MEDECINS SANS FRONTIERES
無國界醫生

無國界醫生（香港）
2025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：

近年，各地衝突和戰爭越演越烈、天災與疫病危機持續嚴峻，人道救援比以往任何時候都來得重要。然而，僅靠單一的救援組織或個別人道工作者的努力，遠不足應對龐大需求。唯有各界展現真正的團結，集結各家專長、資源和力量，與受危機影響的人群並肩同行，方能共同應對種種挑戰。50多年來，無國界醫生一直以團結和人道精神為本，提供不偏不倚的醫療人道援助。

2025年，無國界醫生團隊親歷各場新舊、遠近的危機如何重創脆弱人群的身心，當中以戰爭與暴力衝突的禍害尤其令人痛心。不論是深陷全球最嚴重人道危機的蘇丹，或是正經歷種族滅絕的加沙，兩地均死傷者眾，基本服務和醫療護理遭剝奪與受阻。前者除大規模殺戮和營養不良外，性暴力問題亦令人髮指；後者則出現以色列軍方刻意以剝奪水和糧食作為戰爭武器的惡行，兩地民眾每天都在極度惡劣的環境下掙扎求存。雖然我們的團隊已竭盡所能，持續在當地治療暴力創傷和提供基本醫療護理，但情況仍處於災難水平。

儘管經歷這些艱難時刻，我們這一年亦目睹並親歷團結的力量和重要性。南蘇丹連續第二年遭遇歷來最嚴重的霍亂疫情，剛果民主共和國亦於9月爆發的伊波拉疫情（撰寫本文之際，當地再爆發另一場更大規模伊波拉疫情），無國界醫生為此與其他國際及當地組織攜手合作，竭力控制疫情擴散，盡力拯救病人生命。

在緬甸，一場7.7級地震導致逾5,000人喪生和基礎設施受廣泛破壞，加劇當地危機。無國界醫生團隊隨即在災區設立流動診所，提供緊急救災物資、水利衞生設施，以及心理健康支援，協助災民渡過困境。而

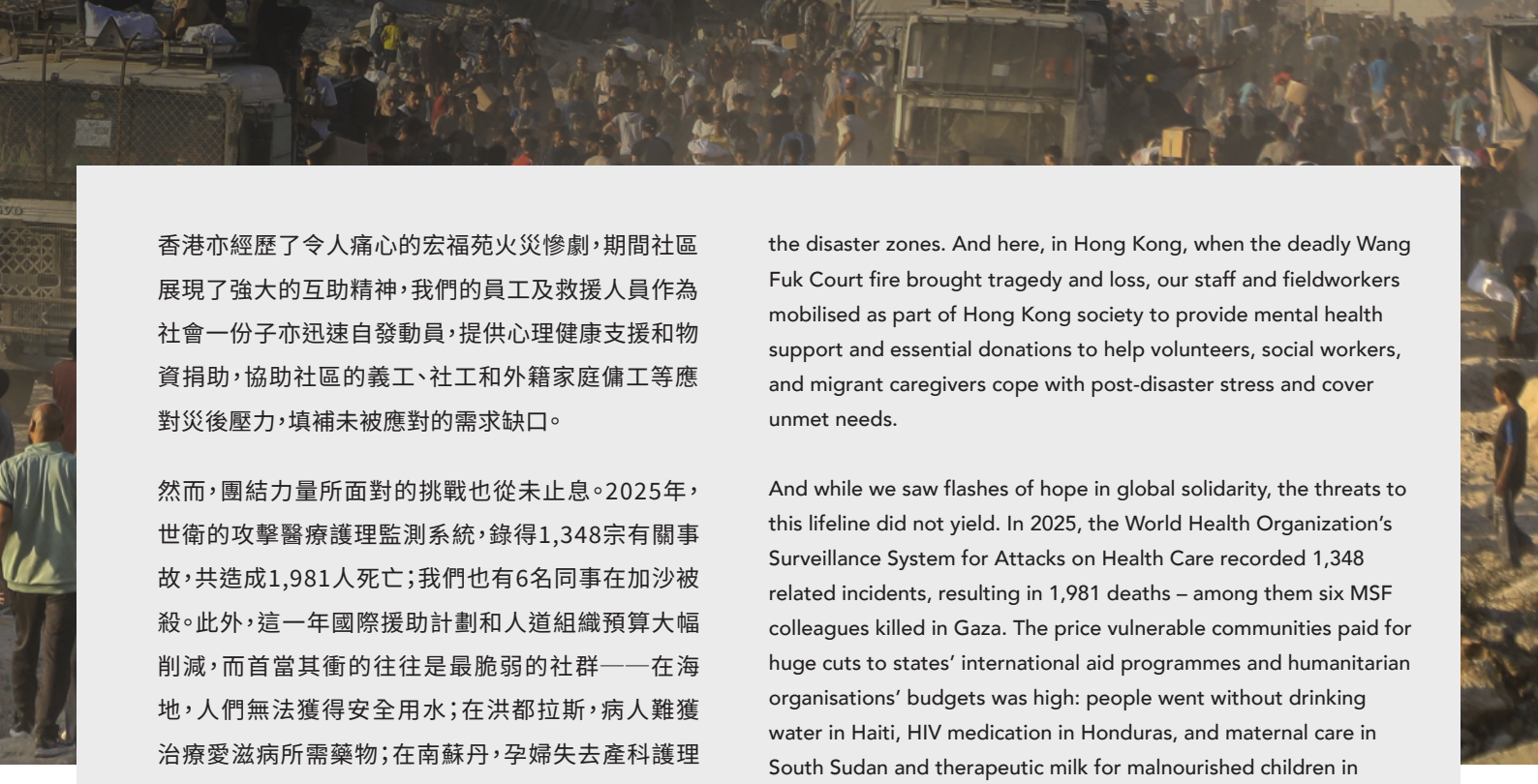
Dear friends:

As conflict and war worldwide intensify and the crises from natural disasters and epidemics remain severe, humanitarian aid has become more vital than ever. But the immense needs cannot be met through the efforts of any single organisation or humanitarian worker alone. Only when people from different walks of life stand in solidarity with those facing crises by combining their skills, efforts and resources, can we collectively cope. Médecins Sans Frontières (MSF) was built on this foundation of solidarity and humanity to deliver impartial medical care and assistance for over 50 years.

In 2025, MSF teams witnessed firsthand how crises, both protracted and emerging—whether nearby or far—imposed profound physical and psychological trauma on vulnerable communities. The devastation caused by war and conflict was particularly harrowing: Sudan remained the world's worst humanitarian crisis, and Gaza endured ongoing genocide. Casualties and suffering in both locations were immense, and access to basic services and medical care was undermined and obstructed. Sudan has been marked by massacres, malnutrition and horrific levels of sexual violence, while in Gaza the Israeli military deliberately deprived Palestinians of water and food as a weapon of war. People in both places were forced to live under conditions that threaten their survival daily. Despite the fact that our teams spared no effort to keep treating crippling trauma wounds and tried to sustain essential healthcare, the situation remained catastrophic.

Despite these dark times, we did witness the vital impact and strength that global solidarity can bring. The people of South Sudan faced their worst-ever cholera outbreak for the second consecutive year, and in the Democratic Republic of the Congo an Ebola Disease outbreak emerged in September (At the time of writing, a much larger, new outbreak is surging in the DRC). MSF worked alongside other international and local organisations to contain transmission and save lives wherever possible.

A devastating 7.7-magnitude earthquake in Myanmar claimed over 5,000 lives and caused widespread destruction of infrastructure, compounding an already precarious crisis in the country. MSF teams established mobile clinics and provided emergency relief supplies, water and sanitation facilities, along with mental health support in



香港亦經歷了令人痛心的宏福苑火災慘劇，期間社區展現了強大的互助精神，我們的員工及救援人員作為社會一份子亦迅速自發動員，提供心理健康支援和物資捐助，協助社區的義工、社工和外籍家庭傭工等應對災後壓力，填補未被應對的需求缺口。

然而，團結力量所面對的挑戰也從未止息。2025年，世衛的攻擊醫療護理監測系統，錄得1,348宗有關事故，共造成1,981人死亡；我們也有6名同事在加沙被殺。此外，這一年國際援助計劃和人道組織預算大幅削減，而首當其衝的往往是最脆弱的社群——在海地，人們無法獲得安全用水；在洪都拉斯，病人難獲治療愛滋病所需藥物；在南蘇丹，孕婦失去產科護理支援；在索馬里，營養不良兒童難獲治療配方奶。無國界醫生99.7%的經費來自私人捐款，因此我們救援項目不受削援的直接影響，但由於其他機構受影響導致醫療缺口擴大，我們的運作壓力亦因而倍增。

我們深知救援之路有多崎嶇，但信念未曾動搖，因為我們並非孤身前行。全賴與我們抱持相同人道價值的團隊成員和捐款者，無國界醫生才能持續挺身而出提供援助。我們衷心感謝香港的支持者一直以來的關注與支持，並透過捐款成就我們的工作。

當全球危機持續升溫、人道工作的空間日益收窄之際，你們的團結與支持讓我們團隊得以迅速、獨立且不偏不倚地展開應對行動。再次感謝你們一直與無國界醫生同行，並與世界各地身處困境的人站在一起。

the disaster zones. And here, in Hong Kong, when the deadly Wang Fuk Court fire brought tragedy and loss, our staff and fieldworkers mobilised as part of Hong Kong society to provide mental health support and essential donations to help volunteers, social workers, and migrant caregivers cope with post-disaster stress and cover unmet needs.

And while we saw flashes of hope in global solidarity, the threats to this lifeline did not yield. In 2025, the World Health Organization's Surveillance System for Attacks on Health Care recorded 1,348 related incidents, resulting in 1,981 deaths – among them six MSF colleagues killed in Gaza. The price vulnerable communities paid for huge cuts to states' international aid programmes and humanitarian organisations' budgets was high: people went without drinking water in Haiti, HIV medication in Honduras, and maternal care in South Sudan and therapeutic milk for malnourished children in Somalia. With 99.7% of MSF's budget secured through private donor support, our projects were shielded from direct impacts but the widening gaps in medical care where others are affected, places increasing pressure on our projects.

We know how difficult the path of humanitarian action can be. But our determination remains firm because we know we don't walk alone. MSF can only step in to help because we are staffed and funded by people who share our values. We are deeply grateful to our supporters in Hong Kong for your continued attention and support, making our work possible through sustained donations.

In a world where crises are escalating and space for humanitarian action is threatened, your solidarity ensures our teams respond quickly, independently, and impartially. Thank you for standing with us — and with people in urgent need of medical care around the world.



Chiu Cheuk Pong

趙卓邦
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無國界醫生（香港）主席
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全球前線工作概要
Worldwide Operations Highlights

無國界醫生於2025年在全球超過70個國家和地區進行救援工作的概要：
Below are the highlights of MSF activities in over 70 countries and regions in 2025:

提供
17,071,300次
門診診症
outpatient consultations

接收
1,772,100人
入院治療
patients admitted

接收
2,941,600人次
到急症室診治
emergency room admissions

提供
548,400次
個人心理健康診症
individual mental health consultations

施行
146,500宗
涉及組織切口、切除、操作或縫合等需要麻醉的外科手術
surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anaesthesia

提供
5,072,500次
常規疫苗接種
routine vaccinations

提供
2,106,800次
麻疹疫苗接種以應對疫症爆發
vaccinations against measles in response to an outbreak

提供
690,800劑
霍亂疫苗
cholera vaccine doses

治療
3,588,200宗
瘧疾個案
malaria cases treated

治療
148,900名
霍亂病人
people for cholera treated

治療
1,300名
出血熱（包括伊波拉病）的感染者
people treated for haemorrhagic fevers, including Ebola Disease

協助
405,000宗
分娩，包括剖腹生產
birth assisted, including caesarean sections

為營養不良兒童提供
615,200次
門診營養治療
admissions of malnourished children to outpatient feeding programmes

接收
213,700名
嚴重營養不良兒童接受入院營養治療
severely malnourished children admitted to inpatient feeding programmes

分發救援物資給
Distributions of relief items to
653,300個家庭
families

治療
82,800名
性暴力受害者
people treated for sexual violence

為
39,400人
提供抗愛滋病毒治療
people received HIV antiretroviral treatment

護理
10,500名
晚期愛滋病人
people with advanced HIV under MSF care

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

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

2025 年度回顧

YEAR IN REVIEW 2025



在加沙內特扎里姆一個加沙人道基金會物資分發點，多名巴勒斯坦人冒生命危險在混亂中捧着食物離開。
Palestinians at the Gaza Humanitarian Foundation (GHF) distribution site in Netzarim putting their lives at risk to receive some food.
©MSF

2025年，在援助資金削減與反人道言論盛行的環境下，進一步凸顯因戰爭、國內動盪、疾病爆發，或難獲醫療護理等而造成的民眾需求規模。無國界醫生在世界各地的團隊繼續團結一致在72個國家向民眾提供援助。

我們衷心感謝一眾捐款者的支持，才能成就我們的救援工作。同時，我們亦感謝近66,000名員工的付出，在全球各地的人道工作面臨重重威脅下依然堅守宗旨，在最需要的地方提供醫療護理與援助。

The scale of people's needs – whether due to war, internal instability, disease outbreaks, or the difficulty in accessing medical care – became further highlighted in 2025 amid a climate of aid cuts and anti-humanitarian rhetoric. Médecins Sans Frontières (MSF) teams around the world worked to assist people in 72 countries, in an ongoing act of solidarity.

We are extremely grateful to our donors, who make our work possible, and to our nearly 66,000 staff, who remain committed to delivering care and assistance wherever it is needed, despite ongoing threats to humanitarian activities across the world.

人道應對工作面臨的威脅

人道援助資金早已連續多年減少，而美國更於2025年1月（即特朗普總統第二任期開始之際）突然凍結對外援助，隨後再削減其援助預算。美國政府大幅縮減對全球基金（Global Fund）、全球疫苗免疫聯盟（Gavi）以及總統防治愛滋病緊急救援計劃（PEPFAR）的重要資助，並關閉美國國際開發署（USAID），從而切斷了許多對救命的醫療項目的支援。其他國家政府也相繼削減其援助資金。

雖然無國界醫生在財政上並未直接受到資金削減的影響，但由於不同組織相繼停止運作或縮減工作規模，我們的團隊在過去一年亦努力嘗試釐清並填補這些缺口。在部分地區，對我們服務的需求隨之增加。

Threats to humanitarian response

Humanitarian funding had been declining in the years before the United States (US) abruptly froze foreign assistance in January 2025, coinciding with the beginning of President Trump's second term, before making cuts to its aid budget. The US administration gutted vital funding to the Global Fund, Gavi, and PEPFAR, and shuttered USAID, thereby cutting off support to lifesaving health programmes. Other governments also cut their aid funding.

MSF was not directly financially affected by the funding cuts. But our teams spent most of the year trying to understand and navigate the gaps, as organisations around us closed or scaled back their activities. In some places, demand for our services consequently increased.

在索馬里，援助中斷導致營養治療配方奶運輸停滯數月。結果在2025年首九個月，無國界醫生支援的設施所接收嚴重營養不良兒童的人數，比2024年同期增加73%。在剛果民主共和國，由於美國國際開發署的瓦解導致一筆訂購10萬個性侵後護理套裝的訂單被取消，我們為此緊急採購一批抗逆轉錄病毒藥物，以予部分被迫中斷原有治療計劃的愛滋病毒感染者，並為性暴力受害者和倖存者提供愛滋病暴露後預防治療。

蘇丹：
全球最嚴重的人道危機

4月，蘇丹武裝部隊（Sudanese Armed Forces）與快速支援部隊（Rapid Support Forces）及其盟友之間的衝突已滿兩年。交戰雙方均犯下嚴重暴行，尤其在達爾富爾（Darfur）地區。儘管無國界醫生和其他組織已提前數月發出警告，但快速支援部隊在扎姆扎姆（Zamzam）流離失所者營地及鄰近的法希爾（El Fasher）展開種族清洗後的境況仍令人震驚。

雖然我們得以再次進入首都喀土穆（Khartoum），但由於當地醫療系統已崩潰，且剩極少人道組織留守，該國許多地區的民眾面對的處境依然嚴峻。我們團隊要應對嚴重的營養不良和心理健康問題，以及令人髮指的性暴力。這場危機不只局限於蘇丹境內，數十萬人已逃往鄰國乍得和南蘇丹，我們亦在當地展開救援工作。

然而，我們在蘇丹的行動經常受制於部分地區的嚴重暴力情況或行政官僚阻撓，這些均阻礙物資和人員的運送。在達爾富爾州扎林蓋（Zalingei），因未能及時運送並安排麻疹疫苗，導致在第四季度的麻疹個案激增。種種因素導致人道援助嚴重不足，使蘇丹成為全球最嚴重的人道危機。

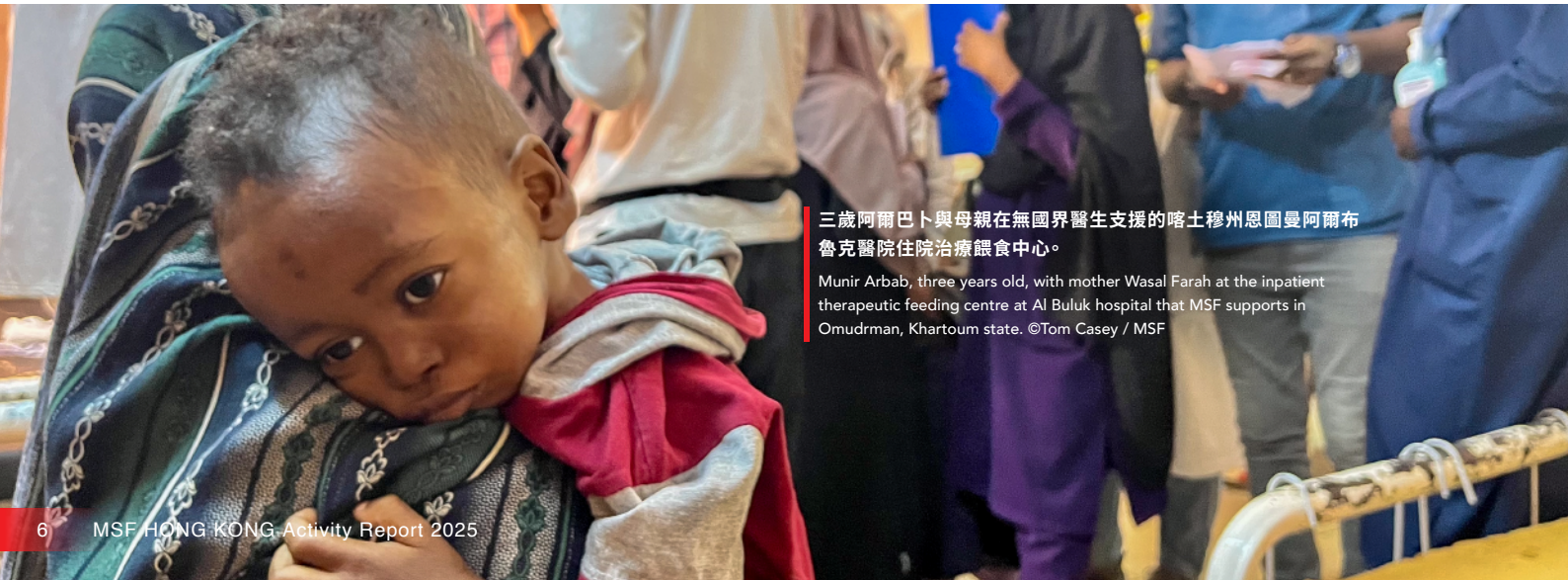
In Somalia, disruptions to aid halted shipments of therapeutic milk for months. As a result, the number of severely malnourished children admitted to MSF-supported facilities rose 73 per cent in the first nine months of 2025, compared to the same period in 2024. In Democratic Republic of Congo (DRC), we made unplanned purchases of antiretroviral medicines, to provide to some groups of people living with HIV after their treatment programmes were stopped, and for post-exposure prophylaxis for HIV, used to treat victims and survivors of sexual violence, after the dismantling of USAID led to the cancellation of an order for 100,000 post-rape kits.

Sudan:
the world's worst humanitarian crisis

April marked two years since the outbreak of conflict in Sudan between the Sudanese Armed Forces and the paramilitary Rapid Support Forces (RSF) and their allies. Both sides have committed atrocities, especially in Darfur. Despite prior warning for months from MSF and others, the scenes following ethnic cleansing by the RSF in Zamzam displacement camp and in nearby El Fasher were particularly ghastly.

Although we were able to regain access to the capital, Khartoum, the situation for people in many parts of the country remained dire, as the health system has collapsed and few humanitarian organisations are present. Our teams responded to high levels of malnutrition and mental health issues, as well as horrific sexual violence. The crisis is not contained within Sudan; hundreds of thousands of people have fled into neighbouring Chad and South Sudan, where we also work.

However, our efforts in Sudan were often constrained by the high levels of violence in some places, or by bureaucratic demands, which hindered the transport of staff and supplies. In Zalingei, measles cases surged in the last quarter of the year following a failure to deliver and coordinate measles vaccines. It all translates to an insufficient humanitarian response, making Sudan the world's worst humanitarian crisis.



三歲阿爾巴卜與母親在無國界醫生支援的喀土穆州恩圖曼阿爾布魯克醫院住院治療餵食中心。

Munir Arbab, three years old, with mother Wasal Farah at the inpatient therapeutic feeding centre at Al Buluk hospital that MSF supports in Omudrman, Khartoum state. ©Tom Casey / MSF

加沙的種族滅絕

在巴勒斯坦的加沙地區，以色列持續實施外界普遍稱為「種族滅絕」的行動，以報復哈瑪斯於2023年10月發動的恐怖攻擊。以色列軍隊持續殺害巴勒斯坦人、迫使他們離開其社區，並剝奪食物、水和醫療護理的供應。2025年9月，加沙市和加沙北部民眾的生活條件進一步惡化，被困在重重圍困之中。

Genocide in Gaza

In the Gaza Strip, Palestine, Israel continued to pursue what has now been widely described as a genocide, in retaliation for the horrendous attacks committed by Hamas in October 2023. Israeli forces continued to kill Palestinians, displace them from their neighbourhoods, and deny sufficient supplies of food and water, and access to healthcare. Living conditions for people in Gaza City and the north of Gaza deteriorated even further in September, as they became trapped in "a siege within a siege".



加沙北部賈巴利亞居民聚集等候水車送來潔淨水。
Palestinian residents of Jabalia start to gather, as they wait for a water truck to bring fresh supplies. ©MSF

5月底，以色列與美國共同推行的加沙人道基金會（Gaza Humanitarian Foundation）成立，此舉被視為一場虛偽且蓄意羞辱的所謂「援助」行動。他們所設立的糧食分發點很快淪為殺戮現場，約有2,600人遭殺害，另有數千人受傷。我們治療了許多傷者，以及因目睹慘況而有心理創傷的人。

我們團隊在加沙隨着前線轉移或撤離令而迅速調整救援行動。然而，即使是醫療設施也未能倖免，以色列軍方針對並攻擊醫院、殺害醫護人員。2025年，我們有六名同事在加沙被殺，令自2023年10月以來的員工死亡人數達至15人。我們對他們的離世深感哀痛。

儘管2025年10月11日已實施停火，以色列仍持續殺害民眾、破壞民用設施，並妨礙援助進入加沙。

在約旦河西岸，隨着以色列擴大定居點、摧毀難民營和民居，當地的暴力以及將巴勒斯坦人驅逐出其土地等被形容為「種族清洗」的行為亦進一步加劇。數千人被迫流離失所，並被阻礙尋求醫療護理，包括急需的心理健康支援。

In late May, the Gaza Humanitarian Foundation, an Israeli-US initiative, was launched as part of a cynical, degrading attempt at providing "aid". Their food distribution sites soon degenerated into scenes of slaughter, as around 2,600 people were killed and thousands more injured. We treated many people who had been wounded or traumatised by what they had seen.

Our teams throughout the Strip quickly adapted our response as frontlines moved or evacuation orders were received. However, even healthcare facilities were not spared: Israeli forces attacked and targeted hospitals, killing personnel. Six of our colleagues were killed in Gaza in 2025, bringing the total number to 15 since October 2023. We deeply mourn their loss.

Despite the ceasefire implemented on 11 October 2025, Israel continues to kill people and target civilian infrastructure, and impede the entry of aid into Gaza.

In the West Bank, violence and the erasure of Palestinians from their land – described as ethnic cleansing – intensified, as Israel expanded settlements, destroying refugee camps and homes. Thousands of people were forcibly displaced and prevented from seeking medical care, including much-needed psychological support.



無國界醫生暫停加沙市工作並撤離當地，員工在其中一間診所外，將帳篷及其他物資裝上貨車。
MSF staff load tents and other goods on to a truck outside one of our clinics in Gaza City, as we suspend activities and evacuate the area. ©MSF

12月30日，以色列通知包括無國界醫生在內的37個非政府組織，指其在巴勒斯坦的工作註冊已失效。儘管新程序或會危及我們員工的安全，且我們已在數個月內多次嘗試與他們溝通但未果，以色列當局仍指控我們未配合註冊程序。年底，以色列發動一系列針對援助組織的誣衊行為，並以無國界醫生為主要目標，企圖限制巴勒斯坦人獲得所需援助，並驅逐在當地工作的獨立見證者。

加沙戰爭的影響波及整個中東地區，也門局勢持續惡化；而儘管2024年11月已實施停火，以色列仍持續轟炸黎巴嫩南部。

應對衝突帶來的長期創傷

2025年，烏克蘭戰爭仍未見平息跡象。俄羅斯的無人機空襲和轟炸加劇，更針對民用建築和能源設施，令民眾在寒冬期間面臨嚴寒威脅。停火遙遙無期，我們持續為當地人提供身心創傷相關支援，同時因應不斷變化的前線局勢，持續調整救援工作。

自2024年阿薩德政權倒台以來，無國界醫生得以重返敘利亞過去十年無法進入的地區。團隊正協助恢復當地醫療護理，同時為部分仍受零星衝突影響的民眾提供急需的援助。

On 30 December, Israel informed 37 NGOs, including MSF, that their registration to work in Palestine had expired. The Israeli authorities accused us of not cooperating with them on registration, even though the new procedures would endanger our staff and despite us trying to engage with them, unsuccessfully, for many months. At the end of the year, Israel instigated a smear campaign against aid organisations, with MSF as the main target, in an attempt to arbitrarily restrict access to aid for Palestinians and remove independent witnesses working on the ground.

The war on Gaza has had repercussions across the wider Middle East, with growing instability in Yemen, and Israel continuing to bomb southern Lebanon, despite the ceasefire implemented in November 2024.

Responding to the long-lasting trauma of conflict

The war in Ukraine showed no sign of abating in 2025. Russian drone attacks and bombing increased, targeting civilian buildings and energy infrastructure, leaving people exposed to freezing temperatures during the winter months. With no ceasefire in sight, we continue to address people's ongoing physical and psychological trauma, while constantly adapting to shifting frontlines.

Since the fall of the Assad regime in Syria in 2024, MSF has been able to return to areas of the country that had been inaccessible for a decade. Our teams are helping to restore health services and respond to the urgent needs of people still affected by sporadic fighting.



來自前線地區的人們抵達位於第聶伯羅彼得羅夫斯克州（烏克蘭東部）的境內流離失所者中轉中心。
People from the frontline areas arrive at the transit centre for IDPs in Dnipropetrovsk region (eastern Ukraine). ©Julien Dewarichet /MSF



南蘇丹舊凡加克的無國界醫生醫院。
MSF's hospital in Old Fangak, South Sudan. ©MSF

被忽視的危機

南蘇丹於2025年再度爆發衝突，局勢急劇惡化。隨着全球關注與援助資金轉向其他地區，活在危機下的當地民眾被漠視。社區經歷流離失所、洪水、營養不良以及多種疾病疫情肆虐，包括該國歷來最嚴重的霍亂疫情。

國際援助減少導致南蘇丹的醫療系統瀕臨崩潰，藥物和人員長期短缺，醫療設施和人員在衝突中更成為攻擊目標。2025年，在中赤道州（Central Equatoria）、瓊萊州（Jonglei）和上尼羅河州（Upper Nile）共發生9宗攻擊無國界醫生設施和員工的事件。烏朗（Ulang）和舊凡加克（Old Fangak）的醫院被迫關閉，而位於瓊萊州皮耶（Pieri）和蘭基恩（Lankien）的組織設施遭空襲後，員工亦被迫撤離。

在海地總統遇刺四年後，首都太子港（Port-au-Prince）繼續陷入無政府狀態。當地人遭受幫派和警察的嚴重暴力，甚至因害怕外出而不敢求醫。性暴力亦被有系統地用作威脅婦女和女孩：無國界醫生的「牽我手」診所（PranMen'm Clinic）接收的性暴力受害者及倖存者人數，從2021年到2025年幾乎增加了三倍。

我們的救護車隊亦遭到蓄意襲擊，且設施附近爆發激烈衝突，但我們仍盡力維持各項醫療工作。然而，我們被迫於3月暫停圖爾高（Turgeau）的工作，並於四月暫停卡勒富爾（Carrefour）的服務。10月，由於當地安全局勢不穩，我們被迫永久關閉圖爾高中心，當地民眾因而更難獲得醫療護理。

2025年，剛果民主共和國東部持續多年的衝突仍未平息。隨着「M23」武裝組織迅速向北基伍(North Kivu)南基伍(South Kivu)推進，導致出現多次流離失所，基本需求亦大幅增加。無國界醫生的員工亦未能倖免於暴力衝突。短短四個月內，三名同事在北基伍省遭槍擊身亡。和平協議幾乎毫無成效，戰鬥仍持續。

Neglected crises

The situation in South Sudan sharply deteriorated during the year, as conflict in the country restarted. People have been left behind in crisis, as global attention and funding shifted elsewhere. Communities endured displacement, flooding, malnutrition and multiple disease outbreaks, including the largest cholera epidemic in the country's history.

The decline in international assistance has stretched South Sudan's health system to breaking point, with chronic shortages of medicines and staff. To make matters worse, health facilities and personnel have been targeted in the conflict. In 2025, we experienced nine attacks on our facilities and staff in Central Equatoria, Jonglei, and Upper Nile states. Ulang and Old Fangak hospitals were forced to close and staff in our facilities in Pieri and Lankien, Jonglei, had to evacuate following airstrikes.

In Port-au-Prince, Haiti's capital, anarchy continues to reign, four years after President Moïse's assassination. People are subjected to appalling violence by gangs and the police, and are too afraid to leave their homes to seek healthcare. Sexual violence is being used systematically to terrorise women and girls: for example, the number of victims and survivors treated at our Pran Men'm clinic almost tripled between 2021 and 2025.



一名41歲婦女於無國界醫生辦事處向員工分享其遭受性暴力和流離失所的經歷。
A 41-year-old woman shares her experience of sexual violence and displacement with MSF staff at the organisation's office. ©MSF

We maintained activities where possible, despite a deliberate attack on a convoy of our ambulances and intense fighting near our facilities, but we were forced to suspend work in Turgeau in March and Carrefour in April. In October, we made the difficult decision to permanently close Turgeau due to insecurity, further reducing people's access to healthcare.

在緬甸，包括若開邦（Rakhine state）在內的數個地區衝突持續。12月，若開邦一間繁忙的醫院遭轟炸，造成數十人死亡。同年5月，一場7.7級強烈地震重創該國中部，導致逾5,000人喪生，另有數千人受傷和流離失所。我們的團隊隨即展開應對，提供醫療與心理健康護理，以及水利衞生支援。

緬甸境內針對羅興亞人的暴力迫害持續不斷。留在當地的羅興亞人面對嚴苛的行動限制，獲取基本醫療護理亦困難重重。對於在孟加拉科克斯巴扎爾（Cox's Bazaar）難民營居住的100萬名羅興亞人而言，援助資金遭削減，其惡劣的生活條件進一步惡化。

因應人口流徙調整救援工作

截至 2025 年底，我們已縮減或結束在中美洲大部分與移民相關的項目，包括在墨西哥、巴拿馬、危地馬拉及洪都拉斯的項目。由於美國及部分中美洲國家調整移民政策，2025年間前往北邊的移民人數大幅下降。

在歐洲，我們團隊持續在希臘、意大利、法國、比利時、塞爾維亞和波蘭等地，為移民及尋求庇護者提供援助。對於部分國家及歐盟推行的不人道移民政策，我們公開發聲；在波蘭，我們敦促當局維護民眾在當地申請庇護的權利；在法國，我們則呼籲當局承認未成年人的身分，並為他們提供應有保護。

我們在利比亞的救援工作與其他支援移民的組織一樣，遭當局下令暫停運作，令數百名被人口販運者控制的移民被遺棄。

11月，我們在全球最致命的移民路線的地中海中部重啟搜救行動，並啟用全新且航速更快的搜救船Oyvon。此外，我們的團隊亦在塞內加爾和毛里塔尼亞開展工作，為取道西非或大西洋路線前往加那利群島（Canary Islands）的流徙人口提供支援。

無國界醫生新搜救船Oyvon與團隊進行訓練。
MSF's new search and rescue vessel, Oyvon, during a training session with the team. ©Lisa Veran/MSF



The long-running conflict in northeastern DRC continued in 2025, causing repeated waves of displacement and a dramatic rise in basic needs, as the M23 armed group rapidly advanced through North and South Kivu provinces. Sadly, MSF staff were not immune to the violence; in the space of four months, three of our colleagues were shot dead in North Kivu. Peace agreements have had little or no effect, and the fighting goes on.

In Myanmar, fighting persisted in several areas, including Rakhine state. In December, dozens of people were killed when a busy hospital was bombed in Rakhine. In May, a powerful 7.7 magnitude earthquake struck the centre of the country, killing over 5,000 people and injuring and displacing thousands more. Our teams responded by providing medical and mental healthcare, as well as water and sanitation needs.

The campaign of violence against the Rohingya continued in Myanmar. Those still living there face severe restrictions on their movements and struggle to obtain even basic healthcare. For the one million Rohingya who live in the Cox's Bazar refugee camps in Bangladesh, the inhumane living conditions are being exacerbated by cuts to funding.



數以百計移民在墨西哥南部惠斯特拉的圓頂建築內稍作休息。
Hundreds of migrants who were moving in a big group or caravan rest in the dome of Huixtla, southern Mexico. ©Igor Barbero/MSF

Adapting activities for people on the move

By the end of 2025, we downsized or wound up most of our migration-related projects in Central America, including those in Mexico, Panama, Guatemala, and Honduras. Changes in migration policies in the US, and in some Central American countries, resulted in a significant decrease in people heading north during the year.

In Europe, our teams continued to work with migrants and asylum seekers in Greece, Italy, France, Belgium, Serbia, and Poland. We spoke out about inhumane migration policies implemented by some of these countries, and by the European Union; in Poland, we urged the authorities to uphold the right for people to seek asylum on Polish territory, while in France, we called for recognition and protection for minors.

Our work in Libya was suspended by authorities, alongside other organisations working on migration, leaving hundreds of migrants forgotten in the hand of traffickers.

In November, we resumed our search and rescue operations in the Central Mediterranean, the world's deadliest migration route,4 with a new, faster boat, the Oyvon. Our teams also worked in Senegal and Mauritania to assist people on the move on the perilous West Africa/Atlantic route, as they head for the Canary Islands.

應對自然災害

我們亦向受天災影響的人群提供援助。11月及12月，我們首次在牙買加展開行動，以應對颶風「梅利莎」造成的嚴重破壞。無國界醫生提供緊急醫療護理，協助修復受損的醫療設施，並恢復水利衞生及個人衞生支援。在評估古巴的情況後，我們亦向當地捐贈基本藥物。

10月，颶風「普里西拉」吹襲墨西哥後，我們提供緊急醫療及後勤援助。11月，氣旋「迪特瓦」在斯里蘭卡引發大規模水災及山泥傾瀉，我們隨即協助恢復當地的基本醫療護理，以及水利衞生支援。

Responding to natural hazards

During the year, we also assisted people affected by natural hazards. In November and December, we worked in Jamaica for the first time, in response to the devastation caused by Hurricane Melissa. MSF provided emergency medical care, rehabilitated damaged health facilities, and restored water, sanitation and hygiene services across the battered island. After assessing the situation in Cuba, we donated supplies of essential drugs.

In October, we provided emergency medical and logistical assistance after Hurricane Priscilla hit Mexico. In Sri Lanka, we worked to restore basic healthcare and water and sanitation after Cyclone Ditwah caused widespread flooding and landslides in November.

應對疾病

我們已連續第三年應對大規模霍亂疫情。霍亂是一種致命卻可預防的疾病，但它在2025年再次奪去全球數千人的生命。我們團隊在剛果民主共和國、南蘇丹、蘇丹、也門、莫桑比克、坦桑尼亞，以及整個薩赫勒（Sahel）地區，全力控制疫情擴散。

2025年，兒童結核病的治療方面取得顯著進展。無國界醫生的「兒童結核病檢測、預防與治療」（TACTiC）計劃，旨在降低兒童結核病的高死亡率。該計劃於年底前公佈了其運作研究數據，結果顯示採用世界衞生組織建議的治療決策演算法後，可改善診斷流程，並使開始接受救命治療的兒童人數幾乎增加一倍。然而，診斷及治療方面的資金遭削減，正削弱這些工作成效。

Tackling diseases

For the third year running, we responded to large-scale outbreaks of cholera, a deadly yet entirely preventable disease, that once again claimed thousands of lives across the world. Our teams worked to curb epidemics in DRC, South Sudan, Sudan, Yemen, Mozambique, Tanzania, and across the Sahel.

Significant progress was made in the treatment of paediatric tuberculosis (TB) in 2025. MSF's Test, Avoid, Cure Tuberculosis in Children (TACTiC) project aims to reduce the high death rate of children with TB. The project released data from its operational research towards the end of the year, which demonstrated that implementing the World Health Organization's recommended treatment decision algorithms improve diagnosis and enables nearly double the number of children to start lifesaving treatment. However, these efforts are being compromised by funding cuts on diagnostics and treatment.



由於牙買加基礎設施受損，無國界醫生以運水車供水的工作受到嚴重影響。
MSF water trucking efforts were slowed down considerably due to damaged infrastructure in Jamaica.
©Georg Gassauer/MSF

前線救援人員
International Mobile Staff (IMS)



埃塞俄比亞 Ethiopia ©Paula Casado Aguirregabiria/MSF

2025年，來自柬埔寨、中國內地、香港、印尼、馬來西亞、緬甸、菲律賓、新加坡、台灣、泰國、東帝汶與越南的134名專業人員，出發前往32個國家或地區，參與163次前線救援工作：阿富汗、孟加拉、比利時、巴西、中非共和國、乍得、剛果民主共和國、史瓦帝尼、印度、印尼、伊拉克、肯尼亞、基里巴斯、黎巴嫩、馬拉維、莫桑比克、緬甸、尼日利亞、巴基斯坦、巴勒斯坦、菲律賓、塞拉利昂、索馬里、南非、南蘇丹、蘇丹、敘利亞、塔吉克斯坦、坦桑尼亞、泰國、烏克蘭及也門。

其中，約18人為首次參與前線救援工作。在派出的專業人員當中，大約53%擔任醫療及醫療輔助人員角色、餘下的47%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 2025, we had 134 professionals departing from Cambodia, China Mainland, Hong Kong, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Timor Leste and Vietnam on 163 assignments to 32 different countries / regions. (Afghanistan, Bangladesh, Belgium, Brazil, Central African Republic, Chad, DRC, Eswatini, India, Indonesia, Iraq, Kenya, Kiribati, Lebanon, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Palestine, Philippines, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Syria, Tajikistan, Tanzania, Thailand, Ukraine and Yemen)

Among these professionals, 18 departed for their first assignment with MSF. Around 53% of all our deployments were for medical and paramedical roles and the remaining 47% 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（項目）
Coordinator (Operations)

Hiu Ching Lucina Lau
Chenery Ann Lim
Andreas Stefano Sinaga
Hartini Sugianto
Sai Kyaw
Seinn Seinn Min
Allan de la Rosa
Raffy Matutino
Morpheus Causing
Kit Sum Joanne Wong

統籌人員（非醫療）
Coordinator (Non-medical)

Ei Hnin San
Hans Olijve
Denis Dupuis
Beng Kwang Lee
So Ching Lam
Roslinda Perangin Angin
Ruby Golimlim
Monika Seng
Sylvia Bakarbessy
Linda Isack
Jonathan Pillejera
Yerolla Harapando Sipayung
Cing Khaing
Akolentina
Stephanie Suor
Gita Milana Aprilia
Taufik Hamzal
Cristina Joy Florence Moya
Yan Debry Dominico Syauta
Sharon Carolyn Macaranas
Lin Thu Oo

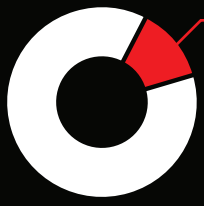
統籌人員（醫療及輔助醫療）
Coordinator (Medical & Paramedical)

Waiyan Tun
Marve Duka
Yuely Capileno
Chang Pei Ying
Cecile Catacutan Joyce
Jose Vincent Sajulga Pagarugan
Cheryl Armecin
Soe Moe
Anne Marie Morales
Ei Mon Khine
Ita Perwira
Darwin Diaz
Juan Perfecto Rafael Palma
Maria C. Juan Sarte
Phone Thit
Gemma Arellano
Htay Thet Mar
Francisco Raul Salvador

香港辦事處派出的國際救援人員：
Number of IMS deployed from the Hong Kong Office:

134人





首次參與前線救援工作：
First assignment with MSF:

18人





47%

非醫療的工作崗位，包括後勤、財務與人力資源等
Non-medical positions in functions such as logistics, finance, and human resources.



醫療及醫療輔助人員角色
Medical and paramedical roles

53%



香港辦事處派出的前線救援人員中
IMS deployed from the Hong Kong Office

最多人前往的 6 個國家及地區
Top Six countries and regions of deployment



經理及隊長（非醫療）
Manager & Team Leader (Non-medical)

Jasmine Mudmarn
Eduardo Magaldi Rodrigues
Thimotius Simon Petrus Benu
Artur Vila
Denny Capua
Mohammad Iqbal Firdiansjah
Wilma Cuaycong
Rhea Fe Poliquin
Soe Moe Aung
Thajet Hussein
Tzu-Wen Chung
Haikal Achmad
Delfi Anugrah
Iven Sufirman
Deepesh Jain
Wei Yee Teoh
Angel On K Ho
Jason Mark Beronio
Amie Ocampo
Wai Yee Wong
Tzu Lyn Phang
Roje Garcia
Agus Noviardhi
Leda Serbo
Seng Ja Din
Jean Arevalo Penaflorida
Jia Yu Wei
Shuk Lim Cheung
Yogi Anggoro
Wagdi Taresh
Xuexin Li
Roman Rhienhardt Ladaw

經理和專科人員（醫療及輔助醫療）
Manager & Specialist (Medical & Paramedical)

Yan Tin Loo
Stephanie Denise Alagadan
Iane Connie Espanta
Hsu Mon
Hin Pui So
Si Thu Hein
Ryan Lewis
Ahmed Barakat
Anita Jasmine Vicentillo
Iza Tee
Nang Ohn Kham
Si Thu Htwe
Made Dewi Samantha
Pamela Denise Reyes
Chong Sook Han
Kwan Chun Wong
Gay Heyres
Su Lan Yang
Retsat Umar Dazang
Rosemond Joyce Ruiz
Shun Yat Fok
Tsz Yan Lee
Gayathrie Sadacharamani
Joanne Lai
Florencio Arcano Jr
Yuh Shin Kuo
Siew Li Ng
Low Hwee Ling Sally
Xue Zhou
Jaymee Christine Abarquez
Joshua Sim
Kristine Joy Osio
Sally-Mae Abelanes
Chin Siah Lim
Lin Aung Thu
Teresita Sabio
Ayuni Utami
Jerome Hubahib

外科醫生、麻醉科醫生和婦產科醫生
Surgeon, Anesthesiologist & Obstetrician-Gynecologist

Yi Chun Wu
Ann Wright
Yang Sun
Inri Villaluna
Runica Cruz
Ann Guevarra
Vinh Danh
Nang Kham Oo Leik
Chi Cheong Ryan Ko
Oriana Ng
Maria Teresa Ingalla
Evangeline Cua
Rosinni Si Ling Wong
Yen Chun Hsu
Sheng Yi Lin

香港救援人員在前線
IMS from Hong Kong in the projects



婦女們住在蘇丹南達爾富爾山區，當地人跡罕至，前往鄰近醫療設施動輒需時數小時。無國界醫生深入村落，為孕婦提供產檢及醫療護理。
Women living in the mountainous areas of South Darfur, Sudan, face long distances to get to the nearest health centre, which sometimes can take even several hours. MSF Teams visit villages for providing antenatal care to pregnant women. ©MSF



霍信逸
Shun Yat Fok

阿富汗 Afghanistan | 臨床支援護士 Clinical Support Nurse

霍信逸於2025年7月被派往阿富汗西部參與救援工作，負責督導護理團隊工作，協助提升當地醫療護理質素。

Shun Yat Fok has been assigned to western Afghanistan in July 2025 to supervise the nursing team while ensuring the provision of patient care. ©MSF



高志昌
Ryan Ko

南蘇丹 South Sudan | 外科醫生 Surgeon

高志昌早於2007年加入無國界醫生，至今一共參與超過20次救援工作。他於2025年赴阿卜耶伊，除了處理複雜創傷及槍傷個案，亦協助培育當地年輕外科醫生。

Dr. Ryan Ko had participated in over 20 assignments since he joined MSF in 2007. In 2025, he went to Abyeiwhere he had to manage complicated cases of trauma and gunshot wounds as well as be a part of a programme to train local young surgeons. ©MSF

本章節只列出部分來自香港的無國界醫生國際救援人員，按其英文姓氏排列。
Only a portion of the entire IMS workforce from Hong Kong are featured in this section; photos are shown in alphabetical order of their last name.



劉曉靜
Lucy Lau

阿富汗 Afghanistan | 項目統籌 Project Coordinator

自2011年起，機械工程師Lucy參與了15次無國界醫生的救援工作，先後擔任後勤人員、水利衛生經理及項目統籌，足迹遍佈阿富汗、索馬里、孟加拉等地。2025年她在阿富汗坎大哈擔任項目統籌，也是她第二次在該國工作。

Lucy, a mechanical engineer, has participated in 15 MSF assignments since 2011 as logistician, WASH manager, or project coordinator, supporting humanitarian operations in countries such as Afghanistan, Somalia, and Bangladesh. In 2025, she was deployed to Kandahar, Afghanistan, as a Project Coordinator, marking her second assignment in the country. ©MSF



李芷殷
Tobey Lee

蘇丹 Sudan | 助產活動經理 Midwife Activity Manager

2025年7月，Tobey前往南達爾富爾地區，參與為期三個月的救援工作，負責為孕婦和嬰兒提供產科護理，並培訓當地的助產士。驢和駱駝是山區中重要交通工具，有時候Tobey亦須騎驢前往偏遠村落進行外展工作。

Tobey Lee went to South Darfur in July 2025 for a period of three months assignment. As a midwife, Tobey provided care to pregnant women and their babies, as well as trained other midwives. As donkeys and camels are important transport in the mountainous region, Tobey sometimes had to ride a donkey to reach remote villages and carry out outreach activities. ©MSF



蘇衍霈
Krystal So

加沙 Gaza | 護理活動經理 Nursing Activity Manager

Krystal於2025年7月赴加沙工作近三個月，這是她第三次在當地參與救援工作。期間她協助管理納賽爾醫院兒科和婦產等部門，以及其他健康中心，同時亦負責開設住院治療餵食中心，治療日益增多的營養不良病人。

In 2025, Krystal worked in Gaza for almost three months beginning in July, marking her third time assignment there. She managed the paediatrics and obstetrics & gynaecology departments at Nasser Hospital, as well as other primary health centres. She also helped in setting up the Therapeutic Feeding Centre for inpatients suffering from malnutrition. ©MSF



黃詩靈
Rosinni Wong

阿富汗 Afghanistan | 麻醉科醫生 Anesthetist

Rosinni於2025年5月首次參與無國界醫生的救援工作，被派往位於阿富汗北部的昆都士創傷中心，負責帶領當地護士為病人施行麻醉。為期約兩個月的工作期間，她一共處理及監督約700個病人的手術，即平均每日參與逾10宗手術。

Rosinni embarked on her first assignment with MSF in May 2025. She was assigned to work at the Kunduz Trauma Centre in northern Afghanistan, where she worked with a group of local nurses to provide anaesthesia for patients. During her two-month assignment, she participated in and supervised around 700 surgeries, averaging more than 10 operations a day. ©MSF

年度照片
Year in pictures



在埃朱奈納教學醫院的兒科病房內，兒童正在參加由無國界醫生安排的心理支援活動。
Inside the pediatric ward of the El Geneina Teaching Hospital, children take part in a psychological support session organised by MSF.

蘇丹 Sudan ©Moises Saman/Magnum Photos



在布斯醫院內，房間存放着按日期排列的病人醫療資料和紀錄。
Inside Boost Hospital, a room is filled with patient medical information and records, filed by date.

阿富汗 Afghanistan ©Alexandre Marcou/MSF



戰爭對黎巴嫩南部、巴勒貝克-希爾米勒地區及貝魯特郊區造成廣泛破壞。
The war left extensive devastation across southern Lebanon, Baalbek-Hermel, and the suburbs of Beirut.

黎巴嫩 Lebanon ©Maryam Srour/MSF



在聯合國大會期間，組織於美國辦事處的員工、醫護人員和支持者聚集在紐約聯合國總部外，呼籲各國領袖採取行動，阻止加沙發生種族滅絕。
With the United Nations (UN) General Assembly underway, MSF USA staff, medical aid workers, and supporters gather in front of the UN Headquarters in New York to call on world leaders to take action and end the genocide in Gaza.

美國 USA ©Jason DeCrow/The Associated Press

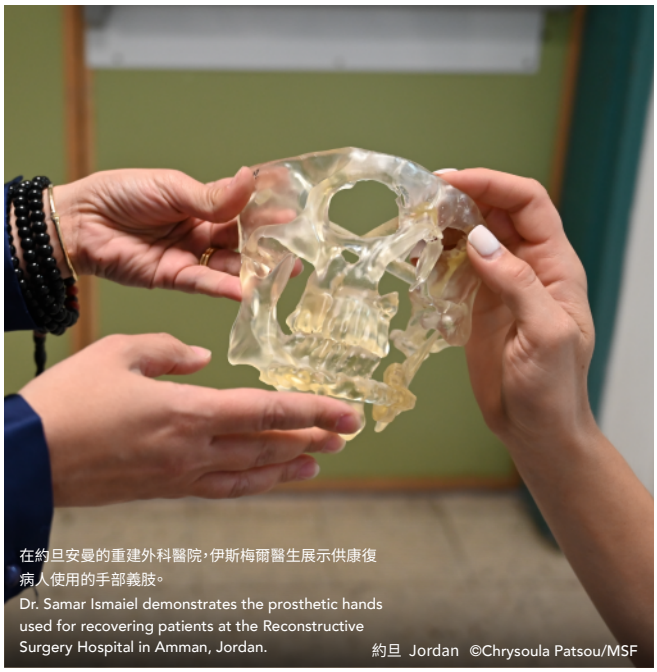


在新搜救船 Oyvon 上的團隊，將27名在一艘橡膠艇上的遇險者安全救起。
MSF team onboard Oyvon conducted a rescue for a group of 27 people who were in distress on a rubber boat.

地中海 Mediterranean Sea ©Lisa Veran/MSF



流動診所內，病人正輪候接受診症。
Patients wait their turn in a mobile clinic.
敘利亞 Syria ©Philémon Barbier/Hors Format



在約旦安曼的重建外科醫院，伊斯梅爾醫生展示供康復病人使用的手部義肢。
Dr. Samar Ismaiel demonstrates the prosthetic hands used for recovering patients at the Reconstructive Surgery Hospital in Amman, Jordan.
約旦 Jordan ©Chrysoula Patsou/MSF



無國界醫生物理治療師協助一名燒傷的年幼病人重新學習走路。
MSF Physiotherapist helps a young patient suffering from burns to walk again.
南蘇丹 South Sudan ©Frederic Seguin /MSF



4歲男童穆罕默德正在無國界醫生庫圖巴朗醫院急症室接受治療，其腋下及背部出現多處膿腫。
Shofi Mohammad (4 years) is getting treatment for multiple abscesses in axilla and back in the emergency room of the MSF Kutupalong hospital.
孟加拉 Bangladesh ©Ante Bussmann/MSF



在無國界醫生位於泰巴爾的醫院，物理治療師正在為一名燒傷病人進行手部復健。
A physiotherapist is manipulating the hand of a burn patient at MSF hospital in Tabarre.
海地 Haiti ©Marx Stanley Léveillé /MSF



一名女病人站在帳篷之間，這些帳篷用於為性暴力倖存者及婦女健康問題提供治療。
Portrait of a female patient standing between tents set up for the treatment of sexual violence survivors and women's health issues.
剛果民主共和國 Democratic Republic of the Congo ©Jospin Mwisha /MSF



一名醫護人員於無國界醫生支援的達拉亞醫療中心藥房領取藥物。
A healthcare worker reaches for medicine in the MSF-supported pharmacy at Daraya healthcare centre. © Zahra Shoukat／MSF

衝突下保命與保肢：加強應對抗菌素耐藥性

To save lives and limbs during conflict, we need investment in tackling antimicrobial resistance

法拉（Anna Farra）中東醫療組統籌及抗菌素耐藥性顧問（任期至2026年6月）；基南（Joanna Keenan）國際編輯組主管

Anna Farra, Middle East Medical Unit coordinator and Antimicrobial resistance adviser (until June 2026) with Joanna Keenan, Head of International Editorial Unit

在無國界醫生於2025年開展工作的72個國家中，超過四成的項目位於衝突地區。自50年前在黎巴嫩內戰期間開始治療戰傷者以來，應對身陷衝突中的人們需求，一直是組織行動的核心之一。近年，我們的團隊在伊拉克、蘇丹、也門、阿富汗及巴勒斯坦等地的戰爭中不斷累積經驗和技能，進一步提升應對能力。

我的同事在這些國家曾治療許多極為嚴重的傷勢，包括因爆炸導致彈片嵌入肢體的傷口，以及因實彈造成的粉碎性骨折，而我們目前仍在這些國家持續工作。

我們治療衝突造成的身心創傷外，還要應對另一種不易察覺的健康威脅—由這類傷勢引起的抗菌素耐藥性感染。

In the 72 countries where MSF worked in 2025, over 40 per cent of our projects were in places experiencing conflict. Responding to the needs of people caught up in conflict has been a key component of our operations since we started treating war-wounded people during the Lebanese Civil War 50 years ago. More recently, our teams have honed decades' worth of experience and skills during wars in Iraq, Sudan, Yemen, Afghanistan, and Palestine.

My colleagues have treated some devastating injuries in these countries, including wounds caused by shrapnel embedded in limbs following explosions and shattered bones from live ammunition. We are still actively working in all of these countries.

Alongside addressing the physical and psychological wounds resulting from conflict, we face another more insidious threat to health following this type of injury: antimicrobial-resistant infections.

抗菌素耐藥性是指細菌、病毒、真菌或寄生蟲變異，導致如抗生素等用於治療感染的藥物療效降低。因此，感染便會變得更難治療且延長病情，亦更容易傳播、引發嚴重疾病，甚至導致截肢或死亡。

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi, or parasites change in ways that reduce the effectiveness of medicines used to treat infections, such as antibiotics. As a result, infections become harder to treat and last longer; they are more likely to spread, cause severe illness, or lead to amputations, or even death.

導致耐藥性感染的主因包括：缺乏潔淨用水和適當的衛生設施，以及未能獲得具有效感染防控措施、診斷基礎設施、藥物和疫苗的醫療護理。另一原因則是抗生素被過度或不當使用。我們在許多工作地區都目睹這種情況，例如在伊拉克等西南亞國家，抗生素往往毋須醫生處方便可直接購買。在巴勒斯坦加沙地區，2018至2019年「回歸大遊行」示威活動前後六個月所收集的樣本顯示，在骨骼及組織中培養的抗菌素耐藥性大幅飆升3倍。

The main drivers of these drug-resistant infections are a lack of access to clean water, proper sanitation, and healthcare with effective infection prevention and control measures, diagnostic infrastructure, and medicines and vaccines. Another is the overuse or misuse of antibiotics. We have seen this in many of the places where we work; for example in countries in southwestern Asia, such as Iraq, where antibiotics are frequently available over the counter, rather than solely on prescription by a doctor. In Gaza, Palestine, samples taken six months before and after the Great March of Return protests during 2018 and 2019 showed a staggering 300 per cent increase in antibiotic resistance in bone and tissue cultures.

抗菌素耐藥性對中、低收入國家的影響尤為嚴重，而衝突往往令問題雪上加霜。衝突期間，人們或因長期壓力和營養不良而導致免疫系統受損，令其更易受感染。難民營和流離失所者營地人口密集，亦有利耐藥細菌傳播。此外，醫療設施在衝突中可能遭到破壞或損毀，並經常面對缺乏受訓醫護人員、診斷工具及如抗生素等藥物。2025年，烏克蘭一間醫院因藥物供應受限，只能在手術期間使用一種獲捐贈的免費廣譜抗生素，而非採用建議配方。

Low- and middle-income countries endure a disproportionately high burden of AMR, and conflict amplifies its drivers even more. This is because, during conflict, people may have weakened immune systems due to stress and malnutrition, making them more susceptible to infection. Overcrowding in refugee and displacement camps also facilitates the spread of resistant bacteria. In addition, health facilities have been destroyed or damaged, and they often experience shortages of trained staff, diagnostic tools, and medicines, including antibiotics, during conflicts. In 2025, one hospital in Ukraine resorted to using a broad-spectrum antibiotic during surgery, rather than the recommended formulation, because it had been donated and was freely available.

在戰爭削弱醫療系統的情況下，疫苗接種運動可能被迫擱置，疾病監測亦遭忽視。結果，不但更難預防和及早發現潛在疫情，追蹤耐藥性的模式和作出適切治療決定亦變得更困難。

With health systems weakened by war, vaccination campaigns get skipped, and disease surveillance can fall by the wayside. This makes it more difficult to prevent and detect potential outbreaks, track resistance patterns, and make treatment decisions.



病人在藥房外排隊等候，一名工作人員正準備派發基本藥物。
Patients line up at the pharmacy as a staff member prepares and distributes essential medications. ©Nicolò Filippo Rosso/MSF

無國界醫生如何應對抗菌素耐藥性？而在衝突環境下又該如何迎接這挑戰？
So how does MSF respond to AMR? How should we respond, especially in conflict settings?

無國界醫生應對抗菌素耐藥性的工作，主要圍繞三大範疇。首先是感染防控，旨在盡量減少細菌傳播；其次是抗菌藥物管理，確保為病人選用正確的抗菌藥物或抗生素，並以適當劑量和療程以治療感染；第三是診斷及監測，亦是目前應對抗菌素耐藥性的最大挑戰之一。

Our work on AMR is organised around three complementary pillars. The first, infection prevention and control, aims to minimise the spread of bacteria. The second, antimicrobial stewardship, ensures that the right antimicrobial, or antibiotic, is used, at the right dose, for the right duration, to tackle the infection. The third pillar, diagnostics and surveillance, poses some of the biggest challenges in addressing AMR.

近年，隨着引入MiniLab和Antibiogo等工具應用，診斷及監測能力已有所改善。MiniLab是一種便攜式、簡化的細菌學實驗室，專為資源匱乏地區而設；而Antibiogo則是一種診斷工具，讓非專業的實驗室技術員測量並解讀抗生素耐藥圖譜，該測試用於判定細菌對不同抗生素的反應。此外，我們透過健康教育推廣、疫苗接種、改善水利衛生情況、倡議工作，以及研究，從而加強應對抗菌素耐藥性的核心工作。

Some progress has been made in recent years on improving diagnostics and surveillance, with the introduction of the MiniLab and Antibiogo. The Minilab is a portable, simplified bacteriology laboratory, adapted to low-resource settings. Antibiogo is a diagnostic tool which enables non-expert laboratory technicians to measure and interpret antibiograms, the test that determines the sensitivity of bacteria to different antibiotics. We reinforce these core activities with health promotion, vaccinations, improvements to water and sanitation, advocacy, and operational research.

然而，在持續衝突的環境中，全面推行這些措施往往困難重重。我們的大部分相關工作都是在衝突後進行，例如協助重建實驗室、向藥房捐贈物資，以及加強抗菌藥物管理的工作。

However, it is often challenging to fully implement all these measures in active conflict settings. Much of our work is carried out post conflict, when we can support rebuilding laboratories, donating supplies to pharmacies, and strengthening antimicrobial stewardship.

若要更有效應對問題，相關工作應在衝突前及早推行。這意味着必須在脆弱環境中投入更多資源以應對抗菌素耐藥性，包括改善醫療護理、水利衛生，以及疫苗接種，但這仍不足以全面解決問題。

To be more effective, these activities should be implemented before a conflict begins. This means investing in tackling AMR in fragile settings by improving access to care, water and sanitation, and vaccination – but not only.

我們必須因應各地實際情況，調整感染防控措施以及抗菌藥物管理策略，並加強基礎微生物檢測能力，以掌握當地耐藥細菌的分佈情況。如此一來，我們便能制定切實可行的治療指引，並在衝突爆發時做好更充分的準備。

We must also adapt infection prevention and antimicrobial stewardship to local realities, and strengthen basic microbiology to understand which resistant bacteria are present. This would allow us to develop practical treatment guidelines and be better prepared should conflict erupt.

在部分地區（例如加沙），由於我們早已具備受過培訓的醫生團隊，並能取得微生物數據，因此在應對複雜創傷個案方面準備較為充足。然而，在蘇丹地區，我們尚未累積相同程度的專業技術和當地知識。此外，在許多組織工作的國家，例如剛果民主共和國，相關領域仍需要投入更多資源。有些國家至今尚未制定相關策略；另一些國家雖已有相關計劃，卻缺乏足夠資源落實執行。

In some locations, such as Gaza, we were better prepared to deal with casualties with complex trauma, because we already had trained doctors and access to microbiological data in place. In areas of Sudan, however, we had not built up this level of expertise and local knowledge. In many of the countries where we work, such as Democratic Republic of Congo, greater investment is needed. Some countries have not created national plans to tackle AMR, while others have plans but lack the resources to implement them.

在我們所有容易受衝突和局勢動盪影響的地區項目中，我們正計劃進一步加強應對抗菌素耐藥性的能力，包括制定簡化的治療指引、調整工具以配合衝突環境的需要，以及提升脆弱地區的微生物檢測能力。透過上述措施，加強投入資源以預防抗菌素耐藥性，對改善身負致命創傷的病人的治療成效至關重要。

In all our projects in places prone to conflict and instability, we are planning to strengthen our response to AMR. We're developing simplified guidelines, adapting tools to conflict situations, and strengthening microbiology capacity in fragile settings. In doing so, this broader investment in AMR preparedness is essential to improve the outcomes of patients with life-threatening trauma.

抗菌素耐藥性是一個無分國界的全球問題。因此，要有效預防相關問題，必須在全球推動有關工作，而加強對脆弱環境中的相關資源投入更是至關重要。

AMR is a global problem, which knows no borders. This is why AMR prevention needs to be on a global scale to be effective, and investment in tackling AMR in fragile settings is of huge importance.



在也門阿德達希，一名護士培訓學員正利用紫外光檢查雙手，以評估洗手成效。這是無國界醫生醫療學院基礎臨床護理培訓課程中，感染防控培訓的一環。

A trainee nurse uses ultraviolet light to examine their hands for handwashing effectiveness during an infection prevention and control training session, as part of the MSF Academy for Healthcare's basic clinical nursing programme in Ad-Dahi, Yemen. ©MSF

無國界醫生（香港）亞洲活動概覽
Activity overview of MSF Hong Kong in Asia



無國界醫生的「救無休止」展覽於大圍圍方舉行，吸引大批市民駐足閱讀展板。
The exhibition took place at The Wai, attracting many visitors to engage with the display panels. ©MSF

無國界醫生（香港）以區域協會形式運作，在香港、北京、廣州和新加坡均設有辦事處，多年來亦因應人們的醫療或人道需求而在區內開展不同項目。我們在亞太區內13個地區招募專業救援人員，亦在區內鼓勵各界提供支援、提升大眾對人道議題的關注，並監測各種危機風險。

MSF Hong Kong operates as a regional association, with offices in Hong Kong, Beijing, Guangzhou, and Singapore, and runs projects in the region depending on the medical and humanitarian needs of the people throughout the years. We recruit specialist field staff from 13 regions in Asia Pacific, while inspiring people to donate, raising awareness of humanitarian crises, and monitoring events across the region.

無國界醫生日2025「救無休止」展覽

今年無國界醫生日以「救無休止」為主題舉辦展覽，向公眾呈現救援人員在無間斷的戰火、天災、疫病中，如何面對重重挑戰並堅持提供醫療人道援助。無國界醫生希望透過此展覽，讓大眾了解各種國際人道危機，並深切體會到在全球提供醫療援助的重要與迫切性。

展覽首兩天特別邀請了來自香港的前線救援人員作深入分享，讓參觀者得以聆聽來自戰區、災區及疫區的第一手經歷，見證團隊如何在嚴峻環境下堅持拯救生命。此外，活動亦注入豐富的音樂元素，邀得小神經、胡學軒、Asana@CozySyndrome等九位本地音樂人及團體現場演出，以歌聲將人道救援精神傳揚。

MSF Day 2025 "Lifesaving Without Pause" Exhibition

Under this year's theme, "Lifesaving Without Pause" the MSF Day exhibition presented to the public how frontline workers face down relentless challenges to deliver medical humanitarian aid amidst the ongoing crises of conflicts, disaster, and disease. Through this exhibition, MSF aimed to raise awareness of various international humanitarian crises and give the public a profound understanding of the vital and pressing need for global medical assistance.

During the first two days of the exhibition, MSF workers from Hong Kong were invited to give in-depth sharing sessions, allowing visitors to hear firsthand accounts from war zones, disaster areas, and epidemic regions, and to witness how teams persevere to save lives in the most challenging environments. The event also featured rich musical elements, showcasing nine local musicians and groups—including Little Nerve, Alfred Wu, and Asana @Cozy Syndrome—who performed live. Through the power of music, they helped bring the spirit of humanitarian aid to a wider audience.



無國界醫生（香港）主席、護士趙卓邦在展覽上致詞。
President of MSF Hong Kong Cheuk Pong Chiu gives a speech at the exhibition. ©MSF

救援在野 2025

「救援在野」於2025年3月2日延續跑步比賽形式，並首度選址香港科學園舉行。今屆賽事以「救人鬥魂」為主題，讓參賽者親身感受救援人員與時間競賽的日常挑戰，在速度與耐力的考驗中，以每一步拉近與傷病者的距離。

今屆共設有三個項目：10公里賽、3公里賽，以及「救援GO！」定向體驗賽。其中，定向體驗賽首次聯乘本地人氣插畫角色「PJai and Friends」及「癲噹」，參賽者需穿梭香港科學園，於限時內完成多個鬥智鬥力的挑戰以體驗救援歷程。

賽事吸引了超過三千名來自社會各界的跑手踴躍參與。一眾跑手眾志成城，用汗水與步伐支持無國界醫生的前線救援工作。我們期望未來能匯聚更多社會力量，攜手支持全球人道救援。

On Track to Save 2025

"On Track to Save" continued its running race format on 2nd March 2025, making its debut at the Hong Kong Science Park. Under this year's theme, "Step up for Lifesaving," the event allowed participants on the track and orienteering grounds to experience firsthand the daily endurance and speed challenges aid workers face against time and constraints—bringing them closer to those in distress with every step taken.

Three major categories were featured this year: the 10km Race, 3km Race, and the "Crossing Frontlines Go!" Orienteering Experience Race. That orienteering race collaborated with popular local illustrations "PJai and Friends" and "Din Dong," challenging participants to use both wit and strength to complete multiple tasks within a limited time across Hong Kong Science Park.

The event drew an enthusiastic turnout of over 3,000 runners. United in purpose, the runners dedicated their sweat and strides to supporting the frontline work of MSF. Looking ahead, we aim to expand the event's reach and impact, bringing together more partners and members of the public to advance the spirit of humanitarian aid and extend its impact even further.



今屆賽事的主題是「跑出鬥魂　救援助人」，數千名跑手以運動行善。
Embracing the spirit of "Step up for Lifesaving", thousands of runners ran in support of humanitarian aid. ©MSF

籌募工作

無國界醫生一直重視每位支持者的信任，並致力確保捐款用得其所、公開透明。2025年，本會繼續透過多元化的渠道讓支持者更了解善款的實際用途及影響力。

組織於1月邀請支持者親臨香港辦事處，體驗救援人員如何分配及處理醫療物資，並了解前線救援工作的實際運作。有參加者表示，活動讓他對捐款的實際用途有更具體、更深刻的理解。透過此互動體驗，支持者亦能更具體了解每一分捐款如何轉化成前線援助。



活動讓支持者更直接認識善款的運用方式，如何支援前線救援工作。
The activity gave supporters a more direct understanding of how donations are used and how they support MSF's work. ©MSF

Fundraising Activities

MSF greatly values the trust of our supporters and remains fully committed to ensuring every donation is used responsibly and transparently. In 2025, we reached out to our supporters through various activities which enabled them to learn more about how their donations were helping our cause around the globe.

In January, we opened our office, inviting supporters to visit and experience first-hand how humanitarian workers allocate essential medical supplies during emergency response. One participant shared that the opportunity gave him a better understanding of how donations are transformed into assistance for people in need. Through this hands-on experience, the supporters got a better idea about how their donations are making an impact in humanitarian work.

Amid rising global emergencies and tightening humanitarian funding, MSF has expanded its Field Partner Programme, engaging the public through face-to-face recruitment and inviting more people to become monthly donors. A stable base of monthly donors helps us plan long-term projects and mobilise resources swiftly in times of crisis, delivering timely medical assistance to those in need.

We sincerely thank everyone who has taken the time to learn about and support our work. Every moment of attention, every act of participation, helps sustain our medical humanitarian efforts.

近年全球緊急危機驟增但人道資金緊絀，無國界醫生積極推動「無國界醫生救援伙伴計劃」，透過街頭招募邀請更多市民成為月捐支持者，攜手支持全球醫療人道救援工作。建立穩定的月捐支持者基礎，有助組織更有效規劃長遠的人道救援工作，並能在危機發生時迅速調配資源，為有需要的人提供及時醫療援助。

衷心感謝每一位願意了解及支持我們工作的市民。每一份關注與參與，都是支撐救援工作持續前行的重要力量。



無國界醫生工作人員與市民交流，分享前線救援工作。
An MSF staff member engages with the public, sharing updates on frontline medical operations. ©MSF

前線行動支援

2025年，無國界醫生（香港）的前線行動支援組（OSU）繼續透過防止甲醇中毒項目，支援各地提升預防、監測及應對甲醇中毒事故的能力。團隊繼續與無國界醫生（挪威）推動全球監測、能力建設、事故應對及知識分享工作，並向醫護人員及公眾提供甲醇中毒的相關資訊。

項目團隊亦於12月舉辦網上研討會，內容包括提升甲醇中毒診斷及治療資源可及性的工作、分享TIC地區伙伴關係計劃，以及探索利用人工智能技術加強全球監測的可行性。

隨著組織調整策略及行動重點，無國界醫生（香港）於2025年底完成甲醇中毒項目的統籌角色。2026年將作為過渡期，相關工作由無國界醫生（香港）、無國界醫生（挪威）及西非及中非行動中心（WaCA）共同合作。

本地社區支援

2025年11月，大埔宏福苑發生一場致命火災，造成168人喪生。香港團隊為此自發地積極探討如何團結互助地提供支援。組織與4間本地機構合作，於11月至12月期間舉辦4次心理健康小組活動、兩場心理教育講座，以及3場外展活動。此外，團隊亦因應是次事故重新編製及派發心理健康資訊單張。整項活動共接觸超過480人，並以四種語言印製及派發逾1,400份資訊單張。



無國界醫生（香港）針對大埔火災事件，為外籍家庭傭工舉辦的心理教育講座及外展活動。
MSF Hong Kong conducted psychoeducation sessions and outreach activities for migrant domestic workers related to the Tai Po fire incident. ©MSF

Operational Support

Throughout 2025, MSF Hong Kong's OSU continued contributing to the Methanol Poisoning Initiative (MPi), supporting prevention, detection, and management of cases of methanol poisoning on a worldwide scale. This included maintaining close collaboration with MSF Norway for the purposes of conducting global surveillance, building capacities, responding to outbreaks, and knowledge sharing. MSF HK also provided medical professionals and the general public with necessary information and resources about methanol poisoning.

In December, a webinar was conducted, featuring the work on accessing diagnostics and treatment, a special on regional partnerships, and an exploration of AI-enabled surveillance.

Due to evolving operational and institutional priorities, MSF HK phased out its full MPi coordination role at the end of 2025. This medical dossier will be taken over in 2027 by the new operational centre in West and Central Africa, WaCA, which makes 2026 a transitional year. During this period, activities such as media requests, capacity building, global surveillance, and outbreak intervention will be split between MSF HK, MSF Norway, and WaCA.

Community Care and Support

In November 2025, a devastating fire broke out at Tai Po Wang Fuk Court, claiming 168 lives. MSF HK looked at how it could provide support in solidarity. In partnership with four local organisations, MSF organised 4 mental health group sessions, 2 psychoeducation sessions, and 3 outreach activities were conducted in-person between November and December. In addition, pamphlets on mental health were adapted and distributed for this incident. Over 480 people were reached and over 1,400 pamphlets were printed in four languages.

醫療人員的專業培訓

無國界醫生(香港)致力培育多元且技術精湛的醫療專業團隊,以提升支援前線工作的能力。2025年,第二屆「MEDICS」於台灣舉行,延續2008至2018年間在香港舉辦的培訓傳統。今次MEDICS匯聚來自15個地區及國家的25位醫療專業人員,他們具備急症科、深切治療科、外科、婦產科及麻醉科等不同專科經驗和背景。為期六天的課程結合理論與實踐,透過模擬演練及小組討論,進一步提升參與者執行前線工作的準備,並加強組織以病人為本、優質的醫療護理。

區域前線人力資源管理

無國界醫生(香港)致力招募和支援具熱誠及專業能力的人才參與全球各地的國際醫療人道項目。2025年,我們的人力資源團隊分別在中國內地、香港、菲律賓、新加坡、馬來西亞及台灣等地舉辦的9場醫學會議及活動,積極招募人才及展開交流活動。我們亦舉辦了21場招募甄選,共有35名入圍申請者參加。

中國內地交流

無國界醫生北京辦公室向智庫、民間組織及學者介紹組織在加沙、蘇丹、南蘇丹、剛果民主共和國等地的項目進展,增進各界對我們全球救援工作的了解,並應邀分享組織如何運用數碼工具提升資源匱乏及衝突地區醫療護理的可及性。2025年,北京辦公室進一步加強就武裝衝突中保護醫護人員和醫療設施的交流。



無國界醫生北京辦公室的主任分享在數位醫療方面的工作經驗。
Director of Beijing Office shares insights and experiences on digital health initiatives. ©MSF

我們持續拓展衛生健康領域對話與合作網絡:無國界醫生在全國結核病創新大會介紹兒童結核病項目TACTiC(檢測、預防、治癒兒童結核病),提升結核病與兒科臨床人員對兒童結核病治療的關注。我們透過網上研討會,與中國結核病/兒科診療的專家就臨床經驗及研究項目持續交流;同時,我們邀請endTB-Q試驗首席研究員於中國年度結核病大會分享研究成果,並參與中國臨床研究相關討論。此外,北京團隊還與「病者有其藥」項目合作,透過學術會議與專題研討等形式,與各持分者就中國健康創新產品的臨床研究及監管議題交流,並探討方案為中低收入國家帶來的潛在裨益。

Professional Training for MSF Healthcare Workers

MSF Hong Kong aims to increase the movement's wider capabilities with a diverse and highly skilled medical workforce. In 2025, the second MEDICS (Multi-disciplinary Enhanced Deployment in Critical Surgical Care) was hosted in Taiwan, continuing the legacy of trainings offered in Hong Kong from 2008-2018. This time, MEDICS brought together 25 medical professionals from 15 regions and countries, with experience and specialisation in emergency medicine, intensive care, surgery, gynecology and anesthesiology. The six-day programme combined theory and practice through simulation exercises and group discussions to further enhance the participant's assignment readiness, as well as MSF patient-centred, quality of care.



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

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 2025, our human resources team undertook active recruitment and engagement activities at 9 medical conferences and events in countries and regions including Mainland China, Hong Kong, Philippines, Singapore, Malaysia and Taiwan. We conducted 21 assessment sessions with 35 shortlisted applicants participating.

Engagement in Mainland China

The MSF Beijing Office engaged with think tanks, civil society organisations and academics about MSF operations in Gaza, Sudan, South Sudan, and the Democratic Republic of Congo to enhance people's understanding of MSF assignments. We were also invited to share our experience in using digital tools to improve healthcare access in resource-constrained and conflict-affected settings. In 2025, we further strengthened exchanges on protecting medical staff and facilities in armed conflict.

We continued to strengthen health-sector dialogue and cooperation: MSF presented the TACTiC (Test, Avoid, Cure TB in Children) project at the National TB Innovation Conference, helping raise awareness of childhood TB among TB and paediatric healthcare professionals. We maintained engagement with Chinese TB/paediatric experts through online seminars on practical experience and research initiatives. We invited the principal investigator of the endTB-Q trial to present results at China's annual TB conference and participated in discussions on clinical research. Working with the MSF Access project, we engaged stakeholders via academic conferences and roundtables on clinical and regulatory questions related to China's health innovations and their potential value for low-and-middle-income countries.



10月底至11月期間，我們在北京的書店舉辦為期一個月的主題展覽，呈現人道危機下人們的磨難和堅韌，救援人員的挑戰和反思。
From late October to November, we held a month-long themed exhibition in a Beijing bookstore, bringing to the public the suffering and resilience of people affected by humanitarian crises, as well as the challenges and reflections of International Mobile Staff. ©MSF

2025年，我們對亞洲市場醫療產品進行全面市場調研，經嚴格評估產品及供應商後，從中國供應商採購取得顯着進展。採購渠道更多元化，有助提升供應鏈的穩定，以及讓有需要的人能更及時獲得所需的醫療物資。

我們仍持續連繫公眾、講述被遺忘的危機：我們在2月開設小紅書賬號分享前線救援資訊、招募消息及學習資源，並回應公眾提問；同年9月，我們舉辦有關加沙戰爭的網上分享會，吸引近5,000人觀看；這一年我們圍繞緬甸地震、蘇丹衝突及氣候變化發聲，並於北京、上海、廣州、深圳等地舉辦實體分享活動。

In 2025, we conducted market research on medical products across Asia and advanced procurement from Chinese suppliers after strict product and supplier evaluation. By diversifying procurement channels, we strengthened supply-chain resilience and improved timely access to essential products.

We have continued to connect with the public and shine a light on forgotten crises. In February, we launched an account on Xiaohongshu (Rednote) to share field updates, recruitment information, and learning resources, while engaging with audiences. In September, our online livestream on the Gaza war attracted nearly 5,000 viewers. Throughout the year, we also spoke out about the earthquake in Myanmar, the conflict in Sudan, and climate change, and organised sharing events in Beijing, Shanghai, Guangzhou, Shenzhen and other cities.

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

主　席	**President**	趙卓邦 Cheuk Pong Chiu	
副主席	**Vice Presidents**	李威儀醫生 Dr. Wilson Li	蔡神偉 Sern Wei Stephen Chua
司　庫	**Treasurer**	唐穎思醫生 Dr. Wing Sze Jennifer Tong	
成　員	**Directors**	林雪芳 Suet Fong Lim	朱景熙 King Hei Chu [4]
		李君婷醫生 Dr. Kandice Ellen Li	Betarani Resistia
		陳慧芝醫生 Dr. Wai Chi Gigi Chan [1]	Veena Pillai [2,3]

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

主　席	**Chairperson**	唐穎思醫生 Dr. Wing Sze Jennifer Tong	
成　員	**Members**	李君婷醫生 Dr. Kandice Ellen Li	詹鋌鏘 Ting Cheong Carter Chim
		吳錦華 Kam Wah Webster Ng [5]	朱景熙 King Hei Chu [4]
		梁倩雯 Ching Man Gloria Leung [2]	

[1] 2025年8月1日離任 Resigned on 1 August 2025
[2] 2025年8月23日上任 Appointed on 23 August 2025
[3] 2025年10月28日離任 Resigned on 28 October 2025
[4] 2025年8月23日離任 Resigned on 23 August 2025
[5] 2025年12月8日離任 Resigned on 8 December 2025

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2025年12月，無國界醫生(香港)共有83名職員，另有1名義工定期協助處理日常工作。
As of December 2025, the MSF Hong Kong has 83 staff and 1 regular office volunteer who helped with office tasks.

無國界醫生(香港)2025年度財政概覽 (以港元為單位)

MSF Hong Kong Financial Overview 2025 (in Hong Kong dollar)

收入 INCOME			2025	2024
捐款收入 Donations income			362,150,828	385,422,138
其他收入 Other income			1,011,468	1,992,062
		總數 TOTAL	**363,162,296** (1)	**387,414,200**
支出 EXPENDITURE				
社會使命 Social mission				
緊急與醫療救援項目	Emergency and medical programmes		228,538,148 (2)	256,787,710
項目支援與發展	Programme support and development		48,057,237	52,924,127
提高公眾關注與倡議	Public awareness and other campaigns		14,978,399	13,109,165
其他人道救援活動	Other humanitarian activities		1,754,289	1,789,637
社會使命總開支 TOTAL SOCIAL MISSION			**293,328,073** (3)	**324,610,639**
行政經費	Management and general administration		26,490,641	24,072,384
籌款經費	Fundraising		43,086,637	38,608,726
財務費用	Finance cost		146,161	239,807
		總數 TOTAL	**363,051,512**	**387,531,556**
匯兌(損失)/收益淨額 NET EXCHANGE (LOSS)/GAIN			**(110,784)**	**117,356**
虧損 DEFICIT			-	-

截至2025年12月31日止的財務狀況表

Statement of Financial Position as of 31st December 2025

		2025	2024
非流動資產 Non-current Assets		4,694,352	7,908,854
流動資產 Current Assets			
應收帳款	Debtors	50,104	201,586
押金及預付費用	Deposits and prepayments	2,670,591	1,974,747
應收其他無國界醫生辦事處之帳款	Amount due from MSF entities	1,134,637	3,836,590
現金及銀行結餘	Cash and bank balances	46,849,603	41,568,887
		50,704,935	**47,581,810**
流動負債 Current Liabilities			
應付帳款,其他應付帳款與應計費用	Creditors and accrued expenses	9,900,087	10,465,444
租賃負債	Lease liabilities	1,519,224	2,256,679
應付其他無國界醫生辦事處之帳款	Amount due to MSF entities	41,664,629	38,941,347
		53,083,940	**51,663,470**
淨流動負債 Net Current Liabilities		(2,379,005)	(4,081,660)
非流動負債 Non-current Liabilities		(2,315,347)	(3,827,194)
淨資產 Net assets		-	-
資金餘額 Fund Balances			
累積資金	Accumulated funds	- (4)	-

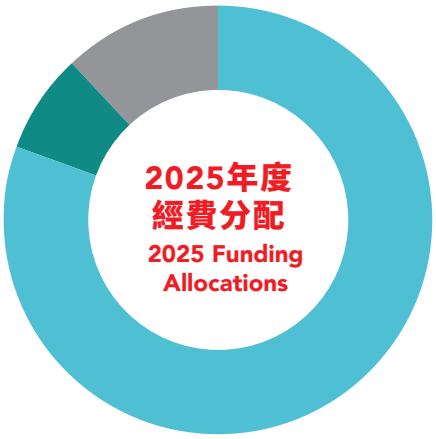
按照法例,謹此聲明,以上陳列數據僅為截至2025年12月31日止年度的指明財務報表(即:法定財務報表)的一部分,並不是完整的財務報表。該報表是根據《香港財務報告準則》以及《公司條例》擬備,並已送呈公司註冊處。報表已由無國界醫生(香港)董事會認可,並由核數師安永會計師事務所審核。核數師在核數報告中,對報表無保留意見,即認為法定財務報表真實而中肯地反映了組織於截至2025年12月31日止的財務狀況和該年度的財務表現。核數師亦沒有以強調方式提述須予注意的事項,即核數師對報表沒有保留。核數報告內也沒有任何根據香港《公司條例》第406(2)、407(2)或(3)條的陳述。這些條例列明,若果財務報表與董事報告不吻合;公司沒有備存充份的會計記錄;財務報表與會計記錄不吻合;或核數師沒有取得所有對審計工作而言屬必需的資料或解釋,核數師必須在其報告內述明。完整財務報表可瀏覽:msf.hk。

There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e., statutory annual financial statements) for the year ended 31 December 2025. 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 (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 2025 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.



2025年度經費來源
2025 Funding Sources

公眾捐款 Donations from the public	99.7%
其他收入 Other income	0.3%



2025年度經費分配
2025 Funding Allocations

社會使命 Social mission		80.8%
緊急與醫療救援項目	Emergency and medical programmes	62.9%
項目支援與發展	Programme support and development	13.2%
提高公眾關注與倡議	Public awareness and other campaigns	4.1%
其他人道救援活動	Other humanitarian activities	0.6%
籌款經費 Fundraising		11.9%
行政經費 Management and general administration		7.3%



2025年度香港辦事處撥予各國家或地區救援工作之款項(港元)
2025 Allocation of MSF Hong Kong Funding for Relief Work by Country or Region (HKD)

亞太區及中東 Asia-Pacific and the Middle East	49.8%	107,143,751
非洲 Africa	40.5%	87,107,046
美洲 The Americas	7.1%	15,279,611
歐洲 Europe	2.6%	5,651,942

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	24,237,350	貝寧 Benin	2,735,490
巴勒斯坦 Palestine	22,525,039	巴西 Brazil	2,637,256
蘇丹 Sudan	15,240,056	布隆迪 Burundi	2,312,748
馬來西亞 Malaysia	15,000,000	塞拉利昂 Sierra Leone	2,009,477
南蘇丹 South Sudan	11,898,548	希臘 Greece	1,658,001
巴基斯坦 Pakistan	11,803,217	肯尼亞 Kenya	1,504,037
孟加拉 Bangladesh	11,447,982	意大利 Italy	1,431,127
阿富汗 Afghanistan	10,363,533	幾內亞 Guinea	1,299,127
敘利亞 Syria	9,768,931	埃及 Egypt	1,260,853
尼日利亞 Nigeria	8,913,174	比利時 Belgium	1,309,241
也門 Yemen	8,888,484	莫桑比克 Mozambique	954,848
海地 Haiti	8,553,776	烏克蘭 Ukraine	700,182
印度 India	5,676,720	波蘭 Poland	553,391
馬里 Mali	4,944,283	南非 South Africa	483,895
中非共和國 Central African Republic	4,537,055	津巴布委Zimbabwe	385,950
埃塞俄比亞 Ethiopia	4,278,213	牙買加 Jamaica	188,076
黎巴嫩 Lebanon	4,254,402	安哥拉 Angola	111,550
委內瑞拉 Venezuela	3,900,503	約旦 Jordan	54,282
緬甸 Myanmar	3,875,176	菲律賓 Philippines	22,215
伊拉克 Iraq	3,463,770	盧旺達 Rwanda	392

總數 TOTAL 215,182,350

2025年度財政概覽說明 Explanatory Notes on Financial Overview 2025

1. 99.7%經費來自公眾、私人信託及基金會的捐款。
   99.7% of donations came from public, private trusts and foundations.
2. 合計215,182,350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。
   A total of HKD 215,182,350 was allocated for emergency and medical programmes in around 40 countries and regions.
3. 80.8%收入用於履行社會使命。
   80.8% total income went to social mission.
4. 2025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。
   In 2025, MSF Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising, management and general administration finance expenses and exchange difference, were fully dispensed for social mission.

無國界醫生憲章

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

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

The Médecins Sans Frontières charter

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

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

無國界醫生辦事處 MSF offices

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魯丘魯綜合轉介醫院的外科醫生正為一名年輕槍傷患者處理傷口。

Surgeons at the Rutshuru General Reference Hospital cauterise a wound of a young gunshot victim. ©Sam Bradpiece/MSF

剛果民主共和國
Democratic Republic of Congo