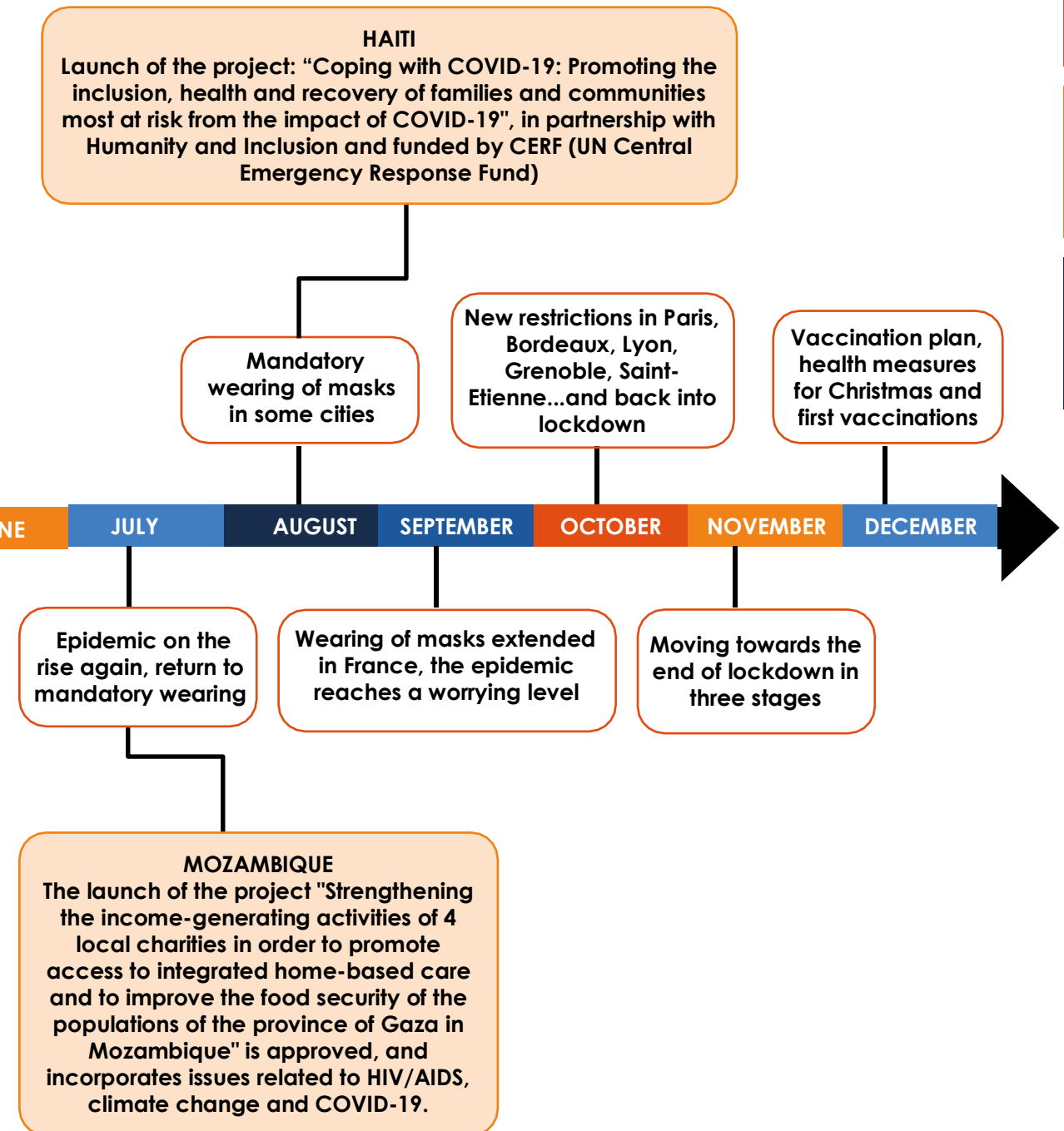
disability inclusion must be applied to education systems. Pain Without Borders is working on this issue, which is in line with its objective of relieving suffering and reducing inequalities. The charity is committed to working on inclusive education programs in Mozambique and Armenia. To this end, the organization has been present in Armenia since 2001. Training programs have been developed in medical and psychosocial care, aimed at Armenian professionals working with children and adolescents, in Vanadzor and surrounding areas. Local support is provided by the NGO Nereni, a charity created by members of the PWB team, which is gradually taking over work on our behalf. In particular, PWB has developed an awareness campaign for specialist care of children and adolescents with autism spectrum disorders, designed specifically for staff working in nurseries and inclusive schools. This project involves the introduction of various assessment, support and networking tools within these institutions. This training opened the doors for staff to be able to work properly and improve their inclusive approach.



Focus on the pandemic in 2020



Timeline of a global epidemic





Our efforts against COVID

The SARS-CoV-2 virus pandemic has been the main event of 2020, and has greatly impacted PWB's work. The head office and field teams immediately mobilised themselves to respond to this crisis by providing assistance to healthcare professionals and patients as well as supporting the implementation of preventative measures. Intervention methods were also immediately adapted in response to the closure of borders and travel constraints. Work was adjusted as a result of both the pandemic and restrictions imposed by the relevant country's authorities, as follows:

- For example, university courses were conducted remotely either by videoconference or through videos recorded by the professors involved
- Psychotherapy sessions were conducted remotely
- Teleworking and teleconsultation were prioritised for the most vulnerable
- Within the restrictions imposed by local authorities, teams went to patients' bedsides to provide them with medicines and protective equipment
- Events were also held to raise awareness of the risks of transmission of the virus and protective measures

NEEDS IDENTIFIED IN OUR COUNTRIES OF OPERATION

- Rural populations live in isolation, far from health centres and are poorly informed about protective measures
- Healthcare workers lack protective equipment and training
- Incomes are greatly reduced as a result of lockdown measures
- People living with COVID-19 and those around them are stigmatised
- Psychosocial support for patients and their families is non-existent
- Means available to protect against the illness are inadequate
- Follow-up care at home for people affected by chronic diseases has come to a halt.



PWB'S 3 MAIN AREAS OF INTERVENTION

1. Awareness-raising campaigns: This involves circulating messages regarding preventative measures, warning signs and the best course of action to be taken. Specific notices designed to improve knowledge of safety measures and access to care for people suffering with disabilities, chronic diseases (HIV/AIDS, cancer, diabetes, etc.) and those outside the healthcare system. Particular emphasis will be placed on communications aimed at preventing the stigmatisation of people who have been infected and their families.

2. Material support: purchasing protective equipment adapted for healthcare staff in partner hospitals; purchasing masks and soaps for local populations. Chronically ill and/or palliative care patients will continue to receive remote aftercare.

3. Psychosocial support: a dedicated, free telephone service, providing counselling for recovering patients, families who have lost a loved one and healthcare staff, as well as training psychologists within the national healthcare system to provide psychological support to COVID-19 patients, their families, and caregivers.



A photograph of a baby lying on a bed. The baby is wearing a white long-sleeved onesie and is partially covered by a red and white plaid blanket. The baby is looking towards the camera with a neutral expression. The bed has a white sheet and a green and white patterned pillow. The background is a teal-colored wall with some small decorative items. A blue text box with white text is overlaid on the image.

PWB missions around the world



since 2001

Budget

€16,297

Context

The Covid 19 pandemic, which hit Armenia at the end of February, and the war against Azerbaijan towards the end of the year disrupted action plans and forced teams to reorganise their work, taking into account health and safety regulations, the closure of partnered establishments and changing needs.

Work in 2020

Work resumed after the Christmas break, through meetings with the authorities.

In February, our teams arranged to work with the directors and teams of partnered preschools by allocating groups and organising storytelling and psychomotor skills sessions. In addition, 4 parent-child meet-and-greet sessions were organised, with 8 new children, 7 old ones and an average of 5 children per session: please note, these sessions took place in a large room in the Palace of Arts. This space remains very problematic to heat, which has a huge impact on social events during the winter period.

On March 1, the government took strict measures against Covid-19: it was declared that all preschools, schools, factories, and non-essential stores must close except pharmacies and supermarkets. As a result of this measure, work had to be rethought in order to best support families despite everything.

FROM MARCH TO MID-SEPTEMBER

From mid-March onwards, the PWB team and NERÉNI came together with our partners to consider strategies which could be put in place to help the community overall,

our beneficiaries and especially disabled children at Preschool N° 35.

The National Director, Anush Arnavutyan, phoned the preschool managers and the Town Hall officers to better understand their perspective of the situation. They corroborated the need for community support.

•Working with families of preschool-aged children

The PWB team and preschool educators coordinated and decided to carry out follow-ups with families remotely. Thus, appointments via telephone were arranged as a priority to support these mothers. Word of mouth was successful too, in some cases the teams were contacted directly by the mothers of children at the preschool and those at the 'Little Bunny' parent and child meet-and-greet. These sessions were carried out via telephone, Skype or Viber. The scope of the work done by PWB psychologists has increased as a result of these discussions, with exchanges going far beyond just inclusively supporting a typical disabled child.

The themes addressed during these discussions were varied: from the father who left to work in Russia and cannot return, to the little girl who keeps a



thermometer with her at all times for fear of being hospitalised, to the pregnant mother who, having lost her first child, lives in fear of falling ill and losing the baby...

Work turned more towards a psychosocial focus, allowing families to reflect upon the exceptional circumstances they had lived through and the anxieties which could arise from this.

•Working with families of disabled children

During lockdown, the team received many calls from mothers of disabled children who were struggling with their child and who sometimes felt helpless. For these mothers, it has not always been easy to keep their children at home. The lack of space and activities can cause a lot of stress for the child and lead to agitation or even aggression, which is difficult for parents to deal with without specific support.

Following Skype meetings with Isabelle Tanet-Mory, a speech therapist specialising in autism and neurodiversity, psychologists advised the mothers to prepare the same cards and games as those used at the inclusive preschool N° 35 and to use them with their children throughout the day.

After adapting to remote work (initially calls), our psychologists managed to establish a meaningful bond that allowed them to work with the mothers and children.

In order to aid discussions, mothers filmed or took pictures when they encountered difficulties and showed them to the psychologists. They noticed positive changes in their children and felt more motivated to stay at home with them.

Some even admitted that the pandemic has also given them an opportunity to spend more time with their children and, in some cases, to bond or reconnect with their children through playing with them.

•Work with mothers attending the 'Little Bunny' centre

Almost all the mothers at the 'Little Bunny' childcare centre, who the teams worked with during the pandemic, relied on the recommendations, suggestions and advice of PWB psychologists. Despite all the disruptions, they have regularly asked us about dates for resuming sessions.



SITUATION AFTER 15TH SEPTEMBER

At the start of the school year on 15th September, there were no new enrolments in preschools, and it was made clear that there would be no more until the end of the year, due to social distancing measures in place. From this date onwards, educational institutions were reopened, but in a limited manner. Only the children of working parents were able to attend preschools, in line with health regulations. It should be noted that disabled children were not reintroduced into their framework during 2020. Fortunately, they were able to return to school in January 2021.

Those who were not a part of educational institutions (preschools and schools) were no longer being admitted to establishments, making it impossible for the PWB team to access them, so the team continued to work with patients and families as they had done in March (via phone calls, Viber). Mothers also filmed or took pictures of their children during working hours at home and sent them to the psychologists so that they could observe the children's progress or difficulties and provide support.

In addition, from the 27th September, Armenia was faced with another major obstacle, due to the resuming conflict with Azerbaijan in Nagorno-Karabakh. Our psychologists were asked to work with refugee families from Artsakh, living in 3 villages (Chahoumian, Debed, Gyulaqarak) and in Vanadzor, following collaboration with Lori's authorities and its Town Hall, which had identified and centralised needs and allocated aid accordingly.

PWB psychologists travelled to the villages and to the homes of six refugee families in Vanadzor to listen to them and assess the situation and problems

affecting the families. Teams supported these families by alternating home visits and care with phone calls/videocalls depending on the feasibility of travel and restrictions linked to Covid. Despite the ongoing nature of the virus, in following all hygiene regulations, these home visits went smoothly. A lasting trust has been established between the teams and the families under their care. Almost all family members have been involved in this support work. One of the families moved fairly far away, yet continued to talk and work with the psychologists by phone or video.

Teams also continued to work by video with families receiving routine aid in Vanadzor, not only on problems relating to the children and fears linked to the Covid virus, but also on issues linked to the war, as every family in Vanadzor has a relative at the front.

Individual and small group work

Starting in November, PWB was provided with a space (2 rooms) in downtown Vanadzor by sponsors, which enabled the team to see patients individually and/or in small groups. Some patient consultations were carried out individually. Limited childcare sessions for 5 children and 5 accompanying guardians (former beneficiaries of the "Little Bunny") were organised after making an appointment, in order to comply with health regulations.

According to the basic methodology of inclusive education, 7 small group sessions (comprising of 3 children) were set up in our premises for children with disabilities who attended preschool N°35 or who were newly oriented.

Team meetings

In addition to working with mothers, children and specialists over the phone and through Viber, PWB organised team meetings twice a week. The team's psychologists had not all benefitted directly from the initial French expatriate training. So, they went back over all the previously studied methods and approaches since the start of PWB's work in Armenia, focusing on written documents, seminars, courses, tapes, films, conference recordings etc.

Supervision under the French team

Supervisions over Skype by the French team: Dr Gérard ROBIN (child psychiatrist), Isabelle TANET-MORY (speech therapist) and Nathalie TOPAKIAN (Operational Program Manager/PACA delegate) were organised to support the local team, in order to discuss different cases of children with disabilities and refugee families.

Key figures

219

Telephone supports calls to 49 preschool children and parents

49

Support calls for 9 preschool teachers

19

Sessions at The Little Bunny Childcare centre for a total of 45 children

7

Group session for children with disabilities

16

home visits for 6 families

27

support calls to 6 families

18

individual consultations at PWB facilities

Sponsors

- Bagneux Town Hall

Partners

- Nereni (local NGO)
- The authorities of Lori
- Vanadzor Town Hall

Outlook

In 2021, in addition to its usual work, PWB plans to organise home visits for families of children with severe developmental disabilities and for refugee families in need.

Since the start of the war, refugee families in Armenia have been frequently displaced, with some choosing to go to the capital city. Now fighting has ended and agreements have been made, some of them are in the process of returning to Artsakh. It is therefore difficult to predict the number of home visits and the number of families and individuals who will benefit from them, as they may be very occasional or more long-term. The necessity of these is inescapable, as already demonstrated by work carried out since last October.



Cambodia

since 1996

Budget

€144,180

Context

According to figures for 2020 (WHO) from Globocan (World Cancer Observatory), 18,000 new cases of cancer have been recorded in Cambodia, and nearly 13,000 people have died as a result. Improving access to palliative care is therefore a priority in the country, one which is recognised by the Ministry of Health as part of its national strategic plan for the fight against non-communicable diseases: "it is not possible to cure the majority of cancers in the short and medium term in Cambodia, but it is possible to reduce the number of cancer patients who suffer from it. Recommendations stress the importance of prioritising access to palliative care in the primary healthcare system, i.e. in rural areas and within communities, rather than centralising a costly, and often ineffective, solution in large urban centres. While palliative care is rarely available in hospitals, especially outside Phnom Penh, there is no public healthcare system that allows patients to be cared for at home. However, due to the difficult economic situation, the progressive nature of the disease and cultural practices, most Cambodians end their days at home, victims of their physical and emotional isolation and suffering.

Work in 2020

Use of telemedicine

PWB offered consultations either at its office in Phnom Penh, at the hospital or at the patient's home. When it was not possible to see the patient directly, the team used video consultation as an alternative. This tool proved very useful in maintaining contact with patients at the beginning of the health crisis, when travel was restricted nationwide, or in the context of limited resources (human or financial) in which it is not possible for PWB Cambodia to organise projects in the home.

However, it is important to consider: face-to-face consultations should always be the first port of call, with video consultations used as a last resort. The convenience of telemedicine should not take precedence over the quality of care offered in the long run.

If a particular situation in 2020 justified a greater use of telemedicine, then the support of the French Development Agency in 2021 should enable PWB to reduce this trend, in favour of at-home consultations.

Use of social media platforms

In order to maintain contact with its patients, PWB turned to Facebook Messenger, which is widely used in Cambodia. This strategy has paid off, not only by keeping in touch with patients and their families, but also by identifying and obtaining the information of new patients. Thus, we have seen a real influx of 'word-of-mouth' patients from our online presence.



Key figures

366

**Patients who
received
follow-ups at
home**

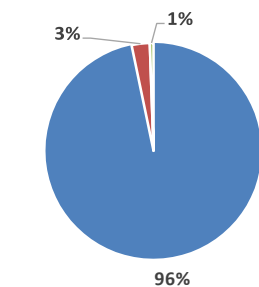
1748

**Consultations
carried out
(on-site and
remote)**

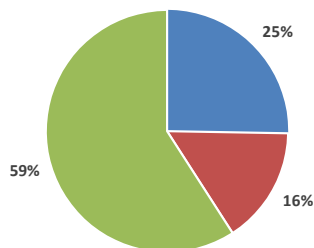
1797

**Follow-ups
carried out
over the
phone**

ILLNESSES REPRESENTED

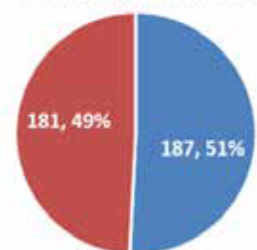


■ Cancer ■ Organ failure ■ Other



■ On site / hospital / carer ■ At home ■ Telemedicine

REPARTITION PAR SEXE



■ Homme ■ Femme



Financial partners

- Médecins sans Frontières
- French Development Agency

Outlook

• Implementation of the AFD project

Formalisation of a PWB training program by a new medical specialist

Palliative care awareness and training activities at local and district level.
Developing the PWB team and patient care

• Avenues to explore:

- Female cancers
- Information and Support Centre
- Technology: designing a tool for referencing and monitoring patients, telemedicine, networking and an open dialogue between operators (medical teams, partners, resources for carers, etc.)
- Psychosocial support relating to child protection
- Violence against women
- Disabilities

Operational partners

- Calmette Hospital
- Soviet Khmero Friendship Hospital (SKH)
- Médecins sans Frontières
- Cambodian Catholic Community Association
- Japan Heart Hospital
- Mercy Medical Center
- Kampuchea Paramed



since 2011

Context

Today, France has a population of approximately 68 million. Despite a stable healthcare system supported by numerous specialised networks (outpatient, hospital and medico-social), the management of pain and its diagnosis and treatment remain medical fields that are still pretty much unknown to the general public.

Pain has long been neglected in France, however, since 1998 several pain management plans have been put in place by governments to address the needs of sufferers. Thanks to a law published on 4 March 2002, the right to pain relief has been established as a fundamental right. Inscribed in the public health code, it is specified that: "Everyone has the right to care in order to relieve their pain."

According to the Ministry of Health, chronic pain is a social issue in France. It affects more than 20% of the population, i.e. nearly 12 million French people. In 2019, only 3% of patients with chronic pain were treated in specialised facilities. It is often debilitating and can limit independence or even make social interaction impossible. In addition, for the elderly, pain can compromise home care. Finally, carers are often at a loss when it comes to providing support.

For the reasons listed, Pain Without Borders supports the government's initiatives regarding the fight against pain. This is achieved through the establishment of awareness-raising projects on chronic pain, and through forum theatre plays (also called debate theatre).

History

Since 2011, Pain Without Border's play "Aïe" ('Ouch!'), in collaboration with the Compagnie Tenfor theatre, has toured throughout France with the aim of encouraging French people to have these difficult conversations about pain and to question their beliefs about it, and to seek diversified care options for relieving pain.

The project consisted of establishing a cycle of theatrical performances concluded by lectures, which were given by doctors specialising in pain. This project aims to continue to raise awareness conducive to bringing about a change in attitude towards pain and to understand its multifaceted nature.

Work in 2020

66 theatre performances were organised over 9 years, but due to the COVID 19 health crisis, PWB's awareness-raising work in France could not take place in 2020.



Outlook

In 2021, DSF aims to:

- Resume awareness raising, counselling and advocacy once the health situation in France allows this. The aim is to increase the number of theatre performances and to strengthen and develop partnerships in each city on the tour, in order to make pain consultation services closely accessible to

each venue. In addition, PWB would like to develop a new play with a new theme.

- Put in place a new project in France: the focus of which will be assisting in the treatment of chronic pain, linked to palliative care, for a particularly vulnerable group of patients (the homeless).



Haiti

since 2010

Context

Along with the appearance of the first cases of Covid-19

Haiti declared a state of emergency on 19th March 2020. This was accompanied by a partial lockdown that created obstacles and a lull in PWB's work.

Haiti's socio-political situation and its security were already extremely precarious, due to protest movements that have been ongoing for many years. The pandemic has further impaired governing bodies and furthered stress felt by groups of people who are confronted with acts of extreme violence daily. The early days of Covid-19 in Haiti were marked by a great deal of stigma and panic. At the time, very little was known about the virus and concerns about the country's ability to care for critically-ill patients fueled widespread fear of a potential disaster.

With the lifting of lockdown in July 2020, the outcome of the first wave was rather positive. Subsequently, it has been difficult to establish an effective screening system and to enforce compliance with preventative measures. While these issues have been a source of gridlock, above all, they have highlighted the structural problems within the Haitian healthcare system. PWB therefore considered coordinating a response, in order to address these needs. We rethought the work to be carried out in the context of a crisis and considered new avenues of collaboration to improve pain management in Haiti.

Budget

€268,184

Work in 2020

Management of patients suffering with pain

It was necessary to readjust PWB's work, due to aforementioned issues relating to the situation in Haiti. Regarding the clinic and patient care, it was difficult for Pain Units to operate normally throughout the pandemic, mainly due to difficulties accessing hospital services. As a matter of fact, the Haitian State University Hospital and the University Hospital of Peace are located in very exposed areas, where they are frequently subjected to protest activity. This limits access to the facilities and therefore the influx of patients. The service then experienced its first delays with the arrival of the Covid-19 pandemic. Distrustful patients avoided hospital facilities because they considered them and their staff a catalyst for the spread of the virus. A second interruption was then felt during the lockdown period (each Pain Unit moved to one day a week on-duty) following the declared state of emergency. To overcome this difficulty, professionals in these Pain Units have adapted their operations to support as many people as possible, while also respecting the new standards. Thus, services remained open to new cancer and palliative care patients, i.e. those with more urgent needs and a need for vital support. For other patients, follow-up appointments were conducted remotely, by phone or teleconsultation.



We considered a change in how strategies could be implemented in departments for pain advisors. Following discussions and evaluations in management meetings, a decision was made to work on the creation of a CLUD (Committee for the Fight Against Pain). This would be an internal body within the hospital, which could be called upon to ensure standardisation of all aspects of pain management throughout the hospital system. CLUD's long-term objective is to handle the scouting, training, guidance and monitoring of staff in advisory roles. The establishment of this committee would also reinforce work with resident staff (an often-neglected work force in hospitals, who represent the new generation of medicine).

Ultimately, restrictions did not prevent pain specialists from meeting, coordinating, exchanging and pooling resources to face both the health crisis and political unrest.

Palliative care at home

The mobile team suffered the full brunt of the pandemic and the country's instability, which initially made travel difficult, and then impossible. Healthcare professionals involved in this type of work then increased their remote monitoring of the patients concerned, but numbers gradually decreased.

Consideration has been given to developing care in the home in a different way. In the absence of specific oncology units and oncologists, particularly at the University Hospital of the Peace, care can be improved through more structured awareness-raising in the departments treating cancer patients. PWB and its partners are working in particular on supporting palliative care patients via family carers and establishing remote monitoring solutions.

Training

There have been cancellations/hold-ups in the establishment of initial/ongoing training sessions, mainly due to security problems and socio-political unrest. However, the sheer amount of time dedicated to ongoing training, as well as the relationships formed with certain targeted institutions, contributed majorly to the circulation of information regarding pain management. These exchanges made it possible to discuss certain procedures and rework methods of designing training courses and follow-up appointments. This will allow us to better meet the requirements of the carers and to be able to adapt educational content to specific circumstances. After many unexpected developments regarding the security situation, a university degree (2020/21) has finally been introduced. This year, almost all of the course was carried out by a pool of Haitian teachers, specialising in algology, so teaching responsibilities have now been entirely handed over. Lectures from professors at the Paris Diderot University have been made available in video and PowerPoint formats as additional support for student revision purposes. Promotion of this university degree course in pain had a very good response (50 enrolled). Examinations took place in June 2021.

Finally, advocacy and awareness-raising work has gained momentum through collaboration with SOHAD (Haitian Society for Management of Pain and Training). In fact, our inactivity as a result of obstructions within the country and the lockdown

caused by the pandemic led the PWB team to explore other languages and media (through Facebook Live in the context of responding to the pandemic), in order to carry out certain work and achieve key objectives.

Psychological care

Our work has allowed us to provide psychosocial support to healthcare professionals and to groups of people who are the most vulnerable to Covid-19 through (a) The creation of two psychosocial support teams (psychologists, social workers and a psychiatrist) who will provide support to people dealing with the problems caused by the pandemic (Covid-19 care staff and patients) in Covid-19 treatment centres or in other healthcare facilities in the North and West regions of Haiti (b) Setting up distance learning courses on urgent psychiatric care for healthcare professionals working in Covid-19 treatment centres or in other healthcare facilities. (c) Raising awareness among the Haitian population about the pandemic's impact on mental health and the stigmatisation of people with Covid-19 by hosting Facebook Live broadcasts.

Sponsors

- FDA
- FOKAL (Haitian foundation)
- CERF (The UN's Central Emergency Response Fund)

Partners

- Haitian Association of Psychology
- National Association of Licensed Nurses of Haiti
- Committee for Training and Development in Health Sciences (Haitian Ministry of Public Health)
- Committee for Pharmacy, Medicine and Traditional Medicine
- La Providence Hospital in Gonaïves
- Haitian State University Hospital
- Justinien University Hospital in Cap Haïtien
- University Hospital of Peace
- International Association for the Study of Pain (IASP)
- Haitian Institute of Rehabilitation
- Haitian Institute of Statistics and Informatics
- Necker Institute of Paediatrics in Haiti
- Haitian Ministry of Public Health

Outlook

The unstable situation, the arrival of the pandemic and sometimes a lack of collaborative efforts on the part of some key institutions have led PWB to rethink the way in which it can invest in rural territories. The decision to abandon work in Artibonite, a logistically complex area of Haiti for PWB, led the team to focus exclusively on providing aid in the Northern part of the country. Other potential areas of operation and collaboration have since begun to emerge

Key figures

245

Patients seen and treated during consultations relating to pain

863

Pain related consultations carried out in specific pain units

28,146

People made aware of psychological support available during the peak of Covid, through Facebook live

164

Healthcare professionals trained in psychosocial care of patients in Covid-19 treatment centres and other facilities

191

People who used the telephone hotline



Madagascar

since 2008

Budget

€294,745

Context

Like everywhere else in the world, the Covid-19 health crisis in Madagascar hit the country's economy hard and led to increased poverty amongst the population. According to the World Bank Annual Report "The Economic Outlook of Madagascar: Charting a New Course towards Recovery" The impact of the COVID-19 pandemic led to a recession in 2020, which was comparable to that caused by the 2009 political crisis. It also contributed heavily to the erasure of almost a decade of progress in reducing poverty. Nearly 1.4 million people were pushed into extreme poverty in 2020 due to redundancies in key industrial and hospitality sectors, as well as the sudden loss of income for casual workers affected by lockdown measures in large cities.

Work in 2020

Throughout 2020, PWB worked primarily on two projects: one project focusing on pain management and another new project called MITEHAFA, which concentrated on medical and psychosocial responses to the Covid-19 health crisis in Madagascar.

Project focusing on pain management (2019-2022)

Previously, PWB has focused on awareness-raising and training campaigns for pain and palliative care. Since 2019, the charity has been in the process of implementing a new project with its partners targeting pain-related issues in Madagascar, which will come to an end in August 2022. This project aims to enhance the abilities of our operators across different sectors, whether at an institutional, hospital, pharmaceutical or higher education level (medical and paramedical).

From late March and throughout 2020, work carried out as part of this project was heavily impacted by the outbreak of the global Covid-19 epidemic in Madagascar. The government response was a compulsory national lockdown and restrictions to travel, both locally and inter-regionally. As a result, some of our work was temporarily suspended and certain rural facilities were briefly closed. In addition, our work within hospitals has been impacted by the commandeering of hospitals and healthcare staff by the government, as vital resources in the fight against Covid-19.

It was not until June and July that work gradually started to resume, following the end of lockdown.





Despite fears of a surge in the spread of the virus, in-hospital mobile teams, outpatient clinics and home care facilities remain operational.

The following projects have been put in place:

- Pain management
- Pain-related consultations
- In-hospital support via mobile teams
- Follow-ups at home
- Psychosocial counselling/support
- Palliative care facilities in 2 regions of Madagascar
- Specialist pain units in Toamasina and Mahajanga

MITEHAFA Project (2020-2021):

This year-long project was established in May 2020, in partnership with Handicap International and SOS Children's Villages and was funded by the European Union. It was set up as part of the fight against the spread of Covid-19 in Madagascar, the main aim being to limit the extent of Covid-19's impact on the economy and the local population's health in targeted areas of the country. Additional funding from the FDA has been put in place from September 2020 onwards, in order to support ongoing work and to provide new psychosocial services for specific communities.

The pandemic has certainly provoked and aggravated mental health problems in at-risk communities. This has caused stress and concern, both among



healthcare staff and carers, as well as among patients and their families. As a matter of fact, the symptoms of those affected (directly or indirectly) have been seen to include:

Fear of falling ill and dying, avoiding health facilities for fear of contracting the virus, loss of income due to lockdown; separation anxiety relating to distance from loved ones during lockdown; feelings of boredom, loneliness and depression due to isolation, stigma and discrimination due to the virus' negative connotations (social exclusion). In addition, frontline healthcare staff (nurses, doctors, care assistants, psychologists, etc.) may have been subjected to additional stressors during the spread of Covid-19, due to the strict measures put in place for safety, space and working conditions.

This project also allowed us to improve existing, insufficient framework for psychological and psychosocial care

throughout this pandemic in Madagascar. This was done in collaboration with the National Order of Psychologists of Madagascar and the Ministry of Health, as well as in conjunction with university hospitals treating Covid-19 patients.

To this end, various mental health support systems were put in place for these target groups:

- Psychological counselling for hospital staff at the Covid-19 treatment centres in Antananarivo and Toamasina
- Individualised psychological treatment for Covid-19 patients within hospitals
- Psychosocial support for Covid-19 patients' families and loved ones
- Psychosocial and medical support for patients recovering at home
- Support and care for serious hospitalised cases in university hospitals treating Covid-19
- Telephone hotline

Sponsors

- French Development Agency (FDA)
- African Palliative Care Association (APCA)
- Charles Mérieux Infectiology Centre
- Alberici Foundation
- Europaid

Partners

- Partner institutions: A framework partnership agreement with the Ministry of Public Health and the Faculty of Medicine

- Operational partners: the university hospital centres in Antananarivo, Toamasina and Mahajanga. The NGOs Handicap International and SOS Children's Villages.

Outlook

PWB's work in Madagascar mainly revolves around specific, topical support in cities and hospitals - being primarily pain treatment in hospitals. The plan is to further develop mental health support in the field of pain management and palliative care.

With the Covid 19 health crisis, new interventive projects were set up, marking a new, dynamic facet of our work. A healthcare program in collaboration within several prisons is in the process of being arranged.

Key figures

3,857

people who received aid

2,420

total patients, of whom, 60% were female

536

children cared for, constituting approx. 20% of patients

2,742

consultations

3,056

mobile teams within hospitals

21

training courses for health and social care staff

457

healthcare staff supported

114

home visits for 65 patients

11

university hospitals benefitting from PWB's work

Medical equipment donated to 6 university hospitals

981

individuals who successfully recovered from mental health disorders with the help of the psychosocial support offered by PWB, in response to the Covid-19 health crisis



Mozambique

since 1996

Budget

€349,368

Context

Currently, the situation in Mozambique is marked by an economic crisis, which began at the start of 2015, and which continues to be a problem today. This fiscal uncertainty continues to evolve into ever-rising inflation each year, which directly influences the purchasing power of both the general population and the patients treated by PWB. In Mozambique, 24% of households do not have a consistent source of food and there is an extremely high level of chronic malnutrition affecting 43%, or almost one in two children under the age of five. This constitutes one of the main concerns for the government and thus is a major area of development (According to FAO, 2016). The Covid-19 outbreak also had a significant impact on the local economy. In response to the pandemic, a state of emergency was declared on 30 March 2020 by the President of the Republic of Mozambique. The Ministry of Health also issued guidelines for the total suspension of any work involving home visits relating to HIV/AIDS. This had a major impact on PWB's work, as travel on the ground had to be reduced considerably. To avoid spreading the virus, the Health Program team had to limit specialised care visits and pain-related consultations, which were carried out in the facilities of 6 local partner charities in targeted districts. Circumstances in Mozambique during 2020 were not alarming as they were elsewhere, however, the epidemic did have a strong impact on the economic position of vulnerable groups, particularly for patients cared for at home.

Work in 2020

PWB has set-up several new projects in 2020, in partnership with MOPCA (Mozambican Palliative Care Association). The main aim of these is to significantly improve access to high-quality care for patients living with HIV/AIDS and/or other chronic diseases in Mozambique. In order to achieve this, palliative care and pain management needs developing across medical institutions and civic services both on a local and national level.

Integrated home-based care

80 community health workers from 6 local charities worked with HIV/AIDS patients and those with other chronic diseases, following training provided by PWB. This support focused on providing the following: pain relief and aftercare, counselling for treatment compliance and follow-up, lectures on caring for and treating chronic conditions, community awareness, systemic and holistic approaches, among other things, as well as referrals and cross-referrals to the nearest healthcare facility. PWB provided medicines and hygiene kits for home-based care, psychosocial support to patients, specialist support and mentoring to aid workers and nurses carrying out integrated home-based care.

Economic empowerment of grassroots community charities

In order to ensure the sustainability of the work carried out by charities after the end of the project, PWB supported these 6 charity organisations in improving their financial situation. This was achieved through



income-generating work for the respective charity, as well as individual work for each community health worker. Aside from supporting charities in organising ongoing work, PWB helped establish a savings and loan scheme for members of each organisation.

Training healthcare staff in two healthcare facilities in Chókwè and Massingir

In line with the government's plans to open two pain clinics within two healthcare facilities in the province of Gaza, PWB trained 40 healthcare professionals (nurses and psychologists) in pain management (types, assessment, treatment, follow-up...), palliative care (definition, standard approaches), and procedures for running a

pain clinic. Following this training, two healthcare professionals from each site had the opportunity to attend training at the National Pain Referral Unit. Other health professionals were made aware of these services and how to refer their patients directly to specific pain clinics.

Distributing Covid-19 kits to community health workers and patients

In 2020, each community health worker received 1 kit, as did the families of home-based care patients. Consequently, more than 2,500 kits (soap + mask) were distributed at the beginning of the Covid-19 epidemic.

Group therapy:

Most of the community health workers dealing day-to-day with dying patients or severe cases are also chronically ill. As a result, a PWB psychologist offered them group therapy to ease the emotional burden and to address their own struggles.

Construction of two Pain Clinics:

PWB's work supporting local charities as well as the establishment of pain clinics (PC) in the hospitals of Xai Xai, Chibuto and Chicumbane started in the early phases of the project. The end of the project saw the installation of three PCs, all of which now function independently to PWB - this is undoubtedly one of our greatest achievements from this project.

Mozambique's National Health System (MNHS) aim was to create two new PCs in Chokwe and Massingir's rural hospitals. In order to help, PWB wanted to repurpose two premises in these healthcare institutions, that had been identified prior to the project commencing. However, they were eventually integrated into other departments, which disrupted the planned restoration of the rooms in question. A reshuffle was possible due to a donation of additional funds from the Japanese Embassy. This allowed PWB to begin the construction of the two PCs in 2020. Construction was completed after the end of the project in December 2020. Thanks to the availability of trained healthcare staff, the 5 PCs in the province of Gaza are either functioning independently, or in the process of becoming so. These are now supported by the Ministry of Health and the Provincial Health Directorate.

Sponsors:

- FDA
- EDF Foundation
- Masalina Foundation
- Japanese Embassy
- Paris Authorities

Partners:

- Mozambican Association for Collaborative Development (AMDEC)
- Chicumbane and Chibuto rural hospitals and Xai Xai provincial hospital
- Pain Unit at Maputo Central Hospital
- MOPCA - Mozambican Palliative Care Association
- Community Association for Integrated Development (ACODI)
- Local and State health departments
- Integrated Economic and Social Development Agency (KULIMA)
- Chibuto School of Business and Entrepreneurship (ESNEC)

Outlook

PWB has secured funding for a new project which aims to improve universal access to high-quality healthcare for patients with chronic diseases in 10 provinces in Cambodia, as well as in the provinces of Maputo and Gaza in Mozambique. This project began at the end of 2020 in partnership with the AMDEC charity. It will focus on implementing at-home health services, according to the greatest level of need, to enable

geographically, economically or physically isolated communities to access care which has been specifically adapted to the stage of their illness. This delegative approach requires the establishment of a multidisciplinary network, made up of different operators bringing together their respective expertise in order to: 1. Guarantee access to health care (patient identification and referral system, extended catchment areas, access to care for

target groups); 2. Guarantee the quality of care (increasing the capacity of healthcare providers and facilities, improving the quality of local/home follow-up care); 3. Diversify the care provided (psychosocial support and awareness within communities, access to diagnostic services, improving financial conditions); and 4. Integrate care into the public health system (petitions).

Key figures

5,507

Patients cared for

26,156

Integrated home care plans

3

Active pain clinics in the province of Gaza

72

Teenagers and young people trained in dressmaking and carpentry by a local partner organisation (ACODI)

Some figures from the 3 year FDA project, 2017-2020

2,818

Patients who received follow-ups at home

80 %

HIV/AIDS patients

5,600

Pain-related consultations carried out by PCs

05

Active pain clinics in the province of Gaza

65

Healthcare staff trained in pain and palliative care

46,237

Active pain clinics in the province of Gaza

A word from the treasurer



2020 was a challenging year for PWB. Restrictions imposed by the pandemic forced us to adapt our projects and our intervention methods, and our teams had to demonstrate great professionalism and resilience.

In response to this crisis, the charity brought together all its expertise to serve the people who needed it most. This collective effort is the reason for the increase in PWB's frontline work in 2020. Indeed, the charity has set up new projects to distribute PPE and to provide psychosocial and psychological support to healthcare professionals and people affected by the virus.

These projects were made possible thanks to the generosity of the public

and the support of our sponsors, who put their trust in us. As a result, we are once again left with extra funds from donations over the course of the year.

This brilliant result is all due to contributions from the general public, combined with meticulous management of expenses. Our revenue currently stands at €2,400,000 and this is up significantly (+28%). Public generosity is our main source of income, and remains so despite this past year's difficult circumstances (+18%).

Expenditure stands at €2,200,000, which is up slightly (+20%).

The remaining amount of €160,000 will allow us to strengthen the reserves, which is important for the sustainability of the organisation. This surplus can be chalked down to public contributions from carrying out our work, which allowed us to invest less of our own funds in projects.

The reallocation of the organisation's funds to different aspects of our work will take place over the course of the next few years, relative to the greatest needs identified by our projects.

Furthermore, in 2020 our accounts were brought in line with new ANC regulations (The French Accounting Standards Authority). These are available on the PWB website.

Dr Jean-Marie FARNOS

Financial report

Track record

ACTIVE	2020	2019
Nonmaterial assets	4,315	7,342
Material assets	581	1,161
Financial assets	38,000	38,000
Fixed assets	42,896	46,503
Receivables	1,564,467	609,921
Funds available	1,238,272	991,273
Deferred charges	8,580	13,083
Current assets	2,811,319	1,614,277
Accruals and deferred income	4,549	364
TOTAL ASSETS	2,858,764	1,661,145

LOSSES	2020	2019
Reserves	572,333	562,149
Profit for the financial year	160,019	10,184
Equity	732,352	572,333
Dedicated funds	413,463	256,592
Supplies	4,549	217
Accounts payables and related accounts	77,197	25,805
Tax and social security debts	59,223	28,736
Other debts	2,818	5,275
Debts	139,239	59,816
Accruals and deferred income	1,569,161	772,186
TOTAL LOSSES	2,858,764	1,661,145

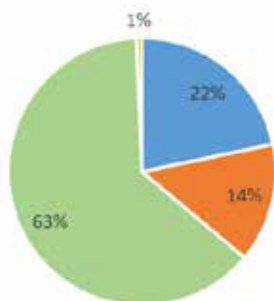
Financia l report

Income statement

PRODUCTS BY SOURCE	2020	2019
Income from public donations	1,424,181	1,208,937
Income outside of public donations	342,994	134,647
Grants and other public aid	488,763	342,493
Provision reversals	217	33,753
Uses of dedicated funds	170,609	9,113
TOTAL	2,426,763	1,728,943

EXPENSES BY PURPOSE	2020	2019
Social work	925,169	734,419
Fundraising expenses	757,318	556,217
Operational expenses	248,620	334,207
Provision allowance	8,157	2,761
Dedicated funds carried forward	327,480	91,155
TOTAL	2,266,745	1,718,759
SURPLUS	160,019	10,184

Source of resources in 2020



■ Subventions et concours publics ■ Entreprises et autres ressources privées ■ Générosité du public ■ Autres

Our Partners in 2020

**Médecins Sans Frontières
City of Bagneux
French Development Agency (FDA)
the Japanese Embassy
City of Paris
EDF
Foundation
Masalina
Foundation,
Mérieux
Foundation,
Alberici
Foundation,
European Union
APCA
Alberici Foundation
FOKAL
United Nations Emergency Fund:
AG2R LA MONDIALE**

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douleurs
sans frontières