



INTERNATIONAL OF HUMANIST DOCTORS

— IMH —

FOUNDING MANIFESTO & CODE OF ETHICS

For a medicine that refuses indifference

French-speaking Sub-Saharan Africa · International headquarters to be determined
Founded in 2026

I. Preamble — The reality that compels us

Millions of men, women, and children die every year in Sub-Saharan Africa of curable diseases. Not out of fate, but out of absence: absence of accessible care, absence of infrastructure, absence of political will, absence of organized solidarity. These deaths are not accidents of history. They are the result of systemic health precarity, inherited from decades of misguided policies, staggering economic inequality, and a collective disengagement of the international medical community from the world's most vulnerable populations.

We, physicians of every origin and every discipline, refuse this indifference. We believe that the Hippocratic oath knows no borders. We affirm that access to care is a fundamental right, not a privilege. And we choose to act.

It is from this conviction that the International of Humanist Doctors is born.

II. Identity & Vision

Our identity

The International of Humanist Doctors (IMH) is an internationally oriented association, bringing together physicians, health professionals, and advocates for the right to health from around the world, who focus their humanitarian and structural action on French-speaking Sub-Saharan Africa.

Our vision

An African continent where no human being dies for lack of access to quality medical care. An Africa in which community health systems are strengthened from within, driven by local actors who are trained, equipped, and supported.

Our mission

IMH's mission is to mobilize, organize, and deploy effective, sustainable international medical solidarity that respects the beneficiary communities, in the areas of French-speaking Sub-Saharan Africa most affected by health precarity.

III. Our Founding Values

HUMANISM

The human being is at the center. Every life has equal and absolute value, regardless of social, ethnic, religious, or geographic origin.

CONCRETE SOLIDARITY

We do not act out of pity, but out of conviction.

DIGNITY

Every IMH intervention preserves and reinforces the dignity of beneficiaries. We reject the medical and colonial paternalism that has long characterized international aid.

LOCAL ROOTEDNESS

The solidarity we practice is demanding, organized, and results-oriented.

Our programs are not imposed from outside. They are co-built with local communities and caregivers, who become their principal actors.

Two cross-cutting values guide all our actions: Independence (IMH is affiliated with no political party, no government, no religious ideology) and Medical Excellence (we offer only care that meets international scientific standards).

IV. Field of Action

Priority areas of intervention

IMH focuses its actions in the areas of French-speaking Sub-Saharan Africa with the weakest health development indices:

- Sahel: Mali, Niger, Burkina Faso, Chad
- Central Africa: Cameroon, Central African Republic, Democratic Republic of Congo
- Coastal West Africa: Guinea, Guinea-Bissau, Sierra Leone, Liberia
- Madagascar and the French-speaking islands of the Indian Ocean

Programmatic pillars

IMH structures its action around five complementary pillars:

Pillar 1 — Emergency primary care

Deployment of mobile medical missions in areas without health infrastructure. Response to life-threatening emergencies, endemic infectious diseases (malaria, tuberculosis, cholera, meningitis), and maternal and infant mortality.

Pillar 2 — Strengthening local health systems

Training of community health workers, technical support to rural health centers, donation of medical equipment, and implementation of care protocols adapted to local contexts.

Pillar 3 — Maternal and pediatric health

Reducing maternal mortality through access to assisted deliveries. Vaccination, nutritional monitoring, basic pediatrics. Specific programs for pregnant women in areas of conflict or extreme precarity.

Pillar 4 — Advocacy and the fight against health precarity

Production of reports on the health status of precarious populations. Engagement with governments, international organizations, and donors. Advocacy for stronger public health policy in Africa.

Pillar 5 — Telemedicine and adapted innovation

Development of digital remote-consultation solutions for hard-to-reach areas. Training in AI-assisted diagnostic tools adapted to resource-limited settings.

V. Code of Ethics

Every IMH member commits to upholding the following principles without exception:

THE TEN COMMITMENTS OF THE IMH HUMANIST DOCTOR

1. I care without discrimination

No criterion — ethnic, religious, political, sexual, or social — can justify a refusal of care or a difference in treatment.

2. I respect the sovereignty of communities

I do not substitute my judgment for that of the communities I accompany. I am a partner, not a guardian.

3. I refuse any political instrumentalization

I do not let any governmental, partisan, or commercial organization use my actions for purposes that do not serve patients.

4. I maintain my professional excellence

Precarity in the field is no excuse for medical approximation. I maintain the most rigorous standards possible.

5. I report violations of health rights

I denounce, through appropriate channels, any serious breach of fundamental health rights that I witness.

6. I take care of myself in order to take care of others

I recognize my limits. I do not irresponsibly put my physical or mental health at risk.

7. I pass on knowledge and I train others

Every mission is an opportunity for skills transfer. I never leave without having built more capacity than existed on my arrival.

8. I report with transparency

My actions are documented, my results are measurable and can be communicated. I am accountable to IMH, to beneficiaries, and to donors.

9. I respect confidentiality

Patients' medical information is sacred, whatever the operational context.

10. I carry the voice of the invisible

My commitment does not end when the mission is over. I bear witness, I raise awareness, I advocate so that those I have cared for cease to be invisible to the world.

VI. Governance & Membership

Governance structure

IMH is governed by three complementary bodies:

- The General Assembly of Members: the sovereign body, meets annually, elects the Board of Directors.
- The Board of Directors: composed of 9 to 15 elected members, sets strategic direction, approves budgets, and appoints the Executive Director.
- The Executive Office: manages day-to-day operations, composed of an Executive Director, a Programs Director, a Resources Director, and a Communications Officer.

An independent Scientific and Ethics Committee validates medical protocols, examines complex ethical situations, and guarantees the scientific quality of interventions.

Who can join IMH?

IMH is open to:

- Any licensed physician, in any specialty
- Any paramedical health professional (nurses, midwives, physiotherapists, biologists, pharmacists...)
- Any academic or researcher working in the field of African public health
- Any associative or institutional actor who shares IMH's values (associate members)

VII. Founding Declaration

“Humanist medicine is not an option. It is a moral obligation.”

We, the founding members of the International of Humanist Doctors, gathered in a constituent assembly, solemnly declare:

That health precarity in Sub-Saharan Africa is a humanitarian and moral emergency to which the international medical community has a duty to respond.

That we devote our expertise, our time, and our commitment to building a humanist medical organization equal to the needs of the African continent.

That we will act with humility, rigor, courage, and solidarity, guided by the sole compass of human dignity.

Signatures of founding members:

Name, First Name — Specialty — Country
Name, First Name — Specialty — Country
Name, First Name — Specialty — Country
Name, First Name — Specialty — Country
Name, First Name — Specialty — Country
