



無國界醫生（香港）

活動報告 2021

**MSF HONG KONG
ACTIVITY REPORT**

主席和總幹事的話

From the President and the Executive Director



在達伽哈萊營地外，
停泊著一輛無國界醫
生救護車。

An MSF ambulance
parked outside
Dagahaley camp.

© Paul Odongo / MSF

親愛的朋友：

過去50年，無國界醫生一直為全球各地最需要醫療護理的弱勢社群提供支援，過程中也遇到種種不同挑戰。2021年，踏入2019冠狀病毒病疫情大流行的第二年，我們積極應對之餘，亦不忘另一個對人道工作帶來深遠影響的問題——反恐措施。

全球反恐措施與日俱增，為人道工作帶來許多障礙和威脅。許多政府以反恐之名，限制人道組織在某些地方工作，令一些極需要人道救援和醫療服務的人，無法得到援助與治療。

縱未被限制，在被指為受恐怖主義影響和實施反恐措施的環境下工作，亦令我們工作的難度倍增。一方面，公眾不一定認同幫助某些特定人士或群體，同時我們在前線工作時，還要面對恐懼和兩難的處境，甚至負上刑責的風險。

據前線團隊匯報有關安全事件的統計，國家機構針對人道工作者進行的襲擊、逮捕、拘留和指控，對比非國家團體更為普遍。在敘利亞，我們被指為恐怖組織。我們的同事被拘捕和扣留，並被指控與恐怖份子勾結，參與恐怖活動。我們的病人和同事亦在國家軍隊攻擊醫療設施時受傷。

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 - counter-terrorism 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.

儘管在反恐環境下工作困難重重，但往往就是這些地方的人最需要人道援助。作為醫療人道救援組織，我們堅守賴以建基的宗旨和核心價值——不偏不倚、中立和獨立，設法治療急需醫療護理的病人。

疫情大流行第二年，我們繼續進行應對工作，支持艱苦對抗疫情的國家。2019冠狀病毒病疫苗去年問世之初，富裕國家大量訂購，令許多中低收入國家的人無法獲得疫苗保護，我們遂進行倡議，推動全球公平分配疫苗，結束對2019冠狀病毒病疫苗、治療及測試工具的專利和壟斷。

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.



我們在華盛頓進行公平接種2019冠狀病毒病疫苗的倡議活動。
Our advocacy campaign for COVID-19 Vaccines Equity in Washington, DC.

在因應外部轉變調整工作的同時，我們亦經常進行內部反思和討論。其中一項重點是有關多元和共融的議題，以及處理濫權和不當行為。雖然我們已走在正確的道路上，取得一定進展，但仍需採取更有力措施，確保每宗相關事件都會受到調查，並要肇事者負上應有責任。

我們無一能倖免於氣候危機的威脅，但它對最貧窮和最脆弱群體的影響，卻至為深遠。我們有責任共同應對這場危機，所以我們根據在2020年制定並承諾進行的環境公約，訂下在2030年前將我們的碳足跡減少至2019年水平之50%的目標。

與無國界醫生在50年前成立相比，今天的世界已截然不同，挑戰和困難也層出不窮，唯不變的是我們成立的信念——為世界最需要的人提供醫療護理，減輕其在生命中承受的苦難。

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.



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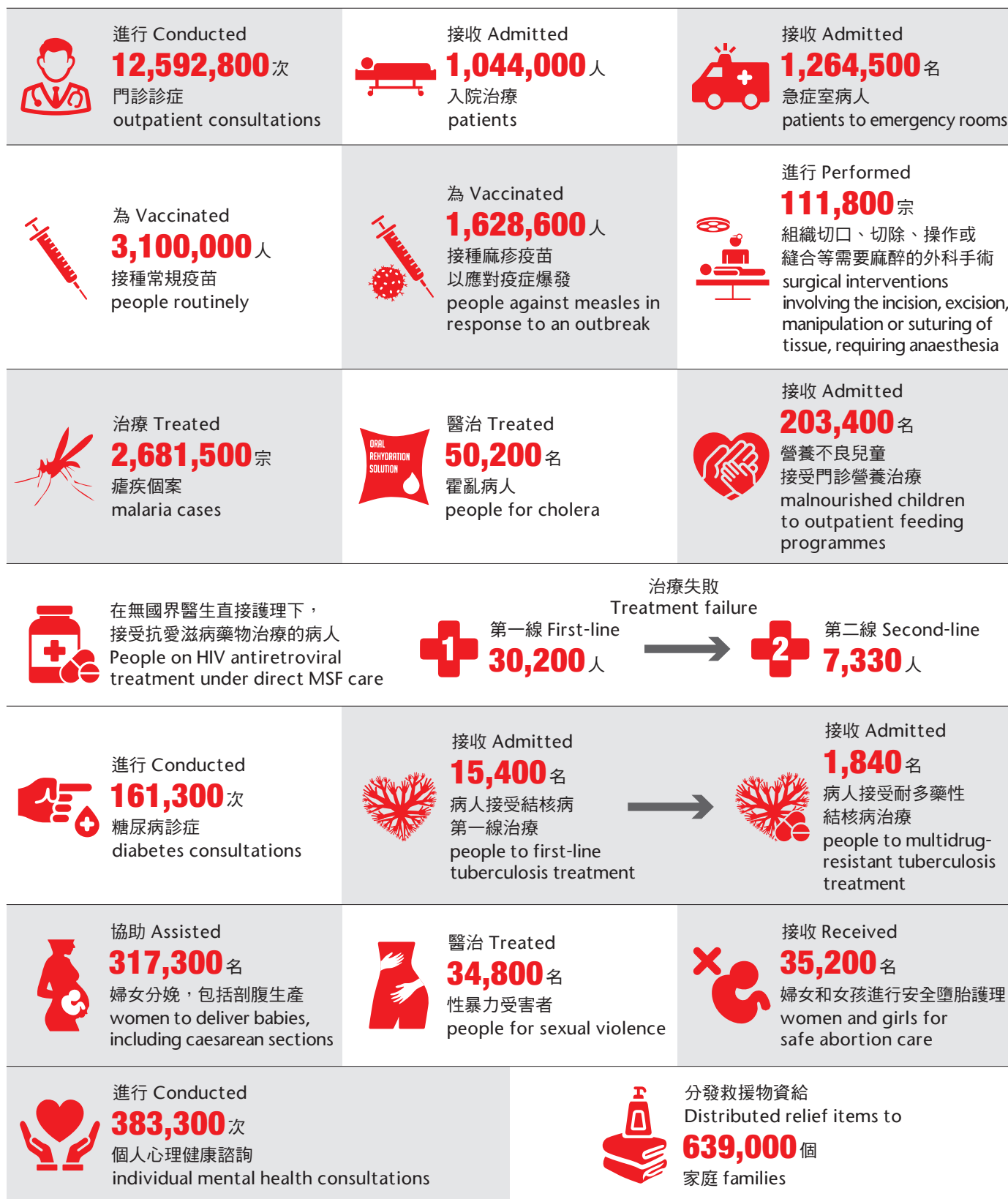
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全球前線工作概要

Worldwide Operations Highlights

無國界醫生於 2021 年在全球 72 個國家和地區進行救援工作的概要：

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



上述數據包含直接、遙距支援及協調活動。這些概要只是大約概述了大部分無國界醫生的活動，但不能被視為是完整或詳盡版本。數據可能有所變更；任何增補或修改將包含在本報告的網上版本，歡迎瀏覽 msf.org。

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

年度回顧

The Year in Review

1971年，數名無國界醫生義工邁出第一步，開始提供醫療人道救援。歷經半個世紀，2021年有超過63,000人將這項工作延續下去，在超過70個國家為人們提供醫療護理。

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.

埃塞俄比亞提格雷的創傷和悲劇

2021年，僅少數地方對救命醫護人員的需求高於埃塞俄比亞。該國北部提格雷地區衝突持續不斷，造成廣泛破壞——數十萬人流離失所，生活在惡劣的條件下，無法獲得食物、水和醫療援助。我們在3月公布花了三個月走訪該地區的所見所聞，由於缺乏人員和物資，或遭到系統性襲擊和搶劫，在七間無國界醫生訪問的醫療設施中，僅有一間能全面運作。

遺憾的是，我們在提格雷的團隊也未能倖免於暴力事件。6月，我們的司機格布雷邁克爾（Tedros Gebremariam Gebremichael）、助理統籌瑞達（Yohannes Halefom Reda）和緊急項目統籌艾爾南德斯（María Hernández）被殘酷殺害，直到今天，我們仍不知道是誰人所為及其犯案理由。我們將繼續努力為他們的家屬找出答案，同時思念和哀悼這三位同事。

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.



提格雷市內隨處可見的流離失所者。Tigray's cities fill with displaced people.

© Igor Barbero / MSF

不論就暴力、進入限制和行政問題而言，都證明提格雷是個對人道團體不友善的環境。由於我們的同事被謀殺，加上無法為身處當地的團隊提供補給和支援，我們決定撤離。從8月開始，只有一支團隊能在提格雷開展工作，而11月下旬以後更完全沒有。7月下旬，當局下令無國界醫生荷蘭分部暫停在埃塞俄比亞活動三個月。經精心策劃、蓄意針對非政府組織，特別是對我們的媒體攻擊，以及無法就同事遇害一事得到答案，都使我們在埃塞俄比亞的工作舉步維艱。在那段期間，我們只能繼續在該國的一個地區工作，以及在鄰國蘇丹援助埃塞俄比亞難民。

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.

在政治動盪下應對人們的需要

緬甸政府在2月被軍方接管，增添我們工作的難度，我們無法派遣人員推行活動、匯款支付員工工資或運送補給物資。這些挑戰對我們的團隊，以及我們為有需要的人提供護理的能力，產生深遠的影響。

2021年較早時間，聯軍從阿富汗撤出，原政府垮台，阿富汗伊斯蘭酋長國（即塔利班）於8月，即在迅速奪回統治權力的最後階段，進入首都喀布爾。我們的團隊在其接管過程中一直留在當地，並持續提供醫療護理。由於國際捐款者撤回捐款，加上該國無法取得被凍結的資金和資產，當地比以往任何時候都需要援助，以便解決巨大的醫療需求。2021年下半年，原已欠佳的情況進一步惡化，乾旱和不斷加劇的經濟危機，令到前來我們項目求診的營養不良兒童人數增加。

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.



我們在阿富汗的布斯醫院為一名受槍傷的病人治療。

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

© Tom Casey / MSF

疫情全球大流行進入第二年

2019 冠狀病毒病大流行進入第二年，我們的團隊擴大了活動，以應對敘利亞、也門、秘魯、印度、巴西、南非和委內瑞拉等國家特別嚴重的疫情。除協助進行感染預防和控制工作，我們也支援病人護理；許多地方的氧氣供應量嚴重不足，我們先後向也門和萊索托等國家的醫院捐贈對治療重症病人至關重要的氧氣供應設備，並進行管理。隨着 2019 冠狀病毒疫苗送達，我們的團隊慢慢開始在多個國家，包括黎巴嫩、突尼西亞和斯威士蘭等展開疫苗接種運動。

無國界醫生「病者有其藥」運動強調公平分配疫苗和豁免知識產權的必要，以促進疫苗以更大規模、更快速度生產。然而，要成功為人們接種疫苗，往往會遇上挑戰，而知識產權和供應問題並非造成此難題的唯一原因：我們的團隊要面對執行成本、疫苗猶豫、工作人員抗拒以及廣泛流傳的錯誤或虛假訊息等問題；有些國家則因有更緊迫的醫療問題需要解決，因此沒有將 2019 冠狀病毒疫苗接種視為優先工作。我們推行措施應對這些挑戰，包括網絡和實體的健康推廣運動。

無國界醫生流動疫苗團隊在黎巴嫩一家療養院為一名婦人接種 2019 冠狀病毒疫苗。
A woman is being vaccinated against COVID-19 by a member of MSF's mobile vaccination team at a nursing home in Lebanon.



© Tracy Makhoul / MSF

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.

協助在危險旅途中的移民

達連峽谷是哥倫比亞和巴拿馬交界一片偏遠、沒有道路的狹長叢林，是南美洲通往北面的唯一陸路通道。2021 年，無國界醫生團隊目睹穿越峽谷的人數急劇增加。除了在叢林內面對山泥傾瀉和河水暴漲等自然界威脅，移民還經常成為犯罪集團和人口販子的犧牲品，被搶劫、毆打、強暴，甚至殺害。我們為在巴拿馬這一側叢林出來的人提供治療，這些人主要來自古巴或海地，也有來自西非的人。無論從何而來，每個穿越峽谷的人都在向北前進，將面對穿越墨西哥的危險路途，為的是在美國尋求更好的生活。

2021 年下半年，白俄羅斯當局被歐盟指控，協助移民和尋求庇護者前往波蘭和立陶宛邊境，令危機日益政治化。

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

波蘭當局在邊境設置圍欄，阻擋人們前進。而白俄羅斯則繼續將民眾推往邊境，人們在寒冷和惡劣的環境下，進退維谷。我們於白俄羅斯境內可前往的地方提供醫療和人道支援，我們亦曾嘗試在波蘭工作，直到年底不獲當局許可進入才離開。在利比亞，針對被關押在拘留中心的移民和難民的嚴重暴力事件，導致我們在6月至9月間暫停的黎波里的活動。該國境內的惡劣條件，繼續令人們試圖穿越世上最致命的移民路線——地中海中部。2021年，我們利用自行租賃的船隻 Geo Barents，繼續展開地中海救援行動。

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，獨木舟是將移民從下奇基托轉送至移民接待站的唯一方法，一般需要數小時。
The only way to transfer migrants from Bajo Chiquito to the ERMs (immigration reception stations) in the rainy season is by canoe.

© Sara de la Rubia / MSF

長期暴力為社區帶來危機

2021年，一些國家的人們和社區因為持續的暴力和衝突事件，一直處於困境和危機之中。

在剛果民主共和國東北部，特別是北基伍省、南基伍省和伊圖里省生活的人，數十年來都面對着可怕的暴力事件。經歷剛果民主共和國第12波伊波拉疫情，以及毀滅性的2021年尼拉貢火山爆發的北基伍省，居民為逃避軍隊和當地武裝團體經常發生的激烈戰鬥，四散逃竄，最終在國內流離失所，在環境惡劣，傳染病、性暴力和基於性別的暴力充斥的營地生活。

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 often-intense 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.



在海地的無國界醫生診所，一名性暴力和基於性別暴力倖存者和她的孩子。
A survivor of sexual and gender-based violence and her child in the MSF clinic in Haiti.

© MSF

在鄰近的伊圖里省，我們的團隊也無法倖免於暴力事件；10月底，不明武裝攻擊者襲擊一支無國界醫生車隊，造成兩名工作人員受傷。襲擊使我們不得不暫停活動，其後更在兩個非常缺乏醫療服務的醫療區終止項目。

海地的政治、經濟和安全形勢在2021年顯著惡化，7月總統遇刺，8月又發生毀滅性地震。首都太子港的社區被武裝團體佔領，他們控制街道，綁架、暴力甚至謀殺變得司空見慣。由於街道極不安全，使這些地區的居民無法獲得醫療護理。

在喀麥隆的西北和西南英語地區，極端暴力事件持續發生，導致社區難以或無法獲得醫療護理。在受武裝暴力嚴重影響的西北地區，喀麥隆當局持續暫停我們的活動，團隊被迫撤離。在該國這個完全缺乏人道援助的地區，武裝暴力事件令到醫療服務的缺口進一步擴大。

我們的團隊在受持續和／或長期暴力影響的社區，包括莫桑比克的德爾加杜角省、中非共和國和南蘇丹的部分地區，應對大量的醫療需求。

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.

薩赫勒地區的疾病和流離失所問題持續

2021年，薩赫勒地區人民的生活持續惡化，暴力活動進一步蔓延到布基納法索、馬里、尼日爾和尼日利亞，並一次又一次導致人們流離失所。在流離失所者營地內，人們要面對其他風險，例如因衛生條件差而引起的流行病和疾病。在尼日利亞西北部，特別是扎姆法拉州和卡齊納州的暴力事件激增，迫使數千人越過邊境，逃往尼日爾，我們的團隊在這裏治療的嚴重營養不良兒童，人數之多，前所未見；我們還在尼日爾和該地區其他國家應對瘧疾、麻疹和腦膜炎疫情，這些疾病對營養不良兒童尤其致命。然而，醫療工作卻未受尊重——1月份，我們一輛救護車在馬里中部遭到武裝民兵襲擊，導致車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.

一名無國界醫生護士在布基納法索為一名女童進行瘧疾快速測試。
An MSF nurse was doing the malaria's rapid test to a young girl in Burkina Faso.



© Mario Fawaz / MSF

極端天氣導致極端情況

無論是否源於氣候危機，我們在2021年都應對了極端天氣經常帶來的災難性後果。南蘇丹連續第三年發生嚴重洪災，本提烏的流離失所者營地和馬約姆再次被洪水淹沒。我們的團隊向人們提供緊急醫療護理和救援物資，例如塑料帆布和蚊帳。氣候變化導致降雨增加，為



無國界醫生 (香港) 派出的前線救援人員 To the Field



醫生 Medical Doctors

- *Aisha Gosigan PH
- Alexandra Irene Simanjuntak ID
- Anna Kathrina De Jesus PH
- Ei Mon Khine MM
- Evangeline Cua PH
- Francisco Raul Salvador PH
- Honorita Bernasor PH
- *Hui Min Kang SG
- Karina Marie Aguilar PH
- Kay Khine Zaw MM
- Kyi Pyar Min Htike MM
- *Lim Chin Siah 林振錫 SG
- Made Dewi Samantha ID
- Marc Richard Dela Cruz PH
- *Moe Pyae Thandar MM
- *Soe Moe MM
- Theint Thida Soe MM

外科醫生 / 骨科醫生 Surgeons / Orthopaedic Surgeons

- Ashok Kannan MY
- Chi Cheong Ko 高志昌 HK
- Evangeline Cua PH
- Maria Teresa Ingalla PH

麻醉科醫生 Anaesthetists

- Mafeitziral Bin Mamat MY

護士 Nurses

- Cheuk Pong Chiu 趙卓邦 HK
- Chun Yu Pau 鮑馮宇 HK
- Iane Connie Espanta PH
- Jerome Dael PH
- Jerwin Capuras PH
- Jose Vincent Pagarugan PH
- *Juan Perfecto Rafael Palma MY
- Man Hin Chio 趙曼軒 HK
- Romell Nalitan PH

助產士 Midwives

- Tsz Yan Lee 李芷殷 HK

藥劑師 Pharmacists

- Anita Jasmine Vicentillo PH
- *Sook Han Chong 張淑嫻 MY

後勤人員 Logisticians

- Cristina Joy Florence Moya PH
- *Denny Capua TL
- Ismed Ismail ID
- *Kaiqi Zhang 張凱淇 CN
- Krishna Tejerero PH
- Mohammad Iqbal Firdiansjah ID
- Roje Garcia PH
- Roman Rhienshardt Ladaw PH
- Sarah May ID
- Sharon Carolyn Macaranas PH
- *Teoh Wei Yee MY
- *Yerolla Harapando Sipayung ID

行政 / 財務人員 Administrators / Financial Controllers

- Ei Hnin San MM
- *Gita Milana Aprilia ID
- *Iven Sufirman ID
- Leda Serbo PH
- Lin Thu Oo MM
- Linda Isack ID
- Mar Lar Kyu MM
- Marie Tan Kiak Li MY

健康教育人員 Health Promoters

- Meixi Guo 郭美汐 CN
- Seinn Seinn Min MM

化驗室技術員 Laboratory Technicians

- Gay Heyres PH

統籌人員 Coordinators

- *Abdel Haris Hafiz ID
- Allan De La Rosa PH
- Andreas Stefano Sinaga ID
- Angelika Pattihahuan 帕季夏 ID
- Aung Aung MM
- Cecilia Catacutan PH
- Cheryl Armecin PH
- Darwin Diaz PH
- Denis Dupuis 狄培爾 ID
- *Dewi Dwiyanti ID
- *Hana Badando PH
- Roman Rhienshardt Ladaw PH
- Sarah May ID
- Sharon Carolyn Macaranas PH
- *Teoh Wei Yee MY
- *Yerolla Harapando Sipayung ID
- Jonathan Pillejera PH
- Jose Vincent Pagarugan PH
- Juanita Christina Theodora ID
- Kit Sum Wong 黃潔心 HK
- Linda Isack ID
- Maria Christina Sarte 沙蒂 PH
- Melvinn Kaibigan PH
- Raffy Matutino PH
- Riezl Magtira PH
- Rodel Lambatin PH
- Roman Rhienshardt Ladaw PH
- Roselyn Morales PH
- Rosinda Perangin Angin ID
- Ruby Golimlim PH
- Sussie Sandra Maria Wirananggapati ID
- *Theingi Aye MM
- *Veena Pillai MY
- Wei Zou 鄒緯 CN
- *Xu Weibing 徐衛兵 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 | MY 馬來西亞 Malaysia | MM 緬甸 Myanmar | PH 菲律賓 Philippines | SG 新加坡 Singapore
 | TL 東帝汶 Timor-Leste

上述救援人員於2021年出發，前往下列國家或地區參與救援工作：阿富汗、孟加拉、白俄羅斯、布基納法索、喀麥隆、中非共和國、剛果民主共和國、埃塞俄比亞、幾內亞、印度、伊拉克、以色列、肯亞、吉爾吉斯斯坦、黎巴嫩、利比亞、馬拉維、莫桑比克、尼日利亞、巴基斯坦、菲律賓、塞拉利昂、南蘇丹、南蘇丹、蘇丹、敘利亞、塔吉克斯坦、坦尚尼亞、泰國、土耳其、烏茲別克、烏克蘭和也門。當中13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13名專業人員。統籌人員包括項目總管、醫療統籌、副人力事務統籌、項目統籌、項目醫療顧問、財務統籌、副財務統籌、財務及人力事務統籌、後勤統籌、副後勤統籌、物資供應統籌、副物資供應統籌、藥物統籌和水利衛生統籌。

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.

* 沒有照片 No photo

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



陳健華醫生 (左) 和後勤人員李耀輝 (中) 在「無國界醫生日2021」, 分享經驗。
Dr Akin Chan (left) and electric engineer Prof. Vincent Lee (middle) shared their experiences on MSF Day 2021.

2021年, 無國界醫生(香港)行動支援組開始統籌甲醇中毒項目。這項由無國界醫生與奧斯陸大學醫院合作的計劃, 旨在探討提高全球甲醇中毒病人存活率的不同方案。我們在這年進行了多項活動, 包括在無國界醫生有開展行動的地區舉行培訓, 以及向需要應對大型甲醇中毒爆發的衛生部門, 提供技術支援, 當中特別提供適合當地使用的教材、治療方案及網上培訓。我們整年持續監察全球各地有關甲醇中毒事件的報道, 並制定方案以便增加獲得「甲基吡唑」(甲醇中毒的解毒劑)的機會。

此外, 為了進一步提高人們對這項被忽視的公共衛生危機的認識, 無國界醫生(香港)舉辦以「甲醇中毒——致命的非法釀酒」為題的地區網上研討會, 分享在亞洲地區和伊朗的經驗, 約有200名各地的醫療專業人士參與。無國界醫生(香港)半年刊《無疆》亦以甲醇中毒作專題報道, 希望引起香港公眾對問題的關注。在2021年最後一季, 全新的甲醇中毒網站正式推出, 載有關於甲醇中毒的主要資訊, 包括症狀、診斷和治療; 以及治療方案、教育影片、海報和其他文獻等有用資源。

繼2020年進行的應對工作, 無國界醫生(香港)在2021年繼續進行心理健康項目。我們的團隊為66名在香港工作的外僑代表舉行心理社交訓練計劃, 讓他們掌握心理健康知識和技巧, 例如心理急救、自我照顧、非批判性和積極聆聽。與此同時, 我們亦為九個本地組織及一些弱勢群體提供管理壓力和焦慮的工作坊。

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.

無國界醫生在2020年推出的心理健康網站「你好嗎」，加入更多新內容。我們也透過社交媒體，向在疫情高峰時期面對較沉重壓力的目標群體，推廣應對壓力和焦慮的技巧和方法。

我們邀請了四名香港救援人員，包括外科醫生陳健華、護士鄭詣殷、後勤人員李耀輝以及手術室護士許詠琛，擔任「無國界醫生日2021」榮譽行動大使。通過他們分享的前線經歷和故事，讓大眾更了解我們在前線的工作。

在無國界醫生日期間，我們亦同步舉行義工活動——地圖馬拉松，參加者們付出時間繪製地圖，供無國界醫生以及其他前線救援人員使用。

鑑於疫情影響，「救援在野——無國界醫生城市定向比賽」首次以揉合線上線下的混合方式進行。在全新的「救援在野」手機應用程式支援下，參賽者在2021年11月期間，自行選擇作賽日期和路線。約500名參賽者穿棧各個檢查點，體驗前線救援人員所面對的挑戰。

此外，我們亦舉辦了兩場實體分享會和兩場網上研討會，由救援人員分享在前線進行救援的經歷和挑戰，共獲約200名支持者參加。

為增進孩子對人道救援的認識，我們於2021年7月推出「小小救援伙伴」計劃，參與計劃的兒童和家長獲發「救援任務包」，當中包括任務手冊及「前線過三關」遊戲卡等小禮物。

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.



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「救援在野——無國界醫生城市定向比賽」2021
The MSF Virtual Orienteering Competition 2021



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

中國內地 Mainland China

在中國內地，無國界醫生繼續就人道救援及全球衛生治理，分享想法和交流經驗。無國界醫生柬埔寨項目代表獲邀在博覽亞洲論壇全球健康論壇第二屆大會分論壇上，分享在柬埔寨推行大規模丙型肝炎治療的經驗。我們亦關注中國內地的藥物和疫苗發展，以供我們的行動應用。例如，近年一些國家（如納米比亞和南蘇丹等）出現戊型肝炎爆發，但全球各地很少有研發戊型肝炎疫苗。經各方努力，我們從中國的生產商採購了全球首支獲准使用的戊型肝炎疫苗，並順利將疫苗運到疫情爆發地區開展接種計畫。

2019冠狀病毒病疫情持續，繼續成為大眾的焦點。我們邀請國內媒體和研究者參與無國界醫生的網上研討會，交流因2019冠狀病毒病疫情而被忽略的其他傳染病的資訊，我們亦繼續喚起大眾對受危機影響人群的關注，包括阿富汗在衝突下的醫療護理、加沙的傷者和流離失所者、中非共和國的性暴力倖存者等。我們還在北京的醫學院和廣州的書店舉辦線上線下救援人員分享會，以增進大眾對前線救援工作的了解。

東南亞 Southeast Asia

2021年，無國界醫生在東南亞展開綜合的品牌、籌款和招聘活動，以增加媒體關注、社交媒體支持和更廣泛分享我們的聲音。當中以馬來西亞、印尼和菲律賓不同持份者為對象、以傳染病為題的活動最為成功，我們因此增加了超過12,000個支持者，我們舉辦的網絡研討會也吸引到不同人士——學術界、大學生、專業醫療和非醫療組織、非政府組織和公民社會等參與。

隨着 doctorswithoutborders-apac.org 網站推出，提升公眾對無國界醫生的認識，此舉亦協助我們達到募捐和招聘的目標。我們在社交媒體上開設亞太地區賬戶，並已經在 Facebook 和 Instagram 上獲得不俗的關注度、曝光次數和參與度。事實上，我們關於阿富汗、緬甸和羅興亞人的帖文，更被半島電視台、美聯社、ABS-CBN 新聞、CNN 印尼和菲律賓等機構，甚至澳洲 ABC 新聞等區域媒體，在新聞報道中引用和轉發。

我們亦繼續在 2021 年，透過約 20 場線上活動，繼續建立和加深與我們受眾的連繫。

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.



傳染病主題活動推廣圖片

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.

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 and office volunteers for their generous support to our work.

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- Asia Yield Limited
- BAS (HK) Ltd
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- Hung Fook Tong Group Holdings Limited
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- Celia P. F. Tang

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

社區團體 / 協會

Community Groups / Associations

- Asian Medical Student Association Hong Kong

辦公室義工

Office volunteers

- 馮維強 Patrick Fung
- 陳永安 Peter Chan
- 梁信彥 Danny Leung
- 李康琪 Jessica Lee

無國界醫生 (香港) 董事會

Board of Directors of MSF Hong Kong

- | | | |
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| 副主席 Vice Presidents | : 劉鎮鯤醫生 Dr. Chen-kun LIU ¹
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| 成員 Directors | : Catherina Philomena Henrica COPPENS
穆嘉玲 Karin Purthany MOORHOUSE ¹
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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

- | | | |
|-----------------|--|---|
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Catherina Philomena Henrica COPPENS ¹
李君婷醫生 Dr. Kandice Ellen LI ² |

¹ 2021年8月28日離任 Resigned on 28 Aug 2021

² 2021年8月29日上任 Appointed on 29 Aug 2021

截止2021年12月，無國界醫生(香港)共有68名職員，另有4名義工定期協助處理日常工作。

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

無國界醫生 (香港) 2021 年度財政概覽 (以港元為單位)

MSF Hong Kong Financial Overview 2021 (in Hong Kong dollar)

	2021	2020
收入 INCOME		
捐款收入 Donations income	410,895,688	414,491,304
其他收入 Other income	818,627	1,883,882
總數 TOTAL :	<u>411,714,315</u> ⁽¹⁾	<u>416,375,186</u>
支出 EXPENDITURE		
社會使命 Social mission		
緊急與醫療救援項目 Emergency and medical programmes	296,813,933 ⁽²⁾	317,425,210
項目支援與發展 Programme support and development	48,942,358	37,410,312
提高公眾關注與倡議 Public awareness and other campaigns	9,501,737	9,097,748
其他人道救援活動 Other humanitarian activities	2,163,739	2,792,078
社會使命總開支 Total social mission	<u>357,421,767</u> ⁽³⁾	<u>366,725,348</u>
行政經費 Management and general administration	17,325,338	17,108,626
籌款經費 Fundraising	36,864,181	32,420,127
財務費用 Finance cost	126,565	165,576
總數 TOTAL :	<u>411,737,851</u>	<u>416,419,677</u>
匯兌收益 / (損失) 淨額 Net exchange gain/(loss)	23,536	44,491
虧損 Deficit	-	-

截至 2021 年 12 月 31 日止的財務狀況表

Statement of Financial Position as of 31st December 2021	2021	2020
非流動資產 Non-current Assets	<u>5,593,153</u>	<u>9,554,675</u>
流動資產 Current Assets		
應收帳款 Debtors	56,531	169,968
預付費用及押金 Prepayments and deposits	3,456,610	3,889,290
應收其他無國界醫生辦事處之帳款 Amount due from MSF entities	1,186,652	7,071,313
現金及銀行結餘 Cash and bank balances	78,449,495	50,050,809
	<u>83,149,288</u>	<u>61,181,380</u>
流動負債 Current Liabilities		
應付帳款與應計費用 Creditors and accrued expenses	9,985,112	6,819,831
租賃負債 Lease liabilities	2,441,102	2,484,510
應付其他無國界醫生辦事處之帳款 Amount due to MSF entities	74,847,294	57,700,119
	<u>87,273,508</u>	<u>67,004,460</u>
淨流動負債 Net Current Liabilities	<u>(4,124,220)</u>	<u>(5,823,080)</u>
非流動負債 Non-current Liabilities	<u>(1,468,933)</u>	<u>(3,731,595)</u>
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 2021 年 12 月 31 日止年度的指明財務報表（即：法定財務報表）的一部分，並不是完整的財務報表。該報表是根據《香港財務報告準則》以及《公司條例》擬備，並已送呈公司註冊處。報表已由無國界醫生（香港）董事會認可，並由核數師安永會計師事務所審核。核數師在核數報告中，對報表無保留意見，即認為法定財務報表真實而中肯地反映了組織於截至 2021 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示須予注意的事項，即核數師對報表沒有保留。核數報告內也沒有任何根據香港《公司條例》第 406(2)、407(2) 或 (3) 條的陳述。這些條例列明，若果財務報表與董事報告不吻合；公司沒有備存充份的會計記錄；財務報表與會計記錄不吻合；或核數師沒有取得所有對審計工作而言屬必需的資料或解釋，核數師必須在其報告內述明。完整財務報表可瀏覽：msf.hk。

There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e., statutory annual financial statements) for the year ended 31 December 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.hk.



2021 年度經費來源
2021 Funding Sources

99.8% 公眾捐款 Donations from the public
0.2% 其他收入 Other income



2021 年度經費分配
2021 Funding Allocations

86.8% 社會使命 Social mission
72.1% 緊急與醫療救援項目 Emergency and medical programmes
11.9% 項目支援與發展 Programme support and development
2.3% 提高公眾關注與倡議 Public awareness and other campaigns
0.5% 其他人道救援活動 Other humanitarian activities
9.0% 籌款經費 Fundraising
4.2% 行政經費 Management and general administration



2021 年度
香港辦事處撥予
各國家或地區
救援工作之款項 (港元)
2021 Allocation of
MSF Hong Kong Funding
for Relief Work by
Country or Region
(HKD)

52.6% 亞太區及中東
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% 歐洲 Europe
7,669,739

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	27,287,971	● 埃及 Egypt	2,441,775
● 也門 Yemen	21,483,025	● 馬里 Mali	2,400,254
● 巴基斯坦 Pakistan	14,681,169	● 印尼 Indonesia	2,203,646
● 尼日利亞 Nigeria	14,366,372	● 布隆迪 Burundi	2,140,853
● 印度 India	12,843,852	● 塞拉利昂 Sierra Leone	1,828,093
● 緬甸 Myanmar	10,000,000	● 南非 South Africa	1,777,164
● 埃塞俄比亞 Ethiopia	9,909,398	● 希臘 Greece	1,696,240
● 馬來西亞 Malaysia	9,000,000	● 幾內亞 Guinea	1,684,512
● 敘利亞 Syria	8,946,714	● 蘇丹 Sudan	1,678,813
● 南蘇丹 South Sudan	8,151,837	● 比利時 Belgium	1,567,041
● 孟加拉 Bangladesh	7,980,029	● 莫桑比克 Mozambique	1,346,999
● 黎巴嫩 Lebanon	7,270,520	● 意大利 Italy	1,075,757
● 巴勒斯坦 Palestine	6,738,464	● 利比亞 Libya	1,000,000
● 阿富汗 Afghanistan	6,580,707	● 巴西 Brazil	980,984
● 伊拉克 Iraq	5,783,037	● 津巴布韋 Zimbabwe	890,514
● 海地 Haiti	5,065,600	● 玻利維亞 Bolivia	761,363
● 中非共和國 Central African Republic	4,292,131	● 喀麥隆 Cameroon	509,767
● 委內瑞拉 Venezuela	3,442,498	● 菲律賓 Philippines	155,000
● 烏克蘭 Ukraine	3,205,385	● 巴爾幹半島路線 Migrant Support Balkan Route	125,316
● 肯尼亞 Kenya	2,630,558	其他國家和地區 Other countries and regions ⁽⁵⁾	240,387

總數 TOTAL : 216,163,745

2021年度財政概覽說明

- (1) 99.8% 經費來自公眾捐款。
- (2) 合計216,163,745港元被撥作於44個國家和地區進行緊急及醫療救援項目的經費。80,041,352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。另外608,836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) 86.8% 收入用於履行社會使命。
- (4) 2021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科特迪瓦、貝寧、厄立特里亞、香港和馬達加斯加。

Explanatory Notes on Financial Overview 2021

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

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

The Médecins Sans Frontières Charter

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

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

無國界醫生（香港）MSF Hong Kong

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傳真 Fax : (852) 2337 5442 (查詢 / General)
(852) 2304 6081 (捐款 / Donation)

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無國界醫生（香港）
活動報告 2021
電子版

MSF Hong Kong
Activity Report 2021
online version

艾哈穆德與第二個孩子朱利來到我們的產科診所。這名年輕的女子住在貝魯特一個難民營。她負擔不起去其他診所。她順利誕下孩子，但之後突然失血過多——這是一種罕見的、能威脅生命的併發症。無國界醫生團隊立即為她止血，並給予適切治療。

Sanaa Al-Hammoud came to our maternity clinic, when she was in labor with her second child Journey. 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.

©Tariq Keblaoui / MSF

