



# 無國界醫生 (香港) 2024 活動報告

MSF HONG KONG  
**ACTIVITY REPORT**





# 主席和總幹事的話

## From the President and the Executive Director

### 親愛的朋友：

2024年又是舉步維艱的一年：約67,000名無國界醫生員工在超過75個國家盡其所能，協助數百萬受疫病爆發、被排拒於醫療體系之外，以及戰爭、衝突和自然災害所影響的人。

50多年來，無國界醫生團隊面對過無數挑戰，這一年我們在提供人道援助方面所遇到的挑戰尤其嚴峻，幾乎是前所未有的。有賴你持續慷慨支持，我們才能克服重重困難，為身處困境的人提供獨立與不偏不倚的醫療護理。衷心感謝！

加沙全面戰爭踏入第二年，我們的團隊目睹以軍對巴勒斯坦人展開種族滅絕的行動：大規模殺戮、無差別攻擊、強制流離失所、肆意破壞家園和主要基建，以及將人道援助作為集體懲罰的武器。以軍圍困加沙，阻礙我們擴大救援工作規模；面對攻勢加劇，我們被迫時而暫停、撤離，時而重啟工作，不斷就瞬息萬變的情況調整應對。撰寫本文時，已有12位無國界醫生同事自戰爭爆發起在當地被殺害，我們深切懷念並哀悼他們。

在蘇丹，交戰各方設置保安限制與官僚障礙，亦令我們難以應對危困民眾龐大的需求。扎姆扎姆流離失所者營地的營養不良問題，在8月達到饑荒程度。

在剛果民主共和國，北基伍省戰況加劇，加上性暴力問題亦尤為猖獗，我們持續開展醫療應對，並促請國際關注這場被遺忘的危機。

### Dear friends,

Year 2024 has been another challenging one for us: 67,000 Médecins Sans Frontières (MSF) staff worked to help millions of people affected by disease outbreaks, exclusion from healthcare, wars, conflicts, and natural hazards where and how they could in more than 75 countries.

For over five decades, MSF teams have faced unyielding obstacles – but the scale of challenges to delivering humanitarian aid we experienced this year has been particularly severe, if not unprecedented. However, thanks to your generous and continued support, our teams were able to deliver vital independent and impartial medical care to people in distress, against the odds. Thank you!

Into a second brutal year of total war in Gaza, MSF teams had witnessed the results of Israel's genocidal campaign against Palestinians: mass killings, indiscriminate attacks, forced displacement, the deliberate destruction of homes and vital infrastructure, and the weaponisation of humanitarian aid in what amounts to collective punishment. Our best efforts to scale up desperately needed medical activities were hampered by the Israeli forces, who placed the Gaza Strip under a siege. Intensified assaults forced us to stop activities, evacuate, and then restart, having to adapt to the constantly changing situation. At the time of writing, 12 MSF colleagues have been killed since the start of the war; we miss them, and we mourn their loss.

In Sudan too, security constraints and bureaucracy thrown up by the warring parties complicated and limited our ability to respond to the immense needs of people caught in crisis. Malnutrition in the Zamzam displacement camp increased to such a level that famine was declared in August.

In the Democratic Republic of Congo, the escalating fighting in North Kivu coincided with widespread sexual violence throughout the country. We sustained our medical responses and urged global attention to this neglected emergency.

縱使2024年充滿阻礙與困難，但同時亦讓人見到曙光。世衛根據組織提供具階段性意義的endTB臨床試驗結果，推薦三種新的耐藥結核病療法。這些新型全口服藥物使治療時間從18個月縮短至9個月，且與傳統療法同樣有效。這些較短的療法能讓病人更易按指示完成療程，同時減輕病人的負擔，帶來長遠裨益。

抗菌素耐藥性的威脅同樣迫在眉睫，為此我們在多國實施藥物管理計劃，推廣合理用藥，並參與聯合國相關宣言，以及倡導人工智能診斷工具和提升藥物普及度，來應對這場全球公共衛生的威脅。

2024年適逢無國界醫生（香港）成立30年，香港辦事處特別舉辦「救援在前·30年」活動，以感謝本港各界多年來的支持，同時接觸更多市民，尤其年青一代，加深與提高他們對各地人道危機和我們工作的了解、關注，以及爭取其持續支持。

近年來，各國削減或重新分配資金，令到用於人道援助的金額減少。沒有單一組織能夠填補這個巨大缺口，而我們已經可以預見在2025年，團隊將面臨更大的壓力。

來年各種無法設想的衝突、天災、疾病以及倒退的政策下，無國界醫生更需要你多加支持。請繼續與我們同行，確保最需要幫助的人，即使身處日益嚴峻的不利環境中，都可以得到獨立、不偏不倚的必要醫療護理。

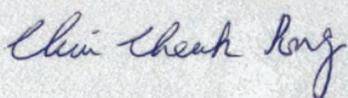
Despite the setbacks and difficulties, 2024 also brought a glimpse of hope. The World Health Organization recommended three new treatments for drug-resistant tuberculosis (DR-TB) based on the results of MSF's landmark endTB clinical trial. The new all-oral medicines lead to a much shorter treatment duration of nine months compared to 18, and are as effective as conventional treatments. These shorter treatment regimens can go a long way by improving adherence and reducing the burdens DR-TB patients face.

Antimicrobial resistance is a global health threat, and we implemented drug management programmes in multiple countries to promote the rational use of medicines. We participated in the related UN declaration and advocated for AI diagnostics and increasing access to essential medicines.

In 2024, MSF Hong Kong marked its 30th year in the region, launching the "Crossing Frontlines, Together" campaign to express our gratitude for the unwavering support from people of all walks of life in Hong Kong. Through our campaign we reached out to the public, especially young people to deepen their awareness and understanding of the needs that drive our global medical humanitarian work, and to secure ongoing support.

In recent years, funding for humanitarian aid has been reduced as many countries have been cutting or redirecting the funds. No single organisation can fill the enormous gap in the international aid system caused by the funding cut, and in 2025 we can already foresee how our teams will be stretched further.

As unpredictable conflicts, disasters, diseases and regressive policies loom in the years ahead, we need your continued support more than ever. Stand with us to ensure independent and impartial life-saving medical care can reach people most in need, especially in this ever-hostile climate.



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# 全球前線工作概要

## Worldwide operations highlights

無國界醫生於2024年在全球超過75個國家和地區進行救援工作的概要：

Below are the highlights of MSF activities in over 75 countries and regions in 2024:



進行 Conducted  
**16,493,900** 次  
門診診症  
outpatient consultations



接收 Admitted  
**1,665,200** 人  
入院治療  
patients



接收  
**2,473,700** 人次  
到急症室求醫  
emergency room admissions



進行 Conducted  
**506,300** 次  
個人心理健康諮詢  
individual mental health consultations



接收  
**63,200** 名  
婦女及女孩，並應其要求提供安全墮胎護理  
women and girls who requested and  
received safe abortion care



進行 Conducted  
**4,607,000** 次  
常規疫苗接種  
Routine vaccinations



提供 Provided  
**235,000** 劑  
霍亂疫苗  
Cholera vaccine doses



治療 Treated  
**73,800** 名  
性暴力受害者  
people for sexual violence



協助 Assisted  
**368,900** 次  
婦女分娩，包括剖腹生產  
births, including caesarean sections



進行 Conducted  
**1,318,100** 次  
麻疹疫苗接種以應對疫症爆發  
Vaccinations against measles in response  
to an outbreak



醫治 Treated  
**3,877,100** 宗  
瘧疾個案  
malaria cases



醫治 Treated  
**143,800** 名  
霍亂病人  
people for cholera



接收 Admitted  
**584,700** 名  
營養不良兒童接受門診營養治療  
malnourished children to outpatient  
feeding programmes



分發救援物資給  
Distributed relief items to  
**359,200** 個  
家庭 families



為  
**36,800** 人  
提供抗愛滋病毒治療  
people received HIV  
antiretroviral treatment



護理 Provided care for  
**20,700** 名  
晚期愛滋病人  
people with advanced HIV

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



# 2024年度回顧

## Year in review 2024

2024年，超過75個國家之中，仍有數以百萬計的人遭受疾病爆發，被排拒於醫療體系外，以及戰爭、衝突、自然災害等各種危機所影響。約67,000名無國界醫生員工盡其所能在可前往的地方提供協助。

In 2024, millions of people continued to be affected by disease outbreaks, exclusion from healthcare, and crises such as wars, conflicts, and natural hazards in more than 75 countries. Around 67,000 MSF staff provided assistance where and how they could.

### 中東地區衝突

自哈馬斯於2023年10月7日展開襲擊，以色列軍隊便對加沙地帶民眾發動戰爭，並持續對巴勒斯坦人的生活造成毀滅性影響。這場戰爭令中東多地局勢變得緊張不穩，亦令黎巴嫩和也門當地的衝突升級。

以軍發動一系列無日無之的空襲與地面進攻，從加沙地帶北部一路推進至南部邊境，摧毀整個社區。我們的團隊除治療數千名傷病者的戰爭創傷、腹瀉、皮膚病以及心理創傷，同時亦診治孕婦和兒童。然而，我們擴大工作規模的努力卻受到以軍阻礙，他們圍困加沙，並對進入加沙的物資施加繁瑣的行政與物流限制。因此，運送基本醫療物資的貨車經常遭到阻攔。與此同時，不穩局勢迫使我們停止工作、撤離，然後再重啟，被迫不斷就變幻莫測的形勢作調整。

巴勒斯坦約旦河西岸的社區同受加沙戰爭的影響。以軍暴力對待難民營與社區居民，程度令人震驚；在入侵行動中破壞房屋並殺害及殘害平民，部分行動甚至持續數天。期間，以軍嚴格限制民眾的行動，意味着他們甚至不能離開自己的社區以尋求或提供醫療護理。即使面對這些不人道的措施，我們的團隊還是竭力接觸有需要的人。

### Conflicts in the Middle East

Following the attacks by Hamas on 7 October 2023, Israeli forces' war on people in Gaza, Palestine continued to have a devastating impact on the lives of Palestinians. The war stoked tensions and insecurity across large parts of the Middle East, also escalating conflicts in Lebanon and Yemen.

Israeli forces unleashed a relentless campaign of airstrikes and ground incursions, starting from the north of the Gaza Strip, and moving down towards the southern border, obliterating entire neighbourhoods. Our teams treated thousands of patients for war wounds, diarrhoea and skin diseases, as well as psychological trauma, in addition to treating pregnant women and children. However, our efforts to scale up activities were hampered by the Israeli forces, who placed the Strip under a siege, and imposed cumbersome administrative and logistics controls on supplies entering Gaza. As a result, trucks carrying essential medical supplies were routinely blocked. Meanwhile, insecurity forced us to stop activities, evacuate, and then restart, having to adapt to the constantly changing situation.

Communities across the West Bank in Palestine also suffered the fallout of the Gaza war. Israeli forces inflicted shocking levels of violence on refugee camps and communities, destroying houses and killing and maiming people during incursions, some of which lasted for days. During these periods, Israeli forces imposed severe restrictions on people's movements, meaning they could not leave their neighbourhood even to seek – or deliver – healthcare. Despite these inhumane measures, our teams made every effort to reach people in need.

## 蘇丹內戰

2024年，蘇丹衝突正式踏入第二年，蘇丹武裝部隊 (Sudanese Armed Forces) 與快速支援部隊 (Rapid Support Forces) 在全國多地持續交戰。交戰各方設立繁複的官僚程序與保安限制，令我們的應對工作困難重重，意味着我們無法應對民眾龐大的需求；許多地區的其他人道組織缺席與援助資源不足，則代表大規模流離失所、饑荒與暴力的情況被忽視或嚴重缺乏支援。

當局自5月起在達爾富爾 (Darfur) 地區圍困扎姆扎姆 (Zamzam) 流離失所者營地和其鄰近的城市法希爾 (El Fasher)，導致幾乎沒有任何醫療物資或治療食品可以運抵。該營地的營養不良情況持續惡化，到了8月已經宣布出現饑荒<sup>1</sup>，但補給不足卻迫使我们於10月停止營養不良的門診治療。於這年間，由於安全局勢不穩，甚至有醫院遭受炮擊，最終迫使我们撤離法希爾。

我們的團隊在蘇丹，以及許多蘇丹人逃往的鄰國乍得 (Chad) 和南蘇丹，治療那些遭受爆炸造成畢生創傷的傷者。同時，我們也治理性暴力受害者，以及那些在衝突與流離失所環境中感染傳播迅速的疾病 (如霍亂、瘧疾和戊型肝炎) 的病人。

## 被遺忘的危難

在海地 (Haiti) 首都太子港 (Port-au-Prince)，武裝團體與警方間的暴力衝突進一步加劇，使當地成為我們團隊最難以展開救援工作的地點之一。當地醫療系統已崩潰，許多人被迫居住在非正式的流離失所者營地，難以獲得乾淨水源和基本衛生設施。11月中旬，警方與自衛組織襲擊一輛無國界醫生救護車，兩名病人更被處決，隨行員工也遭催淚彈攻擊與威脅。事件迫

## Civil war in Sudan

The conflict in Sudan entered its second year in 2024, with the Sudanese Armed Forces and Rapid Support Forces continuing to fight across swathes of the country. Bureaucracy and security constraints thrown up by the warring parties complicated our ability to respond. The limitations imposed meant we were not able to respond on the scale the immense needs of people demanded; the absence of other humanitarian organisations and a lack of aid in many areas meant that some situations of mass displacement, famine, and violence went overlooked or were severely underserved.

In Darfur, a siege imposed on Zamzam displacement camp and the nearby city of El Fasher from May, meant that scarcely any medical supplies or therapeutic food could be delivered. Malnutrition in the camp increased to such a level that famine was declared in August,<sup>1</sup> yet the lack of supplies forced us to cease our outpatient malnutrition treatment in October. During the year, insecurity, including the shelling of hospitals, forced us to evacuate El Fasher.

Our teams in Sudan, and in neighbouring Chad and South Sudan, where many Sudanese have fled, treated patients for life-changing trauma injuries caused by explosions, as well as horrific sexual violence and diseases that spread rapidly in conflict and displacement settings, such as cholera, malaria, and hepatitis E.



太子港局勢仍然動盪，武裝組織與警方暴力衝突進一步升級。  
Violence between armed groups and the police further intensified in Haiti's capital, Port-au-Prince. © Corentin Fohlen/Divergence



蘇丹衝突踏入第二個年頭，流離失所的民眾抵達達爾富爾北部塔維萊地區。  
The conflict in Sudan entered its second year in 2024, with displaced people reaching Tawila locality. © MSF

使我們暫時中止在太子港的所有工作。直到年底，我們才重啟當中一部分的工作。

在緬甸，若開邦 (Rakhine state) 持續的衝突繼續造成大規模流離失所與苦難，但卻幾乎未引起任何國際關注。人命與財產被蓄意摧毀，不少人更被強行徵召入伍。儘管我們的行動嚴重受限，開設的醫療設施屢遭襲擊，我們依然努力提供護理，並在可行情況下採用如遙距診症等替代策略。

自1月起，在剛果民主共和國的北基伍 (North Kivu) 與南基伍 (South Kivu) 省，剛果政府軍與「3月23日運動」(M23) 及其他武裝團體之間的衝突急劇升溫，交火多次波及平民與醫療設施。無國界醫生在多個地點提供醫療人道援助，當中包括北基伍首府戈馬 (Goma) 周邊地區；據估計直至5月時已有多達100萬名流離失所者在此避難。



納賽爾醫院被嚴重破壞。  
Nasser Hospital has been severely damaged. © MSF

## 針對醫療護理的攻擊

2024年，影響無國界醫生員工、醫療設施和基礎設施的安全事故，相比近年明顯增多。這反映出組織的行動較接近武裝衝突前線，以及我們工作地區（如巴勒斯坦、海地、蘇丹和剛果民主共和國）的局勢動盪。一些事件如槍擊、爆炸、武裝團體突擊我們的設施以及救護車受襲，迫使我們於這年內暫停部分醫療工作。即使只是暫時中止醫療護理，也絕非輕率的決定，畢竟受決定影響的，盡是因而是無法獲得急需醫療護理的當地社區。

然而，這些事件不只發生在無國界醫生身上；它反映了我們所援助的民眾以及整個人道救援界所經歷的現狀。如今，國家及非國家武裝團體越來越肆無忌憚地違背本應保護醫護人員和設施的國際人道法，收窄了人道工作者可以安全工作的空間。

<sup>1</sup> Integrated Food Security Phase Classification Famine Review Committee - <https://www.ipcinfo.org/ipcinfowebsite/countries-in-focus-archive/issue-107/en/>



位於加沙市中心的無國界醫生辦公室外牆亦被炸毀。  
Damaged walls at the entrance of MSF office in Gaza city. © MSF

## Forgotten crises

Violence between armed groups and the police further intensified in Haiti's capital, Port-au-Prince, making it one of the most dangerous places anywhere for our teams to operate. The healthcare system has collapsed, and many people are forced to live in informal displacement sites, with little access to clean water and sanitation services. In mid-November, following an attack on an MSF ambulance by police and self-defence groups, in which two patients were executed and accompanying staff members tear-gassed and threatened, we temporarily suspended all activities in Port-au-Prince. By the end of the year, we had started to resume some of these activities.

In Myanmar, the ongoing conflict in Rakhine state continued to cause widespread displacement and suffering, yet drew almost no international attention. Lives and property were deliberately destroyed, and many people forcibly recruited into military service. Despite severe restrictions on our operations and repeated attacks on our facilities, we worked to deliver care, adopt alternative strategies, such as teleconsultations, wherever possible.

From January, there was a surge in fighting between the Congolese army and M23 and other armed groups in North Kivu and South Kivu in the Democratic Republic of Congo (DRC), with people and medical facilities repeatedly caught in the crossfire. MSF offered medical and humanitarian assistance in several locations, including sites around Goma, North Kivu's capital, where up to one million displaced people were estimated to have sought refuge by May.

## Attacks on healthcare

In 2024, we recorded a significant rise in the number of security incidents affecting MSF staff, facilities and infrastructure compared to recent years. This was indicative of MSF operations in closer proximity to frontlines in armed conflicts, and of the volatile security situation in many of the places where we work, such as Palestine, Haiti, Sudan, and DRC. Some of these events – shootings, explosions, raids on our facilities by armed groups, attacks on our ambulances – led us to suspend some medical activities during the year. The decision to halt our services, even temporarily, is never taken lightly. Ultimately, it is the local communities who lose access to desperately needed healthcare.

However, these events are not limited to MSF alone; it reflects what the people we assist and the whole humanitarian community are experiencing. Today, state and non-state armed groups increasingly and flagrantly violate International Humanitarian Law, which is supposed to protect medical workers and infrastructure, and reduce the space in which humanitarians can safely work.

## 性暴力侵害

在我們工作的許多地方，性暴力普遍存在，尤其是在蘇丹等衝突環境下，性暴力更被用作戰爭武器。而在剛果民主共和國，性暴力個案數量尤其高。2023年，我們的團隊平均每小時治理兩名性暴力受害者或倖存者——5個省份全年共有超過25,000人。令人震驚的是，這一趨勢在2024年有所加劇：僅在北基伍省戈馬附近的流離失所者營地，首5個月我們就治理近17,500名性暴力受害者。

我們的團隊在哥倫比亞和巴拿馬之間的達連隘口 (Darién Gap)，以及墨西哥和危地馬拉等中美洲移民路線沿線的其他地方工作，並於2024年治理許多遭到犯罪集團強暴或性侵犯的婦女和女孩。

## 流徙人口

在意大利的敵對政治氛圍和新移民法下，我們難以繼續以往的運作，並於12月被迫終止搜救船Geo Barents在地中海中部的海上搜救工作。Geo Barents已多次收到60天的拘留令，因此才作出停運決定。意大利的法律和政策與歐盟一樣，反映出當局真正漠視尋求庇護和安全的人們的生命。

大多數橫渡地中海的人都會從利比亞出發，而在那裏他們一直遭受到極端暴力和虐待。無國界醫生在當地治理因綁架、人口販運、襲擊和性虐待而身心受創的人，以及因惡劣的生活環境和缺乏醫療護理而病情加劇的病人。在此背景下，我們成功斡旋，將我們確認為身處利比亞而需要緊急治療的人撤離到意大利接受治理。



無國界醫生團隊繼續在剛果民主共和國，協助受性暴力侵害的人。  
MSF team keeps assisting the survivors of sexual violence in DRC. © Marion Molinari/MSF

## Sexual violence

Sexual violence is prevalent in many of the places where we work, especially in conflict settings, such as Sudan, where it is used as a weapon of war. In DRC, numbers are particularly high. In 2023, our teams treated two victims or survivors of sexual violence every hour – a total of over 25,000 people across five provinces during the year. Alarming, this trend increased in 2024; in just displacement sites around Goma, North Kivu province, over the first five months, we treated almost 17,500 patients.

Our teams working in the Darién Gap, between Colombia and Panama, and in other locations along the Central American migration route, such as Mexico and Guatemala, treated many women and girls who had been raped or sexually assaulted by criminal gangs in 2024.



組織被迫終止搜救船Geo Barents在地中海中部的海上搜救行動。  
We were forced to end our Central Mediterranean search and rescue activities with the Geo Barents. © Stefan Pejovic/MSF

## People on the move

In December, we were forced to end our Central Mediterranean search and rescue activities with our ship, the Geo Barents, due to a hostile political climate and new migration laws in Italy, which made our operational model untenable. This decision came after the Geo Barents was subjected to multiple 60-day detention orders. Along with the European Union, Italy's laws and policies reflect a genuine neglect for the lives of people seeking refuge and safety.

Most of the people crossing the Mediterranean embark from Libya, where they have been subjected to extreme violence and abuse. In Libya, MSF treated people for the mental and physical trauma of abduction, trafficking, assault and sexual abuse, as well as illnesses exacerbated by dire living conditions and a lack of healthcare. In this context, we successfully negotiated to evacuate people in Libya we identified as needing urgent treatment to Italy, where they are cared for.

People on the migration route from southern to northern America continue to face physical and mental abuse. In response we worked in Panama, Costa Rica, Honduras, Guatemala, Mexico, and the United States during the year, where we provided medical and mental health treatment.

從南美洲遷徙向北美洲路上的人們持續遭受身心虐待。為此，我們於本年度在巴拿馬、哥斯達黎加、洪都拉斯、危地馬拉、墨西哥和美國開展工作，提供醫療和心理健康治療。

## 應對醫療危機

自2022年以來，我們的團隊持續應對包括在也門、蘇丹、南蘇丹和剛果民主共和國大規模爆發且持續出現的霍亂疫情。這些國家本已飽受衝突和流離失所之苦，令這種傳染力極強且可致命的疾病得以肆虐。2024年，我們也在其他地方展開救援工作，例如我們從未開展過工作的科摩羅 (Comoros)、自2018年以來首次重返的贊比亞 (Zambia) 以及坦桑尼亞 (Tanzania)。

無國界醫生團隊全年治理大量營養不良病人，其中大多數是兒童，但女病人也日益增多，尤其是在阿富汗和也門。我們的團隊在蘇丹達爾富爾部分地區、以及尼日利亞西北部扎姆法拉 (Zamfara) 省目睹營養不良的災難情況。扎姆法拉於本年6月進行的大規模篩查顯示，有兩個地區每四名5歲以下兒童當中，就有一人患營養不良。全球針對營養不良的資助減少，導致防治營養不良的即食營養治療食品供應減少，加劇了這場危機。



我們的團隊在包括南蘇丹首都朱巴在內的地區，設立霍亂治療中心。Our team have established a Cholera Treatment Centre (CTC) ward in Juba, capital of South Sudan. © Isaac Buay/MSF

## Responding to medical crises

Since 2022, our teams have responded to a continuous cycle of large cholera outbreaks, including in Yemen, Sudan, South Sudan, and DRC, countries marked by conflict and displacement, which are key drivers of this highly contagious and potentially deadly disease. In 2024 we also launched activities in other places, such as Comoros, where we had never worked before; Zambia, where we returned for the first time since 2018; and Tanzania.

Throughout the year, MSF teams treated high numbers of malnourished people, mostly children, but increasingly women, especially in Afghanistan and Yemen. Our teams saw disastrous levels of malnutrition in parts of Darfur, Sudan, as well as in Zamfara state, northwest Nigeria, where a mass screening conducted in June revealed that, in two areas, one in four children under the age of five was malnourished. This crisis is aggravated by a global decrease in funding for malnutrition, which has reduced the availability of ready-to-use therapeutic foods, for both preventive and treatment purposes.

## Shrinking space for humanitarian aid

In recent years, funding for humanitarian aid has been diminishing, as is evident from the increasing gaps in healthcare and the growing needs in the countries where we operate. Sadly, this trend continued in 2024 and into 2025, with many countries cutting or redirecting funds for aid. While we are not directly financially affected by these funding cuts, we are deeply concerned. It is clear no single organisation can fill the enormous gap in the international aid system. Nevertheless, we remain committed to providing independent and impartial medical humanitarian aid to people who need it.



援助資金削減下，在索馬利亞應對營養不良的項目亦受到影響。With the funding shortfalls, the project addressing malnutrition in Somalia has also been affected. © Bishar Mayow/MSF

## 人道救援空間萎縮

近年來，人道援助資金不斷減少。從我們開展救援工作的地方，可以見到醫療護理與需求的差距不斷擴大。令人遺憾的是，許多國家削減或重新調配援助資金的趨勢於2024年持續，更帶到2025年。雖然我們並未直接受到這些資金削減的財務影響，但我們深感擔憂。顯然，沒有單一組織能夠獨力填補國際援助體系的巨大缺口。儘管如此，我們仍致力於為有需要的人提供獨立、不偏不倚的醫療人道援助。

## 從急症室窺探戰爭

### War seen from an emergency room

以下故事由無國界醫生在加沙的副項目醫療顧問薩菲醫生 (Dr Sohaib Safi) 口述，巴勒斯坦前任前線傳訊經理尼霍爾姆 (Linda Nyholm) 筆錄。

Dr Sohaib Safi, MSF deputy project medical adviser, Gaza, as told to Linda Nyholm, former field communications manager, Palestine.

我在巴勒斯坦加沙戴爾巴拉赫 (Deir Al-Balah) 的阿克薩醫院 (Al-Aqsa Hospital) 急症室，擔任無國界醫生的急症科醫生。有天兩名小女孩被送進來，一名約7歲，另一名5歲。年紀較長的那名女孩自肩膀起整條左臂斷掉；較年幼的則滿身鮮血，由於我無法立即辨別其傷勢，因此我專注替她檢查。

起初我對她的情況仍抱有希望：她當時平臥着，未看到有任何傷勢跡象，還以為她身上的鮮血屬於其姊姊的。但當我翻轉她時，才發現她右半身的皮膚全被炸開，她那插滿砲彈碎片、沾滿塵土污垢的肺部外露着，隨呼吸急速收放。

我知道醫院沒有心胸外科醫生，即使有，我也知救活她的機會渺茫。我嘗試替她止血，包紮傷口，並帶她到兒童外科醫生那邊。她出來後，我帶她到深切治療部並陪伴她，繼而調整用藥、監察其狀況，盼望她能撐過去。一位同事試着讓我做好心理準備，因他知道小妹妹很可能傷重不治。

而果然，數小時後同事叫醒我，說她最後熬不過當晚。

I was working as an emergency doctor for MSF in the emergency department of Al-Aqsa hospital, Deir Al-Balah, Gaza, Palestine, when two young girls were brought in, one about seven years old, the other five. The older one had lost her left arm from the shoulder. The younger one was covered in blood, but I couldn't immediately identify her injury, so I focused on her.

At first, I was hopeful, because she was on her back, and I couldn't see any signs of injuries. I thought that the blood belonged to her sister. But when I turned her over, her entire right side was open. Her lungs were exposed, covered in shrapnel and dirt, moving fast with her breathing.

I knew there was no cardiothoracic surgeon at the hospital. Even if there had been, I knew her chances were slim. I tried to stop the bleeding, packed the wound and brought her to the paediatric surgeons. When she came out, I took her to the intensive care unit and stayed with her, adjusting her medications and monitoring her condition, hoping she would make it. One of my colleagues tried to prepare me emotionally, because he knew it was unlikely she would.

Indeed, some hours later, my colleague woke me up. The girl had not survived the night.

有加沙民眾嘗試在瓦礫中找回隨身物品。  
People are trying to dig up their belongings from beneath the rubble in Gaza City. ©MSF

隨後我得知她與姊姊隨父母及兄弟從加沙北部逃離時，乘坐的車輛遭遇空襲，大多數家人當場死亡。

當地的傷亡人數及傷者的傷勢，遠超任何緊急應對行動所能處理的程度。當地無一醫院能全面正常運作；每周，甚至有時是每日，醫院都會於短短數分鐘內接收數十甚至數百名傷者。他們身受由以軍空襲、轟炸、砲擊及高衝擊爆炸物導致的傷勢，包括嚴重燒傷、被困於倒塌建築下的擠壓創傷和斷肢等。這些傷勢全都能致命或從此改寫人們的命途。

我於2018年在加沙以醫學生的身分，見證「回歸大遊行」。當時被圍困的邊境地區爆發示威，活動遭以軍開火射擊，現場槍林彈雨。根據當地衛生部統計，2018年3月至2019年11月期間，逾7,900人遭實彈射傷。截至2019年12月底，無國界醫生已治療超過900名槍傷者。當時，組織的員工面對重大挑戰：不單是傷勢複雜，更是治療傷者的專門技術不足、醫療物資有限，以及沒有適當檢測去引導治療方針以致傷口感染率高企。

如今的情況更糟，甚至與我們經歷過的每一場戰爭相比，這次的毀滅程度簡直難以言喻。在加沙，醫療物資短缺一直是我們面對的難題，但現在幾乎完全無物資可用。我想，我從未試過如此絕望——需知道若有足夠物資，我們本可拯救許多生命。

雖知力從未逮，我們仍盡力而為。我們每日都被迫作出不可能的決定，目睹無法救回的病人。

除了緊急應對工作，我們還看到很多傷者身上有傷口、燒傷以及其他需長期複雜護理的傷勢，數目多得驚人。



以軍轟炸加沙中部後，組織的醫護人員在阿克薩醫院為傷者急救。  
MSF staff at Al-Aqsa hospital treat injured patients after heavy bombardment by Israeli forces in Middle Area of the Gaza Strip. ©Karin Huster/MSF

Subsequently, I learned that she and her sister had been fleeing from northern Gaza with their father, mother, and brother when an airstrike hit their car. Most of the family were killed instantly.

The number of people injured or killed, and the nature of their wounds, are beyond what any emergency response can manage. Not a single hospital is fully functioning. Every week – sometimes every day – hospitals receive dozens, even hundreds, of patients in the space of a few minutes, with deadly or life-altering injuries from Israeli airstrikes, bombardments, artillery shelling, and high-impact explosives, including severe burns, crush injuries from being trapped under collapsed buildings, and severed limbs.

As a medical student in Gaza in 2018, I witnessed the Great March of Return, when protests held at the border of the enclave were met with hails of gunfire from Israeli forces. More than 7,900 people were shot with live ammunition between March 2018 and November 2019, according to the Ministry of Health. By the end of December 2019, MSF had treated over 900 patients with gunshot wounds. At the time, MSF staff faced major challenges: not only the complexity of the injuries, but also the lack of expertise in treating them, the limited medical supplies, and the absence of proper testing to guide treatment for the high rates of infection that occurred.

Today, it's even worse. Compared to every war we have previously lived through, the devastation of this one has been beyond words. In Gaza, we have always struggled with shortages of medical supplies, but now they are practically non-existent. I don't think I have ever experienced such a feeling of despair, knowing we could save lives if only we had enough supplies.

We do what we can, knowing it's never enough. Every day, we are forced to make impossible decisions and see patients we cannot save.



組織的護士在加沙市的診所為受傷的兒童包紮。  
MSF nurse is dressing a wound of an injured child in MSF's clinic in Gaza City. ©MSF

除高階手術外，很多人需要長期且針對抗生素耐藥性的感染治療、物理治療、定期檢查、心理健康支援和實際援助。然而若道路被瓦礫或沙土堵塞，即使提供輪椅或興建廁所也變得無甚意義。人們在這片被破壞土地上如何辨別方向、自如行動？



受傷的兒童在接受包紮後，獲贈一個以膠手套製成的汽球。  
An injured child was given a balloon out of gloves after dressing at the MSF clinic in Gaza City. ©MSF

長期復康需要基礎設施、專業知識以及經協調的護理。但在加沙，我們連維持人們活命也難以做到。在這裏，沒有正常運作的復康系統，甚至連唯一的義肢中心都關閉。我們無法從健康中心妥善地轉介病人至醫院，病人只能帶着本可避免的殘障傷勢過活。

在加沙，逾九成人口流離失所，他們生活上每個範疇都被打亂：教育系統崩潰、乾淨用水、衛生情況和糧食供應每況愈下。除身體創傷外，心理問題帶來的負擔也極重。加沙大多數人，無論有否受傷，皆有急性壓力、創傷後壓力症以及深層心理創傷。

多個人道組織正努力應對，但仍不足夠。這不僅關乎緊急醫療應對工作，而是生存、尊嚴和基本人性。

即使有天炸彈不再漫天飛墜，加沙此後承受的痛苦仍會長期持續。以色列封鎖加沙地帶，令我們無法為他們提供應得的治療，當地人因而將終身面對困境。只要需求一直存在，人道援助就必須不受阻礙、全面且持續提供予有需要的人們。

唯一驅使我們繼續撐下去的，是清楚知道病人需要我們；若我們停止工作，他們就會死去。這實在是苦苦承受多於堅韌不撓，但作為醫療工作者，我們已忽略自身創傷。到戰爭結束時，我們都需要面對眼前所見、所失和無法挽回的現實。

Beyond the emergency response, we see a shocking number of people with wounds, burns, and other injuries that require long-term, complex care. In addition to high-level surgery, many need treatment for chronic, antibiotic-resistant infections, physiotherapy, regular check-ups, and mental health support, as well as practical assistance. However, even providing a wheelchair or a latrine becomes pointless if the roads are blocked by rubble or sand. How can people navigate this destruction?

Long-term rehabilitation requires infrastructure, expertise, and coordinated care. But in Gaza, we struggle to even keep people alive. There is no functioning rehabilitation system. The only limb prosthesis centre in Gaza is closed, and there is no way to properly refer patients from a health centre to a hospital. Patients are therefore left to live with disabling injuries that could have been prevented.

More than 90 per cent of people in Gaza are displaced. The education system has collapsed. Clean water, sanitation, and food security are all deteriorating. Every aspect of life is disrupted. On top of the physical wounds, the psychological toll is immense. Most of Gaza is suffering – whether injured or not – from acute stress, post-traumatic stress disorder, and deep mental trauma.

Humanitarian organisations are making efforts, but they are not enough. This is not just about emergency medical response. This is about survival. About dignity. About basic humanity.

The suffering in Gaza will continue long after the bombs stop falling. People will face a lifetime of hardship simply because we were unable to give them the treatment they deserved, due to the Israeli blockade of the Strip. Humanitarian aid must be unhindered, comprehensive, and sustained for as long as needs persist.

The only thing that keeps us going is knowing that our patients need us, and that if we stop working, they will die. It's suffering more than resilience, but as healthcare workers, we have ignored our own trauma. When the war ends, we will all have to face the reality of what we have seen and lost, and what cannot be undone.



加沙什法地區多幢建築被炸毀，滿目瘡痍。  
General view of destroyed buildings in Al-Shifa neighborhood, in Gaza City.  
©Karin Huster/MSF

# 前線救援人員 International mobile staff (IMS)

2024 年來自中國內地、香港、印尼、柬埔寨、緬甸、馬來西亞、菲律賓、新加坡、泰國、東帝汶、台灣與越南的131名專業人員，出發前往下列37個國家或地區，參與158次前線救援工作：阿富汗、孟加拉、中非共和國、乍得、剛果民主共和國、多明尼加共和國、史瓦帝尼、埃塞俄比亞、海地、香港、印度、印尼、伊拉克、約旦、肯尼亞、基里巴斯、老撾、黎巴嫩、馬來西亞、莫桑比克、緬甸、尼日爾、尼日利亞、巴基斯坦、巴勒斯坦、巴布亞新畿內亞、菲律賓、塞拉利昂、南非、南蘇丹、蘇丹、敘利亞、坦桑尼亞、泰國、烏克蘭、也門及津巴布韋。

其中，大約30人為首次參與前線救援工作。在派出的專業人員當中，大約57%擔任醫療人員角色，餘下的人員擔任非醫療的工作崗位，包括後勤、財務與人力資源等。

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

In 2024, we had 131 professionals departing from Mainland China, Hong Kong, Indonesia, Cambodia, Myanmar, Malaysia, Philippines, Singapore, Thailand, Timor Leste, Taiwan and Vietnam on 158 assignments to 37 different countries / regions. (Afghanistan, Bangladesh, Central African Republic, Chad, Democratic Republic of the Congo, Dominican Republic, Eswatini, Ethiopia, Haiti, Hong Kong, India, Indonesia, Iraq, Jordan, Kenya, Kiribati, Laos, Lebanon, Malaysia, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Palestine, Papua New Guinea, Philippines, Sierra Leone, South Africa, South Sudan, Sudan, Syria, Tanzania, Thailand, Ukraine, Yemen and Zimbabwe.)

Around 30 of these professionals departed for their first assignment with MSF. Around 57% of all our deployments were for medical roles and the remaining 43% were non-medical positions in functions such as logistics, finance, and human resources.

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

## 統籌人員 - 醫療範疇

### Coordinators - Medical activities



迪亞茲  
Darwin Diaz



Ei Mon Khine



Francisco  
Raul Salvador



Htet Aung Kyi



Ita Perwira



Jan Krisna  
Rodriguez



Maria Angelina  
Jimenez



Rey Anicete



Rodell Lambatin



顏奔濤  
Roderick Embuido



Roselyn Morales



Sartini Saman



Soe Moe



Theint Thida Soe

Ei Ei Khaing

Gemma Arellano

Honorita Bernasor

Htay Thet Mar

Marve Duka

Phone Thit

Veena Pillai

一名少年(右)在加沙空襲中受傷，其後在組織位於約旦安曼的醫院接受物理治療。

A teenager (right) is injured during an airstrike in Gaza, receives a physiotherapy session at MSF's Hospital in Amman, Jordan. ©Moises Saman/Magnum Photos

## 統籌人員 - 非醫療範疇

Coordinators - Non-medical activities



## 統籌人員 - 項目範疇

Coordinators - Operational



## 經理 - 醫療活動

Managers - Medical activities



## 經理 - 非醫療活動

### Managers - Non-medical activities



Akolentina



鄭巧鈺  
Chiao Yu  
Joanna Cheng



Delfi Anugrah



Denny Capua



何鳳儀  
Fung Yee  
Rebecca Ho



Ismed Ismail



Jean Penafloida



Leda Serbo



Lin Thu Oo



鄺蕪芳  
Ludivine Lucie  
Yvonne Gruner  
Houdet



Polly Michelle  
Guides Cunanan



Rhea Fe  
Poliquin



Roje Garcia



Roman Reinhart  
Ladaw



常望寧  
Sabina Simmons



Seng Ja Din



Soe Moe Aung



張彤  
Tung Cheung



張薇儀  
Wei Yee Teoh



Wilma Cuaycong



Yerolla Harapando  
Sipayung

Amie Ocampo

Artur Vila

Bruman Palete

Krishna Tejerero

Taufik Hamzal

Thimotius Simon Petrus Benu

Tzu Lyn Phang

Yakub

Yogi Anggoro

## 外科醫生、麻醉科醫生和婦產科醫生

### Surgeons, Anesthesiologist and Obstetrician-Gynaecologists



Ann Guevarra



甄鈴  
Caryssa  
Ling Yan



高志昌  
Chi Cheong  
Ryan Ko



Damayanti Zahar



王敬維  
King Wai  
Rayman Wong



Nang Kham  
Oo Leik



Quyen Dinh



林昇誼  
Sheng Yi Lin



夏肇聰  
Siu Chung Ha



吳少彬  
Siu Pan Ben Ng



Vinh Danh



鄔逸群  
Yi Chun Wu



歐耀佳  
Yiu Kai Paul Au

Deborah Khoo

Inri Vilaluna

冼瑞靈 Sui Ling Sin

## 醫生(包括專科)

Medical Doctors (including specialists)



Jaymee Christine  
Abarquez



黎曉欣  
Hiu Yan  
Joanne Lai



Joseph Ang



Nang Ohn Kham



Stephanie  
Alagadan

Chin Saw Sian

Mohamad Farhan

Sithu Hein

## 醫療輔助人員(包括經理)

Paramedics (including managers)

\* 擔任經理職位 In a managerial position



蘇衍霽\*  
Hin Pui  
Krystal So



Iza Tee\*



Jerwin Capuras\*



Junny Abela\*



鄭家瑩  
Ka Ying Alice  
Cheng



Romell Nalitan\*



Rosemund  
Joyce Ruiz\*



Ryan Lewis\*



Sheryl Dedoroy\*



Shun Yat Fok



Siew Li Ng\*



Teresita Sabio\*



周雪  
Xue Zhou



文易淘\*  
Yi Tao Asta Man



林映虹  
Ying Hung Lam

Ahmed Barakat\*

Catherine Lai

鄭佩瑩 Pei Ying Chang\*

Joshua Sim\*

Seinn Seinn Min\*

Su Lan Yang\*

Theingi Aye\*

# 無國界醫生（香港）亞洲活動概覽

## Activity overview of MSF Hong Kong in Asia



公眾透過參觀前線救援人員所使用的物資，了解無國界醫生的醫療救援工作。  
The exhibition also displayed the aid supplies and medical kits, for the public to know more about our work. ©MSF

2024年，無國界醫生香港辦事處用心籌辦兩個別具意義的活動，讓市民親身了解人道救援工作與當中的挑戰。

In 2024, MSF Hong Kong office organised two meaningful events for people to experience our humanitarian response on the front line and the challenges we face along the way.

### 「救援在前30年」展覽

### “Crossing Front Lines, Together” exhibition

適逢無國界醫生（香港）成立30年，我們於11月中環街市舉辦了一場展覽，展示組織30年來的一些重要里程碑，並展出一輛模擬「救援四驅車」，吸引大批市民前來參觀拍照。

To mark our 30th year since we were established, MSF Hong Kong launched the exhibition entitled "Crossing Front Lines, Together" in November which showcased our milestones over the years, as well as a replica MSF four-wheel drive (4WD) offroad vehicle at the Central Market. The event attracted large crowds for visits and photos.

這輛經過特別改裝的四驅車，接近還原組織在前線使用的救援車輛，配合場內其他展出的救援物資，例如伊波拉疫情爆發時醫護所穿的個人防護裝備、基本藥物藥箱等。展覽亦以文字展出無國界醫生在各地的救援故事，讓公眾更能設身處地感受救援團隊在惡劣環境下工作的艱辛和挑戰。

The exhibition also included a range of tools and aid supplies our teams use, such as the personal protective equipment our medical staff wear to provide care for Ebola patients during outbreaks, as well as basic medical kits and ready to use therapeutic food supplies to treat malnutrition. The exhibition also featured stories from our IMS about their humanitarian response assignments, allowing visitors to learn more about the hardships confronting our patients and our teams working in challenging environments.



展覽展出了無國界醫生在前線使用的救援四驅車。  
The exhibition displayed the MSF 4WD offroad car replica. ©MSF

## 救援在野2024

「救援在野」在3月回歸實體賽場，並首度以跑步比賽形式，於大美督船灣淡水湖主壩舉行。賽場的景色與主壩壩讓參賽者代入賽事主題——連年遭洪水圍困的南蘇丹。

過千名跑手分別參與10公里賽、3公里賽及1公里Fun Run體驗賽，一同感受救援團隊被洪水圍困時遇上的救援挑戰。大會於比賽場地設多個主題攤位遊戲，以及在1公里Fun Run體驗賽設置與人道救援相關的小任務。

我們期望擴大「救援在野」活動規模，並將增設更多互動元素，讓更多人能深入瞭解我們的工作，並以實際行動親身支持無國界醫生的全球救援工作。

## 籌募工作

30年來，無國界醫生在香港一直得到捐款者鼎力支持，讓我們能夠在世界超過75個國家提供急需的醫療服務，拯救生命。同時推動香港發展成無國界醫生前線人員招募和派遣的重要地區樞紐

為答謝捐款者的無私支持，我們特別製作一份紀念刊物《相醫30》，答謝捐款者多年來的支持，也分享了支持者對人道工作的熱誠和期望。

我們於2024年重新展開街頭募捐活動。團隊於2023年開始籌備，到2024年的下半年試行兩場，並目標於2025年全面重啟。



我們重啟街頭募捐活動。  
We relaunched our face-to-face fundraising initiatives. ©MSF

10月份，我們舉辦了一場遺贈講座，特別邀請律師分享有關訂立遺囑的重要，如何免卻身後的法律問題和困擾，並可設立遺贈捐款，讓無私的關懷繼續為最需要的人帶來療癒和健康。



「救援在野」跑步比賽於大美督船灣淡水湖主壩舉行。  
"On track to Save" has introduced the new format - running event - which was held at the main dam of Tai Mei Tuk Plover Cove Reservoir. ©MSF

## On Track to Save 2024

"On Track to Save" has introduced the new format of a running race to the annual sports event in March. As the first physical race since the pandemic, it was held at the main dam of Tai Mei Tuk Plover Cove Reservoir, whose geographical characteristics resemble the flood-ridden South Sudan.

Over 1,000 runners participated in three categories: 10km race, 3km race, and the 1km Fun Run race. Runners who competed across the dam could feel the challenges faced by teams on the ground during life-saving operations in flood-stricken areas. Apart from the race, the event featured multiple booth games and mini-missions during the 1km Fun Run experience related to humanitarian aid.

MSF Hong Kong is exploring the expansion of "On Track to Save" and introducing more interactive components to deepen people's understanding of MSF's humanitarian work. We aim to encourage them to take part in person to support our work through tangible actions.

## Fundraising activities

For 30 years, MSF has been privileged to receive unwavering support from our dedicated donors in Hong Kong. Their generosity has empowered us to save countless lives and solidify the city's role as a vital regional hub for recruiting and deploying frontline humanitarian aid workers.

To mark this milestone and express our heartfelt gratitude, we produced a commemorative publication, "30 Years of Saving Lives Together". This special edition features messages of appreciation from our management and staff, alongside sharing from donors that reflect their deep and enduring commitment to humanitarian action.

We relaunched our street fundraising initiatives in 2024. Preparation began in 2023, and in the second half of 2024, we rolled out two trial activities. Our target is to fully resume street fundraising in 2025, and we look forward to engaging with more people in Hong Kong, transforming their humanitarian compassion into a stronger support towards medical humanitarian aid.

## 前線行動支援

2024年，無國界醫生（香港）的行動支援組（OSU）透過轉型投資能力計劃，尋找全新及可持續的合作夥伴關係，繼續在東南亞國家中推行防治甲醇中毒項目。

為應對11月在老撾發生、釀成至少6死的甲醇中毒事件，項目團隊為該國當局提供技術支援，包括現場評估、培訓課程和數碼健康推廣活動。我們繼續監測與監控全球的甲醇中毒個案，同時與澳洲新南威爾斯大學合作，探索使用人工智能與公開來源情報進行全球監測。

除了常規監測疫病爆發和自然災害，行動支援組進行的一項審評，亦將氣候、環境和健康訂定為重點關注範疇，尤其是組織在應對水災及熱浪時如何調整行動。行動支援組亦為印尼項目提供直接支援，以協助其提供環境健康以及水利衛生方面的培訓。

## 無國界醫生在香港的醫療項目

無國界醫生於本年度末結束其支援油尖旺和深水埗區無家者的基層醫療護理項目。

項目採用醫社合作模式，與本地團體攜手提供健康檢查、健康推廣講座、創傷護理、醫療轉介以及心理社交支援等服務並跟進個案，此外亦為合作夥伴提供物資和培訓，加強其持續應對的能力。

項目共為308名無家者提供健康檢查、完成595次護理跟進、103次創傷護理及36次醫療轉介；團隊舉辦的健康講座參加人次分別為735（個人環節）和400（小組環節），心理支援小組參加人次為242。

## 醫護人員的專業培訓

在衝突地區、自然災害下和疫症肆虐期間，無國界醫生團隊在充滿挑戰的環境中提供醫療護理。為確保醫護人員就這類人道工作做足準備，無國界醫生（香港）在台灣辦了首屆「MEDICS」（Multi-disciplinary Enhanced Deployment in Critical Surgical Care）培訓。



組織舉辦這場為期6日的專業培訓，多名醫護人員參與。  
MSF organised this 6-day professional medical training for our healthcare workers. ©MSF

While a discussion on writing one's will may be tough to start with, it plays a crucial role in easing the legal issues and hassles on individuals and their families that could follow their passing. Coupled with a legacy donation, it creates a lasting impact on the world people are still living in.

At our legacy talk in October, we invited a lawyer to provide valuable insights on the significance of writing a will and the profound meaning of leaving a legacy gift.

## Operational support

In 2024, the Operations Support Unit (OSU) of MSF Hong Kong continued its Methanol Poisoning Initiative (MPI) identifying new and sustainable partnerships to address methanol poisoning in high burden Southeast Asian countries.

MPI provided technical support to Lao authorities in responding to methanol poisoning incidents that killed at least six people in November. This support included on-site assessments, training sessions, and digital health promotion campaigns. Monitoring and surveillance of global methanol poisoning incidents continued, while we explored in collaboration with Australia's University of New South Wales the use of AI and open-source intelligence for global surveillance.

Apart from routine surveillance of disease outbreaks and disasters, OSU conducted an assessment focused on how MSF adapts its operations to address floods and heat waves. Direct support was provided to the Indonesia project with training sessions on environmental health and water sanitation.

## MSF's healthcare project in Hong Kong

In 2024, MSF concluded its healthcare project supporting the homeless community in Hong Kong's Yau Tsim Mong and Sham Shui Po districts.

The project adopted a medical-social model to collaborate with local organisations in delivering services including health checks, health promotion, wound care, medical referrals, and psychosocial support, as well as case follow-ups. MSF also equipped its partners with training and supplies to strengthen their capacity for a sustained response.

The team provided general health screenings for 308 homeless people, completed 595 follow-up consultations, 103 wound care treatments, and 36 medical referrals. It conducted health education for 735 person-times in individual sessions and 400 person-times in group sessions, as well as psychosocial support group sessions for 242 person-times.

這項培訓延續了2008年至2018年在香港為整個地區不同年資的醫護人員提供的培訓傳統，聚焦與外科相關各種緊急專科護理範疇。2024年，「MEDICS」培訓匯聚來自15個國家和地區，在急症科、深切治療科、外科、婦科和麻醉科擁有豐富經驗和25名專科醫護人員。這為期六天的培訓結合理論與實踐，提供不同的練習和小組討論來進一步提升參加者的緊急護理水平。

## 區域前線人力資源管理

無國界醫生（香港）招募致力救援工作的專業人士參與我們在全球各地的國際醫療人道項目，並支援其人道事業發展。2024年，我們的前線人力資源團隊在中國內地、香港、印尼、菲律賓、新加坡和台灣等地舉辦的八場醫學會議和活動，積極進行招募和溝通。團隊亦舉辦了12場招募評估，共有27名入圍申請者參加。

## 中國內地交流

2024年，無國界醫生在人事務交流方面繼續拓展「朋友圈」，與中國內地同行交流經驗，並與智庫、社會組織和學者保持溝通，增進各界對無國界醫生全球醫療人道救援工作的了解。我們亦分享了組織在氣候變化與醫療領域的工作成果，以及應對蘇丹由武裝衝突引發的醫療人道危機等實踐經驗。另外，我們也及時有效地支援並協助馬里、緬甸、埃塞俄比亞等地的項目需求。

在醫療領域方面，我們加強和中國內地結核病研究機構和學者的對話，繼續在中國創新論壇和結核病年度會議等全國性學術平台上，分享相關護理和研究經驗。無國界醫生全球結核病工作組核心成員在2024年國際肺病健康大會上，與中國結核病領域的從業人員對話，討論相關治療創新成果。在戊型肝炎防控學術交流會上，我們與來自中國公共衛生行業的與會者介紹了隨其戊肝疫苗接種運動而展開的行動研究，強調進一步提高疫苗可及性的必要和挑戰。

2024年，紀錄組織救援人員故事的新版《無國界醫生手記》出版。在出版社的邀請之下，我們走訪12個城市作線下分享，為當地讀者帶來精彩紛呈的救援故事。我們

## Professional training for MSF healthcare workers

In conflict zones, during natural disasters, and epidemics, MSF teams work in challenging environments to provide medical care. To ensure healthcare professionals are prepared for these humanitarian assignments, MSF Hong Kong conducted its first Multi-disciplinary Enhanced Deployment in Critical Surgical Care (MEDICS) training hosted in Taiwan. The training continues the legacy of trainings offered in Hong Kong from 2008-2018 for both new and experienced medical staff from the region. In 2024, MEDICS brought together 25 medical professionals from 15 regions and countries, with experience and specialisations in emergency medicine, intensive care, surgery, gynaecology, and anaesthesiology. The six-day programme combined theory and practice through hands-on exercises and group discussions to further enhance the participants' standard of emergency care.

## Human resource management in the region

MSF Hong Kong recruits and supports the career development of committed professionals to work in our international medical humanitarian projects worldwide. In 2024, our human resource team undertook active recruitment and engagement activities at eight medical conferences and events in countries and regions including Mainland China, Hong Kong, Indonesia, Philippines, Singapore and Taiwan. We conducted 12 assessment sessions where 27 shortlisted applicants participated.

## Engagements in Mainland China

In 2024, MSF continued to expand its exchange network of stakeholders in humanitarian affairs. We shared experiences with Chinese counterparts and continued our engagements with think tanks, social organisations and academia to enhance their understanding of MSF's global medical humanitarian aid work. This included MSF's work in the areas of climate change and healthcare, as well as its practical experience in responding to the medical and humanitarian crisis caused by the armed conflict in Sudan. Meanwhile, we provided timely and effective support and assistance to MSF projects in Mali, Myanmar, Ethiopia and other regions.

In healthcare sector, MSF strengthened dialogues with the medical tuberculosis (TB) community in Mainland China. MSF continued to share expertise in TB care and research at national academic platforms, such as the Chinese National Innovation Forum and the Annual National TB Conference.

於2024年接受多家媒體專訪邀請，安排前線救援人員分享人道救援的真實情況，喚起更多人的關注。

組織在加沙戰爭中的工作讓更多人看到人道救援的力量，《南方人物週刊》評選「無國界醫生」為「2024年度魅力人物」。同時，我們再次採用直播的形式舉辦「我愛MSF」年度活動，超過6,000人參與。救援人員在直播中即時回答線上網友的提問，拉近和觀眾的距離，讓更多人進一步了解無國界醫生。



我們走訪多個城市，就《無國界醫生手記》作線下分享。  
Being invited by the publisher of "Stories from MSF", we visited twelve cities in China to participate in physical book-sharing events ©Celia Ma/MSF

Core members of MSF's global TB working group also met with key Chinese TB researchers and medical practitioners at the Union Conference on Lung Health, and attended a symposium showcasing Chinese innovations in TB care. At the National Hepatitis E Symposium, MSF presented results from our operational research during a vaccination campaign in South Sudan and highlighted the need and challenges to further improve vaccine access to an audience of Chinese public health professionals and the industry representatives.

In 2024, a new edition of "Stories from MSF" - a book that records IMS stories - was republished. Invited by the book publisher, we visited 12 cities in China to participate in local book-sharing events, bringing compelling stories to audiences. We accepted multiple media interview invitations and our IMS shared their perspectives on the realities of humanitarian aid, drawing greater public attention to these crises.

Our work during the war in Gaza demonstrated the power of humanitarian aid, earning the recognition from the Southern People's Weekly as one of their "Iconic People of the Year 2024".

Meanwhile, we hosted the annual event titled "I Love MSF" via live streaming again in 2024. Over 6,000 people participated in the engagement initiative. Our IMS answered questions from netizens in real time, fostering a closer connection with the audience and increasing their awareness of MSF's work.

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

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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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| 成員 Members     | 李君婷醫生 Dr. Kandice Ellen Li<br>吳錦華 Kam Wah Webster Ng<br>朱景熙 King Hei Chu <sup>2</sup> | 詹鋌鏘 Ting Cheong Carter Chim<br>林廷珍 René Lim <sup>3</sup><br>梁倩雯 Ching Man Gloria Leung <sup>4</sup> |

<sup>1</sup> 2024年8月24日離任 Resigned on 24 Aug 2024

<sup>2</sup> 2024年8月24日上任 Appointed on 24 Aug 2024

<sup>3</sup> 2024年11月30日離任 Resigned on 30 Nov 2024

<sup>4</sup> 2024年12月1日上任 Appointed on 1 Dec 2024

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

Resigned means resignation from the role, where the member may or may not remain on the Board. Appointed means an appointment to the role, where the member may or may not be on the Board prior to the appointment.

截至2024年12月，無國界醫生（香港）共有81名職員，另有2名義工定期協助處理日常工作。

As of December 2024, the MSF Hong Kong has 81 staff and 2 regular office volunteers who helped with office tasks.

無國界醫生衷心感謝所有捐款人及機構、團體、學校、大專院校和辦事處義工的支持。鳴謝名單請參閱：msf.hk

MSF Hong Kong would like to thank all donors, corporations, organisations, schools, institutions and office volunteers for their generous support.

Please go to msf.hk for the acknowledgments list.

# 香港救援人員在前線

## IMS from Hong Kong in the projects



Krystal 前往加沙參與救援工作時，拍下當地被以軍轟炸後一片頹垣敗瓦。  
During her assignment in Gaza, Krystal captured a picture of rubble and ruins after being bombed by the Israeli army. © MSF



吳少彬 Ben Ng

📍 南蘇丹 South Sudan 🧑‍⚕️ 麻醉科醫生 Anaesthesiologist

Ben以麻醉科醫生身分，前往南蘇丹，在北部城市烏韋勒區內唯一的婦科及兒科醫院工作。作為院內唯一合資格的麻醉科醫生，他每日「24/7」隨時候命，一個月內處理328宗手術，即是平均每日超過10宗。  
Dr. Ben Ng went to South Sudan in 2024 as an anaesthesiologist at the only gynaecological and paediatric hospital in the Aweil region in the north. As the only qualified anaesthesiologist at the hospital, Ben was on call 24/7, and performed 328 surgeries in one month, averaging more than 10 per day. ©MSF



甄羚 Caryssa Yan

📍 也門 Yemen 🧑‍⚕️ 婦產科醫生 Obstetrician-Gynaecologist

Caryssa在2024年底參與首次人道救援工作，在也門塔伊茲一所由組織協助營運的醫院擔任婦產科醫生，為期3個月。駐院期間，她每月平均協助接生550個初生嬰兒，同時須「24/7」隨時候命進行緊急手術。  
In late 2024, Caryssa participated in her first humanitarian aid assignment. She went to a hospital in Taiz, Yemen, operated by MSF as an obstetrician and gynaecologist for 3 months. During her assignment, she assisted an average of 550 deliveries per month, and was on call 24/7 for emergency surgeries. ©MSF



### 蘇衍霈 Krystal So

📍 加沙 Gaza    👤 助產事務經理 Midwife Activity Manager

Krystal於2024年曾兩度赴加沙參與組織的救援工作，包括協助重開納賽爾醫院的產科病房、支援性暴力倖存者、以及為當地人和同事提供情緒支援。圖中她正在照顧兩名剛出世的嬰兒。

In 2024, Krystal went to Gaza twice for medical aid assignments, where she assisted to reopen the maternity ward of Nasser Hospital, supported survivors of sexual violence, and provided emotional support to local people and colleagues. She was taking care two new born babies in this picture. © Mariam Abu Dagga/MSF



### 歐耀佳 Paul Au

📍 南蘇丹 South Sudan    👤 外科醫生 Surgeon

在2024年4至7月，歐耀佳（左）以外科醫生身分前往南蘇丹，支援北部本提烏的一所醫院，是院內的唯一外科醫生，3個月內「24/7」隨時候命，處理包括槍傷、緊急手術、分娩等個案。

From April to July 2024, Dr. Au went to South Sudan to support a hospital in Bentiu, being the only surgeon in the facility. He was on call 24/7 for three months, handling gunshot wounds, emergency surgeries, and delivery cases. ©MSF



### 高志昌 Ryan Ko

📍 也門 Yemen    👤 外科醫生 Surgeon

高志昌（左三）自2007年加入無國界醫生，至今一共參與20次國際救援工作。2024年上半年前往也門，他以外科醫生訓練員身份，主力培訓當地醫護人員。

Dr. Ko (third from the left) had participated in 20 humanitarian aid assignments since he joined MSF in 2007. He went to Yemen as a surgical trainer in the first half of 2024, focusing on training the local medics. ©MSF



### 林婧 Stephanie Suor

📍 中非共和國 Central African Republic  
👤 供應鏈統籌 Supply Chain Coordinator

Stephanie（左二）以供應鏈統籌身分，在2024年中前往中非共和國，負責協調當地的物資供應和運輸事務。圖中為她與組織後勤人員在倉庫的合照。

Stephanie (second from left) went to the Central African Republic in mid-2024 as a supply chain coordinator. She has been coordinating the logistics of the humanitarian supplies. She was having pictures with her colleagues in one of our warehouses. ©MSF

# 年度照片

## Year in pictures



大批巴勒斯坦民眾遵循以軍的撤離令，手持隨身物品從拉法撤離。  
Displaced Palestinians in Rafah in the southern Gaza Strip carry their belongings as they leave following an evacuation order by the Israeli forces.

加沙 Gaza ©MSF



在蘇丹衝突中，一名20個月大女嬰被炸彈碎片擊中頭部。  
A 20-month-old toddler was struck by shrapnel after a bomb-blast.

蘇丹 Sudan ©MSF



尼亞拉教學醫院遭受破壞。  
Destruction at the Nyala Teaching hospital.

蘇丹 Sudan ©Abdalla Berima/MSF



無國界醫生秘書長洛克耶在2024年2月的聯合國安理會會議上，促請加沙停火。  
Christopher Lockyear, MSF Secretary General, urged for a ceasefire at the UN Security Council in February 2024.

美國 USA ©UN Photo/Loey Felipe



伊塔在南蘇丹誕下小女孩。  
Ita Joice meets her baby girl.

南蘇丹 South Sudan ©Manon Massiat/MSF



年初科克斯巴扎爾5號難民營失火，燒毀近900個處所，令營內難民生活雪上加霜。  
A fire in Camp 5 housing Rohingya refugees in Cox' Bazaar in January destroyed nearly 900 shelters, putting families into further hardship.

孟加拉 Bangladesh ©Jan Bohm/MSF



尤里被地雷炸傷後，接受物理治療。  
Recovering from a mine-blast injury, Yurii receives physiotherapy care.

烏克蘭 Ukraine ©Yuliia Trofimova/MSF



一名媽媽帶着兒子接受營養不良治療。他們為了逃避蘇丹戰事，逃離到鄰國乍得。  
A mother and child inside the therapeutic feeding center for malnourished children at the MSF hospital. They fled the war in Sudan to Chad.

乍得 Chad ©Finbarr O'Reilly/VII Photo



組織在海上救援行動中打撈起多具遇溺移民的遺體。  
MSF's search and rescue team recovered the bodies of migrants who drowned in the Mediterranean Sea.

地中海 Mediterranean Sea ©Frederic Seguin/MSF



為逃避衝突，艾力一家逃難米諾瓦抵達戈馬。艾力為保護家人，第一時間搭建帳幕。  
Eric and his family fled from the violence and arrived in Goma from Minova. Determined to protect his family, he immediately began building a shelter for them.

剛果民主共和國 DRC ©Marion Molinari/MSF



水災威脅下，茱利安因臨時居所難以容納她們一家，只能留守家園。她在家門等待小孩以獨木舟放學回家。  
In a serious flood, Julienne stayed inside her flooded home due to lack of accommodation that can shelter her whole family. Standing in front of her door, she waits for her children who have gone to school with a canoe.

剛果民主共和國 DRC ©MSF



加沙什法醫院大樓受以軍嚴重破壞。  
Al Shifa medical complex was damaged by the Israeli military.

加沙 Gaza ©MSF

# 無國界醫生 (香港) 2024年度財政概覽 (以港元為單位)

## MSF Hong Kong financial overview 2024 (in Hong Kong dollar)

|  | 2024                              | 2023               |
|--|-----------------------------------|--------------------|
| <b>收入 Income</b>                               |                                   |                    |
| 捐款收入 Donations income                          | 385,422,138                       | 419,489,902        |
| 其他收入 Other income                              | 1,992,062                         | 2,583,659          |
| <b>總數 TOTAL :</b>                              | <b>387,414,200 <sup>(1)</sup></b> | <b>422,073,561</b> |
| <b>支出 Expenditure</b>                          |                                   |                    |
| <b>社會使命 Social mission</b>                     |                                   |                    |
| 緊急與醫療救援項目 Emergency and medical programmes     | 256,787,710 <sup>(2)</sup>        | 294,612,693        |
| 項目支援與發展 Programme support and development      | 52,924,127                        | 54,259,342         |
| 提高公眾關注與倡議 Public awareness and other campaigns | 13,109,165                        | 11,517,731         |
| 其他人道救援活動 Other humanitarian activities         | 1,789,637                         | 1,993,422          |
| <b>社會使命總開支 Total social mission</b>            | <b>324,610,639 <sup>(3)</sup></b> | <b>362,383,188</b> |
| 行政經費 Management and general administration     | 24,072,384                        | 23,977,153         |
| 籌款經費 Fundraising                               | 38,608,726                        | 35,421,248         |
| 財務費用 Finance cost                              | 239,807                           | 101,054            |
| <b>總數 TOTAL :</b>                              | <b>387,531,556</b>                | <b>421,882,643</b> |
| 匯兌 (收益) / 損失淨額 Net exchange (gain)/loss        | (117,356)                         | 190,918            |
| 虧損 Deficit                                     | -                                 | -                  |

### 截至2024年12月31日止的財務狀況表

| Statement of financial position as of 31st December 2024 | 2024               | 2023               |
|--|--------------------|--------------------|
| <b>非流動資產 Non-current liabilities</b>                     | <b>7,908,854</b>   | <b>6,651,237</b>   |
| <b>流動資產 Current liabilities</b>                          |                    |                    |
| 應收帳款 Debtors   | 201,586            | 118,349            |
| 押金及預付費用 Deposits and prepayments                         | 1,974,747          | 2,407,520          |
| 應收其他無國界醫生辦事處之帳款 Amount due from MSF entities             | 3,836,590          | 2,984,999          |
| 現金及銀行結餘 Cash and bank balances                           | 41,568,887         | 44,972,634         |
|  | <b>47,581,810</b>  | <b>50,483,502</b>  |
| <b>流動負債 Current liabilities</b>                          |                    |                    |
| 應付帳款與應計費用 Creditors and accrued expenses                 | 10,465,444         | 7,500,108          |
| 租賃負債 Lease liabilities                                   | 2,256,679          | 1,982,080          |
| 應付其他無國界醫生辦事處之帳款 Amount due to MSF entities               | 38,941,347         | 42,127,313         |
|  | <b>51,663,470</b>  | <b>51,609,501</b>  |
| <b>淨流動負債 Net Current liabilities</b>                     | <b>(4,081,660)</b> | <b>(1,125,999)</b> |
| <b>非流動負債 Non-current liabilities</b>                     | <b>(3,827,194)</b> | <b>(5,525,238)</b> |
| <b>淨資產 Net liabilities</b>                               | <b>-</b>           | <b>-</b>           |
| <b>資金餘額 Fund balances</b>                                |                    |                    |
| 累積資金 Accumulated funds                                   | - <sup>(4)</sup>   | -                  |

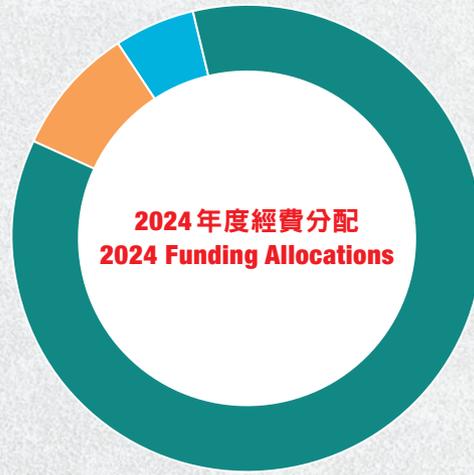
按照法例，謹此聲明，以上陳列數據僅為截至2024年12月31日止年度的指明財務報表（即：法定財務報表）的一部分，並不是完整的財務報表。該報表是根據《香港財務報告準則》以及《公司條例》擬備，並會送呈公司註冊處。報表已由無國界醫生（香港）董事會認可，並由核數師安永會計師事務所審核。核數師在核數報告中，對報表無保留意見，即認為法定財務報表真實而中肯地反映了組織於截至2024年12月31日止的財務狀況和該年度的財務表現。核數師亦沒有以強調方式提述須予注意的事項，即核數師對報表沒有保留。核數報告內也沒有任何根據香港《公司條例》第406(2)、407(2)或(3)條的陳述。這些條例列明，若果財務報表與董事報告不吻合；公司沒有備存充份的會計記錄；財務報表與會計記錄不吻合；或核數師沒有取得所有對審計工作而言屬必需的資料或解釋，核數師必須在其報告內述明。完整財務報表可瀏覽：[msf.hk](http://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 2024. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and will be delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF Hong Kong and were audited by the auditor, EY. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2024 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 on [msf.hk](http://msf.hk).



**2024 年度經費來源**  
**2024 Funding Sources**

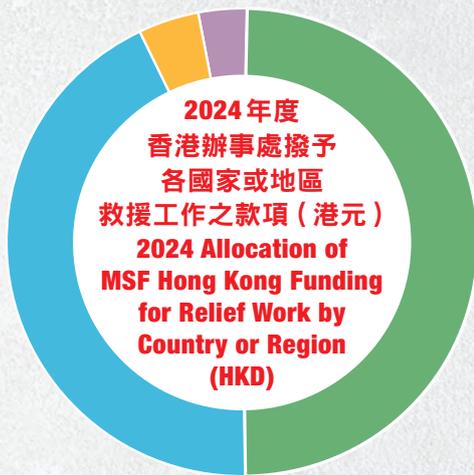
**99.5% 公眾捐款 Donations from the public**  
**0.5% 其他收入 Other income**



**2024 年度經費分配**  
**2024 Funding Allocations**

**83.8% 社會使命 Social mission**  
**66.3% 緊急與醫療救援項目 Emergency and medical programmes**  
**13.7% 項目支援與發展 Programme support and development**  
**3.4% 提高公眾關注與倡議 Public awareness and other campaigns**  
**0.4% 其他人道救援活動 Other humanitarian activities**

**10.0% 籌款經費 Fundraising**  
**6.2% 行政經費 Management and general administration**



**2024 年度**  
**香港辦事處撥予**  
**各國家或地區**  
**救援工作之款項 (港元)**  
**2024 Allocation of**  
**MSF Hong Kong Funding**  
**for Relief Work by**  
**Country or Region**  
**(HKD)**

**48.7% 亞太區及中東**  
**Asia-Pacific and the Middle East**  
**125,099,152**

**40.8% 非洲 Africa**  
**104,730,442**

**7.4% 美洲 The Americas**  
**18,950,083**

**3.1% 歐洲 Europe**  
**7,977,070**

| 國家或地區<br>Country or region                | 撥款<br>Funding | 國家或地區<br>Country or region                   | 撥款<br>Funding |
|---|---------------|--|---------------|
| ● 巴勒斯坦 Palestine                          | 29,526,101    | ● 貝寧 Benin                                   | 3,061,173     |
| ● 剛果民主共和國<br>Democratic Republic of Congo | 27,647,956    | ● 布隆迪 Burundi                                | 2,819,211     |
| ● 南蘇丹 South Sudan                         | 18,563,223    | ● 肯尼亞 Kenya                                  | 2,799,732     |
| ● 馬來西亞 Malaysia                           | 17,970,000    | ● 巴西 Brazil                                  | 2,595,758     |
| ● 阿富汗 Afghanistan                         | 12,271,987    | ● 塞拉利昂 Sierra Leone                          | 2,436,009     |
| ● 孟加拉 Bangladesh                          | 11,267,796    | ● 埃及 Egypt                                   | 2,425,394     |
| ● 也門 Yemen                                | 10,266,277    | ● 希臘 Greece                                  | 2,359,026     |
| ● 海地 Haiti                                | 10,132,853    | ● 意大利 Italy                                  | 2,117,600     |
| ● 巴基斯坦 Pakistan                           | 9,656,494     | ● 比利時 Belgium                                | 1,988,732     |
| ● 埃塞俄比亞 Ethiopia                          | 8,473,359     | ● 莫桑比克 Mozambique                            | 988,083       |
| ● 蘇丹 Sudan                                | 8,249,637     | ● 津巴布韋 Zimbabwe                              | 825,213       |
| ● 中非共和國<br>Central African Republic       | 8,139,882     | ● 波蘭 Poland                                  | 737,127       |
| ● 伊拉克 Iraq                                | 7,480,818     | ● 印尼 Indonesia                               | 729,560       |
| ● 黎巴嫩 Lebanon                             | 7,320,584     | ● 巴爾幹半島路線<br>Migrant support on Balkan route | 628,841       |
| ● 敘利亞 Syria                               | 7,308,391     | ● 南非 South Africa                            | 467,407       |
| ● 尼日利亞 Nigeria                            | 6,972,108     | ● 香港 Hong Kong                               | 335,668       |
| ● 馬里 Mali                                 | 6,776,412     | ● 墨西哥 Mexico                                 | 312,079       |
| ● 印度 India                                | 5,963,269     | ● 科特迪瓦 Cote d'Ivoire                         | 213,140       |
| ● 委內瑞拉 Venezuela                          | 5,909,393     | ● 烏克蘭 Ukraine                                | 145,744       |
| ● 緬甸 Myanmar                              | 5,000,000     | ● 突尼斯 Tunisia                                | 31,071        |
| ● 幾內亞 Guinea                              | 3,793,301     | ● 喀麥隆 Cameroon                               | 26,048        |
|   |               | ● 盧旺達 Rwanda                                 | 22,083        |
|   |               | ● 菲律賓 Philippines                            | 2,207         |

**總數 TOTAL : 256,756,747**

**2024 年度財政概覽說明**

- (1) 99.5% 經費來自公眾、私人信託及基金會的捐款。
- (2) 合計 256,787,710 港元被撥作於大約 40 個國家和地區進行緊急及醫療救援項目的經費。
- (3) 83.8% 收入用於履行無國界醫生的社會使命。
- (4) 2024 年，無國界醫生（香港）採取「零儲備」政策：所有籌得的捐款，扣除籌款、行政與財務經費及匯兌差額後，全數撥予履行社會使命。

**Explanatory notes on financial overview 2024**

- (1) 99.5% of donations came from public, private trusts and foundations.
- (2) A total of HKD 256,787,710 was allocated for emergency and medical programmes in around 40 countries and regions.
- (3) 83.8% total income was allocated to MSF's social mission activities.
- (4) In 2024, 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 activities.

## 無國界醫生憲章

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

- 無國界醫生不分種族、宗教、信仰和政治立場，為身處困境的人們以及天災人禍和武裝衝突的受害者提供援助。
- 無國界醫生遵循國際醫療守則，堅持人道援助的權利，恪守中立和不偏不倚的立場，並要求在其行動中不受任何阻撓。
- 全體成員嚴格遵循其職業規範，並且完全獨立於任何政治、經濟和宗教勢力之外。
- 作為志願者，全體成員深諳執行組織的使命所面臨的風險和困難，並且不會要求組織向其本人或受益人作出超乎該組織所能提供的賠償。

## The Médecins Sans Frontières charter

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

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

## 無國界醫生辦事處 MSF offices

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無國界醫生助產事務經理蘇衍需在加沙納賽爾醫院，為一名新生嬰兒進行身體檢查。

Krystal So, MSF midwife activity manager from Hong Kong, checks on a new born baby at Nasser Hospital.  
©Mariam Abu Dagga/MSF

📍 加沙 Gaza

