



MEDECINS SANS FRONTIERES
無國界醫生

MSF HONG KONG ACTIVITY REPORT

無國界醫生 (香港) 活動報告 2019

主席和總幹事的話

Dear Friends,

Every year takes its toll on humanity in a different way and sets MSF new tests to be overcome for our patients. Long-lasting conflicts and violence, epidemic outbreaks and the scale of natural disasters have devastated communities and once again challenged our humanitarian response on the ground. We found new ways to adapt and to continue our life-saving work for millions of people. Sometimes the hazards can take a lot of time and staff effort to manage the risks and even then we may be restricted in the places and people we are able to help.

In Yemen, where the war entered its fifth year, the collapse of both the economy and health system has resulted in people continuously dying from preventable diseases. An MSF report showed that a significant number of expectant mothers and sick children had died because of the delay in receiving care. Though the rate of airstrikes has slowed, fighting raged on many of the front lines that have torn the country apart.

In the Central African Republic, there were numerous attacks against unarmed people and civilian infrastructure. In just one example in late May, gunmen shot dead more than 50 people they had brought together under the pretence of organising a community meeting. The conflict severely limited access to medical care: when MSF teams came to administer vaccines in Mingala town, residents had not seen a doctor or humanitarian worker for more than two years.

Millions of people driven from their homes in war-torn Syria are still living in unsafe and precarious conditions in camps. Our efforts to deliver assistance to them were severely hampered, not only by insecurity but also administrative challenges. In October, due to the Turkish military operation in northeast Syria, we were forced to reduce our presence or withdraw teams from several locations, leaving vulnerable people with limited access to healthcare. MSF teams were also reduced in both Raqqa city and in Al-Hol camp, where 70,000 people are held, 94 per cent of whom are women and children. Against all odds, we still maintain a presence in Syria and try to provide assistance where possible. Much of our work is in supporting medical networks and local hospitals, who are able to provide some level of care to people. However, we are not currently able to work in the country to the level that we would like and that also meets people's needs.

Meanwhile, large-scale measles outbreaks swept across several countries during 2019, resulting in thousands of deaths. The Democratic Republic of Congo (DRC) was particularly hard hit, with 310,000 cases and around 6,000 deaths, three-quarters of them are children under five years old. In one week alone in November, nearly 10,000 cases were recorded across the country. MSF launched activities in 15 provinces, vaccinating over half a million children and treating more than 30,000 patients.

By the end of the year, the Ebola outbreak in north-eastern DRC had claimed over 2,200 lives. MSF was frustrated with the slow and restricted vaccination efforts, leaving MSF vaccination teams on standby for weeks, while we publicly called on the World Health Organization for more information about vaccine supply. Our teams continued to tackle the disease in North Kivu and Ituri provinces but concern about violence in the area and the failure to gain people's trust impeded activities. Two of the Ebola treatment centres we ran in North Kivu were attacked and burned down within days of each other in February.

Natural disasters had also taken a toll in Africa. In March, a weather system dumped heavy rain on Malawi, leading to severe flooding, before heading out to sea and developing into Cyclone Idai, which hit Mozambique first, and then Zimbabwe. Around 80 per cent of Beira town in Mozambique was destroyed in the storm. MSF launched a large-scale intervention to provide medical care, conduct water and sanitation activities, rebuild damaged health facilities, and assisted local authorities to contain a cholera outbreak, including through vaccination campaigns.

In October, parts of South Sudan, Sudan and Somalia were severely affected by floods. In South Sudan, hundreds of thousands of people were displaced and unable to meet their most basic needs. The price of food tripled, making it unaffordable for many. In the eastern town of Pibor, the MSF hospital flooded and was forced to move, before the new area also flooded. All of which significantly reduced our lifesaving activities.

各位朋友：

每年，世界各地不少災難和危機都威脅著人們的生命，亦對無國界醫生和病人帶來各種新的考驗。長期的衝突、暴力、流行病，以及大規模天災，不但對社區造成破壞，也再次為我們在各地的人道救援工作帶來挑戰。我們找到新的方法應對困境，延續我們救助數百萬生命的醫療工作。面對災難，我們或需要耗費大量時間和人力管理潛在風險，有時甚至會限制了我們能提供援助的地點和對象。

在也門，衝突至今持續5年之久，當地經濟和衛生系統崩潰，人們接連死於可預防的疾病。無國界醫生的報告顯示，大量孕婦和病童因延誤治療而死亡。雖然空襲次數有所減少，但是衝突頻仍，讓也門變得四分五裂。

中非共和國持續發生針對手無寸鐵的平民和民用基礎設施的襲擊。舉例來說，5月下旬，當地就有數名槍手以社區會議為名，號召多人出席，並槍殺了50多人。衝突嚴重妨礙人們獲取醫療服務，無國界醫生團隊來到明加拉鎮注射疫苗時，當地人已經兩年多沒有見過醫生或人道救援工作者。

敘利亞飽受戰火摧殘，數以百萬計的敘利亞人被迫逃離家園，棲身於環境惡劣的難民營。局勢不穩，加上行政上的挑戰，嚴重阻礙我們的救援工作。10月，土耳其在敘利亞東北部發動軍事行動，我們被迫在多個地點減少工作，甚至撤離，弱勢社群因而難以獲得醫療服務。無國界醫生縮減於拉卡市和阿爾霍爾營地的工作規模，難民營收留了7萬人，當中94%是婦女和兒童。儘管困難重重，我們仍努力維持在敘利亞的工作，並在可行情況下繼續救援工作，包括支援當地醫療網絡和醫院，為當地人民提供一定程度的醫療服務。可是，我們目前在當地的工作暫時仍未符合所希望達到的規模，亦未能完全解決當地人的需求。

2019年，大規模麻疹爆發席捲多個國家，導致數千人死亡。剛果民主共和國所受到的打擊尤其嚴重。31萬人受感染，約6,000人死亡，當中四分之三是5歲以下兒童。其中在11月，單單一星期內，全國出現近1萬宗個案。無國界醫生在該國15個省份展開工作，為超過50萬名兒童接種疫苗，並治療超過3萬名病人。

到了年底，剛果民主共和國東北部爆發伊波拉疫情，奪去超過2,200人的性命。由於疫苗接種受到限制，進展緩慢，無國界醫生在當地的疫苗接種隊伍被迫待命數星期，我們為此感到失望，同時公開呼籲世界衛生組織提供更多有關疫苗供應的資料。在北基伍省和伊圖里省，我們的隊伍繼續應對疾病，但由於當地持續發生暴力事件，我們在未能得到當地人信任下，應對工作一度受阻。同年2月，我們在北基伍省營運的兩個伊波拉治療中心在幾天內相繼遇襲和被燒毀。

非洲也受到自然災害打擊。3月，馬拉維暴雨引發嚴重水災，大量雨水沖入大海，其後形成熱帶氣旋「伊代」。「伊代」先後侵襲莫桑比克和津巴布韋，莫桑比克的貝拉市約有八成區域遭到風暴摧毀。無國界醫生展開大規模救援行動，提供醫療和水利衛生服務，重建被損毀的醫療設施，並協助當局進行疫苗接種等工作，以控制霍亂疫情。

10月，南蘇丹、蘇丹和索馬里部分地區受水災嚴重影響。南蘇丹有數十萬人流離失所，日常生活受到影響。糧食價格上漲兩倍，許多人無法負擔。無國界醫生在東部城鎮皮博爾的醫院因洪水氾濫而被迫遷離，但是最終新址也同樣受水災影響。這些事件都大大阻礙我們進行救援工作。



Throughout 2019, MSF worked in 72 countries and regions worldwide.
2019年，無國界醫生在全球72個國家和地區工作。

Migrants and asylum seekers continued to be abandoned, neglected or pushed back by authorities across the world. While MSF was able to resume our Mediterranean search and rescue operations in August with a new boat, the Ocean Viking, thousands of migrants were trapped in Libya amidst a complex war and increasing violence. MSF teams treated people in Libya and on the Greek islands, including those with severe mental health issues that had developed as a result of their plight.

In 2019, Hong Kong went through a particularly challenging time, which has also been very concerning for MSF, staff, members and donors. For several months our team were monitoring and in contact with medical networks and organisations. The escalation of situation at Hong Kong Polytechnic University campus in November was the moment our team saw the time to respond. The restrictions that had been placed on people entering the campus could have led to a potential lack of professional medics for people inside who would need medical attention. MSF entered the campus with police permission and medically assisted 29 patients. Months of uncertainty has taken a toll on everyone's mental health and wellbeing. This has compelled us to work on improving aspects of our activities here in Hong Kong, especially to support people who are the most vulnerable and neglected in our community.

We are grateful to our donors whose support make our work possible, and to all MSF field workers, who give their time and skills to assist others at often considerable risk to themselves. Our thoughts remain with Romy, Richard and Philippe, our colleagues abducted in DRC in July 2013, who are still missing.

移民和尋求庇護者依然面對被各地政府遺棄、忽視和遣返的困境。敘利亞局勢複雜，暴力持續升溫，無國界醫生在8月透過最新一艘救援船「Ocean Viking」恢復地中海搜救行動，但仍有數千名移民被困於利比亞。無國界醫生團隊在利比亞和希臘島嶼上展開醫療救援，包括支援受到嚴重心理健康問題困擾的人群。

2019年，香港經歷了重大挑戰，無國界醫生、職員、成員及支持者都深表關注。過往數月，我們在香港的團隊一直密切留意情況，並與醫療人員和組織保持聯繫。11月，由於人群被限制進出香港理工大學，校園內有醫療需要的人士，或許未能獲得具有專業資格的醫護人員照顧，我們觀察到這正是需要我們提供醫療支援的空間。在獲得警方許可後，我們的團隊進入大學校園，並為29名傷患提供醫療支援。多月來的不穩狀況，或會影響香港人的身心健康，亦促使無國界醫生調整在香港的工作，重點支援社會上最脆弱和被忽視的群體。

我們衷心感謝捐贈者的慷慨捐助，成就我們的工作。我們亦非常感謝在各地工作的前線救援人員願意付出時間，在各個崗位上發揮所長，即使經常面對各種威脅，仍盡心提供醫療救援。

最後，我們仍然不忘於2013年7月在剛果民主共和國被綁架的同事羅米、瑞查德和菲力浦，他們至今仍然失蹤。

Dr Day-seng Tan
President, MSF Hong Kong
陳利晨醫生
無國界醫生(香港)主席

Mr Sam Taylor
Executive Director, MSF Hong Kong
戴義禮
無國界醫生(香港)總幹事

Asia 亞洲

Afghanistan 阿富汗

In 2019, presidential elections and peace talks led to renewed violence, which further reduced people's access to healthcare. MSF ran projects in six provinces, with a focus on emergency, paediatric and maternal healthcare. In Herat, MSF opened a clinic on the outskirts of the city in December 2018 to respond to the influx of internally displaced people and treated over 44,000 patients in 2019. Our work in Herat regional hospital changed from the emergency room to therapeutic feeding for malnourished children.

In Kandahar, MSF managed the shift from injections to a nine-month oral drug treatment in our multidrug-resistant TB project. The Boost provincial hospital project turned 10 years, and we continued to run the 24-hour maternity hospital in Khost, as well as the wound care clinic in Kunduz. In Kabul, we handed over the Ahmad Shah Baba project to the Ministry of Public Health, while continuing to deliver comprehensive emergency obstetric and neonatal care in the hospital in Dasht-e-Barchi.

2019年，總統選舉與和平會談再度引發衝突，讓人們更難獲得醫療服務。無國界醫生在當地6個省展開救援項目，重點關注緊急救援、兒科和婦產科護理。2018年12月，無國界醫生在赫拉特市郊開設診所，支援大量湧入的流離失所者，並在2019年醫治逾44,000名病人。我們在赫拉特地區醫院的工作則由急症室轉為治療營養不良的兒童。

無國界醫生在坎大哈的耐多藥結核病項目已將注射用藥物改為9個月的口服藥物療程。我們在赫爾曼德省布斯醫院的項目成立10週年，並在霍斯特省繼續運作24小時服務的婦產科醫院和昆都士省的創傷護理診所。同時，我們將喀布爾的艾哈邁德沙巴巴項目交給當地衛生部門繼續跟進，並繼續在達什巴爾切醫院進行緊急婦產科和新生嬰兒護理服務。

Bangladesh 孟加拉

MSF remains one of the main providers of medical assistance to the stateless Rohingya in the largest refugee camp in the world on the border with Myanmar. Rohingya refugees continues to struggle with unemployment, dire living conditions and a sense of hopelessness, coupled with traumatic memories. With an improvement in the quality and reach of our healthcare, and the trust in our services, there was a significant increase in the number of people attending our facilities. We have expanded our mental health services in response to the evolving needs among Rohingya people.

Our teams in Dhaka continue to run a unique occupational health programme in Kamrangirchar. We conducted 10,500 consultations for factory workers and started a new mobile health clinic specifically for tannery workers. We also run sexual and reproductive health services for girls and women and offer comprehensive treatment for victims of sexual and intimate-partner violence, with integrated mental health support.

無國界醫生仍是其中一個主要的醫療救援組織，為居於孟加拉與緬甸邊境的全球最大難民營中，無國籍的羅興亞人提供醫療援助。羅興亞難民繼續在失業、嚴峻的生活條件、絕望感和創傷的記憶中掙扎求存。隨著醫療護理質素和覆蓋範圍的改善，以及對我們的服務所建立的信心，到我們的醫療設施尋求協助的人數顯著增加。我們也擴展心理健康項目，以應對羅興亞人與日俱增的需求。

我們在達卡的團隊繼續於卡蘭格查運作當地獨有的職業健康項目，為工人提供10,500次診症，並為制革工人開設新的流動診所。另外，我們為女童和婦女提供性與生殖健康服務，還為性暴力和親密伴侶暴力的倖存者提供綜合心理健康支援。



MSF built water and sanitation facilities in Jamtoli camp for Rohingya refugees, Cox's Bazar, Bangladesh.

在孟加拉科克斯巴扎爾區的賈姆托利難民營內，無國界醫生為羅興亞難民建設水利衛生設施。

Cambodia 柬埔寨

After three years of collaboration with Preah Kossamak hospital in the capital, Phnom Penh, and the introduction of simplified diagnosis and treatment with more effective diagnosis and treatment strategies for hepatitis C, MSF handed these activities over to the hospital in June. We continued to treat patients in the Municipal Referral Hospital, trying to identify barriers to hepatitis C care in the city environment. At the same time, we scaled up hepatitis C care in two rural operational districts in Battambang province.

無國界醫生與首都金邊波利科薩瑪醫院合作3年，引入了更有效的丙型肝炎診斷和治療策略，還提供簡化的診斷和治療，並在6月將項目交接給醫院。我們繼續在金邊市轉診醫院治療病人，了解在城市環境下提供丙型肝炎護理的難處，同時在馬德望省的兩個鄉村地區擴大丙型肝炎的護理工作。

Hong Kong 香港

The proposed Hong Kong extradition bill gave rise to waves of protests which lasted for months since June 2019. MSF has been concerned and thus, closely monitored and analysed the situation. A dedicated team has been set up in Hong Kong in late July to constantly checked with medical practitioners, on-the-ground responders whether they have sufficient resources and manpower to treat patients, and identify where local medical response capacity could fall short and leave patients exposed.

On 18 November, our team saw restrictions that had been placed on people entering the Hong Kong Polytechnic University campus, which could lead to a potential lack of medical assistance to those in need. Our team negotiated access with relevant authorities, including the police who were controlling the access, to be able to enter the campus. On 19 November, at the time when other medics were about to leave, MSF team went into the campus, and returned again on 20, 22 and 23 November to assess the situation and provide medical assistance. In total, we medically assisted 29 patients, 28 of these patients consented to be referred to ambulance care.

The emergency team remains on standby in Hong Kong after the intervention in PolyU, and continue to monitor the situation, as well as provide medical aid when we see there's a space for us to medically assist.

香港政府建議修訂《逃犯條例》觸發一連串示威活動，由6月開始並持續數月。我們非常關注事態發展，並一直密切監察及分析情況。7月下旬，我們設立了專門團隊，與其他提供醫療及急救服務的設施、組織以及現場人員定期聯繫，向他們查詢有沒有足夠資源和人手治理傷患，以了解本地醫療設施及人員能否充分應對、傷患有否獲得適切援助。

11月18日，我們的團隊留意到人群被限制進出香港理工大學校園，校園內有醫療需要的人士或許未能獲得治療。團隊與當時控制校園進出的警方磋商，並獲准進入校園。於11月19日，當時其他在場醫護人員準備離開之際，我們的醫療隊進入校園，其後也於11月20、22和23日再次進入理大校園評估情況及提供醫療援助，一共協助了29名傷病者，當中28人自願被轉介至救護車服務。

在理大的醫療行動後，我們的團隊仍在香港密切留意情況，一旦發現有提供醫療支援的空間，我們將會盡力提供適切的援助。

India 印度

MSF has focused on providing high level holistic care to HIV/AIDS patients in Bihar. We supported the Ministry of Health in managing dedicated holistic care in patient ward, to ensure patients are treated in a dignified manner while providing safe and targeted treatment. We extended our TB activities to eight health posts in Mumbai and provided specialised TB, HIV and hepatitis C through four clinics in Manipur.

Besides, MSF treated nearly 1,000 children with severe acute malnutrition through 47 outpatient feeding centres in Jharkhand.

在印度比哈爾邦，無國界醫生一直為愛滋病患者提供高度全人關懷護理。我們支援當地衛生部門管理病房的全人護理，確保在提供安全和適切的治療時，患者能夠得到應有的尊嚴。我們亦將治療結核病的工作擴展至孟買8個醫療站，以及在曼尼普爾邦4間診所提供結核病、愛滋病和丙型肝炎的專門治療。

這一年，無國界醫生在賈坎德邦的47個門診餵食治療中心治理了近1,000名嚴重急性營養不良的兒童。



MSF Health Promoter walks with a women during post-natal care home visit, conducted as part of a community approach session held in the village of Tetrai, Chhattisgarh, India.

無國界醫生健康推廣員正陪伴一名剛接受生產後護理的婦女。在印度蒂斯加爾邦村，團隊以社區為本的方式工作。

Indonesia 印尼

In Banten and Jakarta provinces, MSF focuses on improving adolescent healthcare, supporting health centre staff and strengthening capacity. We also run health promotion activities and education sessions for teens and parents in their villages or in the MSF education centre. During 2019, we provided 75 counselling sessions, supported 5,161 consultations in adolescent healthcare services and carried out ante- and postnatal consultations with 297 pregnant adolescents. In addition, we initiated five health programmes in schools.

Drawing on the lessons learned from our responses in three major natural disasters in 2018, MSF is engaging with Indonesian disaster management agencies to offer crucial technical support and assistance with the development of the national response capacity. We also continued our response to the December 2018 tsunami in the Sunda Strait before ending the intervention in April.

在萬丹省和雅加達省，無國界醫生集中改善青少年的醫療護理、支援醫療中心的工作人員和提升能力。我們還在村落或無國界醫生教育中心，為青少年和家長舉行健康教育和推廣活動。2019年，我們提供了75次輔導，在青少年醫療服務設施支援5,161次診症，並為297名懷孕少女進行了產前和產後診症。此外，我們在學校推行了5項健康計劃。

吸取2018年在印尼三度應對天災的經驗，無國界醫生正與當地災害管理機構合作，提供重要的技術支援，以提升國家的應急能力。另外，我們持續應對2018年在巽他海峽發生的海嘯帶來的後遺症，應對工作至4月完結。



MSF's health facility continues to deliver health services, conduct outpatient care and polyclinic for children in Central Sulawesi after communities experienced natural disaster. 蘇拉威西島中部的社群經歷天災後，無國界醫生的醫療設施繼續為兒童提供服務，例如門診診症和基本護理。

Myanmar 緬甸

More than 50,000 people were displaced in 2019 due to continuous fighting in Rakhine state. After several months when MSF was prevented from working, we were able to resume activities to assist the displaced in Buthidaung and Maungdaw.

In Central Rakhine, MSF continues to work in displacement camps where thousands of Rohingya and other ethnic minorities were displaced. We deployed seven mobile clinics offering general healthcare and emergency referrals. In Kachin and Shan, MSF also opened two new project sub-sites to provide general healthcare and treatment for sexual and gender-based violence, HIV, hepatitis C and tuberculosis. We continued to offer comprehensive HIV care, treatment and prevention for people in Dawei. Our motorcycle teams provide general healthcare to isolated communities in Naga.

2019年，若開邦的衝突持續，導致超過5萬人流離失所。無國界醫生的工作一度被迫暫停多月，最終能夠重返布迪當和貌奪鎮，再次為流離失所者提供支援。

在若開邦中部，無國界醫生繼續在流離失所者營地內，為數以千計的羅興亞人和少數族裔提供援助。我們開設了7間流動診所，提供一般醫療護理和緊急轉介服務。而在克欽邦和撣邦，我們則開設了兩個新的項目分支，為性與性別暴力的倖存者、愛滋病、丙型肝炎和結核病患者提供醫療護理。

無國界醫生繼續為達瓦地區人們提供全面的愛滋病護理、治療和預防。我們的摩托車隊亦繼續為那加和偏遠的社區提供綜合醫療護理。

The Philippines 菲律賓

MSF works to improve sexual and reproductive healthcare for Manila's slum dwellers and assist internally displaced people and returnees in post-conflict Mindanao.

In Manila, working in collaboration with Likhaan, a local organisation, we continue to offer family planning, ante- and postnatal care, management of sexually transmitted infections, and screening and treatment for cervical cancer in the San Andres and Tondo areas of the city. In 2019, our teams conducted 15,000 family planning sessions and screened 4,352 women for cervical cancer. We also worked with health authorities to vaccinate 2,230 girls against human papillomavirus, which is responsible for the cancer.

Over 70,000 people were still internally displaced due to the battle for control of Marawi city in 2017. MSF supports three facilities for basic and mental healthcare and treatment for non-communicable diseases.

無國界醫生在馬尼拉的貧民窟改善性與生殖健康服務，協助流離失所者和棉蘭老島衝突後重返家園的人。

在馬尼拉，無國界醫生與當地組織「Likhaan」合作，在聖安德烈斯和湯都區繼續提供家庭計劃輔導、產前和產後護理、管理性傳播疾病、篩查和治療子宮頸癌。2019年，我們的團隊進行了15,000次家庭計劃輔導，並為4,352名婦女進行子宮頸癌篩查。我們也與衛生部門合作，為2,230名女童接種有機會預防子宮頸癌的乳頭瘤病毒疫苗。

2017年發生的爭奪馬拉維市控制權的衝突，至今仍有超過7萬人流離失所。無國界醫生正在當地支援3間提供基本醫療和心理健康護理的設施，以治療非傳染性疾病。

Central African Republic 中非共和國

Although there have been fewer large-scale attacks on civilians, over 687,000 people were internally displaced, while the number of refugees from Central African Republic in its neighbouring countries had risen to 592,000. MSF continued to assist the local and displaced communities in six provinces and the capital, Bangui.

As the main organisation delivering medical and psychosocial care for victims of sexual violence, we have progressively integrated it into programmes across the country. Those include a range of specialised services, including a surgical trauma centre in the capital, maternal and childcare services, HIV and TB treatment. MSF supplied health centres with medicines and equipment, staff and technical training and supported hospital emergency rooms and paediatric wards, enabling the most severely ill children to obtain free specialist care.

雖然針對平民的大型襲擊減少，但仍有超過68.7萬人在國內流離失所，而由中非共和國湧至鄰國的難民已增加到59.2萬人。無國界醫生繼續在6個省份和首都班吉援助當地社群和流離失所者。

我們是當地為性暴力受害者提供醫療和心理社交支援的主要組織，並正逐步將相關支援融入其他地方的項目，包括首都的外科創傷手術中心，孕婦和兒童護理服務，愛滋病和結核病治療。我們又向多間醫療中心提供藥物、設備、人員和技術培訓，並為醫院急症和兒科病房提供支援，讓病情嚴重的兒童可以獲得免費的專門護理。

Democratic Republic of Congo 剛果民主共和國

The Ebola outbreak declared on 1 August 2018 continued throughout 2019, spreading from North Kivu to South Kivu, and the neighbouring Uganda. MSF continued to provide assistance to people in North Kivu and Ituri, including medical care for confirmed and suspected Ebola patients and vaccinations for people in close contact with those patients. However, the Ebola treatment centres we supported in Butembo and Katwa came under violent attack in February, forcing our teams to leave the area. Over the following months, we reviewed our strategies on response work and scaled up our support to hospitals and health centres. The trust of the population and getting local communities to participate in the response effort are the challenges we have to overcome for an effective response strategy.

Meanwhile, the world's largest recorded measles outbreak was declared a national epidemic in June, with more than 310,000 people infected and over 6,000 deaths by the end of the year. MSF's response included support for local surveillance activities, mass vaccination, and treatment for complicated cases in 16 provinces.

Apart from tackling the outbreaks of measles and Ebola, MSF works in 21 of DRC's 26 provinces to provide a wide range of services including general healthcare, nutrition, treatment and prevention of HIV, tuberculosis and cholera.

自2018年8月1日開始爆發伊波拉疫情，至2019年疫情已由北基伍擴散至南基伍，及以烏干達鄰近地區。無國界醫生繼續支援北基伍及伊圖里民眾，包括為確診或懷疑感染伊波拉病毒的人提供醫療護理，亦為與他們緊密接觸的人注射疫苗。可是，我們在布騰博和加多亞支援的伊波拉治療中心在2月相繼遭受襲擊，無國界醫生團隊被迫撤離。在往後數月，我們重新審視應對工作，並增加對醫院及健康中心的支援，但如何獲得當地人民信任和提升社區參與仍是我們訂立應對策略時遇到的挑戰。

同時，該國於2019年6月宣佈爆發全球最大型麻疹疫情，將其列為全國性流行病。一至去年年底已有超過31萬人受感染，愈6,000人死亡。我們的應對工作包括支援監察工作、大規模疫苗接種以及治療16個省份中的複雜個案。

除了應對麻疹和伊波拉疫情，我們亦為全國26個省份中的21個省，提供多方面的醫療援助，包括基本醫療護理、營養治療，及治療和預防愛滋病、結核病和霍亂。



MSF Ebola treatment centers in Butembo and Katwa, DRC were under attack in February, forcing the team to suspend its medical activities and even evacuate. 無國界醫生位於剛果民主共和國布騰博和加多亞的伊波拉治療中心，於2月相繼被襲擊，團隊被迫暫停為病人提供醫療護理和撤離。

Ethiopia 埃塞俄比亞

By the end of 2019, Ethiopia was hosting 750,000 refugees from neighbouring countries and suffering itself from outbreaks of ethnic-based conflict and displacement. MSF continued to work with the Ethiopian authorities to respond to emergencies such as cholera and measles outbreaks, and to deliver healthcare to remote communities, as well as providing treatment for snakebites, kala azar (visceral leishmaniasis) and other neglected diseases.

We launched an emergency intervention in the southern part of the country to help the malnourished children and lactating women. The team treated 5,100 patients, with 3,820 of them severely malnourished children under the age of five.

In the Somali region, we operated 18 flexible mobile clinic sites to offer general healthcare and maternal health care. We also strengthened a dynamic health surveillance system via “tea team” to engage the community over tea, as is the local tradition.

2019年底，埃塞俄比亞收容鄰國共75萬難民，惟國內爆發種族暴力衝突，人們流離失所。我們繼續與當局合作，應對霍亂和麻疹爆發等緊急情況，為偏遠社區提供醫療護理，並為被蛇咬傷、患有黑熱病（內臟利什曼病）和其他被忽視的疾病的病人提供治療。

我們亦在南部展開緊急應對工作，支援營養不良兒童和哺乳期婦女。在治療性餵食門診項目中，團隊治療了5,100名病人，其中3,820名為5歲以下嚴重營養不良兒童。

在索馬里地區，我們設置18間流動診所，提供基本醫療及婦產科護理。為加強社區健康監察系統，我們組成「茶隊」，以茶這當地傳統深入社區。



MSF medical team prepares to attach an IV line to a malnourished child at the Gedeb hospital stabilization centre in southern Ethiopia.

在埃塞俄比亞南部的吉德布醫院，無國界醫生的醫護團隊準備為營養不良的嬰兒進行靜脈注射。

Mozambique 莫桑比克

Two tropical cyclones hit Mozambique between March and April 2019. MSF deployed emergency teams to provide medical aid to the displaced people. Ten days after the first cyclone hit, a cholera outbreak was declared. MSF teams supported the authority to vaccinate 900,000 people against the disease, set up water treatment plants, rehabilitated 18 health centres and distributed relief items. We conducted nearly 11,900 outpatient consultations, primarily for malnutrition and malaria, in 25 locations. The cyclones were joined by months of drought, all of which exacerbated food insecurity and malnutrition in the country.

Apart from emergency response to natural disasters, MSF teams also implemented specialised care and support packages for patients with advanced HIV situations. In a slum area of the capital, Maputo, we worked with a local organisation to run a drop-in centre for people who use drugs, and to provide testing and treatment for HIV, TB and hepatitis C. It is the only programme in Mozambique offering comprehensive harm reduction services, including needle and syringe distribution.

2019年3月至4月期間，兩個熱帶風暴吹襲莫桑比克。無國界醫生派出緊急救援隊，為流離失所者提供醫療援助。被首個風暴吹襲10天後，當地爆發霍亂，團隊繼而協助當局為90萬人注射疫苗、建設濾水廠、修復18個醫療中心及分發救援物資。我們在25個地點進行約11,900次門診診症，主要針對營養不良和瘧疾病人。風暴緊接持續旱災，加劇該國食物安全和營養不良的問題。

我們又為較嚴重的愛滋病病人提供專門護理和支援。在首都馬普托貧民區，我們與當地組織合作，為吸毒人士開設活動中心，提供愛滋病、結核病和丙型肝炎的測試和治療。這是該國唯一提供全面性減害服務的項目，包括分發針頭和注射器。



Aerial view of town Buzi, Mozambique and the devastation caused by Cyclone Idai.

莫桑比克的布濟鎮被風暴「伊代」吹襲後所造成的破壞的俯瞰圖。

Nigeria 尼日利亞

The conflict between the government and armed opposition groups has taken a severe toll, and the situation deteriorated in 2019 with opposition attacks on aid workers and the new counter-terrorism laws increasing restrictions on humanitarian action. MSF continued to assist people affected by conflicts and displacement with a range of basic and specialist programmes. In the northeast of the country, MSF teams provided emergency care to nearly 18,600 patients in two of the region's public hospitals.

Most of MSF's work is focused on helping people caught in this violence but there are other specialist projects including one for the gangrenous disease, noma. It causes disfigurement which affects young children in particular. In 2019, MSF teams carried out 170 surgical interventions and 530 mental health consultations, we also provide nutritional and psychosocial care and physiotherapy.

政府與反對派武裝組織的衝突造成嚴重破壞，情況在2019年進一步惡化，發生反對派襲擊醫護人員的事件。而新訂立的反恐法亦增加人道救援行動的難度。儘管如此，我們仍繼續提供基本及專科護理，協助受衝突影響及流離失所的人。團隊亦在該國東北部的兩間公立醫院為約18,600多名病人提供緊急護理。

大部分無國界醫生在該國的工作都是幫助在衝突中被影響的人群，我們還另設其他專門項目，包括針對壞疽性口炎的工作。這疾病會導致毀容，對幼兒影響尤其深遠。2019年，團隊進行了170次外科手術和530次心理輔導，亦提供營養、心理社交支援及物理治療服務。



MSF teams visit internally displaced persons camps in Maiduguri to hold health education sessions, explaining about the importance of hygiene.

無國界醫生團隊探訪邁杜古里的流離失所者營地，並舉行健康教育工作坊，解釋保持衛生的重要性。

South Africa 南非

MSF continues to develop innovative strategies to prevent and treat HIV and tuberculosis (TB). In 2019, our large-scale community HIV/TB project in collaboration with Department of Health became the first in South Africa to reach the new and ambitious UNAIDS 90-90-90 targets. That has meant 90% of infected people know their status, are receiving treatment and of them, 90% have viral suppression.

The team also supported two multinationals, multi-site clinical trials which aim to find shorter, less toxic and more effective treatment regimens for multidrug-resistant TB. In addition, we also developed services in the urban slum of Khayelitsha to encourage patients, including those with advanced HIV to restart treatment. We offered preventive treatment to 204 patients, and distributed over 30,000 oral self-testing kits.

MSF works with the provincial health department in South Africa's platinum mining belt to provide victims of sexual violence with essential medical and psychosocial care through community clinics. In 2019, we handed over two of the four clinics to the department.

我們繼續為預防和治療愛滋病和結核病制定新策略。2019年，我們與衛生部合作，展開大規模愛滋病及結核病項目，是南非首個實現聯合國愛滋病聯合規劃署制訂「對抗愛滋病 — 90-90-90」目標的項目。「對抗愛滋病 — 90-90-90」目標是指90%愛滋病患者了解自己的狀況，當中90%正在接受治療；而他們當中已有90%病人的體內病毒載量已受抑制。

團隊還支援兩項跨國性臨床測試，以尋找更快、毒性更小及更有效的耐多藥結核病治療。在卡雅利沙貧民窟，我們調整服務以鼓勵愛滋病病人恢復治療；又為204名病人提供預防治療及派發30,000個口服檢測試劑盒。

在南非的鉑金礦帶，我們與省衛生部合作，在診所為性暴力受害者提供必需的醫療和心理支援。2019年，我們把4間診所的其中兩間交由該部門自行運作。



MSF team protests outside the office of the pharmaceutical corporation Johnson & Johnson, calling for a lower price of its anti-tuberculosis medicine bedaquiline for the patients, in order to reduce deaths.

無國界醫生團隊在製藥企業強生公司位於南非的辦公室外請願，要求強生將其抗結核病藥物貝達喹啉減價，以拯救更多生命。

South Sudan 南蘇丹

Nearly one million people were affected by unprecedented heavy flooding from the middle of the year. Thousands were displaced, including many of our colleagues who lost their homes, crops and livestock. MSF deployed emergency teams to the worst affected areas where our health centres were submerged and destroyed, and set up a temporary facility to provide medical aid.

Malaria remained a major health concern in South Sudan. We treated more than 291,000 people, and ran prevention and awareness-raising activities in nearly all our projects.

As for so many years, MSF offered medical assistance and distributed relief items to refugees and displaced people in the country. In the hospitals that we run, we provided specialist healthcare, surgery, emergency services and mother and child care. In Abyei, a disputed area between Sudan and South Sudan, we completed the reconstruction of our hospital in February. It is the only secondary health care facility in the region and has eight wards, an operating theatre and a pharmacy.

2019年年中，近100萬人受到嚴重水災影響，成千上萬人流離失所，我們的當地員工也失去房屋、農作物和牲畜。在災情嚴重地區，我們有多間醫療中心被洪水淹沒及摧毀，我們派出緊急救援隊前往支援，並建立臨時醫療設施提供治療。

瘧疾仍是當地面對的主要健康問題。我們治療超過29.1萬人，並在項目中舉辦預防和提高對瘧疾認識的活動。

多年來，我們為難民和流離失所者提供醫療援助並分發救援物資，在我們支援的醫院中提供專科醫療護理、手術、急症服務以及母嬰健康護理。2月，我們在蘇丹和南蘇丹之間的特別行政區阿卜耶伊完成醫院重建。該醫院為當地唯一的二級醫療設施，設有8個病房，一個手術室和藥房。



MSF medical team conducts malaria tests for the people being affected by the flooding in South Sudan, a country where malaria is the biggest killer of children under five.

無國界醫生醫療團隊為受水災影響的南蘇丹人進行瘧疾測試。瘧疾是南蘇丹5歲以下兒童的頭號殺手。

The Americas 美洲

Venezuela 委內瑞拉

The political and economic crisis in Venezuela continued to take a heavy toll, with millions of people facing severe shortages of food, medicines and other basic goods. MSF scaled up its projects by rehabilitating hospitals, distributing medical supplies to facilities and patients, rebuilding water and sanitation systems and training staff.

In the capital, Caracas, we worked with local organisations and public institutions to provide medical treatment and mental health support to victims of sexual and urban violence.

In Anzoátegui state, over 25,300 people benefited from our services through a general healthcare centre, which include vaccinations, health promotion, and mental, sexual and reproductive healthcare. Support to the national malaria programme in the gold-mining area of Sifontes continued.

委內瑞拉的政治和經濟危機持續惡化，數百萬人面臨糧食、藥物和其他生活必需品嚴重短缺的情況。因此，無國界醫生擴大應對工作，除了修復醫院外，也向醫療設施和病人分發醫療物資、重建水利衛生系統以及培訓員工。

在首都加拉加斯，我們與當地組織和政府機構合作，為性暴力和城市暴力的受害者提供醫療和心理健康服務。

在安索阿特吉州，超過25,300人在我們的綜合醫療中心獲得包括疫苗接種，健康教育推廣、心理支援以及性與生殖健康的服務。我們仍然在西豐特斯金礦區支援國家瘧疾項目的工作。

Middle East 中東

Iraq 伊拉克

Displaced people continued to return to their homes, following the war against the Islamic State group, yet more than a million still face significant barriers to getting basic services. The violent crackdown on protests in various cities also put additional pressure on the health system.

In 2019, we maintained our range of basic and secondary health services, such as maternity and neonatal care, emergency rehabilitation, surgery and post-operative care and mental health support for displaced people, returnees and vulnerable communities. Our teams also provided medical supplies and technical support to various hospitals across the country. In East Mosul, we continue to treat patients with violent or accidental trauma injuries; in west Mosul, we run a maternity unit with surgical capacity. In Baghdad governorate, we opened a project aimed at providing shorter and injection-free treatment for drug-resistant tuberculosis patients.

伊拉克與伊斯蘭國戰爭爆發後，有流離失所者陸續返回家園，但仍有超過100萬人未能獲得基本醫療服務。各個城市的示威活動和暴力鎮壓也為當地醫療系統帶來更沉重負擔。

2019年，我們維持一系列基本和二級護理服務，例如產科和新生兒護理、緊急康復治療、手術和手術後護理，以及為流離失所者、重返家園的人和弱勢社群提供心理健康支援。我們的團隊還為全國各地的多家醫院提供醫療物資和技術支援。在摩蘇爾東部，我們繼續為遭受暴力或意外創傷的人提供治療；在摩蘇爾西部，我們負責運作一所可進行手術的婦產科設施。在巴格達，我們開設新項目，為抗藥性結核病人提供療程更短且無需注射的治療。



MSF doctor talks with a patient about his chronic disease at the MSF clinic in Alwand 1 camp.
在阿勒萬德難民營的無國界醫生診所內，醫生向一名長期病患者講解他的病況。

Lebanon 黎巴嫩

Mass protests across Lebanon have led to a stagnant economy, unemployment and limited basic services such as electricity and clean water. As a result, living conditions deteriorated and health costs increased. MSF continued to provide general and specialist healthcare to host, migrant and refugee communities.

In Bekaa Valley, an area with a dense Syrian refugee population, we ran general healthcare services, treated chronic non-communicable diseases, provided mental health support and sexual and reproductive healthcare services. There is also a specialised paediatrics programme in Zahle that includes emergency consultations, paediatric intensive care and treatment for thalassemia.

In Northern Lebanon, we initiated new operational research to test the feasibility of using a fixed-dose combination medication for patients with cardiovascular disease.

黎巴嫩各地的大規模示威導致該國經濟活動停滯和失業率上升，基本服務如電力和食水供應亦十分有限。當地生活環境惡化、醫療費用增加。無國界醫生繼續為當地社群、移民和難民提供一般和專科醫療護理。

在大量敘利亞難民聚居的貝卡谷，我們提供基本醫療護理服務、治療慢性非傳染病、提供心理健康支援以及性與生殖健康服務。在扎赫勒，我們設立一個兒科專門項目，提供如急症服務、兒科深切治療和地中海貧血治療。

在黎巴嫩北部，我們展開新的研究項目，測試以固定劑量的綜合藥物，治療心血管疾病病人的可行性。

Syria 敘利亞

Civilian areas and infrastructure came under direct fire again in 2019. Our activities were restricted by insecurity and limits on access. In areas where access could be negotiated, our teams supported hospitals and health centres and provided healthcare in displacement camps. In areas where no direct presence was possible, we maintained our distance support, comprising donations of supplies, remote training of staff and medical advice.

In northwest Syria, MSF teams had to deal with mass-casualty influxes, with 10 or more wounded people arriving at once. Some MSF-supported hospitals were damaged by bombing, while others had to reduce or suspend their services. We supported basic and specialist healthcare in several hospitals and clinics in Idlib and Aleppo governorates. In Atme, we run a specialised burns unit. In Idlib, we scaled up our mobile clinics in displacement settlements. We also launched a large emergency response in Al-Hol camp by donating relief items and providing care.

2019年，敘利亞平民區和基礎設施再次遭受襲擊。因安全理由，我們進入受影響區域時受到限制。經談判後，我們的團隊能進入某些地區，並在醫院和醫療中心提供支援，在流離失所者的營地中提供治療；在無法進入的地區，我們提供遙距支援，包括捐贈物資，遙距培訓員工和提供醫療建議。

在西北部，大量傷者湧入，救援隊需同時處理超過10名傷者。無國界醫生支援的數間醫院被炸毀，其他則不得不減少或暫停服務。我們為伊德利卜省和阿勒頗省的多家醫院和診所提供基本和專科醫療服務。在阿特梅赫，我們設有專門處理燒傷的醫療設施。在伊德利卜省，我們擴充了流離失所者收容所的流動診所服務。我們還在阿爾霍爾營地展開大規模緊急應對工作，包括捐贈物資和提供醫療護理。



Syrian, Arab and Kurdish civilians flee with their belongings amid Turkish bombardment on Syria's northeastern town of Rasal-Ain in the Hasakeh province along the Turkish border.
因土耳其轟炸敘利亞東北部的邊境城鎮愛因角，迫使敘利亞、阿拉伯和庫爾德的平民帶著行裝逃離戰火。

Yemen 也門

Although the number of airstrikes decreased in the last quarter of 2019, ground fighting continued across several governorates. MSF worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 12 governorates.

Our teams witnessed numerous attacks on patients, medical facilities and civilians. We resumed our activities in Aden surgical hospital after a month of suspension following the kidnapping and killing of a patient. The hospital received mass casualties on several occasions; during an incident in August, our teams treated 119 people in less than 24 hours.

In response to the increased maternal and child healthcare needs, MSF has started to build a new maternity hospital in Al-Qanawes and continues to provide treatment for mothers and children in most of the governorates we support.

儘管2019最後一季的空襲次數減少，但多個省份的衝突仍持續。無國界醫生在12家醫院和醫療中心工作，為12個省的20多個醫療機構提供支援。

我們的團隊多次目睹病人、醫療設施和平民遭受襲擊。我們在亞丁的外科醫院，曾因一名病人被綁架和殺害的事件而停運一個月，及後恢復運作。醫院曾於多個情況下處理大量傷者。在8月的一次事件中，我們的團隊在24小時內治療了119人。

因產科及兒科護理的需求不斷增加，無國界醫生正在卡納韋斯州興建新的婦產醫院，並繼續在大部份設有項目的地區為婦女和兒童提供治療。



The pharmacy of the MSF Mocha hospital burned as fire spread from the nearby buildings after an aerial attack, including a military warehouse.

無國界醫生也門穆哈醫院附近的建築物，包括一個軍用倉庫遭到空襲後引發大火，導致醫院的藥房被燒毀。

Europe 歐洲

Search and Rescue 海上救援

In 2019, hundreds of people drowned off the Libyan coast, and yet attempting a deadly journey across the Mediterranean is still the only hope of escape for thousands of migrants and refugees. Amid deteriorating conditions in Libya, MSF resumed search and rescue operations in July 2019, with a new vessel the Ocean Viking, in partnership with SOS MEDITERRANEE.

By the end of December 2019, the Ocean Viking had rescued 1,373 people from flimsy boats in distress. However, the continued lack of a coordinated response at sea or adequate disembarkation mechanisms resulted in drawn-out suffering for survivors. In the onboard clinic, the MSF medical team treated patients with hypothermia, dehydration, seasickness and serious injuries such as chemical burns caused by fuel mixing with saltwater during the crossing.

2019年，數百人在利比亞海岸溺斃，但對於成千上萬的移民和難民而言，踏上橫越地中海這致命旅程仍是逃脫苦難的唯一希望。隨著利比亞局勢惡化，無國界醫生與另一救援組織SOS MEDITERRANEE共同運作一艘新的救援船「Ocean Viking」，並於2019年7月重啟海上救援行動。

2019年12月底，「Ocean Viking」在多艘於海上遇險的船隻中救出1,373人。但是，海上救援行動仍缺乏協調和完善的停靠機制，使倖存者受苦。我們的醫療隊在船上的診所為傷病者提供緊急治療，如低溫症、脫水、暈船，以及嚴重傷勢如因旅途上燃料和海水混合引起的化學灼傷。



© Faras Ghani/Al Jazeera

Rescue team helps rescue people on the boat in distress come on to the Rigid Hull Inflatable Boat.
救援隊正幫助被困在遇險船隻的人登上救生艇。



© Yann Libessart/MSF

On 8 November 2013, Typhoon Haiyan swept across central Philippines, causing devastation on an unprecedented scale. It claimed 6,300 lives and displaced some 4 million people. MSF has dispatched teams to the affected areas within a day after the super typhoon making landfall.

2013年11月8日，颱風海燕橫掃菲律賓中部，造成前所未有的破壞，6,300人死亡，400萬人流離失所。無國界醫生於海燕登陸後24小時內，派出救援隊前往受災地區，展開救援行動。

Responding to natural disasters:

A race against time 應對天災 分秒必爭

Natural disasters occur in a matter of minutes and can affect the lives of tens of thousands of people. Houses can be flooded with water; roads can be shaken into fissures; people can be injured but healthcare and other local services can at the same time be disrupted. The need for medical humanitarian aid can then emerge very suddenly. The speed of response to these needs can make a big difference to the catastrophic toll taken. With decades of experience working in the aftermath of natural disasters and having projects in over 70 countries, MSF is often able to respond to the emergencies immediately.

Floods or tsunamis can cause many deaths but leave comparatively few injured survivors. Earthquakes can injure a huge number of people in just a few minutes, crushed in collapsed homes and buildings, while such damage may lead to the suspension of local healthcare. In other disasters, the health system may still remain functional, with a relatively strong disaster response capacity. The different impact of each disaster and its interaction with the local environment means that we have to adapt the level and type of our response. In some cases, where our team itself is affected by the disaster, we have to push the limits and squeeze our capacity to get the help to those in need. It can be a race against time to access isolated areas and for the injured needing medical treatment and those living in terrible conditions without any shelter, hours can make a critical difference to their chances of survival.

分秒之間，天災可以影響成千上萬人的生活。房屋被洪水淹沒，道路震出裂縫，過程中或有人受傷，醫療和其他服務亦可能同時被中斷。人道醫療需求於一瞬間大增，而能否及時應對這些需求，則大大影響災難所造成的損傷規模。憑藉過去數十年災後應對工作的經驗，以及在超過70個國家展開的恆常項目，無國界醫生往往能夠及時應對緊急情況。

水災和海嘯可造成多人死亡，受傷的倖存者人數相對地少；地震能在短短幾分鐘內造成大量災民受傷，傷者被壓在倒塌的房屋和建築物裏，當地醫療服務中斷。至於其他災難，醫療系統或能正常運作，亦有較強的救災能力。每場災難所造成的破壞各異，對當地環境所產生的影響也不同，因而我們每次都必須調整應對規模和類型。在某些情況下，如果我們的團隊也遭災害影響，我們就必須突破極限，竭盡所能，支援有需要的人。這是一場與時間的競賽，進入偏僻地區，為傷者提供治療，援助處於惡劣環境，無處可避的人，數小時內足以扭轉他們的生死。



© Brian Sokol/Panos Pictures

A patient injured in the Nepal earthquake was sent back home in the mountainous area after his treatment in MSF's hospital. 尼泊爾地震的一名傷者在無國界醫生的醫院接受治療後，被送回位於山區的家。

2015 April & May 2015年4月和5月

Nepal Earthquake 尼泊爾地震

Two earthquakes hit Nepal on 25 April and 12 May, killing an estimated 8,500 people and injuring another 20,000. After the first earthquake struck in April, MSF teams quickly arrived and focused on reaching the people in remote mountainous areas. Helicopter clinics were operated for emergency cases, while regular clinics were run in villages across six districts. In two severely affected districts, a 20-bed inflatable hospital and a tented clinic were temporarily set up. When the second earthquake struck in May, teams already operational were able to respond immediately. In June, three colleagues and their pilot died in a helicopter crash after delivering assistance.

尼泊爾分別在4月25日和5月12日發生兩次地震，估計造成8,500人死亡和2萬人受傷。4月發生第一次地震後，無國界醫生隊伍迅速抵達當地，致力接觸偏遠山區災民，用直升機診所處理緊急個案，並到6個地區的村落運作流動診所。我們亦在兩個重災區臨時設置一間有20張病床的吹氣帳篷醫院和一間帳篷診所。當5月發生第二次地震時，我們已在當地的救援隊隨即提供援助。6月，我們的3位同僚與機師在提供援助後，不幸因直升機墜毀喪生。



© Chai Xi

Eric describes logisticians as the swingman in basketball; they need to handle various tasks in short period of time, including setting up the tents, purchasing materials, distributing relief items and so on. However, the diligence and optimism of the Nepalese people helped him and the team to overcome the challenges.

梁瀚臻認為後勤人員的工作就如籃球場上的自由人一樣多變，包括搭建帳篷、採購物資、派發救援物品等，而尼泊爾人們的勤奮和樂觀都有助他和團隊克服困難。

In response to the Nepal earthquake, Eric worked in Gorkha, where he had set up shelters, mobile clinics, and distributed relief items, such as shelter kits and construction materials. As roads to the villages were damaged from the earthquake, Eric and his team had to transport relief items by helicopter. "There were many limitations in using helicopters, such as load-carrying capacity, weather, fuel capacity, and more. We had to plan everything out carefully, such as the time we stayed at each village and the number of relief items to bring.

The weather in mountainous areas was often unstable, which makes it risky for helicopter operation." He still has vivid memory of an emergency landing he experienced due to thunderstorm, "The helicopter kept shaking, and I had the same feeling of weightlessness as from rollercoasters. This was just the second time I felt scared in my many years working with MSF." "The needs in an emergency response are often urgent and even concerned with an individual's life and death. As a logistician, we are given several high priority tasks at the same time, which have to be dealt with as quickly as possible," said Eric.

尼泊爾地震後，梁瀚臻到廓爾喀協助應對災情，負責為災民設置臨時棲身之所和流動診所，派發救援物品，如物資包和建築材料。由於通往村落的道路遭到地震破壞，他和其他救援人員只能使用直升機運送救援物品，他說：「直升機有很多限制，例如負重、天氣、燃料量等。我們須仔細規劃一切，如在每條村落的逗留時間、攜帶救援物品的數量等。山區常常天氣不穩，使用直升機的風險很大。」

有一次，他坐直升機時遇到雷暴，被迫緊急降落，當時的情景還歷歷在目。他憶述：「直升機一直在搖晃，我有種坐過山車的失重感。我在無國界醫生工作多年，這是第二次感到害怕。緊急救援行動分秒必爭，性命攸關。後勤人員經常會同時接到幾項重要任務，並要在短時間內處理。」

*Eric Leung, logistician from HK
梁瀚臻，來自香港的後勤人員*

Indonesia Earthquake and Tsunami 印尼地震和海嘯

An earthquake and tsunami hit Central Sulawesi, causing at least 2,100 death and 4,438 serious injuries. At least 1,370 people were reported missing. MSF sent emergency teams comprising medical, mental health and water and sanitation experts to support the national response.

印尼中蘇拉威西島發生地震和海嘯，造成至少2,100人死亡，4,438人重傷，最少1,370人失蹤。無國界醫生派出由醫療、心理健康和水利衛生專家組成的緊急救援隊，支援該國應對災情。



Local healthcare facilities in Central Sulawesi, Indonesia were damaged by the earthquake, people were unable to access to basic medical healthcare. Rangi and the MSF medical team set up mobile clinics in the affected areas and provided treatments to the patients.

印尼中蘇拉威西島地震摧毀當地的醫療設施，人們未能獲得基本醫療護理。蘇德拉查和無國界醫生的醫療隊到受災地區設立流動診所，並醫治病人。

Palu, Sigi and Donggala were the three districts most severely affected by the earthquake and tsunami which hit Central Sulawesi, Indonesia. Rangi joined the MSF emergency response team to set up mobile clinics, reaching communities in these three districts that were cut off by the disaster. "The road condition at that time meant we could only travel to 2-3 villages each day before dark, most of the time we even had to leave the car and traveled by motorcycle or by foot to reach these villages. These access difficulties created a delay to reach the patients," said Rangi.

"Me and the survivors, we speak the same language, eat the same food, and live the same culture of a nation, so it was much easier for me to understand and feel their pain and devastation and hope as if they are my own friends and family. They taught me that the survivors left behind should grab onto life and live it to the fullest. It's okay to cry from time to time, but it's more important to smile and be happy." added Rangi. Before she finished the mission, she drew up the blueprint to build the temporary healthcare centre, restoring health services there. When the centre opened and their first baby was delivered there, the team named her after Rangi.

印尼中蘇拉威西島發生地震和海嘯，其中以帕盧、西吉和東加拉的災情最為嚴重。蘇德拉查加入無國界醫生緊急救援隊，協助設立流動診所，支援上述3個災區。她說：「當時路途崎嶇，每天入黑前我們只能前往2至3個村落，過程中亦經常要中途下車，改用電單車或徒步前行。道路障礙會延誤我們接觸病人。」

蘇德拉查說：「我和倖存災民說同一語言，吃同樣的食物，有共同的民族文化，所以我更容易理解和感受他們的痛苦、災難以及希望，他們就像我的朋友和家人。他們教懂我倖存者應該抓緊時間盡情生活。偶爾哭一哭也沒有關係，但笑一笑就更重要，要過得開心。」完成任務前，她繪製了建造臨時醫療中心的藍圖，協助當地恢復醫療服務。中心啟用後第一個嬰兒出生，團隊便把嬰兒取名為蘭奇(Rangi，蘇德拉查的名字)。

Rangi W. Sudrajat, doctor from Indonesia

蘇德拉查，來自印尼的醫生

2019 October 2019年10月

South Sudan Flooding 南蘇丹水災

The large-scale flooding affected nearly a million people in South Sudan, leaving many stranded in their villages and cut off from essential health services. Despite the MSF compound and hospitals themselves being flooded, MSF teams travelled in boats from village to village to provide health care through mobile clinics and distributing essential items, such as plastic sheet and blankets. They also set up water treatment facilities.

南蘇丹發生大型水災，近百萬人受影響，不少災民被困村落，無法得到基本醫療護理。無國界醫生的設施和醫院亦受洪水影響，我們的隊伍以船隻探訪每個村落，以流動診所的形式提供醫療服務，並派發塑膠布和毛毯等必需品，同時設立水利衛生設施。



MSF team was forced to reduce life-saving activities due to flooding in MSF's primary healthcare centre and compound in Pibor, South Sudan.

無國界醫生位於南蘇丹皮博爾的基本醫療設施和宿舍受洪水波及，團隊被迫縮減救援工作。

In October 2019, when the Pibor river suddenly started to rise rapidly following the rain in neighbouring Ethiopia and Kenya, the MSF project beside it had to move its isolation area, adult ward, children's ward and therapeutic feeding centre to higher ground. "When the water started to creep towards the operating theatre, we had to close it. We lifted the most expensive – and heaviest – equipment to an area we hoped would stay dry, hoping to preserve it," said Benedetta who was the MSF Medical Team Leader in Pibor.

However, when the water continued to rise by a further 10 to 20 cm every day, the higher ground that the team newly located was also infiltrated with water. "We no longer felt comfortable sleeping in the MSF compound. The water was coming from all sides now. On our final night there we all slept together in the highest-up container. We had to paddle in a plastic boat to reach the toilets. In fact, the only way to move around the hospital is by boat – the compound has literally become part of the river," In the end, our team had to settle in a market area provided by the authorities and resumed medical activities. Despite the challenges of limited capacity, drugs and equipment, no electricity, disruption of transportation, the team provided about 60 outpatient consultations each day, as well as antenatal care, inpatient care and deliveries.

2019年10月，埃塞俄比亞和肯尼亞發生暴雨，鄰近的皮博爾河水位突然上漲，在附近開設救援項目的團隊不得不把隔離區、成人病房、兒童病房和治療性餵食中心搬到地勢較高的位置。

卡佩利當時在皮博爾擔任無國界醫生醫療隊隊長，她說：「當洪水湧進手術室，我們不得不關閉手術室。我們把最昂貴、最重的設備抬到希望不會被洪水波及的地方，希望可以把它們保存下來。然而，水位每天上升10至20厘米，團隊所遷至的較高位置後來也同樣被波及。」她續說：「洪水從四面八方湧來，令我們無法在無國界醫生的宿舍裏安睡。在最後一晚，我們都睡在最高的貨櫃內，撐著塑膠船上廁所。事實上，撐船是唯一可以在醫院內移動的方法，醫院已成為河流一部分。」最後，我們的團隊在當局安排的一個市集內安頓下來，並恢復醫療服務。儘管人力資源、藥物和設備有限、電力中斷和交通受阻，但是團隊每天提供約60次門診服務，以及產前護理、住院護理和協助分娩。

Benedetta Capelli, midwife from Italy

卡佩利，來自意大利的助產士

Southern Africa Cyclone Idai 風暴「伊代」吹襲非洲南部

Cyclone Idai was one of the worst tropical cyclones to ever hit southern Africa. Before it arrived in Mozambique and Zimbabwe, the weather system passed through Malawi, causing extensive damage in towns and villages that were in the direct path of the storm. MSF had emergency response teams on the ground in all three countries and provided non-medical items and medical activities, including treating cases of cholera and acute watery diarrhoea.

「伊代」是非洲南部有史以來其中一個最強烈的風暴。風暴經過馬拉維，再抵達莫桑比克和津巴布韋，途經的城鎮、村落遭到廣泛破壞。無國界醫生在這3個國家都設有緊急應變小組，提供非醫療物資和提供醫療護理，包括治療霍亂和急性腹瀉患者。



Right after cyclone Idai hit Zimbabwe, MSF GIS officer Last Prosper Mufoya and volunteers created a detailed map to show the affected areas. Mufoya was explaining the locations of healthcare facilities on the map.

在風暴「伊代」吹襲津巴布韋後，無國界醫生地理資訊系統人員穆福亞與一班義工合力制定災後地圖。他正在講解地圖上的醫療設施位置。

Chimanimani was the most severely affected district when Cyclone Idai hit Zimbabwe and an emergency team was sent there to assess the situation. The team soon asked for a map that would show what the area looked like after Idai to help work out their response strategy. Last, who was a geographic information system (GIS) Officer stationed in Zimbabwe immediately connected the local community and mobilised the overseas volunteers through the Missing Maps project to map the affected areas. The Missing Maps project is a collaborative initiative started by MSF and other humanitarian organisations, recruiting volunteers to map parts of the world most vulnerable to humanitarian crises.

"In Chimanimani, bridges and roads were all washed away or obstructed. We developed a strategy of finding the location of the obstacles and the possible routes for our team on the ground to access the affected area. We were also able to map the areas which had been visited by our teams or other organisations, so as to better allocate the resources," he said. "MSF was the first organisation able to reach Chimanimani after Cyclone Idai, which demonstrated the effectiveness of having an updated map."

"Any time of the day or when you woke up, you could see there were volunteers mapping all the time. I was afraid I had asked for too much. It was quite heartfelt and satisfying," he recalled. "It was not only an emergency for the team on the ground, it was an emergency for everyone. It is enjoyable when you look at the final product and it is satisfying to be interconnected with the medical team. It is teamwork. Once the team achieved, you also achieved as an individual."

風暴「伊代」吹襲津巴布韋 奇馬尼馬尼成重災區。我們派出緊急救援小組到當地評估情況，小組隨即要求有最新的災後地圖，以便制定應對策略。駐津巴布韋的地理資訊系統人員穆福亞立即聯絡當地社區，並通過「失蹤的地圖」計劃，動員海外義工繪製災區地圖。「失蹤的地圖」計劃由無國界醫生和其他人道組織發起，招募義工為全球最易受人道危機影響的地區繪製地圖。

穆福亞說：「奇馬尼馬尼的大橋和道路都被沖毀。我們透過繪制災後地圖，制定策略以確定障礙物位置和擬定可行路線，方便團隊進入災區。同時在地圖上標示無國界醫生隊伍或其他組織曾到訪過的地區，以便更有效地分配資源。受到伊代吹襲後，無國界醫生是第一個到達奇馬尼馬尼的救援組織，顯示出地圖的重要性和效用。」

他亦憶述：「每天任何時候，或是當我一覺醒來時，都看到有義工在努力繪畫地圖。有時我都害怕自己要求太多，真的是由衷的感謝，同時也很滿足。這不只是前線團隊要面對的緊急狀況，而是每一位的要面對的緊急狀況。看到最後成果，並能夠與醫療團隊互相聯繫，大家都感到很高興和滿足。這就是團隊合作。團隊的成就，也是你個人的成就。」

Last Prosper Mufoya, GIS officer from Zimbabwe
穆福亞：來自津巴布韋的地理資訊系統人員



Flooding and cyclone Idai brought widespread damage across Mozambique, Malawi and Zimbabwe in March 2019. This is the aerial view of the devastation in Buzi, Mozambique caused by the cyclone, fallen trees and ruined houses were everywhere.

2019年3月，洪水和風暴「伊代」對莫桑比克、馬拉維和津巴布韋造成廣泛性破壞。這是莫桑比克布濟鎮的鳥瞰圖，災後當地到處都是倒塌的樹木和頹垣敗瓦。

Worldwide Operations Highlights

全球前線工作概要

Below are the highlights of MSF activities around the world in 2019:
以下是無國界醫生於2019年在全球進行救援工作的概要：



DRC 剛果民主共和國
© Alexis Huguet

Conducted
進行

10,384,000

outpatient consultations
次門診診症

Admitted
接收

840,000 patients
人次入院治療



Malawi 馬拉維
© Isabel Corthier/MSF

Treated
給予

59,400 patients with first-line HIV antiretroviral treatment
名病人抗愛滋病第一線藥物治療

Treated
給予

11,100 patients of first-line failure with second-line HIV antiretroviral treatment
名第一線治療失敗的病人抗愛滋病第二線藥物治療

Vaccinated
為

1,320,100

people against measles in response to an outbreak
人接種麻疹疫苗以應對疫症爆發

Treated
醫治

4,970 patients for meningitis
名腦膜炎病人

Admitted
接收

18,800 patients to first-line tuberculosis treatment
名病人開始接受結核病第一線治療



India 印度
© Tadeu Andre/MSF

Admitted
接收

2,000 patients to drug-resistant tuberculosis treatment
名病人開始接受抗藥性結核病治療



Burundi 布隆迪
© Evarard Nbandakumana/MSF

Treated 醫治 **47,000** patients for cholera 名霍亂病人

Treated 醫治 **2,638,200**

cases of malaria 宗瘧疾個案



Lebanon 黎巴嫩
© Severine Sajous/MSF

Assisted 協助 **329,900** women to deliver babies, including caesarean sections 名婦女分娩，包括剖腹生產



Yemen 也門
© Agnes Varraine-Leca/MSF

Performed 進行 **112,100**

surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anaesthesia 宗需要麻醉的大型手術，涉及切開、切除、傷口縫合

Treated 醫治 **28,800** patients for sexual violence 名性暴力受害者



Nigeria 尼日利亞
© Benedicte Kurgen/NOOR

Admitted 接收 **1,048,800**

patients to emergency rooms 名急症室病人

Admitted 接收 **76,400** severely malnourished children to inpatient feeding programmes 名嚴重營養不良兒童接受住院營養治療

Treated 醫治 **10,000** people on hepatitis C 名丙型肝炎患者



Greece 希臘
© Anna Pantelia/MSF

Conducted 進行 **400,200** individual mental health consultations 次精神個人健康輔導

Distributed 為 **346,900** relief items to families 個家庭提供救援物品

To the Field

無國界醫生 (香港) 派出的前線救援人員



Medical Doctors 醫生

- 1 Karina Marie Aguilar **PH**
- 2 Yuely Capileno **PH**
- 3 *Anna Kathrina De Jesus **PH**
- 4 Ei Mon Khine **MM**
- 5 Htet Aung Kyi **MM**
- 6 *Anne Marie Morales **PH**
- 7 Kuang-yu Niu 牛光宇 **TW**
- 8 Alexandra Simanjuntak **ID**
- 9 Rangi Wirantika Sudrajat **ID**
- 10 *Sussie Sandra Maria Wiranangapati **ID**
- 11 *Kwan-chun Wong 黃君泰 **HK**
- 12 Kay Khine Zaw **MM**
- 13 Wei Zou 鄒緯 **CN**

Surgeons / Orthopaedic Surgeons 外科醫生 / 骨科醫生

- 14 Shannon Melissa Chan 陳詩瓏 **HK**
- 15 *Evangeline Cua **PH**
- 16 Kamarul Al Hagg Bin Abdul Ghani **MY**
- 17 Maria Teresa Ingalla **PH**
- 18 Chi-cheong Ko, Ryan 高志昌 **HK**
- 19 Wing-sze Tong, Jennifer 唐穎思 **HK**

Anaesthetists 麻醉科醫生

- 20 Shahridan Bin Mohd Fathil **MY**
- 21 *Janis Genterola **PH**
- 22 See Hooi Geok **MY**
- 23 Yen-chun Hsu 許彥鈞 **TW**
- 24 Marjorie Ann Ladion 賴婷茵 **PH**
- 25 Xue-feng Li 李雪峰 **CN**

Gynaecologists 婦科醫生

- 26 Heidi Cruz **PH**
- 27 Renny Anggia Julianti **ID**
- 28 Yi-lei Wang 王伊蕾 **TW**
- 29 Damayanti Zahar 扎哈妲 **ID**



Nurses

護士

- 30 Jerwin Capuras **PH**
- 31 Pei-ying Chang 鄭佩瑩 **MY**
- 32 Man-hin Chio 趙雯軒 **HK**
- 33 Darwin Diaz **PH**
- 34 Iane Connie Espanta **PH**
- 35 Muhammad Abu Jihad Bin Hanafi **SG**
- 36 Imee Japitana 查坦娜 **PH**
- 37 Maria Angelina Jimenez **PH**
- 38 Rodel Lambatin **PH**
- 39 *Carmelita Manaos **PH**
- 40 Roselyn Morales **PH**
- 41 Romell Nalitan **PH**
- 42 Jose Vincent Sajulga Pagarugan **PH**
- 43 Honney Maymor Panes **PH**
- 44 Teresita Sabio **PH**
- 45 Jan Vincent Sotito **PH**

Midwives

助產士

- 46 *Cherry Agustin **PH**
- 47 Tsz-yan Lee, Tobey 李芷殷 **HK**

Interested in
**joining
MSF?**

MSF is always looking for motivated and skilled medical and non-medical staff for its projects all over the world.

To learn more, please visit msf.hk/fieldwork

Pharmacists

藥劑師

- 48 Theingi Aye **MM**
- 49 Sook-han Chong 張淑嫻 **MY**
- 50 Anabelle Wong 黃雅頌 **HK**

Mental Health Officers

精神健康人員

- 51 Guleed Dualeh 杜顧歷 **HK**
- 52 Rosemond Joyce Ruiz **PH**

Epidemiologists

流行病學家

- 53 Chung-yu Chen 陳中瑜 **TW**
- 54 Hwee-ling Low, Sally 劉惠玲 **SG**
- 55 Htay Thet Mar **MM**
- 56 Mei-wen Zhang 張美文 **CN**



Logisticians

後勤人員

- 57 *Sylvia Bakarbessy **ID**
- 58 Denny Capua **PH**
- 59 Roje Garcia **PH**
- 60 Ismed Ismail **ID**
- 61 Yiu-fai Li, Vincent 李耀輝 **HK**
- 62 Richard Lokollo **ID**
- 63 Richard Minton Morris **TH**
- 64 *Cristina Joy Florence Moya **PH**
- 65 Hans Olijve **SG**
- 66 May Sarah **ID**
- 67 Hasbi Ash Shiddiqi **ID**
- 68 *Teoh Wei Yee **MY**
- 69 Kai-qi Zhang 張凱淇 **CN**

Administrators / Financial Controllers

行政 / 財務人員

- 70 *Roslinda Perangin Angin **ID**
- 71 Gita Milana Aprilia **ID**
- 72 Wilma Cuaycong **PH**
- 73 *Andres Joaquin Hagad **PH**
- 74 Linda Isack 伊薩克 **ID**
- 75 So-ching Lam 林素靜 **HK**
- 76 Theng-tiang Lim, Rene 林廷珍 **SG**
- 77 Sharon Carolyn Macaranas **PH**
- 78 *Lin Thu Oo **MM**
- 79 Rachelle Anne Maigne Pormento **PH**
- 80 *Endang Dwi Satriyani **ID**
- 81 Chhorporn Sou **KH**
- 82 Pratiwi Sutowo **ID**

Communications Officers

傳訊主任

- 83 Shuk-lim Cheung 章淑廉 **HK**
- 84 Polly Cunanan **HK**

Humanitarian Affairs Officer

人道事務主任

- 85 Su Myat Han **MM**

Laboratory Technician

化驗室技術員

- 86 *Gay Heyres **PH**

Health Promoter

健康教育人員

- 87 Seinn Seinn Min **MM**



**有興趣加入
無國界醫生
行列?**

無國界醫生經常招募有志和專業的醫療及非醫療人員，派他們到全球不同的項目進行救援工作。詳情請瀏覽 msf.hk/fieldwork





Coordinators

統籌人員

- 88 * Rey Anicete 艾寧偉 **PH**
- 89 Yvonne Biyo 卞柔 **PH**
- 90 Meyna Christanty **ID**
- 91 Dwiyanti Dewi **ID**
- 92 * Denis Dupuis 狄培爾 **ID**
- 93 Roderick Embuido 顏奔濤 **PH**
- 94 Abdel Haris Hafiz **ID**
- 95 Melvinn Kaibigan **PH**
- 96 Riezl Magtira **PH**
- 97 Yones Mangiri 萬傑烈 **ID**
- 98 Stephan Francis Oberreit **HK**
- 99 * Wai-lin Oo 奧衛年 **MM**
- 100 Marianni Peggy 黎珊達 **ID**
- 101 Sumit Punnakari **TH**
- 102 * Natasha Theresa Reyes 韋達莎 **HK**
- 103 Andreas Stefano Sinaga **ID**
- 104 Yan Debry Dominico Syauta **ID**
- 105 Dirk Van Der Tak 溫達德 **MY**
- 106 Anita Jasmine Vicentillo **PH**
- 107 Husni Mubarak Zainal **ID**

The above field workers departed for the following countries / areas on mission in 2019: Afghanistan, Bangladesh, Belarus, Cambodia, Cameroon, Central African Republic, Democratic Republic of Congo, Ethiopia, Guinea, India, Iraq, Lebanon, Malawi, Malaysia, Mozambique, Nigeria, Pakistan, Palestine, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Syria, Turkey, Ukraine, Uzbekistan, Venezuela and Yemen.

Coordinators include head of mission, field coordinator, medical coordinator, deputy medical coordinator, financial coordinator, human resources coordinator, logistical coordinator, deputy logistical coordinator, supply coordinator, World Humanitarian Summit coordinator and mission pharmacy manager.

上述救援人員於2019年出發，前往以下國家或地區參與救援工作：阿富汗、孟加拉、白俄羅斯、柬埔寨、喀麥隆、中非共和國、剛果民主共和國、埃塞俄比亞、幾內亞、印度、伊拉克、黎巴嫩、馬拉維、馬來西亞、莫桑比克、尼日利亞、巴基斯坦、巴勒斯坦、塞拉利昂、索馬里、南非、南蘇丹、蘇丹、敘利亞、土耳其、烏克蘭、烏茲別克、委內瑞拉和也門。

以上的統籌人員包括項目總管、項目統籌、醫療統籌、副醫療統籌、財務統籌、人力事務統籌、後勤統籌、副後勤統籌、物資供應統籌、世界人道主義首腦會議統籌和項目藥物經理。

Country/Region of Residence 我們的前線救援人員來自

CN China 中國內地 | **HK** Hong Kong 香港 | **ID** Indonesia 印尼 | **MY** Malaysia 馬來西亞 | **MM** Myanmar 緬甸 | **PH** Philippines 菲律賓 | **SG** Singapore 新加坡 | **TW** Taiwan 台灣 | **TH** Thailand 泰國

* 沒有照片 No photo

Activity Overview of MSF Hong Kong in Asia

無國界醫生（香港）亞洲活動概覽



Participants are excited to start the game when the On Track to Save—MSF Orienteering Competition resumes after the thunderstorm and rain. 「救援在野——無國界醫生野外定向比賽」一度因雷暴和大雨而暫停，當賽事恢復時，參賽者表現興奮。

In 2019, MSF Hong Kong maintained our effort in supporting medical work around the globe. We deployed 109 medical and non-medical professionals to our programmes worldwide; and carried out 134 mission departures, with Iraq, Bangladesh, South Sudan, Yemen, and Afghanistan as the top deployment destinations. Seven of the professionals were deployed for their first field assignments, while 24 assumed coordinator positions, and 33 professionals were newly recruited from the region.

MSF HK contributed especially to the operations in Southeast Asia through its Operations Support Unit. This year, the Unit continued to support MSF's operational access and facilitate engagement with ASEAN and countries for issues within and beyond the region. The Unit continued to support regional operations in strengthening knowledge and response capacity for methanol poisoning which led to our organisation's work in assisting governments with the establishment of national guidelines. On global warming issue, the Unit also contributed its perspective and impact on regional emergencies to MSF's public positioning on climate change. The Unit further developed other regionally relevant dossiers, including humanitarian access to emergencies, disease outbreaks, drug-resistant malaria, ASEAN relations with major actors and violent extremism.

We are grateful for the donations from the general public and a number of private corporations which are crucial to our impartial lifesaving activities. Over HKD 503 million was raised in 2019, representing a 2.8% decrease from 2018. Almost 100% of our donations came from private sources.

In Hong Kong, we carried out On Track to Save – MSF Orienteering Competition which was held in Tsing Yi in March. Despite the thunderstorm and rain early in the morning which made the competition even more difficult, over 3,500 participants ran over hills and valleys between control points to experience some of the challenges faced by frontline field workers.

2019年，無國界醫生（香港）繼續努力支援全球的醫療工作。我們派出109名醫療和非醫療專業人員前往全球多地參與救援項目，共執行了134次救援任務，最經常前往的地區包括伊拉克、孟加拉、南蘇丹、也門和阿富汗。其中7名專業人士首次參與前線救援任務，24人擔任統籌崗位，我們還在亞洲地區招募了33名專業人員。

無國界醫生行動支援組在2019年繼續協助推動與東南亞國家聯盟和多個國家的交流合作，讓團隊得以進入該些國家展開和運作項目，應對東南亞地區所面對的問題。行動支援組亦在該區多個項目中，增強團隊對甲醇中毒的認知及應對能力，並促使無國界醫生協助數國政府建立相關指引。就全球暖化問題，行動支援組提出相關遠景及研究其對緊急項目的影響，協助訂立無國界醫生就氣候變化的立場。此外，行動支援組亦進一步研究與區域相關的其他議題，包括緊急情況下人道組織如何進入某地區、疾病爆發、抗藥性瘧疾、無國界醫生與東南亞國家聯盟及重要持份者的關係，以及極端暴力主義等。

我們感謝市民和私人企業的捐款支持，這對我們不偏不倚、拯救生命的工作至關重要。2019年我們籌集超過5.03億港元，較2018年減少2.8%，接近百分之百為私人捐款。

在香港，我們於3月在青衣舉行「救援在野——無國界醫生野外定向比賽」。儘管清晨雷雨交加，令比賽難度大增，但超過3,500名參賽者還是在多個控制點之間翻山越嶺，體驗了前線救援人員所面臨的挑戰。



MSF field workers (from left) Susan Lam, Angel Ho and Dr Wilson Li, together with Hins Cheung, the Honorary Campaign Leader of MSF Day 2019, share their feelings about MSF in the finale ceremony.

在閉幕典禮中，無國界醫生救援人員（左起）林素靜、何安琪和李威儀醫生，與「無國界醫生日」榮譽行動大使張敬軒一同分享對無國界醫生的感受。

For MSF Day 2019, we invited celebrities Mr Hins Cheung and field worker Ms Tobey Li as campaign leaders to mobilize the public from all walks of life to support MSF's worldwide medical relief work. For over two months, a total of 17 official corporate sponsors, 100 participating companies and organisations and over 5,800 donors raised around HKD 7million in total for our projects worldwide. The campaign culminated in a finale ceremony on 7th July with a mini-exhibition and guests and sponsors were invited to see more about MSF's work on the front line.

在「無國界醫生日2019」中，我們邀請歌手張敬軒與無國界醫生前線救援人員李芷殷小姐擔任榮譽行動大使，攜手呼籲各界人士支援組織在全球的醫療救援工作。短短兩個月內，活動獲得17個贊助商支持，100間公司和團體參與，以及超過5,800名市民響應，為我們各地的救援項目成功籌得約700萬港元。在7月7日的閉幕禮典禮中，嘉賓和贊助方獲邀透過小型展覽了解更多無國界醫生的前線救援工作。



Two MSF field workers shared with public the experience and challenges in providing humanitarian aid in conflict zone. 兩名無國界醫生救援人員與公眾分享在衝突地區進行救援的經歷和挑戰。

In mainland China, MSF introduced Chinese experts and health practitioners to the Methanol Poisoning initiative, a joint venture by MSF Norway and Oslo University Hospital. Another priority is to follow medicine and vaccine development in China for possible use in MSF operations.

We also continued to pursue exchanges with relevant authorities on practical deployment of humanitarian assistance through dialogues with the National Health Commission, speeches at relevant conferences and sharing experiences in a medical university, hospital and bookstore in Beijing, Guangzhou and Shenzhen respectively.

在中國內地，無國界醫生向中國專家和醫療人員，介紹由無國界醫生挪威辦事處和奧斯陸大學醫院共同推行的甲醇中毒預防和控制項目。我們亦繼續跟進中國內地開發的藥物和疫苗，期望將來可用於前線項目。此外，我們亦透過與中國國家衛生健康委員會多次對話，在多個論壇發表演講，以及分別在北京、廣州、深圳等地的醫科大學、醫院和書店舉行講座，繼續與有關各方就國際人道救援工作交流。



© Rocel Ann Junio/MSF

MSF field worker Dr. Karina Marie Aguilar shares her experience treating patients in war-torn areas at the opening ceremony of #WeAreMSF photo exhibition in Cebu, Philippines.

無國界醫生救援人員阿圭勒醫生在菲律賓宿務舉行的#WeAreMSF相片展開幕禮上，分享她在衝突地區救助病人的經驗。



© Corrinne Kong/MSF

During World Refugee Day 2019, MSF set up a three-day photo exhibition and invited people to stand with refugees in Penang, Malaysia.

無國界醫生於2019世界難民日，在馬來西亞檳城舉行為期3天的相片展，呼籲大眾與難民同行。

Meanwhile, we launched the #WeAreMSF campaign, which aims to build and strengthen the connection with our supporters across Southeast Asia. The offices in the region joined their efforts to draw attention to the situation of Rohingya refugees in Cox's Bazar and methanol poisoning, which is problematic and sometimes neglected as a medical concern. MSF also participated in two international events in the region – the International Council of Nurses Congress in Singapore and the 7th Conference of the Union Asia Pacific Region on tuberculosis and other lung diseases in Manila, Philippines.

In Singapore, MSF launched a book titled, “Doctors Without Borders: Saving Lives When and Where It Matters”. The launch was attended by Singapore digital influencers and donors. MSF was also invited to speak at an international conference for anaesthesiologists, surgeons and geriatricians held in the country.

During the visit of former International President Joanne Liu in Indonesia, media interviews were facilitated for a top broadsheet and broadcast network in the country. Two major public exhibitions were conducted by MSF in Jakarta and Yogyakarta. MSF also continued to provide emergency communications support for the Sunda Strait tsunami response in the early part of 2019.

Our team also supported the first-ever World Refugee Day activity in Malaysia to highlight the challenges faced by the refugees and asylum seekers in Penang. There were around 300 attendees. We also facilitated the participation of MSF in MEDxUM, the very first medical conference for students organised by the University of Malaya. And we helped public visibility in Malaysia for the Access Campaign through the publication of opinion pieces and media interviews.

In the Philippines, extensive media outreach was done, with mini events held in Cebu and Manila. Digital initiatives in the Philippines were also conducted through #AskMSF sessions and #WeAreMSF.

Digital animations were explored and developed as a new way to engage with our supporters. Key short films produced that gained high visibility were the film about a Rohingya family who crossed the border from Myanmar to Bangladesh, another video produced by Hong Kong office talked about Ebola in Democratic Republic of Congo in the perspective of a water and sanitation specialist. The Ebola film was shortlisted at the Sundance Film Festival Hong Kong for best short film.

與此同時，我們在東南亞發起了#WeAreMSF活動，建立和加強與支持者的聯繫。孟加拉科克斯巴扎爾的羅興亞難民面對的困境，以及甲醇中毒問題等所帶來的醫療隱憂不時被忽視。全靠多間辦事處共同努力，提升了人們對這些議題的關注。我們還參加了東南亞地區的兩大國際會議，包括在新加坡舉行的國際護士理事會大會，以及在菲律賓馬尼拉舉行的第7屆亞太地區結核病和肺部疾病會議。

在新加坡，無國界醫生出版了《Doctors Without Borders: Saving Lives When and Where It Matters》一書，我們亦邀請了當地的網絡名人和捐贈者參加新書發佈會。我們也在當地舉行的國際麻醉科醫生、外科醫生和老年病學專家國際會議上發表演講。

無國界醫生前國際主席廖滿端到訪印尼時接受了該國最重要的報紙和廣播網路的採訪。此外，我們亦在雅加達和日惹舉辦了兩場大型公開展覽。2019年初，我們亦繼續對外溝通異他海峽海嘯的緊急應對工作。

在馬來西亞，我們支持及舉辦首個世界難民日活動，展示難民和尋求庇護者在檳城所面對的困境，活動吸引約300人出席。我們亦參與了由馬來亞大學組織的第一次學生醫學會議MEDxUM，並透過發表評論文章和媒體採訪，幫助馬來西亞公眾瞭解無國界醫生的「病者有其藥」項目。

在菲律賓，我們在宿務和馬尼拉舉辦活動，吸引廣泛媒體關注。同時，我們亦通過#AskMSF和#WeAreMSF活動，與公眾在網絡上交流。

我們亦嘗試以動畫進一步和支持者交流，當中獲得高度關注的，包括記錄了一個羅興亞家庭由緬甸穿越到孟加拉的短片；另一條由香港辦事處製作的短片則是從水利衛生專家的角度，講述剛果民主共和國的伊波拉疫情，並入圍辛丹斯電影節香港站的最佳短片獎項。

Acknowledgements

鳴謝

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

無國界醫生衷心感謝所有捐款人以及下列機構、團體、學校、大專院校和辦事處義工對我們的支持。

Corporations

機構

Apple Inc.
Ayala Center Cebu
Bank of America Tower
BAS (H.K.) Limited
BB Group Company Limited
Bipole International (HK) Ltd
Brilliant International Incorporation Limited
Centro Design & Furniture Ltd
Chan Man Chau Fruit Co., Ltd
Cheung Sha Wan Plaza
Chinachem Group
Classic Beaute Limited
CNA Metals (Asia) Ltd
Collyer Logistics International Limited
Consolidated Marketing Group International Wealth Management Limited
Deqingyuan (HK) Ltd
Dream Beauty Pro
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Hong Kong Disneyland
Hong Kong Suning
Human Health Medical Centre
LifeStyle Brands (HK) Limited
Lo Fung Art Gallery Ltd.
Maxitech Concept Limited
Meeples Cafe (Inplay Concept Sdn. Bhd.)
Mitsubishi Pencil Marketing (Hong Kong) Company Limited
New World Development Company Limited
Ninetys Management Limited
NOVA Dynamic Media Co. Ltd.
Octal Capital Limited
Okamoto Industries (Hong Kong) Limited
Oriental Watch Holdings Limited
Outdoor Depot
Prince of Peace (Hong Kong) Ltd.
PT MRT Jakarta
PwC Singapore
Ruang Komunal Indonesia from Facebook

S.F. Express (Hong Kong) Limited
Samly Group Company Limited
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The "Star" Ferry Co., Ltd.
Tai Shing Group (Holdings) Co Ltd
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The Garden Company Limited
The Hong Kong and China Gas Company Limited
The Overlander
The SQUAD
Thong Sai Watch Co., Ltd
Tokachi Gyuu Japanese Restaurant
Top Victory Investments Limited
Tung Kiu Restaurant
Wilson Garment Accessories (Int'l) Ltd
Winga Apparel Group Ltd
Wiseford Industries Limited
Yata Ltd

Foundations / Funding bodies

基金組織

Speech & Music Recital Development Foundation
Bodhi Love Foundation

Professional institutions

專業機構

Celia P. F. Tang
Reed Smith
Zhong Lun Law Firm
Queen Elizabeth Hospital

Community group / association

社區團體 / 協會

AISEEC Hong Kong

Schools / Tertiary institutions

學校及大專院校

Buddhist Yip Kei Nam Memorial College
Carmel Alison Lam Foundation Secondary School
Catholic Ming Yuen Secondary School
Cattiline Kindergarten International Preschool
CCC Kei Shun Special School
CEDARS, University of Hong Kong

Cheng Chek Chee Secondary School
Choi Wan St. Joseph's Primary School
CNEC Lee I Yao Memorial Secondary School
Diocesan Girls' School
HKCWC Fung Yiu King Memorial Secondary School
Hoi Ping Chamber of Commerce Secondary School - Class 5C
Hong Kong Baptist Convention Primary School
Hotung Secondary School
Leung Shek Chee College
Mei Lam Estate To Kwong Kindergarten
Hong Kong Baptist University Office of Student Affairs
Queen Elizabeth School Old Students' Association
Tong Kwok Wah Secondary School
Salesian English School
Shau Kei Wan Government Secondary School
Sheung Shui Government Secondary School
St Catharine's School for Girls
St. Paul's School - Social Service Leaders
Stewards Ma Kam Ming Charitable Foundation Ma Ko Pan Memorial College
The Mission Covenant Church Holm Glad No.2 Primary School
Tsuen Wan Government Secondary School
Tutor Time International Nursery & Kindergarten (North Point - Braemar Hill)

Media

傳媒機構

New Media Group
Freshman Music Magazine
Mind & Life
Cosmopolitan

Office volunteers

辦公室義工

馮維強 陳永安 劉曼璇 唐鎮浩 梁敏慧
梁信彥 韓韻芝 吳少蘭 馮佩霞 楊浩福
Alexander John Lee 高志昌 林秋瑩 陳淑賢

The office volunteers listed above provided services for 36 hours or more in 2019. We are also thankful to other volunteers who contributed their precious help. 上述辦事處義工於2019年服務36小時或以上，我們亦感謝其他義工於過去一年提供的寶貴協助。

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

Presidents	主席	: Dr Morpheus Salarda CAUSING ¹	Dr Chen-kun LIU 劉鎮鯤醫生 ²	Dr Day-seng TAN 陳利晨醫生 ³
Vice Presidents	副主席	: Dr Shut-wah CHAN 陳述華醫生	Dr Sartini SAMAN	
Treasurer	司庫	: Kwong-wai CHAN 陳廣慧		
Directors	成員	: Dr Sweet C Barangan ALIPON ⁴	Catherina Philomena Henrica COPPENS ⁴	
		Dr Ning FAN 范寧醫生 ⁵	Dr Marlene LEE 李曼寧博士	
		Dr Wilson LI 李威儀醫生 ⁴	Alvin Kuo-jing TEO	

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

Chairperson	主席	: Kwong-wai CHAN 陳廣慧		
Members	成員	: Benson CHENG 鄭善斌	Catherina Philomena Henrica COPPENS ³	
		Donald HESS ⁵	Webster NG 吳錦華 ⁶	Alvin Kuo-jing TEO

¹ Resigned on 21 March 2019
2019年3月21日離任

² Appointed on 22 March 2019 and resigned on 24 August 2019
2019年3月22日上任、2019年8月24日離任

³ Appointed on 25 August 2019
2019年8月25日上任

⁴ Appointed on 24 August 2019
2019年8月24日上任

⁵ Resigned on 24 August 2019
2019年8月24日離任

⁶ Appointed on 25 March 2019
2019年3月25日上任

As of December 2019, the MSF Hong Kong has 72 staff and 14 regular office volunteers who help with office tasks.
截止2019年12月，無國界醫生(香港)共有72名職員，另有14名義工定期協助處理日常工作。

無國界醫生（香港）2019 年度財政概覽 （以港元為單位）

	2019	2018
INCOME 收入		
Donations income 捐款收入	501,651,480	518,339,054
Other income 其他收入	1,646,483	604,273
TOTAL 總數:	503,297,963 ⁽¹⁾	518,943,327
EXPENDITURE 支出		
Supporting relief operations 救援項目與支援工作		
Emergency and medical programmes 緊急與醫療救援項目	375,577,732 ⁽²⁾	377,285,890
Programme support and development 項目支援與發展	46,686,521	52,951,965
Public awareness and other campaigns 提高公眾關注與倡議	9,550,919	12,339,157
Other humanitarian activities 其他人道救援活動	3,314,803	3,249,143
Total supporting relief operations 救援項目工作總開支	435,129,975 ⁽³⁾	445,826,155
Management and general administration 行政經費	17,420,688	17,598,308
Fundraising 籌款經費	50,550,654	55,334,702
Finance cost 財務費用	90,573 ⁽⁴⁾	-
TOTAL 總數:	503,191,890	518,759,165
Net exchange loss 匯兌損失淨額	(112,542)	(184,162)
Deficit 虧損	(6,469) ⁽⁵⁾	0

Statement of Financial Position as at 31st December 2019

截至2019年12月31日止的財務狀況表

	2019	2018
Non-current Assets 非流動資產	11,563,821 ⁽⁴⁾	4,570,246
Current Assets 流動資產		
Debtors 應收帳款	135,408	182,945
Deposits and prepayments 押金及預付費用	3,882,530	2,874,774
Amount due from MSF entities 應收其他無國界醫生辦事處之帳款	5,585,485	715,497
Cash and bank balances 現金及銀行結餘	36,395,576	67,969,834
	45,998,999	71,743,050
Current Liabilities 流動負債		
Creditors and accrued expenses 應付帳款與應計費用	4,817,341	7,602,840
Lease liabilities 租賃負債	2,081,622 ⁽⁴⁾	0
Amount due to MSF entities 應付其他無國界醫生辦事處之帳款	44,938,635	68,703,987
	51,837,598	76,306,827
Net Current Liabilities 淨流動負債	(5,838,599)	(4,563,777)
Non-current Liabilities 非流動負債	(5,725,222) ⁽⁴⁾	0
Net assets 淨資產	0	6,469 ⁽⁵⁾
Fund Balances 資金餘額		
Accumulated funds 累積資金	0 ⁽⁶⁾	6,469 ⁽⁵⁾

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 2019. 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, KPMG. 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 2019 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.

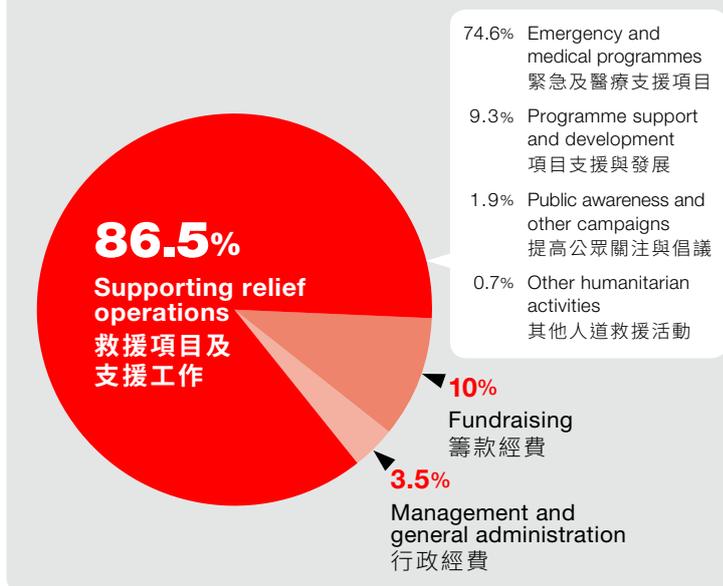
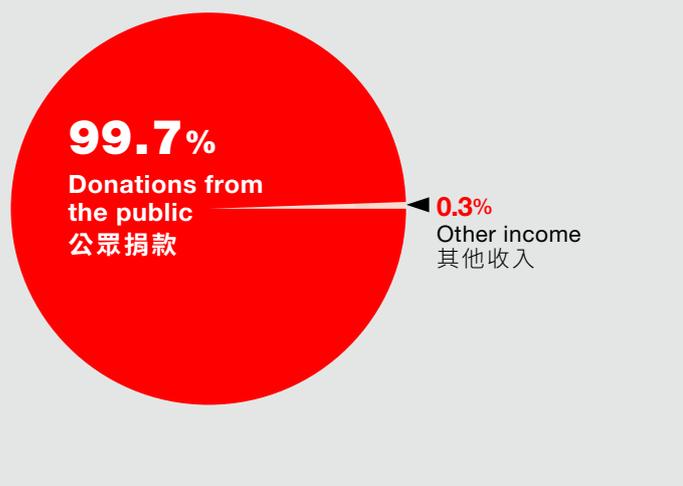
Explanatory Notes on Financial Overview 2019

- (1) 99.7% of donations came from public donations.
- (2) A total of HKD375,089,166 was allocated for emergency and medical programmes in 50 countries and regions. HKD488,566 of funding is allocated for the MSF Academic Field projects which is used to train and upskill the local healthcare workers according to MSF medical protocols.
- (3) 86.5% total income went to supporting relief operations.
- (4) The HKICPA has issued a new HKFRS, HKFRS 16, Leases that are first effective for the current accounting period of the organisation. As at 31 December 2019, the net book value of right-of-use assets was HK\$7,887,100, balance of lease liabilities was HK\$7,806,844, and related finance cost in 2019 was HK\$90,573.
- (5) The organisation's subsidiary was dissolved in 2019 and comparative figures in these financial statements are presented on the organisation's standalone basis.
- (6) In 2019, MSF Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising, management and general administration expenses and exchange difference, were fully dispensed for supporting relief operations.
- (7) Other countries and regions included Eritrea, Russia, Mauritania, Madagascar, Greece, Hong Kong and Nicaragua.

The Hong Kong branch of Médecins Sans Frontières is incorporated under the Companies Ordinance of Hong Kong as Médecins Sans Frontières (HK) Limited, a company limited by guarantee.

2019 Funding Sources · 2019年度經費來源

2019 Funding Allocations · 2019年度經費分配⁽⁶⁾



74.6% Emergency and medical programmes
緊急及醫療支援項目

9.3% Programme support and development
項目支援與發展

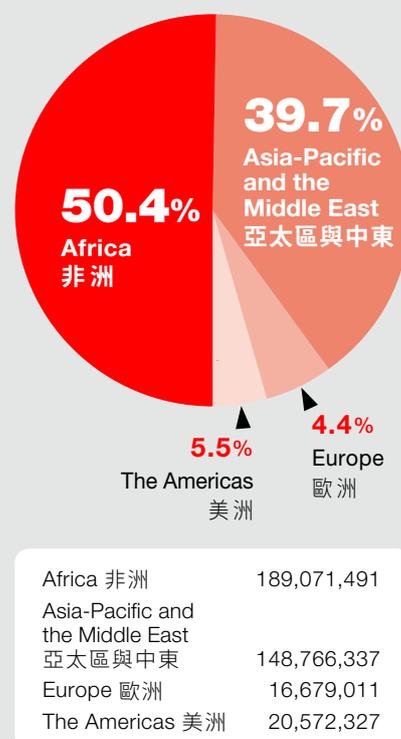
1.9% Public awareness and other campaigns
提高公眾關注與倡議

0.7% Other humanitarian activities
其他人道救援活動

2019 Allocation of MSF Hong Kong Funding for Relief Work by Region (HKD) · 2019年度香港辦事處撥予各地區救援工作之款項(港元)

Country 國家	Funding 撥款	Country 國家	Funding 撥款
Democratic Republic of Congo 剛果民主共和國	38,035,463	Migrant Support Balkan Route 巴爾幹半島路線	6,134,744
Lebanon 黎巴嫩	24,489,822	Myanmar 緬甸	6,000,000
Afghanistan 阿富汗	21,955,563	Kenya 肯尼亞	5,860,377
South Sudan 南蘇丹	20,133,859	Ukraine 烏克蘭	5,617,633
Nigeria 尼日利亞	18,935,968	Egypt 埃及	4,798,065
Iraq 伊拉克	18,562,198	Cameroon 喀麥隆	4,189,808
Pakistan 巴基斯坦	18,236,450	Italy 意大利	3,562,048
Bangladesh 孟加拉	17,940,661	Guinea 幾內亞	3,326,878
Burundi 布隆迪	13,138,333	Zimbabwe 津巴布韋	3,210,536
Central African Republic 中非共和國	12,769,561	South Africa 南非	3,024,366
India 印度	11,618,638	Libya 利比亞	3,000,000
Sierra Leone 塞拉利昂	11,170,960	Malawi 馬拉維	2,685,813
Syria 敘利亞	10,418,137	Guinea Bissau 幾內亞比索	2,683,536
Mali 馬里	10,392,791	Bolivia 玻利維亞	2,030,378
Malaysia 馬來西亞	10,000,000	Brazil 巴西	1,753,828
Niger 尼日爾	9,886,712	Indonesia 印尼	1,324,385
Ethiopia 埃塞俄比亞	9,000,000	Belgium 比利時	1,318,482
Venezuela 委內瑞拉	8,965,913	Cambodia 柬埔寨	737,235
Haiti 海地	7,821,969	Palestine 巴勒斯坦	701,406
Sudan 蘇丹	6,371,783	Nauru 瑙魯	409,874
Yemen 也門	6,371,348	Côte d'Ivoire 科特迪瓦	165,029
Mozambique 莫桑比克	6,158,091	Other countries and regions ⁽⁷⁾ 其他國家和地區	180,525

TOTAL 總數: 375,089,166



Africa 非洲	189,071,491
Asia-Pacific and the Middle East 亞太區與中東	148,766,337
Europe 歐洲	16,679,011
The Americas 美洲	20,572,327

按照法例，謹此聲明，以上陳列數據僅為截至2019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，並由核數師畢馬威會計師事務所審核。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2019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。

2019年度財政概覽說明

- (1) 99.7%經費來自公眾捐款。
- (2) 合計375,089,166港元被撥作於50個國家和地區進行緊急及醫療救援項目的經費。488,566港元被撥作無國界醫生前線學術項目的經費，用於根據無國界醫生的醫療指引培訓和提升當地醫護人員的能力。
- (3) 86.5% 收入用於救援項目及支援工作。
- (4) 香港會計師公會頒布了一項新增的《香港財務報告準則》—《香港財務報告準則》第16號「租賃」，該等新訂準則在組織本會計期間首次生效。於2019年12月31日，使用權資產帳面淨值為7,887,100港元，租賃負債為7,806,844港元，相關財務費用為90,573港元。
- (5) 組織的附屬公司已於2019年解散，財務報表的2018年比較資料以組織之獨立基準呈列。
- (6) 2019年，無國界醫生（香港）採取「零儲備」政策：所有籌得的捐款，扣除籌款與行政經費及匯兌差額後，全數撥予救援項目及支援工作。
- (7) 其他國家和地區包括厄立特里亞、俄羅斯、毛里塔尼亞、馬達加斯加、希臘、香港和尼加拉瓜。

無國界醫生在香港是一家根據香港《公司條例》設立的擔保有限公司，名為無國界醫生組織（香港）有限公司。

Design & Printing 設計與印刷: Mangraphic Production Co. 文藝製作公司

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 man-made 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。

MSF Hong Kong 無國界醫生（香港）

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

香港西環德輔道西410至418號太平洋廣場22樓

Tel 電話：(852) 2959 4229 (General / 查詢) Website 網址：msf.hk
(852) 2338 8277 (Donation / 捐款) E-mail 電郵：office@hongkong.msf.org
Fax 傳真：(852) 2337 5442 (General / 查詢)
(852) 2304 6081 (Donation / 捐款)

MSF in Guangzhou 無國界醫生在廣州

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

廣州市越秀區解放北路618-620號府前大廈A座1201室

Postal Code 郵編：510030 Website 網址：msf.org.cn
Tel 電話：(86) 20 8336 7085 E-mail 電郵：info@china.msf.org
Fax 傳真：(86) 20 8336 7120

MSF in Beijing 無國界醫生在北京

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

Postal Code 郵編：100600 Website 網址：msf.org.cn
Tel 電話：(86) 10 8532 6607 E-mail 電郵：info@china.msf.org
Fax 傳真：(86) 10 8532 6717

MSF in Singapore 無國界醫生在新加坡

109 North Bridge Road, #05-21, Singapore 179097

Website 網址：msf-seasia.org

E-mail 電郵：info@singapore.msf.org

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MSF worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 12 governorates in Yemen in 2019. A MSF medical team is examining a patient injured during a road traffic accident at Al Salakhana hospital in Hodeidah, Yemen.

無國界醫生在也門的12個省工作，包括為12間醫院和醫療中心提供醫療服務，以及支援超過20間醫療設施。無國界醫生團隊正在也門荷台達的薩拉哈納醫院醫治一名在交通意外中受傷的傷者。