



MEDECINS SANS FRONTIERES
無國界醫生

無國界醫生 (香港)
活動報告 2020
MSF HONG KONG
ACTIVITY REPORT

主席和總幹事的話

From the President and the Executive Director

各位朋友：

全球人類和無國界醫生在2020年都面對前所未有的挑戰。2019冠狀病毒病發展成疫情大流行，所有國家幾乎無一倖免，各國政府皆需扭盡六壬應對疫情。同樣，無國界醫生的工作亦難免因疫情下各種限制和不穩局勢等環境因素而受影響，加上在我們工作的地方，衝突、暴力、流行病及天災依舊頻仍，而針對醫療人道救援工作的敵意行為也從未停止，一切都令我們的工作困難重重。

作為緊急醫療人道組織，我們因應眼前的挑戰調整應對措施，投入人力物力維持恆常項目，同時開展專門應對疫情的項目，並支援各地衛生部門。香港是無國界醫生在全球首個展開2019冠狀病毒病應對項目的地方，不過這裏的獨特社會環境令團隊遇上不少挑戰，也花了許多工夫應變，當中包括與熟悉和經常接觸香港弱勢社群的本地組織緊密合作，以便更靈活地回應本地社區面對的逆境。

緊急情況總是非常複雜，我們雖然致力為身處危困的人提供最佳的醫療護理，但不一定每次都能做得對。我們不斷反思組織在本地和外地公民社會的角色。疫情之外，我們目睹一些國家和地方經歷社會動盪；當地的組織和人員能第一時間到場應對，而像無國界醫生等國際組織則面對各種限制。這正是一個很好的時機，讓我們的員工、病人和支持者去思考，組織應如何繼續切合各地社會的醫療和人道需求，與當地人共同進退之餘，同時能在我們的應對能力和當地能夠提供的援助之間取得平衡。

回顧無國界醫生（香港）全年的工作，我們加強了跟無國界醫生日本和澳洲辦事處的

Dear Friends,

The year 2020 has brought unprecedented challenges both for all people and for Médecins Sans Frontières (MSF) as an organisation. The coronavirus disease 2019 (COVID-19) had rapidly expanded across the globe and hardly any had been spared since it was declared as a pandemic in March 2020. Governments had to take every possible measure to respond to it. Similarly, our work was affected by its restrictions, compounded by the volatile situations in different communities. Whilst the pandemic continued, conflicts, violence, epidemics and natural disasters did not halt in places where we work; hostilities against humanitarian actions had never ceased. All these meant our work remained challenging.

As an emergency medical humanitarian organisation, we adapted our responses to address the challenges in front of us. We had committed people, funding and support to keep our regular projects running whilst scaling up our projects dedicated for COVID-19, as well as giving support to ministries of health. Hong Kong was the first place that MSF started a COVID-19 emergency response project, yet the unique social contexts here presented the team with numerous obstacles. They made huge efforts to be flexible in responding to the local difficulties, including close collaborations with local NGOs that had the knowledge of and the network with vulnerable groups in the city.

Emergencies are complex. While we strive to provide the best care to people in danger, we don't always get it right. We continually reflect on our role as part of our civil society here and abroad. On top of the pandemic, we saw several instances of social unrest sparked in various cities and countries. Local organisations and their responders were first on the scene, while international organisations like MSF found many limitations. It is a good time for MSF staff, patients and supporters to think seriously about how we strike a balance between our capacity to respond and the availability of assistance, while keeping MSF relevant to the medical and humanitarian needs of the societies that need our solidarity.

Looking back at the work of MSF Hong Kong over the year, we had been strengthening our collaborations with our neighbouring offices of MSF Japan and Australia to further expand the joint humanitarian spirit, while improving crisis response capacity in

合作關係，藉此在東南亞、東亞和太平洋地區進一步推廣人道精神和提高應對危機的能力，同時在無國界醫生全球運動內，利用我們擁有多元文化經驗與觀點的長處，讓組織更了解亞洲的狀況。這一年的經歷是我們在人道救援工作和社會上尋找定位的重要基礎，讓我們能以尊重和關懷的態度，應對這個地區的需求。

誠然，我們現正面對許多嶄新局面，前路亦充滿未知與挑戰，但我們仍會堅守理念，以各種方式支援全球最脆弱和被忽視的人群。有賴捐款者、員工、協會成員和各界持份者一直支持，讓我們能夠在艱辛時刻繼續向前。最後，謹此向現正身處世界各地，即使面對不同威脅、依舊為人道付出的前線醫護和救援人員，致以最衷心的敬意和感激。

the Southeast Asia, East Asia and the Pacific region. Meanwhile, we made good use of our multicultural experience and diversity of perspectives as well as our Asian representatives within the wider MSF movement. The lessons that we learned during the year were the basis for MSF to identify our position in the medical humanitarian sector and the society at large, so that we can respond to the needs in the region for dignity and care.

Frankly, a lot of new situations are evolving, and the future is full of uncertainties and challenges, but we will nonetheless stay true to our mission and principles - to support the most vulnerable and neglected people in the world. This is possible because of the continued support of our donors, staff, association members and the range of people who are connected to us. You have enabled us to do better and kept us motivated throughout these difficult times. Last but not least, we would like to extend our respect and gratitude to all the frontline aid and health workers for their dedication and contributions to humanity regardless of all the risks in front of them. Kudos to all of you, wherever you are.



陳述華
無國界醫生（香港）主席

**Dr. Shut-wah
Kenneth Chan**
President,
MSF Hong Kong




童靜漪
無國界醫生（香港）總幹事

Jenny Tung
Executive Director,
MSF Hong Kong



To the Field

無國界醫生（香港）派出的前線救援人員



感謝前線救援人員

醫生 Medical Doctors

Alexandra Simanjuntak **ID**
 Anna Kathrina De Jesus **PH**
 * Ei Khaing **MM**
 Ei Hnin Hnin Phyu **MM**
 Honorita Bernasor **PH**
 * Htike Kyi Pyar Min **MM**
 Karina Marie Aguilar **PH**
 Made Dewi Samantha **ID**
 Marc Richard De La Cruz **PH**
 Rangi Wirantika Sudrajat **ID**
 Shirley Joy Pador **PH**
 Theint Thida Soe **MM**
 * Timothy Hun Wong 黃天行 **HK**
 * Veena Pillai **MY**
 Yiyun Liu 劉一雲 **CN**

外科醫生 / 骨科醫生
Surgeons / Orthopaedic Surgeons
 Chi Cheong Ryan Ko 高志昌 **HK**

Evangeline Cua **PH**
 Kin Wah Akin Chan 陳健華 **HK**

麻醉科醫生 Anaesthetists

Janis Genterola **PH**
 Yen-Chun Hsu 許彥鈞 **TW**

婦科醫生 Gynaecologists

Damayanti Zahar 扎哈妲 **ID**
 Renny Anggia Julianti **ID**

護士 Nurses

Honey Maymor Panes **PH**
 Iane Connie Espanta **PH**
 Jan Vincent Sotito **PH**
 Jerome Dael **PH**
 Jose Vincent Sajulga Pagarugan **PH**
 * Man Hin Chio 趙雯軒 **HK**
 Ngai Yan Maria Cheng 鄭詣殷 **HK**
 Pei Ying Chang 鄭佩瑩 **MY**
 Sheryl Mae Dedoroy **PH**

Teresita Sabio **PH**
 Wing Sum Hui 許詠琛 **HK**

助產士 Midwives

* Cherry Agustin **PH**

藥劑師 Pharmacists

Cheryl Armecin **PH**

精神健康人員 Mental Health Officers

Rosemond Joyce Ruiz **PH**

流行病學家 Epidemiologists

* Htay Thet Mar **MM**
 * Hwee Ling Sally Low **SG**

後勤人員 Logisticians

Cristina Joy Florence Moya **PH**
 * Hans Olijve **SG**
 Ismed Ismail **ID**
 Kai-qi Zhang 張凱淇 **CN**

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

CN 中國內地 Mainland China | **HK** 香港 Hong Kong | **ID** 印尼 Indonesia | **KH** 柬埔寨 Cambodia | **MY** 馬來西亞 Malaysia |
MM 緬甸 Myanmar | **PH** 菲律賓 Philippines | **SG** 新加坡 Singapore | **TW** 台灣 Taiwan | **TH** 泰國 Thailand |

* 沒有照片 No photo



Thank You to All Field Workers



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Roman Rhienhardt Ladaw **PH**
Taufik Hamzal **ID**

**行政人員 / 財務人員
Administrators / Financial Controllers**

Endang Dwi Satriyani **ID**
* Gita Milana Aprilia **ID**
Lin Thu Oo **MM**
Mya Theingi Khaing **MM**
Pratiwi Sutowo **ID**
Sharon Carolyn Macaranas **PH**
* Sumit Punnakari **TH**
Imelda Palacay 彭蕊瓊 **PH**

傳訊主任 Communications Officers

Hei Man Joyce Tam 譚希文 **HK**

健康教育人員 Health Promoters

Seinn Seinn Min **MM**

統籌人員 Coordinators

* Allan De La Rosa **PH**
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Beverly Molina **PH**
Carmelita Manaos **PH**
Cecile Catacutan **PH**
Chenery Ann Lim 林菁菁 **PH**
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Sylvia Bakarbessy **ID**
Wei Zou 鄒緯 **CN**
Yones Mangiri 萬傑烈 **ID**
Yuely Capileno **PH**

上述救援人員於2020年出發，前往下列國家或地區參與救援工作：阿富汗、孟加拉、貝寧、喀麥隆、中非共和國、香港、印度、伊拉克、肯亞、黎巴嫩、利比亞、馬拉維、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、塔吉克斯坦、烏茲別克和也門。當中10名專業人士首次參與前線救援任務，另外，我們在亞洲地區招募了12名專業人員。

統籌人員包括項目總管、項目副總管、項目營運副總管、醫療統籌、項目統籌、項目醫療顧問、財務統籌、財務副統籌、後勤統籌和物資供應鏈統籌。

The above field workers departed for the following countries / areas on mission in 2020: Afghanistan, Bangladesh, Benin, Cameroon, Central African Republic, Hong Kong, India, Iraq, Kenya, Lebanon, Libya, Malawi, Nigeria, Pakistan, Palestine, Philippines, Sierra Leone, South Sudan, Sudan, Syria, Tajikistan, Uzbekistan, Yemen. Ten of the professionals were deployed for their first field assignments, and 12 professionals were newly recruited from the region.

Coordinators include head of mission, deputy head of mission, operational deputy head of mission, medical coordinator, project coordinator, project medical referent, finance coordinator, deputy finance coordinator, logistics coordinator and supply chain coordinator.

全球前線工作概要

Worldwide Operations Highlights

無國界醫生於2020年在全球88個國家和地區進行救援工作的概要：

Below are the highlights of MSF activities in 88 countries and regions in 2020:



進行 Conducted
9,904,200
次門診診症
outpatient consultations



醫治 Treated
2,690,600
宗瘧疾個案 malaria cases



接收 Admitted
877,300
人次入院治療
patients



協助 Assisted
306,800
名婦女分娩，包括剖腹生產
women to deliver babies, including caesarean sections



給予 Cared for
63,500
名病人抗愛滋病第一線藥物治療
patients on first-line antiretroviral treatment



進行 Performed
117,600
宗需要麻醉的大型手術
surgical interventions requiring anesthesia



給予 Cared for
13,800
名第一線治療失敗的病人抗愛滋病第二線藥物治療
patients of first-line failure with second-line HIV antiretroviral treatment



醫治 Treated
29,300
名性暴力受害者
patients for sexual violence



為 Vaccinated
1,008,500
人接種麻疹疫苗以應對疫症爆發
people against measles in response to an outbreak



接收 Admitted
1,026,900
名急症室病人
patients to emergency rooms



醫治 Treated
6,370
名腦膜炎病人
patients for meningitis



接收 Admitted
64,300
名嚴重營養不良兒童接受住院營養治療
severely malnourished children to inpatient feeding programmes



接收 Admitted
13,800
名病人接受結核病第一線治療
patients to first-line tuberculosis treatment programmes



醫治 Treated
6,230
名丙型肝炎患者
patients on hepatitis C



接收 Admitted
2,100
名病人接受抗藥性結核病治療
patients to drug-resistant tuberculosis treatment programmes



進行 Conducted
349,500
次個人精神健康諮詢
individual mental health consultations



醫治 Treated
8,300
名霍亂病人
patients for cholera



為 Distributed
395,000
個家庭提供救援物品
relief items to families



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無國界醫生團隊在香港為街道清潔工進行健康教育，分享如勤洗手和正確佩戴口罩等預防措施的重要，以免感染2019冠狀病毒病。

The MSF team is conducting a health education session with street cleaners in Hong Kong on the importance of prevention measures, such as frequent handwashing and wearing face masks properly, to avoid infection with the COVID-19.

2019冠狀病毒病 疫情大流行 COVID-19 A global pandemic, global impact

縱使2019冠狀病毒病疫情大流行持續肆虐，但在我們工作的國家，這對大部份人來說並非迫在眉睫。人們仍因瘧疾、營養不良和其他疾病死亡，當中不少更因缺乏醫療護理喪命。疫苗接種項目取消，出門限制妨礙人們到診所求醫。

我們努力維持日常工作，避免2019冠狀病毒病引發的漣漪效應和其他疾病死亡個案，如調整醫療指引及以替代方式治療，設法維持愛滋病、丙型肝炎和結核病項目，並保護病人和員工避免感染2019冠狀病毒病。

此外，我們致力彌補醫療護理不足。當伊拉克摩蘇爾市內其他醫療設施因疫情關閉，納布盧斯（Nablus）婦產醫院的員工便盡量填補缺口。但一些地方工作仍因疫情被迫暫停，如巴基斯坦的皮膚利什曼病（cutaneous leishmaniasis）治療項目。

無國界醫生在一月展開2019冠狀病毒病應對工作，支援在港弱勢社群。2至3月，邊境和機場關閉，我們更難運送人員和物資到前線。2020年初，個人防護裝備短缺，難以確保員工和病人得到充足保護，亦凸顯貧富國家資源分配嚴重不均。

我們最初擔心病毒會拖垮大部分資源匱乏地區的醫療系統；雖最終並非如此，我們工作的國家也受影響。在也門亞丁（Aden），我們營運當地僅有兩間2019冠狀病毒病治療中心，處理大量湧入且情況危殆的病人，但治療中心給病人使用的呼吸機常不敷應用，員工也不夠個人防護裝備。

Although the COVID-19 pandemic was ever present, it was a secondary problem for many people in the countries in which we usually work. People continued to die of malaria, malnutrition and other diseases, often for lack of available healthcare. Vaccination campaigns were cancelled, and travel restrictions prevented people from reaching clinics.

We fought to continue our day-to-day work, working to avoid the 'ripple effect' of illness and deaths from other diseases. For example, we largely managed to maintain our HIV, hepatitis C and tuberculosis programmes, with adapted protocols and alternative approaches to provide treatment, while protecting patients and staff from COVID-19.

In other cases, we tried to close gaps in healthcare. Staff in our Nablus maternity hospital, in Mosul, Iraq, increased capacity when other facilities in the city closed because of COVID-19. However, in some places the pandemic forced us to suspend activities; in Pakistan, our treatment programme for cutaneous leishmaniasis was put on standby.

MSF initiated COVID-19 activities in January, assisting vulnerable people in Hong Kong. In February and March, as borders and airports closed, it became increasingly difficult to move supplies and staff to our projects. The scramble to find scarce personal protective equipment (PPE) in early 2020 made it hard to ensure staff and patients were adequately protected, and highlighted glaring inequalities between wealthier and poorer countries.

Although our fears of the virus overwhelming the most under-resourced health systems weren't realised, the countries we work in were not entirely spared. In Yemen, we ran the only two COVID-19 treatment centres in the city of Aden, managing huge influxes of patients in critical condition, often with insufficient ventilators for patients and PPE for staff.

此外，我們也在富裕國家工作，有些更是首次開展項目的國家——祈禱補應對疫情工作的不足。在歐洲和美國，我們協助被當局忽略甚至置之不顧的弱勢社群，包括長者、無家者和移民等感染數字急劇上升的群體。在西班牙、比利時和美國，我們集中在療養院等公共住宿設施展開應對。我們在意大利、瑞士和巴西等多國為無家者及移民提供支援。

2020年，我們隨着對疫情的了解增加調整應對。團隊以電話和網絡進行醫療諮詢，並使用創新技術如立體模擬場景，教導療養院員工控制人流，減低感染機會。

我們亦調整現有醫療設施用途，例如把海地太子港燒傷治療中心、伊拉克摩蘇爾和黎巴嫩巴爾埃利亞斯外科部門，改為專門治療2019冠狀病毒病的醫院。我們為不平等的情況公开发聲，無國界醫生「病者有其藥」項目敦促製藥公司不要利用疫情牟取暴利，呼籲各國政府挑戰2019冠狀病毒病醫療工具專利壟斷，使在我們工作的國家裏的人能更快、更便宜地獲得這些工具。

Meanwhile, our teams found themselves working in wealthy countries – in some cases for the first time – to bridge a knowledge gap in outbreak response. In Europe and The United States (the US), we assisted vulnerable and marginalised groups of people whom the authorities had forgotten, if not abandoned. Among these groups – including the elderly, the homeless and migrants – the rates of the disease soared. In Spain, Belgium and the US, we focused on responding in communal living facilities, including nursing homes. We worked with the homeless and migrants in many countries, including Italy, Switzerland and Brazil.

During 2020, we continuously adapted our response as we gathered more knowledge about the virus. Our teams conducted consultations via telephone or online. We used innovative techniques such as 3D simulations to teach nursing home staff in Spain how to manage a flow of people to reduce infections.

We repurposed existing facilities; for example, transforming our burns treatment centre in Port-au-Prince, Haiti, and our surgical units in Mosul, Iraq and in Bar Elias, Lebanon into COVID-19 hospitals. We spoke out about inequalities, with MSF's Access Campaign urging pharmaceutical companies not to profit from the pandemic and calling on governments to challenge patent monopolies on tools to allow faster, cheaper access to them in the countries where we work.



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停泊於西班牙布利亞納港口的救援船「Sea-Watch 4」。
The Sea-Watch 4 in the port of Burriana, Spain.

懲罰流徙者 Punishing people on the move

2019冠狀病毒病對我們其他範疇工作影響長遠。各國政府以疫情為由，懲罰甚至剝奪移民的權利和服務，藉此限制南蘇丹本提烏和孟加拉科克斯巴扎爾難民營內難民的行動。希臘當局藉詞城市規劃，關閉我們為被困萊斯沃斯島的難民開設的2019冠狀病毒病隔離中心。我們於5月呼籲美國和墨西哥當局停止將人們從疫症熱點地區，大規模驅逐到醫療系統更脆弱的中美洲和加勒比國家。

為協助人們逃離利比亞的惡劣環境，我們盡力維持兩艘救援船「Ocean Viking」和「Sea-Watch 4」在地中海的搜救行動。惟意大利當局不停針對行動，有段時間幾乎所有非政府組織船隻都因無關重要的技術問題被扣留，大幅削弱其搜救能力。9月起，「Sea-Watch 4」被扣留了半年。

COVID-19 had a far-reaching impact on other areas where we work. Governments used the pandemic as an excuse to punish or deprive migrants of their rights and services, imposing restrictions on the movement of refugees in camps in Bentiu, South Sudan, and Cox's Bazar, Bangladesh. The Greek authorities used flimsy town planning-related excuses to close our COVID-19 isolation centre for migrants trapped on Lesbos. In May, we called on the US and Mexican authorities to halt mass deportations of people from pandemic hotspots to countries in Central America and the Caribbean with more fragile health systems.

When possible, we continued our search and rescue activities in the Mediterranean Sea – first on Ocean Viking, and then on Sea-Watch 4 – to assist people fleeing the dire conditions in Libya. But NGO search and rescue efforts were repeatedly targeted by Italian authorities: at one stage virtually all NGO vessels were detained over minor technical issues, leaving little or no NGO rescue capacity in the Mediterranean. The Sea-Watch 4 was detained for six months from September.

歐洲當局對移民和難民維持強硬，致法國巴黎難民營常遭破壞，亦令巴爾幹地區政府持續遣返和虐待難民。希臘莫里亞難民營的嚴厲控制和惡劣環境，使之在9月被燒毀。我們在當地這些地方提供醫療援助和心理支援。

European authorities maintained their hard stance on migrants and refugees, resulting in the routine destruction of camps in Paris, France and continued pushbacks and abuse by authorities in the Balkans. Harsh containment measures and deplorable living conditions in Moria, Greece, led to the camp being burnt to the ground in September. In each of these locations, we provided medical assistance and psychological support.

在衝突地區提供醫療護理 Providing care in conflict zones

2020年5月12日，阿富汗喀布爾的達什特巴爾切（Dasht-e-Barchi）婦產科醫院遇襲，16名母親和1名無國界醫生助產士死亡，我們只能關閉醫院，令當地婦女和嬰兒無法獲得需求極大的產科和新生兒護理。

On 12 May 2020, following an attack on the maternity wing in Kabul's Dasht-e-Barchi hospital, Afghanistan, in which 16 mothers and an MSF midwife were killed, we had no option but to close the facility, thereby depriving women and babies of critically needed obstetric and neonatal care.

在莫桑比克，一場持續多時但鮮為人知的衝突迫使成千上萬人離開家園。我們繼續援助棲身在營地的流離失所者。6月，南蘇丹皮博爾大區族群衝突升溫，我們派出流動醫療隊為逃到叢林的傷者提供緊急醫療護理。

In Mozambique's Cabo Delgado province, where an ongoing, largely invisible conflict has driven thousands from their homes. In June, following an upsurge in intercommunal clashes in Greater Pibor, South Sudan, we sent mobile teams to provide emergency care to the traumatised communities who had fled into the bush.

2020年，整個薩赫勒地區（包括布基納法索、馬里和尼日爾）局勢不穩，暴力持續，大批人流離失所，急需人道援助，團隊竭力應對。

In 2020, instability and violence continued across the Sahel – including in Burkina Faso, Mali and Niger – leading to the mass displacement of people and increasing humanitarian needs, which MSF teams did their best to respond to.

10月，亞美尼亞和阿塞拜疆在納戈爾諾-卡拉巴赫爆發衝突。團隊評估需求和提供緊急援助，並於12月開設恆常項目應對。

In October, conflict broke out between Armenia and Azerbaijan in Nagorno-Karabakh. During the fighting, MSF teams assessed needs and offered emergency assistance, before setting up regular programmes in December.

11月初，埃塞俄比亞總理下令向提格雷北部「提格雷人民解放陣線」採取軍事行動；年底，暴力衝突令數十萬人流離失所。我們為邊境內外的流離失所者和收容社區提供糧食、飲用水、衛生和醫療服務。

In early November, Ethiopia's prime minister ordered military action against the Tigray People's Liberation Front in the northern region of Tigray. By the end of the year, violent clashes had displaced hundreds of thousands of people. Our teams delivered food, water, sanitation services and healthcare to displaced people and host communities on both sides of the border.



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阿富汗喀布爾的達什特巴爾切婦產科醫院遇襲後，停車場的無國界醫生車輛。
MSF Cars in parking lot of Dasht-e-Barchi hospital, Kabul, Afghanistan after the attack on 12 May 2020.



© MSF/Tetiana Gaviuk

南蘇丹皮博爾大區水災。
Flooding in the Greater Pibor Area, South Sudan.

應對天災和疾病

Responding to natural disasters and diseases

我們近年都在應對因氣候變化出現的緊急狀況。在尼日爾尼亞美，暴雨連連引發水災，團隊注意到瘧疾和因農作物失收引致的營養不良個案有所增長，並作出應對。

在薩赫勒地區，氣候變化導致當地畜牧和農業用地失衡。牧民和農民競爭資源，加上當局領導土地使用談判不力，引爆衝突，加劇整個地區的暴力和不穩。

不論有否氣候變化，我們持續應對天災和疾病。2020年，我們協助在薩爾瓦多暴風雨，索馬里、蘇丹和南蘇丹水災，以及洪都拉斯颶風中受災的人們。

我們也在委內瑞拉、尼日利亞、布隆迪和幾內亞等國家開展瘧疾治療和預防項目，並為肯尼亞、埃塞俄比亞、莫桑比克和也門的霍亂和急性水樣腹瀉病人提供治療。

剛果民主共和國持續兩年半的伊波拉疫情在2020年11月結束，當時逾2,300多人死亡。我們在三場疫情爆發時，均為病人提供治療，並協助當局控制疫情。

大規模麻疹疫情由2019年延至翌年，馬里和南蘇丹的疫情致數千名兒童死亡，當中很多從未接受適當醫療護理。我們盡力提供麻疹治療和展開大規模麻疹疫苗接種運動。但2019冠狀病毒病疫情大流行，運動經常中斷或取消。

In recent years, we've responded to emergencies brought on by a changing climate. In Niamey, Niger, where more rains have brought floods, our teams have observed and responded to increases in malaria and malnutrition cases, the latter due to wiped-out crops.

Across the Sahel, climate change has contributed to an imbalance of land available to livestock herders and farmers. The competition over resources and the authorities' inability to negotiate access to land have resulted in conflict between the two groups, adding to the violence and insecurity across the region.

Whether or not they were the consequences of climate change, MSF teams continued to respond to natural disasters and outbreaks of disease. In 2020, we assisted people affected by storms in El Salvador, floods in Somalia, Sudan and South Sudan, and a hurricane in Honduras.

Our teams also ran malaria treatment and prevention campaigns in countries such as Venezuela, Nigeria, Burundi and Guinea, and treated patients with cholera and acute watery diarrhoea in Kenya, Ethiopia, Mozambique and Yemen.

More than two and a half years of consecutive Ebola outbreaks in DRC ended in November 2020, by which time over 2,300 people had died. MSF teams treated patients and assisted the authorities to control all three outbreaks.

The large-scale measles epidemics of 2019 persisted into 2020, outbreaks in Mali and South Sudan have killed thousands of children, many without ever receiving proper medical care. Where possible, MSF teams provided treatment and undertook mass vaccination campaigns; the latter were frequently interrupted or cancelled though, due to COVID-19, as were routine vaccinations.

特寫 Feature

走進抗疫最前線

Stories from the Field in the Time of Pandemic

2019冠狀病毒病疫情大流行不但令到我們工作的許多地方，醫療需求大增，而且更為我們在調配前線人員和物資方面，帶來許多新挑戰。儘管困難重重，我們專業盡責的救援人員仍然堅持繼續工作，維持我們的醫療項目運作之餘，並支援應對2019冠狀病毒病疫情的工作。三位來自我們地區的前線同事特別和大家分享箇中感受。他們將自己的醫學專長帶到其他地方，在顛簸的抗疫之路上，帶來改變。

The pandemic has greatly increased medical needs in various places where Médecins Sans Frontières (MSF) teams have been working and brought new challenges in deploying field staff and supplies alike. Despite these layers of challenges, it was incredible to see our dedicated frontline staff in action to keep our medical programmes running while supporting local COVID-19 response. Amongst these frontline staff, there are three voices from our region to tell their stories. They carried on providing medical humanitarian care to another place and made a difference albeit a bumpy road in the time of pandemic.

來自馬來西亞
From Malaysia

在香港應對疫情
Making a difference in Hong Kong



「不少人因疫情失去工作和居所感到徬徨。對他們而言，生存比健康來得重要。我們的同事努力說服他們，身體健康才能改善生活，重新開始。」

“Many people were frustrated when they had lost their jobs or housing due to the pandemic. They abandoned their health in order to live a life. Our colleagues worked hard to persuade them that good health is the key to living a better life and begin again.”

鄭佩瑩，護士
Eliza Chang, Nurse

馬來西亞護士鄭佩瑩在2018年8月加入無國界醫生，並於2020年初香港爆發2019冠狀病毒病之際便來港參與緊急項目。無國界醫生在香港為被忽略的人群，包括長者、無家者、清潔工、視障人士、難民和外籍傭工等，舉辦健康教育對談和管理壓力與焦慮工作坊。

具豐富感染防控經驗的她坦言，應對工作開展初期，猶如摸着石頭過河：「香港是無國界醫生在全球首個展開疫情應對項目的地方，高度城市化的環境跟我們慣常的工作環境很不一樣，所以必須調整既有的應對方式。而且疫情令面對面的活動無法進行，唯有移師網上，但是卻令我們難以直接得知參加者的反應。加上香港資訊科技發達，假新聞、不實資訊迅速散播，導致參加者質疑我們的健康教育內容。」

除推廣身心健康活動外，鄭佩瑩和團隊在2020年6月至9月跟本地非政府組織合作，為無家者提供免費臨時住宿和醫療諮詢。「無家者可能較難採取預防措施和得

Malaysian nurse Eliza Chang joined MSF in August 2018, and became part of the emergency response team working in Hong Kong from the very beginning of the project. At the start of the COVID-19 outbreak in Hong Kong in 2020, MSF started by assisting Hong Kong's vulnerable population, such as the elderly, people experiencing homelessness, street cleaners, the visually impaired, refugees and foreign domestic helpers, who are often neglected in the pandemic. We conducted health education and stress and anxiety management workshops for them.

Even as an experienced infection prevention and control health worker, she admitted that the team had to keep adapting the response through trial and error at the beginning. “Hong Kong was the first place in the world where MSF launched a COVID-19 response project. The extreme urban context is very different from where MSF usually works, so we had to adjust our way of responding. Due to the social restrictions caused by the pandemic, we were not able to conduct face-to-face activities and had to move them online, so it was harder to gauge the responses from our participants.”

到醫療護理。如果不採取適當措施，即使是一宗感染個案也可能造成社區爆發。所以讓他們知道怎樣預防和協助他們保護自己十分重要。」我們的醫療團隊也利用組織在前線的救援經驗，為無家者建立醫療紀錄系統，以便把他們重新連接到本地醫療系統，讓他們可以享有長期及可持續的醫療護理。

「不少人因疫情失去工作和居所感到徬徨。其收入僅能餬口，擔心未來該何去何從。對他們而言，生存比健康來得重要。我們的同事努力說服他們，身體健康才能改善生活，重新開始。」鄭佩瑩很高興看見在同事的努力下，許多受助者決心改善健康，他們亦因為知道身邊有人關心，有需要時有各項服務支援，感到較輕鬆自在。



“At the same time people in this urban society are also exposed to fake news, rumours and incorrect information that spread quickly throughout communities, and this leads them to challenge our information,” says Eliza.

In addition to health and mental wellbeing promotion, Eliza and her teams had also worked with a local NGO from June to September 2020 to support the homeless by providing free temporary shelters and medical consultations. “The homeless may have more difficulty in implementing preventive measures and accessing medical care, and any single case could develop into a community outbreak if those measure are not taken. It is crucial to inform them how to do the prevention and help them to protect themselves.” The medical team also used MSF’s field experience to develop a medical tracker for them, and made sure they were reconnected to the local health system so that they could receive long-term and sustainable medical care.

“Many people were frustrated when they had lost their jobs or housing due to the pandemic. They were living ‘a hand-to-mouth existence’, with the uncertainty of not knowing what the future would bring. They abandoned their health in order to live a life. Our colleagues worked hard to persuade them that good health is the key to living a better life and begin again.” Eliza was glad that team’s effort helped to boost these people’s determination to pursue better health when they were constantly and closely followed up. They felt more relaxed knowing there were people who cared about them and had support services available when they were in need.

2020年6月至9月，無國界醫生為無家者提供免費的基本醫療諮詢。
MSF provides free basic medical healthcare to the homeless in Hong Kong from June to September 2020.

來自中國內地 From Mainland China

在伊拉克應對疫情 Making a difference in Iraq



「當我們盡力而為，病人還是回天乏術，就會覺得很無力，忍不住質疑自己。但當地同事告訴我，我們來到醫院之前，他們要面對深切治療部病人幾乎百分百死亡的痛苦局面，在我們展開項目後，情況已好轉許多，這些說話鼓勵了我。」

“When we made every effort but the patients still died, I felt so powerless and couldn’t help questioning myself. But the local colleague told me that before our arrival, they had to face the plight of nearly 100% mortality. After we started this project, the situation had changed a lot. These words encouraged me at that time.”

劉一雲，深切治療科醫生
Liu Yiyun, ICU doctor

劉一雲是來自上海的深切治療科醫生。2020年10月，她加入了無國界醫生，首個救援任務就被派到伊拉克巴格達的金迪（Al-Kindi）醫院。雖然在參加項目前，她已有9年深切治療工作經驗，但伊拉克還是給她帶來全新挑戰。

在上海的醫院工作時，劉一雲和同事會共同負責12名病人。然而在項目，她和另一名深切治療科醫生和每次輪班的三、四名當地醫生，要照顧24名嚴重或危殆的2019冠狀病毒病人。此外，她還要為沒有深切治療經驗的當地醫護人員上課及提供臨床培訓。

儘管聽了很多簡介，但劉一雲甫抵達金迪醫院時還是有點驚訝。醫護人員的設備有限，因為疫情下的感染風險，醫護人員不准進行呼吸插管這種在深切治療部很常見的做法。這亦表示病人只能接受有限支援。按照感染防控指引，醫護人員必須每6小時換一次口罩，唯物資緊

Liu Yiyun is an ICU doctor from Shanghai. In October, 2020, she went to Al-Kindi hospital, Baghdad, Iraq for her first mission with MSF. Despite her nine years’ experience, she faced new challenges in Iraq.

In Shanghai, Liu Yiyun and her colleagues would take care of 12 patients in an ICU. However, in Baghdad, she and the other ICU doctor, as well as three or four local doctors in each shift would take care of 24 patients with severe or critical symptoms of COVID-19. She also needed to provide classroom and bedside training to local health workers who had no ICU experience.

Even though Yiyun received a lot of briefings, she was still somewhat daunted when she arrived in the Al-Kindi hospital for the first time. Health workers only had limited equipment and were not allowed to use tracheal intubation, which is very common in



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劉一雲在金迪醫院指導一名伊拉克的醫生如何檢查2019冠狀病毒病人。

Liu Yiyun provides technical advice about the examination of a COVID-19 patient to an Iraqi doctor in Al-Kindi hospital.

張，在最艱難的時期，沒有N95口罩，連KN95口罩都快用完，有時候人們只好整天戴着同一個口罩。

病房裏大多數病人都超過60歲。當地人偏好高脂肪高熱量的食物，很多病人超重，且有高血壓、糖尿病和心臟病等長期疾病。濫用抗生素的情況也令病人的抗生素耐藥性十分嚴重。這一切都令治療更困難。另外，很多病人總是來得太遲：「很多人懷疑染疫後，在家裏待了兩星期，或者去過其他診所、醫院，病情沒有好轉才來我們這裏。一些病人來到時已有嚴重二次感染、敗血症休克甚至器官衰竭，很多就這樣救不回來。」

在伊拉克項目首個月，劉一雲難以接受深切治療部的病人死亡率如此高。她說：「當我們盡力而為，病人還是回天乏術，就會覺得很無力，忍不住質疑自己。但當地同事告訴我，我們來到醫院之前，他們要面對深切治療部病人幾乎百分百死亡的痛苦局面，在我們展開項目後，情況已好轉許多，他們很感激我們的工作；這些說話鼓勵了我。」

當地醫生很好學，總是格外關注劉一雲的工作細節，想從中學習，救助更多同胞。劉一雲見證了在每一個人的努力下，物資慢慢補足，當地同事快速成長，默契漸長；病人死亡率於10月份降到80%。12月，專門治療2019冠狀病毒病人的新大樓啟用，配備單人病床和足夠的呼吸機，病人死亡率更降到60%。



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the ICU, but which presented risks in the COVID-19 epidemic. That means patients with severe or critical case could only receive limited support. Under the infection prevention guidelines, health workers must replace their masks every 6 hours. But in the most difficult period even KN95 masks were almost used up and sometimes people had to wear the same mask for whole day.

Most of the patients there were over sixty. Many of them were over-weight, accompanied by chronic diseases such as hypertension, diabetes or heart disease, due to the local preference for high-fat and high calorie diet. And the problem of antibiotic resistance is also very serious because of abuse of antibiotics. The delay in getting to hospital was another issue, Yiyun said. "Many of them have stayed at home for two weeks, or went to other clinics when they suspected that they had got COVID-19. After arriving in our hospital, some patients had serious secondary infection, septic shock and even organ failure. Many could not be saved."

In the first month of Yiyun's stay in Iraq, it was difficult for her to accept the high mortality rate in the ICU ward. "When we made every effort but the patients still died, I felt so powerless and couldn't help questioning myself. But the local colleague told me that before our arrival, they had to face the plight of nearly 100% mortality. After we started this project, the situation had changed a lot. They were very grateful for what we had done. These words encouraged me at that time."

Those local doctors were diligent and eager to learn. They paid attention to Yiyun's work all the time, as they wanted to learn more to save their people. Yiyun witnessed that through a collective effort, the ward got better equipped and her local colleagues made rapid progress. In October, the mortality rate dropped to 80%, then 60% in December 2020, when the new building designated to treat COVID-19 patients inside the hospital, with single rooms and adequate ventilators was brought into service.

無國界醫生在金迪醫院專門治療2019冠狀病毒病人的住院病房工作。

MSF runs inpatient ward for COVID-19 patients in Al-Kindi Hospital, Baghdad.

來自菲律賓
From the Philippines

在印尼應對疫情
Making a difference in Indonesia



「前線醫護人員當然擔心受到感染，但除了健康中心有數天因有員工確診被迫關閉之外，他們其餘時間還是繼續前來工作。」

“The frontline health workers would of course be worried about getting infected, but this did not stop them from coming and continuing to work though, unless the health centre itself was forced to be closed for days because of staff testing positive.”

顏奔濤，醫生

Roderick Embuido, Doctor

來自菲律賓的顏奔濤（Roderick Embuido）醫生加入無國界醫生已有12年，並自2020年11月起，擔任印尼項目的醫療統籌，負責與團隊商議醫療策略，同時確保我們的醫療策略能按當地情況與需求推行和調整。

雖然該國有大量具專業資格和技術的人員，但要在資源有限的地區完善推行項目，仍是挑戰重重。顏奔濤指出：「工作人員都明白推行項目的重要和需要，但工作量之大以及各項工作的優先順序相互衝突，使他們難以達至理想效果。」

他還要面對另一項艱鉅挑戰：既要支援病人與弱勢群體，又要確保組織員工、包括在前線應對疫情的醫護人員的安全。「無論是照顧患上2019冠狀病毒病還是其他疾病的病人，都要確保自己的安全。」顏奔濤續道：「前線醫護人員當然擔心受到感染，但除了健康中心有數天因有員工確診被迫關閉之外，他們其餘時間還是繼續前來工作。」

顏奔濤指出，組織在印尼的項目本來聚焦青少年健康問題。印尼大量青少年人口在疫情爆發前，本就面對不少身心健康的挑戰。學校受疫情影響關閉，他們只能困在家中，社交互動受限，令問題加劇。

雖然當地人急需對抗疫情大流行並改善整體醫療狀況，但顏奔濤表示：「從組織在印尼兩個工作地區（雅加達首都特區與萬丹）的觀察，疫情和防疫措施一直延長，令印尼民眾的防疫疲勞日益加深。」

我們一直支援當地健康推廣社區參與工作，提高當地人的防疫意識，倡導遵守相關健康指引。然而，當地社區因為對有關禁令厭倦、疫苗接種計劃在全國開展，以及社交媒體流傳假消息等原因，對防疫的態度鬆懈起來。

2019冠狀病毒病非危殆個案的護理不算複雜。印尼現有的專業醫療人員本就有能力應對，也針對疫情大流行培訓了一批年輕醫生與醫療人員。無國界醫生和印尼醫生協會（Indonesian Doctors Association）在2020年就舉辦了相關培訓。不過，顏奔濤認為：「印尼真正的挑戰在於感染病人眾多，最終醫療系統恐怕難以同時應對。」

Filipino doctor Roderick Embuido has been with MSF for 12 years and was appointed as the medical coordinator for MSF in Indonesia in November 2020. His main role is to define the medical strategy together with the team and ensure its implementation, modifying the approach according to changes in context and needs.

It was really challenging to implement programmes fully in areas with limited resources, despite an abundance of qualified and skilled people. “The staff understand the importance and the need to implement the programmes, but it’s difficult for them to do it as well as they would like because of the workload and conflicting priorities,” said Roderick.

One of the biggest problems for him was ensuring the protection of MSF staff while providing support to the patients and vulnerable communities, including other health workers in the front line of the pandemic. “We had to ensure our own protection while taking care of other patients, not just COVID-19 patients,” Roderick explained. “The frontline health workers would of course be worried about getting infected, but this did not stop them from coming and continuing to work though, unless the health centre itself was forced to be closed for days because of staff testing positive.”

Roderick also pointed out that MSF’s key focus in Indonesia was adolescent health. The large adolescent population in Indonesia was prone to physical and mental health issues even before the pandemic. These were aggravated by the closing of schools and restricting them to their houses, limiting their social interactions.

Although there was an urgent need for locals to fight against the pandemic and improve general medical conditions, Roderick said, the will to fight was fading. “Based on observations in the two specific locations in Indonesia where MSF is working (DKI Jakarta and Banten) people are experiencing a growing fatigue from the prolonged pandemic and health restrictions.”

MSF has been supporting the local response through health promotion and community engagement to increase awareness of the pandemic and the need to follow health protocols. But the community has grown complacent because of fatigue from all the restrictions, the rollout of vaccination in the country and the many false bits of information spreading on social media.

The care for non-critical cases of COVID-19 is not very complicated. Indonesia has competent medical professionals that are able to manage them and has also trained a group of young doctors and medical practitioners on COVID-19 response. MSF, together with the Indonesian Doctors Association, ran one of these courses in 2020. Roderick is still concerned though. “I think the challenge will be more on the volume of patients and whether eventually the health system will be able to handle all of them at the same time.”



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無國界醫生的醫療團隊為印尼雅加達南部一條村莊的青少年舉辦有關2019冠狀病毒病的培訓課程。

The MSF medical team conducts COVID-19 training session to adolescents of the village in South Jakarta, Indonesia.

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



無國界醫生前線救援人員李耀輝向無國界醫生支持者分享他參與任務的經歷和挑戰。
MSF field worker Vincent Li Yiu-fai shares with our supporters his experience and challenges in his missions.

行動支援

- 協調捐贈個人防護裝備予香港聖約翰救護機構和湖北省武漢市金銀潭醫院
- 協助在香港的疫情應對工作
- 協助無國界醫生物資供應中心在區內物色新的個人防護裝備供應商
- 推動與東南亞國家聯盟和多個國家的交流合作，讓團隊得以進入該些國家展開和運作項目，應對東南亞地區所面對的問題
- 監察可能在疫情大流行下出現的天災、疫症爆發和其他危機

公眾參與活動

- 兩場實體分享會
- 三場網上研討會

主題：2019冠狀病毒病的應對工作及挑戰、衝突地區進行救援的經歷和障礙

參與人數：逾300名支持者

Operations Support

- Personal Protective Equipment (PPE) donation coordination to Hong Kong St. John Ambulance and Wuhan Jinyintan Hospital, Hubei province
- Support for COVID-19 response activities in Hong Kong
- Sourcing of new PPE supplier in the region for MSF Supply
- Facilitation of operational access and engagement with ASEAN and other countries for issues within and beyond the region
- Monitoring of natural disasters, disease outbreaks and other emergencies that might have occurred in the pandemic

Public engagement activities:

- 2 face-to-face sharing sessions
- 3 webinars

Topics: MSF COVID-19 response and challenges, providing humanitarian aid in conflict zone

Number of audience: over 300 supporters

中國內地 Mainland China

- 參加由商務部國際貿易經濟合作研究院主辦的中國與國際發展論壇，討論危機應對及中國在2019冠狀病毒病下的角色
- 支援在朝鮮民主主義人民共和國初開設的項目，協助項目改善當地獲得醫療物資的情況
- 支援跟中國內地就丙型肝炎病毒的創新醫療方式共同協作
- 舉辦網上分享，介紹行動後勤支援、氣候變化對人道工作的影響，以及發展中國家病人獲得藥物的機會
- Participation in the Forum on Mainland China and International Development hosted by Academy of International Trade and Economic Cooperation, Ministry of Commerce, as a panelist of Crisis Response and Mainland China's role under COVID-19
- Facilitation of access of medical supply for the operation in the Democratic People's Republic of Korea (DPRK)
- Support for engagement with Mainland China in medical innovation on hepatitis C treatment
- Online sharing sessions to introduce logistician support in operations, impact of climate change on humanitarian actions and access to medicines for patients in developing countries

東南亞 Southeast Asia



無國界醫生製作了一本兒童互動圖書，以淺白易懂的方式向兒童講解2019冠狀病毒病；在印尼，我們與大型電視台網絡Kompas合作發佈新書。

MSF produces a COVID-19 Activity Book for Children, which seeks to help kids understand the pandemic through simple explanations. In Indonesia, we collaborate with Kompas, a major local television network for the launch of this activity book.

跨區域

推出網上及實體2019冠狀病毒相關材料以進行健康推廣：

- 「在2019冠狀病毒疫情下守護全球最脆弱的一群」影片網誌系列
 - 在 4 個國家錄得270萬次播放
- 5種語言版本的《面對2019冠狀病毒病 我們應怎麼辦？》兒童互動圖書
 - 下載次數約3,000次

Cross-region

- Online and offline COVID-19 materials to support health promotion
- 'Caring for the World's Most Vulnerable Amid the COVID-19 Pandemic' vlogs series featuring MSF field workers in the region
 - 2.7 million video plays across 4 countries
- 'COVID-19 Activity Book' for Children in 5 languages to help kids understand the pandemic
 - around 3,000 downloads

印尼

- 舉辦撲滅2019冠狀病毒謠言的社交媒體活動
- 舉辦多場跟專業機構及大學合作的講座
- 舉辦社交媒體直播
- 與醫生協會提供2019冠狀病毒相關訓練
 - 獲超過20篇媒體報導

Indonesia

- COVID-19 myth buster campaign on social media to combat misinformation/disinformation
- Talks with professional organisations and universities
- Livestreams on social media
- Collaboration with doctors' associations in COVID-19 trainings
 - over 20 media coverage/publications

馬來西亞

- 發表社論呼籲當局撤銷強制醫療保健提供者舉報非法無證移民獲醫療保健的規定
- 向政府發公開信表明無國界醫生準備就緒，將支援在海上遇險的羅興亞難民，確保其安全
- 製作了數條羅興亞語影片，講述預防感染2019冠狀病毒病措施
 - 與羅興亞數碼媒體公司 R-vision 合作
 - 觀眾為包括身處孟加拉難民營的全球羅興亞人

Malaysia

- An opinion piece calling on authorities to repeal the circular obliging healthcare providers to report illegal undocumented immigrants accessing healthcare
- An open letter to the government expressing that MSF was ready to support the safe disembarkation of Rohingya refugees in distress at sea
- Videos on COVID-19 prevention measures in the Rohingya language
 - in collaboration with Rohingya digital news outlet 'R-vision'
 - watched by Rohingya all over the world, including those in the refugee camps in Bangladesh

菲律賓

- 舉辦關注性暴力的網上活動
 - 供合作機構Likhaan在其網上活動中應用
- 發表關於馬拉維情況、組織在馬尼拉的2019冠狀病毒病應對工作，以及颱風「戈尼」的災後應對的新聞故事

Philippines

- Online campaign on sexual violence
 - For partner organisation Likhaan in its online campaigns
- News stories on Marawi, MSF's COVID-19 response in Manila, and disaster response in the aftermath of typhoon Goni

請上msf.hk/ar 瀏覽完整版
Please visit msf.hk/ar for full version



鳴謝

Acknowledgments

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。

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.

機構

Corporations

Armor Pluses Trading Company Limited
BB Group Company Limited
Bee Music Limited
Consolidated Marketing Group Int'L
Wealth Management Limited
Credit Suisse (Hong Kong) Limited
Cushman & Wakefield (HK) Ltd
Deutsche Bank AG
Evercom International Ltd
Global Call Limited
Honesty Trading Development Co., Limited
Human Health Medical Centre
Jebsen & Jessen Group
Nova Dynamic Media Co., Ltd
Ocean Unicorn Technology Limited
Octal Capital Limited
PwC Singapore
Ruang Komunal Indonesia from Facebook
Family Group Company Limited
Tai Shing Group (Holdings) Co Ltd
TMF Hong Kong Limited
Tokachi Gyuu Japanese Restaurant
Vitrox Technologies Sdn. Bhd.

Wilson Garment Accessories (Int'L) Ltd
Winga Apparel Group Ltd
Yata

基金組織

Foundations / Funding bodies

Tunku Abdul Rahman Foundation

專業機構

Professional institutions

Celia P. F. Tang
The Nethersole School of Nursing,
Faculty of Medicine,
The Chinese University of Hong Kong
Zhong Lun Law Firm
MDSSC, Queen Elizabeth Hospital

社區團體 / 協會

Community group / association

香港戲劇工程 Hong Kong Theatre Works
佛教長霞淨院

學校

Schools

Choi Wan Saint Joseph's Primary School
Chan Sui Ki Perpetual Help College

Mary Of Providence Primary School
Parents Teacher Association
Diocesan Girls' School
Mei Lam Estate To Kwong Kindergarten
Ying Wah Girl's School

傳媒機構

Media

Philippine Press Institute

辦公室義工

Office volunteers

Ethan Chow
Patrick Fung
Danny Leung
Phoebe Li
Pauline Ng

上述辦事處義工於2020年服務24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。

The office volunteers listed above provided services for 24 hours or more in 2020. We are also thankful to other volunteers who contributed their precious help.

無國界醫生（香港）董事會

Board of Directors of MSF Hong Kong

主席 Presidents	: Dr. Day-seng TAN 陳利晨醫生 ¹	Dr. Shut-wah CHAN 陳述華醫生 ²
副主席 Vice Presidents	: Dr. Shut-wah CHAN 陳述華醫生 ³ Dr. Sartini SAMAN ¹	Dr. Chen-kun LIU 劉鎮鯤醫生 ² Alvin Kuo-jing TEO ²
司庫 Treasurer	: Kwong-wai CHAN 陳廣慧 ¹	
臨時司庫 Interim Treasurer	: Alvin Kuo-jing TEO ²	
成員 Directors	: Dr. Sweet C Barangan ALIPON ¹ Dr. Marlene LEE 李曼寧博士 ¹ Dr. Wilson LI 李威儀醫生	Catherina Philomena Henrica COPPENS Dr. Shannon Melissa CHAN 陳詩瓏醫生 ⁴ Karin Purthany MOORHOUSE 穆嘉玲 ⁴

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 Chairpersons	: Kwong-wai CHAN 陳廣慧 ¹	Alvin Kuo-jing TEO ²
成員 Members	: Benson CHENG 鄭善斌 ⁵ Catherina Philomena Henrica COPPENS Webster Kam-wah NG 吳錦華	Karin Purthany MOORHOUSE 穆嘉玲 ² Carter Ting-cheong CHIM 詹鈺鏘 ⁶ Dennis Wui-wing IP 葉滙榮 ⁷

¹ 2020年8月29日離任 Resigned on 29 Aug 2020

² 2020年8月30日上任 Appointed on 30 Aug 2020

³ 直至2020年8月29日 Until 29 Aug 2020

⁴ 2020年8月29日上任 Appointed on 29 Aug 2020

⁵ 2020年9月30日離任 Resigned on 30 Sept 2020

⁶ 2020年11月9日上任 Appointed on 9 Nov 2020

⁷ 2020年11月11日上任 Appointed on 11 Nov 2020

⁸ 2020年12月1日上任 Appointed on 1 Dec 2020

法律顧問

Legal Advisors

Frederick Hui 許卓傑 Lawrence Hui 許卓倫

截止2020年12月，無國界醫生（香港）共有70名職員，另有5名義工定期協助處理日常工作。

As of December 2020, the MSF Hong Kong has 70 staff and 5 regular office volunteers who help with office tasks.

無國界醫生（香港）2020年度財政概覽 （以港元為單位）

MSF Hong Kong Financial Overview 2020 （in Hong Kong dollar）

	2020	2019
收入 INCOME		
捐款收入 Donations income	414,491,304	501,651,480
其他收入 Other income	1,883,882	1,646,483
總數 TOTAL :	416,375,186 ⁽¹⁾	503,297,963
支出 EXPENDITURE		
社會使命 Social mission		
緊急與醫療救援項目 Emergency and medical programmes	317,425,210 ⁽²⁾	375,577,732
項目支援與發展 Programme support and development	37,410,312	46,686,521
提高公眾關注與倡議 Public awareness and other campaigns	9,097,748	9,550,919
其他人道救援活動 Other humanitarian activities	2,792,078	3,314,803
社會使命總開支 Total social mission	366,725,348 ⁽³⁾	435,129,975
行政經費 Management and general administration	17,108,626	17,420,688
籌款經費 Fundraising	32,420,127	50,550,654
財務費用 Finance cost	165,576	90,573
總數 TOTAL :	416,419,677	503,191,890
匯兌收益 / (損失) 淨額 Net exchange gain / (loss)	44,491	(112,542)
虧損 Deficit	-	(6,469)

截至2020年12月31日止的財務狀況表

	2020	2019
Statement of Financial Position as of 31st December 2020		
非流動資產 Non-current Assets	9,554,675	11,563,821
流動資產 Current Assets		
應收帳款 Debtors	169,968	135,408
押金及預付費用 Deposits and prepayments	3,889,290	3,882,530
應收其他無國界醫生辦事處之帳款 Amount due from MSF entities	7,071,313	5,585,485
現金及銀行結餘 Cash and bank balances	50,050,809	36,395,576
	61,181,380	45,998,999
流動負債 Current Liabilities		
應付帳款與應計費用 Creditors and accrued expenses	6,819,831	4,817,341
租賃負債 Lease liabilities	2,484,510	2,081,622
應付其他無國界醫生辦事處之帳款 Amount due to MSF entities	57,700,119	44,938,635
	67,004,460	51,837,598
淨流動負債 Net Current Liabilities	(5,823,080)	(5,838,599)
非流動負債 Non-current Liabilities	(3,731,595)	(5,725,222)
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2020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2020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；或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 2020. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and have been delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF Hong Kong and were audited by the auditor, KPMG. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2020 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.



99.5% 公眾捐款 Donations from the public
0.5% 其他收入 Other income



88.1% 社會使命 Social mission
7.8% 籌款經費 Fundraising
4.1% 行政經費 Management and general administration

76.2% 緊急及醫療支援項目
Emergency and medical programmes
9.0% 項目支援與發展
Programme support and development
2.2% 提高公眾關注與倡議
Public awareness and other campaigns
0.7% 其他人道救援活動
Other humanitarian activities



46.9% 亞太區及中東
Asia-Pacific and
the Middle East
139,201,741
43.8% 非洲 Africa
130,088,224
6.9% 美洲 The Americas
20,597,334
2.4% 歐洲 Europe
7,177,839

國家或地區 Country or region	撥款 Funding	國家或地區 Country or region	撥款 Funding
剛果民主共和國 Democratic Republic of Congo	22,839,025	埃塞俄比亞 Ethiopia	5,044,674
南蘇丹 South Sudan	18,445,485	幾內亞 Guinea	4,533,564
孟加拉 Bangladesh	18,352,925	烏克蘭 Ukraine	4,333,590
阿富汗 Afghanistan	18,255,392	埃及 Egypt	4,170,689
也門 Yemen	18,106,213	南非 South Africa	2,776,628
黎巴嫩 Lebanon	18,072,685	巴勒斯坦 Palestine	2,750,254
尼日利亞 Nigeria	16,782,602	津巴布韋 Zimbabwe	2,686,118
印度 India	11,789,548	玻利維亞 Bolivia	2,272,330
緬甸 Myanmar	11,000,000	喀麥隆 Cameroon	2,089,429
巴基斯坦 Pakistan	10,813,165	香港 Hong Kong	1,861,235
敘利亞 Syria	10,321,635	莫桑比克 Mozambique	1,472,118
中非共和國 Central African Republic	10,095,942	意大利 Italy	1,294,755
布隆迪 Burundi	9,754,057	印尼 Indonesia	1,139,004
海地 Haiti	9,398,020	突尼西亞 Tunisia	1,000,000
伊拉克 Iraq	8,585,596	巴西 Brazil	955,150
馬里 Mali	8,417,926	巴爾幹半島路線 Migrant Support Balkan Route	848,964
馬拉維 Malawi	8,221,022	比利時 Belgium	700,530
馬來西亞 Malaysia	8,000,000	墨西哥 Mexico	529,799
委內瑞拉 Venezuela	7,436,413	科特迪瓦 Côte d'Ivoire	381,089
塞拉利昂 Sierra Leone	5,676,589	瑙魯 Nauru	154,089
肯尼亞 Kenya	5,536,535	其他國家和地區 Other countries and regions ⁽⁵⁾	170,354

總數 TOTAL : 297,065,138

2020年度財政概覽說明

- (1) 99.5%經費來自公眾捐款。
- (2) 合計297,065,138港元被撥作於45個國家和地區進行緊急及醫療救援項目的經費。19,436,226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，和確保治療愛滋病等需要持續進行的項目能得以繼續。另外923,846港元被撥作無國界醫生前線學術項目的經費，用於根據無國界醫生的醫療指引培訓和提升當地醫護人員的能力。
- (3) 88.1%收入用於履行社會使命。
- (4) 2020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。
- (5) 其他國家和地區包括厄立特里亞、蘇丹、馬達加斯加和洪都拉斯。

Explanatory Notes on Financial Overview 2020

- (1) 99.5% of donations came from public donations.
- (2) A total of HKD297,065,138 was allocated for emergency and medical programmes in 45 countries and regions. HKD19,436,226 of funding is transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies and to ensure that projects treating HIV/AIDS patients where adhesiveness is critical can be sustained. Another HKD923,846 of funding is allocated for the MSF Academic Field projects which is used to train and upskill the local healthcare workers according to MSF medical protocols.
- (3) 88.1% total income went to social mission.
- (4) In 2020, 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.
- (5) Other countries and regions included Eritrea, Sudan, Madagascar and Honduras.

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.

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無國界醫生（香港）活動報告
2020電子版

MSF Hong Kong Activity
Report 2020 online version

msf.hk/ar

在法國沙特奈馬拉布里一個2019冠狀病毒病中心，有50名無家者確診或懷疑染病。我們與當地非政府組織合作，為病人提供社交支援及醫療護理。

In Chatenay-Malabry Covid+ centre (Paris suburbs), there are places for 50 homeless people with confirmed or suspected COVID-19. We provide social support and paramedical/medical care in partnership with NGO.

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