



MEDECINS SANS FRONTIERES
無國界醫生



**無國界醫生（香港）
活動報告 2022
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：

2022年，我們漸漸擺脫2019冠狀病毒病的嚴重影響，唯新的緊急狀況未止，其他現存危機亦未見放緩，無國界醫生仍繼續援助受影響社群，並審視大環境變遷，務求改善行動和組織管治。

過去一年，烏克蘭戰爭急劇升級，2022年2月以來，逾530萬人在國內流離失所，810萬人離國避難。衝突或戰爭致大量人口流徙非烏克蘭獨有，海地、中非共和國等多個長年烽火連天的地方，亦迫使成千上萬人離家，冒死尋求一綫生機。衝突或戰爭的連鎖反應亦加劇很多問題。例如本已脆弱的醫療系統進一步受挫，甚至需要暫停服務，令傷病者得不到應有支援。在海地，暴力於2022年持續，我們的醫院因安全理由數度被迫減少甚至停止運作。在當地某些地區，我們只能在地下室或沒有窗戶的房間治療病人，全因隨時會有雙方交火及被流彈擊中的危險。

值得注意的是，自俄烏戰爭升級以來，我們看到歐洲國家領導人積極回應，他們採取一系列措施，讓逃離烏克蘭的人獲得足夠援助，例如安全通行和醫療護理，作為醫療人道組織，我們固然歡迎這些安排。然而，我們未看到歐盟成員國一視同仁對待其他國家的流離失所者及移民。在地中海、波蘭、白羅斯等地，針對移民和難民的暴力驅逐和行政阻撓屢見不鮮，即使人們成功抵達目的地，亦往往被排拒在醫療系統外，得不到應有人道對待。烏克蘭難民的待遇讓我們知道，更理想、更人道的移民政策絕非異想天開，歐盟有必要重新審視其做法，讓每個逃離家園尋求安全的人都得到平等、有尊嚴的對待。

戰爭和衝突以外，氣候變化亦是不容忽視的威脅。馬達加斯加是其中一個最受氣候變化影響的國家，2022年初，該國東南部連續遭受兩次風暴吹襲，嚴重影響當地農業。該地區的長期營養不良比率本已高企，極端氣候令當地人陷入更危急狀況。當衝突和氣候變化這兩大問題同時出現，人們將更難抵禦各種疾病和疫症打擊。

除着力應對有關醫療需要，我們亦簽署《人道救援組織氣候與環境憲章》，鼓勵及引導應對氣候變化的行動計劃，同時檢視組織內部碳排放及生態足跡，確保兼顧到最弱勢群體。

Dear friends,

While we gradually moved on from the heavy impacts of the COVID-19 pandemic in 2022, other new and existing crises did not slow down. Médecins Sans Frontières (MSF) remained committed to supporting affected communities and assessing the evolving contexts to improve our operations and organisational governance.

Over the past year, the war in Ukraine has escalated significantly. Since February 2022 more than 5.3 million people have been internally displaced, while 8.1 million have fled to other countries. This kind of mass exodus is not limited to Ukraine alone, as other conflict-ridden places like Haiti and the Central African Republic have also forced tens of thousands to abandon their homes and risk their lives for mere survival. The repercussions of these conflicts have exacerbated existing issues, such as the already fragile healthcare systems that face setbacks and suspended services, thereby leaving patients without essential support. In Haiti, where violence continued to persist in 2022, hospitals had to reduce or suspend services for security reasons. In some areas, patients could only be treated in basements or windowless rooms due to the constant risk of crossfire and stray bullets.

It is worth highlighting that since the escalation of the war in Ukraine, European leaders have taken proactive measures to assist those who have fled, such as safe passage and medical care. As a humanitarian medical organisation we welcomed such arrangements, yet we have not witnessed equal treatment of the displaced and migrants from other countries by the EU member states. Violent pushbacks and administrative obstructions are common in the Mediterranean, Poland, Belarus, and elsewhere. Even upon arrival, people are often excluded from healthcare and humane treatment. The arrangements for Ukrainian refugees demonstrated the possibility of a better, more humane immigration policy. The EU must review its approach to ensure equality and dignity for all those who left their homes for safety.

Besides war and conflict, climate change is a threat that cannot be overlooked. Madagascar has been one of the most vulnerable countries to the impacts of climate change. Two devastating storms in early 2022 severely damaged local agriculture in southeast Madagascar's, exacerbating the already high rates of chronic malnutrition. The convergence of conflict and climate change will make people more vulnerable to epidemics and diseases.

In addition to responding to medical needs, MSF has also signed the *Climate and Environment Charter for Humanitarian Organisations* to drive action plans against climate change, review the carbon emissions and ecological footprint of our operations, and ensure we prioritise the needs of the most vulnerable communities.

回望香港，我們在年初經歷2019冠狀病毒病第五波疫情，無國界醫生迅速組織一支項目團隊，多管齊下協助應對疫情。我們以人為本，仔細考慮社區人士各方面需求，盡量切身處地為長者、無家者等最弱勢社群提供最恰當支援。過程中，我們發現他們部分較難獲得醫療服務和準確健康資訊，或感被孤立和徬徨無助。即使項目已告一段落，我們仍記掛這些被忽略人群，並探討日後另作支援的可能。

應對危機之餘，我們也時刻審視組織內外行動和秉持價值，反思無國界醫生在這個大環境中，應該成為一個怎樣的組織。近年人道救援空間愈見狹窄，我們的同事因提供醫療護理而危及安全或身陷犯罪險境。致力救助傷困，不等於犧牲員工。這點我們時刻銘記，並視為評估工作方針的其中一個關鍵。另外，我們在各種渠道為病人和我們照料的社群作見證時，也必須反省某些處理會否反令他們承受不必要風險或困擾。很多價值隨時代進步，我們不能盲從一些過去廣受接納的手法。

世情常變，唯守護最弱勢群體的健康，保障其福祉，是我們堅定的宗旨。無論是身陷衝突、戰火中，竭力尋求安全的人，抑或因疾病和營養不良等問題受影響的人，我們都會盡力援助，並提高各界對事態的關注。感激一路上，有你們每一位與我們並肩前行。

In Hong Kong, with the fifth wave of the COVID-19 pandemic hitting hard in early 2022, MSF swiftly formed a project team and launched a multi-pronged response. With a people-centred approach, we took different needs of the community members into considerations, striving to provide the most appropriate support to vulnerable groups like the elderly and people experiencing homelessness. During the project, we found that some of them had difficulties in accessing healthcare services and accurate medical information, and might feel isolated and helpless. Despite the conclusion of the project, we still think of these marginalised individuals and are exploring future opportunities for assistance.

Apart from our response, we also constantly review our actions internally and externally, as well as the values we uphold. We reflected on what kind of an organisation we want to be in this environment. The space for humanitarian aid has been shrinking in recent years and our colleagues have faced threats to their safety and the risk of being criminalised simply for providing medical care. Our commitment to helping those in need should never come at the expense of our staff. This is a fundamental principle that guides us in the evaluation of our strategy. Furthermore, when we bear witness for our patients and the communities we care for through various channels, we must think twice whether the process may expose them to unnecessary risk or distress. Values evolve over time, and we cannot blindly adhere to practices that were widely accepted in the past.

Our commitment remains strong in this rapidly evolving world: safeguarding the health and well-being of the most vulnerable. Whether for individuals seeking safety amidst conflicts, or those impacted by diseases or health problems like malnutrition, we do our utmost to provide aid and raise awareness in different sectors. We are grateful for your continued support along this journey.



林雪芳
無國界醫生（香港）主席
Suet Fong Lim
President, MSF Hong Kong



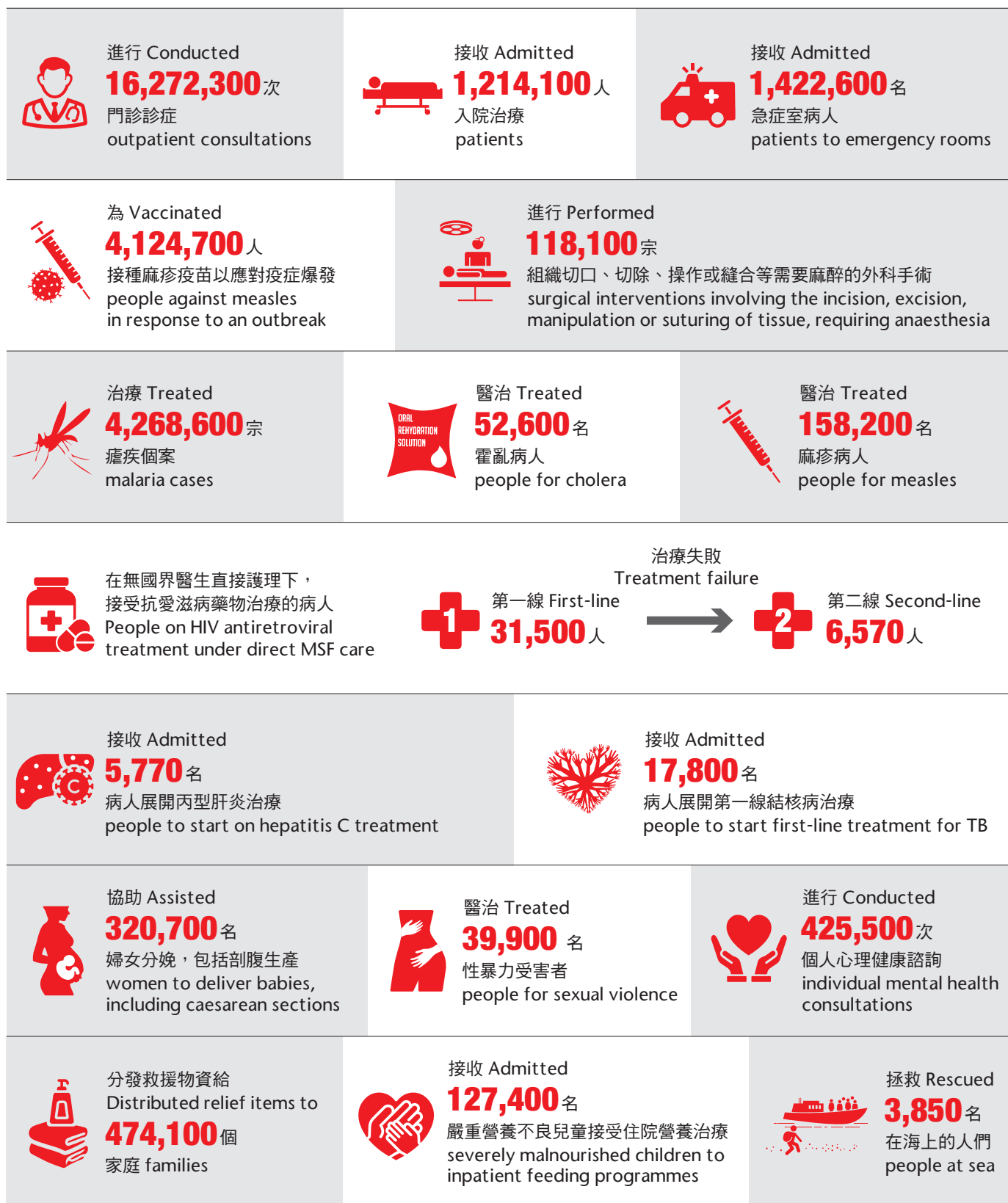
童靜漪
無國界醫生（香港）總幹事
Jenny Tung
Executive Director, MSF Hong Kong

全球前線工作概要

Worldwide Operations Highlights

無國界醫生於 2022 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 2022:



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工作，不能視為工作之全部。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 the international activity report, available at msf.org.

年度回顧

The Year in Review

戰爭、暴力、天災、疾病爆發、通貨膨脹和物價上漲，種種因素導致民眾需求全面增加。2022年，無國界醫生在全球超過75個國家有近68,000名工作人員應對這些需求。

War, violence, natural disasters, disease outbreaks, rising inflation and spiralling prices; these are all factors that contributed to an overall increase in people's needs, to which nearly 68,000 MSF staff responded in more than 75 countries around the world in 2022.

烏克蘭戰爭升級

自2014年開戰以來，我們一直活躍於烏克蘭東部，為捲入戰火的民眾提供支持。然而，在2022年2月24日，俄羅斯軍隊向烏克蘭全境發動大規模攻擊，我們的團隊對衝突急劇升級感震驚。我們迅速加強應對，向烏克蘭外科醫生和醫護人員提供人力、物資和培訓，以幫助他們應對大量湧入的傷者。我們幫助決定留在家裏的人、遷移到烏克蘭境內其他地方的人，以及選擇在波蘭、摩爾多瓦、白羅斯和俄羅斯等鄰國避難的大量民眾，為他們提供醫療和心理健康護理。

戰爭升級為我們帶來許多挑戰。我們需要迅速擴大行動規模，以應對廣泛需求，不僅治療與戰爭有關的身心創傷，還治療非傳染病等已有的疾病；我們還需適應不斷變化的形勢和快速移動的衝突前線。在需求最甚之地致力提供護理，和保證員工（包括許多流離失所的烏克蘭員工）安全的需要之間，我們必須取得平衡。

Escalation of war in Ukraine

MSF has been active in eastern Ukraine, supporting people caught up in the war since it started in 2014. However, on 24 February 2022, our teams were taken by surprise by the dramatic escalation in conflict, following large-scale attacks by Russian forces across the country. We rapidly increased our response, providing staff and materials, as well as training to Ukrainian surgeons and healthcare workers to help them cope with large influxes of wounded patients. We assisted people who decided to stay home, those who moved elsewhere within the country, and the immense numbers who chose to seek refuge in neighbouring countries such as Poland, Moldova, Belarus and Russia, providing them with medical and mental healthcare.

The escalation in the war posed several challenges for us. We needed to rapidly scale up activities to respond to a wide range of needs – not only treating war-related physical and mental trauma but also pre-existing conditions such as non-communicable diseases – and adapt to the changing situation and fast-moving frontlines. We had to balance our ambition to deliver care where it was most needed with the need to guarantee the safety of our staff, including our many Ukrainian staff who had been displaced.



© MSF / Kariñ Ekholm

無國界醫生在赫爾松地區的流動診所。
MSF mobile clinic in Kherson region.



© Andrii Ovod

無國界醫生醫療列車。
MSF medical train.

為應對這些挑戰，我們想出盡可能接近人們所在地的嶄新方法，例如使用專門設計的醫療列車，將病人送到遠離危險區的地方；在流離失所者的避難所和地鐵站設置流動診所，因為當地面遭狂轟濫炸，民眾會躲在這些地方；同時為非傳染病開設醫療諮詢電話熱線。

To address these challenges, we devised new ways to get as close to people as possible, for example using a specially designed medical trains to transport patients away from danger zones; running mobile clinics in shelters for the displaced and in metro stations, where people took cover as the bombs fell indiscriminately above ground; and opening phone hotlines for consultations for non-communicable diseases.

2019 冠狀病毒病的持續影響

2022年初，隨着疫情大流行進入第三年，我們的團隊仍在許多地方應對2019冠狀病毒病。我們繼續在伊拉克和史瓦帝尼等國家提供治療，並在黎巴嫩、南非和烏干達進行疫苗接種。另外，在香港爆發2019冠狀病毒病第五波疫情時，我們與本地非政府組織合作，向無家者、長者和低收入人士等弱勢社群提供以人為本的疫苗接種計劃，當中包括免費醫療諮詢。計劃合共為有需要人士接種了379劑疫苗。



與此同時，無國界醫生「病者有其藥」項目強調要推動更大量、更快捷生產疫苗針對本次或未來再出現的疫情大流行，知識產權的豁免十分重要。雖然我們對2019冠狀病毒病的應對行動隨時間推移減少，但團隊致力處理疫情對大眾和醫療系統造成的影響，例如缺乏常規疫苗接種引致數種疫苗可預防疾病在多國爆發。

COVID-19's lasting impact

At the beginning of 2022, as the pandemic entered its third year, MSF teams were still responding to COVID-19 in many places. We continued offering treatment in countries such as Iraq and Eswatini, and administering vaccinations in Lebanon, South Africa and Uganda. Besides, amidst the fifth wave of COVID-19 outbreak in Hong Kong, we collaborated with local NGOs to offer a people-centred vaccination programme, which included free medical consultations for vulnerable groups such as homeless, elderly and low-income populations. The programme provided 379 vaccine doses for the people in need.

了解更多 [Read more](#)



香港應對項目



Hong Kong Response Programme

無國界醫生（香港）為弱勢社群提供免費醫療諮詢。
MSF Hong Kong provides free medical consultations for vulnerable groups.

Meanwhile, MSF's Access Campaign highlighted the need for an intellectual property waiver that would facilitate greater, and more rapid, production of vaccines for this, and future, pandemics. While our response to COVID-19 decreased as the year wore on, our teams worked to address the toll the pandemic has taken on people and healthcare systems, such as a lack of routine vaccinations, which has led to outbreaks of vaccine-preventable diseases in many countries.

海地的暴力形勢

海地十分動蕩的政治、經濟和安全局勢在2022年進一步惡化，使該國處於崩潰邊緣，然而情況並未得到太多國際關注或援助。首都太子港的極端暴力程度代表部分社區受困，無法獲得食物、用水或醫療護理。我們獲統治整個社區的武裝團體接納，但他們經常以路人為攻擊目標和綁架醫護人員，且逍遙法外。



無國界醫生在泰巴爾的創傷醫院。
MSF's trauma hospital in Tabarre.

我們在泰巴爾的創傷醫院，以及位於圖爾高和卡勒富爾的兩個穩定治療中心（以上皆為首都太子港的行政區）常因有大量暴力傷者湧入而不堪重負，情況以5月衝突升級期間尤其嚴重。我們位於太陽城社區的德魯亞爾醫院常處於武裝團體爭奪地盤的交界，發生的暴力事件程度往往相當激烈，迫使我們整年來多次暫停當地的醫療工作。在無國界醫生開展工作的各個國家之中，目前我們的員工和物資在海地承受的保安風險實屬前列。

Violence in Haiti

The highly volatile political, economic and security situation in Haiti deteriorated even further in 2022, leaving the country on the verge of collapse. Yet it yielded little international attention or assistance. Extreme levels of violence in the capital, Port-au-Prince, meant that some communities became trapped without access to food, water or medical care. We have achieved acceptance by the armed gangs who rule entire neighbourhoods, but they frequently target people on the streets and kidnap medical staff with virtual impunity.

MSF's trauma hospital in Tabarre, and two stabilisation centres in Turgeau and Carrefour – all neighbourhoods in the capital – were often overwhelmed by the numbers of patients with violence-related injuries, particularly during an upsurge in fighting in May. Our Drouillard hospital in the Cité Soleil neighbourhood is regularly at the crossroad of the armed groups' territorial struggle, and the often-intense violence forced our medical activities there to be suspended several times during the year. Haiti is currently one of the most challenging countries for MSF, in terms of security risk for our staff and supplies.

霍亂再起

我們看到霍亂在2022年不尋常地死灰復燃，有30個國家錄得個案或爆發疫情。我們在至少10個國家應對這具高度傳染性的疾病，包括尼日利亞、敘利亞、喀麥隆、尼日爾、黎巴嫩、剛果民主共和國和肯尼亞。天災、氣候變化、水資源短缺，以及例如武裝衝突的人道危機等不同因素，令全球個案數字皆上升。

海地經歷3年零個案的光景後，2022年9月下旬爆發大規模疫情，到年底已有逾15,000宗個案，其中絕大部分在我們的設施接受治療。團隊還支援應對疫情爆發的疫苗接種工作。



兩名護士為剛抵達位於海地的霍亂治療中心的一名感染霍亂婦女作靜脈注射以補充體液。

Two nurses proceed to intravenous rehydration for a woman affected by cholera who just arrived at the CTC in Haiti.

鑑於全球霍亂疫苗短缺，國際協調小組（無國界醫生是成員之一）做出前所未有的決定，暫時建議先採取接種一劑，而非通常是兩劑的疫苗接種策略，以保護更多人免受疾病感染。

Cholera resurges

We saw an extraordinary resurgence in cholera in 2022; 30 countries recorded cases or outbreaks. MSF responded to this highly contagious disease in at least 10 countries, including Nigeria, Syria, Cameroon, Niger, Lebanon, Democratic Republic of Congo and Kenya. Different factors such as natural disasters, climate change, water scarcity and humanitarian crises such as conflict contributed to the worldwide rise in cases.

In Haiti, after three years with no cases, there was a major outbreak from late September. By the end of the year, there had been over 15,000 cases, the vast majority of which were treated in our facilities. Our teams also supported outbreak vaccination efforts.

In view of the global shortage of cholera vaccines, the International Coordinating Group – of which MSF is a member – took the unprecedented decision to temporarily recommend a one-dose, rather than the usual two-dose, vaccination strategy to help protect more people from contracting the disease.

氣候危機留下印記

2022年，無國界醫生再次援助受南蘇丹和南非洪水、索馬里乾旱以及馬達加斯加和菲律賓熱帶氣旋等極端天氣事件影響的人。



2022年5月，南蘇丹洪水。
Floods in South Sudan, May 2022.

In January, MSF teams provided treatment to children with malnutrition on the outskirts of N'Djamena, Chad, in what was for some the driest and shortest rainy season they could remember. However, several months later in August, in the same area, unusually heavy seasonal rains caused rivers to burst their banks, leading to flooding, which displaced thousands of people.

我們的團隊於該年1月在乍得恩賈梅納的郊區治療營養不良兒童；對部分人來說，這是他們記憶中最乾旱、最短的雨季。然而，數月後的8月在同一地區，異常大的季節性降雨導致河流缺堤，釀成洪水氾濫，數千人因此流離失所。

6月，巴基斯坦遭遇嚴重洪水，淹沒三分之一國土；3個多月後，某些地區仍被水淹。這場災難令逾3千萬人流離失所，並造成數千人死傷。無國界醫生團隊在信德省和俾路支省大規模提供醫療、營養和水利衛生支援。

The climate crisis leaves its mark

Once again in 2022, MSF assisted people affected by extreme weather events such as floods in South Sudan and South Africa; drought in Somalia; and cyclones in Madagascar and the Philippines.

In June, Pakistan was swept by severe floods, with one-third of the country underwater; some areas were still flooded more than three months later. The devastation displaced over 30 million people and left thousands dead and injured. In response, MSF teams provided medical, nutrition and water and sanitation support on a massive scale in Sindh and Balochistan provinces.

接近年底，我們開始在基里巴斯開展工作，以改善孕產婦護理，特別是糖尿病診斷和治療。糖尿病在這個因海平面上升而令農地受侵蝕並鹽化的太平洋島國甚為盛行。

Towards the end of the year, we started working in Kiribati to improve maternal healthcare, particularly the diagnosis and treatment of diabetes, a disease that is prevalent in this Pacific Island nation, where rising sea levels have eroded and salinised land used to cultivate crops.



鳥瞰基里巴斯。
An aerial view of Kiribati.

© Joanne Lillie

營養不良病例增加

治療大量營養不良兒童是我們2022年工作的另一個重點。與霍亂一樣，營養不良的原因複雜且多樣；乾旱、收成欠佳、衛生和經濟系統崩潰、衝突、食品價格上漲——這些因素的部分或全數加乘，導致今年尼日利亞、埃塞俄比亞、肯尼亞、阿富汗、乍得和也門出現令人震驚的營養不良水平。

在索馬里拜多亞，長期乾旱加上存在已久的衝突和人道應對行動不足，我們的團隊有時每週診治500名嚴重營養不良兒童。

Rise in malnutrition cases

Treating high numbers of children with malnutrition was another focus of our activities during the year. As with cholera, the causes of malnutrition are complex and multifactorial; drought, bad harvests, collapsed health and economic systems, conflict, rising food prices – some or a combination of these factors contributed to the alarming levels of malnutrition we saw in Nigeria, Ethiopia, Kenya, Afghanistan, Chad and Yemen during the year.

In Baidoa, Somalia, where the prolonged drought has been compounded by long-standing conflict and an inadequate humanitarian response, our teams were seeing, at times, 500 acutely malnourished children a week.

移民被遣返

聯合國難民署估計，2022年全球有多達1億人被迫流離失所。部分人在白羅斯、拉脫維亞、立陶宛和波蘭的邊境陷入困局，在那裏，他們不斷遭遣返，而且通常涉及暴力。自2022年初起，由於敵意政策限制我們進入這些地區，我們為這些地區的人提供協助變得艱難。然而，2月下旬烏克蘭戰爭升級，揭示歐洲各國移民政策具雙重標準。有別於同為逃離衝突而被困在白羅斯邊境的許多人，數百萬烏克蘭人迅速且便利地獲准以難民身份進入歐盟國家。

抵達墨西哥北部邊境的難民和移民，也繼續被美國以《第42條法案》排拒。這是一項已有數十年歷史的政策，自2020年3月以來才被廣泛使用，目的是在加強2019冠狀病毒病預防措施的前提下規範越境行為。同時，成千上萬前往北非地中海沿岸，或從利比亞險境中逃走的移民，被驅逐至由阿爾及利亞到尼日爾不等的國家，並被拋棄在沙漠中的邊境。

Migration pushbacks

The UN's refugee agency, UNHCR, estimated that as many as 100 million people were forcibly displaced around the world in 2022. Some were caught in a stalemate at the borders between Belarus and Latvia, Lithuania, and Poland, where they were met with constant, often violent, pushbacks. From the beginning of the year, we struggled to assist people in these areas due to hostile policies restricting our access. The escalation of the war in Ukraine in late February, however, revealed a double standard in European migration policies; for millions of Ukrainians – fleeing conflict, like many of the people stranded at the Belarusian border – entry to EU countries as refugees was swiftly facilitated.

Refugees and migrants arriving at Mexico's northern border also continued to be pushed back by the US under Title 42, a decades-old policy that has been widely used only since March 2020, to regulate border crossings under the premise of increased COVID-19 precautions. Meanwhile, thousands of migrants heading for the Mediterranean coast in northern Africa – or retreating from the dangers in Libya – were expelled from Algeria to Niger and abandoned on the border in the middle of the desert.



© Yesika Ocampo / MSF

無國界醫生團隊目睹墨西哥北部邊境城市移民的龐大需求。
MSF teams witness overwhelming needs of migrants in Mexico's northern border cities.

對移民的阻力也在海上持續。9月，馬耳他強迫一艘船把從其地中海中部搜救區救起的移民送往埃及，這明顯違反海事法和國際法。

自5年前逾75萬名羅興亞人逃離緬甸若開邦難以形容的暴力後，這個受迫害的少數族群的生活並無改善。那些乘船抵達馬來西亞尋求安全的人，不是被強行推回海上，就是被逮捕、監禁和起訴。在孟加拉，羅興亞人居住在狹小且不衛生的環境，且他們在有百萬人口的營地內活動和工作的權利均受嚴重限制，一切均加劇其苦惱。

Pushbacks continued at sea as well; in September, Malta forced a ship to take people rescued from its search and rescue zone in the Central Mediterranean Sea to Egypt, in clear violation of maritime and international law.

In the five years since over 750,000 Rohingya fled Rakhine state, in Myanmar, following indescribable violence, life for the persecuted minority has not improved. Those arriving by boat to seek safety in Malaysia have been forcibly returned to sea or have been arrested, imprisoned, and charged. In Bangladesh, Rohingya live in cramped and unsanitary conditions, and their right to move around the camp of 1 million people and work has been severely restricted, adding to people's distress.

反非政府組織言論對無國界醫生工作的影響

在世界某些地區，我們的團隊持續看到反恐和反非政府組織言論的影響。我們在喀麥隆西南地區團隊的4名同事，用救護車將一名槍傷病人送往馬姆費的醫院後被捕，並被指控與分裂主義者共謀。他們分別在獄中度过10個月到一年多的時間，然後於12月底在法庭上被宣告無罪。由於我們的安全得不到保證，我們先被迫暫停、及後關閉我們在當地的項目，進一步減少這個需求龐大的地區可獲得的醫療護理。

2021年6月，我們的同事埃爾南德斯、瑞達和格布雷邁克爾遇害後一年，要在提格雷和埃塞俄比亞其他地區獲得醫療護理仍然是一大問題。從那時起，我們不懈了解這些同事所遭遇事件背後的完整情況，並致力讓肇事者承認謀殺事件的責任。儘管我們投放大量心力與當局溝通，但仍未獲實質答覆，致無國界醫生在西班牙的行動中心撤出該國。

在阿富汗，自2021年8月阿富汗伊斯蘭酋長國（又稱塔利班）重新掌權一年後，婦女的自由繼續受剝奪。12月，政權頒布法令限制女童和婦女的教育權，並禁止非政府組織雇用女性員工，但從事醫療的非政府組織人員有非正式豁免。雖然我們目前可以保留女性團隊成員，但我們對未來深感擔憂，因為女性醫科生無法完成學業，無法成為該國醫療系統迫切需要的醫生、護士和各種專門人員。

團隊目睹某些地區將提供援助行為定為刑事犯罪，包括馬里和尼日爾。這令要接觸在尼日爾、馬里和布基納法索這些撒赫勒邊境地帶中受困於衝突的人變得極度困難。

我們的工作有其風險，員工在受到攻擊、綁架或拘留的威脅下工作。儘管我們在撒赫勒地帶的這一部分，以及在2022年期間開展工作的其他地方面臨挑戰，但團隊仍設法為數百萬人提供救命醫療護理。若沒有近700萬捐助者支持，這項工作不可能完成，我們對此深表謝意。

The impact of anti-NGO rhetoric on MSF activities

Across some parts of the world, our teams continued to see the effects of counterterrorism and anti-NGO rhetoric. Four colleagues from our team in Southwest region, Cameroon, were arrested and charged with complicity with secessionists after they transported a patient with a gunshot wound in an ambulance to hospital in Mamfe. They spent between 10 months and just over a year in prison, before being acquitted in court at the end of December. Due to the lack of guarantees for our safety, we were forced to first suspend, and then close, our project in Mamfe, which further reduced the availability of healthcare in an area with immense needs.

Access to healthcare remained an issue in Tigray, and other parts of Ethiopia, in the year following the June 2021 murders of our colleagues Maria, Yohannes and Tedros. Since then, we have tried relentlessly to understand the full circumstances behind what happened to our colleagues and obtain an acknowledgment of responsibility for the events leading to their murders. Despite the heavy investment made in bilateral engagement with the authorities, the lack of progress in obtaining substantial answers led MSF Spain to pull out of the country.

In Afghanistan, the Islamic Emirate of Afghanistan (also known as the Taliban) has continued to strip away freedoms for women in the year since retaking power in August 2021. In December, edicts were issued restricting girls' and women's access to education, and banning female NGO workers, with an informal exemption for those working in healthcare. While we can retain women on our teams – for now – we are deeply worried about the longer term, as female medical students cannot complete their education to become the doctors, nurses and specialists that the country's health system desperately needs.

Our teams have witnessed the criminalisation of the delivery of aid in some places, including in Mali and Niger. This has made it extremely difficult to reach people caught up in conflict in the Sahel border region of Niger, Mali and Burkina Faso.

Our work has its risk, with staff working under the threat of attack, abduction, or detention. Despite the challenges in this part of the Sahel, and elsewhere we worked during 2022, our teams managed to deliver lifesaving care to millions of people. But this work would not have been possible without the support of our nearly 7 million donors, for whom we are grateful.

了解更多無國界醫生工作
Learn more about MSF work



無國界醫生（國際）
活動報告2022電子版



MSF International
Activity Report 2022 online version



烏克蘭頓涅茨克地區康斯坦丁諾夫卡醫院。
Kostyantynivka hospital, Donetsk Oblast, Ukraine.

© Colin Delfosse

烏克蘭：飽受摧殘的一年 Ukraine: A year in destruction

無國界醫生烏克蘭項目總管施托康

by Christopher Stokes, MSF head of mission in Ukraine

2022年2月24日深夜，我們被遠處隆隆的爆炸聲、戰鬥機向基輔投擲導彈的聲音，以及俄羅斯入侵烏克蘭的消息驚醒。

誰也不知道會發生甚麼事。我四天前抵達當地，嘗試建立支援網絡，如果衝突重大升級，他們或可以助我們作應對。無國界醫生於1999年首次在該國開展工作，自2014年一直就烏克蘭東部的戰事作出應對。但事實上，我們準備不足。

很多救援組織以至不少烏克蘭人，對俄方可能行動升級的態度，由入侵前的否認變成難以置信；對平民百姓來說，則是有感厄運將至和憤怒。不少非政府組織完全撤出烏克蘭，大大加劇其後對擴大人道救援規模的需求。

首數天有1,000萬至1,500萬人逃離家園，然而值得注意的是，我們沒有看到任何恐慌或搶劫。當地沒有航班起飛，因為所有民用和軍用機場在一開始已被俄羅斯導彈擊中。

這不是我首次跟隨無國界醫生在衝突地區工作，也不是第一次目睹大型戰爭爆發。然而國家之間的侵略並不常見（例如2001年美國入侵阿富汗和2003年入侵伊拉克），而戰事最激烈血腥的階段也通常短暫。烏克蘭的情況卻截然不同。

我們從基輔轉往利沃夫，在那裏重新規劃和建設醫療援助。由於只有很少國際人員感到安全並留下，我們主要與烏克蘭的同事開展工作。儘管他們流離失所，並要為家人在國內其他地區尋覓更安全的居所，但他們仍勇於接受挑戰。

On 24 February 2022, we awoke at night to the rumble of distant explosions, the sound of fighter jets dropping missiles on Kyiv, and the astonishing news that Russia was invading Ukraine.

None of us knew what to expect. I had arrived four days previously to try to establish a network of contacts who could help us work if there was a major escalation in conflict. MSF first worked in the country in 1999 and had been responding to the fighting in eastern Ukraine since 2014, but in truth, we were poorly prepared.

For many aid organisations, and indeed a lot of Ukrainians, the denial that had preceded the invasion made way to disbelief and, for ordinary civilians, a sense of impending doom mixed with anger. Numerous NGOs left the country entirely, exacerbating the subsequent need for a massive scale-up in the humanitarian response.

In those first days, between 10 and 15 million people fled their homes. Remarkably, however, we did not witness any panic or looting. No flights were leaving, as all airports, both civilian and military, had been hit by Russian missiles at the outset.

This was not the first time I had worked with MSF in a conflict zone, nor the first time I had witnessed the start of a major war. However, inter-state invasions are rare (for example, the US invasions of Afghanistan in 2001 and of Iraq in 2003) and the intensive phase, although bloody, is usually short-lived. The situation in Ukraine has not turned out that way at all.

We moved from Kyiv to Lviv and started redefining and rebuilding our medical assistance from there. Few international staff felt safe enough to stay so we launched our activities mostly with our Ukrainian colleagues, who stepped up to the challenge even though they were all now displaced, and having to find a roof for their families in safer parts of the country.

所以我們要問的是：在一場這麼瞬息萬變的戰爭中，怎樣才是最有效的行動方案？從事醫療人道救援的非政府組織如何發揮最大作用？

平民百姓顯然無法免受戰事影響。從基輔往東部和南部的路上，坦克在毫無警告下開火，殺害正逃離基輔的家庭。因此我們制定計劃，協助醫院處理大量湧入的傷亡個案和戰爭創傷。這是一個極專門的範疇，有別於處理交通意外等「一般」創傷。

我們還緊急採購物資，為醫院補給，以應付急增的創傷個案。當擁有專科醫療設施的中等收入國家爆發戰爭時，這是標準的應對方向，旨在協助現有醫療系統處理異常龐大的工作量。

儘管範圍有限，但烏克蘭自2014年起已一直處於戰火，所以該國比大部分他國的醫療系統準備得更為充份。的確，有些本地醫生和護士帶著家人離開，但大多數人都留下來。

到3月中旬，我們發現醫療服務出現明顯落差，遂決定展開新嘗試。有一點我們很清楚：鐵路仍然運作，依舊是主要交通方式。很多民眾，包括傷者和弱勢社群，都從炮火連天的東部和中部地區，經鐵路移向西部。但這些地區和當中的醫院都缺乏長途轉介傷者的經驗。

有天深夜，我與烏克蘭國營鐵路公司人士在利沃夫會面時，提出使用經過改裝的「醫療化」列車，將病人撤離至西部。他們對這想法感興趣，並回憶起第二次世界大戰時有類似做法。



© Andrii Ovod

他們開始拆除火車站的貨運車廂，我們則派出醫療用具和技術人員，為他們準備深切治療所需設備，包括製氧機和自主電力。當時我們預計這項目能運行數次車程已算很好，完全不知道之後是否仍可繼續。而直至年底，列車運行超過80次，安全移送全國約2,500名病人。列車通常在晚間運行，大多數車程歷時24小時或以上。

戰爭亦破壞了救護車服務——救護人員受傷或喪生，車輛被毀壞（尤其在盧甘斯克和頓涅茨克），而在戰爭中受傷的病人則有增無減。因此，在烏克蘭東部最受戰爭影響的地區，緊急救護運輸成為我們醫療應對工作的核心，每週轉介病人50至100次。通常我們將戰傷病人從靠近前線且資源耗盡的衛生部醫院，轉介至相對安全的第聶伯羅接受所需的治理。

The next question was: what would be the most effective course of action in such a fast-moving war? Where could a medical humanitarian NGO make the biggest difference?

It quickly became clear that civilians would not be spared. Families leaving Kyiv were killed on the roads leading east and south, as tanks opened fire on sight without warning. We therefore set up programmes to help hospitals deal with mass-casualty influxes and war trauma, a highly specialised field distinct from “ordinary” trauma such as road traffic accidents.

We also made emergency orders to resupply hospitals so they could cope with the increased trauma workload – a standard approach to war in a middle-income country with a solid specialist healthcare infrastructure. The idea was to help an existing system cope with an extraordinary workload.

However, Ukraine had been at war, albeit a more geographically restricted one, since 2014. It was better prepared than most healthcare systems would be. Yes, some local doctors and nurses left with their families, but the majority stayed.

By mid-March, we decided to try something new, as some noticeable gaps in healthcare were appearing. One thing was clear: the railways were still working, and remained a key form of transport. Many people, including those with wounds and other vulnerabilities, were travelling by train, usually westwards, away from the heavily shelled eastern and central regions. But the regions and their hospitals were not used to these long-range transfers.

Late one evening, in a meeting with the focal points from the Ukrainian national railway company, Ukrzaliznytsia, in Lviv, I proposed using modified “medicalised” trains to evacuate patients to the west. They jumped on the idea and recalled that something similar had been done during the Second World War.

They set about stripping wagons in the railway depot, as we sent medical equipment and technicians to prepare them for intensive care, complete with oxygen concentrators and autonomous electric power. We had no idea if the project would work beyond maybe a few rotations at best. By the end of the year, some 2,500 patients had been safely moved across the country over 80 rotations, often at night, with trips usually lasting 24 hours or more.

無國界醫生在烏克蘭的醫療列車
MSF Medicalised train in Ukraine

The war also took a toll on ambulance services, as crews were injured or killed and their vehicles destroyed (notably in Luhansk and Donetsk), while the number of war-wounded patients continued to increase. As a result, emergency ambulance transport became a core component of our medical response in the most war-affected regions of eastern Ukraine, with 50 to 100 referrals a week. Typically, we transferred war-wounded patients from depleted Ministry of Health hospitals near the frontline to the relative safety of Dnipro, where they could receive the care they needed.

In addition, we ran mobile clinics to assist people who had been cut off from healthcare under Russian occupation in Kherson, Kharkiv, Chernihiv, Kyiv and Mykolaiv. As villages and towns were recaptured by Ukrainian forces, we discovered that most of the elderly people who had decided to stay behind or been unable to flee in time had had no access to care or to the vital drugs prescribed to them before the war to manage their chronic conditions.

我們在赫爾松地區其中一間流動診所。
One of the MSF mobile clinic in Kherson region.



此外，我們在赫爾松、哈爾科夫、切爾尼戈夫、基輔和尼古拉耶夫開設流動診所，為之前在俄羅斯佔領下被切斷醫療服務的人提供援助。隨着烏克蘭軍隊重奪部份村莊和城鎮，我們發現大部分決意留下來或無法及時逃離的長者，均無法獲得醫療護理或戰事升級前獲處方的救命藥物，以控制他們的長期疾病。

單單在赫爾松，我們的流動診所服務已覆蓋逾160個村鎮，提供醫療和心理健康支援。很多人雖然倖存，但他們的村莊和健康中心已被炮彈或空襲摧毀，甚至被撤離的俄羅斯士兵洗劫。

只有親眼目睹，才能理解破壞的程度。戰線綿延1,000公里，兩側縱深數十公里，沒有一條村莊可以倖免，這個國家可能需時幾十年才能重建。撤離的家庭告訴我，他們可能不會再回來；留下來的人，則仍舊住在受炮火摧殘的建築物內，除了醫療隊短暫的到訪外，沒獲得甚麼醫療援助。

必須指出的是，在這裏和全國各地的大部分援助，從戰事升級的第一天起都是由國家當局提供，並獲公民社會人士自發支援。他們踏足沒有國際組織敢去的地方，有時甚至付上沉重的個人代價。

與此同時，儘管經過長時間談判，莫斯科仍未允許無國界醫生在戰線另一邊，即是目前被俄方控制的烏克蘭地區展開工作。這令人遺憾，因為我們之前在曾受俄方控制地區所見到的狀況，讓我們相信戰線另一邊亟需人道救援。我們聯絡過身處馬里烏波爾、扎波羅熱、赫爾松的烏克蘭人，他們確認需求甚殷，並請求援助。

戰爭沒有完結的跡象，人們繼續每天承受在無人機和導彈轟炸的壓力和危險，而我們只能希望情況有所改變。

In Kherson alone, our mobile clinic services covered over 160 villages and towns, offering both medical and mental health support. Often people had survived, but their villages and health centres had been destroyed by bombs or airstrikes, or even looted by departing Russian soldiers.

The extent of the destruction must be seen to be properly understood. It stretches along a 1,000-kilometre frontline and is dozens of kilometres deep on both sides. Not a single village is undamaged. It will potentially take decades to rebuild the country. Families who evacuated have told me they may never return, while those who stayed are still living in shelled-out buildings with little medical assistance beyond short flash visits.

It is important to state that the bulk of assistance here and throughout the country is provided by national authorities, backed by dynamic civil society activists who self-organised from day one. They go where no international organisation dares to, sometimes at great personal cost.

Meanwhile, in spite of prolonged negotiations, Moscow has not granted MSF permission to work on the other side of the frontline, in regions of Ukraine currently under Russian control. This is regrettable, as the situations we have discovered in areas previously under Russian control, lead us to believe that humanitarian access there is a priority. Ukrainians with whom we have been in touch in Mariupol, Zaporizhzhia and Kherson confirm the high level of needs and request assistance.

We can only hope this will change, as the war shows no sign of ending and people continue to suffer the constant stress and danger of daily drone and missile strikes.

重新對焦：為攝影對象負責

Re-adjusting the focus: Our responsibility towards people we photograph

無國界醫生國際傳訊統籌雅各布與無國界醫生攝影項目經理加姆斯
Jean-Marc Jacobs, MSF International Communications Coordinator and Juliette Garms, MSF Photography project manager

2022年，無國界醫生與一間大型攝影通訊社合作，發布了剛果民主共和國一名16歲女孩的圖片：她是一名性侵犯受害者。無國界醫生內部和外界出現廣泛批評後，組織在我們所有平台刪除了這些圖片。

這次爭議觸發更廣闊討論，涉及無國界醫生如何保護和呈現我們照料的人，以及這些圖片在內容編採、籌款和商業方面的流傳使用的情況。

In 2022, in partnership with a major photo agency, MSF published images of a 16-year-old girl who was the victim of rape in the Democratic Republic of Congo. Following widespread criticism, both within MSF and externally, we removed the images from all our platforms.

The controversy sparked a wider conversation about the protection and visual representation of people in the care of MSF, and the circulation of such imagery for editorial, fundraising and commercial purposes.

為社會上處境困苦的人作見證，是組織使命和身分的基礎。多年來，圖片故事、委託新聞及攝影通訊社記錄前線，或與其合作報導，都發揮關鍵作用，以幫助我們達到此目的。一直以來，無國界醫生在塑造人道攝影領域的規範和建立準則扮演了一定的角色，而今天，我們必須向這些規範和準則提出質疑。

攝影是一個強力的手段，能傳達資訊、激起情緒或行動和引起同理心。不過作為醫療救援組織，首要職責必須是保護我們病人的私隱、尊嚴和自主權。為了在全球提高關注和籌集資金，呈現人們最脆弱一刻的同時，「不傷害」的醫療原則也不能被束之高閣。

我們必須承認，我們有時候沒有實踐這個原則。人們受苦的照片是如何變得隨處可見？無國界醫生有多大程度上參與將他人的痛苦變為常態？我們是否忘了捫心自問：如果照片上的人是我的兒子、父親或姊妹，我們會有何感受？



© Carmen Yahchouchi

過度展現受苦的畫面，既不合理亦無必要。作為全球非政府組織，同時生而為人，我們必須反思自己的世界觀和選擇，如何受到歷來權力變化的影響，以及這些世界觀和選擇如何造成根深蒂固的偏見。

無國界醫生因通訊社網站上的病人照片受譴責，但我們沒有這些照片的版權。當病人在傳媒採訪期間被拍攝，照片被刊登至新聞平台後，無國界醫生及通訊社均即時再沒法控制照片的流傳及使用情況。因此我們必須承認，新聞行業日益市場化下，為讓公眾更易注目，我們有份令我們照料的人過度曝光，促使這些敏感、滋擾和令人不安的圖片廣為流傳。

無國界醫生不會從這些圖片中獲利，但新聞及攝影通訊社不然：很多圖片在他們的網站可供購買，亦刊登在社交媒體、書籍和內部刊物。在數碼年代，圖片能在網上保存幾十年。這些照片全都有需要拍攝嗎？不。我們能夠以不同方式使用和傳播嗎？可以。

Bearing witness to the plights of communities we support is fundamental to the mission and identity of our organisation, and over the years, visual stories, commissions and collaborations with media and photo agencies have played a key role in helping us to do this. Along the way, MSF has contributed to shaping norms and establishing standards in the humanitarian photography field. Today, we must question these very same norms and standards.

Photography is a powerful way to inform, provoke and create a sense of empathy. But as a medical organisation, our primary duty must be to protect the privacy, dignity and agency of patients in our care. The medical principle of “doing no harm” cannot be sidelined when depicting people in their most vulnerable moments, in order to raise global awareness and funds.

We must acknowledge that we have not always lived up to this principle. How did images of suffering bodies become so ubiquitous and to what extent has MSF contributed to normalising the pain of others? Did we forget to ask ourselves: how would I feel if the person in this photograph was my son, my father, my sister?

一名男童在位於黎巴嫩的無國界醫生霍亂治療中心接受檢查。
A boy is getting examined in MSF cholera treatment center, in Lebanon.

This excessive display of suffering is both unjustifiable and unnecessary. As a global NGO, and as individuals, we must reflect on how our worldview and choices are influenced by historical power dynamics, and to what extent they have created deep-rooted biases.

MSF has been called out on images of our patients on news and photo agency websites, for which we do not hold the copyright. When photos of our patients are taken during a media visit and posted on a news agency platform, both MSF and the agency instantly lose control over their circulation and use. We must therefore acknowledge that, by prioritising high public visibility, in a context of increased marketisation of the news sector, we have contributed to the over-exposure of people in our care and facilitated the wide dissemination of sensitive, intrusive and sometimes disturbing images.

While MSF does not profit from these images, news and photo agencies do; many images are available to buy on their websites. They can also be found on social media, and in books and internal publications. In a digital era, images can stay online for decades. Did all these photos need to be taken? No. Could we have used and disseminated them differently? Yes.



© Gabriella Bianchi / MSF

埃塞俄比亞北部受衝突影響地區的緊急醫療應對。
Emergency medical response in conflict-affected areas in northern Ethiopia.

2022年，無國界醫生各地傳訊主管承認了我們的不足，亦承諾改善。無國界醫生（國際）主席賀歷圖醫生坦承錯誤已造成，重申「無國界醫生的最終責任，是為了保護我們致力援助的人的健康和福祉」。

In 2022, heads of communications across the MSF movement recognised our shortcomings and committed to do better. Dr Christos Christou, MSF's International President, acknowledged that mistakes had been made and reaffirmed that "MSF's ultimate responsibility is to protect the health and well-being of the people we seek to assist".

變革之路

我們致力在視覺呈現上作出改變，承諾在傳訊和籌款時，製作更包括多元、尊重和準確的內容，這與2021年制定的新指引方向一致。我們在組織不同層面採取具體行動，這些都是自我探索階段的關鍵，有助我們重新思考，如何製作不同故事。

早在2021年，我們啟動計劃，審視無國界醫生庫存中數以千計的圖片，檢視範圍包括倫理標準，例如定型、缺乏尊嚴、令人不安或冒犯性的內容、保護未成年人士、安全風險、醫療行動及裸露。到2022年底，我們找到10,000張可能有問題的圖片。我們已將最敏感的圖片從圖庫中收起，大多數人無法取用，其餘圖片則加入警告字眼。

2023年，這項前期工作將會經顧問小組完善，小組由內部及外界人士組成，包括攝影及兒童保護專家、策展人、學者、倫理學家、病人組織成員和前線醫護人員。小組將檢視這些有問題的圖片並作出建議，我們將之應用於整個媒體資料庫，作為日後收集、儲存和使用圖片的重要指引。

至於存放在媒體資料庫以外的圖片，我們與新聞和攝影通訊社展開首輪互動，了解他們的倫理標準及內容管理方式，初步認為編採控制鬆散，內容上載方式亦高度自動化。

因此我們正逐步修改與通訊社的合作方案，要求對方移除或限制發布部分敏感圖片。我們亦檢視與外部攝影師的標準合約，特別是關於委託期間拍攝的照片轉售至外部傳媒的條款。

這是都是複雜的問題，牽涉與我們共事的每個人。要帶來真正文化改變，需要組織所有層面共同承擔。因此我們透過問卷調查和工作坊，接觸組織內部各類人員，為我們日後處理圖片的手法出謀獻策，並分享他們面對的挑戰、意見和經驗。

知情同意和自主權是重點考慮因素。過程將聽取當地社區員工的意見，以更了解他們代病人表達的需求，包括他們有時強烈渴望說出面對的狀況。這些對話將有助確定是否應該拍攝某張照片、如何使用以及使用時效。

我們將於2023年分析內部和外部諮詢的結果，作為我們明確決定如何製作、儲存、委託和發布圖像的依據。無可避免地，當中的對談並不會輕鬆，亦會充滿分歧。然而，我們一致認同的是，病人的尊嚴和完整呈現高於其他一切因素，即使這意味我們會減少拍攝和發布照片。

這項集體變革，是我們必須為我們照料的人所做的事。

Pathways for change

Our drive to implement changes in visual representation converges with our commitment to produce content in a more inclusive, respectful and accurate manner for communications and fundraising, in line with new guidance we produced in 2021. Concrete actions are being taken at different levels of the organisation; all part of a critical self-inquiry period that will help redefine how we produce stories.

Back in 2021, we launched a project to investigate the thousands of images in the MSF archive. We started by reviewing photographs according to several ethical criteria, including stereotypes, lack of dignity, disturbing or offensive content, protection of minors, security risk, medical practices and nudity. By the end of 2022, this process had helped us identify 10,000 potentially problematic images. The most sensitive images are now hidden from the database for most users, while the remaining ones carry a specific warning in their captions.

In 2023, this preliminary work will be refined by a panel of internal and external advisors, comprising photography and child protection experts, curators, academics, ethicists, patient activists and first-line medical workers. The panel will review a set of these problematic images and make recommendations, which we will apply to the full media database and use as a critical guideline to direct how we collect, store and use images in the future.

Regarding images hosted outside our own media database, we have had a first round of interactions with news and photo agencies to gain an understanding of their ethical standards and content management. Initial findings indicate loose editorial control and high automation of content upload.

As a result, we are taking steps to amend our collaborations with these agencies and asking them to remove or restrict distribution of certain sensitive images. We are also reviewing our standard contracts with external photographers, especially clauses related to reselling images taken during their assignments to external media.

These are complex issues that involve everyone who works with us. Real cultural change will require ownership at all levels of the organisation. We are therefore engaging with a wide variety of people within MSF through surveys and workshops, so that they can contribute to help define how we work with imagery, and also share their challenges, opinions and experiences.

The notion of informed consent and agency will be at the core of these considerations. The process will involve listening to community-based staff to better understand the needs of patients being represented, including their sometimes-strong desire to speak out about the situation they are facing. These conversations will help determine whether a photo should be taken, how it might be used and for how long.

The outcomes of these internal and external consultations will be analysed in 2023 and will serve as the basis for clear decisions on how we produce, store, commission and disseminate images. Inevitably, there will be difficult conversations and disagreements. However, there is a consensus on the fact that the dignity and integrity of our patients should prevail over all other considerations. Even if it means snapping and sharing less often.

We owe this collective change to the people to whom we provide care.

無國界醫生 (香港) 派出的前線救援人員
To the Field

醫療活動經理
Medical Activity Manager



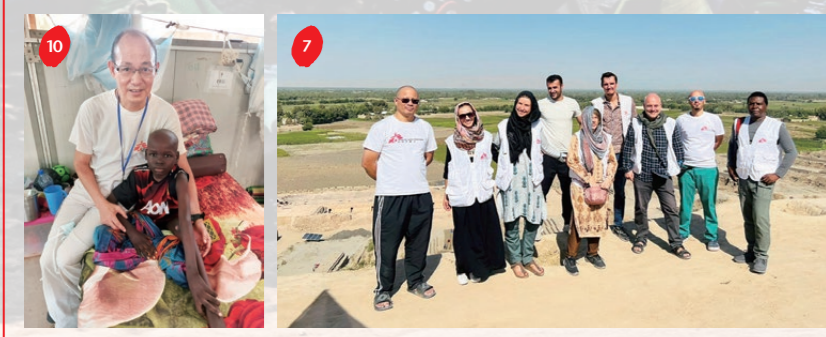
統籌人員
Coordinators



醫生
Medical Doctors



外科醫生 / 骨科醫生
Surgeons / Orthopaedic Surgeons



助產士
Midwives



行政 / 財務人員
Administrators / Financial Controllers



健康教育人員
Health Promoters



心理健康活動經理
Mental Health Activity Manager



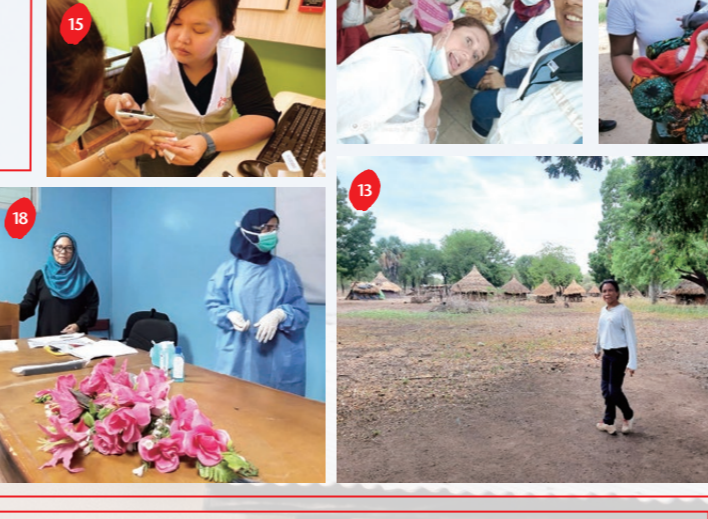
後勤人員
Logisticians



婦產科醫生
Obstetrician Gynaecologist



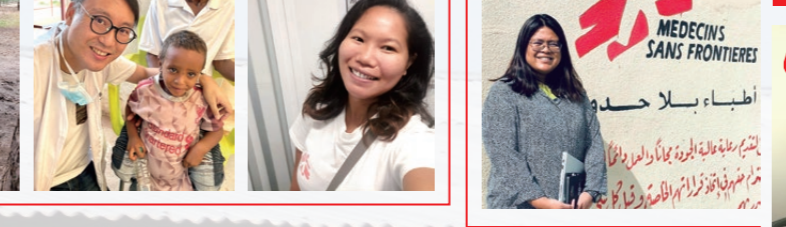
護士
Nurses



化驗室技術員
Laboratory Technicians



流行病學家
Epidemiologist



醫生 Medical Doctors

- *Aye Hnin Moe MM
- *Chin Siah Lim 林振錫 MY
- Hau Man Harmony To 陶巧敏 HK
- *Hui Min Kang SG
- Sharifah Nur Afifah Bt Syed Badaruddin MY

外科醫生 / 骨科醫生 Surgeons / Orthopaedic Surgeons

- Chi Cheong Ko 高志昌 HK
- Kamarul Al Hagg Bin Abdul Ghani MY
- Siu Chung Ha 夏卓聰 TW
- Woon Ching Audrey Tan SG
- Yiu Kai Au 歐耀佳 HK

護士 Nurses

- Chun Yu Vincent Pau 鮑雋宇 HK
- Honey Maymor Panes PH
- Iane Connie Espanta PH
- *Man Hin Chio 趙雙軒 HK
- Pei Ying Chang 鄭佩瑩 MY
- Romell Nalitan PH
- Sheryl Mae Dedoroy PH
- Teresita Sabio PH

助產士 Midwives

- Hin Pui So 蘇衍霽 HK
- *Sook Han Chong 張淑嫻 MY
- *Theingi Aye MM

藥劑師 Pharmacists

- *Artur Vila Aznar KH
- *Cristina Joy Florence Moya PH
- Krishna Tejerero PH
- Rhea Fe Poliquin PH
- Sharon Carolyn Macaranas PH
- Stephanie Suor 林婧 HK
- Wei Yee Teoh 張薇儀 MY
- Yerolla Harapondo Sipayung ID
- Yiu Hong Albert Lee 李耀康 HK

行政 / 財務人員 Administrators / Financial Controllers

- *Akolentina Akolentina ID
- Ei Hnin San MM

健康教育人員 Health Promoters

- *Cita Milana Aprilia PH
- *Iven Sufirman ID
- *Jean Arevalo Penaflores PH
- Leda Serbo PH
- Lin Thu Oo MM
- Yan Tin Loo SG
- *Ita Perwira ID

化驗室技術員 Laboratory Technicians

- Gay Heyres PH

統籌人員 Coordinators

- Allan De La Rosa PH
- Andreas Stefano Sinaga ID
- Angelika Pattihahuan 帕夏夏 ID
- Anita Jasmine Vicentillo PH
- Anne Marie Morales PH
- Beverly Molina PH
- Cecile Catacutan PH
- Chenery Ann Lim 林菁菁 PH
- Cynthia Ng PH
- Endang Dwi Satriyani ID
- Hana Badando PH
- Hans Olijve SG
- *Haris Hafiz Abdel ID
- Hui Ching Lucina Lau 劉曉靜 HK
- Honorita Bernasor PH
- *Htay Thet Mar MM
- *Htike Kyi Pyar Min MM
- Imee Japitana PH
- Imelda Palacay PH
- Jan Vincent Solito PH
- Jonathan Pillejera PH
- Juan Perfecto Rafael Palma PH
- Kit Sum Joanne Wong 黃潔心 HK
- Linda Isack ID
- *Mar Lar Kyu MM
- *Marianni Peggy Layzanda ID
- *Menya Christanty ID
- Morpheus Causing PH
- *Nyi Wynn Soe MM
- *Phone Thit MM
- Rangi Wirantika Sudrajat ID
- Rey Ancicete PH
- Riezli Magtira PH

流行病學家 Epidemiologist

- Stephen Sern Wei Chua MY
- Seinn Seinn Min MM

心理健康活動經理 Mental Health Activity Manager

- Rosemond Joyce Ruiz PH
- Lee Yung Cherry Lin 林莉蓉 HK

婦產科醫生 Obstetrician Gynaecologist

- Ann Guevarra PH
- Damayanti Zahar 扎哈坦 ID

感染防控經理 Infection Prevention and Control Manager

- Ahmed Abdulmonaim Ahmed Barakat PH

我們的前線救援人員來自 Country / Region of Residence
 | CN 中國內地 Mainland China | HK 香港 Hong Kong | ID 印尼 Indonesia | KH 柬埔寨 Cambodia | MY 馬來西亞 Malaysia | MM 緬甸 Myanmar | PH 菲律賓 Philippines
 | SG 新加坡 Singapore | TW 台灣 Taiwan |

上述救援人員於2022年出發，前往下列國家或地區參與救援工作：阿富汗、孟加拉、喀麥隆、中非共和國、剛果民主共和國、埃及、埃塞俄比亞、印度、伊拉克、吉爾吉斯斯坦、黎巴嫩、馬來西亞、緬甸、馬拉維、莫桑比克、尼日利亞、巴基斯坦、巴拿馬、巴西、柬埔寨、塞拉利昂、南蘇丹、蘇丹、敘利亞、泰國、烏干達、烏克蘭、高麗及克和也門。當中17名專業人士首次參與前線救援任務，另外，我們在亞洲地區招募了37名專業人員。
 統籌人員包括項目總監、副項目總監、醫療統籌、項目統籌、副項目統籌、項目醫療統籌、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、物資供應統籌、藥物供應統籌、藥物統籌和水利衛生統籌。

The above field workers departed for the following countries / areas on mission in 2022: Afghanistan, Bangladesh, Cameroon, Central African Republic, Congo-Kinshasa (DRC), Egypt, Ethiopia, India, Iraq, Kyrgyzstan, Lebanon, Malaysia, Myanmar, Moldova, Mozambique, Nigeria, Pakistan, Palestine, Papua New Guinea, Sierra Leone, South Sudan, Sudan, Syria, Thailand, Uganda, Ukraine, Uzbekistan, Yemen. 17 of the professionals were deployed for their first field assignments, and 37 professionals were newly recruited from the region.

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.

*沒有照片 No photo

無國界醫生 (香港) 亞洲活動概覽

Activity Overview of MSF Hong Kong in Asia

香港 Hong Kong

2022年，無國界醫生(香港)行動支援組與無國界醫生孟加拉辦事處合作，繼續統籌防治甲醇中毒項目。項目與孟加拉衛生部衛生服務總局非傳染病控制部門合作，為技術培訓和研發國家治療方案提供支援。此外，我們亦為不同醫學院和第三層醫院，舉辦治療方案實體工作坊。我們持續監察全球甲醇中毒事件，將網站和相關技術文件翻譯成各種語言，包括孟加拉文、阿拉伯文、西班牙文和法文。項目還開始為醫護人員設計關於甲醇中毒的網上課程，並將於2023年冬季推出。

自2022年初在香港爆發2019冠狀病毒病第五波疫情時，無國界醫生迅速組織一支包括醫生、護士、心理學家及後勤人員的項目團隊，從多方面支援應對疫情。我們的行動支援組亦全力提供支援。

我們參考衛生防護中心與醫學界的健康建議，製作資料套，協助人們緊貼最新疫情資訊。

我們亦為是次應對工作製作了紀錄短片「疫流同行」，總結香港項目團隊於第五波疫情期間如何跟不同伙伴協力應對疫情，回應脆弱群體的健康及醫療需要。有關紀錄短片已於2022年第四季推出，並已上載到我們的YouTube頻道。

我們進一步增潤無國界醫生心理健康網站「你點呀」的內容，並積極在社交媒體上向公眾宣傳疫後心理創傷應對技巧。我們與多個本地團體合作，於2022年1月舉辦了3場關於兒童焦慮的網上分享會，以及於2022年10月舉辦2場疫後心理創傷的網上分享會，合共505人參加。

「小小救援伙伴」計劃推出全新填色比賽，目標鼓勵小朋友透過填顏色激發創作力和想像力；開拓小朋友國際視野，並了解無國界醫生的工作。活動吸引逾120名兒童參加。

In 2022, the Operations Support Unit (OSU) of MSF Hong Kong continued its Methanol Poisoning Initiative (MPI) through a collaboration with MSF Bangladesh. Together, along with the Non-Communicable Disease Control Department (NCDC) of the Directorate General of Health Services (DGHS) Ministry of Health in Bangladesh, support was given to technical trainings and national treatment protocol development. A further in-person workshop was also conducted on the treatment protocol for participants from different medical colleges and tertiary-level hospitals. The monitoring and surveillance aspects of global incidents of methanol poisoning continued along with further translation of the website and related technical documents into various languages including Bengali, Arabic, Spanish, and French. MPI also started the development of an e-learning module on methanol poisoning for medical personnel that will be available in the fall of 2023.

Amidst the fifth wave of COVID-19 outbreak in Hong Kong in 2022, MSF rapidly organised a project team with doctors, nurses, psychologists and logisticians to support the fight against the pandemic. Our OSU has provided full support for the response.

We produced information packs in reference to the health advice from the Centre for Health Protection and the medical field to help people stay updated on the latest information about the pandemic.

A mini documentary titled "Alongside" was produced to summarise the response of the Hong Kong project team with the collective effort of different partners. The video was released in the 4th quarter of 2022 and has been uploaded on our YouTube channel.

We have also enhanced the content of MSF mental health website "How are you", and suggested coping tips for post-pandemic psychological trauma were proactively promoted to the general public through social media. Three webinars on child anxiety were organised for the public in January 2022, followed by another two public webinars on post-pandemic psychological trauma in October 2022 and 505 people attended in total.

In order to foster creativity in children while encouraging their imagination, at the same time as broadening their horizons and their understanding of the daily tasks of MSF, "Little Field Partners" program launched a new initiative through a Colouring Competition with over 120 children taking part.



2022年初，香港經歷2019冠狀病毒病第五波疫情，學校講座被迫延期或取消。然而隨着疫情在同年下旬放緩，講座恢復，吸引來自8間學校、逾1,900名學童參與。

我們首度為捐款者舉辦實時線上虛擬參觀活動，無國界醫生尼日利亞醫療統籌赫特昂基與73名參加者分享當地獨家現場報告，參加者亦可以虛擬方式參觀位於邁杜古里的無國界醫生營養治療中心。

School talks were suspended or canceled during the fifth wave of the Covid-19 pandemic in early 2022. As the situation gradually improved in the second half of 2022, school talks were resumed with engaging over 1,900 children from eight schools.

For the first time ever, we brought our donors to a real-time virtual field visit under the guidance of Htet Aung Kyi, our MSF Nigeria's Medical Coordinator. He shared an exclusive live field report from Nigeria with attendees able to pay a virtual visit of MSF's nutrition center in Maiduguri. 73 participants were engaged.



In 2022, The theme for the MSF Day was "Save Lives Together Under the Same Sky", that no matter who we are and where we are, we are living in the same world and should come together to help each other – including saving those striving to survive.

Four firsthand stories from the field were collected from international mobile staff from Hong Kong and other places to illustrate the work of MSF and reveal the challenges that our teams continue to face in crises. We also invited Hong

2022年，「無國界醫生日」主題為「同一時空 一同救援」，意指無論我們是誰、身在何處，我們都生活在同一天空下，應該團結一致、互相幫忙，拯救掙扎求存的人們。

我們收集了四個來自香港和其他地方救援人員的真實前線救援故事，並邀請藝人余德丞和蔣雅詩聲音演繹其中兩個故事，揭示無國界醫生的工作和團隊持續面對的挑戰，公眾可隨時於無國界醫生的社交平台和 Spotify 頻道重溫。

「無國界醫生日」嘉許禮於7月9日舉行，來自香港及亞洲地區義工在分享會後一同參與「地圖馬拉松」活動，為日後救援任務共同繪製地圖，供無國界醫生及其他前線救援人員使用。今年共有74名義工為莫桑比克北部的楠普拉省繪製共5,769座建築物。

「救援在野——無國界醫生城市定向比賽」繼續採用線上線下方式進行。今屆主題圍繞羅興亞難民的困境，參加者可以利用新版「救援在野」手機應用程式，透過新增的擴增實境（AR）功能，於遊戲同時親身體驗前線救援人員如何協助這些難民。今次活動，我們旨在提升公眾對羅興亞人的關注與共鳴。參加者可以靈活安排在11月至12月任何時間完成比賽，活動吸引約500人參與。

Kong celebrities Dickson Yu and Ziya Chiang to narrate two of the testimonies. These audio stories are available on our social media platforms and Spotify channel.

MSF Day's Closing Ceremony was held on July 9th. Volunteers from HK and other parts of Asia were invited to come together to join Mapathon to help creating maps for life saving missions. In total, 74 mappers took part, mapping 5,769 buildings in Napula Province, Mozambique.



救援人員趙卓邦護士獲邀分享前線經歷。Our field worker, Chiu Cheuk-pong, was invited to talk about his experiences working at the frontline.

The Orienteering Competition continued in a hybrid format, including both virtual and physical components. The theme of the competition centred around the plight of the Rohingya refugees. The narrative revolved around an International Mobile Staff's quest to assist the refugees in their time of need. Through this portrayal, the competition aimed to raise awareness and generate empathy for the distress of these persecuted individuals. Participants had the flexibility to take part in the competition anytime in November and December. The event attracted around 500 participants.

中國內地 Mainland China

在中國內地，我們繼續與中國人員和組織就人道救援的實踐以及全球衛生治理，分享想法和交流經驗。8月，我們在2022全國結核病學術大會介紹TB-PRACTECAL臨床試驗結果，包括嶄新的6個月全口服莫西沙星治療方案的安全性、療效和成本效益。

In mainland China, MSF continued to share its experience and exchange ideas with various Chinese actors on the practical deployment of humanitarian aid and on global health governance. In August, MSF presented the main findings from the TB-PRACTECAL trial at China's annual TB conference, which included the safety, efficacy and cost-effectiveness of the groundbreaking novel, 6 months, all oral BPALM regimen for the treatment of drug resistant TB.

20多年來，無國界醫生團隊屢屢看到戊型肝炎疫情爆發，並於2021年出向中國制造商訂購了疫苗，以備項目使用。這款全球僅有的疫苗在中國研發，於2015年獲世界衛生組織推薦用於應對疫情。

在2022年，無國界醫生聯合南蘇丹衛生部共同開展了首個戊型肝炎疫苗接種活動，第一次看到戊肝疫情情況得以改善。

第一輪疫苗接種已於2022年3月和4月展開，首兩輪約有25,000人（包括孕婦）接種了疫苗。第三輪（最後一輪）於10月初進行。

當中，我們的中國內地團隊協助當地項目員工採購疫苗、與供應商接洽，以及疫苗的運輸安排。



戊型肝炎疫苗
接種
Hepatitis E
vaccination

© Peter Caton

基於中國內地的全球影響力上升，以及其持份者對無國界醫生醫療使命的潛在助力，無國界醫生（香港）今年還開展了兩項新項目：第一是支援前線行動人員與駐當地的中國內地持份者交流；第二是研究採購中國內地醫療產品，以擴大供應基礎，保障供應鏈安全。

今年，我們仍致力呼籲大眾關注受危機影響的人，包括烏克蘭危機下的民眾、穿越地中海移民路線的難民、巴基斯坦水災災民等等。2019冠狀病毒病疫情期間，我們分享了調整心理健康的各項建議。我們在上海醫學院舉辦前線人員網上分享會，以增加民眾對救援工作的認識。12月，我們舉辦「我愛無國界醫生救援知識競賽」，吸引逾千人參加，並通過問卷、影片等解答參加者關於組織的疑問。

For more than 20 years, MSF have repeatedly seen hepatitis E outbreaks. In 2021, MSF ordered vaccines from Chinese manufacturer for future use in our projects. It is the only vaccine in the world for hepatitis E and was developed in China. The World Health Organization gave its recommendation in 2015 for its usage to curb outbreaks.

In 2022, MSF cooperated with the Ministry of Health of South Sudan to conduct the first hepatitis E vaccination campaign, and for the first time we saw a positive change in Hepatitis E outbreaks.

The first rounds of vaccination were carried out in March and April 2022. In the first two rounds, around 25,000 people (including pregnant women) were vaccinated. The third (and final) round was conducted in early October.

In this campaign, our team in Mainland China play a role in assisting the project staff in the procurement of vaccines, liaison with suppliers and the related logistic arrangements.

MSF HK has further begun two new initiatives; one is supporting field operations to engage with Chinese stakeholders in their countries of operation. This is done in recognition of the increased global influence of China, and the potential relevance of Chinese stakeholders to help achieve MSF's core medical mission. Another is looking into the sourcing of medical products in China to broaden MSF's supply base and increase the security of supply chain.

Over the year, we have remained committed to drawing public attention to people affected by crises, including those living under the crisis in Ukraine, refugees crossing the Mediterranean migration route, floods in Pakistan, etc. During the COVID-19 epidemic, we shared various forms of advice on adjusting people's mental state. We also held online fieldworker sharings in medical school in Shanghai to increase people's understanding of relief work. In addition, in December, we launched the "I love MSF quiz test on relief work" with over 1000 participants and answered people's questions about MSF through questionnaires, videos, etc.

東南亞 Southeast Asia

2022年，無國界醫生在東南亞區域展開關於羅興亞人的傳訊活動，讓人重新注視這一場被遺忘的危機，以及區內羅興亞人不斷惡化的狀況。活動在不同渠道獲得超過50次媒體報道，令羅興亞人的情況受到強烈關注和影響。活動對無國界醫生的倡議工作至關重要，我們一直呼籲為羅興亞人問題尋求長遠且適用於整個區域的方案。我們亦透過是次活動擴大媒體網絡，並加強在社交媒體與公眾接觸。



© MSF

In 2022, we implemented a regional communications campaign on the Rohingya, spotlighting this forgotten crisis and the worsening situation for the Rohingya people in the region. This has resulted to strong visibility and impact on the Rohingya situation, with over 50 media coverage in the region, in all channels. This campaign was crucial for advocacy, positioning MSF as one of the voices in calling for regional and sustainable solutions to the Rohingya issue. We were also able to widen our media networks which we leveraged on for the Rohingya campaign, and our reach with the public through our digital accounts.

無國界醫生東南亞、東亞和太平洋項目總管麥芬在羅興亞翻譯協助下，在無國界醫生戈亞瑪拉醫院的兒科深切治療部與一位母親討論。MSF's Southeast, East Asia and Pacific Project (SEEAP) head Paul McPhun, assisted by a Rohingya translator, discusses with a mother at MSF Goyalmar Hospital's paediatric intensive care unit.

這次宣傳活動帶動了無國界醫生的媒體曝光率，其中馬來西亞的媒體報道比去年增加五成；印尼的報道亦多了三成。2022年，我們亦接受了更多電台和電視訪問。

網上及社交媒體方面，無國界醫生亞太地區 Instagram 賬戶的觸及度和參與度均有所提升，其中自然觸及度增加近五倍，追蹤人數升近四倍。

我們繼續為區域行動提供傳訊支援，包括颱風「雷伊」救援行動、結束菲律賓馬拉維項目和印尼青年健康項目製作傳訊物資，亦支援網上健康推廣。



The Rohingya campaign was instrumental in increasing our media reach, with 50% more media coverage in Malaysia as compared to the previous year, and 30% increase in media coverage in Indonesia. We've also had more radio and TV interviews in 2022.

In terms of digital and social media, our Instagram account improved its reach and engagement. We were able to grow our organic reach by nearly 500% and followers by nearly 400%.

We also continued providing comms support to our operations in the region, producing communications packages for the Typhoon Rai response and the closing of the Marawi project in the Philippines, and also for the adolescent health project in Indonesia as well as support for digital health promotion.

印尼青年健康項目

這四名青年是在其社區積極開展青年健康項目的19名青少年之一。

Indonesia Adolescent Health Project

These four adolescents are among 19 who are actively running the adolescent health programme in their neighbourhood.

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

| | | |
|---------------------|--|--|
| 主席 Presidents | : 陳述華醫生 Dr. Shut-wah CHAN ¹ | 林雪芳 Suet-fong LIM ² |
| 副主席 Vice Presidents | : 陳詩瓏醫生 Dr. Shannon Melissa CHAN 黃寶妃醫生 Dr. Poh-fei WONG ¹ | Dr. Husni Mubarak ZAINAL ² |
| 司庫 Treasurer | : 劉惠玲 Sally Hwee-ling LOW | |
| 成員 Directors | : Adrio Serafino BACCHETTA Catherina Philomena Henrica COPPENS ¹ 李君婷醫生 Dr. Kandice Ellen LI 黃寶妃醫生 Dr. Poh-fei WONG | 朱景熙 King-hei CHU ² 陳禮雄醫生 Dr. Heru Sutanto KOERNIAWAN 李威儀醫生 Dr. Wilson LI ¹ |

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 | : 劉惠玲 Sally Hwee-ling LOW | |
| 成員 Members | : 詹鋌鏘 Carter Ting-cheong CHIM 李君婷醫生 Dr. Kandice Ellen LI | 葉滙榮 Dennis Wui-wing IP 吳錦華 Webster Kam-wah NG |

¹ 2022年8月27日離任 Resigned on 27 Aug 2022

² 2022年8月28日上任 Appointed on 28 Aug 2022

辭職指辭去職務，該成員可能會或不會留在董事會。任命指對該角色的任命，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.

截止2022年12月，無國界醫生（香港）共有68名職員，另有7名義工定期協助處理日常工作。

As of December 2022, the MSF Hong Kong has 68 staff and 7 regular office volunteers who help 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 acknowledgements list.

無國界醫生 (香港) 2022 年度財政概覽 (以港元為單位)

MSF Hong Kong Financial Overview 2022 (in Hong Kong dollar)

| | 2022 | 2021 |
|--|-----------------------------------|--------------------|
| 收入 INCOME | | |
| 捐款收入 Donations income | 373,269,293 | 410,895,688 |
| 其他收入 Other income | 1,649,372 | 818,627 |
| 總數 TOTAL : | <u>374,918,665</u> ⁽¹⁾ | <u>411,714,315</u> |
| 支出 EXPENDITURE | | |
| 社會使命 Social mission | | |
| 緊急與醫療救援項目 Emergency and medical programmes | 262,400,706 ⁽²⁾ | 296,813,933 |
| 項目支援與發展 Programme support and development | 47,390,487 | 48,942,358 |
| 提高公眾關注與倡議 Public awareness and other campaigns | 9,441,464 | 9,501,737 |
| 其他人道救援活動 Other humanitarian activities | 2,003,534 | 2,163,739 |
| 社會使命總開支 Total social mission | <u>321,236,191</u> ⁽³⁾ | <u>357,421,767</u> |
| 行政經費 Management and general administration | 20,344,217 | 17,325,338 |
| 籌款經費 Fundraising | 33,196,223 | 36,864,181 |
| 財務費用 Finance cost | 70,324 | 126,565 |
| 總數 TOTAL : | <u>374,846,955</u> | <u>411,737,851</u> |
| 匯兌收益 / (損失) 淨額 Net exchange gain/(loss) | (71,710) | 23,536 |
| 虧損 Deficit | - | - |

截至2022年12月31日止的財務狀況表

| Statement of Financial Position as of 31st December 2022 | 2022 | 2021 |
|--|-------------------------|--------------------|
| 非流動資產 Non-current Assets | <u>3,731,186</u> | <u>5,593,153</u> |
| 流動資產 Current Assets | | |
| 應收帳款 Debtors | 1,553,009 | 56,531 |
| 預付費用及押金 Prepayments and deposits | 1,925,741 | 3,456,610 |
| 應收其他無國界醫生辦事處之帳款 Amount due from MSF entities | 2,022,754 | 1,186,652 |
| 現金及銀行結餘 Cash and bank balances | 31,579,719 | 78,449,495 |
| | <u>37,081,223</u> | <u>83,149,288</u> |
| 流動負債 Current Liabilities | | |
| 應付帳款與應計費用 Creditors and accrued expenses | 6,722,611 | 9,985,112 |
| 租賃負債 Lease liabilities | 1,833,222 | 2,441,102 |
| 應付其他無國界醫生辦事處之帳款 Amount due to MSF entities | 32,061,132 | 74,847,294 |
| | <u>40,616,965</u> | <u>87,273,508</u> |
| 淨流動負債 Net Current Liabilities | <u>(3,535,742)</u> | <u>(4,124,220)</u> |
| 非流動負債 Non-current Liabilities | <u>(195,444)</u> | <u>(1,468,933)</u> |
| 淨資產 Net assets | - | - |
| 資金餘額 Fund Balances | | |
| 累積資金 Accumulated funds | - | - |
| | <u>-</u> ⁽⁴⁾ | <u>-</u> |

按照法例，謹此聲明，以上陳列數據僅為截至2022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2022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 2022. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and have been delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF Hong Kong and were audited by the auditor, Ernst & Young. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2022 and of its financial performance for the year then ended. The auditor did not refer to any matters which they drew by way of emphasis without qualifying their report, which means they did not have reservations about the statements. And they did not include any comments as required under section 406(2), 407(2), or (3) of the HKCO. These sections require the auditor to state in their report if the information in the directors' report is inconsistent with the financial statements; accounting records have not been adequately kept; financial statements are not in agreement with accounting records or they fail to obtain information or explanations necessary for their work. The full set of audited financial statements is available at msf.hk.



99.6% 公眾捐款 Donations from the public
0.4% 其他收入 Other income



85.7% 社會使命 Social mission
70.0% 緊急與醫療救援項目 Emergency and medical programmes
12.7% 項目支援與發展 Programme support and development
2.5% 提高公眾關注與倡議 Public awareness and other campaigns
0.5% 其他人道救援活動 Other humanitarian activities
8.9% 籌款經費 Fundraising
5.4% 行政經費 Management and general administration



45.4% 亞太區及中東 Asia-Pacific and the Middle East
107,397,822
42.2% 非洲 Africa
99,791,828
7.1% 美洲 The Americas
16,881,959
5.3% 歐洲 Europe
12,504,445

| 國家或地區 Country or region | 撥款 Funding | 國家或地區 Country or region | 撥款 Funding |
|---|---------------|---|---------------|
| ● 剛果民主共和國 Democratic Republic of Congo | 27,120,095 | ● 幾內亞 Guinea | 3,862,885 |
| ● 尼日利亞 Nigeria | 16,937,163 | ● 黎巴嫩 Lebanon | 3,853,887 |
| ● 阿富汗 Afghanistan | 16,582,141 | ● 埃塞俄比亞 Ethiopia | 3,690,868 |
| ● 敘利亞 Syria | 16,292,164 | ● 布隆迪 Burundi | 3,022,794 |
| ● 也門 Yemen | 14,795,565 | ● 印度 India | 2,955,056 |
| ● 南蘇丹 South Sudan | 13,764,504 | ● 意大利 Italy | 2,713,586 |
| ● 孟加拉 Bangladesh | 11,146,246 | ● 馬里 Mali | 2,528,053 |
| ● 緬甸 Myanmar | 10,000,000 | ● 莫桑比克 Mozambique | 2,328,062 |
| ● 中非共和國 Central African Republic | 8,803,734 | ● 香港 Hong Kong | 2,227,753 |
| ● 馬來西亞 Malaysia | 8,680,000 | ● 蘇丹 Sudan | 2,077,305 |
| ● 伊拉克 Iraq | 8,550,780 | ● 南非 South Africa | 1,855,213 |
| ● 海地 Haiti | 8,443,147 | ● 肯尼亞 Kenya | 1,811,274 |
| ● 委內瑞拉 Venezuela | 7,402,998 | ● 貝寧 Benin | 1,606,513 |
| ● 巴基斯坦 Pakistan | 6,831,963 | ● 津巴布韋 Zimbabwe | 1,569,823 |
| ● 塞拉利昂 Sierra Leone | 4,434,002 | ● 希臘 Greece | 1,254,960 |
| ● 巴勒斯坦 Palestine | 4,403,615 | ● 印尼 Indonesia | 1,078,652 |
| ● 烏克蘭 Ukraine | 4,330,375 | ● 巴西 Brazil | 1,035,814 |
| ● 比利時 Belgium | 3,976,054 | ● 烏干達 Uganda | 290,743 |
| ● 埃及 Egypt | 3,925,488 | ● 巴爾幹半島路線 Migrant Support Balkan Route | 229,470 |
| | | ● 科特迪瓦 Cote d'Ivoire | 163,309 |

總數 TOTAL : 236,576,054

2022 年度財政概覽說明

- (1) 99.6% 經費來自公眾捐款。
- (2) 合計 236,576,054 港元被撥作於大約 39 個國家和地區進行緊急及醫療救援項目的經費。25,824,652 港元呈交至比利時行動中心，以便為無法預計的緊急災禍作迅速回應的準備。
- (3) 85.7% 收入用於履行社會使命。
- (4) 2022 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 2022

- (1) 99.6 % of donations came from public donations.
- (2) A total of HKD 236,576,054 was allocated for emergency and medical programmes in around 39 countries and regions. HKD 25,824,652 was transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies.
- (3) 85.7% total income went to social mission.
- (4) In 2022, 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（香港）MSF Hong Kong

香港西環德輔道西410至418號太平洋廣場22樓

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

電話 Tel : (852) 2959 4229 (查詢 / General)
(852) 2338 8277 (捐款 / Donation)

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

網址 Website : msf.hk

電郵 E-mail : office@hongkong.msf.org

無國界醫生在廣州 MSF in Guangzhou

廣州市越秀區解放北路618-620號府前大廈A座1201室

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

郵編 Postal Code : 510030

電話 Tel : (86) 20 8336 7085

傳真 Fax : (86) 20 8336 7120

網址 Website : msf.org.cn

電郵 E-mail : info@china.msf.org

無國界醫生在北京 MSF in Beijing

北京市朝陽區三里屯東三街外交公寓2號樓3單元031房間

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

郵編 Postal Code : 100600

電話 Tel : (86) 10 8532 6607

傳真 Fax : (86) 10 8532 6717

網址 Website : msf.org.cn

電郵 E-mail : info@china.msf.org

請關注我們 Follow MSF

msf.hk/connect



捐款支持 Donate to MSF

msf.hk/donation



無國界醫生（香港）
活動報告 2022 電子版



MSF Hong Kong
Activity Report 2022
online version

無國界醫生香港項目團隊，從多方面支援應對2019冠狀病毒病第五波疫情。我們對安老院舍及殘疾人士院舍進行跨界別綜合評估，以了解其通風設施、感染防控，以及員工和院友的心理健康狀況，並撰寫評估報告及建議。

MSF Hong Kong project team supported the fight against the fifth wave of COVID-19 outbreak in Hong Kong. Multi-disciplinary assessments which covered ventilation system, infection prevention and control, and mental health and emotional well-being of the staff and residents were conducted in residential care homes for the elderly and for persons with disabilities. Assessment reports with recommendations were produced.

© MSF-Hong Kong

