ACTIVITY REPORT 2025



REACHING THE LAST MILE, ACTING ON THE FRONT LINE

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PREMIERE URGENCE INTERNATIONALE

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www.premiere-urgence.org

CONTACT US
2, rue Auguste Thomas
92600 Asnières-sur-Seine
Ph : 33 (0)1 55 66 99 66 | Fax : 33 (0)1 55 66 99 60
contact@premiere-urgence.org

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Publication coordination: Paul Duke, Tania Rieu
Iconography: Tania Rieu
Graphic design: Pauline Goudoffre
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MESSAGE FROM THE CHAIRMAN



The year 2025 will be remembered as a turning point for international humanitarian action. With needs reaching an all-time high due to protracted conflicts, increasingly frequent climate-related disasters and the weakening of many economic and health systems, humanitarian organisations have had to face challenges of an exceptional scale. In this particularly unstable context, Première Urgence Internationale has pursued its mission with determination: to come to the aid of the most vulnerable populations, wherever crises strike, whilst remaining true to its principles of humanity, impartiality and solidarity.

Throughout the year, the organisation demonstrated its ability to operate in complex and constantly changing environments. From major crises in the **Democratic Republic of the Congo**, **Myanmar**, **Sudan** and **Gaza**, to strategic reorientations that led to the closure of certain long-standing missions, the teams had to cope with increasing security, operational and logistical constraints. Despite these difficulties, Première Urgence Internationale maintained a significant level of activity, **supporting 5.5 million people through 242 projects in 25 countries**. This effort was made possible by the commitment of nearly 2,700 staff and rigorous resource management, enabling 91 % of funding to be allocated to field operations.

Beyond these results, 2025 above all highlighted the organisation's collective strength. In contexts often marked by insecurity and uncertainty, the field teams demonstrated remarkable courage, professionalism and adaptability. At head office too, everyone played their part in ensuring the continuity of operations and supporting the necessary changes in an increasingly demanding environment. This collective commitment remains one of Première Urgence Internationale's key strengths.

The year was, however, marked by a major shift in the international context. **The suspension of a significant portion of US humanitarian funding** profoundly disrupted the balance of the sector. For Première Urgence Internationale, which derived a significant proportion of its resources from this funding, the impact was immediate. This situation has led the organisation to adjust certain priorities, to scale back or restructure certain activities, and to take difficult decisions to safeguard its long-term capacity for action. Beyond the organisational consequences, **it is above all the populations affected by crises who are bearing the brunt** of this reduction in funding, even as their needs continue to grow.

Faced with this new reality, Première Urgence Internationale has chosen to respond through resilience and adaptation. The year 2025 confirmed the need to bring about a sustainable transformation of humanitarian approaches in order to reconcile ever-increasing needs with more limited resources. Three key priorities will guide our work in the coming years: **strengthening advocacy for respect for humanitarian law and the duty to assist; diversifying our funding sources to increase our independence; and accelerating innovation to improve efficiency whilst maintaining the quality of the aid we provide**. Now more than ever, it is our responsibility to cover that 'last mile' separating vulnerable populations from the assistance they need, despite the logistical, security or financial obstacles that stand in our way.

Despite the uncertainties surrounding the future, Première Urgence Internationale is approaching this new phase with confidence and determination. Thanks to the commitment of its teams, the loyalty of its partners and the generosity of its donors, **the organisation will continue to bridge the last mile to provide frontline assistance, tirelessly and for as long as it takes**. It is this determination to see our mission through to the end, working as closely as possible with the most vulnerable communities, that will continue to guide our work in the years to come.

Vincent Basquin

Chairman of the board

A LOOK BACK AT KEY MOMENTS IN 2025

JANUARY

DEMOCRATIC REPUBLIC OF THE CONGO



In late January 2025, the city of Goma, in eastern DRC, saw a resurgence of fighting between the Congolese armed forces and M23 rebels, who had taken control of the area. Amid the chaos of the clashes, **the warehouses of several humanitarian organisations, including those of Première Urgence Internationale, were looted.** On 28 January, stocks of medicines, nutritional supplies and medical equipment were completely destroyed or set alight, jeopardising the operational capabilities of our teams across all our areas of operation in North Kivu, South Kivu and Ituri. **The loss was estimated at nearly 2 million euros.**

JAN FEB MARCH AVR MAY JUNE

JANUARY

FUNDING CRISIS

On 20 January 2025, Donald Trump stunned the humanitarian sector by signing an executive order closing, overnight, **the government agency USAID, which accounted for nearly 40% of humanitarian budgets worldwide.** The radical nature of this decision was all the more devastating as the disorganisation within the administration – itself taken by surprise by the announcement – led to long weeks of orders and counter-orders, the chaos of which delayed the sector's ability to adapt. Première Urgence Internationale, which is funded to nearly 37% by US contracts, has not been spared and has been forced to reduce its workforce.

MARCH

MYANMAR

On March 28, **an earthquake struck Myanmar** and was felt in several Asian countries, causing damage as far away as Thailand. The epicenter was located near Mandalay, the country's second-largest city. It was the strongest earthquake the country has experienced since 1912. Within the first 72 hours, our teams were able to deploy to the area and provide emergency medical care to the most affected communities.



AUGUST

UTMB

For the first time, **Première Urgence Internationale was one of the partner organisations of the Ultra-Trail du Mont-Blanc (UTMB)**, the world's most prestigious trail running race. Fifteen runners purchased charity race numbers, with all proceeds donated to us to fund a project providing access to menstrual hygiene in Chad.





SEPT

AFGHANISTAN

Between 31 August and 4 September, **three earthquakes struck eastern Afghanistan, near the border with Pakistan.** With its epicentre in Kunar province – an area where Première Urgence Internationale has a long-standing presence – the earthquake claimed thousands of lives and completely cut off access to certain villages. **Our teams used every means at their disposal to deliver aid**, for example by using donkeys to transport medicines to areas where all the roads had been destroyed.

JULY AUG SEPT OCT NOV DEC



NOV

CHARITY LIVESTREAM

We Stand For Them – Led by content creator BysnoO, a live online charity event was organised from 7 to 9 November in aid of Première Urgence Internationale's Emergency Fund. **A group of 20 French streamers came together on the Twitch platform and raised over €13,000.**

DEC

CLOSURE OF THE IRAQ MISSION

For more than three decades, Iraq has endured a succession of crises, ranging from war and embargoes to population displacement and climate-related disasters. Throughout this period, Première Urgence Internationale has established itself as a major humanitarian actor, adapting its mission to meet changing needs and leaving behind a legacy of resilience, innovation and solidarity. In recent years, **Première Urgence Internationale has focused on empowering local actors.** Against this backdrop, we have decided to hand over to our local partners and to wind up our mission in Iraq, after nearly thirty years of working alongside the Iraqi people.

KEY FIGURES

2 526 national staff

172 international staff

107 staff at head office

49
institutional and private partners



5.5 MILLION
people supported worldwide

242
projects

carried out in
25 countries

14 in Africa
5 in the Middle East
2 in Asia
3 in Latin America
1 in Europe



1 exploratory mission: **Haiti**

Annual budget of €
126.2
million,

including
€1.1 million
in in-kind aid

91%
of resources allocated to the field

USAID: THE MAJOR SHUTDOWN

In 2025, the international aid system reached a historic turning point. The massive budget cuts implemented by most major donors – strikingly symbolised by the Trump administration's dismantling of USAID – have had immediate and dramatic consequences for vulnerable populations: the closure of health centres, the suspension of educational programmes, and the loss of essential livelihood support... The human cost is colossal. According to a projection by The Lancet, **14 million preventable deaths** may not be averted by 2030 as a result of these cuts. This withdrawal undermines the very concept of humanity that had underpinned international ambitions over recent decades.

A PROFOUND PARADIGM SHIFT

The paradigm on which international solidarity was based is crumbling, whilst needs are skyrocketing. Several pillars of its legitimacy are now being called into question. In a world where the idea of social progress is eroding, the scope of aid's legitimacy is shrinking. International humanitarian law is losing credibility in the face of the contradictions and 'double standards' of its own 'codifiers'. Finally, in a world where crises are becoming globalised, the idea of distant humanitarian aid is faltering: why fund elsewhere when we are already suffering so much here?



OVERCOMING THE OBSTACLES

Yet one thing remains clear: we cannot give up. International solidarity is neither an abstract mechanism nor a slogan, but a conviction and a set of values. In this critical context, the support of our donors and partners is an act of resistance. Today more than ever, it is essential to provide medical care, feed, save lives and rebuild. Covering the last mile is a constant struggle to reach communities cut off from the world. It was on this last mile that Première Urgence Internationale was founded, and it is there that we will return as often as necessary to take action on the front line.

OUR EXPERTISE

Première Urgence Internationale operates using an innovative approach designed to **recognise the complexity of humanitarian situations** and to **identify** and **understand the full range of needs** of those affected by a crisis. This approach enables us to **take into account all aspects of an issue** and to **propose a combination of efficient and effective solutions**, drawing on our areas of expertise, thereby achieving **a strong and lasting impact** for the communities we serve. This ***'integrated'*** approach is based on six main areas of expertise and also takes into account the cross-cutting issues associated with humanitarian action.

AREAS OF EXPERTISE

PUBLIC HEALTH

The WHO's definition of health is not limited to the absence of disease, but encompasses physical, mental and social well-being. Première Urgence Internationale works to bring about a sustainable improvement in access to healthcare in crisis-affected areas. Faced with a reality where nearly half the world's population lacks access to basic health services, Première Urgence Internationale supports communities and health systems to address priority public health challenges and reduce mortality and morbidity. Convinced that the right to health requires a holistic approach, we take into account the various factors that influence health. This is why our public health interventions are always designed in conjunction with other sectors such as nutrition, mental health, water, hygiene, sanitation and food security.

NUTRITION

Première Urgence Internationale combats malnutrition by combining prevention, screening and treatment, particularly among pregnant and breastfeeding women and children under five, 150 million of whom worldwide suffer from stunted growth. The organisation works at the grassroots level to promote early detection, refer cases and ensure follow-up. It treats both moderate and severe forms of malnutrition, providing outpatient or inpatient care as required. Its strategy is based on an integrated approach, grounded in the food and nutrition security framework, and mobilises various sectors to address the causes of malnutrition in a comprehensive and sustainable manner.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Première Urgence Internationale works to integrate mental health and psychosocial support into primary healthcare, recognising their central role in the well-being of individuals and communities. It provides tailored psychosocial support, ranging from stress management to the prevention of depression, particularly in crisis or conflict situations. The organisation views mental health as a continuum between well-being and mental health disorders, and works to strengthen people's resilience. Its actions form part of a holistic approach, in conjunction with other sectors such as protection, to meet essential emotional needs.

WATER, SANITATION AND HYGIENE

More than two billion people worldwide lack access to safely managed drinking water. Faced with crises and water shortages that are worsening due to climate change, Première Urgence Internationale works to ensure access to Water, sanitation and hygiene. We carry out emergency interventions to swiftly restore dignified living conditions and prevent health risks. Our work aims to reduce morbidity, strengthen local governance of water and sanitation services, and support communities in building their resilience to crises. By engaging local people, our teams help to bring about sustainable improvements in access to these essential services and to safeguard the health and well-being of the most vulnerable.

FOOD SECURITY

Première Urgence Internationale combats food insecurity by providing emergency aid to the most vulnerable populations. Our interventions take the form of food distributions or cash transfers, which are often preferred for their effectiveness, flexibility and respect for the dignity of People supported. These actions provide immediate access to sufficient and appropriate food, whilst supporting households' livelihoods. Faced with the global rise in hunger (one in eleven people worldwide go hungry) and the reversal of progress towards the Sustainable Development Goals, we are taking action to meet essential needs and contribute to long-term food security.

LIVELIHOODS

Première Urgence Internationale works to strengthen the economic resilience of communities made vulnerable by conflict, climate shocks or economic crises. When households lose their means of livelihood, they are often forced to resort to harmful strategies such as selling essential goods or being forced to migrate. To address this, the organisation supports economic recovery through the creation of income-generating activities, support for local entrepreneurship and access to vocational training. These actions aim to help communities rebuild sustainable livelihoods, regain economic autonomy and better cope with future crises.

PROTECTION

Worldwide, 57.4 million people require assistance relating to gender-based violence. In the face of violence, forced displacement and human rights abuses, Première Urgence Internationale takes action to prevent, reduce and respond to situations of coercion, deprivation or violence, particularly against the most vulnerable. We implement protection initiatives that are either stand-alone or integrated into other sectors such as health, mental health or food security. The aim is to ensure a dignified and safe response to the needs of affected populations, whilst upholding their fundamental rights. Première Urgence Internationale places protection at the heart of its humanitarian work, systematically integrating its principles into all its programmes.

CROSS-CUTTING ISSUES

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

Première Urgence Internationale ensures the quality control of its field operations. This involves, in particular, ensuring the proper use of data collected by teams (and communities) in order to prevent risks associated with our projects, make the necessary adjustments to each of our projects, and inform the strategic decision-making processes of our missions.

SAFE AND DIGNIFIED PROGRAMMING

Première Urgence Internationale is committed to ensuring protection and promoting meaningful, safe access that respects people's dignity. This approach is applied to all humanitarian interventions, regardless of sector, and covers all phases of the project cycle.

THE GENDER AND INCLUSION APPROACH

Première Urgence Internationale recognises gender equality as an absolute priority. Aware that gender equality is fundamental to its mission and mandate, it has enshrined this principle in its charter and applies the principles of non-discrimination, equity and equality to all its actions.

ENVIRONMENT

Première Urgence Internationale takes into account climate and environmental change and their impacts (catastrophic weather events, extreme heat, droughts, floods, losses in agricultural productivity, pollution, etc.), and seeks to adapt its methods of intervention to meet the new needs created by their consequences.

CASH TRANSFERS

In order to meet the growing needs of communities, cash transfers can be an effective way of providing rapid and dignified assistance. They can help meet basic needs or restore livelihoods. Première Urgence Internationale may therefore prioritise such interventions to give the most vulnerable communities the freedom to address the needs they themselves consider to be the highest priority.

OUR AREAS OF OPERATION



LATIN AMERICA

Colombia
Honduras
Venezuela

AFRICA

Benin/Togo
Burkina Faso
Cameroon
Ethiopia
Libya
Mali
Niger
Nigeria
Central African Republic
Democratic Republic of the Congo
Senegal
Sudan
Chad



EUROPE

Ukraine

MIDDLE EAST

Iraq
Lebanon
Syria
Palestine
Yemen

ASIA

Afghanistan
Myanmar

AFRICA





14 COUNTRIES
1 551 STAFF

1/ Senegal
2/ Mali
3/ Burkina Faso
4/ Togo-Benin
5/ Niger
6/ Cameroon
7/ Nigeria
8/ Chad
9/ Sudan
10/ Libya
11/ Central African Republic
12/ Democratic Republic of the Congo
13/ Ethiopia

DRC, NORTH KIVU

MASISI, A CITY AT THE HEART OF A DUAL CRISIS

The city of Masisi, located about 80 km west of Goma, occupies a strategic position in the eastern part of the country. As a crossroads between mining areas, major roads, and agricultural lands, it has become a focal point of the M23 offensive.

Starting in December 2024, fighting in North Kivu intensified, with the M23 advancing rapidly toward strategic urban centers. In early January 2025, after several days of fighting against the FARDC and self-defense militias, the M23 seized the town of Masisi.

At the same time, another crisis struck the region: the cutoff of U.S. funding. While living conditions for residents in the area were already particularly precarious due to the conflict (blocked roads, displaced populations, loss of income and livelihoods, etc.), humanitarian actors were forced to halt all their activities overnight.

Without the free healthcare provided at health centers supported by Première Urgence Internationale, many people found themselves having to travel kilometers to access care. This situation is all the more dire given the extremely high prevalence of malnutrition and physical and sexual violence.

In the months that followed, we were able to resume our activities, but we faced a population with even more acute needs. The destruction of our warehouse in Goma, as well as difficulties in reaching Masisi by road, made the redeployment of our activities extremely complex. Nevertheless, we managed to expand our operations to cover areas neglected by certain humanitarian organisations that were unable to resume their activities following funding cuts.

Today, more than ever, our teams are working tirelessly to bridge the “last mile” and ensure that aid reaches the people who need it most.

SENEGAL



Year the mission began: 2012
People supported: 16,302 people
Operational budget: €50,000
National staff: 21
International staff: 0
Funding sources: American Friends of Le Korsa

In 2025, Senegal experienced a pivotal year marked by ambitious reforms and economic tensions. The new government formed following the 2024 elections, led by President Bassirou Diomaye, launched political and digital initiatives whilst consolidating progress, such as a peace agreement with the Casamance independence movement and the withdrawal of French troops. The year was marked by social tensions (student protests, inadequate basic services and rising food prices) and political realignments that exacerbated households' vulnerability, illustrating a country in transition between hopes for transformation and economic constraints.

Since 2012, Première Urgence Internationale has been supporting Maison Médicale de Wassadou (MMW), a health centre based in the remote region of Tambacounda, in south-eastern Senegal. Established in 2005 by the Senegalese association Kinkeliba, with the support of the Pierre Fabre Foundation, MMW is a vital link in the healthcare provision, particularly by ensuring access to high-quality health and nutritional services for local communities.

Following Kinkeliba's withdrawal, **Première Urgence Internationale took over the management of the centre to ensure continuity of care.** Since then, the organisation has been supporting MMW through technical assistance aimed at strengthening the organisation and the quality of healthcare and nutrition services. As such, MMW provides primary, sexual and reproductive healthcare, and carries out screening and nutritional management for children suffering from severe acute malnutrition. With the support of community health workers, awareness-raising campaigns have also been organised to prevent major diseases, such as malaria.

MALI



Year the mission was launched: 2013
People supported: 310,847 people
Operational budget: €3.3 million
National staff: 89
International staff: 9
Funding sources: ECHO, Global Fund, BHA-USAID, FHRAOC

In 2025, the humanitarian situation in Mali was characterised by security, environmental, health and socio-economic challenges requiring a coordinated response from state and humanitarian actors to meet the needs of the population, particularly in the central and northern regions of the country. In this context, Première Urgence Internationale continued its efforts to improve access to basic social services for vulnerable populations in the Bandiagara, San, Gao and Kidal regions. **Première Urgence Internationale strengthened access to healthcare by supporting health facilities, bolstering community-based systems and deploying mobile clinics.** Our teams also helped to build the capacity of local stakeholders and improve health infrastructure relating to water, sanitation and solar energy.

Première Urgence Internationale's teams helped to improve access to and the quality of healthcare, notably through support for healthcare facilities and the deployment of mobile clinics to benefit displaced and host populations. Around 89,000 curative consultations were carried out, along with 9,349 prenatal consultations, 673 assisted deliveries and the vaccination of more than 10,000 children against measles. Some 171,482 children underwent screening for malnutrition, with 4,969 cases of moderate acute malnutrition and 2,031 cases of severe acute malnutrition referred to specialist centres.

In terms of mental health and psychosocial support, 1,173 people received individual support, including 185 survivors of gender-based violence and nearly 4,500 people who took part in group activities. In total, 89 % of those supported reported an improvement in their well-being.

Health facilities and sites for displaced people in San and Bandiagara benefited from improved access to water and sanitation. In Kidal, food assistance reached 230 families through the implementation of three rounds of food voucher distributions.



BURKINA FASO

Year the mission began: 2020
People supported: 296,651 people
Operational budget: €2.6 million
National staff: 46
International staff: 5
Funding sources: ECHO, CDCS, FHRAOC, UNICEF, SIDA

The deterioration of the security situation in Burkina Faso in 2025 led to a sharp rise in the number of displaced individuals. It is estimated that more than 300,000 people were forced to leave their homes. Access to basic services has been severely restricted, inevitably leading to an increase in humanitarian needs, both amongst displaced populations and host communities. Consequently, Burkina Faso continues to face a deterioration in healthcare coverage, growing nutritional needs and increased protection risks.

In 2025, **Première Urgence Internationale's operational strategy in Burkina Faso helped to strengthen response capacities and institutional and community resilience by providing a comprehensive, multi-sectoral response** to nearly 300,000 people affected by the crisis in the regions of Soum, Liptako, Nakambé, Tapoa and Sirba. This involved, on the one hand, strengthening institutional and community capacities within the health system, and, on the other, responding to emergencies through rapid deployment to address shocks and population movements, disease outbreaks, disasters and other emergency situations.

TOGO-BENIN



Year the mission began: 2024
People supported: 99,163 people
Operational budget: €1 million
National staff: 19
International staff: 4
Funding sources: ECHO, CDCS, L'Oréal Climate Emergency Fund

In Benin and Togo, the security situation in the northern border areas, particularly in the Alibori and Savanes regions, has deteriorated significantly since 2022 due to the expansion of non-state armed groups originating from the Sahel and Nigeria. In 2025, the escalation of violence led to the displacement of more than 57,000 people in Benin and more than 70,000 in Togo. From a humanitarian perspective, this situation is placing increased pressure on host communities, undermining health systems and exacerbating food insecurity. Health facilities in the north are facing access difficulties, staff shortages and rising demand for primary care, maternal health and mental health services. Acute malnutrition is on the rise among children under five and among pregnant and breastfeeding women, against a backdrop of persistent poverty, climate-related shocks and declining agricultural production.

Première Urgence Internationale works alongside local initiatives, supporting public health facilities in Benin and assisting the Association for the Support of Community Health Activities (3ASC) in Togo. Its interventions aim to strengthen health systems in a sustainable manner by improving free access to essential care, the management of critical conditions (malaria, malnutrition), and community health, through prevention, preparedness and response to health emergencies.

Faced with access and connectivity constraints, exacerbated by growing insecurity and population displacement, our teams are relying on digital innovation to build local capacities. In partnership with Kajou, the kSANTÉ project provides community health workers with interactive modules accessible offline, thereby strengthening their capabilities in the field and ensuring continuity of care in the most remote areas. This approach helps to foster the autonomy, resilience and responsiveness of local stakeholders.

NIGER



Year the project was launched: 2018
People supported: 181,048 people
Operational budget: €982,523
National staff: 31
International staff: 2
Funding sources: CDCS, BHA, FHRAOC

Niger continues to face a volatile security situation, recurrent climate shocks, growing pressure on economic resources and migratory movements from neighbouring countries, all of which exacerbate an already complex situation for the civilian population. In 2025, this situation led to the closure of 1,084 schools and 146 health centres in the Diffa, Maradi, Tahoua and Tillabéri regions. In 2025, more than 275,000 people were newly displaced, 83 % of whom were recorded in the Tillabéri and Diffa regions. In total, 2.6 million people were in need of humanitarian assistance.

In Niger, **Première Urgence Internationale implements projects focusing on health, nutrition and psychosocial support to meet the humanitarian needs of populations affected by crises.** These initiatives include strengthening health and nutrition services, as well as deploying mobile clinics as part of the rapid response mechanism and temporary institutional support, providing primary and secondary healthcare, nutritional care and psychosocial support to displaced people and host communities.

In 2025, **the humanitarian assistance provided by Première Urgence Internationale in the health districts of Dosso, Ouallam and Torodi, in the Tillabéri and Dosso regions, reached 181,048 people, including 100,446 women.**

CAMEROON



Year the mission began: 2008
People supported: 130,000 people
Operational budget: €3.5 million
National staff: 26
International staff: 1
Funding sources: ECHO, CDCS, UNICEF

In Cameroon, the Lake Chad basin is ranked among the world's most difficult regions to access. Armed groups such as Boko Haram and ISWAP (Islamic State - West Africa Province) remain highly active, with a rise in kidnappings and deadly attacks targeting civilians, security forces and humanitarian workers. In 2025, rampant insecurity displaced nearly 25,000 people in the Far North region alone, compounding chronic needs exacerbated by recurrent floods and droughts. **Première Urgence Internationale is implementing a multi-sectoral emergency response in a context of restricted humanitarian access:** bureaucratic obstacles, security requirements and the need for regular approvals for movements on the ground are complicating the response.

At the heart of Première Urgence Internationale's mission lies the Rapid Response Mechanism (RRM), which has been in operation in the Far North since 2015. **This mechanism ensures a multi-sectoral response covering Water, sanitation and hygiene, shelter, essential household items and food security, within days of the needs assessment, as close as possible to the displaced populations.** The strength of this model also lies in its partnership-based approach: Première Urgence Internationale has been working alongside CADEPI since 2022 and Tammounde Speranza since 2021, with a view to gradually transferring skills and localising the response. **As a result, more than 60,000 people have been provided with access to safe drinking water, nearly 23,000 have received hygiene kits, 11,865 have been rehoused and 9,372 have been provided with essential household items.**



NIGERIA

Year the mission began: 2016
People supported: 134,103 people
Operational budget: €4.9 million
National staff: 295
International staff: 8
Funding sources: BHA, ECHO, CDCS, FCDO, NHF (OCHA)

In 2025, the humanitarian crisis in Nigeria spread beyond the north-eastern states – including Borno, Adamawa and Yobe – to the north-west, driven by growing insecurity, notably the resurgence of Boko Haram.

Whilst localised peace agreements in the North-West have temporarily reduced violence in certain areas, they have displaced it elsewhere. Exacerbated by conflicts between farmers and herders and climate-related disasters, the situation is further destabilising communities and undermining already fragile government responses.

In Nigeria, **6.4 million children under the age of five are at risk of acute malnutrition. In the North-East, 7.8 million people were in need of humanitarian aid, including 5.1 million facing food insecurity, 4.8 million affected by a nutritional crisis and 3.9 million requiring protection services.** In the North-West, data from Première Urgence Internationale indicate that one in five children suffers from severe acute malnutrition.

Première Urgence Internationale continued its humanitarian operations in Borno and Katsina and extended its services to Zamfara State. By combining interventions in health facilities with community-based actions, the organisation integrated emergency care with prevention strategies to promote sustainable recovery.

In response to severe acute malnutrition among children under five, **Première Urgence Internationale supported seven facilities for severe cases and four programmes for moderate cases**, establishing itself as one of the few organisations actively involved in the nutritional crisis in the North-West. Five health facilities provided comprehensive care, including sexual and reproductive health services for pregnant and breastfeeding women.

Finally, two targeted emergency interventions were rapidly deployed in Zamfara and Borno, and, in response to rising insecurity, **seven integrated centres were established, bringing together protection, health, psychosocial support and livelihoods under one roof.**

CHAD



Year the mission began: 2004
People supported: 946,249 people
Operational budget: €4.5 million
National staff: 98
International staff: 10
Funding sources: AFD, IFSAN, CDCS, ECHO, FHRAOC, UTMB Cares

Chad is home to one of the world's fastest-growing displacement crises. Since April 2023, **Chad has been facing a massive influx of over 1.2 million people fleeing the conflict in Sudan, including nearly 900,000 Sudanese refugees and 300,000 Chadian returnees.** Against this backdrop, 7 million Chadians are in need of humanitarian aid, of whom 5.5 million are being targeted by the response. Faced with the scale of the needs, humanitarian capacities are now stretched to breaking point, and the freeze on US aid is further undermining an already strained response ecosystem.

Première Urgence Internationale is working at the heart of this crisis, in the worst-affected areas of Ouaddaï, where more than 70% of those in need are concentrated. Our teams support 12 health centres, five forward health posts in temporary sites and a mobile clinic for the most isolated areas, ensuring access to primary and maternal healthcare for populations who would otherwise be deprived of it. Children under five and pregnant or breastfeeding women are receiving prevention and treatment for malnutrition. **As a result, more than 300,000 consultations and 26,000 assisted deliveries have taken place.**

To ensure a lasting impact, **Première Urgence Internationale is also implementing a livelihoods programme:** cash distributions, the establishment of vegetable gardens and income-generating activities are designed to strengthen households' resilience and safeguard the health and nutritional gains made.

SUDAN



Year mission began: 2020
People supported: 404,484 people
Operational budget: €5 million
National staff: 239
International staff: 24
Funding sources: BHA/DoS, ECHO, CDCS, SIDA, SHF, AICS

The conflict, which has been ongoing since 2023, continues to keep Sudan in a state of fragmentation. The territory is divided between government forces and paramilitary groups, leading to the collapse of basic services. Khartoum has suffered extensive destruction of essential infrastructure, whilst Greater Darfur and Kordofan have remained the scene of active fighting, sieges and mass displacement of civilians.

The humanitarian crisis has reached an extremely serious stage. **An estimated 33 million people were in need of assistance, including 11 million displaced persons or refugees, further undermining access to already precarious services.** The deterioration of the health system has deprived 21 million people of reliable healthcare. Food insecurity affected 45% of the population, 13% of whom were facing famine or were close to famine. These conditions, together with the failure of water and sanitation systems, fuelled recurring disease outbreaks, whilst 22.5 million people had mental health needs.

By providing support to 30 health facilities, nine mobile health teams and a stabilisation centre in the states of West Darfur, Central Darfur, North Darfur, Khartoum, Al Jazirah and Gedaref, **Première Urgence Internationale's teams provided care to both urban populations and those in hard-to-reach areas.** Primary healthcare was provided, covering sexual and reproductive health (prenatal and postnatal consultations, safe deliveries), vaccination to prevent and respond to disease outbreaks, and the identification and management of acute malnutrition in children and pregnant and breastfeeding women. **The training of health workers and the involvement of community volunteers helped to improve the quality of care, early detection, awareness-raising and prompt access to treatment.** Finally, a structured referral system enabled patients with severe cases to access higher-level care, thereby helping to save lives.

LIBYA



Year the mission began: 2017
People supported: 84,731 people
Operational budget: €2 million
National staff: 33
International staff: 5
Funding sources: ECHO, FCDO, CDCS, Dignité International

In south-eastern Libya, Al-Kufra is one of the main entry points for Sudanese refugees fleeing the conflict that broke out in Sudan in 2023. With limited essential services and fragile infrastructure, refugees and host communities face significant difficulties in accessing quality healthcare in one of the country's most underserved regions, which is also a major hub for smuggling and human trafficking.

Due to the Libyan policy prohibiting the establishment of camps, refugees are settling in informal sites, where they live in extremely dire conditions, with limited access to adequate Water, sanitation and hygiene facilities. This can facilitate the spread of waterborne diseases such as cholera.

Through its mobile health team, **Première Urgence Internationale has provided primary healthcare, including paediatric and sexual and reproductive health care, carried out malnutrition screenings and ensured the management of cases**. Through a referral system established in partnership with the Libyan Red Crescent, Première Urgence Internationale facilitated access to specialist care for life-threatening illnesses.

Meanwhile, a community outreach team carried out health and hygiene promotion campaigns and distributed hygiene and survival kits to vulnerable populations.

Furthermore, a cholera preparedness and response plan was designed, and Ministry of Health staff were trained in infection prevention and control. **The local health system was strengthened through the provision of essential medicines, medical supplies and equipment**, as well as the rehabilitation of a health facility. Finally, the teams improved access to safe drinking water and rehabilitated Water, sanitation and hygiene infrastructure in one of the main informal refugee camps.

CENTRAL AFRICAN REPUBLIC



Year the mission began: 2011
People supported: 40 507 personnes
Volume opérationnel : 1,3 million €
Personnel national : 53
Personnel international : 7
Sources de financement : SIDA, ONG Divers

In the second half of 2025, the Central African Republic saw a gradual but still fragile improvement in the security situation. With the support of its partners, the government extended its control over a large part of the territory, helped by a ceasefire, the strengthening of the national defence forces and progress in the disarmament process. However, this momentum remains vulnerable. The resurgence of non-state armed groups and clashes between farmers and herders triggered further population displacements and heightened risks for civilians and humanitarian workers, particularly in rural areas. Politically, the climate remained tense in the run-up to the elections.

The humanitarian situation remains alarming: persistent inflation, declining funding and more than 2.4 million people in vulnerable situations. The reduction in humanitarian aid has led to a scaling back of operations, limiting coverage and response capacities, with an increased risk of worsening needs amongst affected populations.

Our teams completed the integrated health and nutrition emergency response project implemented in Ndélé, in the Bamingui-Bangoran prefecture. Building on this, a base was opened in Markounda with the launch of an emergency health and nutrition response project in the Nangha-Boguila district, **helping more than 40,000 people, mainly breastfeeding and pregnant women, children and people with disabilities.**

These interventions improved access to and the quality of health and nutrition services through advanced strategies, the supply of medicines and the strengthening of the referral system in several health facilities. They also strengthened community capacity for the prevention, management and referral of cases of severe acute malnutrition.

Finally, in Bangui, **our teams managed the storage of medicines for our partners** (NGOs, UN agencies and the Ministry of Health).

DEMOCRATIC REPUBLIC OF THE CONGO

Year the mission began: 2001
People supported: 662,374 people
Operational budget: €13.4 million
National staff: 404
International staff: 25
Funding sources: CDCS, IFSAN, SIDA, ECHO, FCDO, Foundation S, DOS (US)

The eastern Democratic Republic of the Congo has seen a sharp deterioration in the security situation in recent years, marked by the expansion of the M23 in North Kivu and South Kivu, ongoing violence perpetrated by the ADF and ISCAP (Islamic State - Central Africa Province), and operations led by numerous armed groups in Ituri province. These developments have led to massacres of civilians, mass displacement and serious violations of human rights and international humanitarian law, including attacks on healthcare infrastructure, sites housing displaced people and humanitarian staff. **In 2025, some 13 humanitarian workers were killed and 26 security incidents hindering access to aid were reported.**

Besides, the country has seen a persistent health crisis with recurrent outbreaks of cholera and measles, worsened by the deterioration of health services and a lack of access to safe drinking water

In 2026, nearly 15 million people are expected to require humanitarian assistance. Women and girls remain particularly vulnerable, as they are more exposed to gender-based violence.

Faced with a worsening humanitarian crisis, Première Urgence Internationale remains committed to working in the provinces of North Kivu, South Kivu and Ituri. **In 2025, the response focused on health, nutrition, protection, psychosocial support, and Water, sanitation and hygiene in 34 health facilities.** Emergency deployments, particularly in areas of displacement, have enabled the organisation to reach displaced people as closely as possible, whether they are living in camps for displaced persons or with host families.

At the same time, **support for the health system and existing community structures is helping healthcare staff to cope with the increased needs and bridge the gap created by the crisis**, whilst strengthening the health system, which is a pillar of resilience.





ETHIOPIA

Year the mission began: 2023
People supported: 135,136 people
Operational budget: €3 million
National staff: 94
International staff: 3
Funding sources: ECHO, CDCS, IFSAN, SIDA, Expertise France, Ethiopia Rapid Response Mechanism (ET RRM)

Ethiopia is in the grips of complex, interlinked challenges. Ongoing conflicts, climate change and extreme weather events such as floods and landslides frequently disrupt living conditions and livelihoods.

The country also faces recurrent disease outbreaks, which further strain already fragile health systems. Food insecurity remains critical, affecting more than 15.8 million people. Around 4.4 million children, as well as women and breastfeeding mothers, suffer from malnutrition, particularly in hard-to-reach rural areas.

Although the Pretoria Agreement, signed in 2022, officially ended the conflict, instability persists in Tigray and several other regions. Around 2.8 million people remain internally displaced, and localised clashes continue between the federal government and various opposition groups.

In 2025, our mission in Ethiopia expanded its health, nutrition and protection interventions in the Afar, Amhara and Benishangul-Gumuz regions, including in areas that were previously inaccessible. A new base was opened in Mota (Amhara region), improving access by targeting hard-to-reach areas and engaging with the community. The teams implemented seven interventions as part of the Rapid Response Mechanism, led by the IRC.

In total, 12 projects were carried out across three regions. Faced with funding cuts affecting the nutrition sector, Première Urgence Internationale brought together more than 20 international NGOs within the Nutrition Coalition, which aims to improve the distribution of aid right to the last mile, carry out independent surveys and strengthen coordination with partners.

Lastly, Première Urgence Internationale supported 55 health facilities, including health posts: 19 in Afar, 32 in Benishangul-Gumuz and 4 in Amhara, thereby improving access to essential services for the most vulnerable populations.

MIDDLE EAST





5 COUNTRIES
620 STAFF

1/ Iraq
2/ Lebanon
3/ Syria
4/ Palestine
5/ Yemen

THE MIDDLE EAST: A REGION IN A STATE OF CONSTANT TENSION

The year 2025 confirmed the region's extreme volatility, characterised by ongoing active conflicts, the opening of a new front and the fragility of political transitions. At the heart of these clashes lie dramatic realities: extreme violence inflicted on civilians, attacks targeting civilian infrastructure, a gradual abandonment of the fundamental principles of international humanitarian law and human rights, and a decline in humanitarian funding. We are witnessing the destruction of lives, childhoods, voices and hopes — of entire generations. And all too often, these tragedies are caught up in a cycle of dehumanisation.

In Palestine, the situation has reached unprecedented levels. Famine was declared in the Gaza Governorate in August, following months of a total blockade on aid. A ceasefire only came into effect in mid-October, allowing for a partial — and still hampered — resumption of humanitarian deliveries. In the West Bank, attacks by Israeli settlers and restrictions on movement have intensified, further compromising access to essential services.

In Lebanon, the truce agreed at the end of 2024 remained fragile, marked by repeated violations and strikes in the South, the Bekaa and the southern suburbs of Beirut. Israeli military operations continued to claim civilian casualties, causing mass displacement. Healthcare infrastructure, medical staff and emergency responders were regularly targeted.

In Syria, the post-Assad transition remains uncertain, amid security challenges, communal tensions and the reconstruction of a devastated state. This instability continues to cause mass displacement and massive humanitarian needs.

Finally, a new front opened in June with the Twelve-Day War between Israel and Iran, the repercussions of which have reached Yemen. The fragility of this country – already fragmented and in the grip of a humanitarian crisis for over a decade – is exacerbated by regional tensions, raising fears of a resumption of large-scale conflict.

Today, all of Première Urgence Internationale's teams in the Middle East are making the seemingly impossible possible: moving beyond the logic of war and cycles of violence to deliver vital, tailored and committed aid, right to the very last mile.

PALESTINE

Year the mission began: 2002
People supported: 341 291 people
Operational budget: €13 million
National staff: 88
International staff: 11
Funding sources: AFD, British Council, OCHA – HF, SIDA, CDCS, ECHO, Fondation pour le Logement des Défavorisés, ALPHI Foundation, City of Evry-Courcouronnes

Première Urgence Internationale has been operating in Palestine since 2002 to meet the needs of the most vulnerable populations. Fuelled by recurring cycles of violence, the humanitarian situation has deteriorated significantly, particularly following the most recent escalation in October 2023. Throughout 2025, **the crisis remained acute, with ongoing hostilities, massive destruction of infrastructure and large-scale displacement, particularly in the Gaza Strip.**

In the Gaza Strip, living conditions remain extremely dire, with heavy reliance on humanitarian aid, critical needs in terms of health, nutrition and water, sanitation and hygiene services, as well as a major impact on the population's mental health. In the West Bank, spikes in settler violence, as well as movement restrictions, continue to limit access to basic services and livelihoods.

Première Urgence Internationale is implementing a multi-sectoral response to address the urgent and structural needs of vulnerable populations in Palestine.

Since October 2023, **the organisation has stepped up its emergency response in Gaza** through the distribution of food, water, shelter kits and non-food items, as well as cash transfers and support to healthcare facilities.

In both Gaza and the West Bank, **operations focus on primary healthcare, nutrition and Water, sanitation and hygiene services, as well as mental health and psychosocial support to address the profound impacts of the crisis**. In the West Bank, teams also carry out protection activities and responding to settler violence, whilst supporting livelihoods and economic recovery. Furthermore, the organisation contributes to the preservation of cultural heritage through youth engagement and community initiatives.





LEBANON

Year mission opened: 1996
People supported: 286,506 people
Operational budget: €16.4 million
National staff: 167
International staff: 10
Funding sources: ECHO, AFD, OCHA – LHF, NDICI – DG MENA, FLD, CDCS, SIDA, BHA, BPRM, Citi Foundation

Lebanon is facing a severe and complex humanitarian crisis, caused by economic collapse, the influx of Syrian refugees, the 2020 Beirut port explosion and the escalation of the conflict with Israel. Currency devaluation and widespread impoverishment have significantly reduced access to essential services for the most vulnerable populations, particularly displaced people, women, older people and people with disabilities.

In terms of healthcare, public hospitals are underfunded and overwhelmed, whilst humanitarian coverage for hospitalisation remains limited. Healthcare infrastructure has been damaged by the conflict, further restricting access to care in affected areas. The planned reduction in health aid for refugees is likely to heighten maternal and neonatal mortality, as reproductive health services remain inadequate and safe childbirth is difficult to guarantee. Finally, mental health support is largely inaccessible to a population severely affected by trauma.

For nearly 30 years, Première Urgence Internationale and its local partners have been responding to the growing needs of vulnerable populations in Lebanon – including internally displaced people, returnees and refugees – through a multi-sectoral approach covering health, protection, nutrition, mental health and psychosocial support.

Escalating regional tensions have damaged or led to the closure of several healthcare facilities, reducing access to care for the most vulnerable populations. In response, **our teams are providing rapid and coordinated assistance to ensure access to primary and secondary healthcare and to strengthen the health system's capacity to cope with recurring crises.** Shelter assistance helps meet the most urgent needs of displaced people, whilst protection activities include awareness-raising on gender-based violence, case management and group-based psychosocial support.

SYRIA



Year mission began: 2008
People supported: 432,876 people
Operational budget: €8.6 million
National staff: 101
International staff: 7
Funding sources: UNICEF, BHA, OCHA – SHF, UNDP, Al Basma Foundation, SIDA, CDCS

Ravaged by 13 years of war, Syria entered a new phase in 2025, marked by a decline in hostilities but persistent instability. Despite this development, the humanitarian situation remained critical, with millions of people still dependent on aid.

The collapse of livelihoods, the deterioration of infrastructure and essential services, as well as protracted displacement and returns, have significantly increased vulnerabilities.

In the governorate of Sweida, violence erupted over the summer, leading to mass displacement and a heightened need for shelter and protection. In the governorate of Latakia, wildfires in July devastated agricultural land, causing long-term damage to livelihoods.

Access to water, food, basic services and economic opportunities remained severely limited, making an appropriate, multi-sectoral humanitarian response essential.

Première Urgence Internationale supported food security and livelihoods for Syrian communities through the rehabilitation of agricultural and economic infrastructure (mobile mills, storage sheds, bread production lines), as well as cash distribution programmes and support for sustainable and environmentally friendly farming practices. Interventions also included support for income-generating activities and for people with disabilities.

Our work also focused on the rehabilitation of damaged housing, water and sanitation networks, and wells, in addition to the distribution of tents and emergency shelters for displaced and returnee populations. Protection and education activities covered child protection, psychosocial support, non-formal education, teacher training and the rehabilitation of schools. Finally, initiatives promoting social cohesion, environmental recovery and youth engagement were implemented to strengthen the resilience of communities.







YEMEN

Year the mission began: 2016
People supported: 141,464 people
Operational budget: €6.6 million
National staff: 83
International staff: 9
Funding sources: BHA, ECHO, CDCS, SIDA

Yemen deplores one of the world's most severe and protracted humanitarian crises, which deteriorated significantly in 2025. Humanitarian funding covered only 25% of needs – the lowest level in a decade – pushing the country to the brink and increasing the risk of preventable deaths.

Whilst the north faces severe political and operational restrictions, the south continues to face significant and largely unmet needs.

Years of conflict and economic collapse have led to mass population displacement, damage to infrastructure and the collapse of essential services, particularly health, water and education. Many healthcare facilities are out of service or severely under-resourced. Hindered access to safe drinking water increases the risk of disease outbreaks, whilst food insecurity and acute malnutrition remain critical, particularly in Ta'izz and Al-Hodeidah. Insecurity, anti-personnel mines and damaged roads continue to hamper humanitarian access, thereby depriving people of adequate aid.

The rehabilitation of infrastructure, medical staff capacity-building, the provision of medicine and equipment, and vaccination campaigns have helped to expand access to healthcare. **In response to the cholera outbreak that has gripped the country since 2016, Première Urgence Internationale has honed its preparedness and rapid response capabilities**. By improving access to safe drinking water, promoting good hygiene practices and rehabilitating sanitation facilities, Première Urgence Internationale is helping to improve people's living conditions.

At the same time, **the teams are treating severe acute malnutrition in children and pregnant and breastfeeding women**, whilst promoting appropriate dietary practices, supplemented by health and nutrition awareness campaigns, the promotion of waste management and the distribution of non-food item kits.

IRAQ

Year the mission began: 1997
People supported: 24,057 people
Operational budget: €805,769
National staff: 11
International staff: 2
Funding sources: CDCS, Fondation pour le Logement des Défavorisés

Iraq has been marked by a succession of crises, including conflicts, economic sanctions, population displacement and climate shocks for more than three decades, eroding the country's social fabric and public services

Despite a so-called post-conflict phase, Iraq continues to face persistent structural challenges, weakened national cohesion and essential services that are struggling to recover. Access to healthcare, mental health services and education remains limited, amid political and security instability.

At the same time, the effects of climate change are exacerbating existing vulnerabilities. Ranked among the world's most vulnerable countries, Iraq is seeing major impacts on water resources, livelihoods, food security and public health, which are having a lasting effect on people's lives.

Active in Iraq since 1997, Première Urgence Internationale has adapted its interventions in response to successive crises, providing an emergency response and then gradually supporting the recovery and development of communities.

In 2025, **the organisation continued to implement an integrated, community-centred approach, combining health, mental health and psychosocial support** with improved access to Water, sanitation and hygiene. The teams strengthened the health system by supporting three facilities in the governorates of Al-Anbar and Baghdad, whilst improving access to essential services at community level.







At the same time, the mission contributed to the sustainable improvement of living conditions through the rehabilitation of climate-resilient shelters, particularly in the governorates of Baghdad and Qadisiya. These interventions have helped to better protect communities from the growing effects of environmental shocks.

Throughout its operations, Première Urgence Internationale has developed significant expertise in building local capacity by forging equitable partnerships with civil society organisations, public authorities and communities. This approach is part of a tradition of long-term commitment, characterised in particular by innovative programmes in health, economic recovery and support for displaced populations, which have been carried out since the 2000s in a complex security context.

As needs in Iraq gradually shift from humanitarian emergency to development, **Première Urgence Internationale has decided to close its mission in 2025**, after nearly 30 years of uninterrupted engagement in the country. This decision reflects the organisation's commitment to promoting responses led by local actors, working as closely as possible with communities. In Sinjar, capacity-building carried out with its partner, the Hope Makers Organisation for Women, has enabled the latter to consolidate its expertise in mental health, protection and project management, and to continue the initiatives it has launched with new support.

By supporting this transition, **Première Urgence Internationale is ensuring the long-term sustainability of its work and contributing to a gradual shift towards a nationally led recovery**. This legacy, based on access to essential services, innovation and the empowerment of local actors, provides a sustainable foundation for addressing future challenges in Iraq.

ASIA





2 COUNTRIES
702 STAFF

1/ Afghanistan
2/ Myanmar

A YEAR MARKED BY EARTHQUAKES

It is difficult to think of 2025 without thinking of earthquakes. Firstly, in a figurative sense, with the major upheaval caused by the sudden withdrawal of U.S. funding. This shock has severely weakened the humanitarian sector and affected millions of people, particularly in Asia. In Afghanistan, this crisis forced Première Urgence Internationale's mission to halve its activities and staff numbers within a matter of weeks.

But 2025 was also marked by earthquakes in the literal sense. Myanmar and Afghanistan – two countries where Première Urgence Internationale has been active since its beginnings – were struck by violent earthquakes, exacerbating humanitarian crises that were already among the most severe in the world. People there face extreme poverty, failing essential services and restrictions on their fundamental rights.

Thanks to their local presence, Première Urgence Internationale's teams responded immediately. In Afghanistan, they were mobilised within two hours of the first tremors in Kunar province. In Myanmar, they were on the ground within 48 hours of the earthquake that struck the Mandalay region.

In contexts where national relief capacities remain limited, the teams demonstrated a great capacity to adapt. Whilst the two natural phenomena are similar, the resulting crises and the ways of responding to them take different turns. In Afghanistan, donkeys were used to transport medicines and equipment to restore access to safe drinking water in isolated mountain villages. In Myanmar, the teams travelled across the country for more than 24 hours to reach the affected communities within the first few hours.

Thanks to these emergency interventions, we have provided assistance to 123,454 people, a figure that demonstrates our global capacity to respond to this type of event.

But beyond the figures, these responses are proof of the commitment of Première Urgence Internationale's teams, who are able to innovate in order to always reach the last mile when lives are at stake.

AFGHANISTAN

Year mission began: 1979
People supported: 690,483 people
Operational budget: €8.4 million
National staff: 586
International staff: 11
Funding sources: BHA, CDCS, SIDA, ECHO, OCHA, Stand Speak Rise Up!

Since the Taliban took over Afghanistan in 2021, human rights violations have been regularly documented, whilst women's rights have progressively eroded, severely limiting women and girls' access to education, employment and public life.

The country's economic isolation, combined with low levels of investment, continues to restrict access to basic services, whilst needs are increasing due to a high birth rate and the return of refugees. The decline in international funding has led to a reduction in aid and increased pressure on already fragile services.

Furthermore, climate-related disasters (floods, landslides, avalanches) have exacerbated the crisis. Drought affected 3.4 million people, and a magnitude 6.0 earthquake in August caused thousands of deaths. Towards the end of the year, tensions with Pakistan compounded needs in border areas. **In total, it is estimated that nearly 23 million people (45% of the population) are in need of humanitarian aid**.

Première Urgence Internationale continued to support vulnerable populations in hard-to-reach areas.

Teams provided primary healthcare, nutrition, mental health and psychosocial support services, as well as activities to strengthen food security, whilst rehabilitating water, sanitation and hygiene infrastructure in health centres and within communities.

They assisted more than half a million people, the majority of whom were women and children, particularly children under five affected by malnutrition. **Following the earthquake in August, Première Urgence Internationale launched an emergency response in Kunar province, providing safe drinking water, nutritional services, primary healthcare and epidemiological surveillance for the affected populations.**







MYANMAR

Year mission began: 1984
People supported: 118,567 people
Operating turnover: €2.4 million
Local staff: 100
International staff: 5
Funding sources: ECHO, CDCS, Global Fund, SIDA, Suez Foundation, Plan International, UNFPA, WFP, Americares, MEDEOR, Direct Relief

Myanmar is facing a severe humanitarian crisis, with 19.9 million people in need – nearly a third of the population – a figure exacerbated by a devastating earthquake in March 2025 that affected an additional two million people. The country remains gripped by an armed conflict involving more than 1,200 groups, with more than 13,700 people killed in 2025.

The escalation of violence in 2025 led to mass displacement, bringing the number of displaced people to nearly 3.5 million.

Humanitarian needs have reached critical levels: **15.2 million people are suffering from acute food insecurity, whilst health and education systems are on the brink of collapse**. With nearly 13 million people affected, health and nutrition needs remain massive, in a context where humanitarian access is still difficult.

Première Urgence Internationale has been present in Myanmar since 1984 and in 2025 carried out operations in the Kayin and Southern Shan regions, as well as in the Yangon region. Our teams work to provide programs offering primary health care, sexual and reproductive health services, HIV prevention, and maternal and child health care. We also carry out nutritional support activities, thereby helping to prevent malnutrition. **In response to the March 2025 earthquake, Première Urgence Internationale provided emergency assistance** in Mandalay and Shan State by deploying its teams and distributing hygiene kits and food aid to the most vulnerable. Our teams also mobilized during the floods in the Kayin region to provide rapid assistance to the affected populations.

EUROPE





1 COUNTRY
105 STAFF

1/ Ukraine



UKRAINE

Year the mission began: 2014
People supported: 34,325 people
Operational budget: €7 million
Local staff: 94
International staff: 11
Funding sources: UHF, CDCS, SIDA, Fondation pour le Logement des Défavorisés, People in Need (PiN), BHA

The war continues to take a toll on civilians across the country. **The number of civilian casualties rose by 27% compared with 2024, particularly in communities living near the frontline.** Essential services are increasingly being affected by attacks on water, energy, health and education infrastructure. In the occupied territories, civilians are particularly cut off from basic services and exposed to heightened protection risks, particularly women and girls. Mental health needs remain high due to conflict-related trauma and the limited availability of support services. **More than three million people are internally displaced, leading to overcrowding and saturation in collective shelters**, where children, women, older people and people with disabilities are particularly vulnerable.

Première Urgence Internationale has been operating in Ukraine since 2014 and currently supports displaced people as well as those living near the front line in the oblasts of Kharkiv, Dnipropetrovsk, Mykolaiv, Zaporizhzhia, Sumy, Kherson, Lviv and Ivano-Frankivsk. As one of the few organisations present in the occupied territories, our teams provide essential services to the people of Donetsk, including primary healthcare and mental health and psychosocial support. They also address the protection needs of the civilian population by offering legal, administrative and housing support to people with disabilities, whilst carrying out initiatives to prevent and address gender-based violence.

Through its mobile units, **Première Urgence Internationale provides healthcare, psychosocial support, counselling and referral services, as well as emergency financial assistance**, both in temporary transit centres and within communities.

LATIN AMERICA





3 COUNTRIES
137 STAFF

1/ Colombia
2/ Honduras
3/ Venezuela

BETWEEN ARMED CONFLICT, POLITICAL INTERFERENCE AND CLIMATE CHANGE

In 2025, humanitarian needs across Latin America continued to grow as a result of the combined effects of armed conflicts, persistent economic and institutional fragilities, and increasingly severe climate-related shocks.

This convergence of crises primarily affects the most vulnerable populations, including rural communities, Indigenous peoples, women, and displaced persons.

In Colombia, renewed clashes between the National Liberation Army (ELN) and dissident groups of the Revolutionary Armed Forces of Colombia (FARC), particularly in the Catatumbo region, significantly worsened the humanitarian situation. Violence and movement restrictions imposed by armed groups have limited communities' access to healthcare, education, and livelihoods. Women have been especially affected, facing reduced access to sexual and reproductive health services as well as maternal healthcare.

In Venezuela, ongoing political tensions and prolonged economic hardship continue to weaken public services and restrict access to essential goods and services. In rural and border areas, populations—particularly Indigenous communities—remain confronted with significant health, food security, and protection needs in a context of limited institutional capacity. These tensions reached a peak with the kidnapping of President Nicolás Maduro in early 2026.

At the same time, shifts in the priorities of some international donors have increased uncertainty for countries already facing limited resources. Reductions in funding have placed additional pressure on healthcare systems and social protection mechanisms, further constraining their ability to respond to growing needs.

The effects of climate change continue to exacerbate existing vulnerabilities. Droughts, floods, and storms are disrupting livelihoods, driving population displacement, and increasing food insecurity across the region. In the Caribbean, where natural disasters overlap with protracted crises—particularly in Haiti and Cuba—humanitarian needs remain especially acute. The region as a whole illustrates the growing impact of interconnected crises on the living conditions and resilience of affected populations.

COLOMBIA



Year the mission was launched: 2019
People supported: 15,380 people
Operating budget: €1.5 million
Local staff: 61
International staff: 2
Funding sources: ECHO, SIDA, CDCS, NRC

The humanitarian situation in Colombia has deteriorated rapidly, with an escalating armed conflict and an increase in extreme weather events. The number of people affected by violence has tripled compared with 2024, reaching 1.5 million, with urgent needs concentrated particularly in areas such as Catatumbo.

Despite peace efforts in 2025, non-state armed groups continue to vie for control of territories, bringing nearly 80% of rural communities under their influence. This situation has led to a sharp increase in forced confinements, restricting mobility, limiting humanitarian access and heightening protection risks.

Women, children, migrants, and Afro-Colombian and indigenous communities are among those most at risk. **In total, nearly 9.1 million people are in need of humanitarian assistance**, particularly in the areas of health, nutrition and food security.

Première Urgence Internationale, which has been operating in Colombia since 2019, is active in the departments of Arauca and Norte de Santander. Despite a challenging security environment, our teams have maintained their capacity to provide rapid emergency assistance. Working alongside local partners and communities, **our teams support both migrant populations and host communities by improving access to healthcare through permanent health facilities and mobile clinics.**

Première Urgence Internationale provides primary healthcare, with a particular focus on the sexual and reproductive health of women and adolescent girls, mental health and psychosocial support services, and protection activities, particularly in cases of gender-based violence.

Our teams have also worked to improve water, sanitation and hygiene conditions in health centres and for those most vulnerable to waterborne diseases, particularly malnourished children.





HONDURAS



Year the mission began: 2024
People supported: 8,555 people
Operational budget: €500,000
National staff: 8
International staff: 1
Funding sources: CDCS

The humanitarian situation in Central America, and in Honduras in particular, has been deeply affected by the evolving migration crisis across the continent and worsened by poverty, political instability and recurring extreme weather events. In this context, the department of Ocotepeque, where Première Urgence Internationale carried out its operations from September 2024 to June 2025, has become a strategic transit point for migrants travelling both north and south, depending on political developments across the region.

Première Urgence Internationale facilitates equitable access for women, men and adolescents to enhanced health services, prioritising primary care and sexual health, whilst providing essential medical supplies. Our teams also set up mental health and psychosocial support services, paying particular attention to vulnerable people and developing community activities and support groups using a gender-based approach. **Finally, they encourage the creation of community spaces and humanitarian healthcare points to address key issues** such as menstrual hygiene and the promotion of healthy practices, using an intercultural and inclusive approach.

Due to strategic and operational factors linked to the project's timeframe and changing regional priorities, Première Urgence Internationale moved to close its Honduras mission in June 2025.

VENEZUELA



Year the mission began: 2019
People supported: 25,000 people
Operational budget: €2.7 million
National staff: 60
International staff: 5
Funding sources: ECHO, BHA, INTPA (EU), CDCS

The multidimensional crisis in Venezuela has continued to raise humanitarian needs across the country. Persistent political instability and rising violence have further complicated access to essential services. Sky-rocketing inflation has severely eroded the livelihoods of the most vulnerable populations, whilst investment in essential infrastructure – particularly in health, education, water and energy – has remained limited. Furthermore, the number of returnees has risen, with many facing significant difficulties in accessing basic services.

Nearly eight million people are in need of emergency humanitarian assistance, particularly in the areas of health, nutrition, protection, and water, sanitation and hygiene. Women, children, older people, people with disabilities and indigenous communities are among the groups most severely affected.

Première Urgence Internationale works to improve access to primary healthcare, mental health care and psychosocial support, as well as nutritional care for malnourished children and pregnant and breastfeeding women. Particular attention is paid to improving women's living conditions by supporting access to sexual and reproductive health services and rights, developing economic empowerment initiatives and carrying out community awareness-raising activities.

Our teams also support capacity-building amongst indigenous communities living in remote areas, by improving access to basic services through the installation of rainwater harvesting systems and by supporting the productive capacities of local artisans, farmers and fishermen. Through a partnership-based approach with Venezuelan civil society, our teams are able to operate in remote areas to help those who are most vulnerable.

FINANCIAL REPORT

The association's total budget in 2025 was **€126.2 million** (this figure includes in-kind contributions valued at €1.1 million).

Excluding donations in kind, activity declined compared with the all-time high of 2024, as the total amount of operating grants (including revenue from consortia) stood at €120.2 million in 2025, compared with €133.9 million in 2024 (€122.3 million in 2023), representing a fall of 9.2%. The difference between the €126.2 million in total revenue and the €120.2 million in grants, in addition to the €1.1 million in contributions in kind, stems mainly from financial income (€1.6 million), other income (€0.1 million), donations (€0.1 million) and reversals of provisions and write-downs (€3.1 million).

Financial management proved challenging in 2025 due to the US funding crisis, with a highly uncertain first half of the year and a second half bringing more reassuring news.

ORIGIN OF RESOURCES

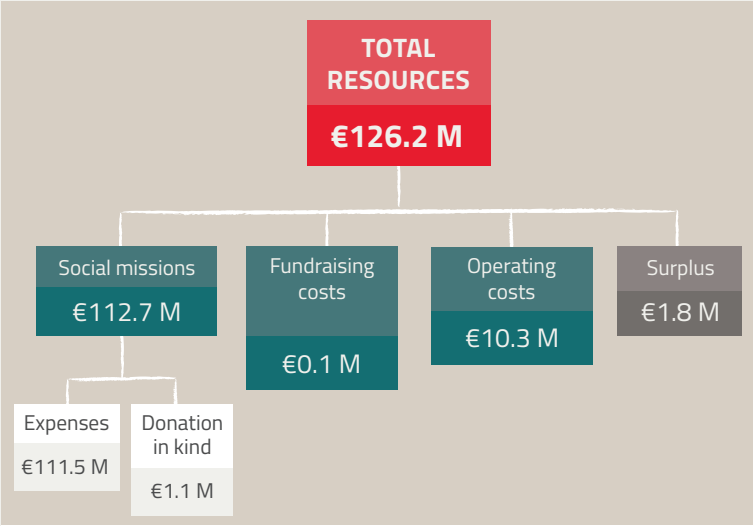


The association's total resources in 2025 amounted to **€126.2 million** and comprised:

- **Financial resources** of €125.1 million, down on 2024 (€137.8 million)
- **Contributions in kind totaling €1.1 million, stable compared with 2024**

USE OF RESOURCES

Total expenditure for the financial year amounts to €123.3 million (€136.8 million in 2024), of which €111.6 million was allocated to social missions, €0.1 million to fundraising costs and €10.3 million to operating costs, as well as €1 million to provisions and write-downs (depreciation, provisions for USD/GBP translation differences on grants in progress) and €0.3 million to dedicated funds. With total resources amounting to €125.1 million (excluding contributions in kind), the association reports a final surplus of €1.8 million.



Social missions

The proportion of expenditure allocated to social missions (€111.5 million) fell by 10% (€124.1 million in 2024), which is attributable to the US funding crisis and the premature termination of certain projects. To this must be added contributions in kind (€1.1 million), bringing the total resources allocated to programs to €112.2 million.

Social missions amount to €111.5 million and are distributed across our main areas of operation:

- Middle East: €41.7 million (37%)
- Africa: €48.1 million (43%)
- Asia: €10.8 million (10%)
- Europe: €6.6 million (6%)
- South America: €4.3 million (4%)
- Exploratory, emergency, support and assessment missions: €0.1 million

The five largest missions in terms of operational expenditure (Lebanon, the Democratic Republic of the Congo, Palestine, Sudan and Syria) account for **52% of the organization's activities.**

Finally, in 2025, **the organization carried out one exploratory mission (Haiti)**, whilst assessment and operational support missions, as well as emergency missions, took place, at a total cost of €134,000.

Fundraising costs

The funds allocated to the Communications and Partnerships Department, which is responsible for private fundraising, amount to €103,000 (excluding HR costs), primarily intended to raise the organization's profile.

Operating expenses, depreciation

and provisions

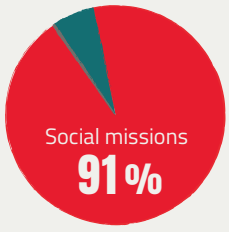
Operating costs amount to €10.3 million and consist of:

- **Staff costs** of €8.5 million (excluding the portion allocated to projects, representing 81% of operating costs), down by €0.1 million
- **Overheads** of €0.7 million, comprising in particular fees and miscellaneous services (€449,000), taxes and duties (€107,000), travel, transport and hospitality (€58,000), and maintenance, service charge and energy costs (€109,000)
- **Financial expenses** totaled €1.2 million, comprising mainly foreign exchange losses and interest on association securities (€0.1 million). Foreign exchange losses in 2025 were significant, due to the sharp fall in the US dollar between December 2024 and mid-2025.

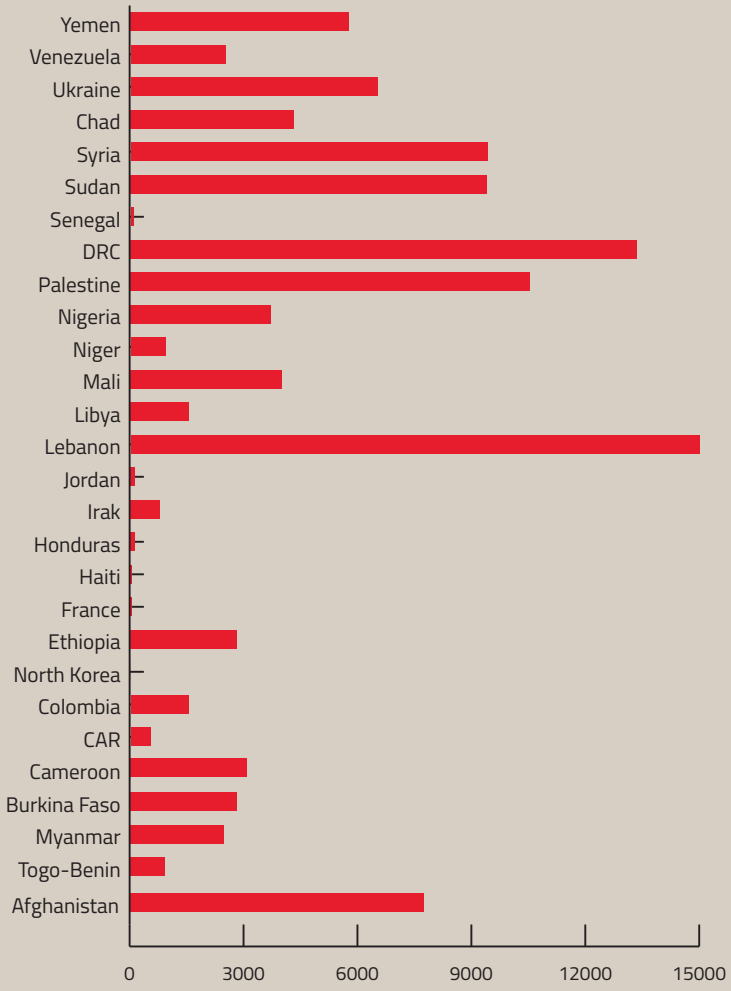
Depreciation, amortization and provisions totaled €1 million and consisted mainly of a provision for the valuation of current grants denominated in USD and GBP, and depreciation and amortization charges.

Use of funds in 2025

- Operating costs **8.9%**
- Fundraising costs **0.1%**



Cost of social missions
In K€, excluding in-kind donations



Use of funds (in K€)

EXPENSES	K€	OF WHICH PUBLIC GENEROSITY
1/ SOCIAL MISSIONS	**111 547**	**134**
Africa	48 116	
Middle East	41 655	
Asia	10 780	
Latin America	4 297	
Europe	6 559	
France	0	
Exploratory and assesment Missions	140	
2/ FUNDRAISING COSTS	**103**	**0**
3/ OPERATING COSTS	**10 326**	**0**
Staff expenses	8 393	
General expenses	736	
Financial expenses	1 197	
Exceptionnal expenses	0	
4/ ALLOCATION TO PROVISIONS	**1 045**	**0**
5/ TAX ON PROFITS	**0**	**0**
6/ DEDICATED FUNDS CARRIED FORWARD	**261**	**16**
TOTAL EXPENDITURE	**123 282**	**150**
SURPLUS RESOURCES FOR THE FISCAL YEAR	1 827	0

INCOMES	K€	OF WHICH PUBLIC GENEROSITY
1/ PUBLIC FUNDRAISING INCOME	**150**	**150**
Non-allocated individual donations	2	2
Allocated individual donations	149	149
2/ INCOME NOT FROM PUBLIC GENEROSITY	**6 061**	**0**
Private Funds	4 385	0
Financial income	1 611	0
Other income	66	0
3/ SUBSIDIES AND OTHER PUBLIC SUPPORT	**115 807**	**0**
French Government	21 433	0
European Union	41 118	0
United Nations	21 340	0
US Government	19 445	0
Other public institutions	12 471	0
4/ REVERSAL OF PROVISIONS AND IMPAIRMENT	**3 090**	**0**
TOTAL INCOME	**125 109**	**150**
EQUITY FINANCING	0	0

TESTIMONIAL FROM OUR PARTNERS

AIRLINK



Since our partnership began in 2024, Airlink and Première Urgence Internationale have worked together to strengthen the delivery of humanitarian aid across some of the globe's most challenging environments. In 2025, this partnership enabled the rapid delivery of essential medical and nutrition supplies to over 579,000 people in Chad, the Democratic Republic of Congo, and Yemen – reaching communities with limited air and road access while saving nearly $300,000 in transportation costs. The strength of this partnership allowed Airlink and Première Urgence Internationale to quickly scale up our collaboration in 2025 when humanitarian need was unprecedented.

Our partnership goes beyond logistics. What sets Première Urgence Internationale apart is their genuine willingness to engage and problem-solve alongside the Airlink team. Humanitarian logistics is rarely straightforward, and when routing constraints, customs hurdles, or last-mile access challenges arise, Première Urgence Internationale meets them with creativity and open communication – trusting Airlink to design solutions that overcome barriers to aid delivery.

Airlink's ability to solve logistical challenges only translates into impact when our partners are equally invested in making it work. In Première Urgence Internationale, we've found a trusted partner that treats effective logistics as a shared responsibility.

Together, we are showing what's possible when trust, collaboration, and a shared sense of urgency drive humanitarian response even in the most complex crises. In 2026, Airlink and Première Urgence Internationale continue to deliver aid to communities in crisis – having already delivered nearly 30 metric tons of relief supplies to over 16,000 people in Chad and Sudan.

Peter Frey

Humanitarian Program Manager, Sub-Saharan Africa

SANOFI FOUNDATION



The Sanofi Foundation and Première Urgence Internationale share a relationship of trust built over the years, always dedicated to serving the most vulnerable populations.

Our collaboration takes several forms. First, through emergency responses coordinated with Tulipe, which enable us to deliver donations of essential medicines where the need is greatest. Second, through the co-development of long-term projects under our Climate and Health Resilience pillar—of which the Ngaba project in Kinshasa is a concrete example: 140,500 people reached with health education, 33 health workers trained, and 6 health facilities supported over two years. More recently, we have also provided direct financial support to address the Ebola crisis in the Democratic Republic of the Congo.

But what excites us most is what we still have to build together. The Sanofi Foundation is entering a new strategic phase, focused on children and youth. We are convinced that Première Urgence Internationale, with its on-the-ground expertise and strong community ties, will be a key partner in bringing this vision to life.

Thank you to all the teams at Première Urgence Internationale for their dedication and professionalism.

Sandrine Bouttier-Stref

Executive Director, Sanofi Foundation

ACKNOWLEDGEMENTS

PUBLIC PARTNERS

▪ **The European Union:** Directorate-General for Humanitarian Aid (DG ECHO); the Neighbourhood, Development and International Cooperation Instrument (NDICI);

▪ **The United States Department of State;**

▪ **French cooperation:** the Ministry for Europe and Foreign Affairs, notably through the Crisis and Support Centre (CDCS) and the French Initiative for Food Security (IFSAN), as well as the French Development Agency (AFD);

▪ **The Swedish International Development Cooperation Agency (SIDA)**

▪ **Bilateral cooperation agencies:** the British Council Cultural Protection Fund; the Foreign, Commonwealth & Development Office (FCDO); the Italian Agency for Development Cooperation (AICS); the German Federal Foreign Office (GFFO); the Swiss Agency for Development and Cooperation (SDC); the Spanish Agency for International Cooperation and Development (AECID); Global Affairs Canada;

▪ **United Nations agencies:**

- Office for the Coordination of Humanitarian Affairs (OCHA), notably through the Humanitarian Pooled Fund (HPF);
- the United Nations Children's Fund (UNICEF);
- the United Nations Population Fund (UNFPA);
- the United Nations Refugee Agency (UNHCR);
- the World Health Organisation (WHO);
- the United Nations Educational, Scientific and Cultural Organisation (UNESCO);
- the United Nations World Food Programme (WFP);
- United Nations Office for Project Services (UNOPS);
- Food and Agriculture Organisation of the United Nations (FAO);
- International Organisation for Migration (IOM);

▪ **Other national or international organisations and bodies:** Start Fund; Global Fund;

▪ **French local authorities:** City of Paris, Evry-Courcouronnes City Council

PRIVATE PARTNERS

Fondation pour le Logement des Défavorisés, Citi Foundation, Suez Foundation, Women's Hope International, Sanofi Foundation, American Friends of Le Korsa, Stand Speak Rise Up!, ALIPH Foundation, Al Basma Foundation, L'Oréal Climate Emergency Fund, Americares, UTMB Cares Endowment Fund, ESRI France, action medeor e.V., Airlink, Air France Corporate Foundation, Direct Relief, Wavestone, Fonto de Vivo, Tulipe, CMA CGM Foundation

PREMIERE URGENCE INTERNATIONALE