

### 主席和总干事的话

### From the President and the Executive Director



在达伽哈莱营地外, 停着一辆无国界医生 救护车。 An MSF ambulance parked outside Dagahaley camp.

#### 亲爱的朋友:

过去50年,无国界医生一直为全球各地最需要医疗护理的弱势社群提供支援,过程中也遇到种种不同挑战。 2021年,踏入新型冠状病毒肺炎(简称新冠肺炎)疫情 大流行的第二年,我们积极应对之余,亦不忘另一个对 人道工作带来深远影响的问题—— 反恐措施。

全球反恐措施与日俱增,为人道工作带来许多障碍和威胁。许多政府以反恐之名,限制人道组织在某些地方工作,令一些极需要人道救援和医疗服务的人,无法得到援助与治疗。

纵未被限制,在被指为受恐怖主义影响和实施反恐措施的环境下工作,亦令我们工作的难度倍增。一方面,公众不一定认同帮助某些特定人士或群体,同时我们在前线工作时,还要面对恐惧和两难的处境,甚至负上刑责的风险。

据前线团队汇报有关安全事件的统计,国家机构针对人 道工作者进行的袭击、逮捕、拘留和指控,对比非国家 团体更为普遍。在叙利亚,我们被指为恐怖组织。我们 的同事被拘捕和扣留,并被指控与恐怖份子勾结,参与 恐怖活动。我们的病人和同事亦在国家军队攻击医疗设 施时受伤。 Dear friends,

Médecins Sans Frontières (MSF) has been providing medical care to vulnerable communities who need it most for 50 years, facing a range of different challenges along the way. In 2021, the COVID-19 pandemic entered its second year and we responded to the many and complex problems it presented. We were though also concerned a long standing issue - counterterrorism measures, which have had a profound impact on humanitarian work.

These measures have proliferated in countries around the globe and brought many obstacles and threats to humanitarian work. Governments have refused to allow humanitarian work in some places, justifying themselves within their counter-terrorism frameworks. So the people there who need medical care most do not have access to support and treatment.

Even where we have access to the locations, working in places marked with terrorism and counter-terrorism is far more challenging. People are not always positive about assisting particular individuals or groups. The fears, dilemmas and criminalisation associated with this work also affect our staff.

According to the statistics relating to security incidents reported by field teams, attacks, arrests, detentions and accusations levelled against humanitarian staff by state authorities are far more prevalent than those by non-state groups. MSF was considered a terrorist organisation by the government in Syria. Our staff have been arrested, detained and accused of complicity and terrorist activity. Our staff and patients have also been victims of attacks on hospitals by state armies.

尽管在反恐环境下工作困难重重,但往往就是这些地方 的人最需要人道援助。作为医疗人道救援组织,我们坚 守赖以建基的宗旨和核心价值 —— 不偏不倚、中立和 独立,设法治疗急需医疗护理的病人。

疫情大流行第二年,我们继续进行应对工作,支持艰苦 对抗疫情的国家。新冠肺炎疫苗去年问世之初,富裕国 家大量订购,令许多中低收入国家的人无法获得疫苗保 护,我们遂进行倡议,推动全球公平分配疫苗,结束对 新冠肺炎疫苗、治疗及测试工具的专利和垄断。

Working in areas with counter-terrorism policies is full of challenges, and yet people living in these places are the ones who need humanitarian action most. As a medical humanitarian organisation, we are committed to the principles and core values - impartiality, neutrality and independence - on which the organisation has been built and spare no effort to provide medical care to people who need it most.

Last year we continued our response to support countries struggling to deal with COVID-19 in that second year of the pandemic. When the vaccines were made available early last year, high-income countries bought up the majority of vaccines, leaving people in low- and middle- income countries unprotected. We advocated for vaccine equity and an end to patents and monopolies on vaccines, treatments, tests and tools.



我们在华盛顿进行公平接种新冠肺炎疫苗的倡议活动 Our advocacy campaign for COVID-19 Vaccines Equity in Washington, DC.

在因应外部转变调整工作的同时,我们亦经常进行内部 反思和讨论。其中一项重点是有关多元和共融的议题, 以及处理滥权和不当行为。虽然我们已走在正确的道路 上,取得一定进展,但仍需采取更有力措施,确保每宗 相关事件都会受到调查,并要肇事者负上应有责任。

我们无一能幸免于气候危机的威胁,但它对最贫穷和最 脆弱群体的影响,却至为深远。我们有责任共同应对 这场危机,所以我们根据在2020年制定并承诺进行的 环境公约,订下在2030年前将我们的碳足迹减少至 2019年水平之50%的目标。

与50年前无国界医生刚成立相比,今天的世界已截然 不同,挑战和困难也层出不穷,但不变的是我们成立的 信念 — 为世界最需要的人提供医疗护理,减轻其在 生命中承受的苦难。

At the same time as reacting to external changes, we were also reflecting on and discussing some internal issues. One of the more important has been around diversity, inclusion and the management of abuse and inappropriate behaviour within MSF. There has been progress in the right direction, but we still need to take stronger measures to ensure that every single report of abuse or prejudice is investigated, and the perpetrators held to account.

No one is immune to the threat of climate crisis but it hits the poorest and most vulnerable people the hardest. We have to play our part in addressing this crisis. Following on from the Environmental Pact that we made and committed to in 2020, we have pledged to reduce our carbon footprint by 50 per cent compared to 2019 levels by 2030.

The world has changed a lot since MSF was founded 50 years ago, and the challenges and difficulties facing us have also changed. However, our core commitments remain the same: to alleviate the suffering of people most in need by providing medical care to them.



无国界医生(香港)主席 Dr. Shut-wah Kenneth Chan President, MSF Hong Kong



童静漪 无国界医生(香港)总干事 Jenny Tung Executive Director, MSF Hong Kong

### 全球前线工作概要

### **Worldwide Operations Highlights**

无国界医生于 2021 年在全球 72 个国家和地区进行救援工作的概要:

Below are the highlights of MSF activities in 72 countries and regions in 2021:



进行 Conducted

12,592,800次

门诊诊症

outpatient consultations



接收 Admitted

**1,044,000**人

入院治疗

patients



接收 Admitted

1,264,500名

急诊室病人

patients to emergency rooms



为 Vaccinated **3,100,000**人 接种常规疫苗

people routinely



为 Vaccinated

**1,628,600**人

接种麻疹疫苗 以应对疫症爆发

people against measles in response to an outbreak



进行 Performed

111.800宗



缝合等需要麻醉的外科手术 surgical interventions

involving the incision, excision, manipulation or suturing of tissue, requiring anaesthesia



治疗 Treated **2,681,500**宗 疟疾个案 malaria cases



医治 Treated **50,200**名 霍乱病人 people for cholera



接收 Admitted

**203,400**名

营养不良儿童 接受门诊营养治疗

malnourished children to outpatient feeding programmes



在无国界医生直接护理下, 接受抗艾滋病药物治疗的病人 People on HIV antiretroviral treatment under direct MSF care





第二线 Second-line

**7,330**人



进行 Conducted 161,300次 糖尿病诊症

diabetes consultations



接收 Admitted 15,400名

病人接受结核病 第一线治疗

people to first-line tuberculosis treatment



接收 Admitted

1,840名

病人接受耐多药 结核病治疗

people to multidrugresistant tuberculosis treatment



协助 Assisted **317,300**名 妇女分娩,包括剖腹生产 women to deliver babies, including caesarean sections



医治 Treated **34,800**名 性暴力受害者 people for sexual violence



接收 Received

**35,200**名

妇女和女孩进行安全堕胎护理 women and girls for safe abortion care



进行 Conducted **383,300**次 个人心理健康咨询

individual mental health consultations



分发救援物资给

Distributed relief items to

639,000↑

家庭 families

上述数据包含直接、遥距支援及协调活动。这些概要只是大约概 述了大部分无国界医生的活动,不能被视为是完整或详尽版本。 数据可能有所变更;任何增补或修改将包含在本报告的网上版本, 欢迎浏览 msf.org。

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

### 年度回顾

### **The Year in Review**

1971年,数名无国界医生义工迈出第一步,开始提供医疗人道救援。历经半个世纪,2021年有超过63,000人将这项工作延续下去,在超过70个国家为人们提供医疗护理。

Half a century since a handful of volunteers from MSF took our first steps in 1971 in providing humanitarian medical assistance, over 63,000 people continued this work in 2021, providing care to people across more than 70 countries.

### 埃塞俄比亚提格雷的创伤和悲剧

2021年,仅少数地方对拯救生命的医护人员的需求高于埃塞俄比亚。该国北部提格雷地区冲突持续不断,造成广泛破坏——数十万人流离失所,生活在恶劣的条件下,无法获得食物、水和医疗援助。我们在3月公布花了三个月走访该地区的所见所闻,由于缺乏人员和物资,或遭到系统性袭击和抢劫,在七间无国界医生访问的医疗设施中,仅有一间能全面运作。

遗憾的是,我们在提格雷的团队也未能幸免于暴力事件。6月,我们的司机格布雷迈克尔(Tedros Gebremariam Gebremichael)、助理统筹瑞达(Yohannes Halefom Reda)和紧急项目统筹艾尔南德斯(María Hernández)被残酷杀害,直到今天,我们仍不知道是谁人所为及其犯案理由。我们将继续努力为他们的家属找出答案,同时思念和哀悼这三位同事。

### Trauma and Tragedy in Tigray, Ethiopia

Few places in 2021 needed the presence of lifesaving medical workers more than Ethiopia. The ongoing conflict in the country's northern Tigray region has resulted in widespread devastation — hundreds of thousands of people have been displaced and are living in terrible conditions, cut off from food, water and medical assistance. In March, we reported that barely one in seven medical facilities in the region we had visited over a three-month period were fully functioning, either due to a lack of staff and supplies or because they had been systematically attacked and looted.

Our teams in Tigray, sadly, have not been spared the violence. In June, our driver Tedros Gebremariam Gebremichael, our assistant coordinator Yohannes Halefom Reda, and our emergency coordinator María Hernández, were brutally murdered. Even today we do not know with certainty by whom or why; we are continuing to work to find the answers for their families. We miss them and mourn their loss.



提格雷市内随处 可见的流离失所者。 Tigray's cities fill with displaced people. 不论就暴力、进入限制和行政问题而言,都证明提格雷是个对人道团体不友善的环境。由于我们的同事接说,加上无法为身处当地的团队提供补给和支援,我们决定撤离。从8月开始,只有一支团队能不了人。7月下旬以后更完全没有。7月下旬,当局下令无国界医生荷兰分部暂停在埃塞俄下亚行动三个月。经精心策划、蓄意针对非政府组制,是对我们的媒体攻击,以及无法就同事遇害一事得到是对我们的媒体攻击,以及无法就同事遇害一事,别是对我们的媒体攻击,以及无法就同事遇害不可以及无法就同事遇害不可以及无法就同事遇害不可以及无法就同事遇害不可以及在邻国苏丹援助埃塞俄比亚难民。

Between the violence, access constraints and administrative issues, Tigray has proven to be a hostile environment for humanitarian groups to work in. From August, only one MSF team was able to operate in Tigray, and from late November, none at all. This was due to a combination of our decision to withdraw in the wake of our colleagues' murders and the impossibility to supply and support our teams on the ground. In late July, the Dutch section of MSF was ordered by the authorities to suspend activities in Ethiopia for three months. Deliberately orchestrated media attacks on NGOs in general, and on MSF in particular, combined with the lack of answers on the murder of our colleagues, made our activities in Ethiopia particularly difficult to uphold. During that period, we were only able to continue working in one region in the country and with Ethiopian refugees in neighbouring Sudan.

### 在政治动荡下响应人们的需求

缅甸政府在2月被军方接管,增添我们工作的难度,我们无法派遣人员开展活动、汇款支付员工工资或运送补给物资。这些挑战对我们的团队,以及我们为有需要的人提供护理的能力,产生深远的影响。

2021年较早时间,联军从阿富汗撤出,原政府垮台,阿富汗伊斯兰酋长国(即塔利班)于8月,即在迅速夺回统治权力的最后阶段,进入首都喀布尔。我们的团队在其接管过程中一直留在当地,并持续提供医疗护理。由于国际捐款者撤回捐款,加上该国无法取得被冻结的资金和资产,当地比以往任何时候都需要援助,以便解决巨大的医疗需求。2021下半年,原已欠佳的情况进一步恶化,干旱和不断加剧的经济危机,使得前来我们项目求诊的营养不良儿童人数增加。

## Responding to the Needs of People Caught up in Political Turmoil

A military takeover of the government in Myanmar in February complicated our operations, as we were unable to send in people to run our activities, money to pay staff, or supplies. These challenges had a massive impact on our teams and our ability to deliver care to people in need.

Following the withdrawal of coalition forces from Afghanistan earlier in the year, the Islamic Emirate of Afghanistan (also known as the Taliban) entered Kabul in August, in the last stage of a rapid retake of power in the country, as the government collapsed. MSF teams stayed in place throughout the takeover and we have since continued to provide care. This assistance is needed more than ever to address the huge medical needs, as international donors have withdrawn funding and the country is no longer able to access frozen funds and assets. This dire situation was compounded in the second half of the year, when drought and a deepening economic crisis led to an increase in the numbers of malnourished children arriving at our projects.



我们在阿富汗的布斯医院为一名受枪伤的病人 治疗。

We treated a patient for a gunshot wound at the Boost hospital Afghanistan.

### 疫情全球大流行进入第二年

新冠肺炎疫情大流行进入第二年,我们的团队扩大了活动,以应对叙利亚、也门、秘鲁、印度、巴西、南非和委内瑞拉等国家特别严重的疫情。除协助进行感染预防和控制工作,我们也支援病人护理;许多地方的氧气供应量严重不足,我们先后向也门和莱索托等国家的医院捐赠对治疗重症病人至关重要的氧气供应设备,并进行管理。随着新冠肺炎疫苗送达,我们的团队慢慢开始在多个国家,包括黎巴嫩、突尼斯和斯威士兰等展开疫苗接种运动。

无国界医生「病者有其药」项目强调公平分配疫苗和豁免知识产权的必要,以促进疫苗以更大规模、更快速度生产。然而,要成功为人们接种疫苗,往往会遇上挑战,而知识产权和供应问题并非造成此难题的唯一原因:我们的团队要面对执行成本、疫苗犹豫、工作人员抗拒以及广泛流传的错误或虚假讯息等问题;有些国家则因有更紧迫的医疗问题需要解决,因此没有将新冠肺炎病疫苗接种视为优先工作。我们推行措施应对这些挑战,包括网络和线下的健康促进活动。

### A Global Pandemic Enters Its Second Year

As the COVID-19 pandemic continued into a second year, our teams scaled up activities to respond to particularly severe outbreaks in Syria, Yemen, Peru, India, Brazil and South Africa, and Venezuela, among others. As well as assisting with infection prevention and control, we supported patient care. We also donated and managed supplies of oxygen, essential in the treatment of severely sick patients, of which many places experienced critically low supplies, to hospitals in countries such as Yemen and Lesotho. With the arrival of COVID-19 vaccines, our teams slowly started working on vaccination campaigns in several countries, including Lebanon, Tunisia and Eswatini.

MSF's Access Campaign highlighted the need for equitable distribution of vaccines and for an intellectual property (IP) waiver that would facilitate greater, and more rapid, production of vaccines. However, getting shots into people's arms was often a challenge and IP and supply issues were not the only reasons this was difficult: our teams faced implementation costs, vaccine hesitancy, staff resistance, and widespread misinformation or disinformation. Some countries also had more pressing health issues to address and consequently did not consider vaccinating against COVID-19 a priority. We implemented measures to combat these challenges, including digital and on-the-ground health promotion campaigns.



无国界医生流动疫苗团队在黎巴嫩一家疗养院为 一名妇人接种新冠肺炎疫苗。

A woman is being vaccinated against COVID-19 by a member of MSF's mobile vaccination team at a nursing home in Lebanon.

### 协助在危险旅途中的移民

达连峡谷是哥伦比亚和巴拿马交界一片偏远、没有道路的狭长丛林,是南美洲通往北面的唯一陆路通道。2021年,无国界医生团队目睹穿越峡谷的人数急剧增加。除了在丛林内面对山泥倾泻和河水暴涨等自然界威胁,移民还经常成为犯罪集团和人口贩子的牺牲品,被抢劫、殴打、强暴,甚至杀害。我们为在巴拿马这一侧丛林出来的人提供治疗,这些人主要来自古巴或海地,也有来自西非的人。无论从何而来,每个穿越峡谷的人都在美国,将面对穿越墨西哥的危险路途,为的是在美国寻求更好的生活。

**2021**年下半年,白俄罗斯当局被欧盟指控,协助移民和寻求庇护者前往波兰和立陶宛边境,令危机日益政治化。

## Assisting Migrants on Their Dangerous Journeys

In 2021, MSF teams witnessed a sharp rise in the number of people travelling through the Darién Gap, a remote, roadless swath of jungle on the border between Colombia and Panama that is South America's only northbound land route. As well as the jungle's natural dangers, such as land slips and rising river waters, migrants often fall prey to criminal gangs and people traffickers, and are robbed, beaten, raped or even killed. We provided treatment for people emerging from the Panama side of the jungle, who are mainly from Cuba or Haiti, although our teams have seen people from West Africa. Regardless of origin, everyone passing through the Gap is heading north, where they still face the dangerous route through Mexico, in search of a better life in the United States.

In the second half of the year, the Belarusian authorities were accused by the European Union of facilitating the movement of migrants and asylum seekers towards the borders of Poland

波兰当局在边境设置围栏,阻挡人们前进。而白俄罗斯则继续将民众推往边境,人们在寒冷和恶劣的环境下,进退维谷。我们于白俄罗斯境内可前往的地方提供医疗和人道支援,我们亦曾尝试在波兰工作,直到年底不获当局许可进入才离开。在利比亚,针对被关押在拘留中心的移民和难民的严重暴力事件,导致我们在6月至9月间暂停在的黎波里的活动。该国境内的恶劣条件,继续令人们试图穿越世上最致命的移民路线——地中海中部。2021年,我们利用自行租赁的船只 Geo Barents,继续展开地中海救援行动。

and Lithuania. The crisis became political, with border fences erected and people pushed back by Polish authorities. People became stranded literally in the middle, in cold and dismal conditions, as Belarus continued to push people to the border. MSF teams offered medical and humanitarian support where we had access in Belarus; we tried to work in Poland, before leaving at the end of the year, for lack of access being granted by the authorities. In Libya, the severe violence perpetrated against migrants and refugees held in detention centres led us to suspend our activities in Tripoli between June and September. The terrible conditions inside the country continued to push people to attempt to cross the central Mediterranean Sea, the world's deadliest migration route. In 2021, we maintained our search and rescue operations, on a new, self-chartered boat, the Geo Barents.



在雨季,独木舟是将移民从下奇基托 转送至移民接待站的唯一方法, 一般需要数小时。

The only way to transfer migrants from Bajo Chiquito to the ERMs (immigration reception stations) in the rainy season is by canoe.

### 长期暴力为社区带来危机

**2021**年,一些国家的人们和社区因为持续的暴力和冲突 事件,一直处于困境和危机之中。

在刚果民主共和国东北部,特别是北基伍省、南基伍省和伊图里省生活的人,数十年来都面对着可怕的暴力事件。经历刚果民主共和国第12波埃博拉疫情,以及毁灭性的2021年尼拉贡戈火山爆发的北基伍省,居民为逃避军队和当地武装团体经常发生的激烈战斗,四散逃窜,最终在国内流离失所,在环境恶劣,传染病、性暴力和基于性别的暴力充斥的营地生活。



## Chronic Violence Causes Crises across Communities

Enduring violence and conflict across a number of countries in 2021 led to continuing situations of hardship and crisis for people and communities.

People living in northeastern Democratic Republic of Congo (DRC), particularly North Kivu, South Kivu and Ituri provinces, have experienced decades of often horrific levels of violence. In North Kivu province — which experienced both DRC's twelfth Ebola outbreak and the devastating consequences of the eruption of volcano Mount Nyiragongo in 2021 — residents fled in scattered directions to escape the oftenintense fighting occurring between the army and local armed groups. The people who have ended up internally displaced live in often terrible situations in camps, where transmissible diseases and sexual and gender-based violence are common.

In neighbouring Ituri province, even our teams were not immune from the violence; in late October, unknown armed attackers targeted an MSF convoy, injuring two staff. The attack forced us to first suspend our activities, and subsequently close our projects, in two health zones where access to healthcare is largely lacking.

在海地的无国界医生诊所,一名性暴力和基于性别暴力幸存者和她的孩子。 A survivor of sexual and gender-based violence and her child in the MSF clinic in Haiti. 在邻近的伊图里省,我们的团队也无法幸免于暴力事件; 10月底,不明武装攻击者袭击一支无国界医生车队,造成 两名工作人员受伤。袭击使我们不得不暂停活动,其后更在 两个非常缺乏医疗服务的医疗区终止项目。

海地的政治、经济和安全形势在2021年显著恶化,7月总统遇刺,8月又发生毁灭性地震。首都太子港的社区被武装团体占领,他们控制街道,绑架、暴力甚至谋杀变得司空见惯。由于街道极不安全,这些地区的居民无法获得医疗护理。

在喀麦隆的西北和西南英语地区,极端暴力事件持续发生,导致社区难以或无法获得医疗护理。在受武装暴力严重影响的西北地区,喀麦隆当局持续暂停我们的活动,团队被迫撤离。在该国这个完全缺乏人道援助的地区,武装暴力事件令到医疗服务的缺口进一步扩大。

我们的团队在受持续和/或长期暴力影响的社区,包括莫桑 比克的德尔加杜角省、中非共和国和南苏丹的部分地区,应 对大量的医疗需求。 The political, economic and security situations in Haiti significantly deteriorated in 2021, with the July assassination of the president and another devastating earthquake in August. Neighbourhoods in the capital Port-au-Prince have been taken over by armed gangs, who rule the streets, with abductions, violence and even murder becoming commonplace. As the streets are so unsafe, people in these areas are left unable to access healthcare.

In Cameroon, extreme violence in the country's English-speaking North-West and South-West regions has continued, leaving communities with difficult or no access to healthcare. In the North- West region, the forced withdrawal of our teams, due to an ongoing suspension by Cameroonian authorities, and the complete absence of humanitarian assistance in this part of the country, have only served to widen the gaping hole in medical services in an area badly affected by armed violence.

Our teams are present and respond to high medical needs for communities affected by ongoing and/or chronic violence in places including Cabo Delgado province in Mozambique, Central African Republic, and parts of South Sudan.

### 萨赫勒地区的疾病和流离失所问题持续

2021年,萨赫勒地区人民的生活持续恶化,暴力活动进一步蔓延到布基纳法索、马里、尼日尔和尼日利亚,并一次又一次导致人们流离失所。在流离失所者营地内,人们要面对其他风险,例如因卫生条件差而引起的流病和疾病。在尼日利亚西北部,特别是扎姆法拉州的森力事件激增,迫使数千人越过边境,逃往尼日尔,我们的团队在这里治疗的严重营养不良儿童,人数之多,前所未见;我们还在尼日尔和该地区其他国家应对疟疾、麻疹和脑膜炎疫情,这些疾病对营养不良儿童了大其致命。然而,医疗工作却不受尊重——1月份,我们一辆救护车在马里中部遭到武装民兵袭击,导致车上其中一名病人死亡。

## Disease and Displacement Continue in the Sahel

Life for people across the Sahel region continued to deteriorate in 2021, with violence spreading deeper into Burkina Faso, Mali, Niger and Nigeria, and causing waves of displacement. Inside displacement camps, people are exposed to other dangers, such as epidemics and diseases caused by poor sanitation and hygiene conditions. An upsurge in violence in northwestern Nigeria, especially in Zamfara and Katsina states, forced thousands of people to flee over the border into Niger, where our teams treated unprecedented numbers of children for severe malnutrition. We also responded to outbreaks of malaria, measles and meningitis, diseases which are particularly lethal in malnourished children, in Niger and other countries in the region. Even medical care was not respected – in January, an MSF ambulance came under attack by armed militiamen in central Mali, resulting in the death of one of the patients it was transporting.



一名无国界医生护士在布基纳法索 为一名女童进行疟疾快速测试。 An MSF nurse was doing the malaria's rapid test to a young girl in Burkina Faso.

## **Extreme Situations Caused by Extreme**

Whether due to the climate emergency or not, our teams responded to the often-disastrous consequences of extreme weather in 2021.

Severe floods hit South Sudan hard for the third consecutive year. Bentiu displaced people's camp and Mayom were again flooded out. Our teams delivered emergency healthcare and relief items, such as plastic sheeting and mosquito nets, to people. Increased rain due to climate change brought floods to parts of Niger, including the capital, Niamey. For the second year running, we saw unusually high numbers of patients with malaria and malnutrition in Niamey, an area where we have been working for the last 20 years. At the other extreme, a lack of rain and drought in parts of Somalia exacerbated the 'hunger gap' or lean season between harvests. In Madagascar, deforestation worsened a devastating drought, leading to crop failure. In these places, our teams responded to high levels of malnutrition.

**Practical Results for Tuberculosis (TB)** 

In late October, we announced positive early results from the

TB PRACTECAL clinical trial. The trial, which aims to improve

treatment for drug-resistant TB (DR-TB), showed that nearly

nine out of 10 patients were cured using an all-oral drug regimen

for six months. This is a drastic improvement on the standard

two-year regimen, which only cures half of patients and

involves daily painful injections, which often have significant

side effects. These results have prompted the World Health

Organization to update its DR-TB treatment recommendations.

We are enrolling patients for the endTB-Q trial, which seeks

to add to the research to help revolutionise treatment for the

toughest strains of DR-TB. Despite this progress, TB still remains

a neglected disease, where treatment is often ill-adapted to

patients' needs, and where further research on shorter and more

patient-friendly protocols – including on appropriate paediatric



5苏丹,许多因洪水 **流离失所的妇女靠拾柴** 为主要收入来源。 many of the women who have been displaced by the floods in South Sudan, collecting firewood is their primary source of income.

### 结核病治疗的实际成果

10月底,我们公布 TB PRACTECAL 临床试验的正面早 期结果。该试验旨在改善耐药结核病治疗,结果显示, 近九成病人在进行为期六个月的全口服药物疗程后痊愈。 对比为期两年的标准疗程,这是重大进展。按标准的两年 疗程,病人需每天进行痛苦的注射,而且通常会有明显 的副作用,但当中只有一半病人能治愈。这结果令世界卫 生组织更新耐药结核病治疗建议。我们正在招募病人参 加 endTB-Q 试验,希望能加强研究,以便彻底革新针对 最棘手的耐药结核病菌株的治疗。尽管取得进展,但是结 核病仍是被忽视的疾病,治疗通常无法满足病人的需求, 因此有迫切需要,进一步研究更短期、对病人更友善的 方案——包括合适的儿科治疗和诊断。

### 50年人道精神

2021年12月22日,我们和一群记者及医生在巴黎纪念 无国界医生成立50周年。走过半个世纪,我们将继续把 独立和不偏不倚的核心原则,以及启发我们创办人的人 道精神,奉为圭臬。

### **50** Years of Humanity

treatments and diagnostics – is badly needed.

**Treatment** 

On 22 December 2021, we marked the 50th anniversary of the founding of MSF by a group of journalists and doctors in Paris. After 50 years of humanity, we continue to be guided by our core principles of independence and impartiality, and the humanitarian spirit that inspired our founders.

## **Feature**



# 令人遗憾的新常态:

## 在反恐环境下开展人道行动

## **The Regrettable New Normal: Navigating Humanitarian Action in Counter-Terrorism Settings**

弗朗索瓦兹·布歇-索尼耶 无国界医生跨部门法律事务部 无国界医生前法律总监 Françoise Bouchet-Saulnier, former MSF Legal Director, MSF intersectional legal department

说辞之一。1999年,俄罗斯在提到车臣共和国的反恐 行动时,不肯使用「战争」或「武装冲突」等字眼。不 过,2001年9月11日纽约世界贸易中心双子星大楼 袭击事件发生后,这类国家言论已转变为全球打击恐 怖活动的国际法律框架。过去20年,这框架在联合国 的支持下制定和得到认可。

要准确衡量此发展对不偏不倚的人道行动所带来的 具体影响,相当困难,因为人道行动会受到每个特定 冲突的不同特征和发展所影响。然而,反恐框架的 法律影响、它对人道工作者和其进行的活动的安全、 以及获取服务的群体所带来的影响,显而易见。按前 线团队回报有关安全事件的统计数据显示,我们看到 的事件类型有所转变。国家当局对人道工作者的袭 击、逮捕、拘留和指控,远比非国家团体进行的绑架 和袭击更为普遍。

为何无国界医生一直开展的医疗和人道活动,现在可 能会使我们的团队和病人陷入新危机?

国家经常使用反恐论述,作为处理非国际武装冲突的 Counter-terrorism discourse has always formed part of state rhetoric when dealing with non-international armed conflicts. In 1999, the Russian Federation refused to use the words 'war' or 'armed conflict' when talking about counter-terrorism operations in Chechnya. However, since the attack on the Twin Towers in New York on 11 September 2001, this type of state rhetoric has been transformed into an international legal framework for the global fight against terrorism. Over the last two decades, this framework has been developed and validated under the auspices

> It is difficult to precisely measure the specific impact this development has had on impartial humanitarian action, because humanitarian action is influenced by the different characteristics and dynamics of each particular conflict. However, it is clear to see the legal impact of the counter-terrorism framework, and its effect on the security of humanitarian workers and their activities, and on the people they serve. The statistics relating to security incidents reported by field teams reveal a shift in the types of incidents we're seeing. Attacks, arrests, detentions and accusations levied against humanitarian staff by state authorities are far more prevalent than abductions and attacks by non-state groups.

Why is it that the medical and humanitarian activities traditionally conducted by Médecins Sans Frontières (MSF) could now be exposing both our teams and our patients to new dangers?

家的刑事和反恐法律而起。这些法律把某些国际人 道法准许的人道和医疗救援活动刑事化。国际人道 法是适用干国际和非国际武装冲突的法律,包括旨 在保护平民、医疗人员及其所属机构的规则,以及 获得不偏不倚的医疗服务的权利。

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无国界医生有四类活动特别容易被指为与犯罪和恐 怖分子同谋:

- 1. 向居于有争议或被指为恐怖分子或罪犯控制地区 的人,提供人道救援,可能会被视为对恐怖分子 提供物质支持。
- 2. 与被指为恐怖分子的武装组织领袖保持联系,可 能会被视为罪行。
- 3. 基于医疗或人道原因运送涉嫌恐怖或犯罪分子, 可能会被视为无异于组织这些恐怖分子逃走(帮 助他们离开战场或躲藏在医疗设施,使他们能轻 易离开而逃过被问话或逮捕)。
- 4. 在医疗设施向涉嫌为恐怖或犯罪分子的病人提供 治疗,可能会被视为庇护和匿藏犯罪和恐怖分子 的合谋罪行。

这个并非假设性的法律风险,而是已经在几个我们 工作的地方出现。会有这种与刑事检控相关的风 险,原因在于刑事责任由个人承担。尽管无国界医 生对员工作出履行谨慎责任的承诺,但我们并无法 以机构责任来代替个人承担的责任。

这些安全事件有一个共同点,就是它们都是因为国 What these security incidents have in common is that they have resulted from criminal and counter-terrorism laws, imposed by states, that have effectively criminalised certain humanitarian and medical relief activities that are sanctioned by international humanitarian law. International Humanitarian Law, or IHL, is the law of international and non-international armed conflict, and includes rules designed to protect civilians, medical personnel, and their respective structures, and the right to receive impartial

> Four types of activities undertaken by MSF are especially vulnerable to these accusations of criminal and terrorist

- 1. The act of providing humanitarian relief to people living in disputed territories or under the control of groups designated as terrorists or criminals may be considered a form of material support for terrorists.
- 2. The act of maintaining contact with leaders of armed groups designated as terrorists may be considered a crime in and of
- 3. The act of transporting suspected terrorists or criminals for medical or humanitarian reasons may be considered tantamount to organisation of an escape of these alleged terrorists (helping them to leave a battlefield or hide themselves in a medical structure that they will then easily leave without being questioned or arrested).
- 4. The act of providing patients suspected of being terrorists or criminals with treatment in healthcare facilities may also be considered an act of criminal complicity, aimed at providing refuge and at concealing criminals and terrorists.

This legal risk is not hypothetical; it has already materialised in several of the places where we work. The particular risk associated with criminal charges is due to the fact that criminal responsibility is always borne by individuals. Regardless of the commitments made by MSF regarding our duty of care towards our staff, we cannot substitute our institutional responsibility for that incurred by individuals.

Adrienne Surprenant / Collectif Item for MS



在阿富汗昆都士的紧急创伤部门 Emergency Trauma Unit in Kunduz, Afghanistan.

无国界医生因为在未获叙利亚政府同意下,向被指为 生活在被恐怖分子控制地区的人提供物质支援,被当 局视为恐怖组织。无国界医生的员工被逮捕、拘留, 并被指控同谋和参与恐怖活动。

在尼日利亚,军事检控官指控无国界医生为恐怖分子 提供物质支援,其依据是我们向生活在被视为犯罪或 恐怖组织控制下的人提供救援。无国界医生的员工也 因为组织救援活动,进行联系,因此被指与犯罪分子 勾结。在刚果民主共和国,我们的员工因协助联络被 视为犯罪或恐怖分子的组织而被定罪。在喀麦隆,无 国界医生的员工因为在被指受犯罪或恐怖分子控制地 区运送伤者和进行救援活动,因此被控参与恐怖活动 和被拘留。

在叙利亚、也门、阿富汗和其他地方,国家军队袭击 医院,无国界医生的员工和病人也成为受害者。虽 然他们经常声称是误判,但这些袭击的共通点是,受 袭设施通常都是治疗被视为罪犯或恐怖分子的「非平 民」伤者和病人。

自2016年以来,无国界医生一直致力向联合国的最 高层进行政治和法律倡议,以抗衡此趋势,并呼吁成 员国承认国际人道法凌驾于反恐行动和法规之上。

要肯定国际人道法有此凌驾性,国家和国际机构可 使用的主要方法,就是在国家及国际反恐政策中,加 入人道豁免,令人道活动获得豁免,不受反恐限制或

我们呼吁将豁免条款纳入联合国决议,以及在国家法 例加入有关按照国际人道法开展的人道行动的条款 已开始取得成果。在被指为涉及「恐怖主义」的武装 冲突中提供人道和医疗救援,其合法性已再度获肯 定,各国现在必须确保反恐措施不会损害国际人道法 认可的人道救援活动。

这只是第一步。无国界医生捍卫国际人道法,并非因 为轻信法律的力量,而是因为国际人道法坚持治疗 「敌人」和帮助在其控制下的人是一项合法的工作。 国际人道法作为全球共同的语言,对于保护在冲突地 区中工作的团队,仍然至关重要。

对于在前线工作的团队,最有效的保护不仅是充分了 解常见的安全风险,还有那些被用作损害人道救援工 作合法性的新法律风险。要做到这一点,必须有支援 和培训配合,以帮助他们磋商和制定符合国际人道 法,以及能抵挡政府将敌人妖魔化为恐怖分子和将人 道救援刑事化的工作框架和工作方式。



在尼日利亚卡诺,无国界医生霍乱治疗中心的一名护士正在检查病 人的体温。

A Nurse at the MSF Cholera Treatment Centre (CTC) in Kano in Nigeria checks the body temperature of a patient.

Acting without the consent of the government, MSF was considered a terrorist organisation in Syria due to the material support we provided to people living in territories under the control of groups designated as terrorists. MSF staff have been arrested, detained and accused of complicity and terrorist

In Nigeria, the military prosecutor accused MSF of providing terrorists with material support, on the basis of relief activities conducted for people living under the control of groups considered criminal or terrorist. MSF staff have also been accused of colluding with criminal groups as a result of establishing contact for the organisation of relief activities. In the Democratic Republic of Congo, our staff have been convicted for facilitating contacts with groups considered criminal or terrorist. In Cameroon, MSF staff have been charged and detained for complicity in a terrorist crime because they transported wounded people and conducted relief activities in areas controlled by groups considered criminal or terrorist.

MSF staff and patients have also been victims of attacks on hospitals by state armies in Syria, Yemen, Afghanistan and elsewhere. They are often claimed as mistakes, but what these attacks have in common is that they are always on facilities where wounded and sick 'non-civilians', belonging to groups considered criminal or terrorist, are being treated.

Since 2016, MSF has been making efforts to take a stand against this trend through political and legal advocacy to the highest level of the UN, calling on member states to recognise the precedence of the rule of IHL over counter-terrorism operations and regulations.

The main tool to reaffirm this precedence lies in the adoption of humanitarian exemptions in national and international counter-terrorism policies adopted by states and international podies. This tool will allow humanitarian activities to be exempt from the application of counter-terrorism limitations

The call to include exemption clauses in UN resolutions and national legislation for humanitarian action conducted in accordance with IHL has begun to bear fruit. The legitimacy of providing humanitarian and medical relief during armed conflict marked by 'terrorism' has been reaffirmed, and states now have to ensure that counter-terrorism measures do not undermine humanitarian relief activities sanctioned by IHL.

This is just a first step. MSF does not defend IHL out of naivety about the power of law, but because IHL maintains that treating 'enemies' and assisting people under their control is a legitimate enterprise. International Humanitarian Law as common language remains essential for enabling the protection of teams exposed in conflict areas.

The best protection for teams in the field is to have a full understanding of not only the usual security risks, but also the new legal risks that are being instrumentalised to undermine the legitimacy of humanitarian relief activities. This should be backed up with support and training to help them negotiate and formalise an operational framework and work practices that are IHL-compatible, and capable of withstanding the terrorist demonization of the enemy and the criminalisation of humanitarian relief by governments.

中非共和国的 PK12社区于2021年1月13日遭叛军袭击。 PK12 neighborhood came under attack by the rebel forces on 13 January 2021 in Central African Republic.

### 无国界医生(香港)派出的前线救援人员 To the Field





### 医生 Medical Doctors

- 1. \*Aisha Gosingan **PH**
- 2. Alexandra Irene Simanjuntak ID
- Alexandra irene Simanjuntar
   Anna Kathrina De Jesus *PH*
- 3. Allia Ratifilia De Jest
- 4. Ei Mon Khine MM
- 5. Evangeline Cua *PH*
- 6. Francisco Raul Salvador PH
- 7. Honorita Bernasor **PH**
- 8. \*Hui Min Kang **SG**
- 9. Karina Marie Aguilar *PH*
- 10. Kay Khine Zaw MM
- 11. Kyi Pyar Min Htike *MM*
- 12.\*Lim Chin Siah 林振锡 **SG** 13. Made Dewi Samantha **ID**
- 14. Marc Richard Dela Cruz PH
- 14. Marc Richard Dela Cruz P

  15. \*Moe Pyae Thandar MM
- 16.\*Soe Moe MM
- . Soe Moe Wilvi
- 17. Theint Thida Soe MM

### 外科医生 / 骨科医生 Surgeons / Orthopaedic Surgeons

- 18. Ashok Kannan MY
- 19. Chi Cheong Ko 高志昌 *HK*
- 20. Evangeline Cua PH
- 21. Maria Teresa Ingalla *PH*

### 麻醉科医生 Anaesthetists

22. Mafeitziral Bin Mamat MY

### 护士 Nurses

- 23. Cheuk Pong Chiu 赵卓邦 HK
- 24. Chun Yu Pau 鲍隽宇 HK
- 25. Iane Connie Espanta PH
- 26. Ierome Dael PH
- 27. Jerwin Capuras PH
- 28. Jose Vincent Pagarugan PH
- 29.\* Juan Perfecto Rafael Palma PH
- juant enecto karaerran
- 30. Man Hin Chio 赵雯轩 HK
- 31. Romell Nalitan PH

### 助产士 Midwives

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32. Tsz Yan Lee 李芷殷 HK

### 药剂师 Pharmacists

33. Anita Jasmine Vicentillo PH 统筹人员 Coordinators

### 34.\*Sook Han Chong 张淑娴 MY

### 后勤人员 Logisticians

- **35.** Cristina Joy Florence Moya **PH**
- 36.\*Denny Capua TL
- 37. Ismed Ismail ID
- 38. Kaiqi Zhang 张凯淇 CN
- 39. Krishna Tejerero *PH*
- 40. Mohammad Igbal Firdiansjah ID
- 41. Roje Garcia *PH*
- 42. Roman Rhienhardt Ladaw *PH*
- 43. Sarah May ID
- 44. Sharon Carolyn Macaranas **PH**
- **45.**\*Teoh Wei Yee *MY* **46.**\*Yerolla Harapando Sipayung *ID*

### 行政 / 财务人员 Administrators /

**Financial Controllers** 

- 47. Ei Hnin San MM
- 48.\*Gita Milana Aprilia ID
- 49.\*Iven Sufirman ID
- 50. Leda Serbo PH
- 51. Lin Thu Oo MM
- 52. Linda Isack ID
- 53. Mar Lar Kyu *MM*54. Marie Tan Kiak Li *MY*

**Health Promoters** 

**55.** Meixi Guo 郭美汐 **CN** 

56. Seinn Seinn Min MM

健康教育人员

- yu MM 84. Roselyn Morales PH
  - 85. Roslinda Perangin Angin ID

化验室技术员

57. Gay Heyres PH

**58.**\*Abdel Haris Hafiz **ID** 

**59.** Allan De La Rosa **PH** 

63. Cecile Catacutan PH

**64**. Cheryl Armecin **PH** 

**67.**\*Dewi Dwiyanti **ID** 

68.\*Hana Badando PH

**70.** Htay Thet Mar **MM** 

**71**. Htet Aung Kyi **MM** 

**72.** Jan Vincent Sotito **PH** 

73. Jonathan Pillejera PH

**79.** Melvinn Kaibigan **PH** 

**80.** Raffy Matutino **PH** 

82. Rodel Lambatin PH

81. Riezl Magtira PH

77. Linda Isack ID

74. Jose Vincent Pagarugan PH

76. Kit Sum Wong 黄洁心 HK

**75.** Juanita Christina Theodora **ID** 

78. Maria Christina Sarte 沙蒂 PH

66. Denis Dupuis 狄培尔 ID

62. Aung Aung MM

65. Darwin Diaz PH

**60.** Andreas Stefano Sinaga **ID** 

61. Angelika Pattihahuan 帕季夏 ID

69. Hiu Ching Lucina Lau 刘晓静 HK

**Laboratory Technicians** 

- 86. Ruby Golimlim PH
- 87. Sussie Sandra Maria Wirananggapati ID

83. Roman Rhienhardt Ladaw PH

- 88.\*Theingi Aye MM
- 89.\*Veena Pillai MY
- **90.** Wei Zou 邹纬 **CN**
- 90. Wei Zou 邹纬 CN 91.\*Xu Weibing 徐卫兵 CN

\* 没有照片 No photo

#### 我们的前线救援人员来自 Country / Region of Residence

| CN 中国内地 Mainland China | HK 香港 Hong Kong | ID 印尼 Indonesia | MY 马来西亚 Malaysia | MM 缅甸 Myanmar | PH 菲律宾 Philippines | SG 新加坡 Singapore | TL 东帝汶 Timor-Leste

上述救援人员于2021年出发,前往下列国家或地区参与救援工作:阿富汗、孟加拉国、白俄罗斯、布基纳法索、喀麦隆、中非共和国、刚果民主共和国、埃塞俄比亚、几内亚、印度、伊拉克、以色列、肯尼亚、吉尔吉斯斯坦、黎巴嫩、利比亚、马拉维、莫桑比克、尼日利亚、巴基斯坦、巴勒斯坦、菲律宾、塞拉利昂、南苏丹、苏丹、叙利亚、塔吉克斯坦、坦桑尼亚、泰国、土耳其、乌兹别克斯坦、乌克兰和也门。当中13名专业人士首次参与前线救援任务,另外,新招募了13名专业人员。

统筹人员包括项目总管、医疗统筹、副人力事务统筹、项目统筹、项目医疗顾问、财务统筹、副财务统筹、财务及人力事务统筹、后勤统筹、副后勤统筹、物资供应链 统筹、副物资供应链统筹、药物统筹和水利卫生统筹。

The above field workers departed for the following countries / areas on mission in 2021: Afghanistan, Bangladesh, Belarus, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Ethiopia, Guinea, India, Iraq, Israel, Kenya, Kyrgyzstan, Lebanon, Libya, Malawi, Mozambique, Nigeria, Pakistan, Palestine, Philippines, Sierra Leone, South Sudan, Sudan, Syria, Tajikistan, Tanzania, Thailand, Turkey, Uzbekistan, Ukraine, Yemen. 13 of the professionals were deployed for their first field assignments, and 13 professionals were newly recruited from the region.

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

### 无国界医生(香港)亚洲活动概览 Activity Overview of MSF Hong Kong in Asia

### 香港 Hong Kong



陈健华医生(左)和后勤人员李耀辉(中)在「无国界医生日2021」,分享经验。 Dr Akin Chan (left) and electric engineer Prof. Vincent Lee (middle) shared their experiences on MSF Day 2021.

2021年,无国界医生(香港)行动支援组开始统筹甲醇中毒项目。这项由无国界医生与奥斯陆大学医院合作的计划,旨在探讨提高全球甲醇中毒病人存活率的不同方案。我们在这年进行了多项活动,包括在无国界医生有开展行动的地区举行培训,以及向需要应对大型甲醇中毒爆发的卫生部门,提供技术支援,当中特别提供适合当地使用的教材、治疗方案及网上培训。我们整年持续监察全球各地有关甲醇中毒事件的报道,并制定方案以便增加获得「甲基吡唑」(甲醇中毒的解毒剂)的机会。

此外,为了进一步提高人们对这项被忽视的公共卫生危机的认识,无国界医生(香港)举办以「甲醇中毒——致命的非法酿酒」为题的地区网上研讨会,分享在亚洲地区和伊朗的经验,约有200名各地的医疗专业人士参与。无国界医生(香港)半年刊《无疆》亦以甲醇中毒作专题报道,希望引起香港公众对问题的关注。在2021年最后一季,全新的甲醇中毒网站正式推出,载有关于甲醇中毒的主要资讯,包括症状、诊断和治疗;以及治疗方案、教育影片、海报和其他文献等有用资源。

继2020年进行的应对工作,无国界医生(香港)在2021年继续进行心理健康项目。我们的团队为66名在香港工作的外佣代表举行心理社交训练计划,让他们掌握心理健康知识和技巧,例如心理急救、自我照顾、非批判性和积极聆听。与此同时,我们亦为九个本地组织及一些弱势群体提供管理压力和焦虑的工作坊。

In 2021, the Operations Support Unit (OSU) of MSF Hong Kong started coordinating the Methanol Poisoning Initiative (MPi) — a joint venture between MSF and the Oslo University Hospital — that looks at mechanisms to improve the survival of methanol poisoning patients globally. Several activities were carried out in the year, including a refresher training for MSF operations in the region, as well as technical support to missions assisting health authorities facing methanol poisoning outbreaks, in particular with locally adapted materials and treatment protocols, as well as a training webinar. Throughout the year, MPi continued monitoring and surveillance activities to identify global incidents of methanol poisoning where it is reported, and worked on strategies to improve access to fomepizole, an antidote for methanol poisoning.

Additionally, in order to raise greater awareness on this neglected public health crises, MSF Hong Kong organised a regional webinar "Methanol Poisoning: The Illegal Brew That Kills", featuring experiences in the region and Iran, which was attended by approximately 200 health professionals from the region. To highlight this issue to the Hong Kong community, methanol poisoning was also featured in MSF Hong Kong's biannual *Borderline* magazine. Finally, in the last quarter of 2021, MPi launched a new website which contains key information on methanol poisoning including its symptoms, diagnosis and treatment; as well as useful resources such as treatment protocols, educational videos, posters and other literature.

Following on from the initial work in 2020, MSF Hong Kong continued its mental health project in 2021. Our team conducted a Community Care Training Programme for 66 community leaders of foreign domestic workers, empowering them with mental health knowledge and skills, such as psychological first aid, self-care, non-judgemental and active listening. Meanwhile, nine local organisations as well as some vulnerable members of the community received workshops on managing stress and anxiety.

无国界医生在2020年推出的心理健康网站「你好吗」,加入更多新内容。我们也通过社交媒体,向在疫情高峰时期面对较沉重压力的目标群体,推广应对压力和焦虑的技巧和方法。

我们邀请了四名香港救援人员,包括外科医生陈健华、护士郑诣殷、后勤人员李耀辉以及手术室护士许咏琛,担任「无国界医生日2021」荣誉行动大使。通过他们分享的前线经历和故事,让大众更了解我们在前线的工作。

在无国界医生日期间,我们亦同步举行义工活动——地图 马拉松,参加者们付出时间绘制地图,供无国界医生以 及其他前线救援人员使用。

鉴于疫情影响,「救援在野——无国界医生城市定向比赛」首次以揉合线上线下的混合方式进行。在全新的「救援在野」手机应用程式支援下,参赛者在2021年11月期间,自行选择作赛日期和路线。约500名参赛者穿梭各个检查点,体验前线救援人员所面对的挑战。

此外,我们亦举办了两场实体分享会和两场网上研讨会,由救援人员分享在前线进行救援的经历和挑战,共获约 **200**名支持者参加。

为增进儿童对人道救援的认识,我们于2021年7月推出「小小救援伙伴」计划,参与计划的儿童和家长获发「救援任务包」,当中包括任务手册及「前线过三关」游戏卡等小礼物。

The content of the MSF mental health website "How are you", launched in 2020, was further strengthened. The tips and coping strategies for stress and anxiety were proactively promoted on social media to target groups where stress levels were relatively high during the peak of the pandemic.

In Hong Kong, four local field workers, including surgeon Dr. Akin Chan, nurse Ms. Maria Cheng, electrical engineer Prof. Vincent Li and operating theatre nurse, Ms. Samantha Hui were invited as the honorary Campaign Leaders of MSF Day 2021. The general public gained a better understanding of MSF frontline work through the sharing of their field experiences throughout the campaign.

MSF Day 2021 was held along with a volunteering event - Mapathon, where the public were able to help by giving their time in creating maps that could be used by MSF and other organisations for different frontline missions.

In view of the COVID-19 situation in Hong Kong, the MSF Virtual Orienteering Competition 2021 (OC) was held in a hybrid format for the first time, including both virtual and physical components. With the use of a brand new OC mobile app, participants had the flexibility to choose a competition date within November 2021. Around 500 participants planned their own routes, navigating between checkpoints to experience some of the challenges faced by frontline field workers.

We also organised 2 face-to-face sharing sessions and 2 webinars last year. Field workers shared their experience about the challenges that can be encountered while providing humanitarian aid in the frontline. Around 200 supporters attended our events.

The Little Field Partner programme was launched in July 2021 to enhance the understanding by the younger generation of humanitarianism. A welcome pack that includes an activity book and a custom-made game called the "Triple Field Challenge" were given to children and parents who joined the programme.



「小小救援伙伴」计划 The Little Field Partner programme

### 中国内地 Mainland China

在中国内地,无国界医生继续就人道救援及全球卫生治理,分享想法和交流经验。无国界医生柬埔寨项目代表获邀在博鳌亚洲论坛全球健康论坛第二届大会分论坛上,分享在柬埔寨推行大规模丙型肝炎治疗的经验。我们亦关注中国内地的药物和疫苗发展,以供我们的行动应用。例如,近年一些国家(如纳米比亚和南苏丹等)出现戊型肝炎爆发,但全球各地很少有研发戊型肝炎疫苗。经各方努力,我们从中国的生产商采购了全球首支获准使用的戊型肝炎疫苗,并顺利将疫苗运到疫情爆发地区开展接种计划。

新冠肺炎疫情持续,继续成为大众的焦点。我们邀请国内媒体和研究者参与无国界医生的网上研讨会,交流因新冠肺炎疫情而被忽略的其他传染病的资讯,我们亦继续唤起大众对受危机影响人群的关注,包括阿富汗在冲突下的医疗护理、加沙的伤者和流离失所者、中非共和国的性暴力幸存者者等。我们还在北京的医学院和广州的书店举办线上线下救援人员分享会,以增进大众对前线救援工作的了解。

In mainland China, MSF continued to share its experience and exchange ideas on the practical deployment of humanitarian aid and on global health governance. The MSF representative from Cambodia was invited to share their experience of the large scale treatment of hepatitis C in Cambodia at the sub forum of the second conference of Global Health Forum of Boao Forum for Asia in Qingdao. We also closely followed the medicine and vaccine developments in China for possible use in MSF operations. For example, there have been outbreaks of hepatitis E in some countries (such as Namibia and South Sudan) in recent years but there has been little movement on hepatitis E vaccine research and development worldwide. With the efforts of all parties, we purchased the world's first listed hepatitis E vaccine from a Chinese manufacturer, and successfully delivered it to carry out vaccination campaigns in epidemic areas.

With COVID-19 continuing to occupy public attention in China, we invited media and researchers to participate in webinars organised by MSF to exchange information on other infectious diseases overshadowed by COVID-19. We continued to raise awareness of people in crisis, covering topics including medical care under the intense conflicts in Afghanistan, the wounded and displaced in Gaza and survivors of sexual violence in the Central African Republic. We also held online and offline fieldworker sharings in a medical school in Beijing, as well as a bookstore in Guangzhou to increase people's understanding of relief work.

### 东南亚 Southeast Asia

2021年,无国界医生在东南亚展开综合的品牌、筹款和招聘活动,以增加媒体关注、社交媒体支持和更广泛分享我们的声音。当中以马来西亚、印尼和菲律宾不同持份者为对象、以传染病为题的活动最为成功,我们因此增加了超过12,000个支持者,我们举办的网络研讨会也吸引到不同人士——学术界、大学生、专业医疗和非医疗组织、非政府组织和公民社会等参与。

随着 doctorswithoutborders-apac.org 网站推出,提升公众对无国界医生的认识,此举亦协助我们达到募捐和招聘的目标。我们在社交媒体上开设亚太地区账户,并已经在 Facebook 和 Instagram 上获得不俗的关注度、曝光次数和参与度。事实上,我们关于阿富汗、缅甸和罗兴亚人的帖文,更被半岛电视台、美联社、ABS-CBN 新闻、CNN 印尼和菲律宾等机构,甚至澳洲 ABC 新闻等区域媒体,在新闻报道中引用和转发。

我们亦继续在2021年,通过约20场线上活动,继续建立和加深与我们受众的连系。



传染病主题活动推广图片 Main banner used for the regional infectious diseases campaign

In 2021, we ran integrated brand, fundraising and recruitment campaigns in Southeast Asia which increased our media visibility, social media following and share of voice. Our Infectious Diseases campaign was the most successful, targeting different stakeholders in Malaysia, Indonesia and Philippines. That campaign alone generated over 12,000 leads, and the webinars we conducted resulted to engagements with different audiences — academe, university students, professional medical and non-medical organisations, NGOs and civil society, amongst others.

With the launch of our website, doctorswithoutborders-apac.org, we were able to strengthen our brand recognition and facilitated conversions for our fundraising and recruitment objectives. On social media, we started our Asia Pacific (APAC) accounts and we are already seeing good following, impressions and engagement on both Facebook and Instagram. In fact, our online posts on Afghanistan, Myanmar and on the Rohingya are being quoted on news reports and retweeted by agencies such as Al Jazeera, Associated Press, ABS-CBN News, CNN Indonesia and Philippines and even regional media such as ABC News of Australia.

We also continued to build and strengthen engagements with our audiences through about 20 online events and activities in 2021.

### **Acknowledgments**

无国界医生衷心感谢所有捐款人以及下列机构、团体和办事处义工对我们的支持。

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

#### 机构

#### **Corporations**

- Ampco Industries Limited
- ARUP
- Asia Yield Limited
- •BAS (HK) Ltd
- BB Group Company Limited
- Brilliant International Inc Limited
- Collyer Logistics
- Crown Records Management
- Decathlon Hong Kong

### 专业人士 **Professional**

• Celia P. F. Tang

#### 专业机构

#### **Professional Institutions**

• The Nethersole School of Nursing, Faculty of Medicine, CUHK

- Eminence Financial Group
- Evercom International Ltd
- Global Call Limited
- Hong Kong Disneyland Resort
- Hung Fook Tong Group Holdings Limited
- International Planning Group
- New World Development Co Ltd
- NOVA Dynamic Media Co Ltd
- Octal Capital Limited

### 社区团体 / 协会 **Community Groups /**

**Associations** 

 Asian Medical Student Association Hong Kong

- Orient Fair Development Limited
- Samily Group Company Limited
- Tai Shing Group (Holdings) Co Ltd
- Thong Sia Watch Co Ltd
- TMF Hong Kong Limited
- Vision Skill Consulting Limited
- Wilson Garment Accessories (Int'l) Ltd
- Winga Apparel Group Ltd
- Zurich Watch Company Limited

### 办公室义工

#### Office volunteers

- 冯维强 Patrick Fung
- ●陈永安 Peter Chan
- ●梁信彦 Danny Leung
- ●李康琪 Jessica Lee

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

席 President : 陈述华医生 Dr. Shut-wah CHAN

副 主 席 Vice Presidents : 刘镇鲲医生 Dr. Chen-kun LIU 1

陈诗珑医生 Dr. Shannon Melissa CHAN 2

临时司库 Interim Treasurer: 张国靖 Alvin Kuo-jing TEO <sup>1</sup>

司 库 Treasurer : 刘惠玲 Sally Hwee-ling LOW <sup>2</sup>

成 员 Directors : Catherina Philomena Henrica COPPENS

穆嘉玲 Karin Purthany MOORHOUSE 1 李君婷医生 Dr. Kandice Ellen LI 2

林雪芳 Suet-fong LIM 2

张国靖 Alvin Kuo-jing TEO <sup>1</sup> 黄宝妃医生 Dr. Poh-fei WONG 2

李威仪医生 Dr. Wilson LI

陈礼雄医生 Dr. Heru Sutanto KOERNIAWAN 2

Adrio Serafino BACCHETTA 2

### 无国界医生(香港)财务审核及风险委员会

### Finance, Audit and Risk Committee of MSF Hong Kong

主 : 张国靖 Alvin Kuo-jing TEO <sup>1</sup> 席 Chairpersons

成. 员 Members : 詹铤锵 Carter Ting-cheong CHIM

吴锦华 Webster Kam-wah NG

穆嘉玲 Karin Purthany MOORHOUSE 1

刘惠玲 Sally Hwee-ling LOW 2

叶汇荣 Dennis Wui-wing IP

Catherina Philomena Henrica COPPENS 1

李君婷医生 Dr. Kandice Ellen LI <sup>2</sup>

截止2021年12月,无国界医生(香港)共有68名职员,另有4名义工定期协助处理日常工作。

As of December 2021, the MSF Hong Kong has 68 staff and 4 regular office volunteers who help with office tasks.

<sup>&</sup>lt;sup>1</sup> 2021年8月28日离任 Resigned on 28 Aug 2021

<sup>&</sup>lt;sup>2</sup> 2021年8月29日上任 Appointed on 29 Aug 2021

# 无国界医生(香港) 2021年度财政概览 (以港元为单位) MSF Hong Kong Financial Overview 2021 (in Hong Kong dollar)

財政			2021	2020
大き地域人のther income	收入 INCOME			
上記   上記   上記   上記   上記   上記   上記   上記	捐款收入 Donations income		410,895,688	414,491,304
世会使命 Social mission  素急与原介教授項目 Emergency and medical programmes	其他收入 Other income		818,627	1,883,882
#2会使命 Social mission		总数 TOTAL:	411,714,315 (1)	416,375,186
照急与医疗教援項目 Emergency and medical programmes 現り表記 317,425,210 項目支援与发展 Programme support and development 48,942,358 37,410,312 提高公众关注与倡议 Public awareness and other campaigns 1,01,373 9,097,748 1,00 上 1,00 表 2,163,739 2,792,078 1,00 表 2,163,739 1,164,745 1,00 表 2,163,739 1,00 和 2,1	支出 EXPENDITURE			
順目支援与发展 Programme support and development 接觸公众关注 Filip V bullic awareness and other campaigns 月、5017,373 9,097,748 月代の次子注 Filip V bullic awareness and other campaigns 月、5017,373 9,097,748 月代の政策 別のでは 対して は を で	社会使命 Social mission			
提高公众关注与倡议 Public awareness and other campaigns 其他人道教授适动 Other humanitarian activities 2,163,739 2,792,078 社会使命总开支 Total social mission 357,421,767 366,725,348 7(政经费 Management and general administration 17,325,338 17,108,626 筹款经费 Fundraising 36,864,181 32,420,127 财务费用 Finance cost 28数 TOTAL 411,737,851 416,419,677 126,565 165,576 23,536 126,565 165,576 24,4491 25 2021 22,536 23,536 24,499 25 2021 22,536 24,499 25 2021 22,536 24,499 25 2021 22,536 24,499 25 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536 2021 22,536	紧急与医疗救援项目 Emergency and medical programmes		296,813,933 <sup>(2)</sup>	317,425,210
其他人道教援活动 Other humanitarian activities 社会使命息 开支 Total social mission 357,421,767 366,725,348 17,08,626 第数经费 Management and general administration 17,325,338 17,108,626 第数袋费 Fundraising 36,864,181 32,420,127 财务费用 Finance cost 28 TOTAL 126,565 165,576 28 TOTAL 117,37,851 416,419,677 25 位 126,565 165,576 27 23,536 44,491 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,677 25 2021 41,737,851 416,419,675 25 2021 41,737,851 416,419,675 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737,851 416,978 25 2021 41,737 25 2021 41,	项目支援与发展 Programme support and development		48,942,358	37,410,312
社会使命总开支 Total social mission	提高公众关注与倡议 Public awareness and other campaigns		9,501,737	9,097,748
行政经费 Management and general administration 17,325,338 17,108,626 第款经费 Fundraising 36,864,181 32,420,127 财务费用 Finance cost 126,565 165,576 126,565 165,576 2数 TOTAL: 411,737,851 416,419,677 汇兑收益 / (损失 ) 净额 Net exchange gain/(loss) 23,536 44,491 元极				2,792,078
第款经费 Fundraising   36,864,181   32,420,127   対象费用 Finance cost   126,565   165,576   165,576   126,565   165,576   126,565   165,576   126,565   165,576   126,565   165,576   126,565   165,576   126,576   126,576   126,576   126,576   126,576   126,576   126,576   126,575	社会使命总开支 Total social mission		357,421,767 <sup>(3)</sup>	366,725,348
対条费用 Finance cost	行政经费 Management and general administration		17,325,338	17,108,626
总数 TOTAL: 411,737,851 416,419,677 汇兑收益 / (损失 ) 净额 Net exchange gain/(loss) 23,536 44,491 亏损 Deficit 23,536 44,491  截至 2021 年12 月 31 日止的财务状况表 Statement of Financial Position as of 31st December 2021 2021 2020 非流动资产 Non-current Assets 5,593,153 9,554,675 流动资产 Current Assets 56,531 169,968 预付费用及押金 Prepayments and deposits 3,456,610 3,889,290 应收其他无国界医生办事处之账款 Amount due from MSF entities 1,186,652 7,071,313 现金及银行结余 Cash and bank balances 78,449,495 50,050,809 流动负债 Current Liabilities 78,449,495 61,181,380 流动负债 Current Liabilities 9,985,112 6,819,831 租赁负债 Lease liabilities 9,985,112 6,819,831 租赁负债 Lease liabilities 2,441,102 2,484,510 应付其他无国界医生办事处之账款 Amount due to MSF entities 74,847,294 57,700,119 净流动负债 Net Current Liabilities (4,124,220) (5,823,080) 非流动负债 Non-current Liabilities (1,468,933) (3,731,595) 净资产 Net assets (1,468,933) (3,731,595)	筹款经费 Fundraising		36,864,181	32,420,127
正兑收益 / (损失 ) 净额 Net exchange gain/(loss) 23,536 44,491	财务费用 Finance cost		126,565	165,576
世報至 2021年12月31日止的财务状况表 Statement of Financial Position as of 31st December 2021 2021 2020 非流动资产 Non-current Assets 5,593,153 9,554,675 流动资产 Current Assets  应收账款 Debtors 56,531 169,968 预付费用及押金 Prepayments and deposits 3,456,610 3,889,290 应收其他无国界医生办事处之账款 Amount due from MSF entities 1,186,652 7,071,313 现金及银行结余 Cash and bank balances 78,449,495 50,050,809 高动负债 Current Liabilities 78,449,495 61,181,380  流动负债 Current Liabilities 9,985,112 6,819,831 租赁负债 Lease liabilities 2,441,102 2,484,510 应付其他无国界医生办事处之账款 Amount due to MSF entities 74,847,294 57,700,119 序流动负债 Net Current Liabilities (4,124,220) (5,823,080) 非流动负债 Non-current Liabilities (1,468,933) (3,731,595) 净资产 Net assets (1,468,933) (3,731,595)		总数 TOTAL:	411,737,851	416,419,677
截至 2021 年 12 月 31 日止的财务状况表 Statement of Financial Position as of 31st December 2021 2021 2020 非流动资产 Non-current Assets 5,593,153 9,554,675 流动资产 Current Assets 应收账款 Debtors 56,531 169,968 预付费用及押金 Prepayments and deposits 3,456,610 3,889,290 应收其他无国界医生办事处之账款 Amount due from MSF entities 1,186,652 7,071,313 现金及银行结余 Cash and bank balances 78,449,495 50,050,809 高3,149,288 61,181,380 流动负债 Current Liabilities 578,441,102 2,484,510 应付其他无国界医生办事处之账款 Amount due to MSF entities 2,441,102 2,484,510 应付其他无国界医生办事处之账款 Amount due to MSF entities 74,847,294 57,700,119 后流动负债 Net Current Liabilities (4,124,220) (5,823,080) 非流动负债 Non-current Liabilities (1,468,933) (3,731,595) 净资产 Net assets 5	汇兑收益 / ( 损失 ) 净额 Net exchange gain/(loss)		23,536	44,491
#流动资产 Non-current Assets	亏损 Deficit		-	-
#流动资产 Non-current Assets				
#流动资产 Non-current Assets	截至2021年12月31日止的财务状况表			
流动资产 Current Assets  应收账款 Debtors		ember 2021	2021	2020
流动资产 Current Assets  应收账款 Debtors	非流动资产 Non-current Assets		5 593 153	9 554 675
应收账款 Debtors56,531169,968预付费用及押金 Prepayments and deposits3,456,6103,889,290应收其他无国界医生办事处之账款 Amount due from MSF entities1,186,6527,071,313现金及银行结余 Cash and bank balances78,449,49550,050,809流动负债 Current Liabilities83,149,28861,181,380应付账款与应计费用 Creditors and accrued expenses9,985,1126,819,831租赁负债 Lease liabilities2,441,1022,484,510应付其他无国界医生办事处之账款 Amount due to MSF entities74,847,29457,700,119净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets资金余额 Fund Balances			3,373,133	7,331,073
			56 531	169 968
应收其他无国界医生办事处之账款 Amount due from MSF entities1,186,6527,071,313现金及银行结余 Cash and bank balances78,449,49550,050,809流动负债 Current Liabilities83,149,28861,181,380应付账款与应计费用 Creditors and accrued expenses9,985,1126,819,831租赁负债 Lease liabilities2,441,1022,484,510应付其他无国界医生办事处之账款 Amount due to MSF entities74,847,29457,700,119净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets——资金余额 Fund Balances				
现金及银行结余 Cash and bank balances78,449,495 83,149,28850,050,809 61,181,380流动负债 Current Liabilities9,985,112 6,819,831 2,441,102 2,484,510 2,441,102 2,484,510 2,441,102 2,484,510 2,441,102 2,484,510 67,700,119か付其他无国界医生办事处之账款 Amount due to MSF entities74,847,294 87,273,508 67,004,46057,700,119 67,004,460净流动负债 Net Current Liabilities 非流动负债 Non-current Liabilities 分资产 Net assets 资金余额 Fund Balances(1,468,933) (3,731,595)	· · · · · · · · · · · · · · · · · · ·	S		
流动负债 Current Liabilities  应付账款与应计费用 Creditors and accrued expenses 9,985,112 6,819,831 租赁负债 Lease liabilities 2,441,102 2,484,510 应付其他无国界医生办事处之账款 Amount due to MSF entities 74,847,294 57,700,119 87,273,508 67,004,460 净流动负债 Net Current Liabilities (4,124,220) (5,823,080) 非流动负债 Non-current Liabilities (1,468,933) (3,731,595) 净资产 Net assets	现金及银行结余 Cash and bank balances			
应付账款与应计费用 Creditors and accrued expenses9,985,1126,819,831租赁负债 Lease liabilities2,441,1022,484,510应付其他无国界医生办事处之账款 Amount due to MSF entities74,847,29457,700,119净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets			83,149,288	61,181,380
租赁负债 Lease liabilities2,441,1022,484,510应付其他无国界医生办事处之账款 Amount due to MSF entities74,847,29457,700,119净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets	流动负债 Current Liabilities			
应付其他无国界医生办事处之账款 Amount due to MSF entities74,847,29457,700,119净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets	应付账款与应计费用 Creditors and accrued expenses		9,985,112	6,819,831
净流动负债 Net Current Liabilities87,273,50867,004,460非流动负债 Non-current Liabilities(4,124,220)(5,823,080)净资产 Net assets(1,468,933)(3,731,595)资金余额 Fund Balances	租赁负债 Lease liabilities		2,441,102	2,484,510
净流动负债 Net Current Liabilities(4,124,220)(5,823,080)非流动负债 Non-current Liabilities(1,468,933)(3,731,595)净资产 Net assets	应付其他无国界医生办事处之账款 Amount due to MSF entities		74,847,294	57,700,119
非流动负债 Non-current Liabilities (1,468,933) (3,731,595) 净资产 Net assets			87,273,508	67,004,460
净资产 Net assets	净流动负债 Net Current Liabilities		(4,124,220)	(5,823,080)
资金余额 Fund Balances	非流动负债 Non-current Liabilities		(1,468,933)	(3,731,595)
	净资产 Net assets			
累积资金 Accumulated funds	资金余额 Fund Balances			
	累积资金 Accumulated funds		_ (4)	

按照法例,谨此声明,以上陈列数据仅为截至2021年12月31日止年度的指明财务报表(即:法定财务报表)的一部分,并不是完整的财务报表。该报表是根据《香港财务报告准则》以及《公司条例》拟备,并已送呈公司注册处。报表已由无国界医生(香港)董事会认可,并由核数师安永会计师事务所审核。核数师在核数报告中,对报表无保留意见,即认为法定财务报表真实而中肯地反映了组织于截至2021年12月31日止的财务状况和该年度的财务表现。核数师亦没有以强调方式提述须予注意的事项,即核数师对报表没有保留。核数报告内也没有任何根据香港《公司条例》第406(2)、407(2)或(3)条的陈述。这些条例列明,若果财务报表与董事报告不吻合;公司没有备存充份的会计记录:财务报表与会计记录不吻合;或核数师没有取得所有对审计工作而言属必需的资料或解释,核数师必须在其报告内述明。完整财务报表可浏览:msf.orq.cn。

There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e., statutory annual financial statements) for the year ended 31 December 2021. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and have been delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF Hong Kong and were audited by the auditor, Ernst & Young. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2021 and of its financial performance for the year then ended. The auditor did not refer to any matters which they drew by way of emphasis without qualifying their report, which means they did not have reservations about the statements. And they did not include any comments as required under section 406(2), 407(2), or (3) of the HKCO. These sections require the auditor to state in their report if the information in the directors' report is inconsistent with the financial statements; accounting records have not been adequately kept; financial statements are not in agreement with accounting records or they fail to obtain information or explanations necessary for their work. The full set of audited financial statements is available at msf.org.cn.



99.8% 公众捐款 Donations from the public 0.2% 其他收入 Other income



#### 86.8% 社会使命 Social mission

72.1% 紧急与医疗救援项目 Emergency and medical programmes11.9% 项目支援与发展 Programme support and development2.3% 提高公众关注与倡议 Public awareness and other campaigns

0.5% 其他人道救援活动 Other humanitarian activities

9.0% 筹款经费 Fundraising

4.2% 行政经费 Management and general administration

2021年度 香港办事处拨予 各国家或地区 救援工作之款项(港元) 2021 Allocation of MSF Hong Kong Funding for Relief Work by Country or Region (HKD)

52.6% 亚太区及中东

Asia-Pacific and the Middle East

113,699,358

39.1% 非洲 Africa

84,544,203

4.7% 美洲 The Americas

10,250,445

3.6% 欧洲 Europe

7,669,739

国家或地区	拨款
Country or region	Funding
• 刚果民主共和国	
Democratic Republic of Congo	27,287,971
• 也门 Yemen	21,483,025
●巴基斯坦 Pakistan	14,681,169
●尼日利亚 Nigeria	14,366,372
● 印度 India	12,843,852
● 缅甸 Myanmar	10,000,000
• 埃塞俄比亚 Ethiopia	9,909,398
●马来西亚 Malaysia	9,000,000
●叙利亚 Syria	8,946,714
• 南苏丹 South Sudan	8,151,837
<ul><li>孟加拉 Bangladesh</li></ul>	7,980,029
●黎巴嫩 Lebanon	7,270,520
<ul><li>●巴勒斯坦 Palestine</li></ul>	6,738,464
<ul><li>■阿富汗 Afghanistan</li></ul>	6,580,707
●伊拉克 Iraq	5,783,037
• 海地 Haiti	5,065,600
• 中非共和国	
Central African Republic	4,292,131
● 委内瑞拉 Venezuela	3,442,498
<ul><li>乌克兰 Ukraine</li></ul>	3,205,385

• 肯尼亚 Kenya

国家或地区	拨款
Country or region	Funding
● 埃及 <b>Egypt</b>	2,441,775
● 马里 Mali	2,400,254
<ul><li>● 印尼 Indonesia</li></ul>	2,203,646
●布隆廸 Burundi	2,140,853
●塞拉利昂 Sierra Leone	1,828,093
<ul><li>南非 South Africa</li></ul>	1,777,164
●希腊 Greece	1,696,240
<ul><li>● 几内亚 Guinea</li></ul>	1,684,512
● 苏丹 Sudan	1,678,813
●比利时 Belgium	1,567,041
● 莫桑比克 Mozambique	1,346,999
●意大利 Italy	1,075,757
●利比亚 <b>Liby</b> a	1,000,000
<ul><li>● 巴西 Brazil</li></ul>	980,984
<ul><li>津巴布委 Zimbabwe</li></ul>	890,514
●玻利维亚 Bolivia	761,363
<ul><li>■ 喀麦隆 Cameroon</li></ul>	509,767
●菲律宾 Philippines	155,000
●巴尔干半岛路线	
Migrant Support Balkan Route	125,316
其他国家和地区	
Other countries and regions (5)	240,387

总数 TOTAL: 216,163,745

#### 2021年度财政概览说明

- (1) 99.8% 经费来自公众捐款。
- (2)合计216,163,745港元被拨作于44个国家和地区进行紧急及医疗救援项目的经费。80,041,352港元呈交至比利时行动中心,以便为无法预计的紧急灾祸作迅速回应的准备。另外608,836港元被拨作无国界医生前线学术项目的经费,用于根据无国界医生的医疗指引培训和提升当地医护人员的能力。
- (3)86.8% 收入用于履行社会使命。
- (4) 2021年,无国界医生(香港)采取「零储备」政策:所有筹得的捐款,扣除筹款、行政与财务经费及汇兑差额后,全数拨予履行社会使命。
- (5) 其他国家和地区包括科特廸瓦、贝宁、厄立特里亚、香港和马达加斯加。

### **Explanatory Notes on Financial Overview 2021**

(1) 99.8 % of donations came from public donations.

2,630,558

- (2) A total of HKD216,163,745 was allocated for emergency and medical programmes in 44 countries and regions. HKD 80,041,352 of funding was transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies. Another HKD608,836 of funding was allocated for the MSF Academic Field projects which is used to train and upskill the local healthcare workers according to MSF medical protocols.
- (3) 86.8% total income went to social mission.
- (4) In 2021, 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 Cote d'Ivoire, Benin, Eritrea, Hong Kong and Madagascar.

#### 无国界医生章程

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

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

#### The Médecins Sans Frontières Charter

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

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

### 无国界医生(香港)MSF Hong Kong

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22/F, Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong

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(852) 2338 8277 (捐款 / Donation)

传真 Fax : (852) 2337 5442 (查询 / General )

(852) 2304 6081 (捐款 / Donation)

网址 Website : msf.hk

msf-seasia.org

电邮 E-mail : office@hongkong.msf.org

### 无国界医生在广州 MSF in Guangzhou

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Room 1201, 12/F, Block A, Fugian Mansion, No.618-620 JieFangBei Road, Guangzhou

邮编 Postal Code : 510030

电话 Tel : (86) 20 8336 7085 : (86) 10 8532 6717 传真 Fax

网址 Website : msf.org.cn

电邮 E-mail : info@china.msf.org

### 无国界医生在北京 MSF in Beijing

北京市朝阳区三里屯东三街外交公寓2号楼3单元031房间

2-3-31, SanLiTun Diplomatic Residence Compound, SanLiTun Dong San Jie, Chaoyang District, Beijing

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微博





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艾哈穆德与第二个孩子朱利来到我们的 产科诊所。这名年轻的女子住在贝鲁特 -个难民营。她负担不起去其他诊所。 她顺利诞下孩子,但之后突然失血过多 -这是一种罕见的、能威胁性命的并 发症。无国界医生团队立即为她止血, 并给予适切治疗。

Sanaa Al-Hammoud came to our maternity clinic, when she was in labor with her second child Joury. The young woman lives in Beirut in a refugee camp. She couldn't afford to go to some other clinic due to the costs. Sanaa gave birth to her baby normally. After that she suddenly lost a lot of blood - this is a rare, life-threatening complication. The MSF team was able to intervene immediately, stop the bleeding and give appropriate treatment.

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