



MEDECINS SANS FRONTIERES
无国界医生

MSF HONG KONG ACTIVITY REPORT

无国界医生 (香港) 活动报告 2019

主席和总干事的话

Dear Friends,

Every year takes its toll on humanity in a different way and sets MSF new tests to be overcome for our patients. Long-lasting conflicts and violence, epidemic outbreaks and the scale of natural disasters have devastated communities and once again challenged our humanitarian response on the ground. We found new ways to adapt and to continue our life-saving work for millions of people. Sometimes the hazards can take a lot of time and staff effort to manage the risks and even then we may be restricted in the places and people we are able to help.

In Yemen, where the war entered its fifth year, the collapse of both the economy and health system has resulted in people continuously dying from preventable diseases. An MSF report showed that a significant number of expectant mothers and sick children had died because of the delay in receiving care. Though the rate of airstrikes has slowed, fighting raged on many of the front lines that have torn the country apart.

In the Central African Republic, there were numerous attacks against unarmed people and civilian infrastructure. In just one example in late May, gunmen shot dead more than 50 people they had brought together under the pretence of organising a community meeting. The conflict severely limited access to medical care: when MSF teams came to administer vaccines in Mingala town, residents had not seen a doctor or humanitarian worker for more than two years.

Millions of people driven from their homes in war-torn Syria are still living in unsafe and precarious conditions in camps. Our efforts to deliver assistance to them were severely hampered, not only by insecurity but also administrative challenges. In October, due to the Turkish military operation in northeast Syria, we were forced to reduce our presence or withdraw teams from several locations, leaving vulnerable people with limited access to healthcare. MSF teams were also reduced in both Raqqa city and in Al-Hol camp, where 70,000 people are held, 94 per cent of whom are women and children. Against all odds, we still maintain a presence in Syria and try to provide assistance where possible. Much of our work is in supporting medical networks and local hospitals, who are able to provide some level of care to people. However, we are not currently able to work in the country to the level that we would like and that also meets people's needs.

Meanwhile, large-scale measles outbreaks swept across several countries during 2019, resulting in thousands of deaths. The Democratic Republic of Congo (DRC) was particularly hard hit, with 310,000 cases and around 6,000 deaths, three-quarters of them are children under five years old. In one week alone in November, nearly 10,000 cases were recorded across the country. MSF launched activities in 15 provinces, vaccinating over half a million children and treating more than 30,000 patients.

By the end of the year, the Ebola outbreak in north-eastern DRC had claimed over 2,200 lives. MSF was frustrated with the slow and restricted vaccination efforts, leaving MSF vaccination teams on standby for weeks, while we publicly called on the World Health Organization for more information about vaccine supply. Our teams continued to tackle the disease in North Kivu and Ituri provinces but concern about violence in the area and the failure to gain people's trust impeded activities. Two of the Ebola treatment centres we ran in North Kivu were attacked and burned down within days of each other in February.

Natural disasters had also taken a toll in Africa. In March, a weather system dumped heavy rain on Malawi, leading to severe flooding, before heading out to sea and developing into Cyclone Idai, which hit Mozambique first, and then Zimbabwe. Around 80 per cent of Beira town in Mozambique was destroyed in the storm. MSF launched a large-scale intervention to provide medical care, conduct water and sanitation activities, rebuild damaged health facilities, and assisted local authorities to contain a cholera outbreak, including through vaccination campaigns.

In October, parts of South Sudan, Sudan and Somalia were severely affected by floods. In South Sudan, hundreds of thousands of people were displaced and unable to meet their most basic needs. The price of food tripled, making it unaffordable for many. In the eastern town of Pibor, the MSF hospital flooded and was forced to move, before the new area also flooded. All of which significantly reduced our lifesaving activities.

各位朋友：

每年，世界各地不少灾难和危机都威胁着人们的生命，也对无国界医生和病人带来各种新的考验。长期的冲突、暴力、流行病，以及大规模天灾，不但对社区造成破坏，也再次为我们在各地的人道救援工作带来挑战。我们找到新的方法应对困境，延续我们救助数百万生命的医疗工作。面对灾难，我们或需要耗费大量时间和人力管理潜在风险，有时甚至会限制了我们能提供援助的地点和对象。

在也门，冲突至今持续5年之久，当地经济和卫生系统崩溃，人们接连死于可预防的疾病。无国界医生的报告显示，大量孕妇和病童因耽误治疗而死亡。虽然空袭次数有所减少，但是冲突频仍，让也门变得四分五裂。

中非共和国持续发生针对手无寸铁的平民和民用基础设施的袭击。举例来说，5月下旬，当地就有数名枪手以社区会议为名，号召多人出席，并枪杀了50多人。冲突严重妨碍人们获取医疗服务，无国界医生团队来到明加拉镇接种疫苗时，当地人已经两年多没有见过医生或人道救援工作者。

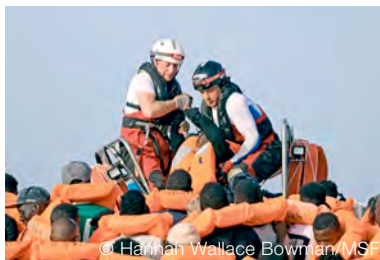
叙利亚饱受战火摧残，数以百万计的叙利亚人被迫逃离家园，栖身于环境恶劣的难民营。局势不稳，加上行政上的挑战，严重阻碍我们的救援工作。10月，土耳其在叙利亚东北部发动军事行动，我们被迫在多个地点减少工作，甚至撤离，弱势社群因而难以获得医疗服务。无国界医生缩减于拉卡市和阿尔霍尔营地的工作规模，难民营收留了7万人，当中94%是妇女和儿童。尽管困难重重，我们仍努力维持在叙利亚的工作，并在可行情况下继续救援工作，包括支援当地医疗网络和医院，为当地人民提供一定程度的医疗服务。可是，我们目前在当地的工作暂时仍未符合所希望达到的规模，也不能完全解决当地人的需求。

2019年，大规模麻疹爆发席卷多个国家，导致数千人死亡。刚果民主共和国所受到的打击尤其严重。31万人受感染，约6,000人死亡，当中四分之三是5岁以下儿童。其中在11月，单一星期内，全国出现近1万宗个案。无国界医生在该国15个省份展开工作，为超过50万名儿童接种疫苗，并治疗超过3万名病人。

到了年底，刚果民主共和国东北部爆发埃博拉疫情，夺去超过2,200人的性命。由于疫苗接种受到限制，进展缓慢，无国界医生在当地的疫苗接种队伍被迫待命数星期，我们为此感到失望，同时公开呼吁世界卫生组织提供更多有关疫苗供应的资料。在北基伍省和伊图里省，我们的队伍继续应对疾病，但由于当地持续发生暴力事件，我们未能得到当地人信任，应对工作一度受阻。同年2月，我们在北基伍省营运的两个埃博拉治疗中心在几天内相继遇袭和被烧毁。

非洲也受到自然灾害打击。3月，马拉维暴雨引发严重水灾，大量雨水冲入大海，其后形成热带气旋“伊代”。“伊代”先后侵袭莫桑比克和津巴布韦，莫桑比克的贝拉市约有八成区域遭到风暴摧毁。无国界医生展开大规模救援行动，提供医疗和水利卫生服务，重建被损毁的医疗设施，并协助当局进行疫苗接种等工作，以控制霍乱疫情。

10月，南苏丹、苏丹和索马里部分地区受水灾严重影响。南苏丹有数十万人流离失所，日常生活受到影响。粮食价格上涨两倍，许多人无法负担。无国界医生在东部城镇皮博尔的医院因洪水泛滥而被迫迁离，但是最终新址也同样受水灾影响。这些事件都大大阻碍我们进行救援工作。



Throughout 2019, MSF worked in 72 countries and regions worldwide.
2019年，无国界医生在全球72个国家和地区工作。

Migrants and asylum seekers continued to be abandoned, neglected or pushed back by authorities across the world. While MSF was able to resume our Mediterranean search and rescue operations in August with a new boat, the Ocean Viking, thousands of migrants were trapped in Libya amidst a complex war and increasing violence. MSF teams treated people in Libya and on the Greek islands, including those with severe mental health issues that had developed as a result of their plight.

In 2019, Hong Kong went through a particularly challenging time, which has also been very concerning for MSF staff, members and donors. For several months our team were monitoring and in contact with medical networks and organisations. The escalation of situation at Hong Kong Polytechnic University campus in November was the moment our team saw the time to respond. The restrictions that had been placed on people entering the campus could have led to a potential lack of professional medical attention. MSF entered the campus with police permission and medically assisted 29 patients. Months of uncertainty has taken a toll on everyone's mental health and wellbeing. This has compelled us to work on improving aspects of our activities here in Hong Kong, especially to support people who are the most vulnerable and neglected in our community.

We are grateful to our donors whose support make our work possible, and to all MSF field workers, who give their time and skills to assist others at often considerable risk to themselves. Our thoughts remain with Romy, Richard and Philippe, our colleagues abducted in DRC in July 2013, who are still missing.

移民和寻求庇护者依然面对被各地政府遗弃、忽视和遣返的困境。叙利亚局势复杂，暴力持续升温，无国界医生在8月通过最新一艘救援船“Ocean Viking”恢复地中海搜救行动，但仍有数千名移民被困于利比亚。无国界医生团队在利比亚和希腊岛屿上展开医疗救援，包括支援受到严重心理健康问题困扰的人群。

2019年，香港经历了重大挑战，无国界医生、职员、成员及支持者都深表关注。过往数月，我们在香港的团队一直密切留意情况，并与医疗人员和组织保持联系。11月，由于人群被限制进出香港理工大学，校园内有医疗需要的人士，或许未能获得具有专业资格的医护人员照顾，我们观察到这正是需要我们提供医疗支援的空间。在获得警方许可后，我们的团队进入大学校园，并为29名伤患提供医疗支援。多月来的不稳状况，或会影响香港人的身心健康，也促使无国界医生调整在香港的工作，重点支援社会上最脆弱和被忽视的群体。

我们衷心感谢捐赠者的慷慨捐助，成就我们的工作。我们亦非常感谢在各地工作的前线救援人员愿意付出时间，在各个岗位上发挥所长，即使经常面对各种威胁，仍尽心提供医疗救援。

最后，我们仍然不忘于2013年7月在刚果民主共和国被绑架的同事罗米、瑞查德和菲利浦，他们至今仍然失踪。

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Asia 亚洲

Afghanistan 阿富汗

In 2019, presidential elections and peace talks led to renewed violence, which further reduced people's access to healthcare. MSF ran projects in six provinces, with a focus on emergency, paediatric and maternal healthcare. In Herat, MSF opened a clinic on the outskirts of the city in December 2018 to respond to the influx of internally displaced people and treated over 44,000 patients in 2019. Our work in Herat regional hospital changed from the emergency room to therapeutic feeding for malnourished children.

In Kandahar, MSF managed the shift from injections to a nine-month oral drug treatment in our multidrug-resistant TB project. The Boost provincial hospital project turned 10 years, and we continued to run the 24-hour maternity hospital in Khost, as well as the wound care clinic in Kunduz. In Kabul, we handed over the Ahmad Shah Baba project to the Ministry of Public Health, while continuing to deliver comprehensive emergency obstetric and neonatal care in the hospital in Dasht-e-Barchi.

2019年，总统选举与和平会谈再度引发冲突，让人们更难获得医疗服务。无国界医生在当地6个省展开救援项目，重点关注紧急救援、儿科和妇产科护理。2018年12月，无国界医生在赫拉特市郊开设诊所，支援大量涌入的流离失所者，并在2019年医治逾44,000名病人。我们在赫拉特地区医院的工作则由急诊室转为治疗营养不良的儿童。

无国界医生在坎大哈的耐多药结核病项目已将注射用药物改为9个月的口服药物治疗。我们在赫尔曼德省布斯医院的项目成立10周年，并在霍斯特省继续运作24小时服务的妇产科医院和昆都士省的创伤护理诊所。同时，我们将喀布尔的艾哈迈德沙巴巴项目交给当地卫生部门继续跟进，并继续在达什巴尔切医院提供紧急妇产科和新生儿护理服务。



Young patients are assessed for malnutrition at the MSF health clinic on the outskirts of Herat City.

无国界医生在赫拉特郊区的诊所为年幼的病人评估营养不良的状况。

Bangladesh 孟加拉国

MSF remains one of the main providers of medical assistance to the stateless Rohingya in the largest refugee camp in the world on the border with Myanmar. Rohingya refugees continues to struggle with unemployment, dire living conditions and a sense of hopelessness, coupled with traumatic memories. With an improvement in the quality and reach of our healthcare, and the trust in our services, there was a significant increase in the number of people attending our facilities. We have expanded our mental health services in response to the evolving needs among Rohingya people.

Our teams in Dhaka continue to run a unique occupational health programme in Kamrangirchar. We conducted 10,500 consultations for factory workers and started a new mobile health clinic specifically for tannery workers. We also run sexual and reproductive health services for girls and women and offer comprehensive treatment for victims of sexual and intimate-partner violence, with integrated mental health support.

无国界医生仍是其中一个主要的医疗救援组织，为居于孟加拉国与缅甸边境的全球最大难民营中，无国籍的罗兴亚人提供医疗援助。罗兴亚难民继续在失业、严峻的生活条件、绝望感和创伤的记忆中挣扎求存。随着医疗护理质量和覆盖范围的改善，以及对我们的服务所建立的信心，到我们的医疗设施寻求协助的人数显著增加。我们也扩展心理健康项目，以应对罗兴亚人与日俱增的需求。

我们在达卡的团队继续于卡兰格查运作当地独有的职业健康项目，为工人提供10,500次诊症，并为制革工人开设新的流动诊所。另外，我们为女童和妇女提供性与生殖健康服务，还为性暴力和亲密伴侣暴力的幸存者提供综合心理健康支援。



MSF built water and sanitation facilities in Jamtoli camp for Rohingya refugees, Cox's Bazar, Bangladesh.

在孟加拉国科克斯巴扎尔区的贾姆托利难民营内，无国界医生为罗兴亚难民建设水利卫生设施。

Cambodia 柬埔寨

After three years of collaboration with Preah Kosamak hospital in the capital, Phnom Penh, and the introduction of simplified diagnosis and treatment strategies for hepatitis C, MSF handed these activities over to the hospital in June. We continued to treat patients in the Municipal Referral Hospital, trying to identify barriers to hepatitis C care in the city environment. At the same time, we scaled up hepatitis C care in two rural operational districts in Battambang province.

无国界医生与首都金边波列科萨玛医院合作3年，引入了更有效的丙型肝炎诊断和治疗策略，还提供简化的诊断和治疗，并在6月将项目交接给医院。我们继续在金边市转诊医院治疗病人，从而了解在城市环境下提供丙型肝炎护理的难处，同时在马德望省的两个乡村地区扩大丙型肝炎的护理工作。



MSF nurses test blood samples of villagers for Hepatitis C during an active case finding campaign in a village in Cambodia.

在柬埔寨的乡村，无国界医生的护士在主动筛检丙型肝炎病例的活动上，为村民化验血样。

India 印度

MSF has focused on providing high level holistic care to HIV/AIDS patients in Bihar. We supported the Ministry of Health in managing dedicated holistic care in patient ward, to ensure patients are treated in a dignified manner while providing safe and targeted treatment. We extended our TB activities to eight health posts in Mumbai and provided specialised TB, HIV and hepatitis C through four clinics in Manipur.

Besides, MSF treated nearly 1,000 children with severe acute malnutrition through 47 outpatient feeding centres in Jharkhand.

在印度比哈尔邦，无国界医生一直为艾滋病患者提供高度整体关怀护理。我们支援当地卫生部门管理病房的整体护理，确保在提供安全和适切的治疗时，患者能够得到应有的尊严。我们也将治疗结核病的工作扩展至孟买的8个医疗站，以及在曼尼普尔邦4间诊所提供结核病、爱滋病和丙型肝炎的专门治疗。

这一年，无国界医生在贾坎德邦的47个门诊喂食治疗中心治疗了近1,000名严重急性营养不良的儿童。



MSF Health Promoter walks with a woman during post-natal care home visit, conducted as part of a community approach session held in the village of Tetrai, Chhattisgarh, India.

无国界医生健康促进员正陪伴一名刚接受产后护理的妇女。在印度蒂斯加尔邦村，团队以社区为本的方式工作。

Indonesia 印度尼西亚

In Banten and Jakarta provinces, MSF focuses on improving adolescent healthcare, supporting health centre staff and strengthening capacity. We also run health promotion activities and education sessions for teens and parents in their villages or in the MSF education centre. During 2019, we provided 75 counselling sessions, supported 5,161 consultations in adolescent healthcare services and carried out ante-and postnatal consultations with 297 pregnant adolescents. In addition, we initiated five health programmes in schools.

Drawing on the lessons learned from our responses in three major natural disasters in 2018, MSF is engaging with Indonesian disaster management agencies to offer crucial technical support and assistance with the development of the national response capacity. We also continued our response to the December 2018 tsunami in the Sunda Strait before ending the intervention in April.

在万丹省和雅加达省，无国界医生集中改善青少年的医疗护理、支援医疗中心的工作人员和提升能力。我们还在村落或无国界医生教育中心，为青少年和家长举行健康教育和推广活动。2019年，我们提供了75次辅导，在青少年医疗服务设施支援5,161次诊症，并为297名怀孕少女进行了产前和产后诊症。此外，我们在学校推行了5项健康计划。

吸取2018年在印度尼西亚三度应对天灾的经验，无国界医生正与当地灾害管理机构合作，提供重要的技术支持，以提升国家的应急能力。另外，我们持续应对2018年在巽他海峡发生的海啸带来的后遗症，应对工作至4月完结。



MSF's health facility continues to deliver health services, conduct outpatient care and polyclinic for children in Central Sulawesi after communities experienced natural disaster. 苏拉威西岛中部的社群经历天灾后，无国界医生的医疗设施继续为儿童提供服务，例如门诊诊症和基本护理。

Myanmar 缅甸

More than 50,000 people were displaced in 2019 due to continuous fighting in Rakhine state. After several months when MSF was prevented from working, we were able to resume activities to assist the displaced in Buthidaung and Maungdaw.

In Central Rakhine, MSF continues to work in displacement camps where thousands of Rohingya and other ethnic minorities were displaced. We deployed seven mobile clinics offering general healthcare and emergency referrals. In Kachin and Shan, MSF also opened two new project sub-sites to provide general healthcare and treatment for sexual and gender-based violence, HIV, hepatitis C and tuberculosis. We continued to offer comprehensive HIV care, treatment and prevention for people in Dawei. Our motorcycle teams provide general healthcare to isolated communities in Naga.

2019年，若开邦的冲突持续，导致超过5万人流离失所。无国界医生的工作一度被迫暂停多月，最终能够重返布迪当和貌夺镇，再次为流离失所者提供支援。

在若开邦中部，无国界医生继续在流离失所者营地内，为数以千计的罗兴亚人和少数民族裔提供援助。我们开设了7间流动诊所，提供一般医疗护理和紧急转介服务。而在克钦邦和掸邦，我们则开设了两个新的项目分支，为性与性别暴力的幸存者、艾滋病、丙型肝炎和结核病患者提供医疗护理。

无国界医生继续为达瓦地区人们提供全面的艾滋病护理、治疗和预防。我们的摩托车队也继续为那加和偏远的社区提供综合医疗护理。

The Philippines 菲律宾

MSF works to improve sexual and reproductive healthcare for Manila's slum dwellers and assist internally displaced people and returnees in post-conflict Mindanao.

In Manila, working in collaboration with Likhaan, a local organisation, we continue to offer family planning, ante- and postnatal care, management of sexually transmitted infections, and screening and treatment for cervical cancer in the San Andres and Tondo areas of the city. In 2019, our teams conducted 15,000 family planning sessions and screened 4,352 women for cervical cancer. We also worked with health authorities to vaccinate 2,230 girls against human papillomavirus, which is responsible for the cancer.

Over 70,000 people were still internally displaced due to the battle for control of Marawi city in 2017. MSF supports three facilities for basic and mental healthcare and treatment for non-communicable diseases.

无国界医生在马尼拉的贫民窟改善性与生殖健康服务，协助流离失所者和棉兰老岛冲突后重返家园的人。

在马尼拉，无国界医生与当地组织“Likhaan”合作，在圣安德烈斯和汤都区继续提供家庭计划辅导、产前和产后护理、管理性传播疾病、筛查和治疗子宫颈癌。2019年，我们的团队进行了15,000次家庭计划辅导，并为4,352名妇女进行子宫颈癌筛查。我们也与卫生部门合作，为2,230名女童接种有机会预防子宫颈癌的人乳头瘤病毒疫苗。

2017年发生的争夺马拉维市控制权的冲突，至今仍有超过7万人流离失所。无国界医生正在当地支援3间提供基本医疗和心理健康护理的设施，以治疗非传染性疾病。

Central African Republic 中非共和国

Although there have been fewer large-scale attacks on civilians, over 687,000 people were internally displaced, while the number of refugees from Central African Republic in its neighbouring countries had risen to 592,000. MSF continued to assist the local and displaced communities in six provinces and the capital, Bangui.

As the main organisation delivering medical and psychosocial care for victims of sexual violence, we have progressively integrated it into programmes across the country. Those include a range of specialised services, including a surgical trauma centre in the capital, maternal and childcare services, HIV and TB treatment. MSF supplied health centres with medicines and equipment, staff and technical training and supported hospital emergency rooms and paediatric wards, enabling the most severely ill children to obtain free specialist care.

虽然针对平民的大型袭击减少，但仍有超过68.7万人在国内流离失所，而由中非共和国涌至邻国的难民已增加到59.2万人。无国界医生继续在6个省份和首都班吉援助当地社群和流离失所者。

我们是当地为性暴力受害者提供医疗和心理社交支援的主要组织，并正逐步将相关支援融入其他地方的项目，包括首都的外科创伤手术中心，孕妇和儿童护理服务，艾滋病和结核病治疗。我们又向多间医疗中心提供药物、设备、人员和技术培训，并为医院急诊和儿科病房提供支援，让病情严重的儿童可以获得免费的专门护理。

Democratic Republic of Congo 刚果民主共和国

The Ebola outbreak declared on 1 August 2018 continued throughout 2019, spreading from North Kivu to South Kivu, and the neighbouring Uganda. MSF continued to provide assistance to people in North Kivu and Ituri, including medical care for confirmed and suspected Ebola patients and vaccinations for people in close contact with those patients. However, the Ebola treatment centres we supported in Butembo and Katwa came under violent attack in February, forcing our teams to leave the area. Over the following months, we reviewed our strategies on response work and scaled up our support to hospitals and health centres. The trust of the population and getting local communities to participate in the response effort are the challenges we have to overcome for an effective response strategy.

Meanwhile, the world's largest recorded measles outbreak was declared a national epidemic in June, with more than 310,000 people infected and over 6,000 deaths by the end of the year. MSF's response included support for local surveillance activities, mass vaccination, and treatment for complicated cases in 16 provinces.

Apart from tackling the outbreaks of measles and Ebola, MSF works in 21 of DRC's 26 provinces to provide a wide range of services including general healthcare, nutrition, treatment and prevention of HIV, tuberculosis and cholera.

自2018年8月1日开始爆发埃博拉疫情，至2019年疫情已由北基伍扩散至南基伍，以及乌干达邻近地区。无国界医生继续支援北基伍及伊图里民众，包括为确诊或怀疑感染埃博拉病毒的人提供医疗护理，也为与他们紧密接触的人注射疫苗。可是，我们在布腾博和加多亚支援的埃博拉治疗中心在2月相继遭受袭击，无国界医生团队被迫撤离。在往后数月，我们重新审视应对工作，并增加对医院及健康中心的支援，但如何获得当地人民信任和提升社区参与度仍是我们订立应对策略时遇到的挑战。

同时，该国于2019年6月宣布爆发全球最大型麻疹疫情，将其列为全国性流行病——至去年年底已有超过31万人受感染，超过6,000人死亡。我们的应对工作包括支援监察工作、大规模疫苗接种以及治疗16个省份中的复杂个案。

除了应对麻疹和埃博拉疫情，我们也为全国26个省份中的21个省，提供多方面的医疗援助，包括基本医疗护理、营养治疗，及治疗和预防艾滋病、结核病和霍乱。



MSF Ebola treatment centers in Butembo and Katwa, DRC were under attack in February, forcing the team to suspend its medical activities and even evacuate. 无国界医生位于刚果民主共和国布腾博和加多亚的埃博拉治疗中心，于2月相继被袭击，团队被迫暂停为病人提供医疗护理和撤离。

Ethiopia 埃塞俄比亚

By the end of 2019, Ethiopia was hosting 750,000 refugees from neighbouring countries and suffering itself from outbreaks of ethnic-based conflict and displacement. MSF continued to work with the Ethiopian authorities to respond to emergencies such as cholera and measles outbreaks, and to deliver healthcare to remote communities, as well as providing treatment for snakebites, kala azar (visceral leishmaniasis) and other neglected diseases.

We launched an emergency intervention in the southern part of the country to help the malnourished children and lactating women. The team treated 5,100 patients, with 3,820 of them severely malnourished children under the age of five.

In the Somali region, we operated 18 flexible mobile clinic sites to offer general healthcare and maternal health care. We also strengthened a dynamic health surveillance system via “tea team” to engage the community over tea, as is the local tradition.

2019年底，埃塞俄比亚收容邻国共75万难民，同时国内爆发种族暴力冲突，也令人们流离失所。我们继续与当局合作，应对霍乱和麻疹爆发等紧急情况，为偏远社区提供医疗护理，并为被蛇咬伤、患有黑热病（内脏利什曼病）和其他被忽视的疾病的病人提供治疗。

我们也在南部展开紧急应对工作，支援营养不良儿童和哺乳期妇女。在治疗性喂食门诊项目中，团队治疗了5,100名病人、其中3,820名为5岁以下严重营养不良儿童。

在索马里地区，我们设置18间流动诊所，提供基本医疗及妇产科护理。为加强社区健康监测系统，我们组成「茶队」，以茶这当地传统深入社区。



MSF medical team prepares to attach an IV line to a malnourished child at the Gedeb hospital stabilization centre in southern Ethiopia.

在埃塞俄比亚南部的吉德布医院，无国界医生的医护团队准备为营养不良的婴儿进行静脉注射。

Mozambique 莫桑比克

Two tropical cyclones hit Mozambique between March and April 2019. MSF deployed emergency teams to provide medical aid to the displaced people. Ten days after the first cyclone hit, a cholera outbreak was declared. MSF teams supported the authority to vaccinate 900,000 people against the disease, set up water treatment plants, rehabilitated 18 health centres and distributed relief items. We conducted nearly 11,900 outpatient consultations, primarily for malnutrition and malaria, in 25 locations. The cyclones were joined by months of drought, all of which exacerbated food insecurity and malnutrition in the country.

Apart from emergency response to natural disasters, MSF teams also implemented specialised care and support packages for patients with advanced HIV situations. In a slum area of the capital, Maputo, we worked with a local organisation to run a drop-in centre for people who use drugs, and to provide testing and treatment for HIV, TB and hepatitis C. It is the only programme in Mozambique offering comprehensive harm reduction services, including needle and syringe distribution.

2019年3月至4月期间，两个热带风暴吹袭莫桑比克。无国界医生派出紧急救援队，为流离失所者提供医疗援助。被首个风暴吹袭10天后，当地爆发霍乱，团队继而协助当局为90万人接种疫苗、建设滤水厂、修复18个医疗中心及分发救援物资。我们在25个地点进行约11,900次门诊症，主要针对营养不良和疟疾病人。风暴紧接持续旱灾，加剧该国食物安全和营养不良的问题。

我们又为较严重的艾滋病病人提供专门护理和支援。在首都马普托贫民区，我们与当地组织合作，为吸毒人士开设活动中心，提供艾滋病、结核病和丙型肝炎的测试和治疗。这是该国唯一提供全面性减害服务的项目，包括分发针头和注射器。



Aerial view of town Buzi, Mozambique and the devastation caused by Cyclone Idai.

莫桑比克的布济镇被风暴“伊代”吹袭后所造成的破坏的俯瞰图。

Nigeria 尼日利亚

The conflict between the government and armed opposition groups has taken a severe toll, and the situation deteriorated in 2019 with opposition attacks on aid workers and the new counter-terrorism laws increasing restrictions on humanitarian action. MSF continued to assist people affected by conflicts and displacement with a range of basic and specialist programmes. In the northeast of the country, MSF teams provided emergency care to nearly 18,600 patients in two of the region's public hospitals.

Most of MSF's work is focused on helping people caught in this violence but there are other specialist projects including one for the gangrenous disease, noma. It causes disfigurement which affects young children in particular. In 2019, MSF teams carried out 170 surgical interventions and 530 mental health consultations, we also provide nutritional and psychosocial care and physiotherapy.

政府与反对派武装组织的冲突造成严重破坏，情况在2019年进一步恶化，发生反对派袭击医护人员的事件。而新订立的反恐法也增加人道救援行动的难度。尽管如此，我们仍继续提供基本及专科护理，协助受冲突影响及流离失所的人。团队也在该国东北部的两间公立医院为约18,600多名病人提供紧急护理。

大部分无国界医生在该国的工作都是帮助在冲突中受影响的人群，我们还另设其他专门项目，包括针对坏疽性口炎的工作。这种疾病会导致毁容，对幼儿影响尤其深远。2019年，团队进行了170次外科手术和530次心理辅导，也提供营养、心理社交支援及物理治疗服务。



MSF teams visit internally displaced persons camps in Maiduguri to hold health education sessions, explaining about the importance of hygiene.

无国界医生团队探访迈杜古里的流离失所者营地，并举行健康教育工作坊，解释保持卫生的重要性。

South Africa 南非

MSF continues to develop innovative strategies to prevent and treat HIV and tuberculosis (TB). In 2019, our large-scale community HIV/TB project in collaboration with Department of Health became the first in South Africa to reach the new and ambitious UNAIDS 90-90-90 targets. That has meant 90% of infected people know their status, are receiving treatment and of them, 90% have viral suppression.

The team also supported two multinationals, multi-site clinical trials which aim to find shorter, less toxic and more effective treatment regimens for multidrug-resistant TB. In addition, we also developed services in the urban slum of Khayelitsha to encourage patients, including those with advanced HIV to restart treatment. We offered preventive treatment to 204 patients, and distributed over 30,000 oral self-testing kits.

MSF works with the provincial health department in South Africa's platinum mining belt to provide victims of sexual violence with essential medical and psychosocial care through community clinics. In 2019, we handed over two of the four clinics to the department.

我们继续为预防和治疗艾滋病和结核病制定新策略。2019年，我们与卫生部合作，展开大规模艾滋病及结核病项目，是南非首个实现联合国艾滋病联合规划署制订“对抗艾滋病 — 90-90-90”目标的项目。“对抗艾滋病 — 90-90-90”目标是指90%艾滋病患者了解自己的状况，当中90%正在接受治疗；而他们当中已有90%病人的体内病毒载量已受抑制。

团队还支援两项跨国性临床测试，以寻找更快、毒性更小及更有效的耐多药结核病治疗。在卡雅利沙贫民窟，我们调整服务以鼓励艾滋病病人恢复治疗；又为204名病人提供预防治疗及派发30,000个口服检测试剂盒。

在南非的铂金矿带，我们与省卫生部合作，在诊所为性暴力受害者提供必需的医疗和心理支援。2019年，我们把4间诊所的其中两间交由该部门自行运作。



MSF team protests outside the office of the pharmaceutical corporation Johnson & Johnson, calling for a lower price of its anti-tuberculosis medicine bedaquiline for the patients, in order to reduce deaths.

无国界医生团队在制药企业强生公司位于南非的办公室外请愿，要求强生将其抗结核病药物贝达喏啉降价，以拯救更多生命。

South Sudan 南苏丹

Nearly one million people were affected by unprecedented heavy flooding from the middle of the year. Thousands were displaced, including many of our colleagues who lost their homes, crops and livestock. MSF deployed emergency teams to the worst affected areas where our health centres were submerged and destroyed, and set up a temporary facility to provide medical aid.

Malaria remained a major health concern in South Sudan. We treated more than 291,000 people, and ran prevention and awareness-raising activities in nearly all our projects.

As for so many years, MSF offered medical assistance and distributed relief items to refugees and displaced people in the country. In the hospitals that we run, we provided specialist healthcare, surgery, emergency services and mother and child care. In Abyei, a disputed area between Sudan and South Sudan, we completed the reconstruction of our hospital in February. It is the only secondary health care facility in the region and has eight wards, an operating theatre and a pharmacy.

2019年年中，近100万人受到严重水灾影响，成千上万人流离失所，我们的当地员工也失去房屋、农作物和牲畜。在灾情严重地区，我们有多间医疗中心被洪水淹没及摧毁，我们派出紧急救援队前往支援，并建立临时医疗设施提供治疗。

疟疾仍是当地面对的主要健康问题。我们治疗超过29.1万人，并在项目中举办预防和提高对疟疾认识的活动。

多年来，我们为难民和流离失所者提供医疗援助并分发救援物资，在我们支援的医院中提供专科医疗护理、手术、急诊服务以及母婴健康护理。2月，我们在苏丹和南苏丹之间的特别行政区阿卜耶伊完成医院重建。该医院为当地唯一的二级医疗设施，设有8个病房，一个手术室和药房。



MSF medical team conducts malaria tests for the people being affected by the flooding in South Sudan, a country where malaria is the biggest killer of children under five.

无国界医生医疗团队为受水灾影响的南苏丹人进行疟疾测试。疟疾是南苏丹5岁以下儿童的头号杀手。

The Americas 美洲

Venezuela 委内瑞拉

The political and economic crisis in Venezuela continued to take a heavy toll, with millions of people facing severe shortages of food, medicines and other basic goods. MSF scaled up its projects by rehabilitating hospitals, distributing medical supplies to facilities and patients, rebuilding water and sanitation systems and training staff.

In the capital, Caracas, we worked with local organisations and public institutions to provide medical treatment and mental health support to victims of sexual and urban violence.

In Anzoátegui state, over 25,300 people benefited from our services through a general healthcare centre, which include vaccinations, health promotion, and mental, sexual and reproductive healthcare. Support to the national malaria programme in the gold-mining area of Sifontes continued.

委内瑞拉的政治和经济危机持续恶化，数百万人面临粮食、药物和其他生活必需品严重短缺的情况。因此，无国界医生扩大应对工作，除了修复医院外，也向医疗设施和病人分发医疗物资、重建水利卫生系统以及培训员工。

在首都加拉加斯，我们与当地组织和政府机构合作，为性暴力和城市暴力的受害者提供医疗和心理健康服务。

在安索阿特吉州，超过25,300人在我们的综合医疗中心获得包括疫苗接种，健康教育、心理支援以及性与生殖健康的服务。我们仍然在西丰特斯金矿区支援国家疟疾项目的工作。

Iraq 伊拉克

Displaced people continued to return to their homes, following the war against the Islamic State group, yet more than a million still face significant barriers to getting basic services. The violent crackdown on protests in various cities also put additional pressure on the health system.

In 2019, we maintained our range of basic and secondary health services, such as maternity and neonatal care, emergency rehabilitation, surgery and post-operative care and mental health support for displaced people, returnees and vulnerable communities. Our teams also provided medical supplies and technical support to various hospitals across the country. In East Mosul, we continue to treat patients with violent or accidental trauma injuries; in west Mosul, we run a maternity unit with surgical capacity. In Baghdad governorate, we opened a project aimed at providing shorter and injection-free treatment for drug-resistant tuberculosis patients.

伊拉克与伊斯兰国战争爆发后，有流离失所者陆续返回家园，但仍有超过100万人未能获得基本医疗服务。各个城市的示威活动和暴力镇压也为当地医疗系统带来更沉重负担。

2019年，我们维持一系列基本和二级护理服务，例如产科和新生儿护理、紧急康复治疗、手术和手术后护理，以及为流离失所者、重返家园的人和弱势社群提供心理健康支援。我们的团队还为全国各地的多家医院提供医疗物资和技术支援。在摩苏尔东部，我们继续为遭受暴力或意外创伤的人提供治疗；在摩苏尔西部，我们负责运作一所可进行手术的妇产科设施。在巴格达，我们开设新项目，为抗药性结核病人提供疗程更短且无需注射的治疗。



MSF doctor talks with a patient about his chronic disease at the MSF clinic in Alwand 1 camp.
在阿勒万德难民营的无国界医生诊所内，医生向一名长期病患者讲解他的病况。

Lebanon 黎巴嫩

Mass protests across Lebanon have led to a stagnant economy, unemployment and limited basic services such as electricity and clean water. As a result, living conditions deteriorated and health costs increased. MSF continued to provide general and specialist healthcare to host, migrant and refugee communities.

In Bekaa Valley, an area with a dense Syrian refugee population, we ran general healthcare services, treated chronic non-communicable diseases, provided mental health support and sexual and reproductive healthcare services. There is also a specialised paediatrics programme in Zahle that includes emergency consultations, paediatric intensive care and treatment for thalassemia.

In Northern Lebanon, we initiated new operational research to test the feasibility of using a fixed-dose combination medication for patients with cardiovascular disease.

黎巴嫩各地的大规模示威导致该国经济活动停滞和失业率上升，基本服务如电力和食水供应亦十分有限。当地生活环境恶化、医疗费用增加。无国界医生继续为当地社群、移民和难民提供一般和专科医疗护理。

在大量叙利亚难民聚居的贝卡谷，我们提供基本医疗护理服务、治疗慢性非传染病、提供心理健康支援以及性与生殖健康服务。在扎赫勒，我们设立一个儿科专门项目，提供如急症服务、儿科深切治疗和地中海贫血治疗。

在黎巴嫩北部，我们展开新的研究项目，测试以固定剂量的复合制剂，治疗心血管疾病病人的可行性。

Syria 叙利亚

Civilian areas and infrastructure came under direct fire again in 2019. Our activities were restricted by insecurity and limits on access. In areas where access could be negotiated, our teams supported hospitals and health centres and provided healthcare in displacement camps. In areas where no direct presence was possible, we maintained our distance support, comprising donations of supplies, remote training of staff and medical advice.

In northwest Syria, MSF teams had to deal with mass-casualty influxes, with 10 or more wounded people arriving at once. Some MSF-supported hospitals were damaged by bombing, while others had to reduce or suspend their services. We supported basic and specialist healthcare in several hospitals and clinics in Idlib and Aleppo governorates. In Atmeh, we run a specialised burns unit. In Idlib, we scaled up our mobile clinics in displacement settlements. We also launched a large emergency response in Al-Hol camp by donating relief items and providing care.

2019年，叙利亚平民区和基础设施再次遭受袭击。因安全理由，我们进入受影响区域时受到限制。经谈判后，我们的团队得以进入某些地区，并在医院和医疗中心提供支援，在流离失所者的营地中提供治疗；在无法进入的地区，我们提供远程支援，包括捐赠物资，远程培训员工和提供医疗建议。

在西北部，大量伤者涌入，救援队需同时处理超过10名伤者。无国界医生支援的数间医院被炸毁，其他则不得不减少或暂停服务。我们为伊德利卜省和阿勒颇省的多家医院和诊所提供基本和专科医疗服务。在阿特梅赫，我们设有专门处理烧伤的医疗设施。在伊德利卜省，我们扩充了流离失所者收容所的流动诊所服务。我们还在阿尔霍尔营地展开大规模紧急应对工作，包括捐赠物资和提供医疗护理。



Syrian, Arab and Kurdish civilians flee with their belongings amid Turkish bombardment on Syria's northeastern town of Rasal-Ain in the Hasakeh province along the Turkish border.
因土耳其轰炸叙利亚东北部的边境城镇爱因角，迫使叙利亚、阿拉伯和库尔德的平民带着行装逃离战火。

Yemen 也门

Although the number of airstrikes decreased in the last quarter of 2019, ground fighting continued across several governorates. MSF worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 12 governorates.

Our teams witnessed numerous attacks on patients, medical facilities and civilians. We resumed our activities in Aden surgical hospital after a month of suspension following the kidnapping and killing of a patient. The hospital received mass casualties on several occasions; during an incident in August, our teams treated 119 people in less than 24 hours.

In response to the increased maternal and child healthcare needs, MSF has started to build a new maternity hospital in Al-Qanawes and continues to provide treatment for mothers and children in most of the governorates we support.

尽管2019最后一季的空袭次数减少，但多个省份的冲突仍持续。无国界医生在12家医院和医疗中心工作，为12个省的20多个医疗机构提供支援。

我们的团队多次目睹病人、医疗设施和平民遭受袭击。我们在亚丁的外科医院，曾因一名病人被绑架和杀害的事件而停运一个月，及后恢复运作。医院曾于多个情况下处理大量伤者。在8月的一次事件中，我们的团队在24小时内治疗了119人。

因产科及儿科护理的需求不断增加，无国界医生正在卡纳韦斯州兴建新的妇产医院，并继续在大部份设有项目的地区为妇女和儿童提供治疗。



The pharmacy of the MSF Mocha hospital burned as fire spread from the nearby buildings after an aerial attack, including a military warehouse.

无国界医生也门穆哈医院附近的建筑物，包括一个军用仓库遭到空袭后引发大火，导致医院的药房被烧毁。

Europe 欧洲

Search and Rescue 海上救援

In 2019, hundreds of people drowned off the Libyan coast, and yet attempting a deadly journey across the Mediterranean is still the only hope of escape for thousands of migrants and refugees. Amid deteriorating conditions in Libya, MSF resumed search and rescue operations in July 2019, with a new vessel the Ocean Viking, in partnership with SOS MEDITERRANEE.

By the end of December 2019, the Ocean Viking had rescued 1,373 people from flimsy boats in distress. However, the continued lack of a coordinated response at sea or adequate disembarkation mechanisms resulted in drawn-out suffering for survivors. In the onboard clinic, the MSF medical team treated patients with hypothermia, dehydration, seasickness and serious injuries such as chemical burns caused by fuel mixing with saltwater during the crossing.

2019年，数百人在利比亚海岸溺毙，但对于成千上万的移民和难民而言，踏上横越地中海这致命旅程仍是逃脱苦难的唯一希望。随着利比亚局势恶化，无国界医生与另一救援组织SOS MEDITERRANEE共同运作一艘新的救援船“Ocean Viking”，并于2019年7月重启海上救援行动。

2019年12月底，“Ocean Viking”在多艘于海上遇险的船只中救出1,373人。但是，海上救援行动仍缺乏协调和完善的停靠机制，使幸存者受苦。我们的医疗队在船上的诊所为伤病者提供紧急治疗，如低温症、脱水、晕船，以及严重伤势如因旅途上燃料和海水混合引起的化学灼伤。



© Faras Ghani/Al Jazeera

Rescue team helps rescue people on the boat in distress come on to the Rigid Hull Inflatable Boat.
救援队正帮助被困在遇险船只的人登上救生艇。



© Yann Libessart/MSF

On 8 November 2013, Typhoon Haiyan swept across central Philippines, causing devastation on an unprecedented scale. It claimed 6,300 lives and displaced some 4 million people. MSF has dispatched teams to the affected areas within a day after the super typhoon making landfall.

2013年11月8日，台风海燕横扫菲律宾中部，造成前所未有的破坏，6,300人死亡，400万人流离失所。无国界医生于海燕登陆后24小时内，派出救援队前往受灾地区，展开救援行动。

Responding to natural disasters: A race against time 应对天灾 分秒必争

Natural disasters occur in a matter of minutes and can affect the lives of tens of thousands of people. Houses can be flooded with water; roads can be shaken into fissures; people can be injured but healthcare and other local services can at the same time be disrupted. The need for medical humanitarian aid can then emerge very suddenly. The speed of response to these needs can make a big difference to the catastrophic toll taken. With decades of experience working in the aftermath of natural disasters and having projects in over 70 countries, MSF is often able to respond to the emergencies immediately.

Floods or tsunamis can cause many deaths but leave comparatively few injured survivors. Earthquakes can injure a huge number of people in just a few minutes, crushed in collapsed homes and buildings, while such damage may lead to the suspension of local healthcare. In other disasters, the health system may still remain functional, with a relatively strong disaster response capacity. The different impact of each disaster and its interaction with the local environment means that we have to adapt the level and type of our response. In some cases, where our team itself is affected by the disaster, we have to push the limits and squeeze our capacity to get the help to those in need. It can be a race against time to access isolated areas and for the injured needing medical treatment and those living in terrible conditions without any shelter, hours can make a critical difference to their chances of survival.

分秒之间，天灾可以影响成千上万人的生活。房屋被洪水淹没，道路震出裂缝，过程中或有人受伤，医疗和其他服务亦可能同时被中断。人道医疗需求于一瞬间大增，而能否及时应对这些需求，则大大影响灾难所造成的损伤规模。凭借过去数十年灾后应对工作的经验，以及在超过70个国家展开的恒常项目，无国界医生往往能够及时应对紧急情况。

水灾和海啸可造成多人死亡，受伤的幸存者人数相对地少；地震能在短短几分钟内造成大量灾民受伤，伤者被压在倒塌的房屋和建筑物里，当地医疗服务中断。至于其他灾难，医疗系统或能正常运作，亦有较强的救灾能力。每场灾难所造成的破坏各异，对当地环境所产生的影响也不同，因而我们每次都必须调整应对规模和类型。在某些情况下，如果我们的团队也遭灾害影响，我们就必须突破极限，竭尽所能，支援有需要的人。这是一场与时间的竞赛，进入偏僻地区，为伤者提供治疗，援助处于恶劣环境，无处可避的人，数小时内足以扭转他们的生死。



© Brian Sokol/Panos Pictures

A patient injured in the Nepal earthquake was sent back home in the mountainous area after his treatment in MSF's hospital. 尼泊尔地震的一名伤者在无国界医生的医院接受治疗后，被送回位于山区的家。

2015 April & May 2015年4月和5月

Nepal Earthquake 尼泊尔地震

Two earthquakes hit Nepal on 25 April and 12 May, killing an estimated 8,500 people and injuring another 20,000. After the first earthquake struck in April, MSF teams quickly arrived and focused on reaching the people in remote mountainous areas. Helicopter clinics were operated for emergency cases, while regular clinics were run in villages across six districts. In two severely affected districts, a 20-bed inflatable hospital and a tented clinic were temporarily set up. When the second earthquake struck in May, teams already operational were able to respond immediately. In June, three colleagues and their pilot died in a helicopter crash after delivering assistance.

尼泊尔分别在4月25日和5月12日发生两次地震，估计造成8,500人死亡和2万人受伤。4月发生第一次地震后，无国界医生队伍迅速抵达当地，致力接触偏远山区灾民，用直升机诊所处理紧急个案，并到6个地区的村落运作流动诊所。我们亦在两个重灾区临时设置一间有20张病床的充气帐篷医院和一间帐篷诊所。当5月发生第二次地震时，我们已在当地的救援队随即提供援助。6月，我们的3位同僚与机师在提供援助后，不幸因直升机坠毁丧生。



© Chai Xi

Eric describes logisticians as the swingman in basketball, they need to handle various tasks in short period of time, including setting up the tents, purchasing materials, distributing relief items and so on. However, the diligence and optimism of the Nepalese people helped him and the team to overcome the challenges.

梁瀚臻认为后勤人员的工作就如篮球场上的自由人一样多变，包括搭建帐篷、采购物资、派发救援物品等，而尼泊尔人们的勤奋和乐观都有助他和团队克服困难。

In response to the Nepal earthquake, Eric worked in Gorkha, where he had set up shelters, mobile clinics, and distributed relief items, such as shelter kits and construction materials. As roads to the villages were damaged from the earthquake, Eric and his team had to transport relief items by helicopter. "There were many limitations in using helicopters, such as load-carrying capacity, weather, fuel capacity, and more. We had to plan everything out carefully, such as the time we stayed at each village and the number of relief items to bring.

The weather in mountainous areas was often unstable, which makes it risky for helicopter operation." He still has vivid memory of an emergency landing he experienced due to thunderstorm, "The helicopter kept shaking, and I had the same feeling of weightlessness as from rollercoasters. This was just the second time I felt scared in my many years working with MSF." "The needs in an emergency response are often urgent and even concerned with an individual's life and death. As a logistician, we are given several high priority tasks at the same time, which have to be dealt with as quickly as possible," said Eric.

尼泊尔地震后，梁瀚臻到廓尔喀县协助应对灾情，负责为灾民设置临时栖身之所和流动诊所，派发救援物品，如物资包和建筑材料。由于通往村落的道路遭到地震破坏，他和其他救援人员只能使用直升机运送救援物品，他说：“直升机有很多限制，例如负重、天气、燃料量等。我们须仔细规划一切，如在每条村落的逗留时间、携带救援物品的数量等。山区常常天气不稳，使用直升机的风险很大。”

有一次，他坐直升机时遇到雷暴，被迫紧急降落，当时的情景还历历在目。他回忆说：“直升机一直在摇晃，我有种坐过山车的失重感。我在无国界医生工作多年，这是第二次感到害怕。紧急救援行动分秒必争，性命攸关。后勤人员经常会同时接到几项重要任务，并要在短时间内处理。

Eric Leung, logistician from HK
梁瀚臻，来自香港的后勤人员

Indonesia Earthquake and Tsunami 印度尼西亚地震和海啸

An earthquake and tsunami hit Central Sulawesi, causing at least 2,100 death and 4,438 serious injuries. At least 1,370 people were reported missing. MSF sent emergency teams comprising medical, mental health and water and sanitation experts to support the national response.

印度尼西亚中苏拉威西岛发生地震和海啸，造成至少2,100人死亡，4,438人重伤，最少1,370人失踪。无国界医生派出由医疗、心理健康和水利卫生专家组成的紧急救援队，支援该国应对灾情。



Local healthcare facilities in Central Sulawesi, Indonesia were damaged by the earthquake, people were unable to access to basic medical healthcare. Rangi and the MSF medical team set up mobile clinics in the affected areas and provided treatments to the patients.

印度尼西亚中苏拉威西岛地震摧毁当地的医疗设施，人们未能获得基本医疗护理。苏德拉查和无国界医生的医疗队到受灾地区设立流动诊所，并医治病人。

Palu, Sigi and Donggala were the three districts most severely affected by the earthquake and tsunami which hit Central Sulawesi, Indonesia. Rangi joined the MSF emergency response team to set up mobile clinics, reaching communities in these three districts that were cut off by the disaster. "The road condition at that time meant we could only travel to 2-3 villages each day before dark, most of the time we even had to leave the car and traveled by motorcycle or by foot to reach these villages. These access difficulties created a delay to reach the patients," said Rangi.

"Me and the survivors, we speak the same language, eat the same food, and live the same culture of a nation, so it was much easier for me to understand and feel their pain and devastation and hope as if they are my own friends and family. They taught me that the survivors left behind should grab onto life and live it to the fullest. It's okay to cry from time to time, but it's more important to smile and be happy." added Rangi. Before she finished the mission, she drew up the blueprint to build the temporary healthcare centre, restoring health services there. When the centre opened and their first baby was delivered there, the team named her after Rangi.

印度尼西亚中苏拉威西岛发生地震和海啸，其中以帕卢、西吉和东加拉的灾情最为严重。苏德拉查加入无国界医生紧急救援队，协助设立流动诊所，支援上述3个灾区。她说：“当时路途崎岖，每天入黑前我们只能前往2至3个村落，过程中亦经常要中途下车，改用电单车或徒步前行。道路障碍会延误我们接触病人。”

苏德拉查说：“我和幸存灾民说同一语言，吃同样的食物，有共同的民族文化，所以我更容易理解和感受他们的痛苦、灾难以及希望，他们就像我的朋友和家人。他们教懂我幸存者应该抓紧时间尽情生活。偶尔哭一哭也没有关系，但笑一笑就更重要，要过得开心。”完成任务前，她绘制了建造临时医疗中心的蓝图，协助当地恢复医疗服务。中心启用后第一个婴儿出生，团队便把婴儿取名为兰奇（Rangi，苏德拉查的名字）。

Rangi W. Sudrajat, doctor from Indonesia
苏德拉查，来自印度尼西亚的医生

2019 October 2019年10月

South Sudan Flooding 南苏丹水灾

The large-scale flooding affected nearly a million people in South Sudan, leaving many stranded in their villages and cut off from essential health services. Despite the MSF compound and hospitals themselves being flooded, MSF teams travelled in boats from village to village to provide health care through mobile clinics and distributing essential items, such as plastic sheet and blankets. They also set up water treatment facilities.

南苏丹发生大型水灾，近百万人受影响，不少灾民被困村落，无法得到基本医疗护理。无国界医生的设施和医院亦受洪水影响，我们的队伍以船只探访每个村落，以流动诊所的形式提供医疗服务，并派发塑胶布和毛毯等必需品，同时设立水利卫生设施。



MSF team was forced to reduce life-saving activities due to flooding in MSF's primary healthcare centre and compound in Pibor, South Sudan.

无国界医生位于南苏丹皮博尔的基本医疗设施和宿舍受洪水波及，团队被迫缩减救援工作。

In October 2019, when the Pibor river suddenly started to rise rapidly following the rain in neighbouring Ethiopia and Kenya, the MSF project beside it had to move its isolation area, adult ward, children's ward and therapeutic feeding centre to higher ground. "When the water started to creep towards the operating theatre, we had to close it. We lifted the most expensive – and heaviest – equipment to an area we hoped would stay dry, hoping to preserve it," said Benedetta who was the MSF Medical Team Leader in Pibor.

However, when the water continued to rise by a further 10 to 20 cm every day, the higher ground that the team newly located was also infiltrated with water. "We no longer felt comfortable sleeping in the MSF compound. The water was coming from all sides now. On our final night there we all slept together in the highest-up container. We had to paddle in a plastic boat to reach the toilets. In fact, the only way to move around the hospital is by boat – the compound has literally become part of the river," In the end, our team had to settle in a market area provided by the authorities and resumed medical activities. Despite the challenges of limited capacity, drugs and equipment, no electricity, disruption of transportation, the team provided about 60 outpatient consultations each day, as well as antenatal care, inpatient care and deliveries.

2019年10月，埃塞俄比亚和肯尼亚发生暴雨，邻近的皮博尔河水位突然上涨，在附近开设救援项目的团队不得不把隔离区、成人病房、儿童病房和治疗性喂食中心搬到地势较高的位置。

卡佩利当时在皮博尔担任无国界医生医疗队队长，她说：“当洪水涌进手术室，我们不得不关闭手术室。我们把最昂贵、最重的设备抬到希望不会被洪水波及的地方，希望可以把它保存下来。然而，水位每天上升10至20厘米，团队所迁至的较高位置后来也同样被波及。”她续说：“洪水从四面八方涌来，令我们无法在无国界医生的宿舍里安睡。在最后一晚，我们都睡在最高的货柜内，撑着塑胶船上厕所。事实上，撑船是唯一可以在医院内移动的方法，医院已成为河流一部分。”最后，我们的团队在当局安排的一个市集内安顿下来，并恢复医疗服务。尽管人力资源、药物和设备有限、电力中断和交通受阻，但是团队每天提供约60次门诊服务，以及产前护理、住院护理和协助分娩。

Benedetta Capelli, midwife from Italy
卡佩利，来自意大利的助产士

Southern Africa Cyclone Idai 风暴“伊代”吹袭非洲南部

Cyclone Idai was one of the worst tropical cyclones to ever hit southern Africa. Before it arrived in Mozambique and Zimbabwe, the weather system passed through Malawi, causing extensive damage in towns and villages that were in the direct path of the storm. MSF had emergency response teams on the ground in all three countries and provided non-medical items and medical activities, including treating cases of cholera and acute watery diarrhoea.

“伊代”是非洲南部有史以来其中一个最强烈的风暴。风暴经过马拉维，再抵达莫桑比克和津巴布韦，途经的城镇、村落遭到广泛破坏。无国界医生在这3个国家都设有紧急应变小组，提供非医疗物资和提供医疗护理，包括治疗霍乱和急性腹泻患者。



Right after cyclone Idai hit Zimbabwe, MSF GIS officer Last Prosper Mufoya and volunteers created a detailed map to show the affected areas. Mufoya was explaining the locations of healthcare facilities on the map.

在风暴“伊代”吹袭津巴布韦后，无国界医生地理资讯系统人员穆福亚与一班义工合力制定灾后地图。他正在讲解地图上的医疗设施位置。

Chimanimani was the most severely affected district when Cyclone Idai hit Zimbabwe and an emergency team was sent there to assess the situation. The team soon asked for a map that would show what the area looked like after Idai to help work out their response strategy. Last, who was a geographic information system (GIS) Officer stationed in Zimbabwe immediately connected the local community and mobilised the overseas volunteers through the Missing Maps project to map the affected areas. The Missing Maps project is a collaborative initiative started by MSF and other humanitarian organisations, recruiting volunteers to map parts of the world most vulnerable to humanitarian crises.

“In Chimanimani, bridges and roads were all washed away or obstructed. We developed a strategy of finding the location of the obstacles and the possible routes for our team on the ground to access the affected area. We were also able to map the areas which had been visited by our teams or other organisations, so as to better allocate the resources,” he said. “MSF was the first organisation able to reach Chimanimani after Cyclone Idai, which demonstrated the effectiveness of having an updated map.”

“Any time of the day or when you woke up, you could see there were volunteers mapping all the time. I was afraid I had asked for too much. It was quite heartfelt and satisfying,” he recalled. “It was not only an emergency for the team on the ground, it was an emergency for everyone. It is enjoyable when you look at the final product and it is satisfying to be interconnected with the medical team. It is teamwork. Once the team achieved, you also achieved as an individual.”

风暴“伊代”吹袭津巴布韦，奇马尼马尼成重灾区。我们派出紧急救援小组到当地评估情况，小组随即要求有最新的灾后地图，以便制定应对策略。驻津巴布韦的地理资讯系统人员穆福亚立即联络当地社区，并通过“失踪的地图”计划，动员海外义工绘制灾区地图。“失踪的地图”计划由无国界医生和其他人道组织发起，招募义工为全球最易受人道危机影响的地区绘制地图。

穆福亚说：“奇马尼马尼的大桥和道路都被冲毁。我们透过绘制灾后地图，制定策略以确定障碍物位置和拟定可行路线，方便团队进入灾区。同时在地图上标示无国界医生队伍或其他组织曾到访过的地区，以便更有效地分配资源。受到伊代吹袭后，无国界医生是第一个到达奇马尼马尼的救援组织，显示出地图的重要性和效用。”

他亦忆述：“每天任何时候，或是当我一觉醒来时，都看到有义工在努力绘画地图。有时我都会怕自己要求太多，真的是由衷的感谢，同时也很满足。这不只是前线团队要面对的紧急状况，而是每一位的要面对的紧急状况。看到最后成果，并能够与医疗团队互相联系，大家都感到很高兴和满足。这就是团队合作。团队的成就，也是你个人的成就。”

Last Prosper Mufoya, GIS officer from Zimbabwe
穆福亚：来自津巴布韦的地理资讯系统人员



Flooding and cyclone Idai brought widespread damage across Mozambique, Malawi and Zimbabwe in March 2019. This is the aerial view of the devastation in Buzi, Mozambique caused by the cyclone, fallen trees and ruined houses were everywhere.

2019年3月，洪水和风暴“伊代”对莫桑比克、马拉维和津巴布韦造成广泛性破坏。这是莫桑比克布齐镇的鸟瞰图，灾后当地到处都是倒塌的树木和颓垣败瓦。

Worldwide Operations Highlights

全球前线工作概要

Below are the highlights of MSF activities around the world in 2019:
以下是无国界医生于2019年在全球进行救援工作的概要：



DRC 刚果民主共和国
© Alexis Huguet

Conducted
进行

10,384,000

outpatient consultations
次门诊诊症

Admitted
接收

840,000 patients
人次入院治疗



Malawi 马拉维
© Isabel Corthier/MSF

Treated
给予

59,400 patients with first-line HIV antiretroviral treatment
名病人抗艾滋病第一线药物治疗

Treated
给予

11,100 patients of first-line failure with second-line HIV antiretroviral treatment
名第一线治疗失败的病人抗艾滋病第二线药物治疗

Vaccinated
为

1,320,100

people against measles in response to an outbreak

人接种麻疹疫苗以应对疫情爆发

Treated
医治

4,970 patients for meningitis
名脑膜炎病人

Admitted
接收

18,800 patients to first-line tuberculosis treatment
名病人开始接受结核病第一线治疗

Admitted
接收

2,000 patients to drug-resistant tuberculosis treatment
名病人开始接受抗药性结核病治疗



India 印度
© Tadeu Andre/MSF



Burundi 布隆迪
© Eyraud Nbandakumana/MSF

Treated 47,000 patients for cholera
医治 47,000 名霍乱病人

Treated 2,638,200 cases of malaria
医治 2,638,200 宗疟疾个案



Lebanon 黎巴嫩
© Severine Sajous/MSF

Assisted 329,900 women to deliver babies, including caesarean sections
协助 329,900 名妇女分娩, 包括剖腹生产



Yemen 也门
© Agnes Varraine-Leca/MSF

Performed 112,100 surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anaesthesia
进行 112,100 宗需要麻醉的大型手术, 涉及切开、切除、伤口缝合

Treated 28,800 patients for sexual violence
医治 28,800 名性暴力受害者



Nigeria 尼日利亚
© Benedicte Kurgan/NOOR

Admitted 1,048,800 patients to emergency rooms
接收 1,048,800 名急诊室病人

Admitted 76,400 severely malnourished children to inpatient feeding programmes
接收 76,400 名严重营养不良儿童接受住院营养治疗

Treated 10,000 people on hepatitis C
医治 10,000 名丙型肝炎患者



Greece 希腊
© Anna Pantelia/MSF

Conducted 400,200 individual mental health consultations
进行 400,200 次个人精神健康辅导

Distributed 346,900 relief items to families
为 346,900 个家庭提供救援物品

无国界医生（香港）派出的前线救援人员



Medical Doctors 医生

- 1 Karina Marie Aguilar **PH**
- 2 Yuely Capileno **PH**
- 3 *Anna Kathrina De Jesus **PH**
- 4 Ei Mon Khine **MM**
- 5 Htet Aung Kyi **MM**
- 6 *Anne Marie Morales **PH**
- 7 Kuang-yu Niu 牛光宇 **TW**
- 8 Alexandra Simanjuntak **ID**
- 9 Rangi Wirantika Sudrajat **ID**
- 10 *Sussie Sandra Maria Wiranangapati **ID**
- 11 *Kwan-chun Wong 黄君泰 **HK**
- 12 Kay Khine Zaw **MM**
- 13 Wei Zou 邹纬 **CN**

Surgeons / Orthopaedic Surgeons 外科医生 / 骨科医生

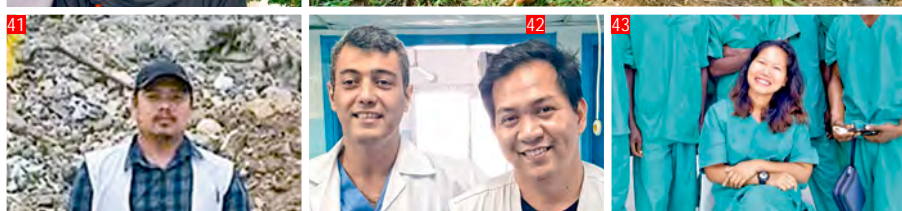
- 14 Shannon Melissa Chan 陈诗琰 **HK**
- 15 *Evangeline Cua **PH**
- 16 Kamarul Al Hagg Bin Abdul Ghani **MY**
- 17 Maria Teresa Ingalla **PH**
- 18 Chi-cheong Ko, Ryan 高志昌 **HK**
- 19 Wing-sze Tong, Jennifer 唐颖思 **HK**

Anaesthetists 麻醉科医生

- 20 Shahridan Bin Mohd Fathil **MY**
- 21 *Janis Genterola **PH**
- 22 See Hooi Geok **MY**
- 23 Yen-chun Hsu 许彦钧 **TW**
- 24 Marjorie Ann Ladion 赖婷茵 **PH**
- 25 Xue-feng Li 李雪峰 **CN**

Gynaecologists 妇科医生

- 26 Heidi Cruz **PH**
- 27 Renny Anggia Julianti **ID**
- 28 Yi-lei Wang 王伊蕾 **TW**
- 29 Damayanti Zahar 扎哈妲 **ID**



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- 31 Pei-ying Chang 郑佩莹 **MY**
- 32 Man-hin Chio 赵雯轩 **HK**
- 33 Darwin Diaz **PH**
- 34 Iane Connie Espanta **PH**
- 35 Muhammad Abu Jihad Bin Hanafi **SG**
- 36 Imee Japitana 查坦娜 **PH**
- 37 Maria Angelina Jimenez **PH**
- 38 Rodel Lambatin **PH**
- 39 *Carmelita Manaois **PH**
- 40 Roselyn Morales **PH**
- 41 Romell Nalitan **PH**
- 42 Jose Vincent Sajulga Pagarugan **PH**
- 43 Honney Maymor Panes **PH**
- 44 Teresita Sabio **PH**
- 45 Jan Vincent Sotito **PH**

Midwives

助产士

- 46 *Cherry Agustin **PH**
- 47 Tsz-yan Lee, Tobey 李芷殷 **HK**

Pharmacists

药剂师

- 48 Theingi Aye **MM**
- 49 Sook-han Chong 张淑娴 **MY**
- 50 Anabelle Wong 黄雅颂 **HK**

Mental Health Officers

精神健康人员

- 51 Guleed Dualeh 杜顾历 **HK**
- 52 Rosemond Joyce Ruiz **PH**

Epidemiologists

流行病学家

- 53 Chung-yu Chen 陈中瑜 **TW**
- 54 Hwee-ling Low, Sally 刘惠玲 **SG**
- 55 Htay Thet Mar **MM**
- 56 Mei-wen Zhang 张美文 **CN**





Logisticians

后勤人员

- 57 *Sylvia Bakarbessy **ID**
- 58 Denny Capua **PH**
- 59 Roje Garcia **PH**
- 60 Ismed Ismail **ID**
- 61 Yiu-fai Li, Vincent 李耀辉 **HK**
- 62 Richard Lokollo **ID**
- 63 Richard Minton Morris **TH**
- 64 *Cristina Joy Florence Moya **PH**
- 65 Hans Olijve **SG**
- 66 May Sarah **ID**
- 67 Hasbi Ash Shiddiqi **ID**
- 68 *Teoh Wei Yee **MY**
- 69 Kai-qi Zhang 张凯淇 **CN**

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- 71 Gita Milana Aprilia **ID**
- 72 Wilma Cuaycong **PH**
- 73 *Andres Joaquin Hagad **PH**
- 74 Linda Isack 伊萨克 **ID**
- 75 So-ching Lam 林素静 **HK**
- 76 Theng-tiang Lim, Rene 林廷珍 **SG**
- 77 Sharon Carolyn Macaranas **PH**
- 78 *Lin Thu Oo **MM**
- 79 Rachelle Anne Mague Pormento **PH**
- 80 *Endang Dwi Satriyani **ID**
- 81 Chhorporn Sou **KH**
- 82 Pratiwi Sutowo **ID**

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传讯主任

- 83 Shuk-lim Cheung 章淑廉 **HK**
- 84 Polly Cunanan **HK**

Humanitarian Affairs Officer

人道事务主任

- 85 Su Myat Han **MM**

Laboratory Technician

化验室技术员

- 86 *Gay Heyres **PH**

Health Promoter

健康教育人员

- 87 Seinn Seinn Min **MM**

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统筹人员

- 88 *Rey Anicete 艾宁伟 **PH**
- 89 Yvonne Biyo 卞柔 **PH**
- 90 Meyna Christanty **ID**
- 91 Dwiyantri Dewi **ID**
- 92 *Denis Dupuis 狄培尔 **ID**
- 93 Roderick Embuido 颜奔涛 **PH**
- 94 Abdel Haris Hafiz **ID**
- 95 Melvinn Kaibigan **PH**
- 96 Riezl Magtira **PH**
- 97 Yones Mangiri 万杰烈 **ID**
- 98 Stephan Francis Oberreit **HK**
- 99 *Wai-lin Oo 奥卫年 **MM**
- 100 Marianni Peggy 黎珊达 **ID**
- 101 Sumit Punnakari **TH**
- 102 *Natasha Theresa Reyes 韦达莎 **HK**
- 103 Andreas Stefano Sinaga **ID**
- 104 Yan Debry Dominico Syauta **ID**
- 105 Dirk Van Der Tak 温达德 **MY**
- 106 Anita Jasmine Vicentillo **PH**
- 107 Husni Mubarak Zainal **ID**

The above field workers departed for the following countries / areas on mission in 2019: Afghanistan, Bangladesh, Belarus, Cambodia, Cameroon, Central African Republic, Democratic Republic of Congo, Ethiopia, Guinea, India, Iraq, Lebanon, Malawi, Malaysia, Mozambique, Nigeria, Pakistan, Palestine, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Syria, Turkey, Ukraine, Uzbekistan, Venezuela and Yemen.

Coordinators include head of mission, field coordinator, medical coordinator, deputy medical coordinator, financial coordinator, human resources coordinator, logistical coordinator, deputy logistical coordinator, supply coordinator, World Humanitarian Summit coordinator and mission pharmacy manager.

上述救援人员于2019年出发，前往以下国家或地区参与救援工作：阿富汗、孟加拉国、白俄罗斯、柬埔寨、喀麦隆、中非共和国、刚果民主共和国、埃塞俄比亚、几内亚、印度、伊拉克、黎巴嫩、马拉维、马来西亚、莫桑比克、尼日利亚、巴基斯坦、巴勒斯坦、塞拉利昂、索马里、南非、南苏丹、苏丹、叙利亚、土耳其、乌克兰、乌兹别克斯坦、委内瑞拉和也门。

以上的统筹人员包括项目总管、项目统筹、医疗统筹、副医疗统筹、财务统筹、人事事务统筹、后勤统筹、副后勤统筹、物资供应统筹、世界人道主义首脑会议统筹和项目药物经理。

Country/Region of Residence 我們的前線救援人員來自

| **CN** China 中国内地 | **HK** Hong Kong 香港 | **ID** Indonesia 印度尼西亚 | **MY** Malaysia 马来西亚 | **MM** Myanmar 缅甸 | **PH** Philippines 菲律宾 |
 | **SG** Singapore 新加坡 | Taiwan 台湾 | **TH** Thailand 泰国 |

* 没有照片 No photo

Activity Overview of MSF Hong Kong in Asia

无国界医生（香港）亚洲活动概览



Participants are excited to start the game when the On Track to Save—MSF Orienteering Competition resumes after the thunderstorm and rain.
“救援在野——无国界医生野外定向比赛”一度因雷暴和大雨而暂停，当赛事恢复时，参赛者表现兴奋。

In 2019, MSF Hong Kong maintained our effort in supporting medical work around the globe. We deployed 109 medical and non-medical professionals to our programmes worldwide; and carried out 134 mission departures, with Iraq, Bangladesh, South Sudan, Yemen, and Afghanistan as the top deployment destinations. Seven of the professionals were deployed for their first field assignments, while 24 assumed coordinator positions, and 33 professionals were newly recruited from the region.

MSF HK contributed especially to the operations in Southeast Asia through its Operations Support Unit. This year, the Unit continued to support MSF's operational access and facilitate engagement with ASEAN and countries for issues within and beyond the region. The Unit continued to support regional operations in strengthening knowledge and response capacity for methanol poisoning which led to our organisation's work in assisting governments with the establishment of national guidelines. On global warming issue, the Unit also contributed its perspective and impact on regional emergencies to MSF's public positioning on climate change. The Unit further developed other regionally relevant dossiers, including humanitarian access to emergencies, disease outbreaks, drug-resistant malaria, ASEAN relations with major actors and violent extremism.

We are grateful for the donations from the general public and a number of private corporations which are crucial to our impartial lifesaving activities. Over HKD 503 million was raised in 2019, representing a 2.8% decrease from 2018. Almost 100% of our donations came from private sources.

In Hong Kong, we carried out On Track to Save – MSF Orienteering Competition which was held in Tsing Yi in March. Despite the thunderstorm and rain early in the morning which made the competition even more difficult, over 3,500 participants ran over hills and valleys between control points to experience some of the challenges faced by frontline field workers.

2019年，无国界医生（香港）继续努力支援全球的医疗工作。我们派出109名医疗和非医疗专业人员前往全球多地参与救援项目，共执行了134次救援任务，最经常前往的地区包括伊拉克、孟加拉国、南苏丹、也门和阿富汗。其中7名专业人士首次参与前线救援任务，24人担任统筹岗位，我们还在亚洲地区招募了33名专业人员。

无国界医生行动支援组在2019年继续协助推动与东南亚国家联盟和多个国家的交流合作，让团队得以进入该些国家展开和运作项目，应对东南亚地区所面对的问题。行动支援组也在该地区多个项目中，增强团队对甲醇中毒的认知及应对能力，并促使无国界医生协助数国政府建立相关指引。就全球暖化问题，行动支援组提出相关远景及研究其对紧急项目的影响，协助订立无国界医生就气候变化的立场。此外，行动支援组亦进一步研究与区域相关的其他议题，包括紧急情况下人道组织如何进入某地区、疾病爆发、抗药性疟疾、无国界医生与东南亚国家联盟及重要持份者的关系，以及极端暴力主义等。

我们感谢市民和私人企业的捐款支持，这对我们不偏不倚、拯救生命的工作至关重要。2019年我们筹集超过5.03亿港元，较2018年减少2.8%，接近百分之百为私人捐款。

在香港，我们于3月在青衣举行“救援在野——无国界医生野外定向比赛”。尽管清晨雷雨交加，令比赛难度大增，但超过3,500名参赛者还是在多个控制点之间翻山越岭，体验了前线救援人员所面临的挑战。



MSF field workers (from left) Susan Lam, Angel Ho and Dr Wilson Li, together with Hins Cheung, the Honorary Campaign Leader of MSF Day 2019, share their feelings about MSF in the finale ceremony.

在闭幕典礼中，无国界医生救援人员（左起）林素静、何安琪和李威仪医生，与“无国界医生日”荣誉行动大使张敬轩一同分享对无国界医生的感受。

For MSF Day 2019, we invited celebrities Mr Hins Cheung and field worker Ms Tobey Li as campaign leaders to mobilize the public from all walks of life to support MSF's worldwide medical relief work. For over two months, a total of 17 official corporate sponsors, 100 participating companies and organisations and over 5,800 donors raised around HKD 7million in total for our projects worldwide. The campaign culminated in a finale ceremony on 7th July with a mini-exhibition and guests and sponsors were invited to see more about MSF's work on the front line.

在“无国界医生日2019”中，我们邀请歌手张敬轩与无国界医生前线救援人员李芷殷小姐担任荣誉行动大使，携手呼吁各界人士支援组织在全球的医疗救援工作。短短两个月内，活动获得17个赞助商支持，100间公司和团体参与，以及超过5,800名市民响应，为我们各地的救援项目成功筹得约700万港元。在7月7日的闭幕礼典礼中，嘉宾和赞助方获邀通过小型展览了解更多无国界医生的前线救援工作。



Two MSF field workers shared with public the experience and challenges in providing humanitarian aid in conflict zone.
两名无国界医生救援人员与公众分享在冲突地区进行救援的经历和挑战。

In mainland China, MSF introduced Chinese experts and health practitioners to the Methanol Poisoning initiative, a joint venture by MSF Norway and Oslo University Hospital. Another priority is to follow medicine and vaccine development in China for possible use in MSF operations.

We also continued to pursue exchanges with relevant authorities on practical deployment of humanitarian assistance through dialogues with the National Health Commission, speeches at relevant conferences and sharing experiences in a medical university, hospital and bookstore in Beijing, Guangzhou and Shenzhen respectively.

在中国内地，无国界医生向中国专家和医疗人员，介绍由无国界医生挪威办事处和奥斯陆大学医院共同推行的甲醇中毒预防和控制项目。我们也继续跟进中国内地开发的药物和疫苗，期望将来可用于前线项目。此外，我们还通过与中国国家卫生健康委员会多次对话，在多个论坛发表演讲，以及分别在北京、广州、深圳等地的医科大学、医院和书店举行讲座，继续与有关各方就国际人道救援工作交流。



MSF field worker Dr. Karina Marie Aguilar shares her experience treating patients in war-torn areas at the opening ceremony of #WeAreMSF photo exhibition in Cebu, Philippines.

无国界医生救援人员阿圭勒医生在菲律宾宿务举行的#WeAreMSF相片展开幕礼上，分享她在冲突地区救助病人的经验。



During World Refugee Day 2019, MSF set up a three-day photo exhibition and invited people to stand with refugees in Penang, Malaysia.

无国界医生于2019世界难民日，在马来西亚槟城举行为期3天的图片展，呼吁大众与难民同行。

Meanwhile, we launched the #WeAreMSF campaign, which aims to build and strengthen the connection with our supporters across Southeast Asia. The offices in the region joined their efforts to draw attention to the situation of Rohingya refugees in Cox's Bazar and methanol poisoning, which is problematic and sometimes neglected as a medical concern. MSF also participated in two international events in the region – the International Council of Nurses Congress in Singapore and the 7th Conference of the Union Asia Pacific Region on tuberculosis and other lung diseases in Manila, Philippines.

In Singapore, MSF launched a book titled, “Doctors Without Borders: Saving Lives When and Where It Matters”. The launch was attended by Singapore digital influencers and donors. MSF was also invited to speak at an international conference for anaesthesiologists, surgeons and geriatricians held in the country.

During the visit of former International President Joanne Liu in Indonesia, media interviews were facilitated for a top broadsheet and broadcast network in the country. Two major public exhibitions were conducted by MSF in Jakarta and Yogyakarta. MSF also continued to provide emergency communications support for the Sunda Strait tsunami response in the early part of 2019.

Our team also supported the first-ever World Refugee Day activity in Malaysia to highlight the challenges faced by the refugees and asylum seekers in Penang. There were around 300 attendees. We also facilitated the participation of MSF in MEDxUM, the very first medical conference for students organised by the University of Malaya. And we helped public visibility in Malaysia for the Access Campaign through the publication of opinion pieces and media interviews.

In the Philippines, extensive media outreach was done, with mini events held in Cebu and Manila. Digital initiatives in the Philippines were also conducted through #AskMSF sessions and #WeAreMSF.

Digital animations were explored and developed as a new way to engage with our supporters. Key short films produced that gained high visibility were the film about a Rohingya family who crossed the border from Myanmar to Bangladesh, another video produced by Hong Kong office talked about Ebola in Democratic Republic of Congo in the perspective of a water and sanitation specialist. The Ebola film was shortlisted at the Sundance Film Festival Hong Kong for best short film.

与此同时，我们在东南亚发起了#WeAreMSF活动，建立和加强与支持者的联系。孟加拉国科克斯巴扎尔的罗兴亚难民面对的困境，以及甲醇中毒问题等所带来的医疗隐忧不时被忽视。全靠多间办事处共同努力，提升了人们对这些议题的关注。我们还参加了东南亚地区的两大国际会议，包括在新加坡举行的国际护士理事会大会，以及在菲律宾马尼拉举行的第7届亚太地区结核病和肺部疾病会议。

在新加坡，无国界医生出版了“Doctors Without Borders: Saving Lives When and Where It Matters”一书，我们也邀请了当地的网络名人和捐赠者参加新书发布会。我们也在当地举行的国际麻醉科医生、外科医生和老年病学专家国际会议上发表演讲。

无国界医生前国际主席廖满端到访印度尼西亚时接受了该国最重要的报纸和广播网路的采访。此外，我们还在雅加达和日惹举办了两场大型公开展览。2019年初，我们继续对外沟通其他海峡海啸的紧急应对工作。

在马来西亚，我们支持及举办首个世界难民日活动，展示难民和寻求庇护者在槟城所面对的困境，活动吸引约300人出席。我们参与了由马来亚大学组织的第一次学生医学会议MEDxUM，并通过发表评论文章和媒体采访，帮助马来西亚公众了解无国界医生的“病者有其药”项目。

在菲律宾，我们在宿务和马尼拉举办活动，吸引广泛媒体关注。同时，我们还通过#AskMSF和#WeAreMSF活动，与公众在网络上交流。

我们也尝试以动画进一步和支持者交流，当中获得高度关注的，包括记录了一个罗兴亚家庭由缅甸穿越到孟加拉国的短片；另一条由香港办事处制作的短片则是从水利卫生专家的角度，讲述刚果民主共和国的埃博拉疫情，该片入围了辛丹斯电影节香港站的最佳短片奖项。

Acknowledgements

鸣谢

MSF Hong Kong would like to thank all donors and the following corporations, organisations, schools, institutions and office volunteers for their generous support to our work.

无国界医生衷心感谢所有捐款人以及下列机构、团体、学校、大专院校和办事处义工对我们的支持。

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Carmel Alison Lam Foundation Secondary School
Catholic Ming Yuen Secondary School
Catiline Kindergarten International Preschool
CCC Kei Shun Special School
CEDARS, University of Hong Kong

Cheng Chek Chee Secondary School
Choi Wan St. Joseph's Primary School
CNEC Lee I Yao Memorial Secondary School
Diocesan Girls' School
HKCWC Fung Yiu King Memorial Secondary School
Hoi Ping Chamber of Commerce Secondary School - Class 5C
Hong Kong Baptist Convention Primary School
Hotung Secondary School
Leung Shek Chee College
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梁信彦 韩韵芝 吴少兰 冯佩霞 杨浩福
Alexander John Lee 高志昌 林秋莹 陈淑贤

The office volunteers listed above provided services for 36 hours or more in 2019. We are also thankful to other volunteers who contributed their precious help.

上述办事处义工于2019年服务36小时或以上，我们亦感谢其他义工于过去一年提供的宝贵协助。

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¹ Resigned on 21 March 2019
2019年3月21日离任

² Appointed on 22 March 2019 and resigned on 24 August 2019
2019年3月22日上任、2019年8月24日离任

³ Appointed on 25 August 2019

⁴ Appointed on 24 August 2019

⁵ Resigned on 24 August 2019

⁶ Appointed on 25 March 2019

2019年8月25日上任

2019年8月24日上任

2019年8月24日离任

2019年3月25日上任

As of December 2019, the MSF Hong Kong has 72 staff and 14 regular office volunteers who help with office tasks.
截止2019年12月，无国界医生(香港)共有72名职员，另有14名义工定期协助处理日常工作。

无国界医生（香港）2019 年度财政概览 （以港元为单位）

	2019	2018
INCOME 收入		
Donations income 捐款收入	501,651,480	518,339,054
Other income 其他收入	1,646,483	604,273
TOTAL 总数:	503,297,963 ⁽¹⁾	518,943,327
EXPENDITURE 支出		
Supporting relief operations 救援项目与支援工作		
Emergency and medical programmes 紧急与医疗救援项目	375,577,732 ⁽²⁾	377,285,890
Programme support and development 项目支援与发展	46,686,521	52,951,965
Public awareness and other campaigns 提高公众关注与倡议	9,550,919	12,339,157
Other humanitarian activities 其他人道救援活动	3,314,803	3,249,143
Total supporting relief operations 救援项目工作总开支	435,129,975 ⁽³⁾	445,826,155
Management and general administration 行政经费	17,420,688	17,598,308
Fundraising 筹款经费	50,550,654	55,334,702
Finance cost 财务费用	90,573 ⁽⁴⁾	-
TOTAL 总数:	503,191,890	518,759,165
Net exchange loss 汇兑损失净额	(112,542)	(184,162)
Deficit 亏损	(6,469) ⁽⁵⁾	0

Statement of Financial Position as at 31st December 2019

截至2019年12月31日止的财务状况表

	2019	2018
Non-current Assets 非流动资产	11,563,821 ⁽⁴⁾	4,570,246
Current Assets 流动资产		
Debtors 应收帐款	135,408	182,945
Deposits and prepayments 押金及预付费用	3,882,530	2,874,774
Amount due from MSF entities 应收其他无国界医生办事处之帐款	5,585,485	715,497
Cash and bank balances 现金及银行结余	36,395,576	67,969,834
	45,998,999	71,743,050
Current Liabilities 流动负债		
Creditors and accrued expenses 应付帐款与应计费用	4,817,341	7,602,840
Lease liabilities 租赁负债	2,081,622 ⁽⁴⁾	0
Amount due to MSF entities 应付其他无国界医生办事处之帐款	44,938,635	68,703,987
	51,837,598	76,306,827
Net Current Liabilities 净流动负债	(5,838,599)	(4,563,777)
Non-current Liabilities 非流动负债	(5,725,222) ⁽⁴⁾	0
Net assets 净资产	0	6,469 ⁽⁵⁾
Fund Balances 资金余额		
Accumulated funds 累积资金	0 ⁽⁶⁾	6,469 ⁽⁵⁾

There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e. statutory annual financial statements) for the year ended 31 December 2019. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and have been delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF Hong Kong and were audited by the auditor, KPMG. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2019 and of its financial performance for the year then ended. The auditor did not refer to any matters which they drew by way of emphasis without qualifying their report, which means they did not have reservations about the statements. And they did not include any comments as required under section 406(2), 407(2), or (3) of the HKCO. These sections require the auditor to state in their report if the information in the directors' report is inconsistent with the financial statements; accounting records have not been adequately kept; financial statements are not in agreement with accounting records or they fail to obtain information or explanations necessary for their work. The full set of audited financial statements is available at msf.org.cn.

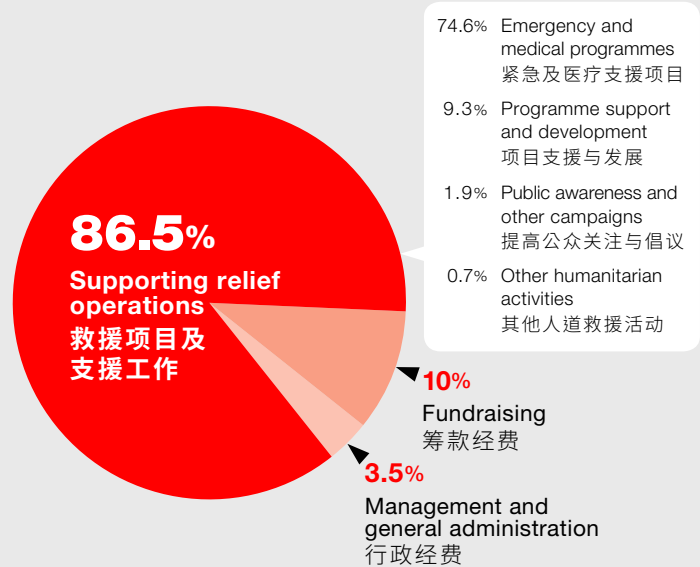
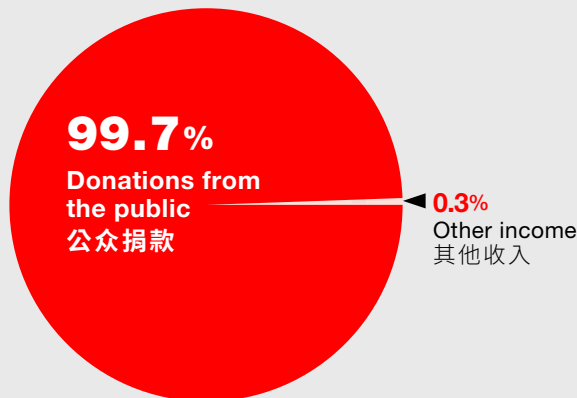
Explanatory Notes on Financial Overview 2019

- (1) 99.7% of donations came from public donations.
- (2) A total of HKD375,089,166 was allocated for emergency and medical programmes in 50 countries and regions. HKD488,566 of funding is allocated for the MSF Academic Field projects which is used to train and upskill the local healthcare workers according to MSF medical protocols.
- (3) 86.5% total income went to supporting relief operations.
- (4) The HKICPA has issued a new HKFRS, HKFRS 16, Leases that are first effective for the current accounting period of the organisation. As at 31 December 2019, the net book value of right-of-use assets was HK\$7,887,100, balance of lease liabilities was HK\$7,806,844, and related finance cost in 2019 was HK\$90,573.
- (5) The organisation's subsidiary was dissolved in 2019 and comparative figures in these financial statements are presented on the organisation's standalone basis.
- (6) In 2019, MSF Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising, management and general administration expenses and exchange difference, were fully dispensed for supporting relief operations.
- (7) Other countries and regions included Eritrea, Russia, Mauritania, Madagascar, Greece, Hong Kong and Nicaragua.

The Hong Kong branch of Médecins Sans Frontières is incorporated under the Companies Ordinance of Hong Kong as Médecins Sans Frontières (HK) Limited, a company limited by guarantee.

2019 Funding Sources · 2019年度经费来源

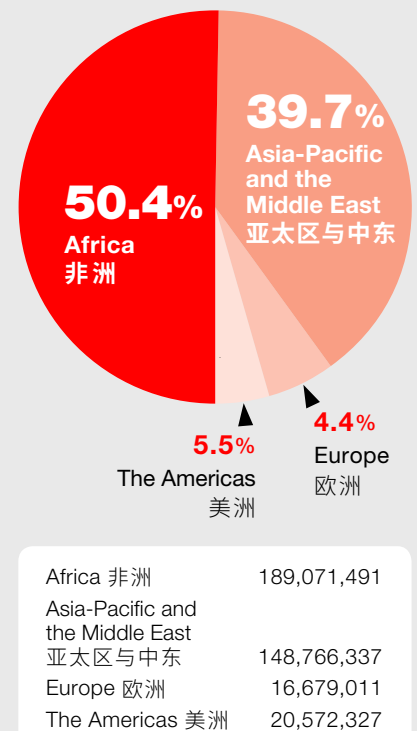
2019 Funding Allocations · 2019年度经费分配⁽⁶⁾



2019 Allocation of MSF Hong Kong Funding for Relief Work by Region (HKD) · 2019年度香港办事处拨予各地区救援工作之款项(港元)

Country 国家	Funding 拨款	Country 国家	Funding 拨款
Democratic Republic of Congo 刚果民主共和国	38,035,463	Migrant Support Balkan Route 巴尔干半岛路线	6,134,744
Lebanon 黎巴嫩	24,489,822	Myanmar 缅甸	6,000,000
Afghanistan 阿富汗	21,955,563	Kenya 肯尼亚	5,860,377
South Sudan 南苏丹	20,133,859	Ukraine 乌克兰	5,617,633
Nigeria 尼日利亚	18,935,968	Egypt 埃及	4,798,065
Iraq 伊拉克	18,562,198	Cameroon 喀麦隆	4,189,808
Pakistan 巴基斯坦	18,236,450	Italy 意大利	3,562,048
Bangladesh 孟加拉国	17,940,661	Guinea 几内亚	3,326,878
Burundi 布隆迪	13,138,333	Zimbabwe 津巴布韦	3,210,536
Central African Republic 中非共和国	12,769,561	South Africa 南非	3,024,366
India 印度	11,618,638	Libya 利比亚	3,000,000
Sierra Leone 塞拉利昂	11,170,960	Malawi 马拉维	2,685,813
Syria 叙利亚	10,418,137	Guinea Bissau 几内亚比索	2,683,536
Mali 马里	10,392,791	Bolivia 玻利维亚	2,030,378
Malaysia 马来西亚	10,000,000	Brazil 巴西	1,753,828
Niger 尼日尔	9,886,712	Indonesia 印度尼西亚	1,324,385
Ethiopia 埃塞俄比亚	9,000,000	Belgium 比利时	1,318,482
Venezuela 委内瑞拉	8,965,913	Cambodia 柬埔寨	737,235
Haiti 海地	7,821,969	Palestine 巴勒斯坦	701,406
Sudan 苏丹	6,371,783	Nauru 瑙鲁	409,874
Yemen 也门	6,371,348	Côte d'Ivoire 科特迪瓦	165,029
Mozambique 莫桑比克	6,158,091	Other countries and regions ⁽⁷⁾ 其他国家和地区	180,525

TOTAL 总数: 375,089,166



按照法例，谨此声明，以上陈列数据仅为截至2019年12月31日止年度的指明财务报表（即：法定财务报表）的一部分，并不是完整的财务报表。该报表是根据“香港财务报告准则”以及“公司条例”拟备，并已送呈公司注册处。报表已由无国界医生（香港）董事会认可，并由核数师毕马威会计师事务所审核。核数师在核数报告中，对报表无保留意见，即认为法定财务报表真实而中肯地反映了组织于截至2019年12月31日止的财务状况和该年度的财务表现。核数师亦没有以强调方式提述须予注意的事项，即核数师对报表没有保留。核数报告内也没有任何根据香港“公司条例”第406(2)、407(2)或(3)条的陈述。这些条例列明，若果财务报表与董事报告不吻合；公司没有备存充分的会计记录；财务报表与会计记录不吻合；或核数师没有取得所有对审计工作而言属必需的资料或解释，核数师必须在其报告内述明。完整财务报表可浏览：msf.org.cn

2019年度财政概览说明

- (1) 99.7%经费来自公众捐款。
- (2) 合计375,089,166港元被拨作于50个国家和地区进行紧急及医疗救援项目的经费。488,566港元被拨作无国界医生前线学术项目的经费，用于根据无国界医生的医疗指引培训和提升当地医护人员的能力。
- (3) 86.5%收入用于救援项目及支援工作。
- (4) 香港会计师公会颁布了一项新增的“香港财务报告准则”——“香港财务报告准则”第16号“租赁”，该等新订准则在组织本会计期间首次生效。于2019年12月31日，使用权资产账面净值为7,887,100港元，租赁负债为7,806,844港元，相关财务费用为90,573港元。
- (5) 组织的附属公司已于2019年解散，财务报表的2018年比较资料以组织之独立基准呈列。
- (6) 2019年，无国界医生（香港）采取“零储备”政策：所有筹得的捐款，扣除筹款与行政经费及汇兑差额后，全数拨予救援项目及支援工作。
- (7) 其他国家和地区包括厄立特里亚、俄罗斯、毛里塔尼亚、马达加斯加、希腊、香港和尼加拉瓜。

无国界医生在香港是一家根据香港“公司条例”设立的担保有限公司，名为无国界医生组织（香港）有限公司。

Design & Printing 设计与印刷：Mangraphic Production Co. 文艺制作公司

The Médecins Sans Frontières Charter

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

- Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.
- Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
- Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.
- As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

无国界医生章程

无国界医生是一个国际的非政府组织，其成员主要为医生和其他医务人员，也欢迎有助于组织完成自身使命的其他专业人员参与。全体成员同意遵循以下准则：

- 无国界医生不分种族、宗教、信仰和政治立场，为身处困境的人们以及天灾人祸和武装冲突的受害者提供援助。
- 无国界医生遵循国际医疗守则，坚持人道援助的权利，恪守中立和不偏不倚的立场，并要求在其行动中不受任何阻挠。
- 全体成员严格遵循其职业规范，并且完全独立于任何政治、经济和宗教势力之外。
- 作为志愿者，全体成员深谙执行组织的使命所面临的风险和困难，并且不会要求组织向其本人或受益人作出超乎该组织所能提供的赔偿。

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MSF worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 12 governorates in Yemen in 2019. A MSF medical team is examining a patient injured during a road traffic accident at Al Salakhana hospital in Hodeidah, Yemen.

无国界医生在也门的12个省工作，包括为12间医院和医疗中心提供医疗服务，以及支援超过20间医疗设施。无国界医生团队正在也门荷台达的萨拉哈纳医院医治一名在交通意外中受伤的伤者。



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