



MEDECINS SANS FRONTIERES
无国界医生



ACTIVITY REPORT

活动报告 · 2006-2007



From the President and the Executive Director

主席和总干事的话

Dear Friends,

The economy in Hong Kong is booming. Ten years after the handover, Hong Kong – some say “Asia’s World City” – has overcome economic downfall and medical crises to flourish again. Hong Kong’s dynamic lifestyle makes it easy to forget that not all are as privileged as we are. Millions of people in other parts of the world, notably in Africa, continue to need outside assistance simply to survive.

MSF continues to work in around 70 countries worldwide. Thousands of international staff and tens of thousands of national staff worked side-by-side to implement MSF operations. The work is not without risk – last year we lost some national staff, including a worker in Chad in November 2006, in the course of action and on 12 June 2007 French logistician Elsa Serfass was killed by gunfire during an assessment in the Central African Republic. The deaths of our colleagues have shocked us and we mourn their loss.

Our work in conflict and post-conflict areas remains at the heart of MSF operations. Last year was characterised by the ongoing crises in the Darfur region in Sudan, fighting in Lebanon, Colombia and Nepal, and the increasingly desperate humanitarian situation in Iraq, Haiti and Somalia. Caring for mental health trauma has become an integral part of MSF’s work in conflict, and in 2006 MSF provided almost 100,000 mental health consultations. It is a worrying development that MSF teams are increasingly confronted with victims of sexual violence.

MSF also continues to fight epidemics. MSF is currently providing anti-retroviral (ARV) treatment to more than 100,000 people living with HIV/AIDS in 32 countries. Of these 100,000 patients, 7,120 (7%) are children. However, efforts to further increase access to treatment and improve quality of care are increasingly coming up against a wall. The severe shortage of health care workers in some developing countries is preventing ARV treatment programmes from scaling up further. The situation is particularly alarming in southern Africa. MSF raised awareness about the health workers crisis in a widely quoted advocacy campaign.

各位朋友：

香港的经济正处于急速发展的阶段。回归十年，被喻为“亚洲国际都会”的香港，克服了金融风暴及种种医疗危机，重新兴盛起来。香港人在多姿多彩的生活当中，往往很容易会忘记，并非每个人的生活都如此幸福。世界上许多地方，尤其是非洲，每日仍有数以百万人需要依靠外来援助，才能得以生存。

无国界医生继续坚守岗位，于全球约七十个国家开展工作。数以千计的国际救援人员与数以万计的当地员工并肩工作，投入无国界医生的救援行动。这些工作绝非没有风险——去年，一些当地员工在执勤时不幸丧生，其中包括一名于二〇〇六年十一月牺牲的乍得籍员工；此外，于二〇〇七年六月十二日，法籍后勤人员莎法斯在中非共和国进行评估工作时，不幸被炮火击中身亡。我们为同事们的不幸罹难深感震惊及哀痛。

无国界医生的核心工作，仍是于发生冲突的地区及战后地区进行救援。在过去一年，苏丹达尔富尔武装冲突不断，黎巴嫩、哥伦比亚及尼泊尔暴力事件连连，伊拉克、海地及索马里的人道危机也持续恶化。在冲突地区，治疗精神创伤已成为无国界医生不可或缺的工作；于二〇〇六年，我们便提供了近十万宗精神健康治疗。此外，我们的医疗队接触到愈来愈多的性暴力受害人，情况实在令人忧虑。

除了以上的工作，无国界医生继续竭力对抗各种疫病。我们现正为三十二个国家逾十万名艾滋病病毒感染者，提供抗逆转录病毒治疗，当中百分之七，即七千一百二十名是儿童。然而，要让更多病人获得诊治，改善医疗质素，却面对重重障碍。在一些发展中国家，医护人员严重短缺，令艾滋病治疗的规模难以进一步扩大。这情况在非洲南部尤其严重，无国界医生通过一连串的倡议活动，唤起各界对医护人员短缺危机的关注。



© Henk Braam

Hong Kong surgeon Dr Ning Fan (right) assesses the recovery of a patient in a hospital in Sri Lanka.
香港外科手术医生范宁（右）在斯里兰卡一所医院，检查一名病人的康复情况。

When MSF sends its volunteers to work in MSF missions all over the world it is by no means to fill the human resources gap, but to act in solidarity with victims of crisis. We are proud that an increasing number of volunteers from Asia, including Hong Kong and mainland China, has joined MSF and become involved in humanitarian action.

MSF-Hong Kong is, thanks to your support, developing fast. We consider the opening of a representative office in Guangzhou, southern China as a milestone in our history. The office will focus on communication, logistics supply and human resources, and we are looking forward to further interaction with the public and the media in the mainland.

Our plans for the coming years are ambitious, because MSF continues to be confronted with suffering, despair and disease. Our beneficiaries deserve the best possible quality of treatment and care, and we will continue to seek for the resources that will help to overcome barriers.

In this MSF-Hong Kong Activity Report 2006/07, we have introduced a photo section in colours to bring MSF's work in the frontline closer to you. At the same time, we strive our best to keep the production cost of the report to the minimum.

It would not be possible to do our work without the ongoing support of all our donors, sponsors and supporters. Your support allows MSF to provide independent humanitarian assistance wherever it is needed and to treat patients in all circumstances. Your help means that MSF can continue to operate independently.

Thank you very much for standing by us.

无国界医生派出志愿人员参与救援工作，并非为了填补受援国人手不足的空缺，而是希望能与危难中的人群团结一致，度过艰难的时刻。过去一年，有愈来愈多来自亚洲（包括香港及中国大陆）的志愿人士加入无国界医生，参与我们的人道救援行动，我们对此深感骄傲。

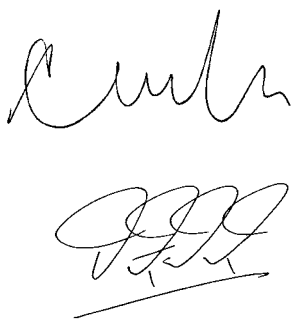
全赖您的支持，无国界医生香港办事处得以迅速发展。无国界医生于中国广州成立代表处，乃我们发展上一个重要的里程碑。广州代表处将集中处理传讯、物流供应及招募前线志愿人员的工作，我们亦十分期待与内地民众及传媒作进一步交流。

面对种种困苦、绝望与疾病，无国界医生将继续悉力以赴，为有需要人士提供最优质的治疗及护理。我们将继续开拓资源，以助克服未来的障碍。

在这本无国界医生香港办事处二〇〇六至二〇〇七年活动报告中，我们特别加入了彩色相片的部分，在努力把制作成本降至最低的同时，我们希望把无国界医生的前线工作更真切地带到读者眼前。

若没有广大捐款者、赞助者和支持者的鼓励，无国界医生的工作将无法维持。您的支持，令无国界医生能在有需要的地方为病人提供独立的人道援助。全赖您的帮助，无国界医生才得以继续独立运作。

在此衷心感谢各界人士对我们的鼎力支持！



Carmen Lee
Acting President, MSF-Hong Kong
无国界医生香港办事处署理主席
李家文

Dick van der Tak
Executive Director, MSF-Hong Kong
无国界医生香港办事处总干事
温达德

Members of MSF-Hong Kong Board (July 2006 - June 2007)

Dr Tsz Wah Tse (President, resigned March 2007), Carmen Lee (Acting President, appointed March 2007), Odilon Couzin (Vice President, resigned January 2007), Elaine Lau (Vice President until January 2007 and remained in the Board), Dr Emily Chan, Dr Tom Cheung, Alice Chow, Meintje Trijntje Nicolai, Dr Johan von Schreeb (resigned October 2006), Albert Ko (resigned January 2007), Dr Kenneth Chan (appointed January 2007), Dr Joyce T'ang (appointed January 2007), Kate Mackintosh (appointed April 2007), Dr David Wilson (appointed April 2007)

Members of MSF-Hong Kong Advisory Committee (July 2006 - June 2007)

Roger Chau, Lawrence Hui, Tammy Wong

The office of MSF-Hong Kong, including the Representative Office in Guangzhou, consists of 26 full-time staff, 3 part-time staff and 28 office volunteers as of June 2007.

无国界医生香港办事处董事会成员 (二〇〇六年七月至二〇〇七年六月)

谢梓华医生 (主席，二〇〇七年三月离任)、李家文 (署理主席，二〇〇七年三月上任)、欧迪龙 (副主席，二〇〇七年一月离任)、刘蕴玲 (副主席，二〇〇七年一月离任，并继续担任董事会成员)、陈英凝医生、张智欣医生、周健德、尼科徠、施祖翰医生 (二〇〇六年十月离任)、高永贤 (二〇〇七年一月离任)、陈述华医生 (二〇〇七年一月上任)、唐少芬医生 (二〇〇七年一月上任)、麦基托诗 (二〇〇七年四月上任)、韦尔迅医生 (二〇〇七年四月上任)

无国界医生香港办事处顾问委员会成员 (二〇〇六年七月至二〇〇七年六月)

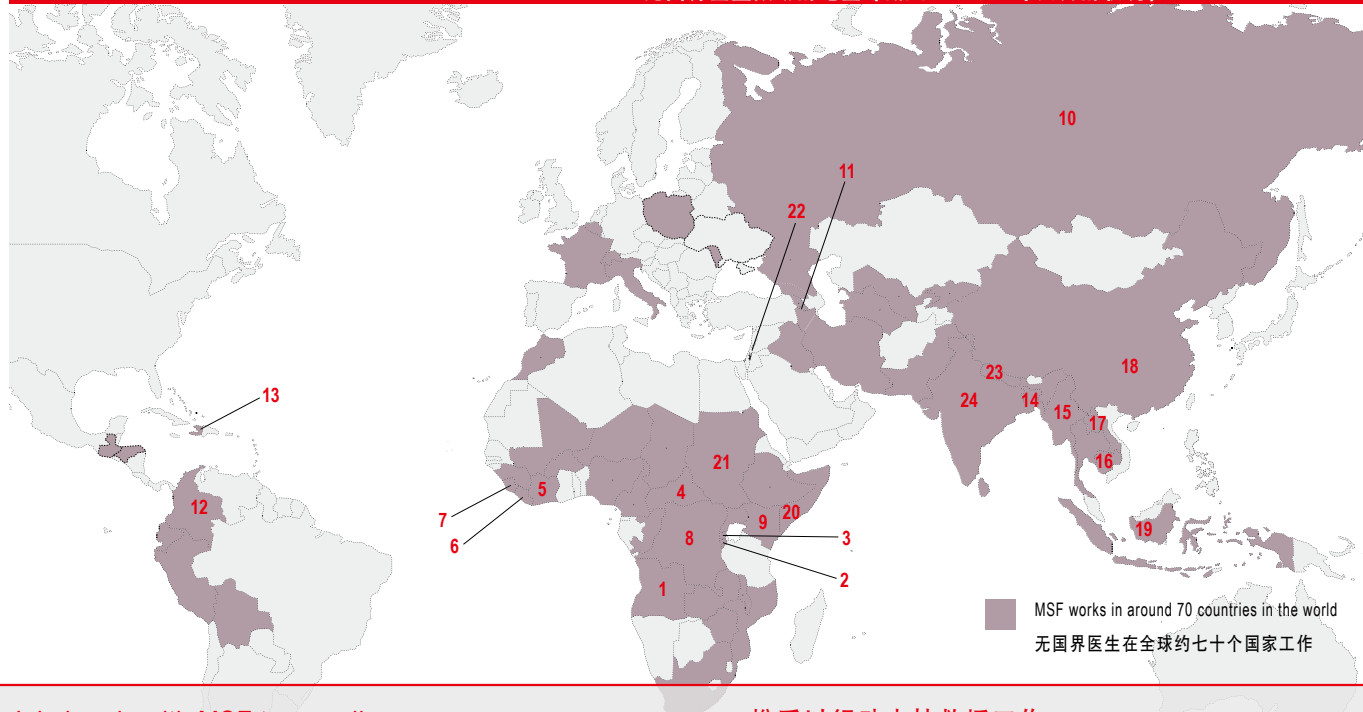
周汉旋、许卓伦、黄沛虹

截至二〇〇七年六月，无国界医生香港办事处及其广州代表处共有全职职员二十六名、兼职职员三名及义工二十八名。

Countries with projects highlighted in this report · 本年报中简介的工作项目所在国家

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MSF Missions around the World (Situation as of June 2007) · 无国界医生援助的地区 (截至二〇〇七年六月的状况)



Join hands with MSF to save lives

- **Be an MSF volunteer overseas or in Hong Kong and Guangzhou**
We need medical and non-medical volunteers who are available for missions of six months or longer in project countries around the world.
Volunteers are also needed in the Hong Kong and Guangzhou offices: help with legal advice, translation, interactive and graphic design, clerical support, awareness raising and outdoor activities is welcome.
- **Organise fundraising activities for MSF-Hong Kong**
We welcome individuals, schools, companies and organisations to organise fundraising events for us. Please discuss with Fundraising Department of MSF-Hong Kong in advance.
- **Bequeath to MSF**
You can name Médecins Sans Frontières as a beneficiary in your insurance policies, or if you are planning a will, you can bequeath a specific dollar amount, property, or a percentage of your estate to us to help needy people around the world. Please contact Fundraising Department of MSF-Hong Kong for details.
- **Corporate sponsors**
MSF-Hong Kong launches various awareness and fundraising events regularly, and we are constantly looking for enthusiastic companies / corporations to contribute through cash, prizes, and souvenirs sponsorships, as well as to motivate their staff to support and participate in our activities.

Please call +852-2959 4229 (Hong Kong) or +86-20 8336 7085 (Guangzhou) for more information.

携手以行动支持救援工作

- **参加成为无国界医生志愿人员**
我们需要能够付出六个月或以上时间的医疗、后勤、行政与财务等志愿人员到海外从事救援工作。
香港办事处和广州代表处也需要义务法律顾问、翻译、互动及平面设计、宣传、文职及协助大型活动的义工。
- **为无国界医生香港办事处举办筹款活动**
我们欢迎个人、学校、公司及团体为无国界医生举办筹款活动。请在事前与香港办事处筹款部联络。
- **遗产或保险捐赠**
您可将无国界医生列为您的人寿保险金受益人，或在遗嘱上列明将全部或部分遗产、指定物业或资产、股票或债券捐助我们的医疗救援工作。详情请与香港办事处筹款部联络。
- **企业赞助**
无国界医生香港办事处经常举办不同的大型推广及筹款活动，我们需要公司/企业的现金、奖项、礼品或货品赞助以及动员属下员工参与，使活动得以成功举办。

请致电 +852-2959 4229 (香港) 或 +86-20 8336 7085 (广州) 查询

Projects by Country

各地项目

AFRICA

Angola

The year 2007 marks the complete closure of MSF's operation in Angola – one of the most long-lasting interventions in the organisation's history. MSF has worked in Angola since 1983, providing free basic healthcare throughout decades of war.

After signing peace agreements in 2002, Angola continues to develop and makes good progress in recovering. In response to the consolidation of the peace process, MSF started to hand over projects to the Angolan Ministry of Health in 2006, including the HIV/AIDS, tuberculosis (TB) and malaria programmes, and plans to leave the country in August 2007. At the same time, MSF continued to respond to cholera outbreaks in 2006/07.

Burundi and Rwanda

Having emerged from years of bloody conflicts between the Tutsi and Hutu ethnic groups, both the Burundian and Rwandan governments are converging efforts to rebuild their countries. In Burundi, MSF launched a new project in Kabezi, near the capital Bujumbura, in November 2006, to provide free gynaeco-obstetric emergency care for women. MSF continues to run a women's health clinic in Bujumbura and provides healthcare in Karuzi province and Ruyigi district.

As part of the scale-down of operations, MSF will handover ten clinics and two hospitals to the Ministry of Health in Burundi by July 2007. In Rwanda, MSF will also transfer its projects to the Ministry of Health at the end of 2007, in view of sufficient local investment and international support.

Central African Republic (CAR)

Chronic insecurity disrupted MSF medical-humanitarian aid in the CAR. In June 2007, all mobile medical activities came to an abrupt halt after the shooting of MSF volunteer Elsa Serfass. One month later, only some of MSF's mobile activities cautiously resumed.

Ongoing fighting between the government and various rebel forces in northern CAR since late 2005 has caused around 70,000 people to flee to neighbouring Cameroon and Chad, and 200,000 others remained hiding in the bush in the CAR, lacking adequate shelter, food, clean water, and healthcare.

MSF teams provide assistance through a network of mobile clinics, hospitals and health centres in and around eight areas in northern CAR. In 2006, over 145,000 outpatient medical consultations were conducted. MSF carried out emergency surgery and treated patients for diseases such as TB, HIV/AIDS and human African trypanosomiasis, also known as sleeping sickness. Yet with threats and violence, reaching this population continues to be extremely difficult.

非洲

安哥拉

无国界医生于二〇〇七年正式结束在安哥拉的所有工作，这是组织成立以来其中一项最长久的医疗工作。自一九八三年起，无国界医生便在安哥拉开展工作，于长达数十年的战乱里，为当地人民提供免费的基本医疗服务。

二〇〇二年和平协议签署后，安哥拉逐渐恢复过来，发展情况良好。鉴于和平进程日益巩固，无国界医生于二〇〇六年开始，将艾滋病、结核病及疟疾等项目移交予安哥拉卫生部，并计划于二〇〇七年八月撤离该国。与此同时，无国界医生继续就二〇〇六至〇七年间爆发的霍乱疫情展开救援。

布隆迪·卢旺达

经历图西族与胡图族之间多年的血腥冲突之后，布隆迪及卢旺达政府都正全力重建国家。在布隆迪，无国界医生于二〇〇六年十一月，在首都布琼布拉附近的加比施开展了一个新项目，为当地妇女提供免费的妇产科紧急护理。无国界医生亦继续在布琼布拉开设妇女健康诊所，以及在卡鲁济省和鲁伊吉地区提供医疗护理。

无国界医生会逐步缩减在当地的工作，并将于二〇〇七年七月将十间诊所及两间医院的工作，移交予布隆迪卫生部。在卢旺达，鉴于当地的投资及国际援助充足，无国界医生将于二〇〇七年底将各个项目移交予卫生部接管。

中非共和国

二〇〇六至〇七年期间局势动荡不断，无国界医生一度被迫中断在中非共和国的医疗人道救援工作。于二〇〇七年六月，无国界医生的志愿人员莎法斯不幸中枪身亡，所有流动医疗工作不得不暂停，直至一个月后，若干流动医疗服务才得到恢复。

自二〇〇五年底起，政府与北部叛军发生持续冲突，令大量平民流徙，估计共有七万人逃难到邻国喀麦隆和乍得寻求庇护，另二十万人滞留国内，躲藏在丛林中，缺乏适当的栖身之所、粮食、清洁食水和医疗服务。

无国界医生在该国北部八个地区，通过流动诊所、医院及医疗中心，为有需要人士提供援助。在二〇〇六年，医疗队提供了超过十四万五千次门诊，并为当地患者提供紧急手术服务，以及治疗结核病、艾滋病和非洲锥虫病（亦称昏睡病）等。然而，各种威胁和暴力事件，仍然令救援人员难以接触平民以提供援助。

Providing care to villagers that cannot get access to medical care due to conflicts (CAR)
救助因冲突未能前往医疗中心的村民（中非共和国）



A husband cried for his wife who died of cholera (Angola)
一名男子为死于霍乱的妻子痛哭（安哥拉）



Côte d'Ivoire, Liberia and Sierra Leone

Civil wars in these West African countries have ended but civilian suffering continues.

In Côte d'Ivoire, the signing of a peace agreement in March 2007 has brought significant improvements to the divided North and South, but violence and banditry still prevail, particularly in the West. Bangolo, a town close to the Liberian border, lies at the heart of the plight. From April 2007 onwards, MSF teams reported almost daily attacks on civilians in the area. MSF runs hospitals, health centres and mobile clinics in both rebel and government held areas, and in the neutral buffer zone patrolled by foreign troops throughout the conflict.

In Liberia, MSF has withdrawn from Mamba Point Hospital in the capital Monrovia and handed over some health facilities in four different counties to local health authorities or other NGOs. MSF remains focused on improving paediatric and women's health in two hospitals in Monrovia and a women's health unit in Nimba county. In Sierra Leone, MSF continues to provide medical care to Liberian refugees in eight camps.

Providing health education in villages (Côte d'Ivoire)
于村庄进行健康教育(科特迪瓦)



© Ton Koene



© Filip Claus

Civilians who fled from violence collecting water from river (DRC)
逃离暴力冲突的人民从河里取水(刚果民主共和国)

Democratic Republic of Congo (DRC)

After 50 years of bloodshed and chaos, Joseph Kabila was elected in November 2006 to be the President of this shattered country. Despite signs of stability, many people, especially those in the east, are still living against the backdrop of violence and epidemics without adequate medical care.

On average, the emergency teams of MSF respond to 10 medical alerts every month. In the provinces of North Kivu, South Kivu and North Maniema, MSF opened four new programmes and continues to work in the Kivus' reference hospitals to provide surgical and secondary care. MSF teams carried out 12,200 emergency hospital admissions in the Kivus in 2006. Medical and psychological care to sexual violence victims has also been integrated in Bon Marché hospital in Ituri. Besides running basic healthcare projects, MSF also treats HIV/AIDS patients and combats sleeping sickness in other parts of the country.

Kenya and Malawi

The primary focus of MSF in Kenya and Malawi is on the treatment for people with HIV/AIDS. In Kenya, more than 12,000 patients are receiving ARV treatment in a hospital and in the slums in the capital Nairobi, in rural areas of Busia district and in Homa Bay district. Increasing emphasis is also placed on an emerging and drug-resistant form of TB.

MSF has combated visceral leishmaniasis, also known as kala azar, in the West Pokot region since late 2006. In the North Eastern Province, teams responded to floods which struck the Somali refugee camps in November 2006 and responded to an outbreak of Rift Valley fever in early 2007. In April, MSF set up medical clinics on both sides of the lines of conflict after clashes erupted between two rival ethnic groups in the west of Kenya.

In Malawi, MSF works closely with the government to scale up HIV/AIDS treatment in three districts, where ARV treatments are provided to more than 11,000 people.

科特迪瓦·利比里亚·塞拉利昂

虽然这些西非国家的内战已经结束，但当地人民仍处于水深火热之中。

在科特迪瓦，二〇〇七年三月和平协议签署后，南北对峙状况已有明显改善，但暴力和抢掠行为仍时有发生，特别是在西部地区。靠近利比里亚边界的小镇邦戈洛位于冲突中心，自二〇〇七年四月以来，无国界医生的医疗队几乎每天都收到平民遇袭的个案。无国界医生在叛军和政府占领的地区，以及在冲突时有外国军队巡逻的缓冲地带，均设有医院、健康中心和流动诊所。

在利比里亚，无国界医生已完成于首都蒙罗维亚曼巴波医院的工作，并把在四个县的部分卫生设施，移交予当地卫生部或其它非政府组织；而在蒙罗维亚的两间医院和甯巴县一间妇女健康中心，改善儿科及妇女健康服务的工作将会继续。在塞拉利昂，无国界医生继续服务于八个难民营，为利比里亚难民提供医疗照顾。

刚果民主共和国

经过五十年的血雨腥风和局势动荡，约瑟·卡比拉在二〇〇六年十一月，当选为刚果民主共和国总统。尽管国家已趋于稳定，但许多民众尤其是东部地区的人民，仍遭受暴力和疫病的折磨，缺乏足够的医疗照顾。

无国界医生的紧急救援队平均每月就十宗医疗警报作出紧急行动。在北基伍省、南基伍省和北马涅马省，无国界医生开展四个新项目，并继续在南、北基伍省的转介医院工作，为冲突中的伤者提供手术及二级护理。二〇〇六年，无国界医生在这两个基伍省，共处理了一万二千二百宗急诊入院个案；同时也在伊图里省的勃玛舍医院，为性暴力受害者提供医疗及心理治疗。除了开展基本医疗项目外，无国界医生还在该国其它地区，治疗艾滋病患者及昏睡病人。

肯尼亚·马拉维

无国界医生在肯尼亚及马拉维主要提供艾滋病治疗。在肯尼亚首都内罗毕的一家医院及贫民窟、布西亚地区的乡郊以及霍马贝地区，共有超过一万二千名患者正接受抗逆转录病毒治疗。对付新出现的耐药性结核病，也日益成为无国界医生另一个工作重点。

自二〇〇六年底起，无国界医生在西波克特地区致力于对抗内脏利什曼病(亦称黑热病)。二〇〇六年十一月，东北省的索马里难民营受洪水侵袭，翌年初该省又爆发裂谷热疫情，无国界医生都分别提供了医疗救助。二〇〇七年四月，肯尼亚西部两个敌对种族发生冲突，无国界医生在冲突线两边均设立了诊所。

至于在马拉维，无国界医生与当地政府紧密合作，加强在三个地区的艾滋病治疗工作，为一万一千多人提供抗逆转录病毒治疗。

EUROPE

Russian Federation

For the troubled Chechen Republic, conflicts that followed the claim for independence 12 years ago not only brought physical destruction but also deep mental trauma. Despite official reports about stabilisation of the situation, violent upsurges occur in Chechnya and the neighbouring North Caucasus region.

In Grozny, the Chechen capital, MSF mobile teams provide basic healthcare in six temporary accommodation centres for Chechens returning from Ingushetia. In July 2006, MSF started a reconstructive surgery project in Grozny Hospital No.9 to treat crippling war-related injuries, and continues to support the neurosurgical and trauma wards. Medical teams also support four out of five TB dispensaries in the republic.

In early 2007, MSF closed most of its projects in Ingushetia because of the massive return of Chechen refugees, but an MSF clinic in Nazran still serves the remaining residents. In March, MSF handed over the street children project in Moscow to another NGO with a well-developed working model.

Armenia

Like most parts of the former Soviet Union, Armenia struggles with a chronically underfunded healthcare system. It faces the challenge of an increasing spread of TB, while an accurate infection rate is still unknown.

Working since 2005 in collaboration with the Ministry of Health and the Yerevan City Mayor Hall in the capital of Yerevan, MSF has witnessed drug-resistant tuberculosis (DRTB) cases among its patients. MSF has renovated a 36-bed inpatient unit at the Republican TB Hospital in Abovian, near Yerevan, and offers the only DRTB care available in the country. By June 2007, MSF has enrolled a total of 70 patients for DRTB treatment.

On the other hand, MSF handed over a number of long-supported projects in the country to the Ministry of Health, local healthcare structures and a local NGO, including a health care programme for mentally ill outpatients, projects of primary healthcare and treatment of sexually transmitted infections.

欧洲

俄罗斯联邦

对动荡不安的车臣共和国而言，十二年前宣布独立以后所发生的冲突，不仅带来物质的破坏，而且造成极大的心理创伤。尽管官方宣称局势稳定，但车臣和毗邻的北高加索地区仍时常发生暴力冲突。

在车臣首都格罗兹尼，无国界医生的流动医疗队在六个临时居住中心，为从印古什回流的车臣人民提供基本医疗服务。在二〇〇六年七月，无国界医生在格罗兹尼第九医院，开展了一个矫形外科项目，医治战争导致的严重外伤，并继续支持神经外科及创伤病房。此外，医疗队为车臣五间结核病诊疗所的其中四间，提供支持。

由于大批车臣难民返回家园，无国界医生于二〇〇七年初结束在印古什的大部分项目，不过设于纳兹兰市的诊所，会继续为留守的居民提供服务。同年三月，无国界医生将莫斯科的街童项目，移交予另一个具完善运作模式的非政府组织。

亚美尼亚

与大部分前苏联地区一样，亚美尼亚的医疗体制长期经费不足。结核病日益扩散，成为该国一大挑战，但实际感染数字仍然未明。

无国界医生自二〇〇五年开始与卫生部及首都埃里温市政厅合作，期间证实患者当中有耐药性结核病例。无国界医生遂于埃里温附近的阿保韦温，翻新了共和国结核病医院的住院部（当中设有三十六张病床），为该国提供唯一的耐药性结核病医疗服务。截至二〇〇七年六月，无国界医生共登记了七十名耐药性结核病患者，为他们提供治疗。

另一方面，无国界医生已经将在该国的多个长期支持项目，移交予当地卫生部、医疗机构及一个非政府组织，当中包括精神病门诊护理、基本健康护理及性病治疗等项目。



Non-food items distribution in a village near Grozny
于格罗兹尼附近的村落派发非食品救援物资

Drugs prescribed for DRTB treatment (Armenia)
治疗耐药性结核病的药物（亚美尼亚）



© Jun Aoki / MSF



Street scene in conflict-affected Colombia – children playing with guns
在暴力事件笼罩的哥伦比亚街头，儿童正把玩枪械

The pre-partum ward is always full in hospital in Port-au-Prince, Haiti
在海地首都太子港的医院，候产房经常爆满



THE AMERICAS

Colombia

Colombia is now in its fifth decade of violent conflict, with more than three million people displaced. Massacres, executions, intimidation and fear have become an inescapable part of everyday life for civilians living in conflict-affected areas.

MSF continues to provide medical assistance in numerous urban and rural areas in nine departments, through both fixed health posts and mobile clinics. In addition to basic healthcare, other programmes include treatment of TB, malaria and leishmaniasis, vaccinations, reproductive healthcare, dentistry and psychosocial support. MSF also provides healthcare for displaced persons living in the urban slums of Sincelejo in Sucre and in the Soacha district near the capital Bogotá.

Since December 2006, teams have started an assessment in Cauca department, an area affected by conflict, to evaluate the humanitarian situation and basic health needs there. The exploration is planned to finish at the end of August.

Haiti

Haiti's history has included many periods of extreme violence. Despite a ceasefire around the time of elections in early 2006, violence continues to flare regularly. Kidnappings, rape, organised crime and shootouts between armed groups and UN forces occur, and health care remains often out of reach.

Cité Soleil is a deprived slum in the capital city Port-au-Prince, where an estimated 200,000 people live amidst poverty and violence. In the heart of the slum, MSF provides basic and emergency care at St. Catherine Hospital. On average, 4,000 primary health care consultations are carried out and 100 patients are admitted each month.

Haiti has the highest maternal mortality rate in the western hemisphere. In Port-au-Prince, MSF team assists an average of 1,300 deliveries per month at Jude Anne Hospital, with the provision of ARVs to prevent mother-to-child transmission to those infected with HIV. MSF also provides emergency trauma and psychological care at St. Joseph Hospital and La Trinité Hospital, runs a physical rehabilitation centre in the Pacot area, and supports local health structures in Petite Rivière de l'Artibonite.

美洲

哥伦比亚

哥伦比亚的暴力冲突已持续四十多年，令超过三百万人痛失家园。屠杀、处决、胁迫和恐惧，成为冲突地区平民每天面对的事情。

无国界医生继续在九个省，通过医疗中心及流动诊所，为多个城乡地区的人民提供医疗援助。除了基本医疗照顾，其它项目还包括结核病、疟疾、利什曼病的治疗，疫苗注射、生育健康、牙科、社会心理援助等。无国界医生亦为栖身在首都波哥大附近的索阿查地区，以及苏克雷省首府辛塞莱霍的贫民窟的流离失所者，提供医疗服务。

医疗队自二〇〇六年十二月开始，在受冲突影响的考卡省评估当地的人道状况及基本医疗需求，预计有关评估工作会于八月底完成。

海地

海地经历过许多段极端暴力的时期。尽管二〇〇六年初选举前后一度停火，当地现今仍经常爆发暴力冲突。绑架、强奸、有组织的犯罪、武装派系与联合国部队之间的交火时有发生，居民仍难以获得医疗服务。

首都太子港的贫民窟太阳城，估计共有二十万人活在贫困和暴力之中。无国界医生在贫民窟中心的圣凯瑟琳医院，提供基本和紧急医疗服务，每月平均门诊四千宗，接收留院病人一百名。

海地是西半球产妇死亡率最高的国家，单在太子港的裘德安妮医院，无国界医生每月平均协助一千三百宗分娩，并为感染艾滋病毒的孕妇，提供抗逆转录病毒药物，阻断母婴感染。此外，无国界医生亦在圣约瑟医院和圣三一医院，为当地人民提供紧急创伤及心理治疗，又在巴葛地区开设康复中心，并支持阿蒂博尼特小河镇的医疗设施。

ASIA

Bangladesh and Myanmar

The Rohingya people, a Muslim minority in Myanmar who are subject to forced labour, violence and discrimination, have been crossing the border between Myanmar and Bangladesh for decades. While they are not recognised as citizens in Myanmar, they find little protection after arriving in Bangladesh.

In the spring of 2006, MSF reopened a project in Teknaf, where around 7,500 Rohingyas are crowded in the Tal makeshift camp. The camp has poor living conditions, lacks food and clean water, and there is very limited access to healthcare. Besides opening a clinic and therapeutic feeding centre near the camp, MSF also runs a weekly mobile clinic at Shamlapur beach. In April 2007, two 20-bed inpatient units were opened in the Kutupalong and Nayapara camps, the only two official camps that remain from the 1992 exodus. In the Chittagong Hill Tracts, MSF partially handed over its project to the Bangladeshi regional health authorities in May 2007.

In Yangon, the largest city of Myanmar, and in Rakhine, Kachin and Shan states, MSF supports clinics with a focus on malaria, TB and sexually transmitted infections including HIV/AIDS.

Cambodia and Laos

As the national capacity to treat HIV/AIDS patients increases in Cambodia and Laos, the focus of MSF's work has started to change.

Cambodia remains the site of one of MSF's largest HIV/AIDS programmes in Asia and 44% of patients on ARVs nationwide still receive drugs through MSF-supported clinics. The programmes are being progressively handed over to the Ministry of Health and MSF offers technical assistance to the government to facilitate a national strategy to scale up ARVs. In 2007, MSF increasingly focused on TB projects in Takeo, Siem Reap and Phnom Penh. The medical team also responded to the outbreak of dengue, with 750 cases recorded in Takeo Provincial Hospital in May 2007.

With the inclusion of access to ARV treatment in the national strategy of Laos, MSF plans to hand over the HIV/AIDS projects in two public hospitals – the Savannakhet district hospital and Setthathirat hospital – by end of 2008.

亚洲

孟加拉国·缅甸

罗兴亚人原是缅甸的回教少数族裔，由于遭受强迫劳动、暴力和歧视对待，数十年来不断逃往邻国孟加拉国。他们在缅甸不获承认为公民，逃至孟加拉国后亦只得到很少保障。

二〇〇六年春天，无国界医生在代格纳夫重新开展项目，协助约七千五百名栖身于泰尔营地的罗兴亚人。营地的居住环境非常恶劣，缺乏粮食和清洁食水，医疗设施也十分有限。无国界医生除了在营地附近设立诊所和营养治疗中心外，每周还会到色拉普海滩设立流动诊所提供服务。无国界医生于二〇〇七年四月，分别在库图巴朗和纳亚巴亚难民营各设立一家备有二十张病床的医疗中心，有关营地是在一九九二年大批罗兴亚人逃到孟加拉国后，到现在仅存的两个官方难民营。无国界医生已于二〇〇七年五月，把吉大港山区的部分项目，移交予孟加拉国的当地卫生部门。

在缅甸，无国界医生在第一大城市仰光及若开邦、克钦邦和掸邦，分别开设了诊所，重点治疗疟疾、结核病及包括艾滋病在内的各种性病。

柬埔寨·老挝

随着柬埔寨及老挝治疗艾滋病的能力提升，无国界医生已经开始转移当地的工作重点。

目前，无国界医生在柬埔寨的艾滋病治疗项目，仍是其最大型的亚洲艾滋病项目之一，全国接受抗逆转录病毒治疗的患者中，百分之四十四都是通过无国界医生支持的诊所而得到药物的。有关项目正逐步移交予当地卫生部门。无国界医生亦提供技术支持，协助政府制定全国政策，以推广抗逆转录病毒治疗。在二〇〇七年，无国界医生逐渐将资源集中于茶胶、暹粒及金边等地的结核病治疗项目。另外，无国界医生的医疗队亦协助应付登革热爆发，截至二〇〇七年五月，在茶胶省医院便诊治了七百五十个病例。

随着老挝把抗逆转录病毒治疗纳入国家政策，无国界医生计划在二〇〇八年底，将在两间公立医院——沙湾拿吉地区医院和赛塔提腊医院，所开展的艾滋病治疗项目移交当局。

An AIDS patient co-infected with TB receives treatment at the Siem Reap Hospital in Cambodia

一名同时感染艾滋病和结核病的病人，于柬埔寨暹粒医院接受治疗



© Eddy van Wessel



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A medical centre near Tal Camp in Bangladesh
孟加拉国泰尔营地附近的医疗中心

Indonesia

Indonesia suffered from numerous natural disasters and disease outbreaks in 2006/07. In response to the flooding in the capital Jakarta early 2007, MSF's mobile clinics assisted the victims and supplied them with plastic sheeting, blankets and hygiene kits. Emergency relief materials were distributed and psychological support was provided to those affected by the earthquake in West Sumatra in March 2007. Medical staff also responded to the measles outbreak in Sulawesi, and conducted two malaria interventions in Maluku.

In the isolated communities of southern Papua, MSF started a primary healthcare programme in partnership with the Ministry of Health. Meanwhile, MSF has handed over the medical and mental health programme in Aceh as well as TB activities in Ambon to local health authorities in December 2006 and June 2007 respectively.

A mobile team carries out measles vaccination in Papua, Indonesia
流动医疗队于印度尼西亚巴布亚进行麻疹疫苗注射



© Jean-Pierre Amigo / MSF

印度尼西亚

于二〇〇六至〇七年间，印度尼西亚发生多次自然灾害和疫情爆发。二〇〇七年初，为应付首都雅加达的水灾，无国界医生派出流动医疗队，为灾民提供医疗援助，并派发塑料布、毛毯和卫生用品等物资。二〇〇七年三月苏门答腊西部发生地震，无国界医生随即向灾民分发紧急救援物资，并提供心理支持。医护人员也协助当地应付苏拉威西岛的麻疹疫情，并在马鲁古群岛进行了两次疟疾治疗行动。

至于在巴布亚南部的偏远地区，无国界医生与卫生部合作，开展一项基本医疗项目；并分别于二〇〇六年十二月和二〇〇七年六月，把亚齐地区的医疗和心理健康项目，以及安汶的结核病治疗项目，移交卫生当局。



© Joanne Kit Sum Wong / MSF

Medical staff have taught AIDS patient to take medication according to the time of TV broadcast (China)
医护人员教导艾滋病病人，按电视节目的播放时间来服药（中国）

China

Only 31,000 AIDS patients including 600 children have received ARV from the national free programme, despite efforts since 2002 and the probable growth of the epidemic in the absence of updated figures.

By July 2007, MSF had 1,300 HIV patients registered in its projects in Nanning, Guangxi Zhuang Autonomous Region and Xiangfan, Hubei Province, and was providing ARVs to patients requiring treatment – nearly half this cohort. Free comprehensive care is provided alongside voluntary confidential HIV testing, treatment of opportunistic infections and psychosocial counselling. At the national level, MSF has advocated for the availability of quality generic medicines, including fixed-dose combination pills, paediatric dosages and second-line drugs. MSF will hand over the Xiangfan HIV/AIDS project to local health authorities in March 2008 with the completion of this 5-year programme.

Multi-drug resistant tuberculosis (MDR-TB) also warrants an urgent humanitarian response. It is estimated there are 150,000 DRTB patients in China. MSF is waiting for permission from the central health authorities to commence an MDR-TB programme in Yanji, Jilin Province and is negotiating the opening of a similar project in Chifeng, Mongolia Autonomous Region.

MSF continues to provide financial support to a street children's programme in Baoji, Shaanxi Province, which was handed over to a local NGO formed with MSF assistance in 2006.

中国

尽管政府自二〇〇二年以来已不断作出努力，但全中国只有三万一千名艾滋病患者（包括六百名儿童）从国家的免费治疗项目，获得抗逆转录病毒治疗。在缺乏最新数据的情况下，实际的艾滋病感染人数可能正不断上升。

截至二〇〇七年七月，无国界医生在广西壮族自治区南宁市和湖北省襄樊市的项目，共有一千三百名艾滋病患者，其中近半数正接受抗逆转录病毒治疗。无国界医生除了提供免费的综合护理服务外，还提供自愿性保密艾滋病病毒测试、机会性感染治疗和社会心理辅导。无国界医生还倡议国家供应具质量的仿制药，包括固定剂量复合制剂、儿童用药和第二线药物等。无国界医生将于二〇〇八年三月，把襄樊的艾滋病医疗项目移交卫生部门，正式结束此项为期五年的工作。

耐多药结核病也急需人道援助来应付。据统计，中国有十五万名耐药性结核病患者。无国界医生正等待中央卫生部门批准，在吉林省延吉市开展耐药性结核病医疗项目，同时正在协商于内蒙古自治区赤峰市开展类似项目。

陕西省宝鸡市的援助街童项目已于二〇〇六年，移交给由无国界医生协助成立的一个当地非政府组织，无国界医生继续提供经济援助以支持该项目运作。

The Year in **Conflict**

动荡不安 的一年



■ Somalis displaced by war stay in makeshift camps north of Mogadishu
因战乱而流徙至摩加迪沙北部的索马里人，被迫住在简陋的营房中

© Jehad Nga



Somalia 索马里

© Jehad Nga

“The situation for the population over the last 16 years has been a disaster. Headlines seldom deal with the hard truth that the floods, wars, droughts only exacerbate the suffering where approximately one in four dies before their fifth birthday. Malnutrition is chronic, and in many places, above the threshold that would cause an emergency intervention in other countries. Tuberculosis infection is rampant. Rare but fatal diseases like kala azar are endemic in certain areas. Many children die from easily curable diseases including malaria and respiratory infection. A vast majority of Somalis have no access to health care.”

David Michalski, MSF Head of Mission in Somalia, 17 January 2007

“过去十六年人民都活在灾难之中。但新闻的头条却很少报道这残酷的事实：水灾、战争、干旱只加剧了人民所受的苦难，每四名孩童就有一名熬不过五岁；营养不良情况长期存在，在很多地方甚至超出危险的警戒线，在其它国家早已出现紧急救援；结核病猖獗；罕见但可致命的疾病如黑热病，在某些地区已成为风土病；许多儿童每天死于本该容易医治的疾病，包括疟疾和呼吸道感染；绝大部分的索马里人根本得不到医疗照顾。”

无国界医生在索马里的项目总管米戴夫／二〇〇七年一月十七日



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“The situation of the people is what you could describe as medically stable, but humanly completely unacceptable...On the other hand, there have been a number of violent attacks on MSF, ranging from banditry to attacks that are obviously targeted against aid workers. A number have happened in government-controlled areas as well as other parts of Darfur.”

Dr. Rowan Gillies, International Council President of MSF, November 2006

“你尚可以用健康稳定形容这里的人民，但从人道的角度来看，则完全不能接受……另一方面，无国界医生也受到连串暴力袭击，由被盗劫到明显针对救援工作者的袭击，很多都发生在政府控制的地区，以及达尔富尔的其它地方。”

无国界医生国际议会主席基利思医生 / 二〇〇六年十一月

Sudan

苏丹



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© Pep Bonet / Noor

Lebanon 黎巴嫩



© Kadir van Lohuizen / Noor



© Zohra Bensemra / REUTERS

"It is almost impossible for civilians from heavily hit zones to move, and therefore to reach hospitals...MSF teams came across families who have not received any assistance because roads were bombed or because they ran out of fuel while trying to escape. They cannot go back home, they cannot seek medical care. Others are just too afraid to move at all."

Christopher Stokes, MSF Head of Mission in Lebanon, August 2006

“平民在严重受袭的地区走动几乎是不可能的事，更遑论到达医院……无国界医生的队伍遇到过一些家庭，因为道路被炸毁，或是逃难走得精疲力竭，而一直得不到任何援助。他们不能返回家园，也不能寻求任何医疗照顾，其他人则因为太害怕，根本不敢走动。”

无国界医生在黎巴嫩的项目总管施托康／二〇〇六年八月



Nepal

尼泊尔

© Tomas van Houtryve

“In the places highly affected by the 11 years conflict in Nepal, women were particularly vulnerable during the conflict: less mobile than the men, as they had to take care of the children. They stayed in their place and have suffered all type of fear, harassment and extortion, loss of their husbands, fathers or sons.”

Elodie Andrault, MSF Head of Mission in Nepal, 2007

“在遭受长达十一年严重冲突影响的尼泊尔地区，妇女的境况尤其堪忧。由于她们要照顾子女，往往比男人更难逃难或前往医院或诊所求医，结果只能留在家中，面对各种的恐惧、骚扰、勒索，以及承受失去丈夫、父亲或儿子的伤痛。”

无国界医生在尼泊尔的项目总管安杜尔／二〇〇七年



© Catherine Vincent / MSF



India

印度

© MSF

“As usually happens in conflicts, the people are the victims of the fighting. In Chhattisgarh, people have been driven out of their villages. They lost their houses, land, cattle and cultural roots. Going back means that people have to risk their lives, so they are condemned to a life in the camps...The people here live in terrible, unhygienic conditions that can lead to illness and malnutrition.”

Len Pulles, MSF nurse in Chhattisgarh, central India, February 2007

“平民往往都是冲突的受害者。在恰蒂斯加尔邦，人民被赶离所属的村庄，他们失去家园、土地、牲畜，被连根拔起。他们要返家，就得冒生命危险；结果他们别无他选，一生就被迫栖身在流徙营里……这里的居住环境十分恶劣，卫生条件很差，容易生病及患上营养不良。”

无国界医生在印度中部恰蒂斯加尔邦的护士佩里斯／二〇〇七年二月

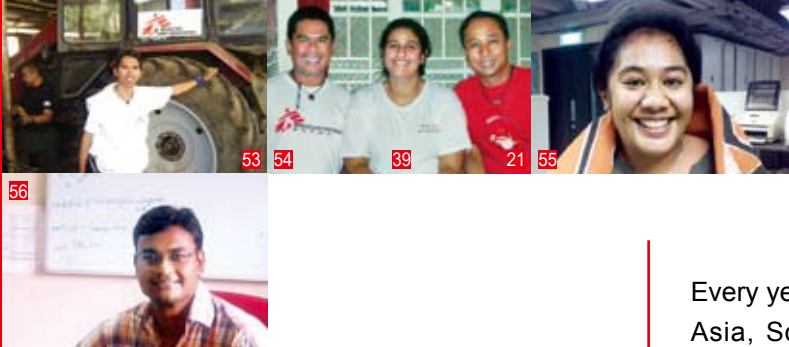
In the Field

香港派出的前线志愿工作人员



Field volunteers from the Asian region took on **120** field assignments, a 33% increase compared to last year.

来自亚洲的前线志愿人员，共参与了一百二十项救援项目，较去年增长三分之一。



Every year more field volunteers from South Asia, Southeast Asia and Greater China join MSF to volunteer in overseas missions. We would like to express our gratitude to all field volunteers. Thank you.

每一年都有愈来愈多来自南亚、东南亚及大中华地区的志愿人员，参与无国界医生的海外救援任务。我们希望藉此向所有的前线志愿人员表达谢意。





Interested to join MSF?

MSF is always looking for motivated and skilled medical and non-medical staff for its projects all over the world. To learn more, visit our website: www.msf.org.hk or www.msf.org.cn

有兴趣加入 无国界医生的行列？

无国界医生经常招募积极并具有专业能力的医疗或非医疗员工，派他们到全球不同的项目进行救援工作。请浏览我们的网址 (www.msf.org.hk 或 www.msf.org.cn) 获取更多详情。

1. **Ashrafal Alam** *Sudan* Bangladeshi Medical Doctor
晏林 苏丹 孟加拉国医生
2. **Sweet C Alipon** *Indonesia, Ethiopia*
Filipino Field Coordinator
魏丽萍 印度尼西亚、埃塞俄比亚 菲律宾项目统筹
3. **Patrick Almeida** *Nepal* Filipino Medical Coordinator
艾米达 尼泊尔 菲律宾医疗统筹
4. **Gemma Arellano** *Sierra Leone, Pakistan*
Filipino Medical Doctor
雅兰柳 塞拉利昂、巴基斯坦 菲律宾医生
5. **Rowella Bacwaden** *Sudan, Sierra Leone*
Filipino Anaesthetist
白云黛 苏丹、塞拉利昂 菲律宾麻醉科医生
6. **Jasmin Batara** *Liberia, Sudan* Filipino Surgeon
芭特娜 利比里亚、苏丹 菲律宾外科手术医生
7. **Dilipkumar Bhaskaran**
Democratic Republic of Congo Indian Logistician
巴施简云 刚果民主共和国 印度后勤人员
8. **Morpheus Causing** *Sudan, Somalia*
Filipino Field Coordinator
郭胜 苏丹、索马里 菲律宾项目统筹
9. **Rhitam Chakraborty** *Indonesia* Indian Medical Doctor
查卡博 印度尼西亚 印度医生

10. **Gigi Wai Chi Chan** *Liberia* Hong Kong Medical Doctor
陈慧芝 利比里亚 香港医生
11. **Anthony Tarliang Chao** *Pakistan*
Singaporean Medical Doctor
赵祚梁 巴基斯坦 新加坡医生
12. **Stanley Yau Ming Chau** *Sudan*
Hong Kong Medical Doctor
邹有铭 苏丹 香港医生
13. **Clement Tzu Hsin Chen** *Sudan, Iraq*
Hong Kong Surgeon
陈梓欣 苏丹、伊拉克 香港外科手术医生
14. **Man Yee Cheung** *India*
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Hong Kong Medical Doctor
程德君 埃塞俄比亚 香港医生
16. **Shew Ping Chow** *Nigeria* Hong Kong Surgeon
周肇平 尼日利亚 香港外科手术医生
17. **Sonal Chowdhary** *Liberia* Indian Pharmacist
卓苏娜 利比里亚 印度药剂师
18. **Vipul Chowdhary** *Liberia, Haiti* Indian Field Coordinator
卓夏培 利比里亚、海地 印度项目统筹



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MSF-Hong Kong field volunteers come from **11** different countries in South Asia, Southeast Asia and Greater China.

无国界医生香港办事处的志愿人员来自南亚、东南亚及大中华地区共 **11** 个不同国家。



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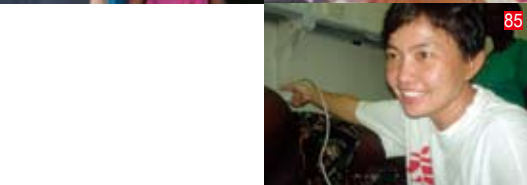
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19. Roy Anthony Cosico **Sierra Leone, Ethiopia, Pakistan** Filipino Medical Doctor
哥斯高 塞拉利昂、埃塞俄比亚、巴基斯坦 菲律宾医生
20. Swapan Das **Turkmenistan** Indian Medical Doctor
戴尹鹏 土库曼斯坦 印度医生
21. Elpidio Demetria, Jr. **Sierra Leone**
Filipino Field Coordinator
狄文卓 塞拉利昂 菲律宾项目统筹
22. Martin Dodd **Pakistan** British Nurse (Recruited in Thailand)
稻马田 巴基斯坦 英国护士 (于泰国招募)
23. Lynette B. Dominguez **Liberia** Filipino Surgeon
杜铭嘉 利比里亚 菲律宾外科手术医生
24. Denis Dupuis **Sudan**
Canadian Logistician (Recruited in Malaysia)
狄培尔 苏丹 加拿大后勤人员 (于马来西亚招募)
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Indonesian Logistician
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26. Arlyn Estur **Liberia, Zambia** Filipino Medical Doctor
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27. Ning Fan **Sri Lanka** Hong Kong Surgeon
范宁 斯里兰卡 香港外科手术医生
28. Yenni Febrina **Sudan** Indonesian Mental Health Officer
费碧娜 苏丹 印度尼西亚心理健康治疗人员

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Filipino Field Coordinator
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32. **Mathina Bee Gulam Mydin** *Somalia* Malaysian Nurse
居林曼姐 索马里 马来西亚护士
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何紫君 苏丹 香港医生
34. **Bagus Emir Ikhwantio** *Sudan* Indonesian Logician
易关道 苏丹 印度尼西亚后勤人员
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查坦娜 赞比亚、柬埔寨 菲律宾护士
36. **Mira Jimenez** *Pakistan* Filipino Medical Doctor
占雯诗 巴基斯坦 菲律宾医生
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American Information, Education & Communication Officer
(Recruited in Hong Kong)
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42. **Santhosh Kumar** *Nigeria, Indonesia*
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古马 尼日利亚、印度尼西亚 印度外科手术医生
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Indonesian Mental Health Officer
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Malaysian Pharmacist
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李海燕 巴基斯坦 马来西亚助产士
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50. **Wilson Li** *Iraq* Hong Kong Surgeon
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64. **Dharmika Perera** *Bangladesh*
Sri Lankan Medical Coordinator
潘丽婵 孟加拉国 斯里兰卡医疗统筹
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Filipino Mental Health Officer
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66. **Parthesarathy Rajendran** *Sudan* Indian Logician
华泽隆 苏丹 印度后勤人员
67. **Rosalie Ann Reyes** *India* Filipino Mental Health Officer
卫倚诗 印度 菲律宾精神健康治疗人员
68. **Abubakar Rifamole** *Pakistan, Sudan*
Indonesian Logician
李辉武 巴基斯坦、苏丹 印度尼西亚后勤人员
69. **Ryan Jose E Ruiz** *Ethiopia*
Filipino Laboratory Technician
胡诚 埃塞俄比亚 菲律宾化验室技术员
70. **Arnold Santiago** *Pakistan, Sudan* Filipino Logician
辛定高 巴基斯坦、苏丹 菲律宾后勤人员
71. **Nyi Wynn Soe** *Pakistan* Burmese Field Coordinator
苏黎韦 巴基斯坦 缅甸项目统筹
72. **Hartini Sugianto** *Democratic Republic of Congo*
Indonesian Medical Doctor
陈芳芳 刚果民主共和国 印度尼西亚医生
73. **Aurangzeb Sulehry** *Sudan* Pakistani Logician
苏乐利 苏丹 巴基斯坦后勤人员
74. **Temmy Sunyoto** *India, Sudan*
Indonesian Medical Doctor
孙日稻 印度、苏丹 印度尼西亚医生
75. **David Chong Tse Tan** *Sudan*
Singaporean Medical Doctor
陈聪智 苏丹 新加坡医生
76. **Juanita Cathy C. Theodora**
Zimbabwe, Sudan, Kenya, Liberia
Indonesian Logician, Administrator & Financial Controller
司徒多婵 津巴布韦、苏丹、肯尼亚、利比里亚
印度尼西亚后勤人员/行政及财务管理人员
77. **Samuel David Theodore** *Ethiopia*
Indian Administrator and Financial Controller
费澳多 埃塞俄比亚 印度行政及财务管理人员
78. **Zheng Tu** *Liberia* Chinese Obstetric-gynaecologist
屠铮 利比里亚 中国妇产科医生
79. **Deepesh Reddy Vendoti** *Somalia*
Indian Medical Doctor
范度天 索马里 印度医生
80. **Jun Wang** *Ethiopia* Chinese Logician
王俊 埃塞俄比亚 中国后勤人员
81. **Ya Wang** *Ethiopia* Chinese Financial Controller
王娅 埃塞俄比亚 中国财务管理人员
82. **Fiona Jayne Webster** *Liberia*
Australian Pharmacist (Recruited in Hong Kong)
韦丝特 利比里亚 澳洲药剂师 (于香港招募)
83. **Nicole Po Lan Wong** *Sudan*
Hong Kong Financial Controller
王宝兰 苏丹 香港财务管理人员
84. **Hon Wah Yiu** *Pakistan* Hong Kong Surgeon
姚汉华 巴基斯坦 香港外科手术医生
85. **Damayanti Zahar** *Somalia, Angola*
Indonesian Obstetric-gynaecologist
扎哈姐 索马里、安哥拉 印度尼西亚妇产科医生

50% of MSF-Hong Kong's field volunteers are medical doctors.

无国界医生香港办事处有一半志愿人员是医生。

Fighting a Losing Battle: Diagnosing and Treating Drug-resistant Tuberculosis

苦战连连：耐药性结核病的诊治

© Alexander Glyadelov

MDR-TB is highly prevalent in former Soviet Union countries (Abkhazia)
耐多药结核病在前苏联国家十分普遍（阿布哈兹）

Resistant strains of tuberculosis (TB) are spreading at alarming rates because of the lack of adequate tools to diagnose, treat or prevent TB.

Each year, approximately nine million people develop TB and about 1.7 million people die from the disease worldwide. The treatment today is based on drugs developed over 40 years ago that need to be taken for a minimum of six months. The most commonly used method to diagnose TB, sputum microscopy, is over 125 years old and only detects TB in about half of the actual cases. The lack of effective tools to treat or detect TB in remote settings has led to poor treatment outcomes, and has facilitated the rise of drug-resistant TB (DRTB).

In its TB projects, MSF is struggling against a double crisis: the growing number of patients infected with multi-drug resistant and even extensively drug resistant strains of TB; and the rapid spread of TB in high HIV-prevalence settings where the disease is especially difficult to diagnose and treat.

TB that does not respond to isoniazid and rifampicin, the two most powerful TB drugs, is called multi-drug resistant tuberculosis (MDR-TB). The World Health Organisation (WHO) estimates there are up to 1.5 million cases of MDR-TB in the world today, 420,000 new MDR infections and 116,000 deaths each year, and it is documented in all countries surveyed by WHO.

Relying on a combination of weak drugs, treatment of MDR-TB has to last 18 - 24 months. Patients have to spend much of this time hospitalised in isolated wards. The drugs are toxic and very expensive. They can provoke serious side effects and cost up to USD15,000 per treatment course. To prescribe appropriate treatment, it is crucial to know which drugs a patient has become resistant to. However, diagnosis can take up to eight weeks and requires sophisticated laboratory equipment which is out of reach in resource-poor settings.

Failure to properly confront and cure MDR-TB has led to the emergence of extensively drug resistant TB (XDR-TB), a form of TB resistant to most of the second-line drugs used to treat MDR-TB and is highly lethal.

由于缺乏适当工具来预防和诊治结核病，各种耐药性结核现正以令人忧虑的速度四面传播。

每年，全球约九百万名感染结核的人发病，约一百七十万人因此死亡。今天，结核病的疗法还是基于四十多年前发明的药物，疗程最少要六个月；而诊断最常用的痰涂片检查法，已沿用超过一百二十五年，只能检测出约半数个案。缺乏能够在偏远地区诊治结核病的有效工具，导致治疗结果未如理想，也促使了耐药性结核的增加。

无国界医生的结核病治疗项目，正竭力面对双重危机：一方面是染上耐多药甚至广泛耐药性结核的人数不断上升；另一方面是在艾滋病病毒高度流行的地区特别难诊治结核病，而目前结核病正在该地区急速传播。

耐多药结核病，是对异烟肼和利福平这两种最强力结核病药物具耐药性的结核病。世界卫生组织（世卫）估计，现在全球的耐多药结核病例多达一百五十万宗，每年新感染个案四十二万宗，死亡个案十一万六千宗。所有世卫作过调查的国家，均记录有感染病例。

由于耐多药结核的疗法，靠组合数种药效低的药物而成，疗程长达十八至二十四个月；期间患者需长时间在隔离病房留医。所用药物均具毒性，能引发严重副作用，而且价格昂贵，每个疗程费用高达一万五千美元。要处方合适的治疗，关键在于检测出患者对哪几种药物产生耐药性。然而，这个诊断过程需时可达八个星期之久，并需要精密的化验设备，这在绝大部分资源匮乏的地区，根本难以办到。

未能有效对抗及治疗耐多药结核，导致了广泛耐药结核的出现。广泛耐药结核致死率甚高，是一种对大部分用于治疗耐多药结核的第二线药物均具耐药性的结核病。



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■ A typical dose of MDR-TB treatment consists of 15 to 25 pills
治疗耐药结核，病人一天要服用十五至二十五颗药丸

MSF and Drug-Resistant Tuberculosis

In 2006, MSF treated about 20,000 people with TB in more than 40 countries. Seeing increasing numbers of patients with MDR-TB and XDR-TB in its projects, since 1999 MSF has been giving treatment to 570 patients with MDR-TB in Abkhazia, Georgia, Armenia, Cambodia, Kenya, Thailand, Uganda and Uzbekistan. Despite great investment of resources and optimal treatment support, only 55% of the 168 patients that started the 18-24 months treatment between 1999 and 2005 completed it successfully. 21% of patients defaulted, 13% died, 9% failed on treatment and 3% are still on treatment. These results are comparable to those published from other programmes and illustrate the poor efficacy of drugs currently available to treat MDR-TB.

HIV has further fuelled the TB epidemic. Treating MDR-TB and HIV simultaneously is difficult: there are drug interactions, the potential for side effects is multiplied, patients have to endure regular injections and take a large amount of pills on a daily basis. Long-term isolation is not always possible in resource-poor settings due to lack of facilities or social constraints such as a patient being the only caregiver for children. The long delays necessary to diagnose DRTB are of particular concern, as HIV-infected individuals exposed to TB progress quickly to active disease and are more likely than HIV-negative persons to die from it.

The Challenges Ahead

As of today the extent of multi-drug resistance remains unknown in most settings, therefore surveys are urgently needed for effective control of the DRTB epidemic. New treatment strategies are also needed as the highly centralised hospital-based care given in Eastern Europe, for example, will not be feasible in resource-poor settings that are also highly affected by HIV/AIDS.

Most crucially, we need better tests, drugs and vaccines for TB. None of the compounds under development today will be able to deliver the drastically shorter treatment that is needed to curb the disease, because investment into research and development (R&D) remains insufficient.

The situation is even bleaker for diagnostics - only 4% of the limited funding available for TB R&D is spent on diagnostics. Most of the tests under development will not be simple enough to use in resource-limited settings. Around USD900 million needs to be invested annually in the development of new tools for TB, but only USD206 million was invested in 2005, with no indication that this is changing. The critical funding gap has to be filled quickly to change the course of this losing battle.

无国界医生与耐药性结核病

二〇〇六年间，无国界医生共在四十多个国家，为约二万名结核病人提供治疗。从工作项目中，无国界医生察觉到患耐药药和广泛耐药结核的人数不断上升，于是自一九九九年，于阿布哈兹、格鲁吉亚、亚美尼亚、柬埔寨、肯尼亚、泰国、乌干达及乌兹别克斯坦，为五百七十名耐药结核病患者提供治疗。然而，尽管投放了大量资源和提供了最理想的治疗支持，于一九九九年至二〇〇五年间开始为期十八至二十四个月疗程的一百六十八名患者中，只有百分之五十五成功完成疗程，百分之二十一放弃了治疗，百分之十三死亡，百分之九治疗无效，百分之三仍在接受治疗。这些成绩跟其它治疗项目所公布的结果相若，显示目前用作治疗耐药结核的药物，功效欠佳。

艾滋病已令结核病在各地加速蔓延，要同时治疗耐药结核和艾滋病，更是困难重重：药物会相互作用，引发副作用的机会倍增，病人须忍受定期注射，并每天服用大量药丸。在资源匮乏地区长期隔离患者常难以实行，一来是缺乏设施，二来也受社会因素所限，例如患者往往是家中唯一照顾儿童的人。尤其值得关注的，是诊断耐药性结核需时过长的的问题，因为感染艾滋病病毒的人一旦接触结核病菌，很快就会发病成为活动性结核，相较没有染上艾滋病病毒的人士，他们更容易因结核病而死亡。

未来的挑战

结核病在多种环境下的耐药药情况，迄今尚未为人知晓，因此，要有效控制耐药性结核的疫情，实急需作出调查。此外也需制定新的治疗策略，因为要提供像东欧国家般高度集中的住院护理，在艾滋病肆虐但资源匮乏的地区并不可行。

最重要的是，我们需要更有效的检测、药物和疫苗，以对抗结核病。现今研发中的药物，无一能将治疗时间大幅缩短至能够控制疫病的程度。这是由于对研发方面的投资，仍然不足。

诊断试剂的处境就更严峻了——供结核病研发活动的有限资金当中，只有百分之四用于试剂方面。目前，研发中的测试大部分仍不够简单，未能于资源匮乏的环境使用。要开发对抗结核病的新工具，每年约需投放九亿美元，但在二〇〇五年，全球却只投放了二亿六百万美元，来年且无改善的迹象。要控制结核病，扭转如今节节败退的局面，当前急务，是必须设法填补这个研发资金不足的缺口。

Hong Kong volunteer Dr Ben Siu Pan Ng joined an MSF TB project in Ethiopia
香港志愿人员吴少彬医生参与埃塞俄比亚结核病治疗项目



Photo Source: Ben Siu Pan Ng

MSF-Hong Kong Activities Overview

无国界医生香港办事处 — 活动概览



MSF Day 2007
无国界医生日2007

MSF-Hong Kong continued to recruit, prepare and send medical and non-medical professionals from South Asia, Southeast Asia and Greater China to field projects all over the world. 85 field volunteers from 11 Asian countries took on 120 field assignments from July 2006 to June 2007.

Private donations are crucial to MSF, as they warrant the independence we need to ensure impartiality and neutrality of our relief operations. Individuals and companies accounted for 100% of the over HKD102 million raised by MSF-Hong Kong in 2006. The “MSF Field Partners” outdoor fundraising campaign to recruit monthly donors continues throughout Hong Kong. Maintaining a high percentage of monthly donations ensures that MSF can intervene swiftly in emergencies, and helps diversify our income.

Our first-ever fundraising television programme “On the Medical Frontline” was broadcasted on Television Broadcasting Company Limited (TVB) on 10 October 2006, featuring volunteers from Hong Kong and China providing medical assistance in Sudan, Ethiopia and Pakistan. The general public responded generously.

The corporate sector has increased their support through different channels, including MSF Day. MSF Day participants support MSF by donating a day's income. Last September, MSF Day 2006 raised HKD900,000. This year, Chief Executive Mr. Donald Tsang acted as MSF Day 2007 Honourable Campaign Leader and the campaign was very well received. MSF collected over HKD4 million from individuals, companies and organisations from May to July 2007. The annual MSF Orienteering Competition attracted more than 1,600 participants, involved 250 volunteer helpers and raised over HKD1.8 million.

MSF Orienteering Competition 2007
无国界野外定向比赛2007



无国界医生香港办事处继续从南亚、东南亚及大中华地区，招募及培训医护和非医护专业人员，并派出他们参与无国界医生的全球救援工作。在二〇〇六年七月至二〇〇七年六月期间，共有八十五名来自十一个亚洲国家的志愿人员，参与了一百二十项救援任务。

公众捐款对无国界医生尤其重要，因为这些捐款确保组织能独立运作，在执行救援工作时保持不偏及中立。我们在二〇〇六年筹得超过一亿二百万港元，当中全部来自市民及企业的捐款。我们也继续在香港推行“无国界医生救援伙伴”街头募捐计划，鼓励市民成为每月捐款者，支持无国界医生的救援工作。若无国界医生的每月捐款能维持在一定的水平，可确保我们能够迅速处理紧急事故，并有分散我们的收入来源。

我们首个在香港的电视筹款节目“救援最前线”，已于二〇〇六年十月十日在香港电视广播有限公司（无线电视）播出，向公众介绍来自香港及中国内地的志愿人员，在苏丹、埃塞俄比亚和巴基斯坦进行救援的情况。该节目得到公众大力支持，筹款成绩理想。

香港的企业也通过不同的途径支持无国界医生，包括积极参与“无国界医生日”。活动参与者会捐出一天的收入，支持我们的工作。去年九月举行的“无国界医生日2006”，成功筹得九十万港元捐款。今年，我们邀得行政长官曾荫权先生担任“无国界医生日2007”的荣誉行动大使，而此活动亦得到各界热烈支持和参与。无国界医生于二〇〇七年五月至七月期间，通过活动从市民大众、各公司及机构共筹得超过四百万港元。一年一度的“无国界野外定向比赛”也吸引了逾一千六百名参赛者，并得到二百五十名义工的帮助，共筹得逾一百八十万港元。

MSF volunteer explains in details every utensil collected in refugee camps
义工详细讲解每件从难民营收集的器具的用途



“Refugee Camp in the City” Exhibition
「城中·营内」难民营实况展



The “Refugee Camp in the City” Exhibition, an MSF international exhibit that simulates a refugee camp setting, was brought to Hong Kong’s Kowloon Park from 27 September to 4 October 2006. More than 8,000 visitors, including students from over 50 schools, attended the exhibition.

The pharmaceutical company Novartis’ legal challenge against the Indian government regarding drug patents threatened a restriction of access to essential medicines for developing countries. MSF-Hong Kong organised a series of advocacy activities from December 2006 to March 2007 in support of the MSF movement-wide “Novartis DROP THE CASE petition”. A media briefing was held on the first day of the India court hearing with representatives from Oxfam Hong Kong. More than 4,000 people from Hong Kong and mainland China signed the appeal, forming part of the 420,000 signatures collected worldwide.

Upon invitation of the Hong Kong Government, MSF-Hong Kong contributed written comments on the Patents (Amendment) Bill 2007, which was to amend the Patents Ordinance so as to implement a World Trade Organisation (WTO) protocol aiming at facilitating access to generic drugs for addressing public health problems. MSF-Hong Kong also supported the local Refugee Concern Network for its work in improving the treatment of asylum seekers in Hong Kong.

To raise better awareness in Hong Kong and in the Asian region, MSF-Hong Kong redesigned its website in 2007. A special feature, “MSF in Asia”, was introduced to highlight MSF’s work in the region. In addition to improving the archives, key publications of the MSF Campaign for Access to Essential Medicines and the Drugs for Neglected Diseases Initiative were posted in English and in traditional and simplified Chinese. The website was also equipped with a forwarding system to facilitate the sharing of information. As “Lack of access to medical care in violent context” was MSF-Hong Kong’s theme for 2007, a video, song, stories and pictures collected in the frontline were also prepared for the public and for school talks.

无国界医生一项国际性展览——“城中·营内”难民营实况展，仿照难民营地搭建而成，于二〇〇六年九月二十七日至十月四日在香港九龙公园展出，其间吸引了逾八千人参观，包括来自五十多间学校的学生。

二〇〇六年五月，瑞士诺华制药公司就药物专利向印度政府提出诉讼，对发展中国家获取基本药物造成威胁。无国界医生香港办事处在二〇〇六年十二月至二〇〇七年三月期间，举办了一连串的倡议活动，支持整个组织在国际上发起的“促请诺华制药公司撤销诉讼”的联署行动。于印度法院聆讯首日，我们在香港举行了一场传媒简报会，并邀请了香港乐施会的代表出席。全球共四十二万人联署了请愿书，包括四千多名来自香港及中国内地的人士。

应香港政府邀请，无国界医生香港办事处就《2007年专利（修订）条例草案》提交了书面意见。该草案是为修订香港的《专利条例》，以落实一项世界贸易组织的议定书，有助公共医疗机构取得仿制药应付公共卫生问题。此外，我们还支持本地的难民关注网络，改善在香港寻求庇护人士的待遇。

为了提高香港及亚洲地区人士对无国界医生的认识，我们于二〇〇七年重新设计无国界医生香港办事处的网站，特别加入“亚洲项目动向”一环，介绍组织在亚洲地区的工作。网站的内容也有所改善，有关无国界医生“病者有其药”运动及“被忽略疾病药物研发组织”的主要出版物，均设有繁体中文、简体中文及英文版本。网站并新增转寄系统，方便公众分享网站的信息。无国界医生香港办事处二〇〇七年的主题是“在暴力冲突下缺乏医疗照顾的问题”，我们通过影片、音乐、故事及相片，向公众及学校作出解说。



■ **"Novartis DROP THE CASE Petition"** – Dick van der Tak, Executive Director (left) and Anne Lung, Advocacy Manager of MSF-Hong Kong (right), handed out the signatures collected worldwide to the representative of Novartis in Hong Kong.

促请诺华撤销诉讼联署行动：无国界医生香港办事处总干事温达德（左）及倡议经理龙欣欣（右）把全球收集到的签名递交诺华在港代表



■ **Opening of MSF-Hong Kong Guangzhou Representative Office**
无国界医生香港办事处广州代表处开幕

MSF-Hong Kong was established in 1994. Due to office expansion, MSF-Hong Kong relocated its office from Laichikok Bay Garden in Mei Foo to Pacific Plaza in Sai Wan in November 2006.

In view of an increased interest in MSF from the public in mainland China, MSF-Hong Kong decided to extend our activities across the border. From September 2006 to April 2007, eight experience-sharing sessions by returned field volunteers were conducted in universities and other institutions in Guangzhou and Nanhai, reaching nearly 2,200 students and others. Enthusiastic responses confirm that the new generation in China is concerned about humanitarian crises around the world.

In January 2007, MSF-Hong Kong took part in the Second International Artemisinin Compounds Workshop on the Evaluation of Clinical Studies organised by the Guangzhou University of Chinese Medicines, and facilitated exchanges between MSF malaria specialist and scientists and anti-malaria experts from Hong Kong, mainland China and other parts of the world.

The establishment of the MSF-Hong Kong Guangzhou Representative Office in 2007 after obtaining official permission from the Chinese government in March marked a huge step forward for MSF's engagement in mainland China. The Guangzhou Representative Office became formally operational in July 2007. Its main objectives are awareness raising, field volunteer recruitment and logistics supply. The office also provides support to MSF projects in China.

In May 2007, a Hong Kong logistician joined MSF-Hong Kong as an MSF Supply Project Manager to explore the Chinese market of non-medical products and services and the possibility of organising supply chain from China to MSF field projects.

无国界医生香港办事处于一九九四年成立，并于二〇〇六年十一月进行扩充，从九龙美孚荔湾花园迁往香港岛西环太平洋广场。

由于中国内地的公众对无国界医生的工作日益关注，我们决定将活动延伸至内地。由二〇〇六年九月至二〇〇七年四月期间，我们于广州及南海多间大学及院校举行了八场分享会，邀请多位完成任务的志愿人员向近二千二百名学生及各界人士分享经历。分享会反应热烈，印证中国新一代青少年对全球人道危机的关注。

二〇〇七年一月，无国界医生香港办事处参与了广州中医药大学举办的第二届国际青蒿素类药物临床评价研讨会，促进无国界医生的疟疾专家、香港科学家和中国及世界各地抗疟专家之间的交流。

无国界医生香港办事处于二〇〇七年三月获中国政府批准，成立广州代表处，标志着无国界医生在中国大陆迈出了重要的一步。广州代表处于二〇〇七年七月正式运作，主要进行传讯工作、招募前线志愿人员及物流供应。广州代表处并为无国界医生于中国的救援项目提供支持。

在二〇〇七年五月，无国界医生香港办事处聘请了一名香港的后勤人员，担任无国界医生物流供应中心的项目经理，负责开拓中国市场的非医疗物资与服务，以及研究从中国运送物资到其它地区进行救援的可能性。

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无国界医生衷心感谢所有捐款人、义工及下列团体、机构及学校对我们的支持。

Corporations 机构

American Express Bank Ltd.
Ampco Industries Ltd.
apm
AsiaWorld-Expo Management Ltd.
Azeus Systems Ltd.
Ball Watch (Asia) Co. Ltd.
Bank Consortium Trust Co. Ltd.
Canon Hong Kong Co. Ltd.
Cathay Pacific Airways Ltd.
Centamap Co. Ltd.
Chan Man Chau Fruit Co. Ltd.
Chinese Estates Holdings Ltd.
Chong Hing Bank Ltd.
CLP Power Hong Kong Ltd.
CLSA (S.E.A.) Ltd.
CMP Asia Ltd.
Communion W Ltd.
Deqingyuan (Hong Kong) Ltd.
DHL Exel Supply Chain (Hong Kong) Ltd.
Discovery Park
EganaGoldpfeil (Holdings) Ltd.
Elegant Team Development Ltd.
EMBRY (H.K.) Ltd.
EURO RSCG Hong Kong
Evergreen Oils & Fats Ltd.
Give Me 5 Catering Ltd.
Global Call Ltd.
GoCART Ltd.
Greensward Co. Ltd.
Growth Magazine
Hang Lung Real Estate Agency Ltd.
Hang Seng Bank Ltd.
Harbour City
Hip Lik Packaging Products Fty. Ltd.
Hong Kong Air Cargo Terminals Ltd.
Hong Kong Dragon Airlines Ltd.
Hong Kong Island Development Ltd.
Hong Kong Resort Co. Ltd.
IDT International Ltd.
JC Penney Purchasing Corporation
JCDecaux - Texon
JF Asset Management Ltd.
JobsDB.com - Hong Kong
Lee Kee Group Ltd.
Leo Burnett Advertisement Ltd.
ManGraphic Production Co.
Many Way (HK) Ltd.
Maunsell Geotechnical Services Ltd.
MegaBox
Melco Industrial Supplies Co. Ltd.
Midas Printing Group HK Ltd.
Microsoft Corporation
MTR Corporation Ltd.
Nanyang Commercial Bank Ltd.

New World Department Store China Ltd.
New World Development Co. Ltd.
Northwest Airlines
OKIA Optical Co. Ltd.
Oracle Added Value Ltd.
Oriental Watch Holdings Ltd.
Postworld Co. Ltd.
Q9 Technology (Retail) Co. Ltd.
Ricacorp Surveyors Ltd.
Ricoh Hong Kong Ltd.
Shun Tak Holdings Ltd.
Sidefame Ltd.
Standard Chartered Bank (Hong Kong) Ltd.
Sum Kee Construction Ltd.
Sunlink International Holdings Ltd.
Swire Coca-Cola HK Ltd.
Swire Resources Ltd.
Swiss International Air Lines
Tai Shing Stock Investment Co. Ltd.
The Bank of East Asia Ltd.
The Hong Kong and China Gas Co. Ltd.
The Hongkong Electric Co. Ltd.
The Kowloon Motor Bus Co. Ltd.
The Kowloon-Canton Railway Corp.
The Overlander
TNT Express Worldwide (HK) Ltd.
United Italian Corp. (HK) Ltd.
Wheeltec Enterprise Ltd.
Wing Lung Bank Ltd.
Wong Tung & Partners Ltd.
三号干线(郊野公园段)有限公司
美孚缤纷保险
香港铜锣湾维景酒店
鸿星海鲜酒家

Government / Public Organisations 政府及公营机构

土木工程拓展署
政府统计处
香港九龙公园
香港海关
香港贸易发展局
消防处
税务局体育会
渔农自然护理署
玛丽医院
惩教职员义工团

Schools 学校

Hong Kong International School
上水官立中学
中文大学哲学系校友会(2006MA)
中华传道会安柱中学

元朗天主教中学
协恩中学
东华三院邱金元中学
东华三院卢干庭纪念中学
英华女学校
香港中国妇女会冯尧敬纪念中学
圣保罗书院
赛马会体艺中学

Media 传媒

Automobile
Cable Guide
Dchome.net
Fail Forum
HKGolden.com
Hong Kong Broadband Network Ltd.
Hong Kong Discovery
Mobile-channel.com
OpenRice Ltd.
PCCW Directories Ltd.
Sulan Magazine
良友之声出版社
商业电台

Professional Bodies 专业团体

Baker Tilly Hong Kong
Dibb Lupton Alsop
Dunya Communications Ltd.
Rouse & Co. International

Community Groups & Associations 社区团体及协会

CUMBA
Diving Adventure Club
Hong Kong Harp Chamber
Ikebana International (HK) Chapter
Storm X Bowling Club
The Volunteers Orienteering Club
同社
香港少年领袖团
香港定向人
香港野外定向会
香港野外定向总会
香港伤健协会
香港圣约翰救护队
新方向定向会

Foundations 资助基金

友邦慈善基金
许志安国际慈善基金会有限公司

Financial Overview 2006

二〇〇六年度财政概览

Médecins Sans Frontières - Hong Kong · 无国界医生香港办事处

Summary of Statement for the Year Ended 31 December 2006

截至二〇〇六年十二月三十一日止年度的财政结算报告摘要

(Expressed in HKD 汇算以港元为单位)

INCOME 收入

Public Donations 公众捐款
Sponsorship 赞助
Other Income 其他收入

EXPENDITURE 支出

Programme Services 救援项目及支援工作

Emergency & medical programmes 紧急及医疗救援项目
Programme support & development 项目支援及发展
Advocacy 倡议及教育
Other humanitarian activities 其他人道救援活动
Total Programme Services 项目工作总开支

Management, general & administration 行政经费
Fundraising 筹款经费

	2006	2005
Public Donations 公众捐款	99,668,294	106,827,714
Sponsorship 赞助	2,680,000	923,243
Other Income 其他收入	212,452	74,625
TOTAL 总数:	102,560,746	107,825,582
Emergency & medical programmes 紧急及医疗救援项目	74,849,632	88,334,966
Programme support & development 项目支援及发展	9,367,933	6,482,821
Advocacy 倡议及教育	3,381,897	1,775,960
Other humanitarian activities 其他人道救援活动	1,712,381	1,591,493
Total Programme Services 项目工作总开支	89,311,843	98,185,240
Management, general & administration 行政经费	3,237,338	2,018,632
Fundraising 筹款经费	10,011,565	7,621,710
TOTAL 总数:	102,560,746	107,825,582

Balance Sheet as at 31 December 2006

截至二〇〇六年十二月三十一日止年度的资产负债表

(Expressed in HKD 汇算以港元为单位)

FIXED ASSETS 固定资产

CURRENT ASSETS 流动资产

Sundry debtors 杂项应收帐款
Prepayments and deposits 预付费用及押金
Amount due from other MSF Offices 可收取其他无国界医生办事处之帐款
Cash and bank balances 现金及银行结余

CURRENT LIABILITIES 流动负债

Sundry creditors and accruals 应付帐款及应计费用
Amount due to other MSF offices 应付其他无国界医生办事处之帐款

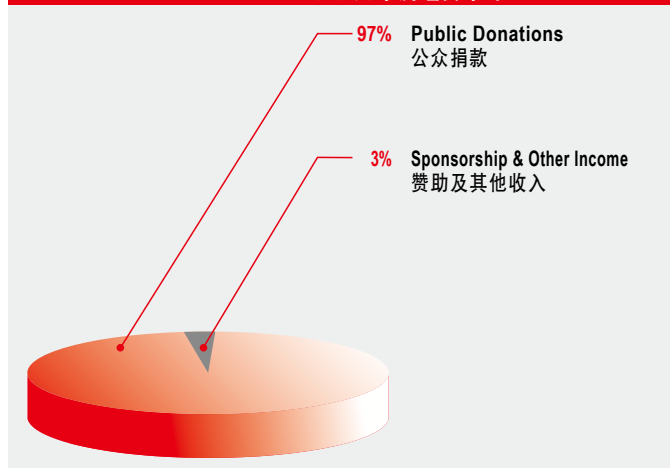
NET CURRENT LIABILITIES 净流动负债

FUND BALANCES 资金余额

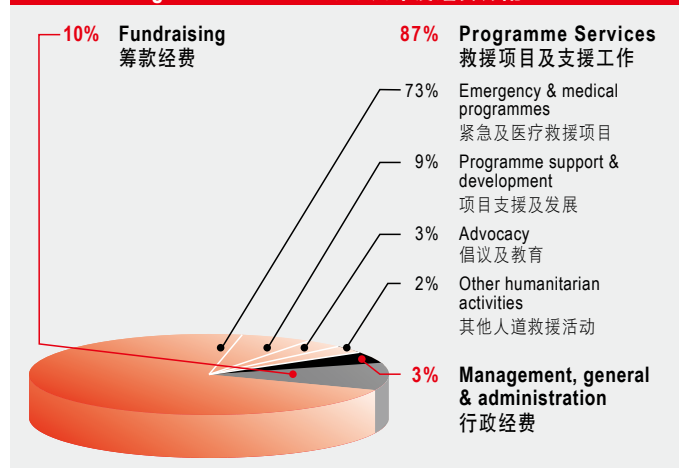
Accumulated funds 累积资金

	2006	2005
FIXED ASSETS 固定资产	1,354,551	125,294
Sundry debtors 杂项应收帐款	28,564	597,715
Prepayments and deposits 预付费用及押金	376,739	26,100
Amount due from other MSF Offices 可收取其他无国界医生办事处之帐款	896,135	1,351,430
Cash and bank balances 现金及银行结余	7,669,566	6,164,405
8,971,004	8,139,650	
Sundry creditors and accruals 应付帐款及应计费用	1,206,447	695,354
Amount due to other MSF offices 应付其他无国界医生办事处之帐款	9,119,108	7,569,590
10,325,555	8,264,944	
(1,354,551)	(125,294)	
0	0	
0	0	

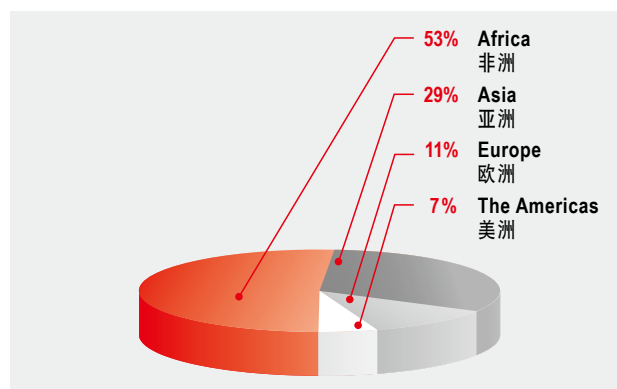
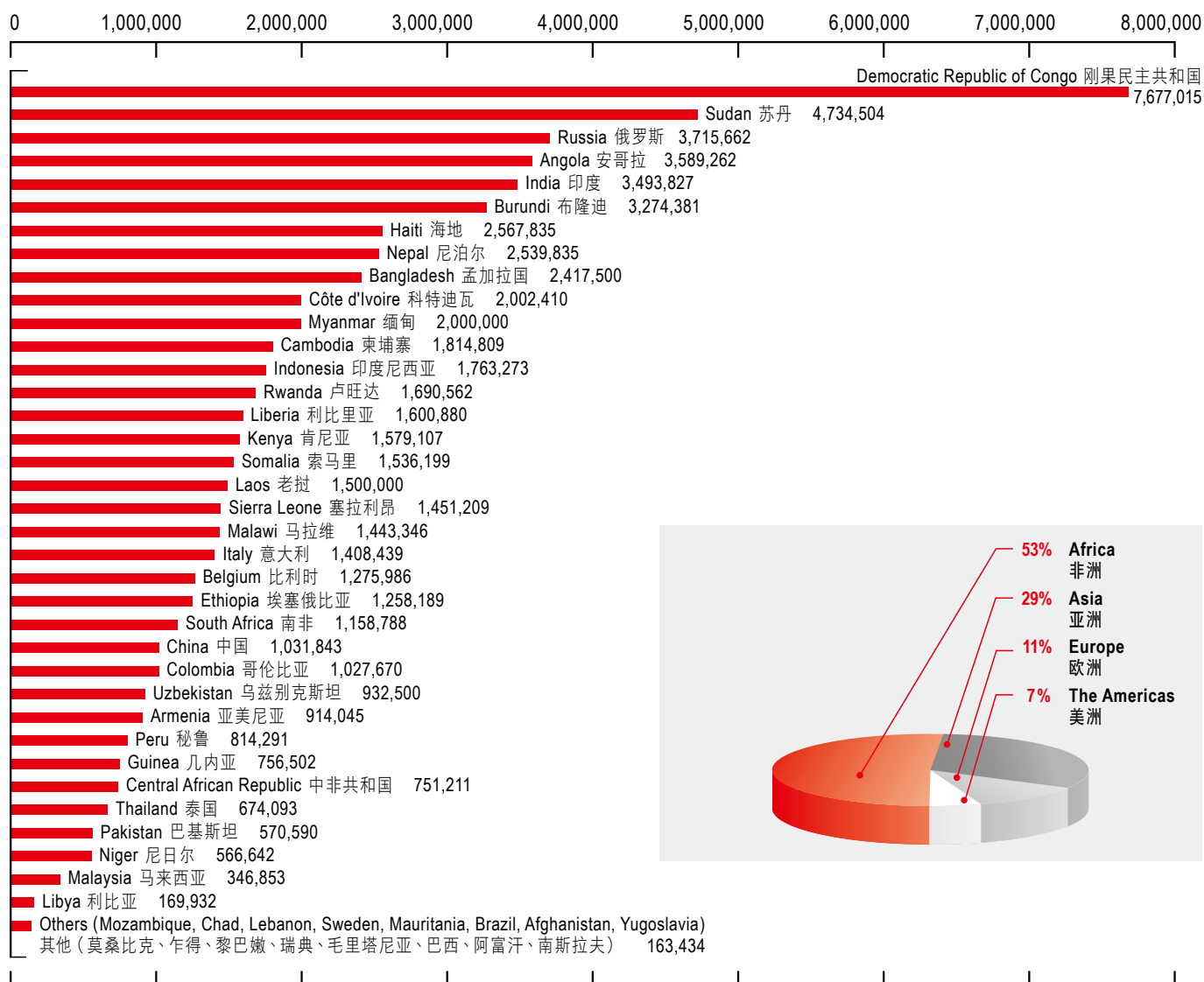
2006 Income Resources · 二〇〇六年度经费来源



2006 Funding Allocations · 二〇〇六年度经费分配



2006 Allocation of MSF-Hong Kong Funding for Relief Work by Country (HKD) · 二〇〇六年度香港办事处拨予各地区救援工作之拨款 (港元)



Remarks: HKD8,637,008 of funding for relief work is set aside to cover future expenses of relief work. It enables us to respond quickly to emergencies, helps guarantee the funding of medium term projects and increases our independence.
 注: 港币8,637,008元是未来各种救援工作支出的拨备, 是项拨备使我们可对紧急灾祸作出更快回应, 确保中长期计划有足够资金, 使我们能维持独立、自主的运作。

Auditors' Opinion · 核数师意见

In our opinion the financial statements give a true and fair view of the state of the organisation's affairs as at 31 December 2006 and of its results for the year then ended and have been properly prepared in accordance with the Companies Ordinance.
 经审核后, 上述财务报表均真实及公正地反映此机构于二〇〇六年十二月三十一日止的财政状况, 并已按照(公司条例)妥当编制。

BTLHK
 Baker Tilly Hong Kong
 Certified Public Accountants
 Hong Kong, 28 August 2007

The above summary was extracted from the Financial Statement for year ended 31 December 2006, audited by Baker Tilly Hong Kong. Full Financial Statements are available upon request.
 以上摘要摘自截至二〇〇六年十二月三十一日止年度经正风会计师事务所核数师审核的财务报告, 欢迎索取详细报告参阅。

Glossary of abbreviations

AIDS	Acquired Immunodeficiency Syndrome	MSF	Médecins Sans Frontières (here also refers to MSF teams, international volunteers and national staff)
ARV	Antiretroviral	NGO	Non-governmental Organisation
ARVs	Antiretroviral Drugs	R&D	Research and Development
CAR	Central African Republic	STI	Sexually Transmitted Infections
Dr	Doctor	TB	Tuberculosis
DRC	Democratic Republic of Congo	UN	United Nations
DRTB	Drug-Resistant Tuberculosis	USD	United States Dollar
HKD	Hong Kong Dollar	WHO	World Health Organisation
HIV	Human Immunodeficiency Virus	WTO	World Trade Organisation
MDR	Multi-Drug Resistant	XDR-TB	Extensively Drug-Resistant Tuberculosis
MDR-TB	Multi-Drug Resistant Tuberculosis		

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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.

无国界医生章程

无国界医生是一个国际的非政府组织，其成员主要为医生和其他医务人员，也欢迎有助于组织完成自身使命的其他专业人员参与。全体成员同意遵循以下准则：

无国界医生不分种族、宗教、信仰和政治立场，为身处困境的人们以及天灾人祸和武装冲突的受害者提供援助。

无国界医生遵循国际医疗守则，坚持人道援助的权利，恪守中立不偏的立场，并要求在其行动中不受任何阻挠。

全体成员严格遵循其职业规范，并且完全独立于任何政治、经济和宗教势力之外。

作为志愿者，全体成员深谙执行组织的使命所面临的风险和困难，并且不会要求组织向其本人或受益人作出超出该组织所能提供的赔偿。

MSF-Hong Kong

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Cover photo 封面照片

MSF team treats villagers who are trapped by conflicts and do not have access to medical facilities in a remote village in the Central African Republic. 无国界医生救援队在中非共和国的偏远村落，治疗受暴力冲突所困而未能前往医疗中心求诊的村民。

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