



MEDECINS SANS FRONTIERES
無國界醫生



無國界醫生（香港）

2023 活動報告

MSF HONG KONG
ACTIVITY REPORT

主席和總幹事的話

From the President and the Executive Director

親愛的朋友：

2023年，全球各地衝突不斷，導致死傷無數，流離失所人數創新高，達1.17億。無國界醫生繼續在衝突的前線附近，盡力應對戰爭傷者和流徙人口等的醫療需求，讓受影響的社群可以獲得急需的護理和援助。

四月底，蘇丹爆發一場持久且大規模的戰事，850萬人被迫逃離家園，導致當地境內出現長期大規模流離失所，甚或逃至乍得、南蘇丹、埃塞俄比亞等鄰國，成為當前世界上最大的區內流離失所危機，得到的關注和援助卻少得驚人；十月初，加沙衝突全面升級至當地半世紀以來最激烈的戰爭，令加沙本已脆弱的醫療系統更見雪上加霜。

更甚的是，各地衝突完全無視國際人道法，肆意炮轟醫療設施、傷害醫護人員、阻礙必須物品和人員進入，令救援工作應獲的尊重和保護急速下降。國際社會未有任何實質行動改變這局面，前線救援行動亦只能「且救且退」——例如在加沙地區，我們的同事往往需要在繼續冒着自身與團隊的性命風險工作，或是撤離醫院、撇下病人不顧的兩難間作選擇，對醫護及病人來說都是絕對不容接受。

在2023年，數百萬人在家鄉面對的嚴峻環境，迫使他們踏上更危險的流徙之旅。我們積極在各地支援流徙人口，包括在地中海中部持續搜救遭遇船難的移民；又在巴拿馬每月為5千名取道達連隘口的移民提供基本醫療護理和心理健康支援。

Dear friends,

Conflicts persisted across the globe in 2023, resulting in countless casualties and record-high numbers of 117 million displaced people. Médecins Sans Frontières (MSF) continued to respond to the medical needs of victims of war and displaced populations near conflict zones, providing essential care and assistance to affected communities.

In late April, a civil war erupted in Sudan, forcing 8.5 million people to flee their homes and this is becoming one of the world's current largest internal displacement crises, while refugees also sought safety in Chad, South Sudan and Ethiopia. Despite its severity, the humanitarian crisis in Sudan has received shockingly little attention and aid. In early October, the Gaza conflict escalated to the fiercest war in the region in half a century, effectively destroying Gaza's already fragile healthcare system.

Even more alarming, in many of the most brutal conflicts, fighters blatantly disregard International Humanitarian Law. They indiscriminately strike civilians, target medical facilities, harm healthcare personnel, and obstruct the entry of vital supplies and personnel. This is indicative of an accelerated decline in the respect and protection afforded to humanitarian operations. Despite the severity of the situation, the international community has failed to take substantial action. In Gaza, for example, MSF medics often face an impossible dilemma — risk their lives and that of their teams or evacuate from hospitals and thus leaving patients behind. This is absolutely unacceptable to medical professionals and the communities they serve.

In 2023, the desperate situation at home has pushed millions into ever more unsafe migration journeys. In the central Mediterranean, we have continued to rescue shipwrecked migrants and in Panama, we have offered healthcare and psychological support to 5,000 migrants every month while they sought passage through the treacherous Darien Gap.

然而，部分政府非但漠視移民尋求更好生活的訴求，更以行動和政策將他們拒之門外。例如在希臘，當局在海上非法暴力驅趕尋求庇護者。

除了衝突與移民危機，各種傳染病亦從未遠離。中低收入國家醫療系統的應對能力正從2019冠狀病毒病恢復之際，白喉等傳染病捲土重來，其餘流行病亦繼續威脅脆弱人群的健康，為此我們在各地提供重要物資和病人護理；另一邊廂，我們投入資源研發各種新的治療方案和醫療工具。在年底，我們有份帶領的耐多藥結核病療程臨床試驗團隊，公布了三種安全的新藥方案，並證實有效縮短治療時間，是應對耐多藥結核病方面前所未有的大突破。


在這艱難的一年，我們的醫療和支援人員應對各種危機，盡力保護受害最嚴重的男女老幼的性命、健康及尊嚴，而全賴你對人道的全情投入和慷慨支持，我們才能做到這些比以往任何時候都更為重要的工作。感激你在重重挑戰當中，選擇支持和相信我們的工作。

However, some governments not only ignore the pleas of migrants but actively exclude them through policies and violent actions. For instance, in Greece, authorities have physically assaulted asylum seekers and illegally pushed them back, casting them adrift in the sea.

Beyond conflicts and the migration crises, infectious diseases remained an ongoing concern in 2023. Healthcare systems in low- and middle-income countries are still reeling from the disruptions caused by COVID-19, infectious diseases like diphtheria resurfaced in West Africa, and other outbreaks continued to threaten the health of vulnerable populations. To address this, we provide essential supplies and patient care worldwide. In the meantime, we invest in research to develop new treatment approaches and medical equipment. At year-end, MSF achieved a significant breakthrough in treating multidrug-resistant tuberculosis with results from a clinical trial of three safe new drug regimens that show unprecedented effectiveness.

Throughout those crises and the many others our medical and support staff responded to in 2023, our work was more essential than ever to protect the life, health and dignity of the children, women and men who suffer the most. This could not have happened without your commitment to humanity and generosity. We want to thank you for this and for believing in our work, most often against the odds.

冼禮言醫生
無國界醫生（香港）主席
Dr. Husni ZAINAL
President, MSF Hong Kong



霍彥祺
無國界醫生（香港）總幹事
Olivier Franchi
Executive Director, MSF Hong Kong



無國界醫生（香港）派出的前線救援人員 To the Field

統籌人員 – 醫療範疇

Coordinators - Medical Activities



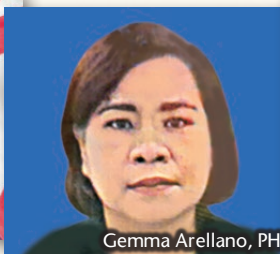
Anne Marie Morales, PH



林菁菁
Chenery Ann Lim, PH



Cynthia Ng, PH



Gemma Arellano, PH



Honorita Bernasor, PH



查坦娜
Imee Japitana, PH



Jerome Dael, PH



Jose Vincent Sajulga
Pagarugan, PH



沙蒂
Maria C. Juan Sarte, PH



Marve Duka, PH



Phone Thit, MM



顏奔濤
Roderick Embuido, PH



Waiyan Tun, MM

Juan Perfecto Rafael Palma, PH
Marc Richard Dela Cruz, PH
Maria Melissa Sindiong, PH
Rodel Lambatin, PH
Roselyn Morales, PH
Soe Moe, MM
Sussie Sandra Maria Wirananggapati, ID
Veena Pillai, MY
Yuely Capileno, PH

統籌人員 – 非醫療範疇

Coordinators - Non-medical Activities



Beverly Molina, PH



Bruman Paleta, ID



Endang Dwi Satriyani, ID



Hans Olijve, SG



Meyna Christanty, ID



Monika Seng, KH



Rita Endrawati, ID



Ruby Golimlim, PH



Saw Ba Saing, MM



Taufik Hamzal, ID



萬傑烈
Yones Mangiri, ID

Gita Milana Aprilia, ID
Sylvia Bakarbessy, ID

統籌人員 – 項目範疇 Coordinators - Operational



Allan De La Rosa, PH



Andreas Stefano Sinaga, ID



Hana Badando, PH



陳芳芳
Hartini Sugianto, ID



Jan Vincent Sotito, PH



黃潔心
Kit Sum Joanne Wong, HK



谷慶輝
Qing Hui Gu, CN



Sai Kyaw, MM



卞柔
Yvonne Biyo, PH

Sumit PUNNAKARI, TH

統籌人員 – 藥劑範疇 Coordinators - Pharmacy



Anita Jasmine Vicentillo, PH

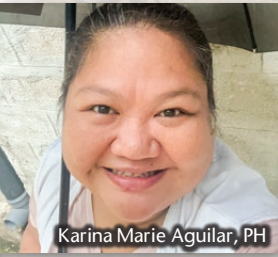


Theingi Aye, MY

經理 – 醫療活動 Managers - Medical Activities



Ei Khaing, MM



Karina Marie Aguilar, PH



Made Dewi Samantha
(middle), ID



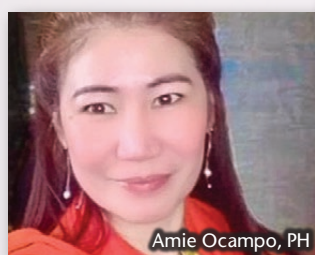
Theint Thida Soe, MM

Ei Mon Khine, MM
Moe Pyae Thandar, MM

2023年，以上來自中國內地(CN)、香港(HK)、印尼(ID)、柬埔寨(KH)、緬甸(MM)、馬來西亞(MY)、菲律賓(PH)、新加坡(SG)、泰國(TH)、東帝汶(TL)與台灣(TW)的工作人員，出發前往下列國家或地區參與救援工作：阿富汗、孟加拉、比利時、中非共和國、剛果民主共和國、埃塞俄比亞、香港、印度、印尼、伊朗、伊拉克、意大利、肯尼亞、基里巴斯、吉爾吉斯、黎巴嫩、利比里亞、馬拉維、莫桑比克、緬甸、荷蘭、尼日利亞、巴基斯坦、巴勒斯坦、菲律賓、塞拉利昂、南蘇丹、蘇丹、敘利亞、塔吉克、坦桑尼亞、泰國、土耳其、烏克蘭、烏茲別克及也門，當中有19名專業人士首次參與前線救援任務，十分感謝他們所有人的參與。

In 2023, the international mobile staff who came from Mainland China (CN), Hong Kong (HK), Indonesia (ID), Cambodia (KH), Myanmar (MM), Malaysia (MY), Philippines (PH), Singapore (SG), Thailand (TH), Timor Leste (TL) and Taiwan (TW), departed for the following countries / regions for their assignments in 2023: Afghanistan, Bangladesh, Belgium, Central African Republic, Democratic Republic of Congo, Ethiopia, Hong Kong, India, Indonesia, Iran, Iraq, Italy, Kenya, Kiribati, Kyrgyzstan, Lebanon, Liberia, Malawi, Mozambique, Myanmar, Netherlands, Nigeria, Pakistan, Palestine, Philippines, Sierra Leone, South Sudan, Sudan, Syria, Tajikistan, Tanzania, Thailand, Türkiye, Ukraine, Uzbekistan and Yemen. Among them, 19 of them participated for the first time. We are very grateful to all of them for their participation.

經理 – 非醫療活動 Managers - Non-medical Activities



Amie Ocampo, PH



Artur Vila (second right), KH



Cristina Joy Florence Moya, PH



Delfi Anugrah, ID



Denny Capua (left), PH



Haikal Achmad (front), ID



Jean Arevalo Penafiora, PH



張凱淇
Kaiqi Zhang, CN



Krishna Tejerero, PH



Leda Serbo, PH



Mohammad Iqbal Firdiansjah, ID



Rhea Fe Poliquin, PH



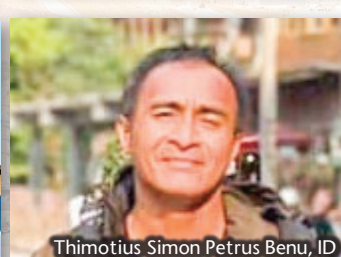
Roje Garcia, PH



常望寧
Sabina Simmons (left), HK



林靖
Stephanie Suor, HK



Thimotius Simon Petrus Benu, ID



Tzu Lyn Phang, MY



Wilma Cuaycong
(second right), PH



Yakub, ID



李耀輝
Yiu Fai Vincent Li, HK

Han Zin Tun, MM
Iven Sufirman, ID
Sarah May, ID
Sharon Carolyn Macaranas, PH
Yogi Anggoro, ID

醫生（包括專科） Medical Doctors (Including Specialists)



Aginaya Aggeen
Tuguinay, PH



Jaymee Christine
Abarquez, PH



洪上凱
Shang Kai Hung, TW



陶巧敏
Hau Man Harmony To, HK

Chin Siah Lim, SG

副醫療人員（包括經理） Paramedics (Including Managers)

* 擔任經理職位 In a managerial positions



外科醫生、麻醉科醫生和婦產科醫生 Surgeons, Anaesthetists and Obstetrician-Gynaecologists



這一年，我們在亞洲地區新招募了56名專業人員；另外，個別前線救援人員出於私人原因，選擇不在本報告上列出名字，我們亦向他們表示衷心感謝。

統籌人員包括項目總管、副項目總管、醫療統籌、項目統籌、副項目統籌、項目醫療顧問、財務統籌、副財務統籌、財務及人力事務統籌、副財務及人力事務統籌、人力事務統籌、後勤統籌、副後勤統籌、物資供應鏈統籌、副物資供應鏈統籌、藥物統籌和水利衛生統籌。

This year, we recruited 56 new professionals in Asia. We would like to also express our gratitude to other field workers that have been sent to assignments but that for private reason are not mentioned in the report.

Coordinators include head of mission, deputy head of mission, medical coordinator, project coordinator, deputy project coordinator, project medical referent, finance coordinator, deputy finance coordinator, finance and human resources coordinator, deputy finance and human resources coordinator, human resources coordinator, logistics coordinator, deputy logistics coordinator, supply chain coordinator, deputy supply chain coordinator, pharmacy coordinator and water and sanitation coordinator.

年度回顧

Year in Review

衝突，是2023年令人類受苦和處於脆弱境地的一大因素，在全球導致成千上萬人死亡，流離失所者人數也因而創歷史新高。一如往年，援助受暴力影響的社群是我們工作的重要一環。我們也應對災害和疾病爆發，致力改善難民、移民和邊緣群體的醫療護理。

Conflict was a major driver of human suffering and vulnerability in 2023, causing many thousands of deaths worldwide and displacing record numbers of people. As in previous years, assisting communities affected by violence was a significant component of our work. We also responded to disasters and disease outbreaks, and worked to improve healthcare for refugees, migrants and other marginalised people.

戰爭對人命造成可怕後果

4月中，蘇丹軍隊和「快速支援部隊」突然爆發戰爭，我們的團隊為此迅速調整應對工作。

首都喀土穆以至全國多地的戰況非常激烈，大約850萬人在蘇丹境內或乍得、南蘇丹和埃塞俄比亞等鄰國流離失所。蘇丹戰爭在全球僅獲得極低的關注度，也極少獲得其他組織的支援；在某些地區，無國界醫生更是當地唯一的國際人道組織。

我們也看到蘇丹地方當局阻止向屬「快速支援部隊」控制的地區運送重要醫療物資，因此一些醫療設施的工作被迫暫停。國際團隊希望進入蘇丹作支援，但簽證卻難以獲批。到了年底，許多留在蘇丹的人難獲醫療護理、食物和食水；越過邊境的人則活在條件惡劣的難民營內。我們在乍得和南蘇丹的團隊，為數千名蘇丹難民治療與暴力相關或強暴所引致的傷害，並診治因難民營惡劣條件所引致的傳染病。



© Marie Burton/MSF

無國界醫生在蘇丹巴沙爾醫院協助傷者。
MSF provided medical care for the injuries in Bashair hospital of Sudan.

The terrible consequences of war on people's lives

In mid-April, when war suddenly broke out in Sudan between the Sudanese army and the Rapid Support Forces (RSF), our teams quickly adapted their activities to respond.

Fighting was intense in the capital, Khartoum, and across large swathes of the country. As a result, 8.5 million people have been displaced within Sudan or in neighbouring countries, including Chad, South Sudan and Ethiopia. The war in Sudan has garnered very little of the world's attention and support from other organisations; in some areas, MSF is the only international humanitarian organisation present.

We also saw local authorities block the delivery of critical medical supplies to areas under RSF control, forcing us to temporarily suspend activities in some facilities. Visas for international teams to enter became hard to obtain. At the end of the year, many people who remained in Sudan were struggling to obtain medical care, food and water, while those who had crossed the borders found themselves living in dire conditions in camps. Our teams in Chad and South Sudan treated thousands of Sudanese refugees for violence-related injuries and rape, and infectious diseases stemming from the poor conditions in the camps.

On 7 October, Hamas launched a massacre inside Israel. Israel declared war on Hamas and started bombing Gaza. Since then, Israeli forces have relentlessly shelled and attacked residential areas and civilian infrastructure. Israel also imposed a total blockade, cutting off supplies of water, food and other essential goods. Tens of thousands of people have been killed. Over 1.7 million people in Gaza are estimated to be forcibly displaced and living in unsafe, unhealthy conditions.

Many healthcare facilities are no longer functioning, due to damage from shelling and incursions and/or a lack of fuel. Those that remain partially functional are overwhelmed with patients and have few staff and almost no supplies. Healthcare infrastructure and personnel – including our own – have been repeatedly hit by airstrikes or bullets. Since 7 October, four MSF staff have been killed in Gaza in 2023; we deeply mourn the loss of Mohammed Al Ahel, Alaa Al Shawa, Dr Mahmoud Abu Nujaila and Dr Ahmad Al Sahar.

Reorienting our activities to respond has been difficult. Supplies have been hard to get, and the physical space in which we can safely deliver care has diminished. The war has also had an impact on the West Bank, where occupation-related violence has increased; our teams offer mental health support and treat patients for trauma injuries.

10月7日，哈馬斯組織在以色列境內展開屠殺，以色列隨即向哈馬斯宣戰並轟炸加沙。此後，以軍一直展開無情炮擊，襲擊住宅區和民用基礎設施，更全面封鎖加沙，切斷水、食物和其他必需品的供應。數以萬計的人被殺，估計超過170萬人被迫流離失所，生活條件既不安全，也威脅健康。

很多醫療設施由於炮擊和入侵造成的破壞，加上缺乏燃料，已經無法運作。仍維持局部運作的設施病人太多，員工很少，也幾乎沒有物資供應。醫療基礎設施和人員，包括我們的員工，多次遭到空襲和槍擊。自10月7日以來，無國界醫生於2023年已有四位員工在加沙遇難。我們對艾哈爾（Mohammed Al Ahel）、沙瓦（Alaa Al Shawa）、努賈伊拉（Mahmoud Abu Nujaila）醫生和薩哈爾（Ahmad Al Sahar）醫生深表哀悼。

重整應對工作一直很困難。我們難獲物資，而能夠安全提供醫療護理的實體空間也越來越小。戰爭同樣影響約旦河西岸，與佔領有關的暴力事件有所增加。我們的團隊向人們提供心理健康支援並治療傷者。

10月底，緬甸衝突升級，引發緊急人道危機。成千上萬的人流離失所，許多醫療設施在襲擊和人員撤離之後停止運作。雖然當地局勢不穩、進出受限，但是我們的團隊仍透過在撣邦北部和若開邦的流動診所援助流離失所者。後來在直接醫療工作被迫暫停時，我們仍透過社區健康人員和遙距會診提供援助。

由於烏克蘭戰況仍沒有減弱的跡象，我們聚焦救護車服務上，為身心受創者提供手術、物理治療和心理健康諮詢等護理。



遇襲的加沙地區變得滿目瘡痍。
Parts of Gaza are destroyed after aerial attacks.

At the end of October, conflict escalated in Myanmar, leading to an acute humanitarian crisis. Thousands of people were displaced, and many healthcare facilities ceased to function following attacks and evacuations. Despite insecurity and restrictions on access, our teams delivered assistance to displaced people in northern Shan and Rakhine states through mobile clinics, and when forced to suspend direct activities, through community health workers and teleconsultations.

As the war in Ukraine showed no sign of abating, we focused on ambulance services and providing treatment for both physical and mental trauma, including surgery, physiotherapy and mental health consultations.

在長期暴力之中提供護理

2023年，在一場幾乎被遺忘的衝突中，「3月23日運動」（M23）和其他武裝組織的暴力蹂躪剛果民主共和國東北部，平民繼續首當其衝。由於M23和該國武裝部隊之間爆發戰鬥，數百萬人在北基伍省、南基伍省和伊圖里省流離失所，甚或被迫跨境逃到烏干達和盧旺達，當中有不少人更已多番被迫流徙。我們的團隊為活在惡劣條件下的人提供醫療護理，其中有不少是戰爭傷者和性暴力受害者。

海地首都太子港的暴力持續，為了爭奪城區的控制權，武裝組織之間互鬥，又與警方交戰。這一年我們多次出於安全原因被迫暫停工作或關閉設施。我們在泰巴爾和圖爾高的設施因嚴重事故需要暫停工作——我們治理的病人遭到武裝團體強行帶走，當中一名病人被人從手術室帶走，另一名病人則被人從救護車後座拉走，並遭當街殺害。

非洲薩赫勒地區政府軍和武裝組織仍繼續交戰，因此我們的團隊於2023年在布基納法索、尼日爾、馬里等地遇上許多安全和後勤方面的挑戰。2月8日，在布基納法索的圖甘附近，一輛運送物資的無國界醫生車輛遭到武裝組織襲擊，兩名同事迪奧馬（Komon Dioma）和韋德拉奧果（Souleymane Ouedraogo）不幸殉職，我們深切哀悼。

Providing care amid chronic violence

In an almost-forgotten conflict, civilians continued to bear the brunt of the horrific violence perpetrated by the M23 and other armed groups across northeastern Democratic Republic of Congo in 2023. Millions of people have been displaced, often multiple times, within North Kivu, South Kivu and Ituri provinces, or forced over the borders into Uganda and Rwanda by the fighting between M23 and the DRC armed forces. Our teams delivered medical care to people living in appalling conditions, including many patients with war wounds and victims of sexual violence.

Explosive violence continued in Haiti's capital, Port-au-Prince, in 2023, with armed groups fighting each other and the police for control of the city's neighbourhoods. On repeated occasions during the year, we had to suspend or close facilities or services due to insecurity. Our facilities in Tabarre and Turgeau stopped activities during the year, following serious incidents where patients in our care were forcibly removed by armed groups – one from an operating theatre and another was pulled from the back of an ambulance and killed in the street.

State forces and armed groups continued to fight across the Sahel region of Africa, and changing contexts across Burkina Faso, Niger, Mali, and other countries in the region posed many security and logistical challenges for our teams in 2023. Sadly, our own staff had also fallen victim to the violence; we mourn the loss of our colleagues Komon Dioma and Souleymane Ouedraogo, who were killed on 8 February when an armed group attacked an MSF vehicle in which they were transporting supplies near Tougan, Burkina Faso.

應對災害

在2月，土耳其南部和敘利亞西北部發生兩次強烈地震，死者數以萬計，無國界醫生立即展開緊急應對。我們在兩地提供醫療和心理健康支援、安全的飲用水、衛生設施、棲身處和食物。



在土敘大地震後，無國界醫生評估災民的急切所需。
MSF conduct an initial assessment and identify critical needs after the Türkiye and Syria earthquake.

3月，馬拉維和莫桑比克遭氣旋「佛萊迪」侵襲，5月緬甸則受到熱帶氣旋「穆查」吹襲，我們派隊伍支援風災的災民，為他們提供醫療診症和食水，並且興建和復修廁所。

9月，洪水破壞了利比亞德爾納鎮的一部分，我們的團隊提供醫療護理和醫療物資。同月，我們為摩洛哥西南部地震倖存者提供心理健康支援。到了10月，阿富汗西部赫拉特省發生另一次地震，我們隨即協助治療傷者，並捐贈基本物資。

Responding to disasters

In February, when two powerful earthquakes struck southern Türkiye and northwestern Syria, killing tens of thousands of people, MSF immediately launched an emergency response. In both locations we provided medical and mental healthcare as well as safe drinking water and sanitation facilities, shelter, and food.

We also sent teams to assist people affected by Cyclone Freddy in Malawi and Mozambique in March, and Cyclone Mocha in Myanmar in May, by offering medical consultations and supplying clean water, and building and repairing latrines.

In September, our teams provided healthcare and medical supplies after the town of Derna in Libya was partially destroyed by floods. In the same month, we offered mental health support to survivors of an earthquake in southwestern Morocco. Following another earthquake in October, this time in Herat province in western Afghanistan, we helped treat the wounded and donated essential supplies.

支援邊緣群體

阿富汗和也門當局日益將婦女和女童邊緣化，大大削減了她們接受教育和醫療護理的機會。在阿富汗，我們已經缺乏合資格的女性醫護人員——這是為女病人提供醫療護理的必要條件；而在禁止女性接受中高等教育的情況下，我們認為問題只會進一步惡化。

2023年，我們繼續幫助那些穿越哥倫比亞和巴拿馬之間森林茂密的達連隘口、一路向北前往墨西哥和美國的移民。成功穿越的多達50多萬人，人數是2022年的兩倍。我們的團隊在巴拿馬和移民們途經的國家，如墨西哥、危地馬拉和洪都拉斯，為他們治療因艱苦旅途造成的傷病情況，也治療眾多暴力和性侵犯的受害者。

我們治療受不人道移民政策影響的難民、移民和尋求庇護者。在愛琴海，我們為抵達希臘群島的人提供醫療護理；在英國，我們於11月開展一個援助尋求庇護者的新項目。



© Juan Carlos Tomasi/MSF

Assisting marginalised people

Authorities in Afghanistan and Yemen have increasingly marginalised women and girls from society and severely reduced their access to education and healthcare. We already face a shortage of qualified female healthcare staff in Afghanistan – needed to provide healthcare to female patients – this is something that we can only expect to worsen with the ban on female secondary and higher education.

In 2023, we continued to assist people who had made the dangerous journey through the Darién Gap, the heavily forested region between Colombia and Panama, on their way north to Mexico and the United States. Over half a million people made the crossing, twice the number in 2022. Our teams treated patients for conditions and injuries caused by their arduous journeys, as well as many victims of violence and sexual assault, in Panama and other countries along the migration route, including Mexico, Guatemala and Honduras.

We treat refugees, migrants and asylum seekers who have been subject to inhumane migration policies. From the Aegean – where we provide care to people arrived on the Greek Islands; to the United Kingdom – where we opened a new project for asylum seekers in November.

在2023年首11個月，近50萬名移民通過達連隘口。
From January to November 2023, almost half a million migrants have crossed the Darién Gap.

與此同時，近80萬在2017年從緬甸逃到孟加拉的羅興亞人，其處境並無改善。他們仍然生活在擁擠不堪的難民營裏，而孟加拉政府和當地社群對他們的敵意也越來越深。我們繼續為羅興亞難民提供一系列的醫療護理。

在香港，建基於過往應對期間目睹無家者所面對的一些醫療需求，無國界醫生於2023年就無家者的身心健康狀況和需求進行了為期三個月的外展評估，並於8月開展新項目，為指定地區的無家者提供免費健康檢查、心理健康支援和健康推廣，以提高他們對其健康狀況的關注和獲得醫療護理的機會。

Meanwhile, the situation has not improved for the nearly 800,000 Rohingya who fled into Bangladesh from Myanmar in 2017. We continue to run a range of medical services for Rohingya refugees, who still live in overcrowded camps and face increasing hostility from the government and local communities.

In Hong Kong, MSF had witnessed some of the needs of local homeless people during past emergency responses. We started a project in August 2023 to provide free health screening, mental health and psychosocial support, and health promotion to homeless people in the targeted districts to enhance the awareness of their health conditions and thus their access to healthcare, following a three-month outreach assessment of their physical as well as mental health conditions and needs earlier in the year.

治療疾病的挑戰與勝利

自2019冠狀病毒病大流行以來，我們發現疾病爆發呈現升勢，當中部分歸因於疫情大流行對醫療系統和常規疫苗接種運動造成的嚴重打擊。2023年，我們診治了數千名身患疫苗可預防疾病的病人，但由於全球均缺乏疫苗和用於治療的抗毒素，我們的團隊在幾內亞、尼日利亞、尼日爾和乍得應對白喉疫情時遇上阻礙。

在這一年裏，我們治療的營養不良患者多不勝數，情況令人擔憂。無國界醫生的團隊在尼日利亞、埃塞俄比亞、安哥拉、也門、剛果民主共和國、阿富汗和布基納法索應對不同的營養不良危機。



無國界醫生在尼日爾為民眾注射白喉疫苗。MSF helped to vaccinate people against diphtheria in Niger.

© Juan Carlos Tomasi/MSF

不過，這一年在治療結核病方面也傳來好消息。11月，我們公布 endTB 臨床試驗令人鼓舞的結果。試驗為治療耐多藥結核病確立了三種安全的新藥方案。新療法不但效果更顯著，療程更可以縮短達三分之二。在無國界醫生「病者有其藥」項目的努力下，強生公司於9月放棄了貝達喹啉一部分的二級專利，讓中低收入國家可以使用價格更易負擔的仿製藥。同月，「病者有其藥」項目的施壓取得成果，令診斷檢測系統製造商賽沛及其母公司丹納赫同意把用於結核病等的部分檢測試劑降價20%。無國界醫生在各地項目裏，皆廣泛使用賽沛生產的診斷檢測系統。

到了12月，經過組織三年來的大力宣傳，世界衛生組織終於把壞疽性口炎列入被忽視的熱帶病名單。這疾病獲列入名單後，應該能加強人們的關注，也有助現行的公共衛生項目把壞疽性口炎的防治工作納入其中，並鼓勵把急需的資源分配以應對此疾病。

無國界醫生於2023年有68,000位員工在70多個國家工作，他們不時要冒極大風險去為有需要的人提供醫療護理，我們衷心向每一位致謝。

Challenges and triumphs in treating diseases

Since the COVID-19 pandemic, we have witnessed a rise in disease outbreaks, in part due to the severe toll it took on health systems and routine vaccination campaigns. In 2023, we treated thousands of patients for vaccine-preventable diseases, but struggled to respond to an outbreak of diphtheria, which affected Guinea, Nigeria, Niger, and Chad, because of a global shortage of both vaccines and antitoxins used for treatment.

During the year, we responded to an alarming number of people with malnutrition. MSF teams responded to crises in Nigeria, Ethiopia, Angola, Yemen, DRC, Afghanistan and Burkina Faso.



無國界醫生參與研究治療耐多藥結核病的計劃有新突破。

MSF contributed to a breakthrough in finding a cure for multidrug-resistant TB.

© Verity Kowal

However, there was good news regarding tuberculosis (TB) during the year. In November, we published the positive results from the endTB clinical trial, which identified three new, safe drug regimens for multidrug-resistant TB, that are more effective and can reduce treatment time by up to two-thirds. With the efforts from MSF's Access Campaign (AC), Johnson & Johnson dropped some of its secondary patents on TB drug bedaquiline in September, allowing for affordable generic versions to be used in low- and middle-income countries. The same month, AC's pressure on Cepheid, which makes a diagnostic test system, widely used in MSF projects, and its parent company Danaher, paid off when they agreed to a 20 per cent price reduction for some tests, including for TB.

In December, following three years of strong advocacy efforts by MSF, the World Health Organization added noma to its list of neglected tropical diseases. Being on the list should shine a spotlight on the disease, facilitating the integration of noma prevention and treatment activities into existing public health programmes, and encouraging the allocation of much-needed resources to help tackle it.

We wish to express our heartfelt thanks to the 68,000 MSF staff, who worked in over 70 countries in 2023 – often at great risk – to deliver medical care to people in need.

全球前線工作概要

Worldwide Operations Highlights

無國界醫生於 2023 年在全球超過 70 個國家和地區進行救援工作的概要：

Below are the highlights of MSF activities in over 70 countries and regions in 2023:



© Ala Kheir/MSF
蘇丹 Sudan



© Omar Haj Kadour
敘利亞 Syria



Vaccinated
4,623,700 人
接種常規疫苗
people routinely



醫治 Treated
3,724,500 宗
瘧疾個案
malaria cases



Vaccinated
3,295,700 人
接種麻疹疫苗以應對疫症爆發
people against measles
in response to an outbreak



醫治 Treated
148,000 名
麻疹病人
people for measles



Vaccinated
36,200 人
接種霍亂疫苗
people against cholera



醫治 Treated
70,600 名
霍亂病人
people for cholera



Conducted
16,459,000 次
門診診症
outpatient consultations



接收 Admitted
1,368,700 人
入院治療
patients



接收 Admitted
1,946,300 名
急症室病人
patients to emergency rooms



進行 Conducted
493,900 次
個人心理健康諮詢
individual mental health
consultations



© Faris Al-Jawad/MSF
巴勒斯坦佔領區 Palestinian Territories



© Annalisa Ausilio/MSF
地中海 Mediterranean Sea



© Philomène Franssen/MSF
剛果民主共和國 DRC



© Sean SuttonPanos Pictures
南蘇丹 South Sudani



© Alexandre Marcou/MSF
海地 Haiti



© Max Cabello Orcasitas
秘魯 Peru



協助 Assisted
337,000 名
婦女分娩，包括
剖腹生產
women to deliver
babies, including
caesarean sections



接收 Admitted
499,500 名
營養不良兒童接受
門診營養治療
malnourished children
to outpatient feeding
programmes



接收 Received
54,600 名
婦女和女孩進行
安全墮胎護理
women and girls for
safe abortion care



分發救援物資給
Distributed relief
items to
462,200 個
家庭 families



治療 Treated
92,300 名
受肢體暴力對待的傷者
people for intentional physical violence



治療 Treated
62,200 名
性暴力受害者
people for sexual violence



拯救 Rescued
4,650 名
在海上的人
people at sea



© Alexandre Marcou/MSF
剛果民間共和國 DRC



© Martín Gáliz
洪都拉斯 Honduras



© Linda Nyholm/MSF
烏克蘭 Ukraine



© Rami Alsayed
敘利亞 Syria



44,500 人
提供抗愛滋病毒治療
people received
HIV antiretroviral
treatment



護理 Provided care to
23,000 名
晚期愛滋病人
people with
advanced HIV

上述數據包含直接、遙距支援及協調工作。這些概要僅概述大部分無國界醫生的工作，不能被視為工作之全部。數據或有所變更；任何增補或修改都將包含在國際活動報告的網上版本，歡迎瀏覽 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 this report, available at msf.org.



《我是非醫護人員 也是無國界醫生前線救援人員》 “We are non-medics. We are also MSFers.”

提起「無國界醫生」，你會浮現出一個怎樣的形象？根據我們早前委託進行的調查結果指出，大部分受訪者認為如果要以一個人形容我們的形象，那大概會是一名中年男性醫生。的確，在組織內的前線救援人員，救急扶危、拯救生命的醫護人員，似乎是最不可或缺。不過，要完成世界各地無數的救援任務，單靠醫護之力並不足夠；而「無國界醫生」團隊又豈會只有「醫生」一種角色？就好像以下四位前線救援人員：供應鏈隊長林婧（Stephanie Suor）、電力經理李耀輝（Vincent）、物流經理張凱淇，以及人力資訊及財務經理彭素琳（Tzu Lyn Phang；Lyn），雖不是醫生，然而憑藉他們的專業，令醫護人員可以更放心地專注於救治傷病者。

What images come to mind when you hear “Médecins Sans Frontières”? According to the results of a recent survey we commissioned, if MSF were a person, most respondents think MSF would be a middle-aged, male doctor. Indeed, within the organisation, frontline medical staff — those who provide emergency care and save lives — are indispensable. However, it often requires more than just medical expertise to undertake countless relief responses around the globe. MSF is far more than just doctors or medical staff. Our International Mobile Staff (IMS), as we call all of our international field workers, include people like: Stephanie Suor, Supply chain team leader; Vincent Li, Electrical Manager; Kaiqi Zhang, Logistics Manager; and Tzu Lyn Phang (Lyn), Human Resources and Finance Manager. Although they are not doctors, their expertise allows medical professionals to focus on treating patients with greater peace of mind.

「你不是醫生，為何會加入無國界醫生？」

“You’re not a doctor, so why did you join Médecins Sans Frontières?”



張凱淇（左四）參與在塞拉利昂的任務。

Kaiqi (fourth from the left) on assignment to Sierra Leone.



彭素琳（後排右四）與同事參與坦桑尼亞任務。

Lyn (fourth from back right) and her colleagues on assignment in Tanzania.



林靖（中）在剛果民主共和國。

Stephanie (middle) in DRC.



李耀輝（左三）在塞拉利昂為醫院建設供電設備。

Vincent Li (third from left) assisted the building of electricity supply in hospitals in Sierra Leone.

本身是機電工程教授的 Vincent、在商業機構工作過的 Stephanie 與 Lyn，以及過往曾經在不同地方任職項目技術管理人員的凱淇，他們的履歷或多或少都可以幫助自己更好地融入組織的前線救援工作。不過或許有趣的是，當他們加入無國界醫生後，會如何回應親友的這類型提問呢？

Stephanie：「很多都會抱著這個疑問，就連我媽媽都質疑既然我不是醫生，為何可以加入無國界醫生這個組織？我會告訴她：在一間餐廳內，廚師都需要有人協助將材料、廚具運送到他面前，才可以煮食。正如一名醫生都需要有人為他張羅藥物、醫療儀器，甚至進行手術的帳篷等物資，而我就是在這個組織的支援部門任職。」

Vincent：「其實在無國界醫生工作的，很多都是後勤人員。當前線醫護每日工作都會遇到包括供電、儀器、設備等方面的技術問題時，後勤人員就要成為前線醫護背後的『支持者』，令他們的救助傷病的過程更加順暢。例如一次在塞拉利昂的任務當中，為醫院供電的三部發電機都停運。我們就需要與醫護接洽，了解他們的需要，並運用自己的專業制定供電優次，先將呼吸機、氧氣機等設備的供電恢復，再一步步解決他們的問題。」

Vincent, a professor of mechanical and electrical engineering; Stephanie and Lyn, who have worked in commercial organisations, and Kaiqi, who previously held project technical management roles—all found ways to integrate their diverse experiences into MSF's frontline work. How do they respond when friends and family question their participation in MSF missions as non-medical professionals?

Stephanie: "Many people would actually wonder what I can do there and what I can contribute. My mom was very surprised too and questioned whether I can fulfill my job duties at MSF. Then I explained to her very simply that, for any chef, you need someone to bring you the ingredients or utensils to cook. It is the same for the doctors in MSF, as they need someone to bring them medicines, medical equipment or even tents for surgery. They need logisticians to set them up, and they need supply people to bring them things they need. So, MSF includes a lot of support departments which contribute to the global work in the field."

Vincent: "In fact, many MSF frontline staff are working as logisticians. When frontline medical professionals encounter technical issues related to power supply, tools or equipment, it falls on the logistics personnel to back them up. For example, during a mission in Sierra Leone, all three generators that powered the hospital went out of service. We communicated with the medical staff to understand their needs, and utilised our professional judgment to prioritise supplying power to essential equipment like ventilators and oxygen machines, before the problems were solved step by step."

我們與醫生的關係

Our relationship with doctors

根據統計，在前線救援人員的名單當中，有大約5成半為非醫護人員。在一個醫療組織當中，他們又會如何看待自己與醫護之間的關係、甚至是兩者工作上的角色？

Lyn：「我會認為兩者的關係，就好比潤滑劑與齒輪：作為『潤滑劑』的我們，作用就是要令在前方工作的『齒輪』可以運作得最暢順。而身為處理行政工作的人員，我們的工作越是不被注意，就越代表前線同事的工作越為暢順，也就代表我們工作上的成功。」

Indeed approximately 55% of our IMS are non-medical. How do they view their relationship with those medical staff and the difference in their work roles?

Lyn: "For the medical staff to be able to run the operation, we need the support team. I would describe the medical team as the gears, and we are the lubricants that make them run as smoothly as possible. For the administration or logistics side, the best outcome, in my opinion, is when our work behind the scenes gets unnoticed, so that means the operation runs smoothly without interruption."



林靖（右二）與一眾同事。

Stephanie (second from right) with her colleagues.

凱淇：「我們的工作很難看到直接的成就感，並非好像前線醫護每次救治的，都是一個個活生生的傷者和病人。我們的工作很多都是間接的，就是盡力去為醫護團隊創造一個合適的工作環境，讓他們去高效率的工作，就是我對自己工作上的定義。」

Kaiqi: "Our work rarely provides direct and immediate feelings of accomplishment. Unlike frontline medical professionals who save or heal someone, our contributions are often so-called indirect. We strive to create an optimal working environment for the medical team, enabling them to work efficiently—that's how I define my role."

在救援時面對我們領域上的「奇難雜症」 Remarkable challenges faced by us in the field

要在資源相對上匱乏的國家生活，本身已經是一件困難的事：既要適應更基本的生活環境，又要在確保自身安全的前提下，做好前線項目的工作，確是難上加難。

對 Vincent 而言，體驗最深的恐怕是自己花了幾個月在阿富汗一間醫院為手術室興建新電力系統與儀器後，不久就收到醫院被軍方一下子炸毀的消息，心血毀於一旦之餘，更加有十多名同事遇害；而由他離開該醫院，到醫院被炸的一刻，只是相隔數日。凱淇與 Lyn 亦分別在塞拉利昂與坦桑尼亞的任務中，遇上過當地的示威，更一度試過面對與同事失去聯絡的徬徨無助。至於 Stephanie 面對最大的難題，是要應付太多不可控制的外來因素：例如在物流層面中，需要預約運送工具、司機、看天氣，甚至要面對當地部門人員各式各樣的阻撓。她時刻提醒自己，要盡力做好自己本份，並盡量不要受自己控制不了的事情影響心情。

Living in resource-scarce countries is inherently challenging; having to adapt to the living conditions in the field and completing frontline work while ensuring your own safety is make things even more difficult.

For Vincent, a most profound experience came after spending several months building a new power system and equipment for the operating theatre in a hospital in Afghanistan. He received the news that the hospital had been bombed by the military - mere days after his departure. His hard work was burnt to the ground and about ten of his colleagues were killed. Kaiqi and Lyn encountered local demonstrations during their missions in Sierra Leone and Tanzania respectively, and experienced a feeling of helplessness when they lost contact with their colleagues. The biggest challenge for Stephanie was to deal with a lot of uncontrollable external factors in logistics—such as coordinating transportation, drivers, weather, and overcoming obstacles from local authorities. She always reminded herself to do her best, to do her part and try not to be affected by things beyond her control.



李耀輝（左）與同事
Vincent（left）and his
colleague.

「關於無國界醫生，我想說的是 ...」 Things we want to say about MSF



張凱淇（前排左一）參與孟加拉任務時與同事的生活點滴。
Kaiqi (first from left) sharing a moment with colleagues in Bangladesh.

四人在前線救援的角色不同，救援資歷亦有深淺。唯一共通的地方，是他們都喜愛四處遊歷，以及抱著「只要有用得著自己專業的地方，就會盡力去協助有需要人士」的心。他們找到屬於自己的舞台，對前線救援任務又有甚麼感受與展望？

凱淇：「我會與身邊的非醫護人員說，無國界醫生的救援任務是所有工程師都會嚮往的地方。當你看到你將自己的知識，透過雙手變成一些可用的東西時，你會獲得非常大的滿足感。」

The four IMS have different roles and varied experience on the front line. However, they all have one in common – the love for working in different places and finding satisfaction when assisting people who need their expertise. They have found their own special way to contribute. Here is what they'd like to share about their time in the field and ambitions for future assignments.

Kai Qi: "I would tell the non-medical staff around me that frontline missions in MSF is a place that all engineers aspire to work in. When you see your knowledge transform into something tangible through your own hands, it brings immense satisfaction."

Vincent: "I used to teach at a university and was very interested in training. In future missions, I hope to provide more training for local technical personnel, so that they can support the facilities independently in terms of logistics and engineering."

Vincent：「過往我在大學教書，對訓練工作非常有興趣。在未來的救援任務，我期望可以為當地本土的技術人員，提供更多適當的訓練，令他們能獨當一面地支援後勤工程設施。」

Lyn: 「我在坦桑尼亞參與首次救援任務時，花了很長時間熟習電腦行政系統，令我對其他事宜所知不多。我期望自己未來可以更直接了解並參與更多救援行動的工作。」

Stephanie: 「我即將會參與中非共和國的前線救援任務（7月起），並對自己首次成為統籌人員、監督供應鏈的工作感到興奮。我期望自己可以令救援工作維持順暢及高效。」

前線救援工作那怕困難重重，但對他們而言，只要能夠以他們的專業，為有需要的人提供援助，一展自己抱負之餘，又看到受助人的笑容，其實已經能夠為他們在任務中帶來滿足感。而在關注與支持醫護及非醫護前線救援人員工作的同時，即使沒有醫療專業背景的你，同樣可以加入無國界醫生，成為前線救援團隊一員，為世界各地有需要援助的人出一分力！

Lyn: "What I want to do is to be more involved and get to know more about what the operations are doing in the future. When I participated in my first mission in Tanzania, I was really concentrating on learning how to use the administrative system, that I didn't manage to learn too much about the other aspects of the project."

Stephanie: "I am quite excited because I was matched to a coordinator position recently, so I will be supervising the supply chain in the Central African Republic (starting in July). I think my main objective is to keep the operations as smooth as possible."

Despite the boundless challenges of frontline work, they've all found satisfaction in providing assistance to those in need, and the smiles on the faces of people they helped feels like a reward in itself. So even if you do not have a professional background in medical work, you can still join MSF and become an IMS to help people in need worldwide!



彭素琳（右一）與同事在當地舉行聚會。
Lyn (first from right) attended a gathering with colleagues.

林靖 (Stephanie Suor)

來自 Comes from :
香港 Hong Kong

職位 Position :
供應鏈隊長 Supply Chain Team Leader

加入年份 Joined MSF in :
2022

過往任務 Past assignments :
剛果民主共和國 DRC

主要工作 Duties :
監督供應團隊及流程、管理物資倉庫存貨
Supervising the supply team and daily workflow,
warehouses and inventories management

座右銘 / Motto :
「我已經盡力了嗎？」
"Did I do the utmost?"



李耀輝 (Vincent Li)

來自 Comes from :
香港 Hong Kong

職位 Position :
電力經理 Electricity Manager

加入年份 Joined MSF in :
2015

過往任務 Past assignments :
阿富汗、塞拉利昂、尼日利亞、也門等
Afghanistan, Sierra Leone, Nigeria, Yemen etc.

主要工作 Duties :
更新醫院電力系統、參與新醫院興建工程
Renewal of the electricity system of a hospital,
took part in construction of hospitals

座右銘 / Motto :
當有一個人因為我的出現而有少少轉變，
已經是幫助到別人
If my presence can bring a positive change to even just
one person, it's already of some help.



彭素琳 (Tzu Lyn Phang)

來自 Comes from :
吉隆坡 Kuala Lumpur

職位 Position :
人力資源及財務經理
Human Resources and Finance Manager

加入年份 Joined MSF in :
2023

過往任務 Past assignments :
坦桑尼亞 Tanzania

主要工作 Duties :
會計簿記、招聘程序、財政預算
Bookkeeping, recruitment, budget monitoring

休勤時 / 準備任務前會做的事
Things to do when off-duty/preparing for an assignment :
休勤時會在 YouTube 播放食物 ASMR 影片
Watch ASMR foodie videos in YouTube when off-duty



張凱淇 (Kaiqi Zhang)

來自 Comes from :
長沙 Changsha

職位 Position :
物流經理 Logistics Manager

加入年份 Joined MSF in :
2019

過往任務 Past assignments :
孟加拉、塞拉利昂、基里巴斯
Bangladesh, Sierra Leone, Kiribati

主要工作 Duties :
辦公室、醫療設備的維修；管理保安、資訊科技、車隊、
廚房事宜
Maintenance of office and medical facilities,
managing matters of security, IT, convoy and kitchen

休勤時 / 準備任務前會做的事
Things to do when off-duty/preparing for an assignment :
在執拾行李時會聽 Elton John 《Rocketman》
Listen to "Rocketman" by Elton John when packing for mission



無國界醫生 (香港) 亞洲活動概覽

Activity Overview of MSF Hong Kong in Asia

香港 Hong Kong

2023年，無國界醫生（香港）行動支援組（OSU）繼續推動防治甲醇中毒項目，在網站增設阿拉伯語、中文與西班牙語的內容。此外，我們在MSF學習平台Tembo上推出了一個專為醫護人員而設、包含五個單元的網上課程，亦支援培訓印尼項目作甲醇中毒的緊急應對準備。在全球甲醇中毒事件的監察和監視工作持續進行的同時，我們亦獲得一筆撥款，用作探索與東南亞國家合作建立夥伴關係的可能性。有關合作旨在提升甲醇中毒診斷工具的普及程度，提高社會間的關注和知識，讓人們更易得到可負擔的甲醇中毒解毒藥物與治療方案。而隨著全球對2019冠狀病毒病的緊急階段進入尾聲，OSU已將該病的監察納入疾病爆發和災害的常規監測中。

隨著疫情限制陸續解除，我們已全面恢復面對面的互動。在六月，我們為捐款者與支持無國界醫生的朋友們，舉行獨家放映活動，播放一齣屢獲殊榮、名為《治·施》的紀錄片。《治·施》探視了我們前線救護人員與他們親人的生活。出席放映會的觀眾進行深入的討論，並詢問有關人道工作的問題。我們亦在十月舉行捐款者聚會，本身為護士的無國界醫生（香港）董事會副主席趙卓邦、以及護士及助產士李芷殷獲邀向41位捐款者及支持者，分享他們在加沙與埃塞俄比亞救援任務的點滴。即將離任的總幹事童靜漪亦藉是次聚會，向大家介紹新任總幹事霍彥祺，兩人總結無國界醫生（香港）在過去十年對整體社會使命方面的貢獻，並分享未來發展的願景。



救援人員趙卓邦分享救援任務經驗。
Our field worker Mr. Pong Chiu shared his previous assignments.

在11月，我們的外科醫生區耀佳醫生與護士及助產士蘇衍霏在《綻放明日力量》分享會中，分享組織的工作對受助社區的深遠影響。我們也邀請法律和保險顧問，向捐款者分享如何透過遺產及保單捐贈繼續支持我們。

In November, our event “Unleashing the Impact” featured Dr. Paul Au, MSF surgeon and Ms. Krystal So, MSF nurse/midwife, who shared in-depth insights into MSF's work and the lasting impact it has on the communities they worked with. We also invited legal and insurance experts to share valuable advice with our donors on how they can continue to support us in the future through legacy giving.

In 2023, the Operations Support Unit (OSU) of MSF Hong Kong continued its Methanol Poisoning Initiative (MPi) through expanding the website to more languages such as Arabic, Chinese, and Spanish. An online course on Tembo, an MSF learning platform, was also launched. The course is tailored for medical and paramedical personnel and consists of 5 modules. In addition, training support on methanol poisoning was given to the Indonesian mission, focusing on emergency preparedness. The monitoring and surveillance aspects of global incidents of methanol poisoning continued along with a grant approval to explore the possibility of establishing partnerships in priority countries in Southeast Asia. The partnership aims to enhance access to methanol poisoning diagnostic tools, increase awareness and knowledge, and improve access to affordable antidotes and treatment. With the tail end of the global emergency phase of COVID-19, OSU has integrated its COVID-19 monitoring into the routine surveillance of disease outbreaks and disasters.

Since the lifting of COVID-19 restrictions, we have fully reinstated our in-person engagement activities. In June, we hosted our donors and friends for an exclusive showing of the award-winning documentary “SELFISH.” The film provided an intimate insight into the lives of our dedicated humanitarian workers and their loved ones. Donors engaged in thoughtful discussions, asking questions about our vital humanitarian work. We also organised a donor gathering in October. We had 41 donors and supporters attend sharing sessions by MSF nurse Mr. Pong Chiu and nurse/midwife Ms. Tobey Lee, about their previous assignments in Gaza and Ethiopia. Our outgoing Executive Director Ms. Jenny Tung also took the opportunity to introduce Mr. Olivier Franchi, our new Executive Director to our donors and supporters. They concluded on the past decade of MSF Hong Kong's contribution to the MSF social mission, and shared the vision of our future direction.

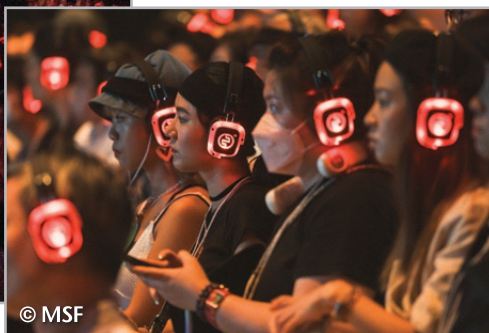


區耀佳醫生出席分享會。
Dr. Paul Au attended the sharing event.

2023年，「7.7無國界醫生日」的主題為：「天災巨響下，傾聽呼救之聲」，我們利用聲音作媒介，以世界各地天災災民的真實經歷改編成錄音故事呈現他們在災區等待救援的呼聲，並邀請歌手謝安琪和蔡紫晴（龍小菌）分別聲演受洪水與地震影響的媽媽，細膩演繹當事人的經歷。

另外，我們舉行一場名為「Can we hear」的靜音音樂會，作為「無國界醫生日」的閉幕活動，期望參加者在這一場沉浸式音樂會中，透過聲畫配合，可以體驗流離失所者踏上流徙之路的處境。

超過200名觀眾戴上無線耳機，在隔絕外界雜音下，用心聆聽模擬衝突環境、以及現場表演的樂章。當晚，我們邀請了謝安琪、蔡紫晴，以及獨立樂隊「Andy is typing...」演唱多首歌曲，配上由人工智能生成的視覺效果，描繪無數被迫逃離家園人士的痛苦，呼籲大眾更關注流徙人口危機。



現場觀眾戴上耳機，欣賞表演隊伍的演出。

Participants wore wireless headphones to listen to live performances.

中國內地 Mainland China

2023年，無國界醫生在中國內地繼續交流醫療人道工作。在與智庫、研究機構和學者的分享中，我們介紹了無國界醫生在蘇丹、埃塞俄比亞、阿富汗、緬甸等地的項目情況以及公共衛生工作的經驗。同時，我們也借鑒了中國的經驗和做法給無國界醫生的項目參考。對於無國界醫生在孟加拉、黎巴嫩和巴西項目的工作需求，我們也做出了及時有效的反饋和支援。



In mainland China, MSF continued to communicate our medical and humanitarian work. We were invited by think tanks, research institutes and scholars to introduce MSF's operations in Sudan, Ethiopia, Afghanistan, Myanmar and other places, as well as our experience in public health work. We were able to take reference from China's experiences and practices in this field through meaningful exchanges with relevant stakeholders, and explored how we may apply those learnings in our projects. We also provided timely and effective feedback and supports to MSF's operations in Bangladesh, Lebanon, and Brazil.

無國界醫生北京辦公室薛廣建主任在揚州大學蘇丹研究中心進行分享。

Mr Ken Xue, Beijing Office Director of MSF, presenting at Yangzhou University.

在醫療專業領域方面，我們在結核病議題上增加與中國醫學及衛生同行的交流。在結核病創新論壇上，我們分享了無國界醫生對結核病的新診斷和治療工具的評估和研究，並且就中國耐藥結核病新藥的引進，提供了由無國界醫生主導的臨床試驗研究中一些支援性質的數據。另外在戊型肝炎、霍亂和瘧疾等其他傳染病方面，我們與相關單位和機構交流經驗，並跟進相關診療工具的可及性。

從年初的土耳其敘利亞地震，到四月份蘇丹衝突爆發和十月份加沙衝突升級，我們一直通過媒體報導和無國界醫生社交媒體，包括新開通的「微信視頻號」分享無國界醫生救援工作的一線資訊。我們還獲邀在北京、蘇州的醫學院和大學分享前線救援經驗。12月，我們在視頻號上舉辦「我愛 MSF—無國界醫生故事之夜」的直播活動上，有近 3,500 名網友與前線救援人員互動。

In the medical field, we increased our engagement on tuberculosis with domestic medical and health peers. We shared MSF's assessment and research on new diagnostic and therapeutic tools at the TB Innovation Forum in China and provided some supporting data from MSF-led clinical trial studies for the introduction of new drug-resistant TB drugs in China. In addition, regarding other infectious diseases such as hepatitis E, cholera, and malaria, we exchanged experiences with relevant domestic units and institutions and followed up on the accessibility of relevant diagnostic and treatment tools.

From the Türkiye-Syria earthquake at the beginning of the year, to the conflict in the Sudan in April and the escalation of the Gaza conflict in October, we had been sharing first-hand information from the ground of our projects to the mainland audience through media coverage and MSF social media platforms, including the newly opened video platform - "Weixin Video Channel". We were also invited by medical colleges and universities in Beijing and Suzhou to share frontline aid experiences. In December, we organised our annual live-streaming event "I Love MSF - MSF Stories Night", nearly 3,500 netizens interacted with our international mobile staff through the online broadcast.

東南亞 Southeast Asia

在 2023 年，無國界醫生在東南亞地區的媒體報道覆蓋率，與前一年相比增加了三倍。我們聚焦於呈現加沙地帶的人道災難、羅興亞人每況愈下的困境，以及氣候危機的嚴重影響，令我們在東南亞地區的媒體曝光率大幅增加。

除了在傳媒增加曝光率外，我們亦積極參與實體與網絡的分享活動，與社區各界、特別是與一眾醫生、醫科生及其他國際非政府組織互動交流。在 8 月，我們參加了由聯合國人道事務協調辦公室（UNOCHA）在印尼舉辦的世界人道日活動。我們亦應邀出席在馬來西亞舉辦的一場醫療會議，與醫生等醫療人員分享我們的工作。11 月，曾經在加沙地帶執勤的前線救援人員迪亞茲（Darwin Diaz）與埃斯蓋拉（Regidor Esguerra）獲邀在菲律賓一場論壇上，就以巴衝突期間有醫院被圍困的情況，分享當地的困境和龐大的人道需求，吸引來自衛生部門、非政府組織的代表，以及學生出席。

In 2023, we focused on spotlighting the devastating humanitarian situation in Gaza, the worsening plight of the Rohingya and the grave impacts of the climate emergency. This has resulted in massive media visibility for MSF in the region – with a three-fold increase in media coverage compared with 2022.

Apart from media networks, we were also able to engage with the community, especially with doctors, medical students and the other iNGOs by joining online and offline sharing events. In August, we participated in the World Humanitarian Day event organised in Indonesia by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). We were also invited to join the "Healthcare Diverse Careers Conference and Exhibition" organized by Medical Footprints Malaysia, to share our work with doctors and other medical professionals.

我們參加了由聯合國人道事務協調辦公室（UNOCHA）在印尼舉辦的世界人道日活動。
Our representatives participated in the World Humanitarian Day event.





曾經在加沙地區執勤的前線救援人員迪亞茲獲邀在菲律賓一場會議上分享加沙現況與人道需求。

Our IMS Darwin Diaz was invited to talk about the situation and the huge humanitarian needs in Gaza.

在新加坡，我們在過去一年舉辦過多場校園活動與職場講座，其中包括救援人員林振錫醫生在德明政府高中向450名學生作演講。我們亦受邀接受不同的電視台訪問：在三月，我們就孟加拉羅興亞難民營大火，接受亞洲新聞頻道（CNA）進行直播電視訪問，又就加沙衝突接受 CNA 與海峽時報的訪問。

我們亦繼續為東南亞地區的行動提供傳訊支援，包括製作有關羅興亞人、結核病與緊急應對中心項目的傳訊內容，有關內容除了會應用在東南亞地區之外，亦會發布至組織的國際平台。

In November, a forum titled 'Hospitals under Siege: Understanding the Israel-Palestine War' was held in Philippines, where our international mobile staff Darwin Diaz and Regidor Esguerra, who both worked in Gaza, were invited to talk about the situation and the huge humanitarian needs there. The forum was attended by representatives from the health sectors, NGOs and students.

In Singapore, we had organised multiple school sharing events and career talks in 2023, including one by Dr. Lim Chin Siah, our emergency medical doctor, who presented in front of 450 students at Dunman High School in November. We were also invited to do different interviews with TV channels, such as a live TV interview with Channel News Asia (CNA) on the fire in a Rohingya refugee camp in Bangladesh in March, and two other interviews with CNA and the Straits Times about Gaza.

We also continued to provide communications support to our operations in the region, producing communications packages on the Rohingya, tuberculosis and the emergency preparedness hub project which were disseminated across the region and posted on MSF's global platforms.

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

主席 Presidents	: 林雪芳 Suet-fong LIM ¹	冼禮言醫生 Dr. Husni Mubarak ZAINAL ²
副主席 Vice Presidents	: 林雪芳 Suet-fong LIM ² 冼禮言醫生 Dr. Husni Mubarak ZAINAL ¹	趙卓邦 Cheuk-pong CHIU ² 陳詩璿醫生 Dr. Shannon Melissa CHAN ¹
司庫 Treasurer	: 劉惠玲 Sally Hwee-ling LOW	
成員 Directors	: Adrio Serafino BACCHETTA 陳禮雄醫生 Dr. Heru Sutanto KOERNIAWAN 黃寶妃醫生 Dr. Poh-fei WONG	朱景熙 King-hei CHU 李君婷醫生 Dr. Kandice Ellen LI 唐穎思醫生 Dr. Jennifer Wing-sze TONG ²

無國界醫生（香港）財務審核及風險委員會 Finance, Audit and Risk Committee of MSF Hong Kong

主席 Chairperson	: 劉惠玲 Sally Hwee-ling LOW	
成員 Members	: 李君婷醫生 Dr. Kandice Ellen LI 吳錦華 Webster Kam-wah NG 葉滙榮 Dennis Wui-wing IP ³	詹鋌鏘 Carter Ting-cheong CHIM 唐穎思醫生 Dr. Jennifer Wing-sze TONG ² 林廷珍 René LIM ⁴

¹ 2023年8月26日離任 Resigned on 26 Aug 2023

³ 2023年8月28日離任 Resigned on 28 Aug 2023

² 2023年8月26日上任 Appointed on 26 Aug 2023

⁴ 2023年11月15日上任 Appointed on 15 Nov 2023

離任指辭去該職務，該成員可能會或不會留在董事會。任命指任命為該職務，該成員獲任命前可能是或不是董事會成員。

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2023年12月，無國界醫生（香港）共有79名職員，另有2名義工定期協助處理日常工作。

As of December 2023, the MSF Hong Kong has 79 staff and 2 regular office volunteers who help with office tasks.

無國界醫生（香港）2023年度財政概覽 （以港元為單位）

MSF Hong Kong Financial Overview 2023 (in Hong Kong dollar)

	2023	2022
收入 INCOME		
捐款收入 Donations income	419,489,902	373,269,293
其他收入 Other income	2,583,659	1,649,372
總數 TOTAL :	422,073,561 ⁽¹⁾	374,918,665
支出 EXPENDITURE		
社會使命 Social mission		
緊急與醫療救援項目 Emergency and medical programmes	294,612,693 ⁽²⁾	262,400,706
項目支援與發展 Programme support and development	54,259,342	47,390,487
提高公眾關注與倡議 Public awareness and other campaigns	11,517,731	9,441,464
其他人道救援活動 Other humanitarian activities	1,993,422	2,003,534
社會使命總開支 Total social mission	362,383,188 ⁽³⁾	321,236,191
行政經費 Management and general administration	23,977,153	20,344,217
籌款經費 Fundraising	35,421,248	33,196,223
財務費用 Finance cost	101,054	70,324
總數 TOTAL :	421,882,643	374,846,955
匯兌損失淨額 Net exchange loss	190,918	71,710
虧損 Deficit	-	-

截至2023年12月31日止的財務狀況表

Statement of Financial Position as of 31st December 2023	2023	2022
非流動資產 Non-current Assets	6,651,237	3,731,186
流動資產 Current Assets		
應收帳款 Debtors	118,349	1,553,009
押金及預付費用 Deposits and prepayments	2,407,520	1,925,741
應收其他無國界醫生辦事處之帳款 Amount due from MSF entities	2,984,999	2,022,754
現金及銀行結餘 Cash and bank balances	44,972,634	31,579,719
	50,483,502	37,081,223
流動負債 Current Liabilities		
應付帳款與應計費用 Creditors and accrued expenses	7,500,108	5,007,325
租賃負債 Lease liabilities	1,982,080	1,833,222
應付其他無國界醫生辦事處之帳款 Amount due to MSF entities	42,127,313	32,061,132
	51,609,501	38,901,679
淨流動負債 Net Current Liabilities	(1,125,999)	(1,820,456)
非流動負債 Non-current Liabilities	(5,525,238)	(1,910,730)
淨資產 Net assets	-	-
資金餘額 Fund Balances		
累積資金 Accumulated funds	- ⁽⁴⁾	-

按照法例，謹此聲明，以上陳列數據僅為截至2023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，並已送呈公司註冊處。報表已由無國界醫生（香港）董事會認可，並由核數師安永會計師事務所審核。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2023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。

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 2023. 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, EY. 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 2023 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.



99.4% 公眾捐款 Donations from the public
0.6% 其他收入 Other income



85.9% 社會使命 Social mission
69.8% 緊急與醫療救援項目 Emergency and medical programmes
12.9% 項目支援與發展 Programme support and development
2.7% 提高公眾關注與倡議 Public awareness and other campaigns
0.5% 其他人道救援活動 Other humanitarian activities
8.4% 籌款經費 Fundraising
5.7% 行政經費 Management and general administration



49.7% 亞太區及中東 Asia-Pacific and the Middle East
130,604,836
43% 非洲 Africa
112,997,259
4.1% 美洲 The Americas
10,856,236
3.2% 歐洲 Europe
8,415,497

國家或地區 Country or region	撥款 Funding
● 剛果民主共和國 Democratic Republic of Congo	39,650,690
● 阿富汗 Afghanistan	19,215,757
● 敘利亞 Syria	18,223,195
● 伊拉克 Iraq	17,236,574
● 也門 Yemen	15,827,240
● 尼日利亞 Nigeria	14,824,498
● 南蘇丹 South Sudan	14,018,716
● 孟加拉 Bangladesh	11,459,430
● 緬甸 Myanmar	10,000,000
● 中非共和國 Central African Republic	9,871,268
● 黎巴嫩 Lebanon	9,485,132
● 埃塞俄比亞 Ethiopia	9,114,782
● 馬里 Mali	8,274,406
● 巴基斯坦 Pakistan	7,683,066
● 海地 Haiti	6,852,393
● 印尼 Indonesia	5,663,010
● 印度 India	5,052,741
● 馬來西亞 Malaysia	5,000,000
● 蘇丹 Sudan	3,959,688

國家或地區 Country or region	撥款 Funding
● 巴西 Brazil	3,849,680
● 貝寧 Benin	3,559,076
● 香港 Hong Kong	3,287,185
● 希臘 Greece	2,774,225
● 埃及 Egypt	2,697,773
● 巴勒斯坦 Palestine	2,471,506
● 意大利 Italy	2,438,554
● 比利時 Belgium	2,419,635
● 塞拉利昂 Sierra Leone	1,681,400
● 幾內亞 Guinea	1,598,927
● 肯尼亞 Kenya	1,461,160
● 布隆迪 Burundi	1,181,574
● 巴爾幹半島路線 Migrant Support Balkan Route	755,977
● 莫桑比克 Mozambique	706,923
● 津巴布韋 Zimbabwe	235,870
● 玻利維亞 Bolivia	154,163
● 南非 South Africa	133,190
● 科特迪瓦 Cote d'Ivoire	27,318
● 烏克蘭 Ukraine	27,106

總數 TOTAL : 262,873,828

2023 年度財政概覽說明

- (1) 99.4% 經費來自公眾捐款。
- (2) 合計 262,873,828 港元被撥作於大約 40 個國家和地區進行緊急及醫療救援項目的經費。31,295,165 港元呈交至比利時行動中心，以便為無法預計的緊急災禍作迅速回應的準備。
- (3) 85.9% 收入用於履行社會使命。
- (4) 2023 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、行政與財務經費及匯兌差額後，全數撥予履行社會使命。

Explanatory Notes on Financial Overview 2023

- (1) 99.4 % of donations came from public donations.
- (2) A total of HKD 262,873,828 was allocated for emergency and medical programmes in around 40 countries and regions. HKD 31,295,165 was transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies.
- (3) 85.9% total income went to social mission.
- (4) In 2023, 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.

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。

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.

無國界醫生辦事處 MSF Offices

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無國界醫生在南蘇丹執行前線救援任務，團隊拯救一名有呼吸困難的3歲女童。女童心臟一度停頓，團隊為女童戴上呼吸儀並送往深切治療部搶救，惟女童在翌日宣告不治。

The MSF team worked tirelessly to save 3-year-old girl, who arrived at the hospital with breathing difficulties. Her heart stopped, and she was successfully saved. The team can be seen struggling to find an oxygen concentrator machine. The young girl was quickly rushed from the Operating Theatre to the Intensive Care Unit. Despite intensive efforts by the MSF team, she tragically died the next day.

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