



MEDECINS SANS FRONTIERES
无国界医生



无国界医生(香港)
活动报告2022
MSF HONG KONG
ACTIVITY REPORT

主席和总干事的话

From the President and the Executive Director

亲爱的朋友：

2022年，我们渐渐摆脱新型冠状病毒肺炎疫情（简称新冠肺炎疫情）的严重影响，新的紧急状况未止，其他现存危机亦未见放缓，无国界医生仍继续援助受影响社群，并审视大环境变迁，力求改善行动和组织管治。

过去一年，乌克兰战争急剧升级，2022年2月以来，逾530万人在国内流离失所，810万人离国避难。冲突或战争致大量人口流徙非乌克兰独有，海地、中非共和国等多个长年烽火连天的地方，亦迫使成千上万人离家，冒死寻求一线生机。冲突或战争的连锁反应亦加剧很多问题。例如本已脆弱的医疗系统进一步受挫，甚至需要暂停服务，令伤病者得不到应有支援。在海地，暴力在2022年持续，我们的医院因安全理由数度被迫减少甚至停止运作。在当地某些地区，我们只能在地下室或没有窗户的房间治疗病人，全因随时会有双方交火及被流弹击中的危险。

值得注意的是，自俄乌战争升级以来，我们看到欧洲国家领导人积极回应，他们采取一系列措施，让逃离乌克兰的人获得足够援助，例如安全通行和医疗护理，作为医疗人道组织，我们固然欢迎这些安排。然而，我们未看到欧盟成员国一视同仁对待其他国家的流离失所者及移民。在地中海、波兰、白俄罗斯等地，针对移民和难民的暴力驱逐和行政阻挠屡见不鲜，即使人们成功抵达目的地，也往往被排拒在医疗系统外，得不到应有的人道对待。乌克兰难民的遭遇让我们知道，更理想、更人道的移民政策绝非异想天开，欧盟有必要重新审视其做法，让每个逃离家园寻求安全的人都得到平等、有尊严的对待。

战争和冲突以外，气候变化亦是不容忽视的威胁。马达加斯加是最易受气候变化影响的国家之一，2022年初，该国东南部连续遭受两次风暴吹袭，严重影响当地农业。该地区的长期营养不良比率本已居高不下，极端气候令当地人陷入更危急状况。当冲突和气候变化这两大问题同时出现，人们将更难抵御各种疾病和疫症打击。

除着力应对有关医疗需要，我们亦签署《人道救援组织气候与环境宪章》，鼓励及引导应对气候变化的行动计划，同时检视组织内部碳排放及生态足迹，确保兼顾到最弱势群体。

Dear friends,

While we gradually moved on from the heavy impacts of the COVID-19 pandemic in 2022, other new and existing crises did not slow down. Médecins Sans Frontières (MSF) remained committed to supporting affected communities and assessing the evolving contexts to improve our operations and organisational governance.

Over the past year, the war in Ukraine has escalated significantly. Since February 2022 more than 5.3 million people have been internally displaced, while 8.1 million have fled to other countries. This kind of mass exodus is not limited to Ukraine alone, as other conflict-ridden places like Haiti and the Central African Republic have also forced tens of thousands to abandon their homes and risk their lives for mere survival. The repercussions of these conflicts have exacerbated existing issues, such as the already fragile healthcare systems that face setbacks and suspended services, thereby leaving patients without essential support. In Haiti, where violence continued to persist in 2022, hospitals had to reduce or suspend services for security reasons. In some areas, patients could only be treated in basements or windowless rooms due to the constant risk of crossfire and stray bullets.

It is worth highlighting that since the escalation of the war in Ukraine, European leaders have taken proactive measures to assist those who have fled, such as safe passage and medical care. As a humanitarian medical organisation we welcomed such arrangements, yet we have not witnessed equal treatment of the displaced and migrants from other countries by the EU member states. Violent pushbacks and administrative obstructions are common in the Mediterranean, Poland, Belarus, and elsewhere. Even upon arrival, people are often excluded from healthcare and humane treatment. The arrangements for Ukrainian refugees demonstrated the possibility of a better, more humane immigration policy. The EU must review its approach to ensure equality and dignity for all those who left their homes for safety.

Besides war and conflict, climate change is a threat that cannot be overlooked. Madagascar has been one of the most vulnerable countries to the impacts of climate change. Two devastating storms in early 2022 severely damaged local agriculture in southeast Madagascar's, exacerbating the already high rates of chronic malnutrition. The convergence of conflict and climate change will make people more vulnerable to epidemics and diseases.

In addition to responding to medical needs, MSF has also signed the *Climate and Environment Charter for Humanitarian Organisations* to drive action plans against climate change, review the carbon emissions and ecological footprint of our operations, and ensure we prioritise the needs of the most vulnerable communities.

回望香港，我们在年初经历新冠肺炎疫情第五波疫情，无国界医生迅速组织一支项目团队，多管齐下协助应对疫情。我们以人为本，仔细考虑社区人士各方面需求，尽量设身处地地为长者、无家可归者等最弱势社群提供最恰当支援。过程中，我们发现他们当中有一部分人较难获得医疗服务和准确健康资讯，或感被孤立和徬徨无助。即使项目已告一段落，我们仍牵挂这些被忽略人群，并探讨日后另作支援的可能。

应对危机之余，我们也时刻审视组织内外行动和秉持的价值，反思无国界医生在这个大环境中，应该成为一个怎样的组织。近年人道救援空间愈见狭窄，我们的同事因提供医疗护理而危及安全或身陷犯罪险境。致力救助伤困，不等于牺牲员工。这点我们时刻铭记，并视为评估工作方针的关键之一。另外，我们在各种渠道为病人和我们照料的社群作见证时，也必须反省某些处理是否反令他们承受不必要风险或困扰。很多价值随时代进步，我们不能盲从一些过去广受接纳的做法。

世情常变，唯守护最弱势群体的健康，保障其福祉，是我们坚定不移的宗旨。无论是身陷冲突、战火中，竭力寻求安全的人，抑或因疾病和营养不良等问题受影响的人，我们都会尽力援助，并提高各界对事态的关注。感激一路上，有你们每一位与我们并肩前行。

In Hong Kong, with the fifth wave of the COVID-19 pandemic hitting hard in early 2022, MSF swiftly formed a project team and launched a multi-pronged response. With a people-centred approach, we took different needs of the community members into considerations, striving to provide the most appropriate support to vulnerable groups like the elderly and people experiencing homelessness. During the project, we found that some of them had difficulties in accessing healthcare services and accurate medical information, and might feel isolated and helpless. Despite the conclusion of the project, we still think of these marginalised individuals and are exploring future opportunities for assistance.

Apart from our response, we also constantly review our actions internally and externally, as well as the values we uphold. We reflected on what kind of an organisation we want to be in this environment. The space for humanitarian aid has been shrinking in recent years and our colleagues have faced threats to their safety and the risk of being criminalised simply for providing medical care. Our commitment to helping those in need should never come at the expense of our staff. This is a fundamental principle that guides us in the evaluation of our strategy. Furthermore, when we bear witness for our patients and the communities we care for through various channels, we must think twice whether the process may expose them to unnecessary risk or distress. Values evolve over time, and we cannot blindly adhere to practices that were widely accepted in the past.

Our commitment remains strong in this rapidly evolving world: safeguarding the health and well-being of the most vulnerable. Whether for individuals seeking safety amidst conflicts, or those impacted by diseases or health problems like malnutrition, we do our utmost to provide aid and raise awareness in different sectors. We are grateful for your continued support along this journey.



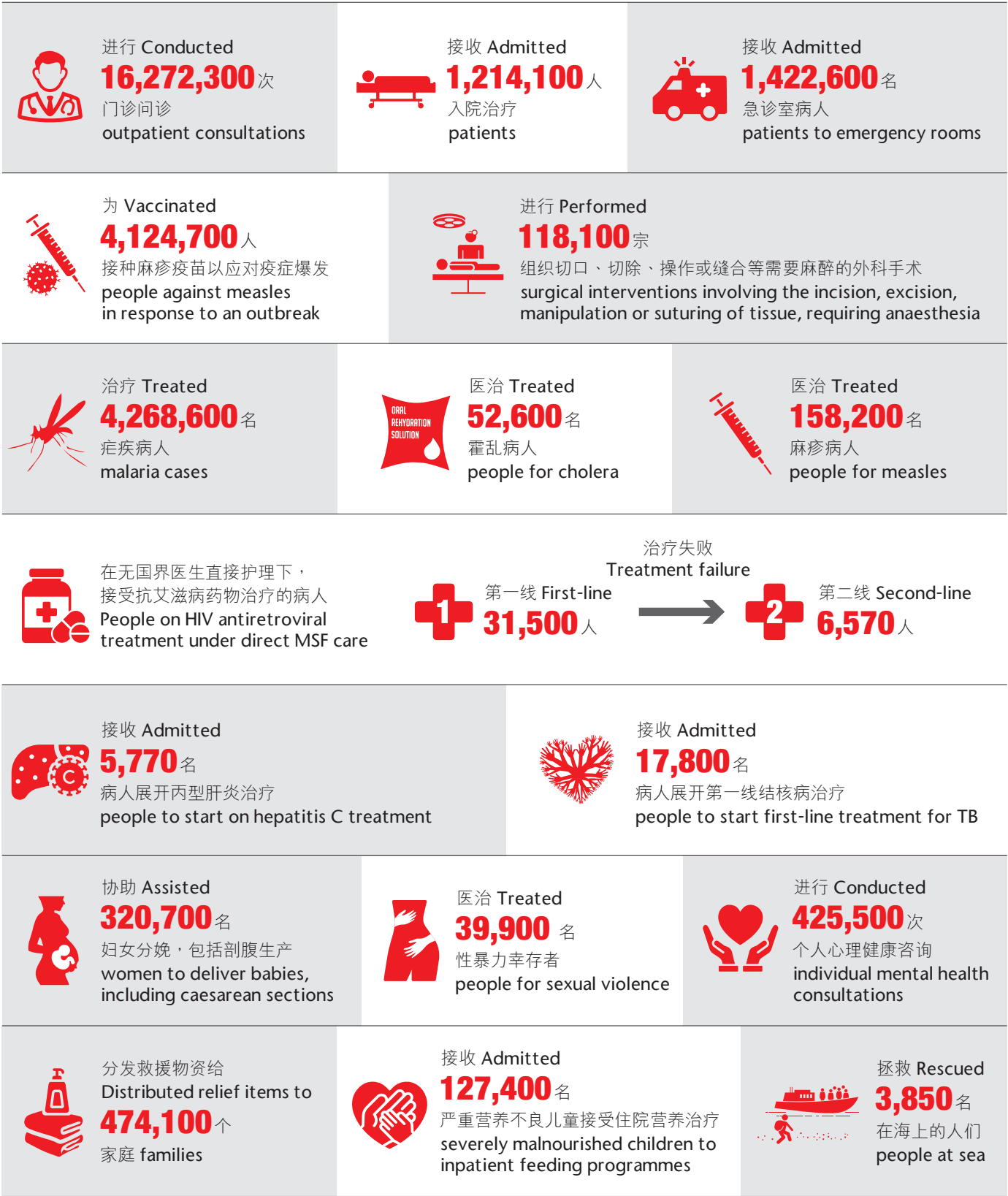
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全球前线工作概要
Worldwide Operations Highlights

无国界医生于 2022 年在全球超过 70 个国家国家和地区进行救援工作的概要：
Below are the highlights of MSF activities in over 70 countries and regions in 2022:



上述数据包含直接、远程支援及协调工作。这些概要仅概述大部分无国界医生工作，不能视为工作之全部。数据或有所变更；任何增补或修改都将包含在国际活动报告的网上版本，欢迎浏览 msf.org。

The above data groups together direct, remote support, and coordination activities. These highlights give an approximate overview of most MSF activities but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of the international activity report, available at msf.org.

年度回顾
The Year in Review

战争、暴力、天灾、疾病爆发、通货膨胀和物价上涨，种种因素导致民众需求全面增加。2022 年，无国界医生在全球超过 75 个国家有近 68,000 名工作人员应对这些需求。

War, violence, natural disasters, disease outbreaks, rising inflation and spiralling prices; these are all factors that contributed to an overall increase in people's needs, to which nearly 68,000 MSF staff responded in more than 75 countries around the world in 2022.

乌克兰战争升级

自 2014 年开战以来，我们一直活跃在乌克兰东部，为卷入战火的民众提供支持。然而，在 2022 年 2 月 24 日，俄罗斯军队向乌克兰全境发动大规模攻击，我们的团队对冲突急剧升级感到震惊。我们迅速加强应对，向乌克兰外科医生和医护人员提供人力、物资和培训，以帮助他们应对大量涌入的伤者。我们帮助决定留在家里的人、迁移到乌克兰境内其他地方的人，以及选择在波兰、摩尔多瓦、白俄罗斯和俄罗斯等邻国避难的大量民众，为他们提供医疗和心理健康护理。

战争升级为我们带来许多挑战。我们需要迅速扩大行动规模，以应对广泛需求，不仅治疗与战争有关的身心创伤，还治疗非传染性疾病等已有的疾病；我们还需适应不断变化的形势和快速移动的冲突前线。我们必须在需求最甚之地致力提供护理，和保证员工（包括许多流离失所的乌克兰员工）安全的需要之间取得平衡。

Escalation of war in Ukraine

MSF has been active in eastern Ukraine, supporting people caught up in the war since it started in 2014. However, on 24 February 2022, our teams were taken by surprise by the dramatic escalation in conflict, following large-scale attacks by Russian forces across the country. We rapidly increased our response, providing staff and materials, as well as training to Ukrainian surgeons and healthcare workers to help them cope with large influxes of wounded patients. We assisted people who decided to stay home, those who moved elsewhere within the country, and the immense numbers who chose to seek refuge in neighbouring countries such as Poland, Moldova, Belarus and Russia, providing them with medical and mental healthcare.

The escalation in the war posed several challenges for us. We needed to rapidly scale up activities to respond to a wide range of needs – not only treating war-related physical and mental trauma but also pre-existing conditions such as non-communicable diseases – and adapt to the changing situation and fast-moving frontlines. We had to balance our ambition to deliver care where it was most needed with the need to guarantee the safety of our staff, including our many Ukrainian staff who had been displaced.



© MSF / Kariñ Ekholm
无国界医生在赫尔松地区的流动诊所。
MSF mobile clinic in Kherson region.



© Andrii Ovod
无国界医生医疗列车。
MSF medical train.

为应对这些挑战，我们想出尽可能接近人们所在地的崭新方法，例如使用专门设计的医疗列车，将病人送到远离危险区的地方；在流离失所者的避难所和地铁站设置流动诊所，因为当地面遭狂轰滥炸，民众会躲在这些地方；同时为非传染性疾病开设医疗咨询电话热线。

To address these challenges, we devised new ways to get as close to people as possible, for example using a specially designed medical trains to transport patients away from danger zones; running mobile clinics in shelters for the displaced and in metro stations, where people took cover as the bombs fell indiscriminately above ground; and opening phone hotlines for consultations for non-communicable diseases.

新冠肺炎疫情的持续影响

2022年初，随着疫情大流行进入第三年，我们的团队仍在许多地方应对新冠肺炎疫情。我们继续在伊拉克和科威特等国家提供治疗，并在黎巴嫩、南非和乌干达进行疫苗接种。另外，在香港爆发新冠肺炎疫情第五波疫情时，我们与本地非政府组织合作，向无家可归者、长者和低收入人士等弱势群体提供以人为本的疫苗接种计划，当中包括免费医疗咨询。项目合计为有需要人士接种了379剂疫苗。



COVID-19’s lasting impact

At the beginning of 2022, as the pandemic entered its third year, MSF teams were still responding to COVID-19 in many places. We continued offering treatment in countries such as Iraq and Eswatini, and administering vaccinations in Lebanon, South Africa and Uganda. Besides, amidst the fifth wave of COVID-19 outbreak in Hong Kong, we collaborated with local NGOs to offer a people-centred vaccination programme, which included free medical consultations for vulnerable groups such as homeless, elderly and low-income populations. The programme provided 379 vaccine doses for the people in need.

了解更多 Read more



香港应对项目



Hong Kong Response Programme

无国界医生（香港）为弱势社群提供免费医疗咨询。MSF Hong Kong provides free medical consultations for vulnerable groups.

与此同时，无国界医生“病者有其药”项目强调有必要实行知识产权豁免，以促进更多和更快地生产疫苗，以应对此次及未来的大流行病。虽然我们对新冠肺炎疫情的应对行动随时间推移减少，但团队致力处理疫情对大众和医疗系统造成的影响，例如缺乏常规疫苗接种引致数种疫苗可预防疾病在多国爆发。

Meanwhile, MSF’s Access Campaign highlighted the need for an intellectual property waiver that would facilitate greater, and more rapid, production of vaccines for this, and future, pandemics. While our response to COVID-19 decreased as the year wore on, our teams worked to address the toll the pandemic has taken on people and healthcare systems, such as a lack of routine vaccinations, which has led to outbreaks of vaccine-preventable diseases in many countries.

海地的暴力形势

海地十分动荡的政治、经济和安全局势在2022年进一步恶化，使该国处于崩溃边缘，然而情况并未得到太多国际关注或援助。首都太子港的极端暴力程度意味着部分社区受困，无法获得食物、用水或医疗护理。我们得到统治整个社区的武装团体接纳，但他们经常以路人作为攻击目标和绑架医护人员，且逍遥法外。



无国界医生在泰巴尔的创伤医院。MSF’s trauma hospital in Tabarre.

我们在泰巴尔的创伤医院，以及位于图尔高和卡勒富尔的两个稳定治疗中心（以上皆为首都太子港的行政区）常因有大量暴力伤者涌入而不堪重负，情况以5月冲突升级期间尤为严重。我们位于太阳城社区的德鲁亚尔医院常处于武装团体争夺地盘的交界，发生的暴力事件往往相当激烈，迫使我们近年来多次暂停当地的医疗工作。在无国界医生开展工作的各个国家之中，目前我们的员工和物资在海地承受的安全风险实属前列。

Violence in Haiti

The highly volatile political, economic and security situation in Haiti deteriorated even further in 2022, leaving the country on the verge of collapse. Yet it yielded little international attention or assistance. Extreme levels of violence in the capital, Port-au-Prince, meant that some communities became trapped without access to food, water or medical care. We have achieved acceptance by the armed gangs who rule entire neighbourhoods, but they frequently target people on the streets and kidnap medical staff with virtual impunity.

MSF’s trauma hospital in Tabarre, and two stabilisation centres in Turgeau and Carrefour – all neighbourhoods in the capital – were often overwhelmed by the numbers of patients with violence-related injuries, particularly during an upsurge in fighting in May. Our Drouillard hospital in the Cité Soleil neighbourhood is regularly at the crossroad of the armed groups’ territorial struggle, and the often-intense violence forced our medical activities there to be suspended several times during the year. Haiti is currently one of the most challenging countries for MSF, in terms of security risk for our staff and supplies.

霍乱再起

我们看到霍乱在2022年不寻常地死灰复燃，有30个国家录得个案或爆发疫情。我们在至少10个国家应对这一具有高度传染性的疾病，包括尼日利亚、叙利亚、喀麦隆、尼日尔、黎巴嫩、刚果民主共和国和肯尼亚。天灾、气候变化、水资源短缺，以及例如武装冲突的人道危机等不同因素，令全球个案数字皆上升。

海地经历3年零个案的光景后，2022年9月下旬爆发大规模疫情，到年底已有逾15,000宗个案，其中绝大部分在我们的机构接受治疗。团队还支援应对疫情爆发的疫苗接种工作。



在海地的霍乱治疗中心，两名护士为刚抵达的一名感染霍乱的妇女作静脉输液以补充体液。Two nurses proceed to intravenous rehydration for a woman affected by cholera who just arrived at the CTC in Haiti.

鉴于全球霍乱疫苗短缺，国际协调小组（无国界医生是成员之一）做出前所未有的决定，暂时建议先采取接种一剂，而非通常是两剂的疫苗接种策略，以保护更多人免受疾病感染。

Cholera resurges

We saw an extraordinary resurgence in cholera in 2022; 30 countries recorded cases or outbreaks. MSF responded to this highly contagious disease in at least 10 countries, including Nigeria, Syria, Cameroon, Niger, Lebanon, Democratic Republic of Congo and Kenya. Different factors such as natural disasters, climate change, water scarcity and humanitarian crises such as conflict contributed to the worldwide rise in cases.

In Haiti, after three years with no cases, there was a major outbreak from late September. By the end of the year, there had been over 15,000 cases, the vast majority of which were treated in our facilities. Our teams also supported outbreak vaccination efforts.

In view of the global shortage of cholera vaccines, the International Coordinating Group – of which MSF is a member – took the unprecedented decision to temporarily recommend a one-dose, rather than the usual two-dose, vaccination strategy to help protect more people from contracting the disease.

气候危机留下印记

2022年，无国界医生再次援助受南苏丹和南非洪水、索马里干旱以及马达加斯加和菲律宾热带气旋等极端天气事件影响的人。



2022年5月，南苏丹洪水。Floods in South Sudan, May 2022.

In January, MSF teams provided treatment to children with malnutrition on the outskirts of N’Djamena, Chad, in what was for some the driest and shortest rainy season they could remember. However, several months later in August, in the same area, unusually heavy seasonal rains caused rivers to burst their banks, leading to flooding, which displaced thousands of people.

我们的团队于2022年1月在乍得恩贾梅纳的郊区治疗营养不良儿童；对部分人来说，这是他们记忆中最干旱、最短的雨季。然而，数月后的8月，在同一地区，异常大的季节性降雨导致河流决堤，酿成洪水泛滥，数千人因此流离失所。

6月，巴基斯坦遭遇严重洪水，淹没三分之一国土；3个多月后，某些地区仍被水淹。这场灾难令逾3千万人流离失所，并造成数千人死伤。无国界医生团队在信德省和俾路支省大规模提供医疗、营养和水利卫生支援。

The climate crisis leaves its mark

Once again in 2022, MSF assisted people affected by extreme weather events such as floods in South Sudan and South Africa; drought in Somalia; and cyclones in Madagascar and the Philippines.

In June, Pakistan was swept by severe floods, with one-third of the country underwater; some areas were still flooded more than three months later. The devastation displaced over 30 million people and left thousands dead and injured. In response, MSF teams provided medical, nutrition and water and sanitation support on a massive scale in Sindh and Balochistan provinces.

接近年底，我们开始在基里巴斯开展工作，以改善孕产妇护理，特别是糖尿病诊断和治疗。在这个因海平面上升而令农耕地受侵蚀并盐化的太平洋岛国，糖尿病甚为盛行。



营养不良病例增加

治疗大量营养不良儿童是我们2022年工作的另一个重点。与霍乱一样，营养不良的原因复杂且多样：干旱、收成欠佳、卫生和经济系统崩溃、冲突、食品价格上涨——这些因素的部分或全数加乘，导致今年尼日利亚、埃塞俄比亚、肯尼亚、阿富汗、乍得和也门出现令人震惊的营养不良水平。

在索马里拜多亚，长期干旱加上存在已久的冲突和人道应对行动不足，我们的团队有时每周诊治500名严重营养不良儿童。

移民被遣返

联合国难民署估计，2022年全球有多达1亿人被迫流离失所。部分人在白俄罗斯、拉脱维亚、立陶宛和波兰的边境陷入困局，在那里，他们不断遭遣返，而且通常涉及暴力。自2022年初起，由于敌意政策限制我们进入这些地区，我们为这些地区的人提供协助变得艰难。然而，2月下旬乌克兰战争升级，揭示欧洲各国移民政策具双重标准。有别于同为逃离冲突而被困在白俄罗斯边境的许多人，数百万乌克兰人迅速且便利地获准以难民身份进入欧盟国家。

抵达墨西哥北部边境的难民和移民，也继续被美国以《第42条法案》排拒。这是一项已有数十年历史的政策，自2020年3月以来才被广泛使用，目的是在加强新冠肺炎疫情预防措施的前提下规范越境行为。同时，成千上万前往北非地中海沿岸，或从利比亚险境中逃走的移民，被驱逐至由阿尔及利亚到尼日尔不等的国家，并被抛弃在沙漠中的边境。



Towards the end of the year, we started working in Kiribati to improve maternal healthcare, particularly the diagnosis and treatment of diabetes, a disease that is prevalent in this Pacific Island nation, where rising sea levels have eroded and salinised land used to cultivate crops.

Rise in malnutrition cases

Treating high numbers of children with malnutrition was another focus of our activities during the year. As with cholera, the causes of malnutrition are complex and multifactorial; drought, bad harvests, collapsed health and economic systems, conflict, rising food prices – some or a combination of these factors contributed to the alarming levels of malnutrition we saw in Nigeria, Ethiopia, Kenya, Afghanistan, Chad and Yemen during the year.

In Baidoa, Somalia, where the prolonged drought has been compounded by long-standing conflict and an inadequate humanitarian response, our teams were seeing, at times, 500 acutely malnourished children a week.

Migration pushbacks

The UN's refugee agency, UNHCR, estimated that as many as 100 million people were forcibly displaced around the world in 2022. Some were caught in a stalemate at the borders between Belarus and Latvia, Lithuania, and Poland, where they were met with constant, often violent, pushbacks. From the beginning of the year, we struggled to assist people in these areas due to hostile policies restricting our access. The escalation of the war in Ukraine in late February, however, revealed a double standard in European migration policies; for millions of Ukrainians – fleeing conflict, like many of the people stranded at the Belarusian border – entry to EU countries as refugees was swiftly facilitated.

Refugees and migrants arriving at Mexico's northern border also continued to be pushed back by the US under Title 42, a decades-old policy that has been widely used only since March 2020, to regulate border crossings under the premise of increased COVID-19 precautions. Meanwhile, thousands of migrants heading for the Mediterranean coast in northern Africa – or retreating from the dangers in Libya – were expelled from Algeria to Niger and abandoned on the border in the middle of the desert.

无国界医生团队目睹墨西哥北部边境城市移民的庞大需求。MSF teams witness overwhelming needs of migrants in Mexico's northern border cities.

对移民的阻力也在海上持续。9月，马耳他强迫一艘船从其地中海中部搜救区救起的移民送往埃及，这明显违反海事法和国际法。

自5年前，逾75万名罗兴亚人逃离缅甸若开邦难以形容的暴力后，这个受迫害的少数族群的生活并无改善。那些乘船抵达马来西亚寻求安全的人，不是被强行推回海上，就是被逮捕、监禁和起诉。在孟加拉国，罗兴亚人居住在狭小且不卫生的环境，且他们在有百万人口的营地内活动和工作的权利均受严重限制，一切均加剧其苦恼。

反非政府组织言论对无国界医生工作的影响

在世界某些地区，我们的团队持续看到反恐和反非政府组织言论的影响。我们在喀麦隆西南地区团队的4名同事，用救护车将一名枪伤病人送往马姆费的医院后被捕，并被指控与分裂主义者共谋。他们分别在狱中度过10个月到一年的时间，然后于12月底在法庭上被宣告无罪。由于我们的安全得不到保证，我们被迫先暂停，之后关闭我们在当地的项目，进一步减少这个需求庞大的地区可获得的医疗护理。

2021年6月，我们的同事埃尔南德斯、瑞达和格雷迈迈克尔遇害后一年，要在提格雷和埃塞俄比亚其他地区获得医疗护理仍然是一大问题。从那时起，我们坚持不懈了解这些同事所遭遇事件背后的完整情况，并致力让肇事者承认谋杀事件的责任。尽管我们投入大量心力与当局沟通，但仍未获实质答复，导致无国界医生在西班牙的行动中心撤出该国。

在阿富汗，自2021年8月阿富汗伊斯兰酋长国（又称塔利班）重新掌权一年后，妇女的自由继续受剥夺。12月，政权颁布法令限制女童和妇女的教育权，并禁止非政府组织雇用女性员工，但从事医疗的非政府组织人员有非正式豁免。虽然我们目前可以保留女性团队成员，但我们对未来深感担忧，因为女性医科生无法完成学业，无法成为该国医疗系统迫切需要的医生、护士和各种专业人员。

团队目睹某些地区将提供援助行为定为刑事犯罪，包括马里和尼日尔。这令我们接触在尼日尔、马里和布基纳法索这些萨赫勒边境地带中受困于冲突的人变得极度困难。

我们的工作有其风险，员工在受到攻击、绑架或拘留的威胁下工作。尽管我们在萨赫勒地带的这一部分，以及在2022年期间开展工作的其他地方面临挑战，但团队仍设法为数百万人提供救命医疗护理。若没有近700万捐助者支持，这项工作不可能完成，我们对此深表谢意。

了解更多无国界医生工作
Learn more about MSF work



无国界医生（国际）
活动报告2022电子版



MSF International
Activity Report 2022 online version

Pushbacks continued at sea as well; in September, Malta forced a ship to take people rescued from its search and rescue zone in the Central Mediterranean Sea to Egypt, in clear violation of maritime and international law.

In the five years since over 750,000 Rohingya fled Rakhine state, in Myanmar, following indescribable violence, life for the persecuted minority has not improved. Those arriving by boat to seek safety in Malaysia have been forcibly returned to sea or have been arrested, imprisoned, and charged. In Bangladesh, Rohingya live in cramped and unsanitary conditions, and their right to move around the camp of 1 million people and work has been severely restricted, adding to people's distress.

The impact of anti-NGO rhetoric on MSF activities

Across some parts of the world, our teams continued to see the effects of counterterrorism and anti-NGO rhetoric. Four colleagues from our team in Southwest region, Cameroon, were arrested and charged with complicity with secessionists after they transported a patient with a gunshot wound in an ambulance to hospital in Mamfe. They spent between 10 months and just over a year in prison, before being acquitted in court at the end of December. Due to the lack of guarantees for our safety, we were forced to first suspend, and then close, our project in Mamfe, which further reduced the availability of healthcare in an area with immense needs.

Access to healthcare remained an issue in Tigray, and other parts of Ethiopia, in the year following the June 2021 murders of our colleagues Maria, Yohannes and Tedros. Since then, we have tried relentlessly to understand the full circumstances behind what happened to our colleagues and obtain an acknowledgment of responsibility for the events leading to their murders. Despite the heavy investment made in bilateral engagement with the authorities, the lack of progress in obtaining substantial answers led MSF Spain to pull out of the country.

In Afghanistan, the Islamic Emirate of Afghanistan (also known as the Taliban) has continued to strip away freedoms for women in the year since retaking power in August 2021. In December, edicts were issued restricting girls' and women's access to education, and banning female NGO workers, with an informal exemption for those working in healthcare. While we can retain women on our teams – for now – we are deeply worried about the longer term, as female medical students cannot complete their education to become the doctors, nurses and specialists that the country's health system desperately needs.

Our teams have witnessed the criminalisation of the delivery of aid in some places, including in Mali and Niger. This has made it extremely difficult to reach people caught up in conflict in the Sahel border region of Niger, Mali and Burkina Faso.

Our work has its risk, with staff working under the threat of attack, abduction, or detention. Despite the challenges in this part of the Sahel, and elsewhere we worked during 2022, our teams managed to deliver lifesaving care to millions of people. But this work would not have been possible without the support of our nearly 7 million donors, for whom we are grateful.



乌克兰顿涅茨克地区康斯坦丁诺夫卡医院。
Kostyantynivka hospital, Donetsk Oblast, Ukraine.

© Colin Delfosse

乌克兰：饱受摧残的一年 Ukraine: A year in destruction

无国界医生乌克兰项目总菅施托康
by Christopher Stokes, MSF head of mission in Ukraine

2022年2月24日深夜，我们被远处隆隆的爆炸声、战斗机向基辅投掷导弹的声音，以及俄罗斯入侵乌克兰的消息惊醒。

谁也不知道会发生什么事。我四天前抵达当地，尝试建立支援网络，如果冲突重大升级，他们或可以助我们作应对。无国界医生于1999年首次在该国开展工作，自2014年一直就乌克兰东部的战事作出应对。但事实上，我们准备不足。

很多救援组织乃至不少乌克兰人，对俄方可能行动升级的态度，由入侵前的否认变成难以置信；对平民百姓来说，则是有感厄运将至和愤怒。不少非政府组织完全撤出乌克兰，大大加剧其后对扩大人道救援规模的需求。

最初几天有1,000万至1,500万人逃离家园，然而值得注意的是，我们没有看到任何恐慌或抢掠。当地没有航班起飞，因为所有民用和军用机场从一开始已被俄罗斯导弹击中。

这不是我首次跟随无国界医生在冲突地区工作，也不是第一次目睹大型战争爆发。然而国家之间的侵略并不常见（例如2001年美国入侵阿富汗和2003年入侵伊拉克），而战事最激烈血腥的阶段也通常短暂。乌克兰的情况却截然不同。

我们从基辅转往利沃夫，在那里重新规划和建设医疗援助。由于只有很少国际人员感到安全并留下，我们主要与乌克兰的同事开展工作。尽管他们流离失所，并要更为家人在国内其他地区寻觅更安全的居所，但他们仍勇于接受挑战。

所以我们要问的是：在这场这么瞬息万变的战争中，怎样才是最有效的行动方案？从事医疗人道救援的非政府组织如何发挥最大作用？

平民百姓显然无法免受战事影响。从基辅往东部和南部的路上，坦克在毫无警告下开火，杀害正逃离基辅的家庭。因此我们制定计划，协助医院处理大量涌入的伤亡个案和战争创伤。这是一个极专业的范畴，有别于处理交通意外等“一般”创伤。

我们还紧急采购物资，为医院补给，以应付急增的创伤个案。当拥有专科医疗机构的中等收入国家爆发战争时，这是标准的应对方向，旨在协助现有医疗系统处理异常庞大的工作量。

尽管范围有限，但乌克兰自2014年起已一直处于战火之中，所以该国比大部分他国的医疗系统准备得更充分。的确，有些本地医生和护士带着家人离开，但大多数人都留下来。

到3月中旬，我们发现医疗服务出现明显缺口，遂决定展开新尝试。有一点我们很清楚：铁路仍然运作，依旧是主要交通方式。很多民众，包括伤者和弱势群体，都从炮火连天的东部和中部地区，经铁路移向西部。但这些地区和当中的医院都缺乏长途转诊伤者的经验。

有天深夜，我与乌克兰国营铁路公司人士在利沃夫会面时，提出使用经过改装的“医疗化”列车，将病人撤离至西部。他们对这想法感兴趣，并回忆起第二次世界大战时有类似做法。



© Andrii Ovod

无国界医生在乌克兰的医疗列车
MSF Medicalised train in Ukraine

他们开始拆除火车站的货运车厢，我们则派出医疗工具和技术人员，为他们准备重症监护所需设备，包括制氧机和自主电力。当时我们预计该项目能运行数次车程已算很好，完全不知道之后是否仍可继续。而直至年底，列车运行超过80次，安全移送全国约2,500名病人。列车通常在晚间运行，大多数车程历时24小时或以上。

战争亦破坏了救护车服务——救护人员受伤或丧生，车辆被毁坏（尤其在卢甘斯克和顿涅茨克），而在战争中受伤的病人则有增无减。因此，在乌克兰东部受战争影响最严重的地区，紧急救护运输成为我们医疗应对工作的核心，每周转诊病人50至100次，通常我们将战伤病人从靠近前线且资源耗尽的卫生部医院，转诊至相对安全的第聂伯罗接受所需的护理。

The next question was: what would be the most effective course of action in such a fast-moving war? Where could a medical humanitarian NGO make the biggest difference?

It quickly became clear that civilians would not be spared. Families leaving Kyiv were killed on the roads leading east and south, as tanks opened fire on sight without warning. We therefore set up programmes to help hospitals deal with mass-casualty influxes and war trauma, a highly specialised field distinct from “ordinary” trauma such as road traffic accidents.

We also made emergency orders to resupply hospitals so they could cope with the increased trauma workload – a standard approach to war in a middle-income country with a solid specialist healthcare infrastructure. The idea was to help an existing system cope with an extraordinary workload.

However, Ukraine had been at war, albeit a more geographically restricted one, since 2014. It was better prepared than most healthcare systems would be. Yes, some local doctors and nurses left with their families, but the majority stayed.

By mid-March, we decided to try something new, as some noticeable gaps in healthcare were appearing. One thing was clear: the railways were still working, and remained a key form of transport. Many people, including those with wounds and other vulnerabilities, were travelling by train, usually westwards, away from the heavily shelled eastern and central regions. But the regions and their hospitals were not used to these long-range transfers.

Late one evening, in a meeting with the focal points from the Ukrainian national railway company, Ukrzaliznytsia, in Lviv, I proposed using modified “medicalised” trains to evacuate patients to the west. They jumped on the idea and recalled that something similar had been done during the Second World War.

They set about stripping wagons in the railway depot, as we sent medical equipment and technicians to prepare them for intensive care, complete with oxygen concentrators and autonomous electric power. We had no idea if the project would work beyond maybe a few rotations at best. By the end of the year, some 2,500 patients had been safely moved across the country over 80 rotations, often at night, with trips usually lasting 24 hours or more.

我们在赫尔松地区其中一间流动诊所。
One of the MSF mobile clinic in Kherson region.



© Laurel Chor

此外，我们在赫尔松、哈尔科夫、切尔尼戈夫、基辅和尼古拉耶夫开设流动诊所，为之前俄罗斯占领下被切断医疗服务的人提供援助。随着乌克兰军队重夺部份村庄和城镇，我们发现大部分决意留下来或无法及时逃离的长者，均无法获得医疗护理或战前给他们开的药，以控制他们的慢性病。

单单在赫尔松，我们的流动诊所服务已覆盖逾160个村镇，提供医疗和心理健康支援。很多人虽然幸存，但他们的村庄和健康中心已被炮弹或空袭摧毁，甚至被撤离的俄罗斯士兵洗劫。

只有亲眼目睹，才能理解破坏的程度。战线绵延1,000公里，两侧纵深数十公里，没有一座村庄可以幸免，这个国家可能需时几十年才能重建。撤离的家庭告诉我，他们可能不会再回来；留下来的人，则仍旧住在受炮火摧残的建筑物内，除了医疗队短暂的到访外，没获得什么医疗援助。

必须指出的是，在这里和全国各地的大部分援助，从战事升级的第一天起都是由国家当局提供，并获民间社会活动自发支援。他们踏足没有国际组织敢去的地方，有时甚至付上沉重的个人代价。

与此同时，尽管经过长时间谈判，莫斯科仍未允许无国界医生在战线另一边也即是目前被俄方控制的乌克兰地区展开工作。这令人遗憾，因为我们之前在曾受俄方控制地区所见到的状况，让我们相信战线另一边亟需人道救援。我们联络过身处马里乌波尔、扎波罗热、赫尔松的乌克兰人，他们确认需求甚殷，并请求援助。

战争没有完结的迹象，人们继续每天承受着无人机和导弹轰炸的压力和危险，而我们只能希望情况有所改变。

重新对焦：为摄影对象负责 Re-adjusting the focus: Our responsibility towards people we photograph

无国界医生国际传统统筹雅各布与无国界医生摄影项目经理加姆斯
Jean-Marc Jacobs, MSF International Communications Coordinator and Juliette Garms, MSF Photography project manager

2022年，无国界医生与一间大型摄影通讯社合作，发布了刚果民主共和国一名16岁女孩的图片：她是一名性侵害受害者。无国界医生内部和外界出现广泛批评后，组织在我们所有平台删除了这些图片。

这次争议触发更广阔讨论，涉及无国界医生如何保护和呈现我们照料的人，以及这些图片在内容编采、筹款和商业方面的流传使用，情况。

In Kherson alone, our mobile clinic services covered over 160 villages and towns, offering both medical and mental health support. Often people had survived, but their villages and health centres had been destroyed by bombs or airstrikes, or even looted by departing Russian soldiers.

The extent of the destruction must be seen to be properly understood. It stretches along a 1,000-kilometre frontline and is dozens of kilometres deep on both sides. Not a single village is undamaged. It will potentially take decades to rebuild the country. Families who evacuated have told me they may never return, while those who stayed are still living in shelled-out buildings with little medical assistance beyond short flash visits.

It is important to state that the bulk of assistance here and throughout the country is provided by national authorities, backed by dynamic civil society activists who self-organised from day one. They go where no international organisation dares to, sometimes at great personal cost.

Meanwhile, in spite of prolonged negotiations, Moscow has not granted MSF permission to work on the other side of the frontline, in regions of Ukraine currently under Russian control. This is regrettable, as the situations we have discovered in areas previously under Russian control, lead us to believe that humanitarian access there is a priority. Ukrainians with whom we have been in touch in Mariupol, Zaporizhzhia and Kherson confirm the high level of needs and request assistance.

We can only hope this will change, as the war shows no sign of ending and people continue to suffer the constant stress and danger of daily drone and missile strikes.

为社会上身处困境的人作见证，是组织使命和身份的基础。多年来，图片故事、委托新闻及摄影通讯社记录前线，或与其合作报导，都发挥关键作用，以帮助我们达到此目的。一直以来，无国界医生在塑造人道摄影领域的规范和建立准则扮演了一定的角色，而今天，我们必须向这些规范和准则提出质疑。

摄影是一个强有力的手段，能传达资讯、激起情绪或行动和引起同理心。不过作为医疗救援组织，首要职责必须是保护我们病人的隐私、尊严和自主权。为了在全球提高关注和筹集资金，呈现人们最脆弱一刻的同时，“不伤害”的医疗原则也不能被束之高阁。

我们必须承认，我们有时候没有实践这个原则。人们受苦的照片是如何变得随处可见？无国界医生有多大程度上参与将他人的痛苦变为常态？我们是否忘了扪心自问：如果照片上的人是我的儿子、父亲或姊妹，我们会有何感受？



© Carmen Yahchouchi

一名男童在位于黎巴嫩的无国界医生霍乱治疗中心接受检查。
A boy is getting examined in MSF cholera treatment center, in Lebanon.

This excessive display of suffering is both unjustifiable and unnecessary. As a global NGO, and as individuals, we must reflect on how our worldview and choices are influenced by historical power dynamics, and to what extent they have created deep-rooted biases.

MSF has been called out on images of our patients on news and photo agency websites, for which we do not hold the copyright. When photos of our patients are taken during a media visit and posted on a news agency platform, both MSF and the agency instantly lose control over their circulation and use. We must therefore

acknowledge that, by prioritising high public visibility, in a context of increased marketisation of the news sector, we have contributed to the over-exposure of people in our care and facilitated the wide dissemination of sensitive, intrusive and sometimes disturbing images.

While MSF does not profit from these images, news and photo agencies do; many images are available to buy on their websites. They can also be found on social media, and in books and internal publications. In a digital era, images can stay online for decades. Did all these photos need to be taken? No. Could we have used and disseminated them differently? Yes.



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2022年，无国界医生各地传讯主管承认了我们的不足，亦承诺改善。无国界医生（国际）主席贺历图医生坦承错误已造成，重申“无国界医生的最终责任，是为了保护我们致力援助的人的健康和福祉”。

变革之路

我们致力在视觉呈现上作出改变，承诺在传讯和筹款时，制作更包括多元、尊重和准确的内容，这与2021年制定的新指引方向一致。我们在组织不同层面采取具体行动，这些都是自我探索阶段的关键，有助我们重新思考，如何制作不同故事。

早在2021年，我们启动计划，审视无国界医生库存中数以千计的图片，检视范围包括伦理标准，例如刻板印象、缺乏尊严、令人不安或冒犯性的内容、保护未成年人士、安全风险、医疗行动及裸露。到2022年底，我们找到10,000张可能有问题的图片。我们已将最敏感的图片从图库中隐藏，大多数人无法取用，其余图片则加入警告字眼。

2023年，这项前期工作将会经顾问小组完善，小组由内部及外界人士组成，包括摄影及儿童保护专家、策展人、学者、伦理学家、病人组织成员和前线医护人员。小组将检视这些有问题的图片并给出建议，我们将之应用于整个媒体资料库，作为日后收集、储存和使用图片的重要指引。

至于存放在媒体资料库以外的图片，我们与新闻和摄影通讯社展开首轮互动，了解他们的伦理标准及内容管理方式，初步认为编采控制松散，内容上载方式也高度自动化。

因此我们正逐步修改与通讯社的合作方案，要求对方移除或限制发布部分敏感图片。我们也检视与外部摄影师的标准合约，特别是关于委托期间拍摄的照片转售至外部媒体的条款。

这都是复杂的问题，牵涉到与我们共事的每个人。要带来真正的文化改变，需要组织所有层面共同承担。因此我们通过问卷调查和工作坊，接触组织内部各类人员，为我们日后处理图片的手法出谋献策，并分享他们面对的挑战、意见和经验。

知情同意和自主权是重点考虑因素。过程将听取当地社区员工意见，以更好地了解他们代病人表达的需求，包括他们有时强烈渴望说出面对的状况。这些对话将有助确定是否应该拍摄某张照片、如何使用以及使用时效。

我们将于2023年分析内部和外部咨询的结果，作为我们明确决定如何制作、储存、委托和发布图像的依据。不可避免，当中的对话并不会轻松，也会充满分歧。然而，我们一致认同的是，病人的尊严和完整呈现高于其他一切因素，即使这意味我们会减少拍摄和发布照片。

这项集体变革，是我们必须为我们照料的人所做的事。

In 2022, heads of communications across the MSF movement recognised our shortcomings and committed to do better. Dr Christos Christou, MSF's International President, acknowledged that mistakes had been made and reaffirmed that “MSF's ultimate responsibility is to protect the health and well-being of the people we seek to assist”.

Pathways for change

Our drive to implement changes in visual representation converges with our commitment to produce content in a more inclusive, respectful and accurate manner for communications and fundraising, in line with new guidance we produced in 2021. Concrete actions are being taken at different levels of the organisation; all part of a critical self-inquiry period that will help redefine how we produce stories.

Back in 2021, we launched a project to investigate the thousands of images in the MSF archive. We started by reviewing photographs according to several ethical criteria, including stereotypes, lack of dignity, disturbing or offensive content, protection of minors, security risk, medical practices and nudity. By the end of 2022, this process had helped us identify 10,000 potentially problematic images. The most sensitive images are now hidden from the database for most users, while the remaining ones carry a specific warning in their captions.

In 2023, this preliminary work will be refined by a panel of internal and external advisors, comprising photography and child protection experts, curators, academics, ethicists, patient activists and first-line medical workers. The panel will review a set of these problematic images and make recommendations, which we will apply to the full media database and use as a critical guideline to direct how we collect, store and use images in the future.

Regarding images hosted outside our own media database, we have had a first round of interactions with news and photo agencies to gain an understanding of their ethical standards and content management. Initial findings indicate loose editorial control and high automation of content upload.

As a result, we are taking steps to amend our collaborations with these agencies and asking them to remove or restrict distribution of certain sensitive images. We are also reviewing our standard contracts with external photographers, especially clauses related to reselling images taken during their assignments to external media.

These are complex issues that involve everyone who works with us. Real cultural change will require ownership at all levels of the organisation. We are therefore engaging with a wide variety of people within MSF through surveys and workshops, so that they can contribute to help define how we work with imagery, and also share their challenges, opinions and experiences.

The notion of informed consent and agency will be at the core of these considerations. The process will involve listening to community-based staff to better understand the needs of patients being represented, including their sometimes-strong desire to speak out about the situation they are facing. These conversations will help determine whether a photo should be taken, how it might be used and for how long.

The outcomes of these internal and external consultations will be analysed in 2023 and will serve as the basis for clear decisions on how we produce, store, commission and disseminate images. Inevitably, there will be difficult conversations and disagreements. However, there is a consensus on the fact that the dignity and integrity of our patients should prevail over all other considerations. Even if it means snapping and sharing less often.

We owe this collective change to the people to whom we provide care.

无国界医生（香港）亚洲活动概览

Activity Overview of MSF Hong Kong in Asia

香港 Hong Kong

2022年，无国界医生（香港）行动支援组与无国界医生孟加拉国办事处合作，继续统筹防治甲醇中毒项目。项目与孟加拉国卫生部卫生服务总局非传染性疾病控制部门合作，为技术培训和研发国家治疗方案提供支援。此外，我们也为不同医学院和三级医院，举办治疗方案面对面工作坊。我们持续监察全球甲醇中毒事件，将网站和相关技术文件翻译成各种语言，包括孟加拉文、阿拉伯文、西班牙文和法文。项目还开始为医护人员设计关于甲醇中毒的网上课程，并将于2023年冬季推出。

自2022年初在香港爆发新冠肺炎第五波疫情时，无国界医生迅速组织一支包括医生、护士、心理学家及后勤人员的项目团队，从多方面支援应对疫情。我们的行动支援组亦全力提供支援。

我们参考卫生防护中心与医学界的健康建议，制作资料包，协助人们紧贴最新疫情资讯。

我们也为这次应对工作制作了纪录短片“疫流同行”，总结香港项目团队于第五波疫情期间如何跟不同伙伴协力应对疫情，回应脆弱群体的健康及医疗需要。有关纪录短片已于2022年第四季推出，并已上传到我们的YouTube频道。

我们进一步润色无国界医生心理健康网站“你点呀”的内容，并积极在社交媒体上向公众宣传疫后心理创伤应对技巧。我们与多个本地团体合作，于2022年1月举办了3场关于儿童焦虑的网上分享会，以及于2022年10月举办2场疫后心理创伤的网上分享会，共计505人参加。

“小小救援伙伴”计划推出全新填色比赛，目标鼓励小朋友通过填颜色激发创作力和想像力；开拓小朋友国际视野，并了解无国界医生的工作。活动吸引逾120名儿童参加。

In 2022, the Operations Support Unit (OSU) of MSF Hong Kong continued its Methanol Poisoning Initiative (MPi) through a collaboration with MSF Bangladesh. Together, along with the Non-Communicable Disease Control Department (NCDC) of the Directorate General of Health Services (DGHS) Ministry of Health in Bangladesh, support was given to technical trainings and national treatment protocol development. A further in-person workshop was also conducted on the treatment protocol for participants from different medical colleges and tertiary-level hospitals. The monitoring and surveillance aspects of global incidents of methanol poisoning continued along with further translation of the website and related technical documents into various languages including Bengali, Arabic, Spanish, and French. MPi also started the development of an e-learning module on methanol poisoning for medical personnel that will be available in the fall of 2023.

Amidst the fifth wave of COVID-19 outbreak in Hong Kong in 2022, MSF rapidly organised a project team with doctors, nurses, psychologists and logisticians to support the fight against the pandemic. Our OSU has provided full support for the response.

We produced information packs in reference to the health advice from the Centre for Health Protection and the medical field to help people stay updated on the latest information about the pandemic.

A mini documentary titled “Alongside” was produced to summarise the response of the Hong Kong project team with the collective effort of different partners. The video was released in the 4th quarter of 2022 and has been uploaded on our YouTube channel.

We have also enhanced the content of MSF mental health website “How are you”, and suggested coping tips for post-pandemic psychological trauma were proactively promoted to the general public through social media. Three webinars on child anxiety were organised for the public in January 2022, followed by another two public webinars on post-pandemic psychological trauma in October 2022 and 505 people attended in total.

In order to foster creativity in children while encouraging their imagination, at the same time as broadening their horizons and their understanding of the daily tasks of MSF, “Little Field Partners” program launched a new initiative through a Colouring Competition with over 120 children taking part.

2022年初，香港经历新冠肺炎第五波疫情，学校讲座被迫延期或取消。然而随着疫情在同年下旬放缓，讲座恢复，吸引来自8间学校、逾1,900名学童参与。

我们首度为捐款者举办实时线上虚拟参观活动，无国界医生尼日利亚医疗协调员赫特昂基与73名参加者分享当地独家现场报告，参加者亦可以虚拟方式参观位于迈杜古里的无国界医生营养治疗中心。

School talks were suspended or canceled during the fifth wave of the Covid-19 pandemic in early 2022. As the situation gradually improved in the second half of 2022, school talks were resumed with engaging over 1,900 children from eight schools.

For the first time ever, we brought our donors to a real-time virtual field visit under the guidance of Htet Aung Kyi, our MSF Nigeria's Medical Coordinator. He shared an exclusive live field report from Nigeria with attendees able to pay a virtual visit of MSF's nutrition center in Maiduguri. 73 participants were engaged.



2022年，“无国界医生日”主题为“同一时空 一同救援”，意指无论我们是谁、身在何处，我们都生活在同一天空下，应该团结一致、互相帮忙，拯救挣扎求存的人们。

我们收集了四个来自香港和其他地方救援人员的真实前线救援故事，并邀请艺人余德丞和蒋雅诗用声音演绎其中两个故事，揭示无国界医生的工作和团队持续面对的挑战，公众可随时于无国界医生的社交平台 and Spotify 频道重温。

“无国界医生日”嘉许礼于7月9日举行，来自香港及亚洲地区义工在分享会后一同参与“地图马拉松”活动，为日后救援任务共同绘制地图，供无国界医生及其他前线救援人员使用。今年共有74名义工为莫桑比克北部的楠普拉省绘制共5,769座建筑物。

“救援在野——无国界医生城市定向比赛”继续采用线上线下方式进行。今届主题围绕罗兴亚难民的困境，参加者可以利用新版“救援在野”手机应用程序，通过新增的增强现实（AR）功能，在游戏中同时亲身体验前线救援人员如何协助这些难民。这次活动，我们旨在提升公众对罗兴亚人的关注与共鸣。参加者可以灵活安排在11月至12月任何时间完成比赛，活动吸引约500人参与。

In 2022, The theme for the MSF Day was “Save Lives Together Under the Same Sky”, that no matter who we are and where we are, we are living in the same world and should come together to help each other – including saving those striving to survive.

Four firsthand stories from the field were collected from international mobile staff from Hong Kong and other places to illustrate the work of MSF and reveal the challenges that our teams continue to face in crises. We also invited Hong Kong celebrities Dickson Yu and Ziya Chiang to narrate two of the testimonies. These audio stories are available on our social media platforms and Spotify channel.

MSF Day’s Closing Ceremony was held on July 9th. Volunteers from HK and other parts of Asia were invited to come together to join Mapathon to help creating maps for life saving missions. In total, 74 mappers took part, mapping 5,769 buildings in Napula Province, Mozambique.



The Orienteering Competition continued in a hybrid format, including both virtual and physical components. The theme of the competition centred around the plight of the Rohingya refugees. The narrative revolved around an International Mobile Staff’s quest to assist the refugees in their time of need. Through this portrayal, the competition aimed to raise awareness and generate empathy for the distress of these persecuted individuals. Participants had the flexibility to take part in the competition anytime in November and December. The event attracted around 500 participants.



20多年来，无国界医生屡屡看到戊型肝炎疫情爆发，并于2021年向中国制造商订购了疫苗，以备项目使用。这款全球仅有的疫苗在中国研发，于2015年获世界卫生组织推荐用于应对疫情。

在2022年，无国界医生联合南苏丹卫生部共同开展了首个戊型肝炎疫苗接种活动，第一次看到戊肝疫情情况得以改善。

第一轮疫苗接种已于2022年3月和4月展开，前两轮约有25,000人（包括孕妇）接种了疫苗。第三轮（最后一轮）于10月初进行。

当中，我们的中国内地团队协助当地项目员工采购疫苗，与供应商接洽，以及疫苗的运输安排。



基于中国内地的全球影响力上升，以及中国内地相关各方对无国界医生医疗工作的潜在助力，无国界医生（香港）今年还开展了两项新项目：第一是支援前线行动人员与驻当地的内地各方交流；第二是研究采购中国内地医疗产品，以扩大供应基础，保障供应链安全。

今年，我们仍致力呼吁大众关注受危机影响的人，包括乌克兰危机下的民众、穿越地中海移民路线的难民、巴基斯坦水灾灾民等等。新冠肺炎疫情期间，我们分享了调整心理健康的各项建议。我们在上海的医学院举办前线人员网上分享会，以增加民众对救援工作的认识。12月，我们举办“我爱无国界医生救援知识竞赛”，吸引逾千人参加，并通过问卷、影片等解答参加者关于组织的疑问。

东南亚 Southeast Asia

2022年，无国界医生在东南亚区域展开关于罗兴亚人的传播活动，让人重新注视这一场被遗忘的危机，以及区内罗兴亚人不断恶化的状况。活动在不同渠道获得超过50次媒体报道，令罗兴亚人的情况受到强烈关注和影响。活动对无国界医生的倡议工作至关重要，我们一直呼吁为罗兴亚人问题寻求长远且适用于整个区域的方案。我们亦通过这次活动扩大媒体网络，并加强在社交媒体与公众接触。



无国界医生东南亚、东亚和太平洋项目总管麦芬在罗兴亚翻译协助下，在无国界医生戈亚玛拉医院的儿科重症监护室与一位母亲讨论。MSF's Southeast, East Asia and Pacific Project (SEEAP) head Paul McPhun, assisted by a Rohingya translator, discusses with a mother at MSF Goyalmar Hospital's paediatric intensive care unit.

For more than 20 years, MSF have repeatedly seen hepatitis E outbreaks. In 2021, MSF ordered vaccines from Chinese manufacturer for future use in our projects. It is the only vaccine in the world for hepatitis E and was developed in China. The World Health Organization gave its recommendation in 2015 for its usage to curb outbreaks.

In 2022, MSF cooperated with the Ministry of Health of South Sudan to conduct the first hepatitis E vaccination campaign, and for the first time we saw a positive change in Hepatitis E outbreaks.

The first rounds of vaccination were carried out in March and April 2022. In the first two rounds, around 25,000 people (including pregnant women) were vaccinated. The third (and final) round was conducted in early October.

In this campaign, our team in Mainland China play a role in assisting the project staff in the procurement of vaccines, liaison with suppliers and the related logistic arrangements.

MSF HK has further begun two new initiatives; one is supporting field operations to engage with Chinese stakeholders in their countries of operation. This is done in recognition of the increased global influence of China, and the potential relevance of Chinese stakeholders to help achieve MSF's core medical mission. Another is looking into the sourcing of medical products in China to broaden MSF's supply base and increase the security of supply chain.

Over the year, we have remained committed to drawing public attention to people affected by crises, including those living under the crisis in Ukraine, refugees crossing the Mediterranean migration route, floods in Pakistan, etc. During the COVID-19 epidemic, we shared various forms of advice on adjusting people's mental state. We also held online fieldworker sharings in medical school in Shanghai to increase people's understanding of relief work. In addition, in December, we launched the "I love MSF quiz test on relief work" with over 1000 participants and answered people's questions about MSF through questionnaires, videos, etc.

In 2022, we implemented a regional communications campaign on the Rohingya, spotlighting this forgotten crisis and the worsening situation for the Rohingya people in the region. This has resulted to strong visibility and impact on the Rohingya situation, with over 50 media coverage in the region, in all channels. This campaign was crucial for advocacy, positioning MSF as one of the voices in calling for regional and sustainable solutions to the Rohingya issue. We were also able to widen our media networks which we leveraged on for the Rohingya campaign, and our reach with the public through our digital accounts.

这次宣传活动带动了无国界医生的媒体曝光率，其中马来西亚的媒体报道比去年增加五成；印尼的报道亦多了三成。2022年，我们也接受了更多电台和电视访问。

网上及社交媒体方面，无国界医生亚太地区 Instagram 账户的触及度和参与度均有所提升，其中自然触及度增加近五倍，追踪人数升近四倍。

我们继续为区域行动提供传讯支援，包括台风“雷伊”救援行动、结束菲律宾马拉维项目和印尼青年健康项目制作传播材料，亦支援网上健康推广。



The Rohingya campaign was instrumental in increasing our media reach, with 50% more media coverage in Malaysia as compared to the previous year, and 30% increase in media coverage in Indonesia. We've also had more radio and TV interviews in 2022.

In terms of digital and social media, our Instagram account improved its reach and engagement. We were able to grow our organic reach by nearly 500% and followers by nearly 400%.

We also continued providing comms support to our operations in the region, producing communications packages for the Typhoon Rai response and the closing of the Marawi project in the Philippines, and also for the adolescent health project in Indonesia as well as support for digital health promotion.

印尼青年健康项目

这四名青年是在其社区积极开展青年健康项目的19名青少年中的成员。

Indonesia Adolescent Health Project

These four adolescents are among 19 who are actively running the adolescent health programme in their neighbourhood.

无国界医生（香港）董事会 Board of Directors of MSF Hong Kong

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无国界医生（香港）财务审核及风险委员会 Finance, Audit and Risk Committee of MSF Hong Kong

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成员	Members	：詹铤铭 Carter Ting-cheong CHIM 李君婷医生 Dr. Kandice Ellen LI	叶汇荣 Dennis Wui-wing IP 吴锦华 Webster Kam-wah NG

¹ 2022年8月27日离任 Resigned on 27 Aug 2022

² 2022年8月28日上任 Appointed on 28 Aug 2022

辞职指辞去职务，该成员可能会或不会留在董事会。任命指对该角色的任命，该成员获任命前可能是或不是董事会成员。Resigned means resignation from the role, where the member may or may not remain on the Board. Appointed means an appointment to the role, where the member may or may not be on the Board prior to the appointment.

截至2022年12月，无国界医生（香港）共有68名职员，另有7名志愿者定期协助处理日常工作。As of December 2022, the MSF Hong Kong has 68 staff and 7 regular office volunteers who help with office tasks.

无国界医生衷心感谢所有捐款人及机构、团体、学校、大专院校和办事处义工的支持。鸣谢名单请参阅：msf.hk
MSF Hong Kong would like to thank all donors, corporations, organisations, schools, institutions and office volunteers for their generous support. Please go to msf.hk for the acknowledgements list.

无国界医生（香港）2022年度财政概览

MSF Hong Kong Financial Overview 2022

(以港元为单位)

(in Hong Kong dollar)

	2022	2021
收入 INCOME		
捐款收入 Donations income	373,269,293	410,895,688
其他收入 Other income	1,649,372	818,627
总数 TOTAL :	374,918,665 ⁽¹⁾	411,714,315
支出 EXPENDITURE		
社会使命 Social mission		
紧急与医疗救援项目 Emergency and medical programmes	262,400,706 ⁽²⁾	296,813,933
项目支援与发展 Programme support and development	47,390,487	48,942,358
提高公众关注与倡议 Public awareness and other campaigns	9,441,464	9,501,737
其他人道救援活动 Other humanitarian activities	2,003,534	2,163,739
社会使命总开支 Total social mission	321,236,191 ⁽³⁾	357,421,767
行政经费 Management and general administration	20,344,217	17,325,338
筹款经费 Fundraising	33,196,223	36,864,181
财务费用 Finance cost	70,324	126,565
总数 TOTAL :	374,846,955	411,737,851
汇兑收益 / (损失) 净额 Net exchange gain/(loss)	(71,710)	23,536
亏损 Deficit	-	-

截至2022年12月31日止的财务状况表

Statement of Financial Position as of 31st December 2022	2022	2021
非流动资产 Non-current Assets	3,731,186	5,593,153
流动资产 Current Assets		
应收账款 Debtors	1,553,009	56,531
预付费用及押金 Prepayments and deposits	1,925,741	3,456,610
应收其他无国界医生办事处之账款 Amount due from MSF entities	2,022,754	1,186,652
现金及银行结余 Cash and bank balances	31,579,719	78,449,495
	37,081,223	83,149,288
流动负债 Current Liabilities		
应付账款与应计费用 Creditors and accrued expenses	6,722,611	9,985,112
租赁负债 Lease liabilities	1,833,222	2,441,102
应付其他无国界医生办事处之账款 Amount due to MSF entities	32,061,132	74,847,294
	40,616,965	87,273,508
净流动负债 Net Current Liabilities	(3,535,742)	(4,124,220)
非流动负债 Non-current Liabilities	(195,444)	(1,468,933)
净资产 Net assets	-	-
资金余额 Fund Balances		
累积资金 Accumulated funds	- ⁽⁴⁾	-

按照法例，谨此声明，以上陈列数据仅为截至2022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，并由核数师安永会计师事务所审核。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截至2022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；公司没有备存充份的会计记录；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说明。完整财务报表可浏览：msf.org.cn。

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 31December 2022. 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, Ernst & Young. 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 31December 2022 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.



99.6% 公众捐款 Donations from the public
0.4% 其他收入 Other income



85.7% 社会使命 Social mission
70.0% 紧急与医疗救援项目 Emergency and medical programmes
12.7% 项目支援与发展 Programme support and development
2.5% 提高公众关注与倡议 Public awareness and other campaigns
0.5% 其他人道救援活动 Other humanitarian activities
8.9% 筹款经费 Fundraising
5.4% 行政经费 Management and general administration



45.4% 亚太区及中东 Asia-Pacific and the Middle East
107,397,822
42.2% 非洲 Africa
99,791,828
7.1% 美洲 The Americas
16,881,959
5.3% 欧洲 Europe
12,504,445

国家或地区 Country or region	拨款 Funding	国家或地区 Country or region	拨款 Funding
刚果民主共和国 Democratic Republic of Congo	27,120,095	几内亚 Guinea	3,862,885
尼日利亚 Nigeria	16,937,163	黎巴嫩 Lebanon	3,853,887
阿富汗 Afghanistan	16,582,141	埃塞俄比亚 Ethiopia	3,690,868
叙利亚 Syria	16,292,164	布隆迪 Burundi	3,022,794
也门 Yemen	14,795,565	印度 India	2,955,056
南苏丹 South Sudan	13,764,504	意大利 Italy	2,713,586
孟加拉国 Bangladesh	11,146,246	马里 Mali	2,528,053
缅甸 Myanmar	10,000,000	莫桑比克 Mozambique	2,328,062
中非共和国 Central African Republic	8,803,734	香港 Hong Kong	2,227,753
马来西亚 Malaysia	8,680,000	苏丹 Sudan	2,077,305
伊拉克 Iraq	8,550,780	南非 South Africa	1,855,213
海地 Haiti	8,443,147	肯尼亚 Kenya	1,811,274
委内瑞拉 Venezuela	7,402,998	贝宁 Benin	1,606,513
巴基斯坦 Pakistan	6,831,963	津巴布韦 Zimbabwe	1,569,823
塞拉利昂 Sierra Leone	4,434,002	希腊 Greece	1,254,960
巴勒斯坦 Palestine	4,403,615	印尼 Indonesia	1,078,652
乌克兰 Ukraine	4,330,375	巴西 Brazil	1,035,814
比利时 Belgium	3,976,054	乌干达 Uganda	290,743
埃及 Egypt	3,925,488	巴尔干半岛路线 Migrant Support Balkan Route	229,470
		科特迪瓦 Cote d'Ivoire	163,309

总数 TOTAL : 236,576,054

2022年度财政概览说明

- (1) 99.6% 经费来自公众捐款。
(2) 合计236,576,054港元被拨作于大约39个国家和地区进行紧急及医疗救援项目的经费。25,824,652港元呈交至比利时行动中心，以便为无法预计的紧急灾祸作迅速回应的准备。
(3) 85.7% 收入用于履行社会使命。
(4) 2022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、行政与财务经费及汇兑差额后，全数拨予履行社会使命。

Explanatory Notes on Financial Overview 2022

- (1) 99.6 % of donations came from public donations.
(2) A total of HKD 236,576,054 was allocated for emergency and medical programmes in around 39 countries and regions. HKD 25,824,652 was transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies.
(3) 85.7% total income went to social mission.
(4) In 2022, MSF Hong Kong maintained a “zero reserve” policy: all donations received, after the fundraising, management and general administration, finance expenses and exchange difference, were fully dispensed for social mission.

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出该组织所能提供的赔偿。

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 manmade 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.

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无国界医生香港项目团队，从多方面支援应对新冠肺炎第五波疫情。我们对养老院及残疾人士院舍进行跨界别综合评估，以了解其通风设施、感染防控，以及员工和院友的心理健康状况，并撰写评估报告及建议。

MSF Hong Kong project team supported the fight against the fifth wave of COVID-19 outbreak in Hong Kong. Multi-disciplinary assessments which covered ventilation system, infection prevention and control, and mental health and emotional well-being of the staff and residents were conducted in residential care homes for the elderly and for persons with disabilities. Assessment reports with recommendations were produced.

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