



**MSF HONG KONG
ACTIVITY REPORT**

**無國界醫生 (香港)
活動報告 2018**

主席和總幹事的話

Dear Friends,

2018 was another extremely challenging year for refugees, displaced people, those trapped in conflicts, and communities at the heart of disease outbreaks.

Médecins Sans Frontières (MSF) teams faced the complexity of responding to an Ebola outbreak in an insecure region, where more than 100 armed groups were active. The Democratic Republic of Congo (DRC) was in the midst of its second Ebola outbreak of the year, its biggest ever. MSF was part of the response, led by the Ministry of Health. Although rapid and well-resourced - with teams having access to a promising new vaccine and several new drugs with the potential to better protect and treat people - the response, and those managing it, failed to adapt to people's priorities. As a result, they failed to gain the trust of the community. This lack of trust in the health services meant people delayed or avoided seeking treatment. By the end of the year, the epidemic in North Kivu and Ituri provinces had claimed more than 360 lives and in some areas was still not under control.

Refugee crises and indifference towards migrants are not abating either.

More than 700,000 Rohingya refugees fled violence in Myanmar to find safety in Bangladesh since August 2017. They joined those who had previously fled Myanmar. Nearly one million Rohingya refugees live in camps and makeshift settlements across Bangladesh's Cox's Bazar peninsula. The denial of their legal status, coupled with unacceptable living conditions in haphazard makeshift camps, continues to trap refugees in a cycle of suffering and poor health.

The majority of the Rohingya have experienced traumatic events. Many have suffered or witnessed violence and lost close relatives and friends. Many would like to go home, but that's not possible. So, they feel hopeless. Since the very beginning of the MSF response, providing mental health services has been a priority.

Our continued presence in the Cox's Bazar peninsula is also leading to an increase in consultations for members of the local Bangladeshi community, particularly in those health facilities that are not located in the middle of the camps.

Meanwhile, across the world in 2018, countries reinforced borders in a bid to keep out migrants and refugees. Governments attempted to cover up the human cost of their harmful policies by demonising, threatening and ultimately blocking some of our efforts to provide assistance and bear witness.

We were forced to end our search and rescue operations in the Central Mediterranean in early December after increasingly obstructive actions by European governments, particularly Italy, which shut its ports to migrant rescue boats, despite an estimated 2,297 people having drowned while attempting to flee Libya during the year.

In October, the Nauruan government expelled our team with just 24 hours' notice, with no more explanation than that our services were 'no longer required'. Until then, we had been providing desperately needed mental healthcare to local people and asylum seekers held on Nauru as part of Australia's inhumane offshore detention policy.

The humanitarian situation in Ethiopia during 2018 was very unclear. But what we do know is ethnic violence, high insecurity, and a lack of support in their places of origin forced at least 1.4 million people to become internally displaced in multiple, simultaneous and massive displacement crises. Ethiopia is now host to the second-largest refugee population in Africa, mainly Eritreans, Somalians and South Sudanese.

In northeast Nigeria, nearly two million people have been displaced across Borno and Yobe states by the ongoing conflict. Rann town in Borno came under attack on 1 March - for the second time in just over a year - forcing us to temporarily suspend activities.

Starting in March, the Israeli army responded with brute force to the 'March of Return' protests in Gaza, firing on people and leaving thousands with horrific gunshot injuries, mostly to the legs. Our medical teams in Occupied Palestinian Territories, performed over 3,000 major surgeries in 2018, compared with 400 in 2017. Patients and medical staff now face the challenge of long-term rehabilitation and multiple surgical procedures, while trying to avoid the high risk of infection, in an enclave with limited resources due to the 11-year blockade.

各位朋友：

對難民、流離失所者，以及身陷衝突和疫區的社群而言，2018年又是極度艱難的一年。

無國界醫生的團隊在局勢不穩、有超過一百個武裝組織活躍的地區應對伊波拉疫情，面對的情況相當複雜。剛果民主共和國處於這年內第二次、亦是該國有史以來最龐大的伊波拉疫情。抗疫工作由當地衛生部領導，無國界醫生是其中的一分子。儘管這次抗疫行動迅速且資源充足，團隊掌握有望預防感染的新疫苗，以及另外幾種有機會提高病人治癒率的新藥，但整個行動和負責的人員都未能配合當地社群的輕重緩急，以致未能取得信任。人們對醫療服務缺乏信任，使他們延誤或避免求醫。截至年底，北基伍和伊圖里省已有超過360人死亡，部分地區疫情仍未受控。

流徙危機和對移民難民漠不關心的態度，亦未見消減。

自2017年8月以來，超過70萬名羅興亞人為逃避在緬甸的暴力衝突，湧到孟加拉尋求庇護。這批較近期來到的羅興亞難民跟以往逃離緬甸的人加起來，有近100萬人棲身於孟加拉科克斯巴扎爾半島的難民營和臨時居所。羅興亞人的難民身份不獲承認，加上臨時營地的環境極之惡劣，使他們持續陷於痛苦和疾病的循環之中。

大多數羅興亞人都經歷過創傷，他們曾遭受暴力對待，或目睹暴力發生，還失去摯親好友；很多人都想回家，但卻無法歸去，因此他們感到絕望不已。從無國界醫生開始進行緊急應對行動以來，提供精神健康服務一直是我們的首要工作。

我們繼續在科克斯巴扎爾半島工作，亦使當地的孟加拉裔社群前來求診的人數增加，特別是到那些並非設在營地中央的醫療設施。

與此同時，世界各地不同國家於2018年加強控制邊境，以阻止移民和難民進入。這些政府試圖通過妖魔化、威脅，甚至最終阻撓我們一些援助和見證的工作，來掩蓋其有害政策對人們造成的傷害。

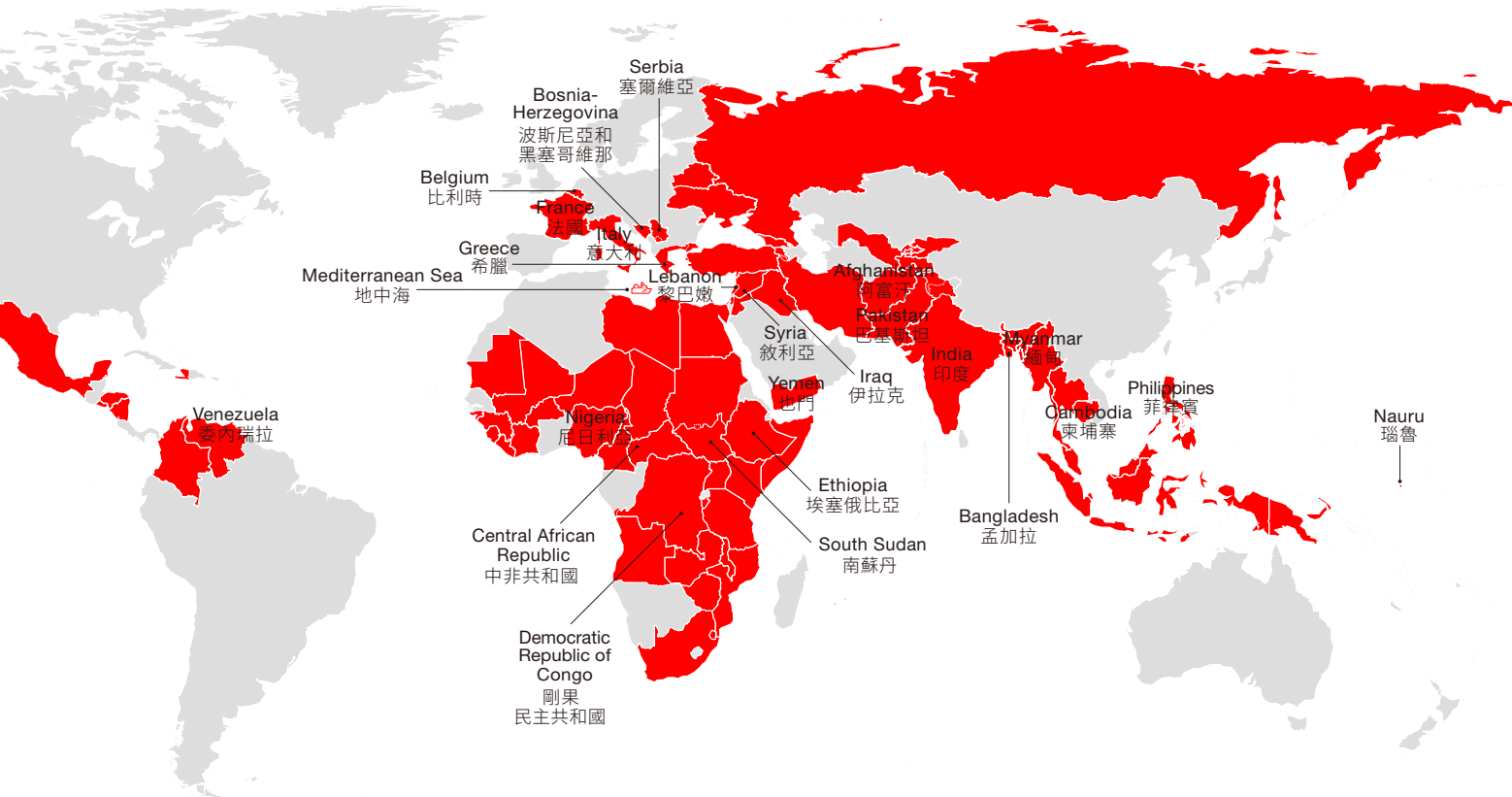
由於歐洲各國政府的阻撓越來越多，尤其是意大利當局關閉港口，不讓救助移民的搜救船靠岸，我們被迫於12月初暫時結束在地中海中部的搜救行動。據估計，這一年有2,297人嘗試逃離利比亞時溺斃。

10月，瑙魯政府僅給予無國界醫生24小時通知，表示「不再需要」我們的服務，未有解釋更多，就驅逐了我們的團隊。之前，我們一直為瑙魯當地人，以及因澳洲的不人道離岸拘留政策而被關押在該島的尋求庇護者，提供亟需的精神健康服務。

這一年，埃塞俄比亞的人道狀況極不明朗，但我們知道族群衝突、局勢高度不穩定，以及原居地不給予支持，迫使至少140萬人經歷多重、同時發生且大規模的流徙危機，在國內顛沛流離。埃塞俄比亞現時亦是非洲第二大難民接收國，難民主要是來自厄立特里亞、索馬里和南蘇丹。

在尼日利亞東北部的博爾諾州和約貝州，近200萬人因衝突持續流離失所。3月1日，博爾諾州的蘭恩鎮遭受襲擊，是一年內的第二次，迫使我們暫停救援行動。

自3月起，以色列軍隊以暴力應對在加沙的「回歸大遊行」示威，向群眾開槍，數千人遭受可怕的槍傷，大部分人腿部中槍。我們在巴勒斯坦的醫療隊於2018年內進行了3,000多宗大型手術，2017年則為400宗。加沙被封鎖長達11年，資源有限，傷者和醫護人員正面對長期康復和多次手術，又要竭力避免傷口出現感染，挑戰重重。



Throughout 2018, MSF worked in **74 countries** worldwide. The named countries and regions on the map are highlighted in this report. 2018年裡，無國界醫生在全球**74個國家**工作。地圖上標示名稱的國家和地區，在本活動報告內有專案簡介。

The place names and boundaries used in this report do not reflect any position by MSF on their legal status.
本報告內採用的地名及邊界並不反映無國界醫生對其法律地位的立場。

Healthcare systems in Syria and Yemen were also severely impacted by continued conflicts. Yemen was the country where our teams treated the highest number of war-wounded in 2018, over 16,000 people.

In many of the places we work, we addressed people's invisible wounds, running mental health services in 54 countries, including group and individual counselling sessions for refugees in Bangladesh and Nauru, as well as South Sudan, Greece, Mexico and Liberia.

MSF's Access Campaign continues to advocate better access to key sofosbuvir-based drug combinations, used to treat hepatitis C. This enabled our teams to scale up and simplify treatment in a number of countries in 2018, including Cambodia. In November 2018, MSF's partner organisation Drugs for Neglected Diseases initiative (DNDi) received approval for fexinidazole, a sleeping sickness drug that is safer, easier to administer and more effective. MSF projects trialled fexinidazole, which is the first new chemical entity to be developed by DNDi.

Looking back at 2018, MSF teams provided medical and humanitarian assistance to people facing extreme hardship over 70 countries. Undertaking this valuable work is not without risks. Our teams provide care under the threat of detention, abduction and attack; our thoughts remain with Romy, Richard and Philippe, our colleagues abducted in DRC in July 2013, who remain missing.

On a final note, we would like to give a huge thank you to our donors in Hong Kong and the region. The contribution of MSF Hong Kong to the movement's lifesaving humanitarian actions is only possible thanks to your generosity and support over the past two and a half decades. Thank you very much and here's hoping for another 25 years of support and assistance from MSF Hong Kong to the wider world.

敘利亞和也門的醫療系統也因持續的衝突受嚴重影響。2018年，也門是無國界醫生的救援隊治療戰爭傷者人數最多的國家，有超過16,000人接受醫治。

在無國界醫生工作的許多地方，我們醫治了人們無形的創傷。團隊在54個國家提供精神健康服務，包括為身處在孟加拉、瑙魯、南蘇丹、希臘、墨西哥和利比里亞的難民提供小組和個人精神健康輔導。

無國界醫生的病者有其藥項目繼續進行倡導，希望病人能獲得以索非布韋為基礎的關鍵藥物，治療丙型肝炎。這些倡導工作使前線團隊得以於2018年擴大和簡化包括柬埔寨在內許多國家的治療方案。由無國界醫生的伙伴組織「被忽視疾病藥物研發倡議」（DNDi）研發，更安全、更易用和更有效的昏睡症藥物非昔硝唑於11月獲准使用。非昔硝唑是「被忽視疾病藥物研發倡議」首個成功研發的新化學實體，無國界醫生亦在前線項目進行了臨床試驗。

回顧2018年，無國界醫生的團隊在超過70個國家為陷於絕境的人士提供醫療和人道援助。這些必不可少的工作並非毫無風險，我們的團隊即使面對被拘留、綁架和襲擊的威脅，依然奮力提供醫療服務。我們仍記掛於2013年7月在剛果民主共和國被綁架的羅米、瑞查德和菲利浦，他們至今下落不明。

最後，謹此向香港和亞洲區的捐助者致以最衷心的謝意。過去25年，全賴你們的慷慨捐助和真切支持，無國界醫生（香港）才能為全球救死扶傷的人道行動作出貢獻。未來的25年，我們希望能向世界各地更多有需要的人提供援助。請您繼續支持無國界醫生，謝謝！

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Projects by Country

各地項目

Asia - Pacific 亞洲及太平洋

Bangladesh 孟加拉

MSF remains one of the main providers of medical and humanitarian assistance to stateless Rohingya, approximately one million of whom have sought refuge in Bangladesh.

In Cox's Bazar, MSF worked in four hospitals, five primary health centres, five health posts and one outbreak response centre, which provided a range of inpatient and outpatient care including mental health and psychiatric services. By December 2018, teams conducted nearly one million consultations for medical conditions that were directly related to the lack of healthcare available to the Rohingya in Myanmar or their abysmal living conditions in Bangladesh.

In addition, two water distribution systems were set up supplying 360 million litres of water and benefiting hundreds of thousands of people. Gaps in secondary healthcare were addressed through boosting the capacity of local hospitals.

目前約有一百萬名無國籍的羅興亞人在孟加拉避難，而無國界醫生在當地仍是醫療和人道援助的主要提供者之一。

在科克斯巴扎爾，無國界醫生在四間醫院、五間醫療中心、五個醫療站和一間疫情應對中心，提供多種住院和門診服務，包括心理健康支援和精神科治療。直至2018年12月，救援隊進行了近一百萬次診症，所治療的醫療狀況，與羅興亞人在緬甸無法得到醫療服務，或他們在孟加拉棲身的惡劣環境直接相關。

此外，無國界醫生設了兩個供水系統，供應了3.6億公升的水，惠及數十萬人。救援隊亦致力提升當地醫院的服務能力，以解決當地二級醫療護理的不足。



A young Rohingya mother is looking after her premature babies.

一名年輕羅興亞婦女正在照顧早產的嬰孩。



MSF set up two water distribution systems in Kutupalong and Balukhali areas for refugees living there. 無國界醫生在庫圖巴朗和巴魯卡里地區設立兩個供水系統讓住在當地的難民使用。

Myanmar 緬甸

In 2018, the Myanmar government continued to refuse independent humanitarian access to northern Rakhine. MSF team in Maungdaw was not allowed to resume most of its medical activities. In central Rakhine, MSF established a new mental health programme, providing services in camps in Pauktaw township, a closed Muslim ghetto in Sittwe town, and ethnic Rakhine villages in Sittwe and Ponnagyun townships.

Once the largest provider of HIV treatment in Myanmar, MSF has been working towards transferring patients from the projects in Yangon, Shan, Kachin and Tanintharyi region to the decentralised National AIDS Programme. In Yangon alone, a total of 6,000 patients were transferred this year, meaning that they can receive care closer to home.

2018年，緬甸政府仍然拒絕獨立的人道組織進入若開邦北部提供援助，無國界醫生駐孟都鎮的救援隊未獲准恢復大部分的醫療服務。在若開邦中部，無國界醫生新設了精神健康項目，在包多鎮的流徙者營地、實兌鎮封閉的穆斯林貧民窟，以及實兌鎮和邦那均鎮的若開族村莊提供服務。

無國界醫生曾是緬甸最大的愛滋病治療提供者，近年一直致力將其仰光、撣邦、克欽邦和德林達依地區項目的病人，轉介至採用社區護理模式的國家愛滋病項目。僅在仰光，這一年共轉介6,000名病人，使他們能在離家較近的地點跟進療程。



MSF staff conduct a medical consultation with MDR-TB patients at MSF's Insein clinic, Yangon, Myanmar.

無國界醫生的醫護人員在緬甸仰光的永盛診所為耐多藥結核病人診症。

Malaysia 馬來西亞

MSF continues to provide healthcare to stateless Rohingya and other refugee communities in the state of Penang. This year, the teams ran 45 mobile clinics, and conducted health education sessions for refugee children. In October, MSF inaugurated a fixed clinic offering primary healthcare and mental health services in a neighbourhood where many undocumented migrants and refugees reside.

As for survivors of human trafficking, MSF runs mobile clinics and patient referrals in five government protection shelters in Kuala Lumpur, Negeri Sembilan and Johor Bahru. Our teams also started providing psychosocial and counselling services in survivors' native languages.

In December, MSF and MERCY Malaysia jointly organised a symposium on improving access to healthcare for refugees and asylum seekers in Malaysia.

無國界醫生繼續在檳城州為無國籍的羅興亞人和其他難民社群提供醫療服務。這一年，救援隊進行了45次流動診所，並為難民兒童舉辦了健康教育講座。10月，無國界醫生在許多無證移民和難民棲身的社區開設了一間固定診所，提供基本醫療和精神健康服務。

針對人口販賣倖存者，無國界醫生在吉隆坡、森美蘭州和柔佛州新山市五個政府轄下的庇護中心，開設流動診所和轉介病人，救援隊亦開始以倖存者的母語提供心理社會支援和輔導服務。

12月，無國界醫生和馬來西亞醫療援助協會（MERCY）聯合舉辦了研討會，探討如何增加在馬來西亞的難民和尋求庇護者獲得醫療服務的機會。



A Rohingya man is being seen by the nurse before consultation with the doctor at the MSF clinic in Penang.
一名羅興亞男子在無國界醫生位於檳城的診所內接受護士初步檢查。

Afghanistan 阿富汗

As the conflict in Afghanistan intensified in 2018, MSF reinforced activities in several programmes across the country, in particular emergency, paediatric and maternal healthcare. Number of people seeking medical assistance in our facilities steadily increased, as the population contended with insecurity, a dysfunctional healthcare system, and internal displacement resulting from violence or natural disasters such as drought.

Besides, we started the construction of a new MSF trauma facility in Kunduz. After the US airstrike that destroyed the trauma centre in 2015, killing 24 patients, 14 staff and four patient caretakers, we engaged in discussions with all parties to the conflict to formalise commitments that MSF's staff, patients and hospitals will not be attacked. We have explicit commitments that MSF can treat every person who needs medical care, no matter their ethnicity, political affiliations or which side of the conflict they are on.

在阿富汗，2018年的戰鬥加劇，無國界醫生加強多項救援工作，特別是緊急、兒科和婦產科護理。鑑於安全形勢不穩、醫療護理系統失效、加上因暴力事件或乾旱等天災導致民眾流離失所，向無國界醫生尋求援助的人不斷趨升。

另外，我們開始在昆都士興建新的無國界醫生創傷治療中心。原有的創傷治療中心於2015年遭美國空襲摧毀，導致24名病人、14名職員和4名病人照顧者死亡，之後我們與涉及衝突各方討論，達成正式承諾，無國界醫生職員、病人和醫院不會受襲擊。無國界醫生表明會照顧任何需要醫療護理的人，不論他們的種族、政治聯繫或屬於衝突的任何一方。



MSF opened a winter clinic in northwestern Afghanistan to provide vulnerable population fled from conflict and drought with much-needed medical assistance.
無國界醫生在阿富汗東北開設冬季診所，向因為逃避衝突和旱災而流離失所的居民提供所需的醫療援助。

India 印度

MSF has been treating drug-resistant tuberculosis (DR-TB) and HIV in Mumbai, India. In 2018, an initiative was launched to ensure systematic clinical and psychosocial follow-up of DR-TB patients, aiming to demonstrate a replicable model of community-based care. Specialised care for TB, HIV and hepatitis C have been made available through three clinics in Manipur.

This year, MSF improved treatment capacity of a district hospital, and started using bedaquiline to treat patients with extensively DR-TB.

在印度孟買，無國界醫生一直提供耐藥結核病和愛滋病治療。2018年，救援隊展開一項新工作，確保有系統地跟進耐藥結核病患者的臨床狀況和提供心理社交支援，旨在展示可複製的社區護理模式。無國界醫生亦在曼尼普爾邦的三間診所提供結核病、愛滋病和丙型肝炎的專門治療。

這一年，無國界醫生提升了當地地區醫院提供治療的能力，並開始使用貝達喹啉醫治廣泛耐藥結核病患者。



A female patient who has been treated for kala azar-HIV co-infection and tuberculosis at MSF's ward in Patna, Bihar talks to Health Promoter at MSF.
在印度比哈爾邦巴特那，一名同時感染黑熱病、愛滋病和肺結核的女病人，向無國界醫生的健康推廣員傾訴。

Pakistan 巴基斯坦

MSF has been providing a range of services in Balochistan and Khyber Pakhtunkhwa to improve access to mother and child healthcare. Nearly 30,000 births were assisted and almost 11,000 children were treated in outpatient feeding programmes across the country.

Cutaneous leishmaniasis is a neglected tropical disease that is endemic in Pakistan. MSF continued to provide specialised treatment through three locations in Balochistan, and opened a fourth treatment centre in Peshawar this year. Over 5,000 patients were treated for the disease.

Pakistan has the second-highest prevalence of hepatitis C in the world. In a clinic located in a densely populated slum in Karachi, MSF turned to diagnosing and treating hepatitis C.

為改善巴基斯坦的母嬰健康服務，無國界醫生一直在俾路支省和開伯爾巴圖克瓦省提供多種醫療服務。這一年，救援隊在該國協助了近三萬名嬰兒出生，並為一萬一千名兒童提供門診營養治療。

皮膚利什曼病是被忽視的熱帶病，在巴基斯坦屬風土病。無國界醫生繼續在俾路支省三個地點提供專門治療，年內在白沙瓦開設了第四間治療中心，治療超過5,000人。

巴基斯坦是全球丙型肝炎患病率第二高的國家。無國界醫生在卡拉奇人口稠密的貧民窟內的一間診所，開始診斷和治療丙型肝炎。



A nurse at the ambulatory therapeutic feeding centre set up by MSF at district Jaffarabad, Pakistan checks the height of a baby.

在巴基斯坦加法拉巴德地區的日常治療性餵食中心裡，護士為嬰兒量度身長。

Indonesia 印尼

To improve access to healthcare for adolescents, MSF launched a new programme in Pandeglang, Banten province, working with community health practitioners, training health centre staff, providing specialised maternity services and disseminating information on adolescent health services. In Jakarta, MSF supported the government's health screening programme and the development of adolescent reproductive health guidelines for the Thousand Islands archipelago.

Multiple earthquakes and tsunamis hit Indonesia in 2018, MSF sent emergency teams comprising medical, mental health and water and sanitation experts to Lombok and Palu to support the national response. Pandeglang was most affected by Sunda Strait tsunami in December. The team based in Pandeglang provided immediate and sustained assistance to the local response for displaced people.

Concerning the nationwide issue of methanol poisoning, MSF ran training sessions, workshops and hospital visits, and supported local doctors with specific guidelines on managing treatment.

為增加青少年獲得醫療護理的機會，無國界醫生在萬丹省潘德格朗設新項目，與社區衛生人員合作，培訓醫療中心員工，提供專門的婦產科服務以及分發青少年醫療服務的資訊。在雅加達，無國界醫生支援政府的健康篩查計劃，並協助制訂千島群島的青少年生殖健康指引。

2018年，印尼發生多次地震和海嘯，無國界醫生派出由醫療、精神健康和水利衛生專家組成的緊急救援隊，前往龍目島和帕魯支援政府的救災行動。12月發生巽他海峽海嘯，潘德格朗受災最嚴重，駐當地項目的團隊參與救災，為流離失所者提供即時和持續的援助。

至於影響全國的甲醇中毒問題，無國界醫生舉辦了培訓班和研討會，並探訪醫院，同時向當地醫生提供具體的治療指引。



As the community health clinic was damaged after Sulawesi earthquake, MSF colleagues worked together with the local health office to carry out care services at one IDPs camp.

印尼蘇拉威西島發生地震之後，當地診所損毀，無國界醫生團隊與當地衛生部門在流徙者營地治理傷者。

Philippines 菲律賓

MSF has been working with Likhaan, a local organisation, to provide comprehensive sexual and reproductive healthcare aimed at young women in particular in the densely populated slums of Manila. The teams conducted 12,400 family planning sessions and screened 3,630 women for cervical cancer in 2018. Although victims of sexual violence are stigmatised in the Philippines, the number of people presenting at the MSF clinic for treatment has increased steadily.

In the city of Marawi, Mindanao region where the 2017 conflict destroyed over 70% of health facilities and left 200,000 internally displaced people and returnees without access to basic healthcare. MSF started supporting the outpatient department and emergency room of one of the few remaining health centres in October 2018. The teams also ran a measles vaccination campaign, and improved water and sanitation by building latrines and water points.

無國界醫生一直與當地組織「Likhaan」合作，在馬尼拉人口稠密的貧民窟提供全面的性與生殖健康服務，特別針對年輕女性。2018年，救援隊進行了12,400次家庭計劃輔導，並為3,630名女性進行子宮頸癌篩查。儘管性暴力受害者在菲律賓受到歧視，但到無國界醫生診所求醫的人數穩步增加。

2017年在棉蘭老島馬拉維爆發的衝突，摧毀了市內七成以上的醫療設施，20萬仍在流徙和已重返家園的人因而無法獲得基本醫療服務。無國界醫生於2018年10月開始在一間少數仍然運作的醫療中心，支援其門診部和急症室。同時，救援隊推行了麻疹疫苗接種運動，並修建廁所和供水點以改善水利衛生。



Working with the Marawi City Health Office in the Philippines, MSF helped vaccinate over 5,600 children during Mindanao's measles outbreak.

菲律賓棉蘭老島爆發麻疹期間，無國界醫生與馬拉維市衛生辦公室合作，為5,600多名兒童注射預防疫苗。

Nauru 瑙魯

From November 2017, MSF provided free psychological and psychiatric care to Nauruans, as well as asylum seekers and refugees sent to the island, many of whom had been held for more than five years under the Australian policy of 'offshore processing'.

Without warning, the Nauruan government informed MSF in October 2018 that its services were "no longer required" and must cease within 24 hours. MSF was forced to abruptly abandon hundreds of vulnerable patients.

In December, MSF published the first independent report demonstrating the scale of the mental health emergency. Of the asylum seekers and refugees teams treated, 30% had attempted suicide and 60% had considered it. MSF called for an end to Australia's policy and for the immediate evacuation of all asylum seekers and refugees to a place of safety.

自2017年11月起，無國界醫生為瑙魯人以及被送往該島國的尋求庇護者和難民，提供免費的心理和精神科治療。由於澳洲的「離岸處理」政策，很多尋求庇護者和難民被關押在當地超過五年。

在毫無預警的情況下，瑙魯政府於2018年10月通知無國界醫生「不再需要」其服務，並須於24小時內結束項目，無國界醫生被迫突然放棄數百名脆弱無助的病人。

12月，無國界醫生發表首份獨立報告，揭示在瑙魯精神健康危機的規模。無國界醫生治療的尋求庇護者和難民中，三成人曾企圖自殺，六成人有自殺念頭。無國界醫生促請澳洲終止其政策，並立即將所有尋求庇護者和難民撤離到安全的地方。



A patient is attended by MSF's mental health team in Nauru.

無國界醫生的精神健康護理團隊在瑙魯治理病人。



MSF had been providing mental health care for asylum seekers in Nauru. In October 2018, government of Nauru requested MSF to cease its service in 24 hours.

無國界醫生團隊在瑙魯的尋求庇護者營地提供精神健康護理；可是在2018年10月，瑙魯政府要求無國界醫生於24小時內結束項目。

Americas 美洲

Venezuela 委內瑞拉

Venezuela's deteriorating political and economic crisis caused a steep decline in living standards and prompted hundreds of thousands to leave to other South American countries.

MSF expanded its activities in the capital, Caracas, providing medical and mental healthcare to victims of urban and sexual violence, making referrals for further treatment, legal assistance and social support as necessary. Besides, teams trained healthcare workers on how to receive and attend to the victims, and conducted awareness-raising campaigns.

The medical and psychological care project for young people in Maracaibo ended in March, yet the support to the national malaria programme in the gold-mining area of Sifontes continued. Medical and psychological care were offered to people affected by floods in Caicara del Orinoco and Churuguara.

委內瑞拉的政治和經濟危機日益惡化，導致人民生活水平急劇下降，並觸發數十萬人離開前往其他南美國家。

無國界醫生擴大在首都加拉加斯的項目，為城市暴力和性暴力的受害者提供醫療和精神健康服務，並轉介有需要人士接受進一步治療，獲得法律援助和社會支援。同時，救援隊培訓當地醫護人員如何接收和照顧這些受害者，並展開提高公眾關注的活動。

無國界醫生設於馬拉開波、針對年青人的醫療和心理健康項目於3月結束，在西豐特斯金礦區支援國家瘧疾項目的工作則仍然繼續；救援隊亦向凱卡拉德爾奧里諾科和丘魯瓜拉的洪水災民提供醫療服務和心理支援。

Democratic Republic of Congo 剛果民主共和國

The Democratic Republic of Congo (DRC) has endured decades of multiple overlapping crises and severe limitations in medical capacity. 2018 was marked by further upsurges of extreme violence and frequent, far-reaching disease outbreaks.

Responding to epidemics is a core activity for MSF in DRC. We responded to nine measles outbreaks and two successive outbreaks of Ebola in 2018, including the country's largest ever, which was still ongoing at the end of the year.

MSF ran 54 medical projects in 17 of the country's 26 provinces in 2018. With services ranging from basic healthcare to nutrition, paediatrics, treatment for victims of sexual violence and care for people living with HIV/AIDS. We also launched emergency responses to violence-related trauma and displacement.

剛果民主共和國數十年來不斷受多重危機困擾，醫療能力卻相當有限。2018年，該國的極端暴力事件持續升級，也面對著頻繁且範圍廣泛的疫症爆發。

應對流行病是無國界醫生在剛果民主共和國的重點工作。我們2018年在當地應對了九次麻疹爆發，以及接連兩次伊波拉疫情，其中一次為該國歷來最大規模、持續至年底仍未結束。

無國界醫生2018年在當地其中17個省進行54個醫療項目，包括基本護理、營養治療、兒科、治療性暴力受害者和愛滋病患者，同時亦因應暴力引發的創傷與民眾流離失所，展開緊急救援。



© John Wessels

A health worker waiting to receive a new unconfirmed Ebola patient, at a newly-built MSF-supported Ebola Treatment Centre in Bunia, DRC.
在剛果民主共和國的布尼亞，醫護人員在無國界醫生支援的伊波拉治療中心等候接收疑似感染伊波拉的病人。

Central African Republic 中非共和國

Renewed, full-blown conflict across Central African Republic produced scenes of extreme violence, particularly in the capital Bangui, Bambari and Batangafo. By the end of 2018, 650,000 people were internally displaced, while civilians continued to flee into neighbouring countries. MSF assisted local and displaced communities in eight provinces and Bangui.

MSF's ability to respond was repeatedly hampered by insecurity and attacks on its facilities. In Bambari, the operations were temporarily scaled down in April after the hospital was violently looted. The MSF-supported Batangafo hospital where 10,000 people sought refuge in November was threatened and accused of sheltering "enemies".

中非共和國再度爆發全面衝突，特別是在首都班吉、班巴里和巴坦加福出現了極端暴力事件。直至2018年年底，65萬人在該國流離失所，平民持續逃往鄰國。無國界醫生在八個省和班吉援助當地社群和流離失所者。

局勢不穩，加上醫療設施遇襲，無國界醫生的救援行動一再受阻。在班巴里，無國界醫生的醫院於4月遭搶掠後，項目工作被迫暫時縮減；而位於巴坦加福、由無國界醫生支援的醫院，11月有一萬人湧入避難，其後醫院收到恐嚇，被指控匿藏「敵人」。



© MSF / Helena Cardellach

Ten thousand people sought shelter in an MSF-supported hospital after violent clashes in Batangafo in northern Central African Republic.

中非共和國北部的巴坦加福發生暴力衝突後，一萬人逃到無國界醫生支援的醫院尋求保護。

South Sudan 南蘇丹

Civilians in South Sudan have borne the brunt of over five years of conflict. Healthcare is scarce or non-existent in many parts of the country, with less than half the population estimated to have access to adequate medical services. Around 80 per cent of services are delivered by NGOs such as MSF.

In 2018, we responded to the urgent medical needs of people affected by violence while maintaining essential healthcare services through 16 projects across the country. We responded to disease outbreaks, provided quality primary and secondary healthcare to displaced and remote communities, mental health care for former child soldiers to better integrate them into communities, continue to assist Sudanese refugees, and responded to other emergencies. But as in previous years, direct attacks against healthcare staff and facilities repeatedly hampered activities in 2018.

受內戰困擾逾五年的南蘇丹，不少地方缺乏甚至沒有醫療護理，估計少於一半人口獲得足夠的醫療服務，當中約八成服務由無國界醫生等非政府組織提供。

2018年，我們在該國展開16個項目，應對暴力事件引發的緊急醫療需要，以及維持必需的護理。工作包括應對疾病爆發；為流離失所和偏遠社區提供具質素的基本和二級健康護理；為曾經當童兵的人提供精神健康護理，以協助他們重投社區；繼續協助蘇丹難民；以及應對其他緊急情況。一如往年，醫療人員和設施多番因受到攻擊致活動受阻。



An MSF doctor treats a young patient in Pibor outpatient clinic in South Sudan who has suffered a horrific crocodile attack.

無國界醫生的醫生在南蘇丹皮博爾州的門診所治療遭鱷魚嚴重咬傷的年輕人。

Ethiopia 埃塞俄比亞

This year, ethnic violence broke out in several parts of Ethiopia simultaneously, displacing at least 1.4 million people.

In July, we launched one of our biggest emergency interventions of 2018 in the regions of SNNP and Oromia. The teams conducted 91,000 outpatient consultations, treated 3,000 children for severe acute malnutrition, and vaccinated nearly 104,000 under-15-year-old against measles. They also provided mental health support, treated victims of sexual violence, distributed relief items and trucked in 69 million litres of clean water.

Besides, MSF teams supported Ethiopian migrants being forcibly expelled by Saudi Arabia in the capital Addis Ababa.

這一年，埃塞俄比亞多個地區同時爆發種族暴力衝突，最少140萬人流離失所。

7月，我們在南方民族州和奧羅米亞州展開2018年無國界醫生其中一個最大規模的緊急救援行動。救援隊進行了9.1萬次門診診症，治療了3,000名嚴重急性營養不良的兒童，並為接近10.4萬名15歲以下兒童注射麻疹疫苗。同時，無國界醫生提供精神健康支援、醫治性暴力受害者、分發救援物資，並用卡車運入6,900萬公升的乾淨用水。

此外，無國界醫生在首都亞的斯亞貝巴，支援被沙特阿拉伯強行驅逐的埃塞俄比亞籍移民。



Dr Joanne Liu, MSF International President visited Ethiopia in March 2018 and met patients in Gambella General Hospital supported by MSF.

無國界醫生時任國際主席廖滿嫦3月到埃塞俄比亞、無國界醫生支援的甘貝拉總醫院探望病人。

Nigeria 尼日利亞

The conflict in northeast Nigeria showed no signs of abating in 2018, while insecurity and violence escalated across the middle of the country and in the northwest, too. By the end of the year, 1.9 million people were internally displaced and 7.7 million in need of humanitarian assistance in northeast Nigeria.

MSF continued to assist people affected by the violence in Borno and Yobe states throughout 2018, while maintaining a range of basic and specialist healthcare programmes and responding to other emergencies across the country like the large Lassa fever outbreaks in March.

In June, we launched an emergency intervention in Cross River state to provide medical care and clean water to refugees and host communities.

尼日利亞東北部的衝突未有平息跡象，而中部和西北部的暴力事件亦升溫。至2018年底，190萬人在國內流離失所，東北部770萬人急需人道援助。

2018年，無國界醫生繼續於博爾諾和約貝州協助受暴力衝突影響的人，同時維持多項基本和專科護理項目，及應對其他緊急醫療狀況，例如3月的拉薩熱大爆發。

在6月，我們在克里斯河州展開緊急救援，向難民和當地社區提供醫療護理和乾淨用水。



Installing hand-operated pumps and latrines were important for local communities in Nigeria because of the increasing number of refugees living in the area.

尼日利亞難民人數日增，在他們聚居的社區安裝手動水泵和廁所相當重要。

The Migration Crisis 流徙危機

As people were drowning in the Mediterranean Sea or being forcibly returned to Libya, MSF was forced to terminate rescue operations this year, because of increasingly hostile manoeuvres by European governments particularly Italy.

The search and rescue vessel Aquarius, operated by MSF and SOS MEDITERRANEE, assisted 3,184 people in 2018. However, the Italian authorities closed its ports to migrant rescue ships in June, leaving the Aquarius and 630 vulnerable people on board stranded at sea. The Aquarius came under further political pressure with its registration being revoked, followed by dubious allegations of illicit waste trafficking. MSF and its partner were left with no choice but to end rescue operations in December.

Despite this, MSF continued to assist migrants and refugees arriving on its shores, transiting through or living in Europe. Medical and mental health services, as well as specialised care for victims of torture were provided in Greece, Italy, Bosnia-Herzegovina, Serbia, Belgium and France.

這一年，人們繼續在地中海溺斃或被強行遣送回利比亞，然而因歐洲各國政府，特別是意大利越趨激烈的敵對行徑，無國界醫生被迫終止海上搜救行動。

由無國界醫生和SOS MEDITERRANEE共同運作的搜救船「Aquarius」，於2018年共協助了3,184人。可是，意大利當局於6月關閉港口，拒絕讓協助移民的搜救船靠岸，令「Aquarius」和船上630名獲救人士滯留海上。其後「Aquarius」受到更多政治壓力，遭撤銷註冊，更被指不當運送廢料。無國界醫生及其合作夥伴最終別無選擇，於12月結束搜救行動。

儘管如此，無國界醫生繼續援助那些抵達歐洲海岸、過境或定居的移民和難民。救援隊在希臘、意大利、波斯尼亞和黑塞哥維那、塞爾維亞、比利時和法國，提供醫療和精神健康服務，以及酷刑受害者的專門護理。



© Guglielmo Mangiapane / SOS MEDITERRANEE

Twenty five people were rescued in Central Mediterranean near the Libyan coast in August 2018. They were found adrift on a small wooden boat with no engine on board and were believed to have been at sea for nearly 35 hours.

2018年8月，25人在地中海中部近利比亞岸邊獲救。他們當時擠在一艘失去動力的小木船，相信在海面上漂流了近35小時。



© Guglielmo Mangiapane / SOS MEDITERRANEE

The sustained campaign, spearheaded by the Italian government and backed by other European states, delegitimised and obstructed aid organisations providing assistance to vulnerable people.

由意大利政府帶頭、獲其他歐洲國家聲援的持續性行動，把救援機構「非法化」，阻撓它們援助脆弱人群。



© Robin Hammond / Witness Change

Thousands of life jackets left behind by arriving migrants are gathered at a dump on Lesbos Island, Greece. Migrants fled from countries such as Syria, Afghanistan, Iraq for safety and continued to risk their lives to reach Europe.

希臘的萊斯沃斯島堆積了數千件難民登岸後丟棄的救生衣。難民為尋求安全，逃離敘利亞、阿富汗、伊拉克等國，再冒生命危險往歐洲。

Middle East 中東

Iraq 伊拉克

With almost two million people still displaced and many health facilities damaged or destroyed, medical needs remain extremely high in Iraq. Many displaced families lack the necessary documentation, properties and livelihoods have been damaged if not destroyed, and security concerns persist in some areas. The context remains complex and unpredictable, due to ongoing political disputes, tribal conflicts and attacks by armed groups.

In 2018, MSF continued to offer services ranging from basic healthcare and treatment for non-communicable diseases, to maternity, paediatric and emergency care, surgery and mental health support for displaced people, returnees and communities most affected by violence. We also rehabilitated and equipped hospitals and clinics in some of the most war-affected regions such as Baghdad governorate to help get the Iraqi health system back on its feet. We also scaled up our medical activities in both east and west Mosul in response.

在伊拉克，約二百萬人還在受流離失所之苦，很多醫療設施遭破壞，醫療需求依然非常巨大。不少流徙家庭失去必需的文件和財物，生計遭到破壞或摧毀，部分地區繼續面對安全問題。因為政治紛爭、部族衝突和武裝襲擊持續，當地的局勢依然複雜難測。

在2018年，無國界醫生提供基本醫療護理，治理非傳染病、婦產與兒科個案和急症，進行外科手術，以及為流離失所者、其後重返家園的居民，還有最受暴力衝突影響的社區提供精神健康支援。我們亦於巴格達省等最受戰亂影響的地區修復醫院和診所，並添置設備，協助恢復伊拉克的醫療系統。另外，我們在東摩蘇爾和西摩蘇爾加強醫療應對。

Syria 敘利亞

Civilians, civilian infrastructure and areas, including medical facilities, came under direct fire again in 2018. MSF continued to operate in Syria but our activities were severely limited by insecurity and access constraints. Our teams conduct independent evaluations to determine medical needs and what assistance we provide. In areas where access could be negotiated, we ran or supported hospitals and health centres and provided healthcare in displacement camps. In areas where no direct presence was possible, we maintained our distance support, consisting of donations of medicines, medical equipment and relief items and remote training of medical staff.

In 2018, MSF was one of the only organisations providing medical assistance inside the city of Raqqa, where we ran a primary healthcare unit and a stabilisation point.

平民區和醫療設施等民用基建在2018年再次受砲火攻擊。無國界醫生繼續在敘利亞救援，惟因為局勢不穩和通行限制，工作舉步維艱。我們的團隊展開獨立的醫療需求和援助評估，在能夠通行的地區運作或支援醫院和衛生中心，並在流徙者營地裡提供護理。在無法抵達的地區，我們則維持遙距支援，例如捐贈藥物、醫療器材和救援物資和遙距訓練醫療人員等。

於2018年，無國界醫生是少數在拉卡市內提供醫療援助的組織。我們在那裡有一所基本護理設施和穩定治療點。

Lebanon 黎巴嫩

More than a million people have fled into Lebanon since the conflict in neighbouring Syria began in 2011, making it the country with the largest number of refugees per capita in the world.

MSF continues to work across Lebanon to provide these communities with free, quality medical assistance such as treatment for non-communicable diseases, sexual reproductive healthcare, mental healthcare and maternity services. In 2018, we expanded our projects to offer specialist services, such as paediatric intensive care, treatment for thalassemia and general elective surgery.

自2011年，過百萬人從敘利亞湧到黎巴嫩逃避戰亂，令黎巴嫩成為人均難民人數最多的國家。

無國界醫生在黎巴嫩提供免費、優質的醫療援助，例如治療非傳染病、性和生殖健康護理、精神健康護理和婦產科服務。2018年，我們開始提供兒科深切治療、地中海貧血治療和一般非緊急手術。

Yemen 也門

As the conflict escalated throughout 2018, the Emirati- and Saudi-led coalition continued to target civilian areas with airstrikes and bombings, including the MSF new cholera treatment centre in Abs. MSF was forced to close its projects in Ad Dhale after its staff house was targeted with explosives in November.

Insecurity also prevented aid organisations from collecting reliable data. MSF teams treated 5,700 malnourished children in five governorates, but saw no signs of impending famine.

In Hodeidah, following major offensives began in June, MSF opened a surgical hospital in Mocha. Teams in Mocha treated 150 people, of whom one third were children, wounded by mines planted by Houthi troops.

也門的衝突於2018年愈趨激烈，以阿聯酋和沙地阿拉伯為首的聯軍繼續以平民區作為空襲和轟炸的目標，包括無國界醫生新設在阿布斯的霍亂治療中心。11月，無國界醫生在達利省的員工宿舍遭炸彈襲擊，被迫結束當地項目。

局勢不安全亦妨礙救援組織收集可靠的數據。無國界醫生的救援隊在五個省共治療了5,700名營養不良兒童，惟未見瀕臨飢荒的跡象。

在荷台達，在6月重大軍事攻勢展開以後，無國界醫生在穆哈開設了一間外科醫院。駐穆哈的救援隊治療了150人，三分之一是被胡塞武裝組織埋下的地雷所傷的兒童。



© Guillaume Binet / MYOP
A young man injured in mine explosion receiving rehabilitation session at MSF Hospital in Mocha, Yemen.
位於也門穆哈的無國界醫生醫院裡，一名被地雷炸傷的青年接受康復治療。

The Rohingya: No country to call home 羅興亞人：何處是吾家？

Over a year after their largest exodus from Myanmar, the future looks more uncertain than ever for the Rohingya. Following a campaign of violence by the Myanmar military in August 2017, the Rohingya continue to flee into Bangladesh. Over 908,000 sought refuge there by the end of 2018.

A marginalised ethnic minority, the Rohingya have long been subject to appalling discrimination and segregation within Myanmar. In 1982, a citizenship law rendered them effectively stateless, and they face many other egregious restrictions, for example on marriage, family planning, education and freedom of movement. Since 1978, time and again persecution and targeted violence have caused the Rohingya to flee into neighbouring countries by land or by dangerous boat journeys across the sea to Malaysia. Today, the Rohingya are a stateless people scattered across Asia and beyond, with very few allies or options.

有史以來最大批羅興亞人逃離緬甸已超過一年，然而他們的未來，似乎比過去任何一刻都更不確定。2017年8月緬甸軍方發動暴力襲擊，觸發羅興亞人陸續湧到孟加拉。至2018年年底，有近91萬人在當地尋求庇護。

羅興亞人是飽受迫害的少數族群，在緬甸長期以來受盡歧視和隔離。緬甸政府於1982年頒布的《公民法》，令他們頓失公民身份。他們更面對各樣的嚴苛限制，包括結婚、生育、教育和行動自由等。自1978年以來，一次又一次的迫害和有針對性的暴力襲擊，迫使羅興亞人經陸路到鄰國避難，或是冒險投奔怒海乘船到馬來西亞。今天，無國籍的羅興亞人在亞洲和其他地區顛沛流離，既沒甚麼盟友，也無太多選擇。



© Patrick Rohr

Rohingyas living in tents set up on the slope in Kutupalong refugee camp in Cox's Bazar, Bangladesh.
在孟加拉科克斯巴扎爾區的庫圖巴朗難民營，羅興亞人居於建在斜坡上的帳篷裡。

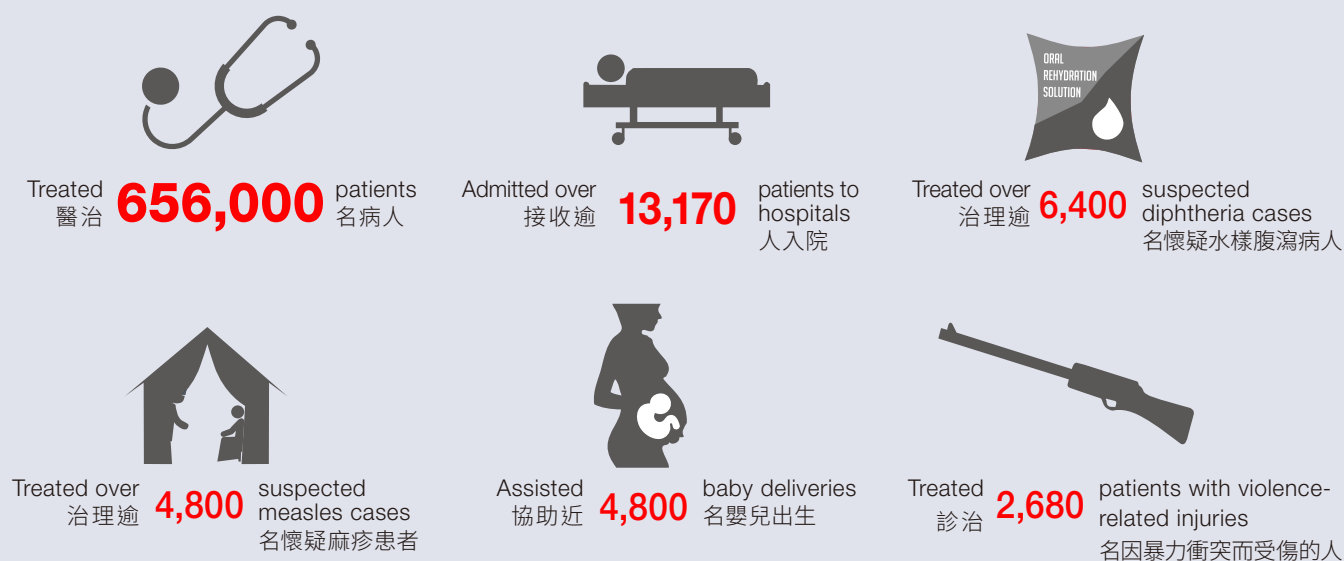
In Bangladesh, the Rohingya's precarious situation remains, even though their most urgent needs have been met and many lives have been saved. They are still confined to dangerously cramped and squalid camps. Their experiences of unspeakable violence in Rakhine and anxiety about what the future holds exacerbate their health problems, yet the availability of specialised services, such as mental health support or free, high-quality secondary healthcare, is extremely limited. They are almost entirely dependent on humanitarian assistance, but some aid organisations have started to close or scale down their operations. Donor countries have lost interest and funding for the humanitarian response remains grossly inadequate.

在孟加拉，儘管救援組織應對了最迫切的需求，亦搶救了不少性命，但羅興亞人仍是朝不保夕，受困於極其狹窄骯髒的營地。羅興亞人在若開邦經歷過難以言喻的暴力創傷，前景未明又使他們充滿焦慮，原有的健康問題只會惡化下去。然而，不論是精神健康支援或是免費、優質的二級醫療等專科服務，在當地都極之有限。羅興亞人幾乎完全依靠人道援助生存，一些救援組織卻開始關閉項目或縮減行動，捐助國也不願再施予援手，人道救援所需的撥款至今遠遠不夠。

Rohingya Refugee Emergency 無國界醫生對羅興亞難民的應急工作

Hundreds of thousands Rohingya refugees have arrived in neighbouring Bangladesh from Myanmar since late August 2017. MSF has deployed over 2,000 staff there to respond to the medical and humanitarian need. In the first year:

自2017年8月底起，數十萬計羅興亞人自緬甸湧到鄰國孟加拉。無國界醫生派出逾2,000人在當地展開醫療人道救援，於第一年：



Note: Figures until 30 June 2018 註：數字截至2018年6月30日

Undeniably, the root of the problem lies in Myanmar. Almost 130,000 Rohingya and other Muslims remain in de facto detention camps in central Rakhine, while hundreds of thousands more in the north are almost completely cut off from international humanitarian aid. Our repeated requests for access to this region continue to be ignored or denied by the authorities. External pressure has produced little to no change on the ground.

For more than two decades, MSF has seen a steadily deteriorating humanitarian situation in Rakhine. Bearing witness remains a central reason for our continued presence, even as our medical activities have reduced considerably due to unceasing restrictions.

The challenge for 2019 and beyond will be to keep the plight of one of the most vulnerable groups of people in the world visible. We will continue to provide much-needed medical and humanitarian services and speak out about the scale of the Rohingya's needs, but the international community's moral outrage must be translated into meaningful actions to end discrimination and denial of citizenship, a pre-condition for the voluntary, safe and dignified return of Rohingya to Myanmar. Governments need to move beyond subsistence support in Bangladesh and redouble their diplomatic efforts so that the Rohingya have a genuine chance of a better life.

無可否認的是，羅興亞人問題的根源在於緬甸。在若開邦中部，近13萬名羅興亞人和其他穆斯林仍被囚於實際上是拘禁用的營地；另外數十萬身處若開邦北部的羅興亞人，幾乎完全無法獲得國際人道援助。我們一再要求到當地救援，緬甸當局卻繼續漠視或予以拒絕，外界的壓力並未改善當地的狀況。

過去廿多年來，無國界醫生目睹若開邦的人道狀況不斷惡化。現時，我們的醫療工作因持續的限制而大幅減少；即使如此，我們仍堅持留在當地，繼續作出見證。

2019年及往後的挑戰，是要讓世上其中一群最為脆弱的社群不被遺忘。無國界醫生會繼續為羅興亞人提供亟需的醫療和人道援助，同時就他們龐大的需要公開發聲，但國際社會的道德義憤亦須轉化成實際行動，去結束羅興亞人受歧視和無國籍的困境，這是實現他們自願、安全和有尊嚴地重返緬甸的先決條件。各國政府不止要為孟加拉提供援助，更要在外交方面加強力度，使羅興亞人真正有機會過更好的生活。



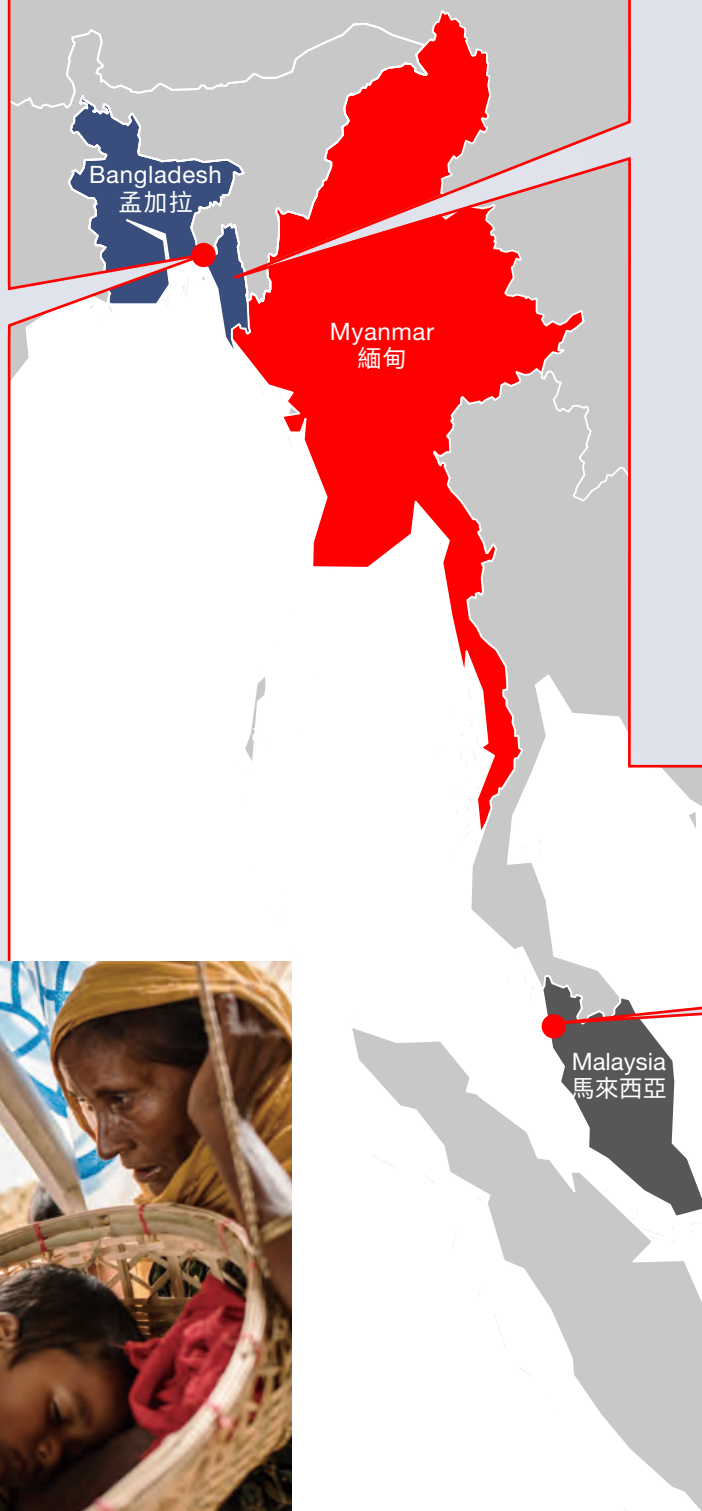
© Vincenzo Livieri

“ We see an average of 500 Rohingya refugees and Bangladeshi patients every day at the three MSF primary healthcare centres located in Jamtoli camp. Due to the high number of patients, our staff were trained to do proper triaging. They also take vital signs and guide patients on what to do next. This keeps the flow of people organised and manageable. Poor hygiene and sanitation greatly affect the quality of life in refugee camps. Common diseases include acute watery diarrhoea, upper respiratory tract infection, and skin diseases. ”

「在無國界醫生位於賈姆托利難民營的三間基本醫療中心，我們平均每天看 500 名羅興亞難民和孟加拉病人。由於病人眾多，醫護人員已接受培訓做好分流，同時會記錄病人的維生指標，並教他們下一步該做甚麼。這樣才能有秩序管理人流。衛生環境惡劣，大大影響難民營內的生活質量。常見的疾病包括急性水樣腹瀉、上呼吸道感染和皮膚病。」

Darwin Diaz (right) and Jose Vincent Pagarugan, Filipino nurses, worked in Bangladesh. Diaz worked in Hakimpara and Jamtoli camps respectively.

菲律賓籍護士 Darwin Diaz（右）和 Jose Vincent Pagarugan 被派往孟加拉參與救援。其中 Diaz 分別在哈欽帕拉和賈姆托利難民營工作。



© Robin Hammond / NOOR

Many Rohingya women fled from violence in Rakhine state of Myanmar. They brought their young children to Bangladesh for a temporary shelter.

為了逃避緬甸若開邦的暴力衝突，不少羅興亞婦女帶同年幼子女湧到孟加拉，尋求臨時安身之所。



“ The sheer mass of shelters built with plastic sheeting, held up by bamboo poles and precariously balanced on steep hills was simply an overwhelming sight. Walking through the camps, rubbish and waste were lying in puddles of stagnant, almost blackened and stenchy water, while the majority of the children ran around bare-foot. Some latrines were blocked and filled with maggots. I was in Bangladesh during the monsoon season, and the fear of mudslides, shelters collapsing and refugees being buried alive was very much real. ”

「看到無數以塑料布以及竹竿搭起的帳篷，在陡峭的山坡上岌岌可危，是相當震撼的景象。穿過營地，垃圾和廢物浸在污濁發臭的死水中，大多數的孩子赤著腳跑來跑去，一些廁所被堵塞且充滿了蛆蟲。我在孟加拉時正好是季候風季節，團隊最擔心泥石流、營帳倒塌和難民被活埋等災難發生。」

Chiao-yu Cheng, Finance and HR Manager from Taiwan, worked in Bangladesh

來自台灣的鄭巧鈺，在孟加拉擔任財務與人力事務經理



During monsoon season, drainage canals fill up fast after thunderstorm in the Rohingya refugee camp. 在季候風季節，羅興亞難民營裡的水道水位會在大雷雨後急速上漲。

© Simon Ming



A pharmacy of MSF outpatient department in Rohingya refugee camp in Bangladesh. Apart from primary healthcare, MSF also provides mental health services to refugees.

位於孟加拉一個羅興亞難民營內的無國界醫生門診部藥房。除了基本醫療護理，無國界醫生亦向難民提供精神健康服務。

© Vincenzo Liveri



“ Gravely ill refugees who go to hospital for treatment risk being reported and detained. Sadly, this means refugees may abscond from hospital due to a fear of being arrested, delay seeking medical care until it is extremely serious or never seek medical care at all. Being subject to unsubsidized foreigner rate for medical fees, which many refugees cannot afford, refugees are often times barred from accessing the medical diagnoses and treatments they need. ”

「病況嚴重的難民到醫院求醫，有可能被衛生官員向入境部門舉報而被拘禁，於是難民或會因害怕被捕而悄悄逃離醫院，或延誤求醫至病情惡化，甚至是寧願不求醫。很多難民因為負擔不起未經補貼的外國人醫療收費，未能獲得所需的診斷和治療。」

Tin-wai Lau, Beatrice, Head of Mission, from Hong Kong worked in Malaysia 來自香港的柳天蕙，在馬來西亞擔任項目總管

© MSF

Worldwide Operations Highlights

全球前線工作概要

Below are the highlights of MSF activities around the world in 2018:
以下是無國界醫生於2018年在全球進行救援工作的概要：



South Sudan 南蘇丹
© MSF

Conducted 進行 **11,218,700** Admitted 接收 **758,200** patients 人次入院治療
outpatient consultations
次門診診症



Ethiopia 埃塞俄比亞
© Gabriele François Casini / MSF

Treated 給予 **159,100** patients with first-line HIV antiretroviral treatment at the end of 2018
名病人抗愛滋病第一線藥物治療 (至2018年底)

Treated 給予 **17,100** patients of first-line failure with second-line HIV antiretroviral treatment at the end of 2018
名第一線治療失敗的病人抗愛滋病第二線藥物治療 (至2018年底)

Admitted 接收 **16,500** patients to tuberculosis first-line treatment
名病人開始接受結核病第一線治療

Admitted 接收 **2,840** patients to drug-resistant tuberculosis treatment
名病人開始接受抗藥性結核病治療



Syria 敘利亞
© Roaa Hasan / MSF



Myanmar 緬甸
© Alessandro Penso / MAPS

Vaccinated 為 **1,479,800** people against measles in response to an outbreak
人接種麻疹疫苗以應對疫症爆發

Vaccinated 為 **33,900** people against meningitis in response to an outbreak
人接種腦膜炎疫苗以應對疫症爆發

Treated 醫治 **63,700** patients for cholera
名霍亂病人

Treated 醫治 **2,396,200**
cases of malaria
宗瘧疾個案



Assisted 協助 **309,500** women to deliver babies, including caesarean sections
名婦女分娩，包括剖腹生產

Performed 進行 **104,700** major surgical interventions that require anaesthesia
宗涉及麻醉的大型手術

Medically treated 醫治 **24,900** patients for sexual violence
名性暴力受害者

Admitted 接收 **2,800** to Ebola treatment centres
人到伊波拉治療中心

of whom 當中 **450** were confirmed as having Ebola
人確診感染伊波拉病毒



Admitted 接收 **74,200** severely malnourished children to inpatient feeding programmes
名嚴重營養不良兒童接受住院營養治療

Treated 醫治 **14,400** people on hepatitis C
名丙型肝炎患者

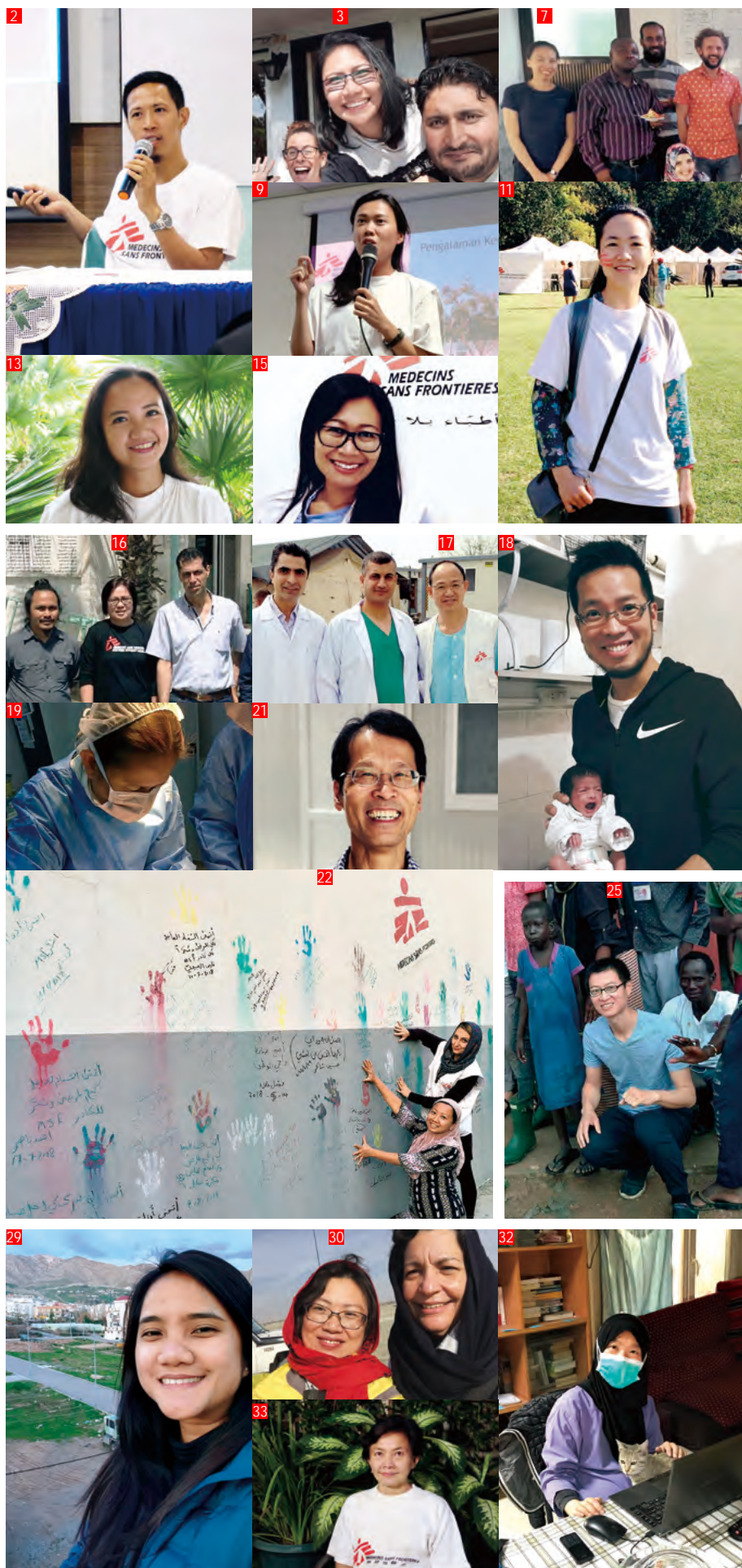
Conducted 進行 **404,700** individual mental health consultations
次精神個人健康輔導



Rescued and assisted 在海上搜救和協助 **3,184** migrants and refugees at sea
名移民和難民

To the Field

無國界醫生（香港）派出的前線救援人員



Medical Doctors 醫生

- 1 * Cheryl Arbon **PH**
- 2 Lukman Hakim Bauty **ID**
- 3 Cecile Catacutan **PH**
- 4 * Chin Saw Sian **MY**
- 5 * Anna Kathrina De Jesus **PH**
- 6 * Ei Hnin Hnin Phyu **MM**
- 7 Hui Min Kang **SG**
- 8 * Lim Chin Siah 林振錫 **SG**
- 9 Martiani Dona Oktavia **ID**
- 10 * Shirley Joy Pador **PH**
- 11 Poe Poe **MM**
- 12 * Alexandra Simanjuntak **ID**
- 13 Rangi Wirantika Sudrajat **ID**
- 14 * Theint Thida Soe **MM**
- 15 Sussie Sandra Maria Wiranangapati **ID**

Surgeons / Orthopaedic Surgeons 外科醫生 / 骨科醫生

- 16 Lynn Sarah Agdeppa **PH**
- 17 Yiu-kai Au 歐耀佳 **HK**
- 18 Kin-wah Chan, Akin 陳健華 **HK**
- 19 Evangeline Cua **PH**
- 20 * Maria Teresa Ingalla **PH**
- 21 Chi-cheong Ko 高志昌 **HK**
- 22 Wing-sze Tong, Jennifer 唐穎思 **HK**

Anaesthetists 麻醉科醫生

- 23 * Janis Genterola **PH**
- 24 * Marjorie Ann Ladion 賴婷茵 **PH**
- 25 Xue-feng Li 李雪峰 **CN**
- 26 * Jacqueline Ontoy **PH**
- 27 * See Hooi Geok **MY**

Obstetricians / Gynaecologists 婦產科醫生

- 28 * Heidi Cruz **PH**
- 29 Renny Anggia Julianti **ID**
- 30 Yun Shen 沈芸 **CN**
- 31 * Alexander Jr Tan **PH**
- 32 Yi-lei Wang 王伊蕾 **TW**
- 33 Damayanti Zahar 扎哈妲 **ID**



Operating Theatre Nurses 手術室護士

34 Maria Angelina Jimenez **PH**

35 Wai-ling Yim 嚴惠玲 **HK**



Nurses 護士

36 *Man-hin Chio 趙雯軒 **HK**

37 Ace Adelson Delizo **PH**

38 Darwin Diaz **PH**

39 *Iane Connie Espanta **PH**

40 *Fel Louie Kim Evangelista **PH**

41 Imee Japitana 查坦娜 **PH**

42 *Carmelita Manaois **PH**

43 *Romell Nalitan **PH**

44 Jose Vincent Sajulga Pagarugan **PH**

45 *Honney Maymor Panes **PH**

46 *Teresita Sabio **PH**

47 Jan Vincent Sotito **PH**

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MSF?**

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msf.hk/fieldwork



Midwives 助產士

48 *Cherry Agustin **PH**

49 Tsz-yan Lee 李芷殷 **HK**



Pharmacists 藥劑師

50 *Cheryl Armezin **PH**

51 Theingi Aye **MM**

52 *Chong Sook Han 張淑嫻 **MY**

Mental Health Officer 精神健康人員

53 Lee-yung Lin 林莉蓉 **HK**



Epidemiologists 流行病學家

54 Aung Aung **MM**

55 Mei-wen Zhang 張美文 **CN**



Logisticians 後勤人員

- 56 * Sylvia Bakarbossy **ID**
- 57 Thimotius Simon Petrus Benu **ID**
- 58 Roje Garcia **PH**
- 59 * Roman Rhienhardt Ladaw **PH**
- 60 Yiu-fai Li, Vincent 李耀輝 **HK**
- 61 * Jonathan Pillejera **PH**
- 62 * May Sarah **ID**
- 63 Andreas Stefano Sinaga **ID**
- 64 Yerolla Harapando Sipayung **ID**
- 65 * Teoh Wei Yee **MY**

Administrators / Financial Controllers 行政 / 財務人員

- 66 Roslinda Perangin Angin **ID**
- 67 Gita Milana Aprilia **ID**
- 68 Chiao-yu Cheng 鄭巧鈺 **TW**
- 69 Meyna Christanty **ID**
- 70 * Wilma Cuaycong **PH**
- 71 Ruby Golimlim **PH**
- 72 * Andres Joaquin Hagad **PH**
- 73 Ismed Ismail **ID**
- 74 So-ching Lam 林素靜 **HK**
- 75 Hwee Ling Sally Low **SG**
- 76 Lin Thu Oo **MM**
- 77 Sharon Carolyn Macaranas **PH**
- 78 * Thi Hoang Lan Nguyen **VN**
- 79 * Rachelle Anne Mague Pormento **PH**
- 80 Endang Dwi Satriyani **ID**
- 81 Pratiwi Sutowo **ID**
- 82 Maria Beatriz Uy **PH**

Communications Officer 傳訊人員

- 83 Rocel Ann Junio **PH**

Coordinators 統籌人員

- 84 * Karina Marie Aguilar **PH**
- 85 Na An 安娜 **CN**
- 86 Rey Anicete 艾寧偉 **PH**
- 87 * Radoslav Antonov **MY**
- 88 Hana Badando **PH**
- 89 * Honorita Bernasor **PH**
- 90 * Yvonne Biyo 卞柔 **PH**
- 91 * Yuely Capileno **PH**
- 92 Maria Cristina De Costo **PH**
- 93 * Allan De La Rosa **PH**
- 94 Marve Duka **PH**
- 95 Denis Dupuis 狄培爾 **ID**

**有興趣加入
無國界醫生
行列?**

無國界醫生經常招募有志和專業的醫療及非醫療人員，派他們到全球不同的項目進行救援工作。詳情請瀏覽 msf.hk/fieldwork





無國界醫生(香港) 活動報告2018 21

Activity Overview of MSF Hong Kong in Asia

無國界醫生（香港）亞洲活動概覽



© MSF

Through “drawings inside a drawing” illustrations, MSF invites the general public to dive into the neglected details of global humanitarian crises. 無國界醫生以一系列三幅的救援場景畫中畫，加深大眾對全球人道危機的認識。

One primary objective of MSF Hong Kong is to deploy qualified professionals to help deliver medical care and humanitarian assistance to people who would otherwise have none. In 2018, 157 mission departures were carried out, with South Sudan, Bangladesh, Iraq, Syria and Sierra Leone as the top deployment destinations. Twenty-seven field workers went on their first assignment whereas another 49 assumed coordinator positions. A total of 50 professionals were newly recruited from the region. In addition, MSF Hong Kong facilitated the 11th Annual Surgical Training, which enabled participants from different countries to further develop their skills.

Meanwhile, MSF Hong Kong contributes especially to the operations in Southeast Asia through its Operations Support Unit. This year, the Unit supported the relief response to the Sulawesi earthquake and Sunda Strait tsunami in Indonesia, and monitored other emergencies such as the dam collapse in Laos. New members were added to the team to increase its scope of services. The ASEAN Representative facilitated MSF's engagement with the ASEAN and its platforms to support access to vulnerable populations. The Medical Research and Analysis Officer started building up knowledge on health-related issues such as migrant health and methanol poisoning, and contributed to the MSF report on the mental health emergency in Nauru. The team further developed other regionally relevant dossiers, including humanitarian access to emergencies, climate change and its impact on disasters, ASEAN relations with major actors and violent extremism in Southeast Asia.

Thanks to the dedicated support of our donors in Hong Kong and the region, MSF teams in different parts of the world can provide not only immediate and high-quality care but also neutral and impartial assistance. Striving to maintain financial independence, MSF Hong Kong focuses on raising funds from the general public as well as carefully selected private corporations and foundations. Over HKD518.3 million was raised in 2018, representing a 3.3% increase from 2017. Almost 100% of our donations came from private sources.

無國界醫生（香港）的一個主要目標，是派出專業人員為孤立無助的人提供醫療服務和人道援助，2018年共派出救援人員157人次，他們最經常前往的地區包括南蘇丹、孟加拉、伊拉克、敘利亞和塞拉利昂；當中有27人首次參與救援任務，另有49人次擔任統籌崗位。我們亦在亞洲區招募了50名專業人員。此外，無國界醫生（香港）舉辦了「第11屆外科訓練」，讓來自不同國家的參加者提升在前線工作的能力。

與此同時，行動支援組為無國界醫生於東南亞地區的救援項目提供支援，於年內支援了印尼蘇拉威西島地震和巽他海峽海嘯的緊急應對工作，並監察如老撾大壩坍塌等緊急狀況。行動支援組亦有新成員加入，以擴大其服務範圍。駐東盟代表推動無國界醫生與東盟及其平台接觸，使前線團隊得以接觸到脆弱社群提供援助。醫學研究和分析主任著手就移民健康和甲醇中毒等醫療問題建立知識，並為無國界醫生有關瑙魯精神健康危機的報告提供協助。行動支援組繼續跟進地區相關的議題，包括人道工作者如何進入緊急狀態地區進行救援、氣候變化及其對災害的影響、東盟與大國及主要國際組織的關係，以及東南亞的暴力極端主義。

感謝香港和亞洲區捐款人的慷慨支持，無國界醫生在世界各地的團隊能提供及時、優質的醫療服務，更給予中立不偏的人道援助。為保持財政獨立，無國界醫生（香港）致力向公眾以及慎選的私人企業和基金會籌款。2018年我們共籌得近5.2億港元，較2017年增加3.3%，接近百分之百為私人捐款。

MSF Hong Kong continues to maintain a strong relationship with the Hong Kong public, and raise awareness about neglected crises so that violence and inhumanity would not go unnoticed. During the MSF Film Festival held in January 2018, a panel discussion was organised, highlighting the devastating assault on medical facilities and the blatant disrespect of International Humanitarian Law in conflict-ridden areas. A virtual reality exhibition toured around six malls in the city to provide a window into MSF's frontline work. Furthermore, MSF Hong Kong has increasingly used new initiatives to illustrate the day-to-day field realities, and an example is the project Click to Enlarge. Featured with "drawings inside a drawing", it captures untold stories of the Ebola epidemic in West Africa and Mediterranean migrant crisis. In Macau, a near neighbour of Hong Kong, the first-ever MSF Film Festival took place this year.

We are very grateful to many members of the public in Hong Kong who have taken part in two annual events. On Track To Save – MSF Orienteering Competition, scheduled to be held on March 4, 2018 at Hok Tau, Fanling, was regrettably cancelled due to adverse weather. We deeply appreciate all the participants, volunteers as well as sponsoring and supporting organisations for their understanding and continued support, and over HKD6.6 million was raised for MSF's programmes worldwide.

As the MSF Day 2018 Honorary Campaign Leader, Mr Ekin Cheng invited Ms Sandy Lamb, his good friend and manager to join hands and double the support to MSF. Together with MSF field worker Dr Hei-jim Jimmy Leung, they called on the public to volunteer for MSF by donating one day's salary. The event, having been participated by 115 companies and organisations, 48 schools and 6,000 individual donors, successfully raised HKD6.5 million.

In mainland China, MSF continues to engage with key stakeholders on a range of global health issues. MSF China Representative shared with the National Health Commission our experiences of developing and implementing medical programmes in Africa. Our project team in Cambodia was invited by the Chinese Center for Disease Control and Prevention (CDC) to present how new hepatitis C drugs are delivered through a simplified model of care. With MSF's support, a researcher from the CDC's National Institute of Parasitic Diseases received a three-month training on vector surveillance of visceral leishmaniasis at the Instituto de Salud Carlos III in Spain, whereas another two researchers from the CDC participated in an emergency response workshop in Thailand. MSF shared our response strategies and frontline experiences at a medical emergency symposium in Beijing, and attended a Belt and Road forum on northwest China's infectious disease prevention and control. Both events were convened by the CDC.

無國界醫生（香港）一直與香港市民保持緊密關係，並提高大眾對被忽略危機的關注，使暴力和不人道的狀況不致被遺忘。在2018年1月「無國界醫生電影節」我們舉辦論壇，喚起公眾關注衝突地區中針對醫療設施的狂轟濫炸，以及對國際人道法的公然漠視。另外又在城中六個商場舉行虛擬實境巡迴展覽，讓市民窺見救援行動的實況。此外，無國界醫生（香港）採用更多新形式去展示前線的日常現實，例如名為「點擊放大」的項目，以特別設計的救援場景畫中畫，捕捉西非伊波拉疫情和地中海流徙危機背後的小故事。在毗鄰香港的澳門，我們於年內首次舉辦「無國界醫生電影節」。

我們衷心感謝許多香港市民參加無國界醫生（香港）舉辦的兩項年度活動。「救援在野——無國界醫生野外定向比賽」原定於2018年3月4日在粉嶺鶴鵲舉行，惟因惡劣天氣賽事被迫取消。無國界醫生非常感謝所有參賽者、義工以及贊助和支持機構的理解和支持，是項活動為前線項目籌得超過660萬港元。

藝人鄭伊健先生擔任「無國界醫生日2018」榮譽行動大使，邀請好友兼經理人林珊珊小姐攜手支持無國界醫生，加倍救援力量。他倆聯同前線救援人員梁紀瞻醫生呼籲各界捐出一天薪金，如同為無國界醫生做一天義工。活動共獲得115間公司和團體、48間學校以及6,000名市民響應，成功籌得650萬港元。

在中國內地，無國界醫生繼續與相關各方就多項全球衛生議題交流。我們的駐華代表與國家衛生健康委員會分享在非洲開展醫療援助項目的經驗；柬埔寨項目團隊應邀在中國疾病預防控制中心（疾控中心）介紹以簡化護理模式用創新藥物治療丙型肝炎。在無國界醫生支持下，疾控中心寄生蟲病預防控制所的研究員前往西班牙卡洛斯三世衛生研究所，接受三個月的內臟利什曼病媒介監測技術培訓，另外疾控中心兩名研究員則到泰國參加緊急救援研討會。無國界醫生在北京的衛生應急研討會分享我們的應對策略和一線經驗，並獲邀參加「一帶一路」西北地區傳染病防控論壇，這兩項活動均由疾控中心舉辦。



MSF shared the emergency medical response strategy and its first-hand experience on the medical emergency workshop organised by China CDC in Beijing in July, 2018.

2018年7月，中國疾控中心於北京舉辦衛生應急研討會，無國界醫生的專家在會上介紹醫療應急策略和一手經驗。



A volunteer of the Taipei office introduces the movement's relief works to a visitor at the venue of the MSF Film Festival.

台北辦事處義工在「無國界醫生電影節」會場，向參加者介紹無國界醫生的救援工作。

MSF has also worked to improve access to lifesaving medications in mainland China. MSF filed a legal challenge at the State Intellectual Property Office, requesting the invalidation of the patent granted to US pharmaceutical corporation Gilead Sciences for the oral hepatitis C medicine velpatasvir. Yet the patent was sustained. Despite this, the public's knowledge and awareness of access to medicine has improved significantly.

In Taipei, two mapathons were held in 2018, where teachers and students of the Taipei American School, and volunteers of the Taipei office and their friends, participated to mark settlements and buildings of African countries like Mali on cloud-based maps, to enable our teams on the ground to better understand the regions. An MSF Film Festival took place at the Spot Huashan cinema in October. We also reached out to colleges, middle and high schools in Taipei, New Taipei, Hsinchu, Taichung and Kaohsiung, with the aim for students to learn more about MSF's work.

In Indonesia, we provided emergency communications support to the field teams in the aftermath of the Sulawesi earthquake and Sunda Strait tsunami. In May, the biggest MSF public awareness event in the country was staged in Jakarta. With the theme #MedicinesNotBombs, the event focused on raising concerns about attacks against medical facilities. The first-ever MSF event in Yogyakarta was organised in collaboration with the Muhammadiyah Disaster Management Centre and Universitas Ahmad Dahlan.

In Singapore, a three-day MSF Film Festival attracted about 1,500 visitors, and three mapathons offered volunteers the opportunity to help create accurate and up-to-date maps and contribute to medical humanitarian work.

In Malaysia, we stepped up our communications efforts this year, having organised an MSF recruitment and public awareness event dubbed "A Day With MSF" in Kuala Lumpur and increased social media engagement.

In the Philippines, we organised a number of online and offline events including those in Manila and Iloilo to interact with the general public, and developed relationships with various schools, universities, NGOs and think tanks during the year. To support the field mission, a communications package was produced for the anniversary of the Marawi siege. A digital campaign raising awareness about sexual and gender-based violence was also launched.

無國界醫生亦一直致力增加中國內地病人獲得救命藥物的機會。這一年，無國界醫生向國家知識產權局提交專利挑戰，請求宣告已授予美國製藥公司吉利德科學公司的口服丙型肝炎藥物維帕他韋的專利無效；惜判決結果維持該專利。儘管如此，公眾對藥物可及性問題的認知顯著提升。

在台北，無國界醫生於2018年舉辦了兩場群眾地圖繪製活動「地圖松」，分別邀請台北美國學校師生、台北辦事處義工及其親友參與，在雲端地圖上標記馬里等非洲國家的聚居點和建築物，以協助前線團隊掌握對當地情況。此外，「無國界醫生電影節」於10月在光點華山電影館舉行。我們亦在台北、新北、新竹、台中和高雄的國高中和大專院校進行分享會，旨在讓學生了解更多無國界醫生的工作。

在印尼，我們在蘇拉威西島地震和巽他海峽海嘯發生後，為無國界醫生前線救援隊提供緊急傳訊支援。此外，5月在雅加達舉行、以「#藥物不是炸彈」為主題的大型活動，希望引起大眾關注針對醫療設施的襲擊。在日惹，我們與穆罕默德迪亞災害管理中心和阿赫瑪達蘭大學合作首次舉辦活動。

在新加坡，為期三天的「無國界醫生電影節」吸引了約1,500名觀眾。而在三次「地圖松」活動中，義工協助繪製準確和最新的地圖，為醫療人道救援工作貢獻力量。

在馬來西亞，我們加強傳訊工作，在吉隆坡舉辦「與無國界醫生的一天」的招募和提升公眾關注活動，並開始用社交媒體與各界交流。

在菲律賓，我們於年內在馬尼拉和伊洛伊洛等地舉辦了多個網上和實體活動與市民互動，並與不同學校、大學、非政府組織和智庫建立聯繫。為支持前線救援隊，我們就馬拉維事件一周年製作特輯，並在網上提高民眾對性和性別暴力的認識。



MSF held a large public awareness event #MedicinesNotBombs in Jakarta, Indonesia. The event focused on raising concerns about attacks against medical facilities.

無國界醫生在印尼雅加達舉辦「#藥物不是炸彈」的大型活動，希望引起大眾關注針對醫療設施的襲擊。



"A Day with MSF" event was held in Kuala Lumpur, Malaysia to help recruit field workers and raise public awareness on global humanitarian issues.

在馬來西亞吉隆坡舉行的「與無國界醫生的一天」活動，旨在招募救援人員，並讓更多人了解世上的人道危機。

Acknowledgements

鳴謝

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.

無國界醫生衷心感謝所有捐款人以及下列機構、團體、學校、大專院校和辦事處義工對我們的支持。

Corporations

機構

Acorns Development Consultants
AK Medical Center
Bank of America Tower
BAS (H.K.) Limited
BB Group Company Limited
Brilliant International Incorporation Limited
Centro Design & Furniture Ltd
Chan Man Chau Fruit Co., Ltd.
Classic Beaute Limited
CNA Holdings Limited
Collyer Logistics International Limited
Communion W
Consolidated Marketing Group International
Wealth Management Limited
Deqingyuan (HK) Ltd
Elite Partners CPA Limited
Fubon Bank (Hong Kong) Ltd.
Global Call Limited
GUERLAIN (ASIA PACIFIC) LIMITED
HK Electric Investments Limited
Hong Kong Disneyland
iPassion Consulting Company
Katterwall Limited
KL Gateway Mall
LifeStyle Brands (HK) Limited
Mega World Asia Group Limited
Mitsubishi Pencil Marketing (Hong Kong) Company Limited
NOVA Dynamic Media Co. Ltd.
Octal Capital Limited
Okamoto Industries (Hong Kong) Limited
Oriental Watch Holdings Limited
Prince of Peace (Hong Kong) Ltd.
RC Outfitters
S.F. Express (Hong Kong) Limited
Samly Home Company Limited
Samsonite Asia Limited
Secure Information Disposal Services Limited (SSID)
Sims Trading Company Limited
Sino Group
Swiss Café

Swiss International Air Lines Ltd.
Tai Shing Group (Holdings) Co. Ltd.
Tak Lee Machinery Co. Ltd.
The Garden Company Limited
The Overlander
Thong Sia Watch Co., Ltd.
Top Victory Investments Limited
United Italian Corporations Ltd
Wilson Garment Accessories (Int'l) Ltd
Winga Apparel Group Limited
Wiseford Industries Limited
ZHONGHUI ANDA CPA Limited
一田百貨
中原電器行有限公司
十勝牛和食料理
堅成塑膠五金製品有限公司
盈健醫務中心

Professional institutions

專業機構

Bright Union Hong Kong CPA Limited
Celia P. F. Tang
MDSSC, Queen Elizabeth Hospital
Zhong Lun Law Firm
Prince of Wales Hospital
創越法律事務所
建安聯合會計師事務所

Community groups / associations

社區團體 / 協會

Orienteering Association of Hong Kong
Volunteers Orienteering Club
南極星義工隊
同社
新方向定向會
聖約翰救傷隊
香港定向人
香港野外定向會

Schools / Tertiary institutions

學校及大專院校

Alliance Française de Hong Kong
Catiline Kindergarten International Preschool
Creative Kindergarten

Evangelize China Fellowship Blessing Creativity Kindergarten
Fung Kai Liu Yun Sum Memorial School
Hong Kong Baptist University
Hong Kong Chinese Women's Club College
Kau Yan College
Kwai Ming Wu Memorial School of the Precious Blood
Lingnan Secondary School
Mei Lam Estate To Kwong Kindergarten
Precious Blood Primary School (South Horizons)
reallyenglish.com Co., Ltd
Shun Sang Anglo-Chinese Kindergarten
SKH Lui Ming Choi Secondary School
True Light Kindergarten (Caine Road)
臺北市立重慶國中

Foundation / Funding bodies

基金組織

Parsons Music Foundation
Speech & Music Recital Development Foundation

Media

傳媒機構

8020 Media Company
Cosmopolitan
Fitz
Freshman Music Magazine
HK01
Manual Jakarta
Mind & Life
New Media Group
Running BIJI HK
The "Star" Ferry Company, Limited
Weekend Weekly

Office volunteers

辦公室義工

尹定晟 吳少蘭 吳皓維 周漢明 孫聖峰
唐鎮浩 陳永安 陳宇正 陳淑賢 梁信彥
馮維強 楊其穎 楊浩福 劉月明 劉曼璇

The above office volunteers provided services 36 hours or above in 2018. We are also thankful to have other volunteers contributed their precious help.

上述辦事處義工於2018年服務36小時或以上，我們亦感謝其他義工於過去一年提供的寶貴協助。

Board of Directors of MSF Hong Kong · 無國界醫生 (香港) 董事會

President	主席	Dr Morpheus Salarda Causing ¹	Dr Chen-kun Liu 劉鎮鯤
Vice Presidents	副主席	Dr Shut-wah Chan 陳述華	Dr Sartini Saman
Treasurer	司庫	Kwong-wai Chan 陳廣慧	
Directors	成員	Yvonne Lucindo Biyo ² Dr Day-seng Tan	Dr Ning Fan 范寧 Kuo-jing Alvin Teo ⁴ Dr Marlene Lee Dick Van Der Tak ⁵ Dr Yi-chen Lee 李一辰 ³

¹ Resigned on 21 March 2019 2019年3月21日離任

² Appointed on 25 August 2018 and resigned on 3 December 2018
2018年8月25日上任、2018年12月3日離任

³ Resigned on 25 August 2018 2018年8月25日離任

⁴ Appointed on 25 August 2018 2018年8月25日上任

⁵ Resigned on 16 May 2018 2018年5月16日離任

Advisory Committee of MSF Hong Kong · 無國界醫生 (香港) 顧問委員會

Members	成員	Dr Ying-yang Chan Emily 陳英凝醫生	Po-kiu Fong Francis 方保僑	Lawrence Hui 許卓倫
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Finance, Audit and Risk Committee of MSF Hong Kong · 無國界醫生 (香港) 財務審核及風險委員會

Chairperson	主席	Kwong-wai Chan 陳廣慧			
Members	成員	Yvonne Lucindo Biyo ¹ Dr Day-seng Tan ²	Dr Morpheus Salarda Causing ² Kuo-jing Alvin Teo ³	Benson Cheng 鄭善斌	Donald Hess

¹ Appointed on 26 August 2018 and resigned on 3 December 2018
2018年8月26日上任、2018年12月3日離任

³ Appointed on 26 August 2018
2018年8月26日上任

² Appointed on 1 May 2017 and resigned on 26 August 2018
2017年5月1日上任、2018年8月26日離任

As of December 2018, the MSF offices in Hong Kong, Guangzhou, Beijing and Taipei had 68 staff and 15 regular office volunteers who helped with office tasks.
截止2018年12月，無國界醫生在香港、廣州、北京和台北的辦事處共有68名職員，另有15名義工定期協助處理日常工作。

MSF Hong Kong Financial Overview 2018 (in Hong Kong dollar)

無國界醫生（香港）2018 年度財政概覽 （以港元為單位）

	2018	2017
INCOME 收入		
Donations income 捐款收入	518,339,054	501,633,032
Other income 其他收入	604,273	279,940
TOTAL 總數:	518,943,327 ⁽¹⁾	501,912,972
EXPENDITURE 支出		
Supporting relief operations 救援項目與支援工作		
Emergency and medical programmes 緊急與醫療救援項目	377,285,890 ⁽²⁾	376,727,319
Programme support and development 項目支援與發展	52,951,965	44,100,511
Public awareness and other campaigns 提高公眾關注與倡議	12,339,157	13,257,218
Other humanitarian activities 其他人道救援活動	3,249,143	3,096,508
Total supporting relief operations 救援項目工作總開支	445,826,155 ⁽³⁾	437,181,556
Management and general administration 行政經費	17,598,308	16,743,032
Fundraising 籌款經費	55,334,702	47,988,384
TOTAL 總數:	518,759,165	501,912,972
Net exchange loss 匯兌損失淨額	(184,162)	0
Surplus / Deficit 盈餘 / 虧損	0	0

Statement of Financial Position as at 31st December 2018

截至2018年12月31日止的財務狀況表

	2018	2017
Fixed Assets 固定資產	4,563,777	1,327,531
Current Assets 流動資產		
Debtors 應收帳款	182,945	36,756
Deposits and prepayments 押金與預付費用	2,874,774	5,306,802
Amount due from MSF entities 應收其他無國界醫生辦事處之帳款	715,497	1,030,378
Cash and bank balances 現金與銀行結餘	67,969,834	36,024,961
	71,743,050	42,398,897
Current Liabilities 流動負債		
Creditors and accrued expenses 應付帳款與應計費用	7,602,840	6,006,602
Deferred income 遞延收入	0 ⁽⁴⁾	1,629,081
Amount due to MSF entities 應付其他無國界醫生辦事處之帳款	68,703,987	36,090,745
	76,306,827	43,726,428
Net Current Liabilities 淨流動負債	(4,563,777)	(1,327,531)
	0	0
Fund Balances 資金餘額		
Accumulated funds 累積資金	0 ⁽⁵⁾	0

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 2018. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO). 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 2018 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.hk.

按照法例，謹此聲明，以上陳列數據僅為截至2018年12月31日止年度的指明財務報表（即：法定財務報表）的一部分，並不是完整的財務報表。該報表是根據《香港財務報告準則》以及《公司條例》擬備。報表已由無國界醫生（香港）董事會認可，並由核數師畢馬威會計師事務所審核。核數師在核數報告中，對報表無保留意見，即認為法定財務報表真實而中肯地反映了組織於截至2018年12月31日止的財務狀況和該年度的財務表現。核數師亦沒有以強調方式提述須予注意的事項，即核數師對報表沒有保留。核數報告內也沒有任何根據香港《公司條例》第406(2)、407(2)或(3)條的陳述。這些條例列明，若果財務報表與董事報告不吻合；公司沒有備存充份的會計記錄；財務報表與會計記錄不吻合；或核數師沒有取得所有對審計工作而言屬必需的資料或解釋，核數師必須在其報告內述明。完整財務報表可瀏覽：msf.hk

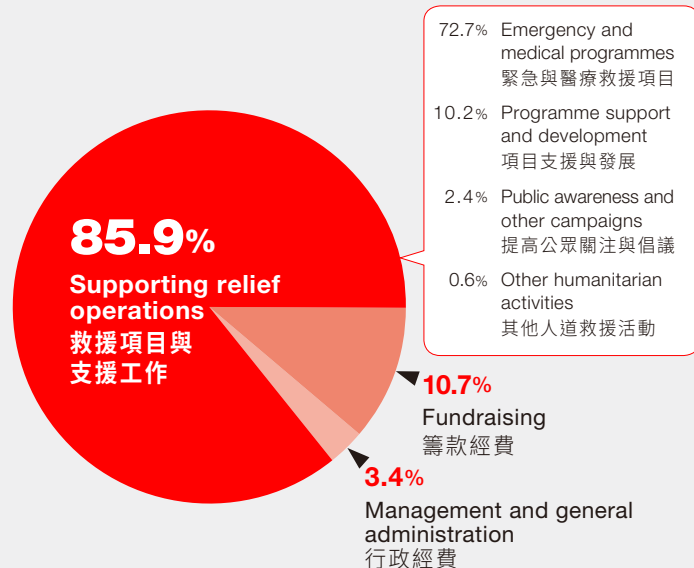
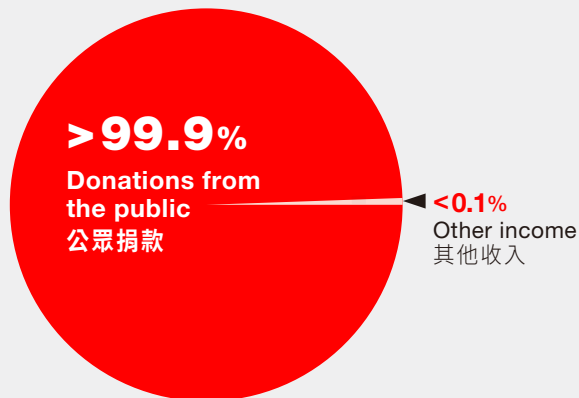
Explanatory Notes on Financial Overview 2018

- (1) 99.9% of donations came from public donations.
- (2) A total of HKD377,285,890 was allocated for emergency and medical programmes in 50 countries and regions.
- (3) 85.9% of total income went to supporting relief operations.
- (4) Deferred income represents donation fund received and designated for the Ebola initiative which is yet to be spent as at 31 December 2017 and was recognised as donation income in 2018.
- (5) In 2018, 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.
- (6) Other countries and regions include Greece, Madagascar, Malta, Nicaragua, Papua New Guinea and Tunisia.

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.

2018 Funding Sources • 2018年度經費來源

2018 Funding Allocations • 2018年度經費分配 (5)

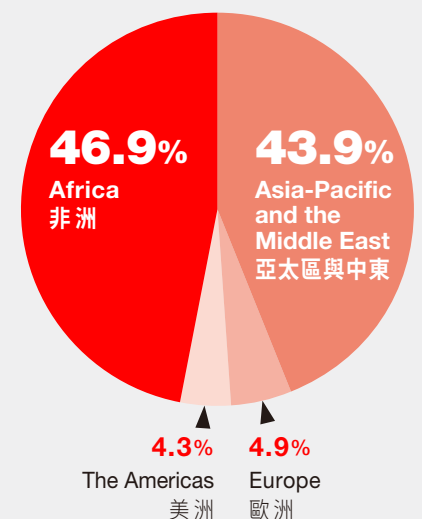


2018 Allocation of MSF Hong Kong Funding for Relief Work by Country(HKD) • 2018年度無國界醫生(香港)撥予各地區救援工作之款項(港元)

Country 國家	Funding 撥款	Country 國家	Funding 撥款
Democratic Republic of Congo 剛果民主共和國	49,469,579	Guinea 幾內亞	4,645,889
Syria 敘利亞	27,660,637	Malawi 馬拉維	4,373,976
South Sudan 南蘇丹	27,410,537	Burundi 布隆迪	4,341,842
Afghanistan 阿富汗	27,074,732	Libya 利比亞	4,000,000
Lebanon 黎巴嫩	19,930,035	Chad 乍得	3,759,677
Central African Republic 中非共和國	18,786,830	Venezuela 委內瑞拉	3,743,084
Iraq 伊拉克	18,698,169	Egypt 埃及	3,718,496
India 印度	14,995,972	Kenya 肯尼亞	3,662,176
Pakistan 巴基斯坦	12,502,254	Mozambique 莫桑比克	3,654,035
Nigeria 尼日利亞	12,346,969	Mauritania 毛里塔尼亞	3,039,832
Bangladesh 孟加拉	11,668,077	Uzbekistan 烏茲別克	3,000,000
Haiti 海地	11,015,916	Côte d'Ivoire 科特迪瓦	2,938,006
Yemen 也門	10,751,790	Ukraine 烏克蘭	2,164,975
Myanmar 緬甸	9,000,000	Nauru 瑙魯	1,708,293
Migrant Support Balkan Route 巴爾幹半島路線	8,976,446	Palestine 巴勒斯坦	1,564,025
Zimbabwe 津巴布韋	6,748,417	Cambodia 柬埔寨	1,544,137
Ethiopia 埃塞俄比亞	6,500,000	Belgium 比利時	1,543,819
Sierra Leone 塞拉利昂	6,166,346	Bolivia 玻利維亞	781,454
South Africa 南非	5,882,187	Indonesia 印尼	626,929
Mali 馬里	5,078,890	Russia 俄羅斯	609,378
Malaysia 馬來西亞	5,000,000	Ghana 加納	505,587
Italy 意大利	4,864,123	Brazil 巴西	407,659
		Other countries and regions 其他國家和地區 (6)	424,715

TOTAL 總數:

377,285,890



Africa 非洲	177,035,137
Asia-Pacific and the Middle East 亞太區與中東	165,727,050
Europe 歐洲	18,387,824
The Americas 美洲	16,135,879

2018年度財政概覽說明

- (1) 99.9%經費來自公眾捐款。
- (2) 合計377,285,890港元被撥作於50個國家和地區進行緊急與醫療救援項目的經費。
- (3) 85.9%收入用於救援項目與支援工作。
- (4) 「遞延收入」是指因應西非爆發的伊波拉疫情而收到、截至2017年12月31日為止尚未被使用的指定捐款。該筆款項在2018年被撥為「捐款收入」。
- (5) 2018年，無國界醫生(香港)採取「零儲備」政策：所有籌得的捐款，扣除籌款與行政經費及匯兌差額後，全數撥予救援項目與支援工作。
- (6) 其他國家和地區包括希臘、馬達加斯加、馬耳他、尼加拉瓜、巴布亞新幾內亞與突尼斯。

無國界醫生在香港是一家根據香港《公司條例》設立的擔保有限公司，名為無國界醫生組織(香港)有限公司。

Editors 編輯: Wong Sze Man 王思敏 Baikong Mamid
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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.

無國界醫生憲章

無國界醫生是一個國際的非政府組織，其成員主要為醫生和其他醫務人員，也歡迎有助於組織完成自身使命的其他專業人員參與。全體成員同意遵循以下準則：

無國界醫生不分種族、宗教、信仰和政治立場，為身處困境的人們以及天災人禍和武裝衝突的受害者提供援助。

無國界醫生遵循國際醫療守則，堅持人道援助的權利，恪守中立和不偏不倚的立場，並要求在其行動中不受任何阻撓。

全體成員嚴格遵循其職業規範，並且完全獨立於任何政治、經濟和宗教勢力之外。

作為志願者，全體成員深諳執行組織的使命所面臨的風險和困難，並且不會要求組織向其本人或受益人作出超乎該組織所能提供的賠償。

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Hundreds of thousands Rohingya refugees have arrived in Cox's Bazar district in Bangladesh since late August 2017 after fleeing violence in Rakhine State, Myanmar. This girl and her mother wait in the rain for distribution of food in Jatmoli refugee makeshift settlement.

自2017年8月底開始，數以十萬計羅興亞難民為逃避緬甸若開邦的暴力衝突，湧到鄰國孟加拉的科克斯巴扎爾地區。這名女孩與母親一同在賈姆托利難民營冒雨輪候食物。